Colonial Space: Health and Modernity in Barabazaar, Kolkata

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This article investigates colonial attitudes toward disease in the indigenous parts of Kolkata, focusing on a market area called “Barabazaar.” Through the health and planning reports produced by the British authorities, it explores the construction of the “urban history of Kolkata” and the formation of an intertwined “Western” narrative of health and modernity. Concluding, it argues for a hybrid notion of modernity that offers “other” possibilities, one which acknowledges the huge part played by the indigenous population in the urban history of Kolkata.

In his Colonial Urban Development, Anthony King proposed a theory of colonial urban development to explain the political, economic and cultural processes that gave rise to new cities in colonized territories. Colonial cities were, according to King, important sites in the transfer of modern capitalist culture to new worlds. Evidence of this process could be seen in the architectural form (the transfer of European architectural styles) and planning of such cities, which regularly mimicked the cities of their imperial rulers. King wrote that colonial cities also operated as important sites in the deployment of technologies of power through which indigenous populations were categorized and controlled. In particular, town-planning regulation became the mechanism by which colonial judgements of cleanliness and modernity were realized on the ground. Indeed, it was in the name of the ideal city that many of the most comprehensive colonial territorializations and displacements occurred, and that the most rigid policies of segregation were implemented. In Kolkata, the racial division of the “black” and “white” towns illustrated just such segregation.

However, Swati Chattopadhyay has also argued that colonial “black” and “white” towns were far from autonomous landscapes, and that the economic, political and social conditions of colonial culture penetrated the insularity of both. She wrote that “the dependence on natives for services made the most intimate spaces of European residences accessible to the natives . . . [while] the opaqueness of the native town was infiltrated by the administrative arms of the British government — the census and the police.” Arguably, King’s ideas have lacked an approach to reading place that can encompass these overlapping geographies, both indigenous and foreign. A similar observation
might be made with regard to mixed narratives of the present day, that are constantly being negotiated.

What such readings echo is the notion of hybridity, which has become a key concept within the field of postcolonial studies. Within the context of India, the work of Homi K. Bhabha is routinely cited as pointing to the importance of such identities. In his seminal book *The Location of Culture*, Bhabha argued for a theoretical position which might escape the polarities of “East” and “West,” “self” and “other,” “master” and “slave” — a position “which overcomes the given grounds of opposition and opens up a space of translation: a place of hybridity.” According to Bhabha, histories of place and identity must acknowledge other possibilities. These must include contradictions and biases (that may still be present) which undermine the ideal of a linear narrative of progress, and instead open up a view of history as disjointed and discontinuous. With regard to the history of Kolkata, such competing visions have been presented by only a few scholars. But it is within this framework that I will attempt here to relate colonial attitudes to health and modernity in Barabazaar.

**COMPETING VISIONS OF MODERNITY IN BARABAZAAR**

Once affectionately named “Buro” Bazaar for “old” Lord Shiva, Barabazaar (or the “Great Bazaar”) was the oldest and richest bazaar in Kolkata, predating the British arrival in Bengal (fig. 1). Indeed, the bazaar’s established presence may have been part of the reason why the British decided to establish a trading post on the site of the modern-day city of Calcutta. The British presence began with Job Charnock’s decision to set up a factory at Sutanuti, where he landed on August 24, 1690. And as early as 1738 the existence of Barabazaar was traced by Robert Orme. Meanwhile, the earliest known plan of Kolkata, drawn in 1742 by Theodore Forresti and John Ollifres, shows a gated Barabazaar, here called the “Gran Bazaar,” in north Kolkata (fig. 2). J.P. Losty has written that this “suggests it was already walled at this time.” Historians tell us that during the eighteenth century a “white” town developed in and around Fort William, south of the center of Kolkata (fig. 3). However, following the sacking of Kolkata by Siraj ud-Daula in June 1756 (and its subsequent recapture by Colonel Robert Clive on January 2, 1757), work began on a new Fort William on the site of the village of Gobindapur. While the village residents were given compensatory land in the Barabazaar-Sutanuti area, the jungles and marshy lands between Gobindapur and Chowringee were cleared with a view to obtaining free firing space around the fort. And when the fort was completed around 1773, its southerly location and the removal of the original local population to Sutanuti reinforced the southward thrust of the European part of the city. This racial division was sealed by a gradual withdrawal of the English from the Barabazaar-Sutanuti area, as the European colonial city turned its back to the Indian north (fig. 4).

As well as military expediency, what this process hinted at was the modernizing mission of British colonialism, which had started to institute a vision of civil society in Bengal and India. This was also highlighted by the debate over education. At one extreme, Thomas B. Macaulay’s infamous “Minute on
Education" of 1835 deliberated over whether the paltry funds for education earmarked in the 1813 charter for the East India Company should be spent on teaching Western or Indian languages. Macaulay arrogantly claimed that the Company should use education “to form a class who may be interpreters between us and the millions whom we govern; a class of persons Indian in blood and colour, but English in taste, in opinions, in morals and in intellect.” But even in more moderate hands, the educational policy of British colonial administrators engaged in a powerful effort to persuade elite Indians of the truth of a celebratory narrative of European modernity. Yet, of course, when Bengalis sought to act out these principles and enact a story of their own enlightenment, the British authorities obstructed that process with the racist argument that Indians were intellectually and culturally immature.

