Contagion and Enclaves

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There were many ideological, political, military and medical reasons for hill-stations in tropical colonies. The urgency of the question of the Europeans’ long-term survival in the tropics engaged medical discourses in Britain as well as in the tropical colonies in the seventeenth and eighteenth centuries. The eighteenth century represented a period of optimism about acclimatization and it had been generally a period when racial categorizations had not assumed absolute rigidity. By the third decade of the nineteenth century acclimatization theories were eclipsed and there were serious doubts about the survival of the Englishman in India over a few generations. The contrast between the disease-ridden, crowded, unsanitary plains and the pure and healthy air of the ‘hills’ therefore came to be a familiar trope of official as well as medical discourses in colonial India. The hill-stations provided one means of establishing comfortable, familiar surroundings for the British in the tropics: their climate was supposedly not tropical. The logic of the development of hill-stations was their climatic opposition to the plains. The hill-station was a uniquely colonial phenomenon, and although best known in India, was institutionalized in many tropical

1 The point has been made by David Arnold, ‘Introduction’, in idem (ed.), *Warm Climates and Western Medicine: The Emergence of Tropical Medicine, 1500–1900* (Amsterdam, Rodopi, 1996), pp. 1–19.


3 Harrison has further argued that until the nineteenth century European medical perceptions regarding India’s difference with Europe, in climate as well as in civilizational terms, as one of degree rather than of kind. See Harrison, *Climates and Constitutions*, p. 119. Arnold has also argued that there was ambivalence regarding the recognition in European scientific and travel accounts of India’s topography as ‘tropical’ and that such a recognition was a historical process that continued to the mid-nineteenth century; Arnold (2006), pp. 110–42.
colonies. The British built hill-stations in Asia in the Ceylon and the Malay Straits – in fact the earliest ‘hill-station’ was at Penang in Malaya, which was occupied by the English East India Company (EEIC) in 1786 and by the early 1800s served as a site for recuperation for civil and military officials. In late nineteenth- and early twentieth-century Africa, social segregation followed closely on the heels of sanitation in the British colonies, and hill-stations facilitated the creation of exclusive, clean and secure social space for white Europeans.

Empire in the Tropics, Recess in the ‘Hills’:
The Hill–Plains Dichotomy in Colonial India

Historians of colonial India have seen the establishment, evolution and historical trajectory of hill-stations as determined by racial distinctions and a value system which favoured the hills over the plains. The explorations in the Himalayas, the slow but sure penetration of British influence in the areas bordering the mountains on the north, north-east and the north-west of India took place in the first two decades of the nineteenth century. As Kennedy has pointed out, the nomenclature was deceptive. Most of the ‘stations’ were located not on hills, but on high mountains, usually from 4000 to 6000 feet above sea level. Such were the hill-stations of Simla, Mussoorie, Landour and Darjeeling. Like many other colonial institutions the hill-station developed multiple nuances and spread geographically. For instance, the Bombay government, lacking access to high mountains, resorted to various hill tops in the Mahabaleshwar over the relatively modest Satpura and Aravalli ranges where several hill-stations sprang up to accommodate a seasonal population. Similarly Ootacamund in the Nilgiri range emerged as a notable hill-station in southern India. Initially established to ensure the recuperation of European troops in tropical colonies from eighteenth-century tropical diseases like cholera and dysentery, they evolved to become the seats of government and foci of elite social activity in colonial India.

7 Kennedy (1997), pp. 46–47.
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The numbers of European troops in India increased under the drastically changed concerns after the revolt of 1857 and this lent greater urgency to the problem of high mortality among European troops in the tropics. Although their flora and fauna were often unique both in the Himalayas and in the Nilgiri, Satpura and Aravalli ranges, some hill-stations provided sites conducive to the introduction of flora from colder climates. And most importantly, they promised the space for an alternative world where the European (as a racial category) could feel comfortable and the Englishman recreate in some measure the cosy, even intimate, atmosphere of ‘home’ within the tropical colonies. Apart from their natural and scenic advantages, hill-stations also afforded to the British in India opportunities for architectural distinctiveness, the advantages of sewerage, clean water and social spaces such as the Mall, a promenade that excluded Indians except in manual capacities. British rule established municipal governance in all parts of urban India, but the governance of hill-stations remained in the control of colonial officials and therefore beyond the interventions of Indian nationalists whose priorities in local government rarely extended to conservancy and sanitation.

