

Ailing Estates and Languishing Labours : Revisiting the Malarial Fever in Assam Tea Gardens, 1920s-1930s

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Abstract : *From the beginning of the British occupation of Assam, agricultural as well as industrial operations in the province were heavily compromised by the scourge of malarial fever. Widespread malaria spelt death to many, and the principal industry of the province, the production of tea, was its first casualty. This paper looks into the problem of labour supply to the tea estates of Assam in the period between 1920s and 1930s, and seeks to evaluate the nature of losses caused by the widespread malarial fever. It argues, inter alia, that at least 40% of the labour population, indigenous or immigrant, in the various tea gardens of Assam had experienced the fever at least once a year and that on an average estimate at least 10 labour days per annum were lost directly due to malaria. In some estates where malaria was intensely active at least 50% of the labour days lost was directly and indirectly due to the malarial fever. And significantly the colonial government took little or no notice of it.*

Key Words : *Malaria, labour, absenteeism, plantation, parasite, sickness, tea.*

I

Contrary to what Mr. C.S. Mullan, the Census Superintendent of Assam, tells us to believe that the decade of 1921-31 was probably the best in the history of Assam from the point of view of public health¹, we have evidences to believe that the decade in question, witnessed a severe type of malarial fever which seriously compromised the supply of labour to the tea estates of Assam. The only epidemic, Mullan argues, which affected the province with any severity during the decade, was cholera. But strangely enough, the phenomenon of malarial fever which ravaged the province for quite some time escaped his attention. Evidences given by Dr G C Winchester, Medical Officer, Thanzie Tea Co. Ltd, Jorhat before the Assam Labour Enquiry Committee, prove the proliferation of malaria in that area.² Dr Charles E P Forsyth, Medical Officer, Tezpur and Gogra Division, Bengal United Tea Company Ltd and Dr E T Jameson, Medical Officer, Empire of India and Ceylon Tea Co, Tezpur also speak of intense malaria prevalent in Cachar and Tezpur.³ In fact the situation is comparable with the Mysore region where the Manager, Tea Estates India Ltd, had to seek advice from International Health Board (IHB), Rockefeller Foundation, on a practical measure for controlling malaria in the labour force in their estates during December 1930.⁴ The IHB responded favorably, and the proliferation of fever was contained by timely intervention. But interestingly the colonial administration in Assam did not even bother to officially acknowledge the incidence of malaria in the region or do anything worthwhile to improve the situation either.

In fact, from the beginning of the British occupation of the province of Assam, agricultural as well as industrial operations had been heavily slowed down by the scourge of malarial fever. It spelt death to many, and worse still, sapped the vitality of many more. The principal industry of the province, the production of tea, was its first casualty. This paper attempts to look at the problem of labour supply to the tea estates of Assam in the period between 1920s and 1930s, and seek to evaluate the nature of losses caused by the widespread malarial fever.

II

Indigenous tea plants were discovered in the north-east corner of Assam some time in 1823⁵; but the attention of the English East India Company was drawn to the possibility of starting tea cultivation in the province only after 1833 when its monopoly of tea trade with China was thrown open. With the expansion of plantation economy, the region was transformed economically as well as demographically. The plantation led to the clearing of forest, as also flow of immigrant labour.⁶ However, from the very beginning of tea plantation in Assam, the planters had to face great difficulty in securing the necessary labour force. They tried initially with the immigrant Chinese labour, but the experiments failed to take off arguably for two reasons: one, the cost of recruitment was enormously high, and two, their maintenance and management was increasing difficult. Local labour was not available in sufficient numbers, for indigenous population was either sparse or allegedly work-shy.⁷ Even if some labours could be recruited, there had always been the strong risk of desertion. Claiming that the local people were indolent, the planters began importing indentured labour.⁸ In fact, it was felt increasingly necessary to import labours from other parts of India in large numbers for the necessary expansion of the tea plantation in Assam. As a result, there was a continuous inflow of immigrant labours, pouring in large number to the tea producing regions of the state.