By way of contrast to such British colonial ideas, it is today worth considering the Bengali author Bhabanicharan Bandyopadhyay’s text *Kalikata Kamalalaya* (1823). This text attempted to explain how the Indian dharmic code defined the relationships between domestic and civil-political life. As such, it offered a view that was often antithetical to that produced according to European notions of universal “civilization.” *Kalikata Kamalalaya* was written in the form of a dialogue between an “urban dweller,” a Brahmin who lived and worked in Calcutta; and a “stranger,” a newcomer from the country who viewed the city with a certain degree of trepidation, and who was eager to discover its ways. Among other
things, the text displayed concern over the changes brought by
the new social mobility in Calcutta — in particular, the role
that money could play in undermining the “proper” model of
Bengali social order and the place of the Brahmans in it. As
background to this concern, Chakrabarty has explained how,
at the time, religious ceremonies were no longer being
observed in the proper spirit: “the celebration of Durga Puja
(worshipping of Goddess Durga) in Calcutta, . . . had already
acquired a bad name among many who called it, mockingly,
‘chandelier puja’, ‘festival of baijis [dancing girls]’, ‘occasion
for the worship of one’s wife’s jewellery and sarees’, etc.”10

Bhabanicharan’s aim was to prevent the realm of world-
ly interests, vishaykarma (where British rule was situated),
from polluting the purer domains of daivakarma and pitrikar-
ma. Of particular interest, he proposed a framework for
everyday living to confront the demands of a modern colonial
civil society. Chakrabarty has provided this clarification:

The worldly [vishayi] Brahmins of Calcutta conducted
their vishaykarma under the English but took special care
to protect the dominance and prestige of the Brahmins
in the eyes of their own people. They washed themselves every
evening on returning home from work and thus cleansed
themselves of the bad effects [dosh] born of the [day-long]
contact with the mlechha [untouchable, i.e., the English].
They would then complete their sandhya [evening prayer]
and other [rituals of] puja [worship], and eat in the eighth
part of the day [about midnight]. . . . Those who found
this routine too difficult made a habit of completing their
evening prayer, homa and other pujas in the morning
before they left for office. Further they would offer
Brahmins money and other objects [naivedya: objects
offered to sacred powers] and that itself cancelled out all
their dosha.”14

Bhabanicharan was speaking primarily to and about the
Bengali middle class, the social group that was most strongly
attracted to the modern British colonial state. It was this
group that had the duty of servicing colonial society.

At this point, what I wish to highlight are the differing
and often opposed “signs” under which a Bengali modernity
was configured. Implicated in this were the structures and
relationships of power that produced the familiar narratives
of the British colonial state — oppressions and tensions pro-
duced by and productive of the categories of class, gender,
nation, state and ethnicity. Since the relationship was one
that denied the colonized the status of citizen, the Bengali
middle-class response to the Western idea of modernity
could only be one of partial emulation. Thus, Bengalis had
an ambivalent relationship with the modern colonial state
and the narrative of European modernity that it represented,
producing their own configuration of the modern.
According to Bhabha, this is typical of “the place of hybrid-
dictory elements.”9). It is within the context of this sense of a
hybrid modernity that I shall try to demonstrate an inter-
twined narrative of health.

NINETEENTH-CENTURY HEALTH REPORTS AND
MAPS

Successive British governments in Kolkata became
increasingly concerned with the links between the cleanliness
of the city and the health of its inhabitants. This was particu-
larly the case in the northern parts of the city where the
indigenous population lived, and where it was believed many
of the diseases originated. As Chattopadhyay has argued, no
other disease horrified Europeans more than cholera: “the
quickness with which it struck, the frightful symptoms, the
lack of therapeutics, and the absence of a predictable pattern
made it the most feared disease and the most salient among
administrative concerns.”15 The disease was considered
endemic to Lower Bengal, and fear about it was greatest in
the Indian parts of town, with the Indian bazaar being consid-
ered an area particularly to be avoided. Medically speaking,
all places where Indians collected in large numbers were seen
as threats to European health. Consequently, a major theme
of public health in colonial India was to control the spread of
epidemics from fairs, pilgrimage centers, and bazaars.7

As a result of health concerns, two committees were estab-
lished to investigate and allay such fears. The first was estab-
lished in 1803 by Richard Wellesley, first Governor-General of
India (1798–1805). It eventually became known as the Lottery
Committee after its chief source of funds. According to
Monidip Chatterjee, Wellesley’s Minutes of June 16, 1803, put
forward the “British Government’s first genuine concern for the
ordered development of Calcutta,” and set in motion planning
and development strategies that would characterize most of the
nineteenth century.18 As the Minutes directed, an Improvement
Committee was to be set up consisting of thirty members.
Among its tasks were to survey the town and suggest improve-
ments to the public drains and water courses; provide for the
regulation of public markets, slaughterhouses, and places of
burial; fix permanent rules for the construction and distribution
of houses and public buildings; put forward proposals for the
improvement of roads and streets; and estimate what the cost of
these improvements would be.

