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The Journey from Calcutta to Kolkata: Health, Sanitation and Contested spaces of Modernity

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Abstract:*This paper is going to be an attempt to understand the aesthetics of postcolonial modernism with reference to urban planning and the related discourse on health and sanitation. By taking the urban space of Calcutta/Kolkata as a site of modernity, this paper would try to map the entire project of modernization of the space both in colonial and post-colonial times through a critical lens and show how this Eurocentric model of modernity is confronted with aberrations from the city of a third world country. It also attempts to show how the debilitating presence of dirt, stench and poverty escaped the scopic regime of eighteenth century notion of European modernity. The paper also seeks to understand how the seemingly civilizing mission of urban planning of the colonial government became instrumental to invade the indigenous space and colonize it through the implementation of rigid segregationist policies. . On account of its being the capital of the British Raj once, Kolkata, formerly known as Calcutta, is full of colonial architecture. By closely examining the recent urbanization process, the paper intends to show how the city is still carrying forward its colonial legacy in terms of its involvement with the questions of health, sanitation and modernity. Finally, the paper discusses the possibility of an identity of the city other than its colonial heritage.*

Keywords*: British, Collonial, Health, Modernity, Modernism, Traditional, Sanitation*

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> *'When we think of Modernism, we cannot avoid thinking of these urban climates, and the ideas that ran through them: through Berlin, Vienna, Moscow and St. Petersburg around the turn of the century and into the early years of the war;*

through London in the years immediately before the wars; through Zurich, New York and Chicago during it; and through Paris at all times.' (Harding 16)

Malcolm Bradbury

Introduction

The inextricable relationship between the city and the modernity has been acknowledged by both modernist and urban scholars down the ages. For them, the city is the principal site of modernity, the convenient container of the changes that have marked the modernist state of existence in the beginning of the twentieth century. Here the 'modernity' precisely refers to the twentieth century modernity which is suggested to take its birth in the European cities like Paris or Vienna. The aspect of modernity in Paris or in Vienna is to be understood in terms of the result ensued by the internal cultural and political dynamics. But this Eurocentric model of modernity is confronted with aberrations from the colonial cities of third world countries, as the cultural insularity exemplified by these European cities is not granted to the their colonial counterpart. Here, by 'cultural insularity', I mean the history of architecture and urban planning, the relationship between the physical structures of cities and the quality of urban life. Although city, as a key motif in modernist literature, is home to many forms of disintegration, but its emphasis on redesigning the physical structures of cities cannot be discounted.

I

According to Anthony King, the writer of the book *Colonial Urban Development*, colonial cities are important sites in the transfer of modern capitalist culture to new worlds. In this book, he also demonstrated how the colonial cities are used as important sites for the deployment of instruments of power to categorize and control the indigenous populations. He also revealed how the urban planning regulation became instrumental to invade the indigenous space and colonize it through the implementation of rigid segregationist policies. In Calcutta, the racial and geographical division of 'black' and 'white' towns illustrated such segregationist policy. The first step to justify their civilizing drive over the colonized space was to portray the indigenous way of life in poor light. As a part of this political design, pre colonial Calcutta is

portrayed in its dreadful condition of sanitation and administration. In his book *Medical Topography of Calcutta*, James Renald Martin re-emphasized the unhealthy condition of the city and adopted an antagonistic approach towards native lifestyle by portraying Kolkata as an unplanned city, the breeding ground of various deadly diseases. Martin was also of the opinion that only the European knowledge and sanitary measures executed under colonial governance could improve health of the city. Thus, the prejudice against the natives of Calcutta led to 'the spatial restructuring of Kolkata (that) represented one of the first instances of attempting to alter the physical form of a city to improve social and political control'(Sen, 2017: 53).