The story of this migrant labour en route Assam and the enormous mortality in the process have been adequately dwelt with by some recent scholars.⁹ The process, briefly stated, was like this. The labours were recruited from the impoverished Santal Parganas and the Chotanagpur districts of western Bengal through *sardars* or agents, who themselves worked in supervisory positions in the plantations. These labours, unlike those in the tea plantations of neighbouring Darjeeling in north Bengal, were indentured labours. The recruits and their dependants for the tea gardens in Brahmaputra valley and Surma valley (in the districts of Sylhet and Cachar) were required to travel via Calcutta. They usually reached Calcutta by rail, and were detained in depots for a couple of weeks, and then they were forwarded on the East Bengal State Railway to Kusthia, on

river Ganga, for embarkment by large commercial steamer up river Brahmaputra, or by small country boats up river Meghna to the districts of Sylhet and Cachar.¹⁰ The journey by commercial steamer took roughly two to three weeks from Goalanda to Dibrugarh, the last port of disembarkment in the Brahmaputra valley. The journey by country boats to the Surma valley took longer, usually over three weeks. The story of this journey is important for our understanding of the disease dissemination; some of them could not stand the strains of travel and died in the process, and other who managed to make it more often than not picked up malaria and other diseases from the regions they travelled through. The following table would however give us an idea about the number of adult tea garden labours who had migrated from different parts of India.

Table 1
Pattern of Labour Migration, 1901-1931

Location	1901	1911	1921	1931
United Provinces				
Bengal, Bihar	148.5	166.4	208.1	216.5
Chota Nagpur & Santal Parganas	177.1	177.1	217.9	193.6
Central Provinces	55.6	69.0	72.9	78.2
Madras	12.5	30.4	41.4	59.5
Assam	10.2	19.3	27.8	65.1
Others	N A	0.9	3.4	9.2
Total Assam	404.2	463.7	571.5	627.5

Source: *Annual Report of Immigrant Labour in Assam* (for the respective year): Controller of Immigrant Labour, Shillong. Cited in P C Goswami, *op. cit.* p. 233.

The labours thus recruited used to live in the coolie lines in bamboo and thatched huts. It so happened that after the expiry of the terms of their contract, some of the labours used to settle down in the farmlands near the tea gardens and take to ordinary cultivation.¹¹ Eventually the settlement of more than one million migrants irrevocably changed the region's social

landscape.¹²

Now the practice of the importation of practically all labours though immediately solved the problem of paucity of workmen, actually aggravated the situation in the long run. Ralph Shlomowitz and Lance Brennan argue that there was considerable mortality associated with the movement of labour to the tea gardens in the Brahmaputra and Surma Valleys, and this was brought about largely by cholera.¹³ This was certainly true during the course of time the labours were on travels to the destination. But once they got into Assam and settled down, it only rendered the phenomenon of malarial fever, and not cholera, effectively more exacerbated.¹⁴ Assam had already been malarious, and it was particularly so in the period under review. Duars and Terai were well known to travelers and soldiers as damp and feverish territories. Arthur Story, a physician employed in the Duars plantation, remarked: 'talk about "darkest Africa", I think "darkest Hindustan" is pretty nearly as bad.'¹⁵ And the importation of working coolies from more or less malarious regions of the country only worsened the whole situation. Speaking before the Assam Labour Enquiry Committee, 1921-22, Dr Charles E P Forsyth commented: 'very often coolies bring disease with them from their country on arrival in Assam, e.g. skin diseases, hookworm and malaria'.¹⁶ In fact kala-azar, small pox, cholera, malaria and leprosy were the principal diseases in Assam during the period under review.¹⁷

The fact is aptly illustrated by the example of Kachugaon forest settlement where a malaria survey was conducted sometime in 1932.¹⁸ Kachugaon, a forest settlement, established sometime at the beginning of the twentieth century, covered an area of 205 acres containing a bazaar, the residential quarters of the forest officials, and petty shopkeepers. Since the establishment of the settlement, a number of villages had sprung up in the immediate neighbourhood, and it led to the progressive extension of paddy cultivation. The settlement and its bazaar contained a heterogeneous population originating from different parts of Assam, Bengal, United Provinces and Nepal. The adjacent villages were inhabited mostly by Santals who had migrated from the Santal Parganas in Bihar. These settlers had been attracted to the neighbourhood by the remission of rent in exchange

for manual labour as contrasted with the condition in their native districts where land was scarce. The bazaar area was inhabited by petty merchants while the villagers were all cultivators.