Wellesley’s motives were unambiguous for “the Capital
of the British Empire in India, and the seat of the supreme
authority.” In the introduction to his Minutes he stated: “It
has now become absolutely necessary to provide permanent
means of promoting the health, the comfort, and the conve-
nience of the numerous inhabitants of this great town.” Of
course, Wellesley meant only the European inhabitants
of Kolkata. And he criticized the “quarters of the town, occu-
pied by the native inhabitants,” whose “houses have been
built without order or regularity, and [where] the streets and
lanes have been formed without attention to the health, convenience, or safety of the inhabitants” (fig. 5). Wellesley’s motives were unashamedly aligned with social control. He explained that “every improvement which shall introduce a greater degree of order, symmetry, and magnificence in the streets, roads, ghauts, and wharfs, public edifices, and private habitations, will tend . . . to secure and promote every object of a just and salutary system of police.”

Eventually, the Lottery Committee was replaced in 1836 by the Fever Hospital Committee, the second of the two committees I referred to earlier. This was set up at the request of Indian and British residents to provide a comprehensive understanding of Kolkata’s sanitary needs, and in particular to evaluate the sanitary condition of the Indian part of town. Its formation was primarily due to the work of Sir James Ranald Martin, Surgeon of the native hospital in Dharmatala. Among other things, Martin’s 1837 Notes on the Medical Topography of Calcutta had recommended the establishment of a Fever Hospital and measures to ensure proper sanitation for the town. Along with the subsequent Fever Hospital Committee Report, it established an agenda of attitudes and solutions for the “native” town that would remain in regular circulation for the rest of the nineteenth century.

Martin’s description of the “native” town in The Medical Topography of Calcutta began in tones of colonial superiority by acknowledging the good fortune of the Europeans: “[with] the black town to windward during the S.W. monsoon . . . here at least, accident has favoured us.” At this time it was widely believed that the monsoon winds carried germs from the northern part of town to the southern. However, Martin then pointed out that in the “native” town, “it is less difficult to find fault, than to remedy the evil complained of.” Nevertheless, echoing Wellesley’s message of social control, he advised that “[in] an affair so important to the public health, something may be done and at last ought to be tried, if only in the way of municipal or police regulation.” He then described in greater detail the problems of Barabazaar, and some possible solutions:

In the event of a contagious disease . . . the dense state of the Burra Bazaar and surrounding parts, the want of water courses, and means of facility for removing accumulations of filth, &c. would stand as insuperable bars to the best devised regulations of medical police. All masses of buildings should be opened out, old walls and decayed houses removed; for even under ordinary circumstances these are fertile sources of fever.

For Martin, the need for street-widening was self-evident in “the native portion of the town . . . with its narrow lanes, and ‘rankest compound of villainous smells that ever offended nostril.’” Street-widening would “effect the two greatest improvements of all as respects the salubrity of [the] city, free exposure to the sun, to rarify and elevate the vapours, and to the winds to dilute and dissipate them.” According to Martin, where new streets were formed, “they should be as much as possible in the direction of prevailing winds.” Again in tones of moral superiority, he proclaimed that “the natives have yet to learn, in public and private sense, that the sweet sensations connected with cleanly habits, and pure air, are some of the most precious gifts of civilization.” For Martin, there was a direct link between the cleanliness of the “native” town and

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moral cleanliness: “the common saying that ‘cleanliness is next to godliness,’ is founded on reason, in as much as it is conducive to moral purity as well as health and pleasure.”

The Fever Hospital Committee Report, which appeared in 1839, dealt with town-planning issues more directly. Among other things, it advocated the construction of more thoroughfares and the excavation of large tanks or reservoirs to augment the water supply. And while it argued for a great central hospital and additional dispensaries, it also called for engineers to discuss various schemes for proper drainage, which it identified as the major source of disease.

Of course, drainage was generally supposed to be in its most offensive state in the Indian part of town. In testimony to the committee, John Phipps called these drains “sinks of filth and consequent malaria,” and claimed that many were “merely irregular furrows in the soil without any brickwork.” Dr. W. Graham further described the drains as “hot beds of disease,” and claimed that “the entire native town, must be considered unhealthy from inefficient or rather no drainage, tainted tanks, and an external mass of animal and vegetable matter in a state of decomposition surrounding them.” When he was asked if there were any healthy situations in the “native” town, his answer was equally pessimistic: “in all parts of the native town and suburbs, [I have] never found amidst the wilderness the green spot in which the philanthropist could repose and exclaim ‘hic sanitas.’” His solution was simple: “widen and water the roads, and Calcutta will be as healthy as any city in the world” (fig. 6).