But the spatial restructuring under the British government was highly inefficient and biased since their chief aim was to support and favour the lifestyle of the British administrators and their families, who mostly populated the southern part of the city. Hence, the development drive concentrated on the white part of the city keeping the other parts in total chaos. The negligence of the native part of the city and the unbalanced infrastructural development caused a heavy distinction in planning and growth of the two sections. Moreover, the poverty in this native part of the city was so debilitating that it cannot be disguised through the patina of European modernity. Because, the ethos of the Eurocentric project of modernity was less about eradicating poverty, than about classifying it, and designating for it well bounded spaces so that it might not contaminate the dignity of representable civic life. Therefore, the debilitating presence of dirt, stench and poverty escaped the regime of nineteenth century notion of European modernity. In addition to this, the propensity of the Indians to use open, public spaces for various functions, including sleeping, urinating, spitting and defecating, blurred the boundary line between public and private spaces in the eyes of the Britishers. The dominant image of a problem ridden city like Kolkata, thus, cannot accommodate within its sphere the modernist Western ideals of individuality, progress, and the sense of public and private life. Hence, the encroachment of the European model of modernity into indigenous realm and its confrontation with indigenous model of life makes way for an alternative idea of hybrid modernity in the colonial context. This "native"/northern part of the city, though "unplanned" in the modern sense, evolved organically with a high degree of participation of its original inhabitants and represented continuity with pre-colonial Indian urbanism in its built form. This continuity, however, was often disrupted by the manifestation of the administrative policies of

the colonial government. It is within this context of hybrid modernity that I shall try to situate an intertwined narrative of health and hospital.

II

In order to enquire into the health infrastructure and sanitary conditions of the town, two committees were established in the early and mid nineteenth century. In 1903, Wellesley set up a Town Improvement Committee which eventually became known as the Lottery Committee after its chief source of funds. According to Wellesley's Minutes of June 16, 1803, the setting up of lottery committee was the British Government's first genuine concern for the ordered development of Calcutta. The committee was assigned the task of chalking out a permanent settlement plan for the construction and distribution of public markets, slaughter houses, public buildings, houses and the improvement of roads and streets. Wellesley's unashamed motive of social control is clearly evident in the following lines of his minute: "Every improvement which shall introduce a greater degree of order, symmetry and magnificence . . . in the streets, roads, *ghats,* and wharfs, public edifices, and private habitations, will tend . . . to secure and promote every object of a just and salutary system of police" (Beattie 11). Eventually, the Lottery Committee was replaced by Fever Hospital Committee in 1836 primarily due to the work of Sir James Renald Martin, surgeon of the native hospital in Dharmatala. Under the supervision of Martin, the Fever Hospital Committee focused more on the native part of the city. Because Martin strongly believed there is a direct link between the cleanliness of the "native town" and the moral cleanliness of the native. For Martin, the native body is inherently diseased because it did not have any sense of sanitation and of public virtue. Martin argued: "[T]he natives have yet to learn, in a public and private sense, that the sweet sensations connected with cleanly habits, and pure air, are some of the precious gifts of civilization, and a taste of them tends to give a distaste to degrading and grovelling gratifications" (65) Thus by situating the problem of sanitation in the realm of native morality, Martin tried to justify the missionaries' project of "civilizing" and "curing" diseased native bodies. The common saying "cleanliness is next to godliness" is founded on this colonial politics of antagonising native lifestyle. Thus having looked at the squalid condition of the entire native town, the Fever Hospital Committee Report, which appeared in 1839, argued for a great central hospital and additional dispensaries. Before

the Western medicine gained momentum in India, medicine used to be practiced by native physicians not in any institutional form sponsored by the government. The indigenous system of medicine, in the hands of *vaidyas* and *hakims*, was largely concentrated on the domain of private practice.