Altogether 528 children between 2 to 10 years of age were examined in this settlement. Of these, 450 i.e. 85.2% were found to have spleen enlargement, and 370 i.e. 70% were found to have malaria parasites in their blood.¹⁹ In addition to this, 26 children below 2 years of age were examined, and surprisingly, all of them were found to have enlarged spleen. Of 805 adults of both sexes examined, the spleen rate was 41% and parasite rate 39.4%. The most interesting point in this survey and which is most relevant to our present study is that the spleen rates among adults was much higher among the immigrant population than among the indigenous inhabitants, being 71% in the former case and 29.5% in the latter. The question is why was it so?

The malariologists who conducted the survey argued a case for possible importation of malaria from outside. They stated that at the beginning of each winter a floating population of about 500 men with their families used to come to the district from the highly malarious areas of Bengal, Nepal and the United Provinces and settled down in various parts of the forest. These people used to visit the local market, held weekly on Sundays, and spent Saturdays nights at Kachugaon. It is probable that the weekly visits of these highly infected persons played an important part in the dissemination of malaria among the local inhabitants.²⁰

Against the background of this specific story, we might consider the case of immigrant labour (Table 1), who constituted 90% of the total labour force in Assam in 1931, and had possibly an approximate spleen rate of 71%. We can fairly imagine the impaired efficiency of labour brought about by repeated attacks of fever and the phenomenon of spreading infections, effectively aggravated by this immigrant population. Quite surprisingly, despite definite knowledge of such ill health among the working coolies, little was done in the period under review to cope with the problem, and this little was entirely on the lines of treatment, and not prevention.²¹ The palliative measures certainly had prevented the possible depopulation of

many an estate, but more certainly it failed to diminish the endemicity of the disease, and prevent considerable loss of life. An occasional experiment of mass-immunization by quinine proved of but slight use. Further, there was no systematic investigation of the epidemiology of the disease, and thus there prevailed an almost complete ignorance of the local species of Anopheles.

One might perhaps very well argue that what was true of one forest settlement in particular might not have been true to all tea estates in general. So in order to dispel the possible charge of generalization let us examine another report of malaria survey conducted in more than a dozen of tea gardens in Assam. Presumably, the Report on a Malaria Survey of the tea gardens in Mariani Medical Association, Assam, 1931 might serve our purpose.²²

The Mariani Medical Association had charge of a group of seven tea Companies, controlling eighteen gardens. Out of 1,737 children between ages of two and ten examined, it was found that 991 or 57% had enlarged spleen, and the area could very well be rated as hyper endemic. Of 225 adults examined, a spleen rate of 24% and a parasite rate of 22% were found. The parasite and spleen rates were evidently much less among the adults. Admittedly, this peculiarity could be explained by arguing that the young children passed through a series of serious attack of malaria comparable to those which were experienced by the newly arrived Europeans. After a number of these attacks a relative immunity was gradually acquired with the result that the frequency of the attacks was much reduced. The adults who had passed through these stages in their childhood had developed a considerable degree of immunity and only showed, as we can see, the clinical signs and symptoms of malaria after their resistance had been reduced. They recovered from such an attack in a shorter time than would a child or a new-immune adult. They might however be debilitated for a long period by chronic infections.

Till now, two things are arguably clear, the first being that the major portion of labour employed in various tea gardens of Assam were of immigrant nature and the second that a considerable section of them had

been subjected to repeated attacks of malaria fever. Together, the cumulative effects of these two factors seriously compromised the efficiency of the labour force. Now one needs to explain with statistical data its exact nature. First of all, we should know the approximate number of labours employed in the tea estates of the different districts of Assam.

Table 2
Number of labours employed in different districts of Assam
(Worked out on daily average, in thousands)

Districts	1903	1911	1921	1931	1938
Sylhet	80	78	87	88	90
Cacher	66	60	61	53	51
Goalpara	..	..	01	02	03
Kamrup	02	03	02	03	04
Darrang	50	54	80	77	71
Nowgong	14	13	16	15	13
Sibsagar	97	111	141	146	143
Lakhimpur	100	109	142	155	144
Total Assam	409	428	531	531	531

Source: *Annual Report on Tea Culture in Assam* (for respective years). Department of Agriculture, Shillong. Cited in Goswami, *op.cit.* p. 264

The table indicates that in the decade from 1911 to 1921 there was a phenomenal increase in the number of labours employed. But during the years from 1922 to 1933 the figure remains unchanged. This could have been easily explained had there been no change in the amount of acreage under cultivation of tea. But that was not the case, for available data show a progressive expansion of acreage of tea cultivation.