The immediate outcome of the Fever Hospital Committee Report, and subsequent Act XVI (1847), was the formal appointment, in 1848, of health officers and the production of health reports and maps for Kolkata. Through these health officers, disease came increasingly under the scrutiny of the British authorities, and cholera mortality became the standard for measuring healthiness, with the origins and character of its transmission being debated furiously. In this regard, it is curious to observe that long after cholera’s water-borne nature was recognized in Europe, following the work of John Snow in 1847, European medical practitioners in India continued to support the belief that the disease was spread through the air. And even those who recognized the improvement in mortality following the purification of drinking water in the city maintained the miasmatic theory. Of course, if the Indian government had accepted Snow’s waterborne theory, they would have been obliged to radically improve the city’s water supply, and this would have created a need for huge capital investments. As matters stood, the Indian part of town was considered its breeding ground. In particular, claimed David Arnold, cholera was written off as “a disease of the poor, of the bazaars and bustees.”

In just such a vein, writing in 1872, C. Fabre-Tonnerre, Health Officer for the Calcutta Municipality, provided a description designed to impress on the public the dangers to be found in these parts of town:

A bustee or native village generally consists of a mass of huts constructed without any plan or arrangement, without roads, without drains, ill-ventilated and never cleaned. Most of these villages are the abodes of misery, vice, and filth, and the nurseries of sickness and disease. In these bustees are found green and slimy stagnant ponds, full of putrid vegetable and animal matter in a state of decomposition and whose bubbling surfaces exhale, under a tropical sun, noxious gases, poisoning the atmosphere and spreading around disease and death. These ponds supply the natives with water for domestic purposes and are very often the receptacles of filth. . . . The huts are huddled together in masses and pushed to the very edge of the ponds, their projecting eaves often meeting together, whilst the intervening spaces, impervious to the rays of the sun, are converted into necessaries and used by both sexes in common. In these huts often live entire families, the members of which occupy the single apartment of which it is not infrequently composed, and in which they cook, eat,
and sleep together; the wet and spongy floor, with a mat spread on it serving as a bed for the whole.”

According to Tonnerre, it was “a well known fact that many of the epidemics that . . . visited Calcutta . . . first made their appearance in the northern division of the town.” The solution for Tonnerre was a systematic improvement of these bustees, beginning with “the preparation of correct plans of each bustee showing its exact boundary, the situation of the tanks or ponds, and distinguishing the high from the low lands.” The next step was to clear the land, if necessary, of all the huts: “The jungle should be cut down, the ponds and drains and marshy lands filled up, and the ground properly levelled so as to prevent any possibility of the water stagnating in any place.” Next, “the land being prepared, a proper tank should be selected amongst those existing for the supply of water for domestic purposes, as well as one or two sites for public latrines.” Finally, “The principal roads should . . . be marked and the land divided into building blocks, after which it would be comparatively easy to define the position of the bye-lanes.”

In Tonnerre’s desire for well-bounded, easy-to-survey spaces, it is not difficult to read the ideas espoused by preceding medical authorities and missionaries. As Chattopadhyay remarked, “like the medical statistics the idea of the ‘model’ bustee evoked a desperate belief that disease could be contained once the boundaries and rules of surveillance were in place.” When Tonnerre made his recommendation he reminded his readers that the International Sanitary Conference had implicated Bengal, and partially Calcutta, as the originating point of the epidemic that had devastated Europe.

According to Chattopadhyay, “the designation of bustees as hotbeds of cholera flourished in the 1870’s and continued in the 1890’s with the approval of the Bengal Government and the Army Sanitary Commission.” The overwhelming concern became the removal of the bustees from the white town. In 1873, quoting R. Martin from 26 years earlier, Tonnerre again commented on the bustees, stating that “as long as they are allowed to remain a permanent disgrace and a source of danger to the town, I shall never cease to draw attention to the present state of things, which absolutely nullifies the benefits of the water supply and drainage operations.”

Of course, the actual program of improvements that began to solve these problems was quite different. Filtered water began to be supplied by the municipal government in 1870. The core of an underground drainage system was proposed in 1858, sanctioned in 1859, and laid down between 1860 and 1875. It covered an area of 7.5 square miles (19.2 square kilometers) in the central area of town. And between 1891 and 1906, sewerage was provided to 12.5 square miles (32 square kilometers) in the new southern European areas of the city.

Following the introduction of water and sewerage treatment, cholera deaths dropped dramatically. According to David Arnold, Calcutta suffered between 2,500 and 7,500 deaths from the disease every year from 1841 to 1865. But between 1870 and 1900, despite the city’s rapid growth, numbers only exceeded 3,000 in one year (1895). Of course, the progress of areas covered by water and sewerage treatment meant that Europeans gained benefits first, followed by middle-class Indians, and finally the poor.