There is no denying the fact that Foucault's concept of 'noso-politics' found resonances in the planning and governance of colonial Calcutta. The introduction of British Medical practices through the establishment of novel colonial institutions like hospital, had, no doubt, tried to establish hegemony over native society. The Britishers tried to use Western medicine as a tool of expanding and legitimizing its rule and the social space of hospital as a site of control over the native body. But the process of the medicalization of the society and the Britishers' biased attitude and their sheer disregard for their native subjects paves way for the deconstruction of the Foucauldian concept of nosopolitics in the colonial urban milieu. C. A. Bayly argues, "British medicine in India, before the beginning of the twentieth century was too poorly funded and too riven with internal contradictions to establish anything like the hegemony over the "native mind" with which it is sometimes credited" (Roy 112). In order to understand the complexity of medical practices in India, one needs to look at its historical context. By the middle of the 18th century, India had physicians from different religious background. The *vaidyas* prominent in Hindu community used to practice Ayurvedic medicine, whereas *hakims*, who mostly frequented Muslim community, were trained in Unani or Greco-Arabic medicine. For a considerable period of time, Ayurveda, which emerged in India around 600 BC, and Unani, which was introduced in the 12th century with the establishment of Muslim power, co-existed, borrowing freely from each other. The presence of European physicians in the Indian society could be traced back in the 16th century, when the European trading companies arrived in India with a bunch of trained European practitioners to take care of the company soldiers and officials. During the initial years of their interaction, Western medicine, Ayurveda, and Unani shared a mutual space for respect and collaboration. The European doctors were willing to learn from Indian physicians the treatment of tropical diseases. However, with the rise of the rational thought in Europe, and with the acquiring of the territorial possession in India by the British East India company, the power dynamics changed and European physicians began to consider their system to be superior to Indian system. But at the same time, they also felt their body of knowledge was inadequate to combat the virulence and unpredictability of tropical ailments.

Hence, they felt an increasing need to accommodate and systematize the indigenous body of knowledge into their knowledge system for the goal of empire. Swati Chattopadhyay, in her *Representing Calcutta: Modernity, Nationalism, and the Colonial Uncanny*, stated “The logistics of colonialism necessitated that the describing eye move from the surface of the individual patient’s diseased body to the larger body of the city, region, and territory” (65).

III

Due to the unfavourable climate and sanitary condition of the city, British medical personnel could not survive the hostile urban space of Calcutta. But in order to continue with the governmental project of sanitation and urban development, the British government encouraged quite a huge chunk of *Vaidya* students to choose medical education and come into the field of medicine. Since, the *Vaidya* students came from the families of practitioners of indigenous medicines, the Britishers thought, by engaging them into modern medical practice, they can serve the double purpose of proving the superiority of the Western medical knowledge system over native medical practices on the one hand, and on the other hand, they can utilise the vast repertoire of indigenous medical knowledge to understand and categorize the medical topography of colonized society. In the mid nineteenth century, Calcutta Medical College, which was situated in the native part of the town, was found to appoint indigenous practitioners as assistant teachers and make necessary arrangements for the dissemination of medical knowledge through the medium of native language. Moreover, the cost of medical education in those colleges was also found to be sponsored by the Indian elites like Dwarkanath Tagore and Syed Mansur Ullah Khan Bahadur who was the Nawab of Murshidabad. In the year 1845, four pupils of the Medical college, Gopal Chandra Seal, Bholanath Bose, Dwarkanath Bose and SoojieCoomarChuckerbutty were sent to England to acquire latest training in Western medicine. Among the four, the first two were funded by Dwarkanath Tagore, the third one was sponsored by Syed Mansur Ullah Khan Bahadur, the Nawab of Murshidabad and SoojieCoomar was funded by the government itself. Thus with increasing Indian agency in the Western Institutional establishment in the “black town” makes way for a hybrid urban space and alternative modernity in the context of the nineteenth century colonial city, Calcutta.