Table 3
Acreage under tea cultivation in Assam (in thousand)

Districts	1883	1900	1920	1935
Sylhet	28	71	91	89
Cachar	50	61	63	53
Goalpara	..	01	01	04
Kamrup	06	04	04	04
Darrang	17	42	57	61
Nowgong	11	13	13	12
Sibsagar	41	78	99	103
Lakhimpur	37	68	91	109
Total Assam	189	337	420	436

Source: *Annual Report on Tea Culture in Assam* (for the respective years). Department of Agriculture. Cited in Goswami, *op. cit.* p. 263.

From 1900 to 1920 the increase in the acreage was remarkable. Again, from 1920 to 1935 though the expansion was not proportionate but still it was phenomenal. Besides, we see a definite increase in the number of estates in the period under review. This might be noticed from the following table.

Table 4
Increase in the number of estates

Year	Number of Estates	Area under cultivation (in Thousand acres)	Total area of tea estates (in thousand acres)
1915	779	383	1324
1920	876	420	1479
1925	930	416	1556
1930	996	433	1656
1935	1067	436	2672

Source: *Annual Report on Tea Culture in Assam* (for the respective years). Department of Agriculture. Cited in Goswami, *op. cit.* p 262

It is evident that during the period between 1920 and 1925 the number of estates increased by no less than 54, but the area under cultivation did definitely shrink. Again, during the next 5 years between 1925 and 1930, the number of estates increased by 66, but the increase in the area under cultivation was marginal, and quite disproportionate to the increase in the number of estates. This phenomenon might be explained partly in terms of world-wide economic depression of the 1930s and partly in terms of workers' strike of 1926-27²³, but it was in our opinion largely due to diminutive supply of labour. To examine this proposition we would first look into the amount of labour population living in the tea estates.

Table 5
Labour population in the Tea Estates
(In thousands)

Years	1911	1921	1931	1942
Total Assam	737.0	1060.9	1076.1	954.6

Source: *Annual Report on Tea Culture in Assam* (for the respective years). Department of Agriculture. Cited in Goswami, *op.cit.* p 232

Here we see that in 1931, of 1,076 thousand labours ready to serve the expanding tea estates, only 531 thousand could be harnessed (vide table 2). In other words more than 50% of the labour population remained idle. We have already noticed that there was a definite increase in the number of estates, acreage, and area under cultivation of tea vis a vis an increase in labour population. But still, for nearly 20 years during 1921 and 1938 there was no evidence of increased employment of labour. The phenomenon can only be explained in terms of malarial fever which literally speaking played havoc with the working coolies. As a result of this, nearly 50% of the population waiting ready for employment could not be effectively utilized in

the tea producing process though the situation demanded so.

Since we argue that malaria had been the prime factor responsible for the scarcity of labour it is necessary to evaluate the nature of losses that it brought in its trail. First, we would show the amount of labour absenteeism caused by the fever sickness. The Royal Commission on Labour believed that absenteeism was an important factor in Assam plantation.²⁴ In regard to the causes of absenteeism the Report emphasized the subsidiary occupation of the garden workers, e.g. private cultivation, household duties such as the purchase of weekly supplies from the market, the collection of firewood, the grazing of cattle etc.²⁵ But this explanation appears to be over-simple evaluation. In our opinion malaria had a major responsibility for the causes of absenteeism. This can be shown from the report of malaria survey of two tea estates in upper Assam, prepared by Rice and Savage.²⁶ Of the two estates (Estate A and Estate B), let us take for instance, the situation of Estate A and compare it with that of all Assam. Rice and Savage provide the following table to show the average monthly labours on book, available labour days, actual labour days and percentage of labour efficiency.²⁷

Table 6

Year	Available monthly labours on book	Available Labour Days*	Actual Labour Days	Percentage of Labour Efficiency
1926	915	274,500	159,538	58.12
1927	759	227,700	137,377	60.33
1928	863	258,900	147,091	56.81
1929	879	263,700	158,532	60.12
1930	901	270,300	183,209	67.77
1931	1,061	318,300	214,396	67.35
Total		1,613,400	1,000,143	
Average		268,900	166,690	