BARABAZAAR HEALTH REPORT

In 1899 Frank G. Clemow and William C. Hossack completed a health report on Barabazaar titled Report upon the Sanitary Condition of Ward VII (Burra Bazaar), Calcutta. Among other things, the report claimed to be “the first attempt to describe systematically and fully the area from a sanitary point of view and to bring home the shockingly insanitary condition and the terrible expenditure of life and health which this entails upon the inhabitants.” Among the report’s topics of concern were circulation of air around buildings, admission of light and air to the interior of buildings, water supply, removal of refuse, excreta and waste water, construction of roads, provision of public conveniences, and the control of nuisances. The report also looked in detail at the sanitary condition of certain special buildings and areas. According to Clemow and Hossack, the causes of unsanitary conditions boiled down to overbuilding, errors of building, habits of the “native” occupants, and overcrowding.

At the time Clemow and Hossack wrote that Barabazaar consisted of “extremely valuable property in an intensely insanitary state.” The area covered by the report included some 217 acres, which they divided into four zones (fig. 7). Of these, they considered the northern, central, and certain portions of the southern to be the most insanitary. The authors wrote that Barabazaar was “one of the worst areas of its size in any city with which we are acquainted.” And they argued that for sanitary reform to be effective, the necessary legislation should first be provided by the “educated and enlightened opinion among the governing classes.” In their opinion, what was required was “the application of an Act embodying most or all of the clauses” of the English Housing of the Working Classes Act of 1890. However, if real progress was to be made, the local inhabitants had to be made to understand that “an increased recognition of the necessity of the measures enforced, an increased knowledge of the proper use of modern sanitary appliances, and — if this be possible — a really increased desire for cleanliness, light and air” were of vital importance. They reminded readers that “the most carefully worded clauses in Municipal or Government Acts, and the most judiciously framed byelaws, backed by all the powers of high penalties for their infringement, will never alter the ingrained habits of the peo-
ple, or the indifference and apathy with which many of them appear to regard the most offensive surroundings. Clemow and Hossak concluded by questioning "whether a stirring of the waters of Indian apathy and laissez faire in matters sanitary shall ever be possible." In an ambiguous and contradictory final statement, they acknowledged that during the course of their visits of inspection "a large number of householders [were] far from blind to the gross sanitary defects around them, and [were] really anxious for their removal." Of course, this phrase hints at different visions of health and hygiene than those typically prescribed by the British colonial state. But health maps and statistical descriptions were far easier for decision-makers in the Indian government to digest than qualitative descriptions containing contradictions. As far as these politicians were concerned, the health maps only confirmed the nightmare of ill health, for which all Indians were to blame.

**COMPETING VISIONS OF HEALTH IN BARABAZAAR**

As Kaviraj has pointed out, during the nineteenth century British writers discussing disease and hygiene in the Bengali home often commented about the peculiar sense of cleanliness of the Brahmin — "an odd combination of fanatical attention to personal cleanliness with an astonishing indifference to filth in his surroundings." However, the Brahminical sense of cleanliness and purity was quite different from emergent Western ideas about hygiene. The inside of a Brahmin home was kept scrupulously clean, with interiors swept at dawn and dusk, which coincided with times of worship, or puja. Kaviraj has explained the Brahminical sense of cleanliness and purity as follows:

> The form of this puja especially at nightfall, was to light the auspicious lamp, which had an understated piety about it and was performed by women, who shared a strong connection with the symbolism of the interior. It would be considered odd, and faintly sacrilegious, to take the auspicious lamp into a room that had not been cleaned in preparation for this most ordinary form of thanksgiving. Thus the cleaning chores were considered quasi-religious duties for household members (mostly women). Yet the garbage collected from this obsessive house cleaning would be dumped on a mound right in front of the house. This owed not to a material geographic but a conceptual distinction. When the garbage is dumped, it is not placed at a point where it cannot casually affect the realm of the household and its hygienic well-being. It is thrown over a conceptual boundary.

Thus, the Bengali notion of "outside" — the streets, squares, bathing ghats, and other facilities used by large numbers — did not constitute a different kind of valued space, a civic space with norms and rules of use separate from the domestic values of bourgeois privacy. In Kavaraj’s view, indigenous Indian cities performed very different historic functions than their European counterparts, with their unmistakable strands of civic control. In particular, Indian cities were not distinguished conceptually and materially from the countryside. “[T]hey had no corporate life of their own to shelter and encompass the lives of the private families living inside them, which corporate life was to be celebrated in the symbolism of common space.” In fact, extended families in Bengal often had their main home in the country, with the house in the city serving as a trading post for business. Thus, according to Kaviraj, there was a sense that the “outside” in the indigenous Indian city was “not amenable to control — not by the individual or the restricted resources of a small family, nor by any organised authority.” Obviously, this ran counter to European ideas about such space.

However, mirroring changes in urban life brought about by the modern colonial state, the “outside” as a concept for
Bengalis was changing radically in cities like Kolkata. As Kaviraj elucidated: “to the normal anxieties of people accustomed to living in caste society, which obviated the need to meet utter strangers and improvise responses to untied situations, the new kind of colonial city sparked fears of miscegenation and unpredictability.” Such conditions were clearly threatening to the sensibilities of a segmented, small-scale society. But for the Bengali middle classes such places promised the large-scale operation of modernity, a world of “freedom” rather than restriction. As Kaviraj indicated, “the middle-class city represented this new ideology spatially, where the outside was tamed and governed by a civil order instead of the state of nature, which, on this view, reigned before the coming of British rule.”