Pradipto Roy, in his article "Locating Hospitals In and Out of the City: Making of Urban Space in Nineteenth Century Calcutta," argued:

Medicine, contrary to what Foucault shows in the context of Europe was never, "able to take a place, according to the various degrees of subordination and coordination, in an administrative system that set the well being and health of a population an explicit goal," in the context of India, and to be specific in this case in colonial Calcutta. The colonial administration was reluctant to provide funds to set up hospitals for the Indians. The Indians had substantial financial share in setting up of both the Native Hospital and the Calcutta Medical College. From references examined and enumerated here, it is hard to find noso-politics in the planning of the city of Calcutta" (113)

Thus the Western tool of reading urban space as a site of insular modernity lacked an approach to reading place that can encompass these overlapping both indigenous and foreign geographies. Bhabha's notion of "hybridity" within the field of postcolonial studies can be a useful lens to understand the complexity and multidimensionality of the colonial urban space called Calcutta. In his seminal book *The Location of Culture*, Bhabha argues for a theoretical position which might escape all possible sorts of binaries. Bhabha further argued histories of space and identity must acknowledge other possibilities; they must include contradictions and resistances and thus undermine the ideal of a linear narrative of progress. The medical history of colonial Calcutta can be best understood as disjointed and discontinuous narrative following Bhabha's framework of analysis in defining the concept of 'hybridity'.

Coming to the present day, when we talk about recent urban development in the city of Kolkata, our discussion remains concentrated on the new satellite town of Rajarhat and the neighbourhood of Salt Lake. The prominent signifiers of urban development like high rise building, star rated hotels, shopping complexes and refreshment parks are being developed at a steady rate in these areas. In case of both Rajarhat and Salt Lake, the rural marshlands provided space for a new extension of the city. But these infrastructures have not been able to form the basic identity of the city. The establishment of the icons such as Biswa Bangla Gate in New Town, Rajarhat, though celebrated as the possibility of a new emergence, could not be considered as a symbol of holistic development. Apart from this, the rise of new architectures can also be seen in the central part of Kolkata in the recent times. But in comparison to other metropolitan cities like Mumbai, Delhi and Bangalore, the number new architectural buildings

are still scarce. Moreover, Kolkata is one of those uniquely structured cities where most commercial and government structures are inhabited within heritage buildings. Therefore, like its colonial counterpart, the contemporary Kolkata could also be seen as a hybrid space containing the indigenous character of the North Kolkata and the cosmetic development of the Southern and Eastern Kolkata. Moreover, the recent surge of Covid-19 and its prominent presence in the densely populated slum areas like Belgachhia in North Kolkata, took us back to the colonial times. The poor sanitary conditions of the slum areas of the city and the apprehension of the urban *bhadraloks* of their being the hotspot of this highly contagious disease, mirrors the antagonistic approach of the Europeans towards the native part of the city as the breeding ground of deadly diseases. Thus, despite this long temporal journey from “Calcutta” to “Kolkata,” the city continues to open up its space for paradoxes and contradictions and thus challenges the linear narrative of development and modernity. Admittedly, the complexity of the landscape of post-colonial Kolkata is found to carry forward its colonial legacy. Although the black town and white town do not virtually exist in today’s Kolkata, its characteristic presence in the urban fabric of the city is undeniable. The congested alleys and lanes of North Kolkata bear resemblance to the colonial black town with the commercial hub and market places. At present time, the idea of Kolkata is an amalgamation of different characters into one identity. And that one identity is developed more through the emotion and idea of the city than through its physical attributes. It is basically the people of Kolkata and its culture that upholds its identity.

Tharoor, in his essay titled ‘The Need for a Museum on British Colonisation of India’, states ‘The decolonisation of the mind is among the greatest challenges today’s Indians have to face.’ In the same essay, Tharoor made an appeal to the Indian government to convert the Victoria Memorial into ‘a museum that displays the truth of the British Raj– a museum, in other words, to colonial atrocities’. According to Tharoor, this historic structure which was meant to be a testimony of British glorification in the colonial times, should actually be a reminder of the gruesome colonial past in the post-colonial time.Tharoor’s argument, though made concentrating on the Victoria Memorial, has its relevance in terms of the development of the identity of a post-colonial city. Though the city has moved on physically from its colonial past with the change of names from ‘Calcutta’ to ‘Kolkata’ and with many such instances, the colonial hangover has not yet disappeared from the psychic landscape of the people.

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