* 'Available Labour Days' taken at 300 working days per year per working coolie on the book

Source: E M Rice and J De la M Savage, 'Malaria Survey of Two Tea Estates in Upper Assam' in *Records of the Malaria Survey of India*, vol. III, No. 2, December 1932. pp. 230-236

The table shows that of an average 268,900 available labour days, only an average 166,690 labour days was presented i.e. 60% labour efficiency was available. In other words, 40% of available labour days could not be effectively tapped. Coming to the all Assam situation, one may argue that 60% of 1,076 thousand labours in 1931 i.e. 645 thousand were available for employment. But actually 531 thousand were used, i.e. 50%. In other words 10% of the total labours were yet to be employed, but they were not actually employed. Why? The answer is that most of them were in fact languishing in the huts of the coolie lines because of malaria sickness. This point might be substantiated by the following table furnished by Rice and Savage.

Table 7
Sickness: Labour Loss in Days, 1926-1931

Year	Malaria	All other diseases
1926	2,840	7,974
1927	3,109	7,806
1928	3,804	10,198
1929	4,675	12,502
1930	5,013	12,020
1931	5,387	12,383
Total	24,828	62,883
Average	4,138	10,480

Source: E M Rice and J De la M Savage, 'Malaria Survey of Two Tea Estates in Upper Assam' in *Records of the Malaria Survey of India*, vol. III, No. 2, December 1932. pp. 230-236

The table shows that the losses directly due to malaria were 4,138 days in average, while from all other diseases 10,480. It means that about 40%

of the labour days lost was directly due to malaria. There are however still more points to ponder. Considering the weakening properties of malarial fever one can fairly argue that 25% of the balance of sickness other than malaria was primarily brought about through lowered resistance due to that disease, and this, Rice and Savage argue, is probably a low estimate. So to the 4,138 days of labour lost directly due to malaria, we must add another 1,585 days, making the total 5,723 days, due directly or indirectly to malaria, i.e. 50% of the labour loss was due to malaria, directly and indirectly. This figure equals to our hypothesis with regard to all Assam situation. Moreover, there was a great number of coolies who when ill could not or did not report it to the hospital. If we take these facts into account and assume that the proportion of such unreported cases was as moderate as 5%, the aggregate percentage would even then certainly leap up.

The annual visitation of an epidemic at the plucking seasons when the labours were most needed was a source of direct financial loss to the gardens. The actual loss incurred through labour absenteeism compelled by malaria is difficult to determine due to paucity of individual garden data. We would therefore try to evaluate the nature of loss under the following heads: 1. absenteeism directly due to malaria; 2. absenteeism indirectly attributable to malaria; and 3. general debility which does not of course account for labour absenteeism, but does definitely account for their lowered efficiency.²⁸

First we would consider the number of sick days lost annually through malaria. For this we would like to consider the following table prepared by Mac Donald and Chowdhury.

Table 8
Malaria Morbidity
Number of Sick Days Lost Annually through Malaria per 1,000
population

	Year				
Tea Estates	1926	1927	1928	1929	Average
Bandersulia	1685	856	1727	1162	1357

Keremiah	..	..	2257	2570	2413
Mariani &					
Hatterjuri	2061	1584	2185	1553	1846
Hunwal	3015	1120	1531	1687	1888
Nagadholie	3673	3210	2131	3735	3187
Kathalguri	..	..	2850	1550	2200
Heleaka	..	..	1517	1032	1274
Hattipatti	..	..	735	995	865

Source: Mac Donald and Chowdhury, *op.cit.* p. 116

It appears from the table that there was an average loss of 1872 work days through malaria for every 1000 persons living on the estates or about two days per person per year. Gupta, Das and Majumdar computed through their study on Kachugaon, Goalpara.²⁹ that an attack of malaria entailed a loss of one week or more. Col. WG King in an unpublished memorandum prepared in 1911 estimated the loss of labour days as being 14.³⁰ Bentley states that on a tea garden in the Bengal Dooars with 1350 working coolies, he frequently noticed during the rains 50 to 70 women visiting hospitals each day because of fever in their nursing infants or grown up children.³¹ He estimated that many of the coolies were off the work from 1 to 5 days. Rice found in the same area that a good number of women who worked otherwise regularly during the cold season rarely turned up for work during the plucking season explicable for nursing their babies fallen to malaria.³² His figures indicate that about 4% of the working days were lost due to malaria. This equals 12 days in the year.