It is important to understand that these “mixed” and competing histories of “private” and “public” life framed competing debates about health and hygiene in Bengali Kolkata for most of the nineteenth and early twentieth century. According to Kaviraj, these were emergent forms that could not be identified in terms of either British or Indian logic. Rather, they were “indigenous, irreducible forms of modernity.” These indigenous forms of modernity were, of course, hybrids. And one manifestation of such a hybrid was the Barabazaar Improvement Report, written by a Scotsman — namely, Sir Patrick Geddes — in 1919.

CALCUTTA IMPROVEMENT TRUST (CIT) AND SIR PATRICK GEDDES

At the beginning of the twentieth century, cities in India began to form what became known as Improvement Trusts. Kolkata’s was established on January 2, 1912. According to Monidip Chatterjee, it was created “largely in response to the critical situation revealed by a medical enquiry into the condition of Kolkata in 1896 owing to the outbreak of plague, and the Report of the Building Commission appointed in April 1897 to consider changes in the law relating to buildings and streets in Calcutta.” E.P. Richards joined the CIT as Chief Engineer on September 12, 1912, and produced the first planning document for the whole of Kolkata, titled On the Condition, Improvement and Town Planning of the City of Calcutta and Contiguous Areas. The report recognized the integral importance of the suburbs, and indeed the entire region outside the municipal city limits. Richards analyzed the situation with respect to the roads, slums, parks and open spaces, water supply and drainage, housing and residential conditions, and the distribution and movement of population within the city.

Although Richards did not mention Barabazaar explicitly, a whole section of his report was dedicated to “Calcutta slums,” claiming that Kolkata possessed “a far higher percentage of slum area than can be found in . . . any city of the whole western hemisphere.” He concluded pessimistically that they were “many times more extensive, composed of buildings of about one-and-a-half to two-and-a-half times the height found in Western slums, contain[ed] only one-quarter to one-third of the open space found in Western slums, [had] an infant mortality about three times that of European slums, and appear[ed] to have the highest infantile mortality death rate in the world, also the highest recorded mortality for tuberculosis.” According to Richards, the “evils” of such slums were responsible for most social problems known to mankind, including “crime, insanity, [and] disease (especially tuberculosis).” Finally, they produced “by far the highest percentage of all bad, weakly, and useless citizens,” and were “highly destructive of wholesome family life.”

Barabazaar was first explicitly considered by the CIT during 1916. The problems of the area were summarized in their Annual Report of that year:

The area has been largely built over by four and five-storied buildings, many of these have been constructed in defiance of all building regulations, and form hot beds of disease and plague. Compared with other parts of the north of Calcutta the road system is regular, but the width of the roads is entirely inadequate to the traffic which they are asked to carry. These roads, 16 and 20 feet wide, are constantly blocked by strings of bullock carts and other traffic mingled in almost inextricable confusion. On sanitary grounds and to facilitate the operations of trade, the opening up of the area with adequate roads is imperative, but the difficulties caused by the high price of land, the expensive nature of the buildings and value of the vested interests are very great.

Between April 1918 and March 1919 a general improvement scheme, covering an area of ten acres in the southwest corner of Barabazaar at the junction of Darmahatta Street and Harrison Road, was prepared, and estimates of cost were approved by the CIT. Helen Meller has written that “predictably [the general CIT improvement proposals] opted for a programme of demolition which would enable roads to be widened, property values to be increased, business needs to be fulfilled, and the poorer people to be evicted from the area.” Among the principal features of the plan were the provision of four roads north to south, and seven roads east to west; the widening of existing lanes and opening up of new lanes; a slum clearance scheme in the southwest corner of Barabazaar; and the creation of a playground and several parks adjacent to a new boulevard in the north.

Sir Patrick Geddes was commissioned by Calcutta Corporation toward the end of 1918 to review the CIT plan for Barabazaar. Geddes had worked in a number of Indian cities and towns since his arrival in India in 1914. However, Meller pointed out that “Geddes became convinced that in the Indian context Improvement Trusts were doing more harm than good in their activities in cities.” Instead of working in
the interests of the people, especially the poor, Geddes claimed that “the ‘improvement’ methods, derived their advantage, even their survival, from the opposite viewpoint and interest, that of the propertied and land-speculating classes and their economists; by making site space and working class dwellings permanently and increasingly dear.”

Geddes’s report eventually outlined an alternative scheme to the CIT plan. Among its principal features were the provision of three broad roads east to west and two through roads north to south; the improvement of existing lanes and opening up of new ones; the development of an improved business, warehouse and office quarter; the removal of the Mint; and the creation of three large open spaces and 46 small local playgrounds. The report was completed and submitted to the Calcutta Corporation on March 31, 1919 (FIG. 9).

The Calcutta Corporation compared Geddes’s proposals with the general proposals of the CIT, and “found that according to Prof. Geddes’ scheme about 50 percent of the houses would remain in their present condition without any improvement, that large blocks of insanitary areas would not be sufficiently opened up and that the Trusts proposals would provide more road accommodation.” Consequently, the Corporation dismissed his ideas about small local playgrounds, “as it was considered that these small patches of ground surrounded by high buildings with access through narrow lanes would not serve any useful purpose and would be used for dumping refuse.” However, the Corporation did adopt some of the alignments suggested by Geddes for road improvements and his proposal for a large park to the north of Ratan Sarkar Garden Street. They also suggested that the idea of a general improvement scheme should be abandoned, since it would entail enormous destruction of property and dislocation of business.

On the face of it, Geddes’s immediate impact on Barabazaar would seem to be limited. The apparent reasons for this were distilled by Meller, who suggested that “the clash between the interests of the market and the interests of the people were direct and stark,” and that Geddes “found himself committed to trying to put his civic reconstruction doctrine, with its commitment to places and people, in an urban context most hostile to such priorities.” More generally, perhaps, Geddes was also out of step with the pace of
modernization in India. As Meller suggested: “while Geddes was eulogising about ancient Indian urban forms, and the domestic arrangements, for example, of courtyard houses (usually the first target for demolition by British sanitary engineers), leaders of the Indian National Congress were taking their own families from traditional homes to the new-style bungalows.” In hindsight, perhaps Geddes biggest impact on Barabazaar was in preserving many of the existing streets and much of the urban fabric of the area. According to Meller, “the way Geddes expressed most of his planning ideas in his reports was designed to goad civic administrations into a new perception of their duties, and to avert some of the damage they were causing.”

However, Geddes’s ideas were to have a much longer-term effect. In 1995, using Geddes’s work as an inspiration, the Foundation for the Conservation of Rural and Urban Traditional Architecture (CRUTA) were commissioned by Building Technical Services, a department of Calcutta Municipal Corporation, to complete a report on North Kolkata. Titled *Bara Bazaar Improvement: A Manual Towards Civic Action*, this study included a broad outline structure for the entire area and a detailed analysis and upgrading plan for two selected pilot areas that included the riverside front (Gangaghat) and an area off Kalakar Street and Mahatma Gandhi Road in central Barabazaar. According to the *Economic Times*, among the initial suggestions made were the “relocation of Posta Bazaar with redevelopment of the area as an attractive retail commercial centre; redevelopment of Raja Katra as a commercial cum residential area; cosmetic treatment of the riverside, with removal of the warehouses and restriction on lorry movement, the old Mint restored to its architectural glory and used partly as a museum and partly as a retail shopping centre.”

Despite Geddes’s links to some of the colonial ruling elite during his early years in India, when the Barabazaar report was produced, he had become shunned by the British administration; and in Kolkata, he had become very much involved with Sir Jagadis Bose and Rabindranath Tagore. Arguably, Geddes acknowledged the huge part played by the indigenous population in shaping cities in India, and developed an alternative approach to the town-planning practices offered by the British colonial establishment. For Geddes, meeting and interviewing the people of Barabazaar was essential, so that a mental picture could be formed “of the daily life and working of the district in its various branches of activity and of these in their action and reaction with city as a whole.” However, developing Geddes’s ideas theoretically to inform the way we interpret areas like Barabazaar means promoting a notion of history that includes the everyday histories and experiences of “ordinary” people — one that reveals the contradictions and disruptions integral to the whole “messy” and “dirty” historical process.

**REFLECTIONS ON “OTHER” PASTS**

One of the key problems of Kolkata’s urban literature is the uncritical acceptance of British sources and the recirculation of the colonizers’ ideas about the city and its people. The standard “urban history of Kolkata” cites colonial buildings and monuments, such as the New Court House, Government House and the Town Hall, which have become markers of an imperial domain, illustrating the growth of Kolkata as a British city. Such histories have relied heavily upon eighteenth- and nineteenth-century accounts of British administrators, acting after British control had been somewhat consolidated. This literature included the maps and reports from health and planning committees, which cemented the characteristics of the native population, as representing a chaotic landscape that constantly threatened British efforts to order and control.

Not surprisingly, in most of the pertinent literature, these colonial sources are not interrogated for their motivation or point of view. As Chattopadhyay has pointed out, “it is a narrative of heroic British efforts to build a city in the marshes of Bengal, in the face of native hostility, amidst festering jungles and tropical heat.” But in so doing, it left out anything that does not fit — what Chattopadhyay has called the “chaos-leads-to-order narrative.” In reality, the city always consisted of overlapping geographies and conceptions of space and territory, both indigenous and foreign, that were constantly negotiated. According to Chattopadhyay, “not only were the complex choices and decisions made by the British and Indians simplified into a British winning strategy, the enormous contribution and resistance of the native population during the entire duration of colonial rule is effectively subdued as part of the city’s history.”