Taking all these information into account we can safely conclude that for a wage earning adult coolie in the tea estates of Assam, on an average at least 10 days per annum were lost directly due to malaria. In 1931 there were as many as 1,075 thousand labours in Assam. Gupta, Das and Majumdar in their report show the spleen rate at about 42%, while Mac Donald and Chowdhury put it at 24%, which means that on an average 33% of the population had malarious infections and suffered heavily from it. Now if we suppose that a conservative estimate of 25% of the 1,076 thousand labours in the tea gardens of Assam had experienced malaria once, the number amounts to about 269 thousand. If each labour experienced at least one attack of fever which is rather unusual considering the relapsing property of the disease, the total number of days lost through the sickness

and the consequent absenteeism come to around $2,69,000 \times 10 = 26,90,000$ days per annum.

As regards the second aspect of our consideration i.e. the question of absenteeism indirectly attributable to malaria, we would examine the cases registered as sickness other than malaria. It has been noticed that the figures for sickness due to 'other causes than malaria' show a seasonal curve very similar to that of malaria curve. This can be shown with the figures for the garden of the Hunwal Tea Company for the two years 1928 and 1929.³³

Table 9
New Cases Seen at Hospitals of Hunwal Tea Company during 1928-29

Months	Malaria	Other Causes than Malaria
January	105	453
February	70	462
March	126	710
April	133	962
May	191	665
June	421	763
July	522	859
August	510	1,052
September	440	1,468
October	408	1,011
November	268	834
December	142	592
Total	3,336	9,931

Source: G Mac Donald and K L Chowdhury, *op. cit.* p. 117

The figures for 'other causes than malaria' show a marked increase during the malaria season i.e. months from June to November. There were 2,043 more cases under this head than in the non-malarious months of December to May. Mac Donald and Chowdhury argue that at least half of these may safely be attributed to malaria. Then the number of cases indirectly attributable to malaria may be put at 1,020 in these series, i.e. 31% of the number of cases directly attributed to malaria. Coming to the all Assam

context the number seems fairly enormous.

Finally, we might also consider the loss of efficiency among coolies actually at work, i.e. the loss due to general debility. In any community subject to repeated attack of malaria, there is always a certain amount of sickness. It cannot of course prevent the labour from going to work, but it certainly compromises his efficiency. It is extremely difficult to make a proper estimate of such losses, but experiences of planters in other parts of the world shows that there is an increase in the work achieved per day after the successful completion of anti-malaria measures. For instance, the United Fruit Company, operating in highly malarious regions in the Gulf of Mexico, found a progressive increase in the amount of cane cut per person per day from 1 ton to 1.61 tons as the health of the district improved.³⁴

Rice, in his survey on the economic aspects of malaria in the tea estates of the Bengal Dooars argues that it can be seen everywhere that the coolies being constantly subjected to malarial fever cannot, as a whole, be anything like hundred percent efficient.³⁵ He estimated a minimum of 10% reduction of efficiency for all diseases, in the case of the Dooars 6% through primary and secondary malaria. We might assume an average 5% loss of efficiency of the actual working coolies in the tea estates of Assam.

III

In conclusion we might argue that the assumption of Mr. Mullan on Assam as being the healthiest region in the 1920s is evidently a myth. On the contrary it was intensely malarious. The situation was further aggravated by the immigrant labours. Information available show that the rate of spleen enlargement and the rate of malaria parasite were much greater among the immigrant labours than among the indigenous people. Consequent to this we might argue at least 40% of the labour population indigenous or immigrant in the various tea gardens of Assam had experienced the fever at least once a year. The phenomenon of fever was so common among the working coolies that at least 5% of the malaria victims did not report it to the hospitals.

Not infrequently the untreated cases relapsed and these repeated attacks caused at least 5% loss of efficiency to the actual working coolies in the tea garden. Moreover absenteeism was an important factor in the Assam plantation; preoccupation at home with private pursuits might be one explanation for this but more tangible cause of this absenteeism was the

malarial fever. On an average estimate at least 10 days per annum were lost directly due to malaria. And in some estates where malaria was intensely active at least 50% of the labour days lost was directly and indirectly due to the malarial fever. And significantly the colonial government took little or no notice of it worth the name.

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