How then is it possible, as a European, to read histories of areas like Barabazaar without resorting to the mistakes of the past? Dipesh Chakrabarty has pointed out that we all “do” European history, often using archives which are themselves relics of an imperial past. By contrast, he has described an idea for reading history that he calls “provincializing Europe.” He has defined this notion as a “project [that] must ground itself in a radical critique and transcendence of liberalism (i.e., of the bureaucratic constructions of citizenship, the modern state, and bourgeois privacy that classical political philosophy has produced), a ground that late Marx shares with certain moments in both poststructuralist thought and feminist philosophy.” Chakrabarty is keen to explain that he is not calling for a simplistic, out-of-hand rejection of modernity and grand narratives. The point is not that Enlightenment rationalism is always unreasonable in itself. Rather, it is a matter of documenting the historical processes through which “reason”, which was not always self-evident to everyone, has been made to look ‘obvious’ far beyond the ground where it originated.

For Chakrabarty, Indian history has largely been in a position of subalternity, because Europe has always worked
as a silent referent. And he has described the painful difficulties of writing non-Western, Third World histories:

Third-world historians feel a need to refer to works in European history; historians of Europe do not feel any need to reciprocate. . . . “They” produce their work in relative ignorance of non-Western histories, and this does not seem to affect the quality of their work. This is a gesture, however that “we” cannot return. We cannot even afford an equality or symmetry of ignorance at this level without the risk of appearing “old-fashioned” or “outdated.”

For Chakrabarty, the idea of “provincializing Europe” is not a call for cultural relativism or for atavistic, nativist histories. Yet, controversially, his work stresses the view that one result of European imperialism in India was to introduce the idea of the modern state with its attendant discourse of “citizenship.” For Chakrabarty this was a double-edged sword. On the one hand, “the claims of (bourgeois) equality, of citizens’ rights, of self-determination through a sovereign state have in many circumstances empowered marginal social groups in their struggles is undeniable.” However, on the other hand, “what effectively is played down . . . in histories that either explicitly or implicitly celebrate the advent of the modern state and the idea of citizenship is the repression and violence that are as instrumental in the victory of the modern.” Instead, what he asks for is “a history that deliberately makes visible, within the very structure of its narrative forms, its own repressive strategies and practices, the part it plays in the collusion with the narratives of citizenship in assimilating to the projects of the modern state all other possibilities of human solidarity.”

The ideals of health and hygiene are intimately connected to a dominant “Western” narrative of modernity. In this regard, a I mentioned at the beginning, the writing of history must acknowledge other possibilities, including the contradictions and biases (that may still be present) which undermine the ideal of a linear narrative of progress, and which instead open up a view of history as disjointed and discontinuous. When interpreting an area like Barabazaar in a former colonial city like Kolkata, rather than emphasizing the duality of poles, such as the “black” and “white” towns, I wish to argue that their critical aspects lie in the uncertainty and ambiguity of such extremes.

In sketching out the important elements of “other” urban histories of a city like Kolkata, one should include hybrid Bengali notions of health and modernity. Arguably, one would also include figures like Sir Patrick Geddes, which reflects Chakrabarty’s call that “other” pasts do not only come from “native” sources. Finally, of course, Europe cannot be “provincialized” from within the institutional site of the university. As Chakrabarty has reminded us, “the globality of academia is not independent of the globality that the European modern has created.” Universities, their critical distance notwithstanding, are part of the battery of institutions complicit in “the deep collusion between ‘history’ and the modernizing narrative(s) of citizenship, bourgeois public and private, and the nation state.”

REFERENCE NOTES

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8. Losty, City of Palaces, p.23.
11. According to Edward Said, John Westlake’s Chapters on the Principles of International Law (1894) advised that the “uncivilised” sections of the globe should be annexed and occupied by the “civilised” and advanced powers. See E. Said, Orientalism


21. Ibid., pp.18–19.

22. Ibid., pp.23–24.


24. Ibid., p.60.

25. Ibid., p.63.

26. Ibid., p.60.

27. Ibid., p.61.

28. Ibid., p.97.

29. Ibid., p.99.

30. Ibid., p.100.


32. Ibid., p.25.

33. Ibid., p.20.


38. Their final recommendations concluded that overbuilding be prohibited; new roads be constructed with adequate drainage; open spaces be laid out; space be provided at the back and sides of houses for ventilation; water supply be made constant and wells abolished; refuse put into dustbins rather than dumped on the road; connected flushing privies, and more public latrines be provided; and minimum requirements be established for spaces between huts, for courtyards, and for dwelling rooms in bustees.


40. Ibid., p.1.

41. Ibid., p.60.

42. Ibid., p.63.

43. Ibid., p.60.

44. Ibid., p.61.

45. Ibid., p.60.

46. Ibid., p.99.

47. Kaviraj, “Filth and the Public Sphere,” p.97.

48. Ibid.

49. Ibid., p.99.

50. Ibid.

51. Ibid.

52. Ibid., p.94.

53. Ibid., p.100.


55. E.P. Richards, Report By Request of the Trust on the Condition, Improvement and Town Planning of the City of Calcutta and Contiguous Areas (Ware, Jennings and Bewley, 1914).

56. For a summary of Richards’s proposed improvements, see Chatterjee, “Town Planning in Calcutta: Past, Present and Future,” pp.133–47.