As historians and indeed contemporary residents in late colonial Indian hill-stations have argued, the hill-stations did not remain exclusive European enclaves, overrun as they were by multitudes of lower-class Indians in menial and subordinate positions within households as well as in civilian administration. Since they are supposed to have collapsed under their own weight, can we then see a hill-station as a colonial enclave at all? I would argue here that the enclaves maintained a balance between permeability and exclusivity; that the raison d’être of the hill-station was the integration of their respective areas within the colonial political economy. Therefore it was immaterial whether or not the hill station was truly a healthy climatic resort. Diseases could and often did make their presence felt in chronic and epidemic forms in the hill resorts. Colonial governance was administered through the control of epidemics and the sustenance of an exclusive social and political space through modes that included the invention of a distinct disease environment for the ‘hills’ from that of the Indian plains. Similarly, the hill-stations actively encouraged migrant populations, and at the same time administrators attempted to limit their social and cultural influence within the limits of the town. In this chapter I have analysed the sustenance of Darjeeling as a site of medicalized leisure for Europeans. While hill-stations were sites of rejuvenation of white, European bodies in tropical climates, the very concept of rejuvenation of white bodies in the tropics was problematic. The British had seen tropical climate as the cause of their ill health and in that it was not just the hill-stations, but the hills themselves that were British colonial constructions. The hills–plains duality was constructed in terms of medical discourse and climatic theories of disease. This chapter shows that the hills–plains dichotomy was a false one, and was sustained through medical discourse and practice through the institutionalization of the hill-stations themselves. The hill-station of Darjeeling itself was sustained through its absorption into the larger colonial economy through the
development of the tea plantations in the surrounding regions. Once established, the Indian elite formulated their own medicalized rationale for staking their claims on the hill-station.

The Expansion of Darjeeling

The area of Darjeeling and indeed the tracts where most of the Himalayan hill-stations were located had been part of the growing Gorkha Kingdom of Nepal in the late eighteenth century. From the late eighteenth century the Gorkha Kingdom, formerly a small principality in Nepal, had militarized itself and taken over the more prosperous kingdoms in the Kathmandu valley. It next eyed the Himalayan principalities of Kumaon, Garhwal and Sikkim. The rapid conquest of the hill principalities in Garhwal and Kumaon, as well as British ambitions in the trans-Tibetan trade which would have to pass through Nepal, put Nepal into direct conflict with the EEI Company. The consequence was a bloody war in which it took two years for the Company's army to decisively defeat Nepal. Under the treaty of Sagauli (1816) between India and Nepal, a large section of the western Himalayan Terai was taken from Nepal and annexed by the East India Company. This was the tract where Mussoorie and Simla were later built. The area of Darjeeling, further, under a separate agreement (Treaty of Titalya, 1817) was given over to the King of Sikkim as part of the ring-fence policy, to create a buffer state between Nepal and India.

Captain G.A. Lloyd and J.W. Grant, the Commercial Resident at Maldah in northern Bengal, visited the area to settle border disputes between Nepal and Sikkim. Later they arrived at Chongtung near Darjeeling and first thought of a sanatorium at the site in 1828. In 1829 the Government of India sent Captain J.D. Herbert, Deputy Surveyor General, to the site to explore possibilities for the establishment of a sanatorium for the use of European troops in India. His report was wholly favourable and his first assumption was to link health with climate: 'The first point to be considered in the establishment of a station of

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health is obviously climate.\textsuperscript{13} Besides, he considered the logistics: new roads and maintenance of a supply line. To that end it was also essential to have permanent and settled British-ruled administrative centres relatively close, and Herbert found Darjeeling more convenient than other hill-stations for British troops in north India from Allahabad:

To give a better idea of the nature of the approach to Darjeeling, I would say that it is very nearly as promising as that to Semla, it is much more so than that to Dehra, and between it and the Almorah one, there can be no comparison whatsoever...\textsuperscript{14}

In 1835, Captain Lloyd negotiated with the King of Sikkim for the cession of the land on which the sanatorium of Darjeeling was to be situated. Faced with the intent of the British government in India, the king, initially reluctant, finally leased the area in 1835 for an annual payment of Rs 3000.\textsuperscript{15} In the true tradition of the man in the field, Lloyd did not wait for instructions from the Governor General before pushing for and obtaining the lease.\textsuperscript{16} There were supposedly around a hundred inhabitants at the site, who were mainly the indigenous Lepchas.\textsuperscript{17} After he successfully secured the lease and organized the labour for building the road to Darjeeling, the government replaced Lloyd with another official, Archibald Campbell.\textsuperscript{18} In 1839, Surgeon Major Campbell who had formerly served at the Residence in Nepal, was posted to Darjeeling. He was vested with wide-ranging fiscal, civil and judicial powers. For the next 22 years Campbell served as the Superintendent of Darjeeling and oversaw its settlement and steady expansion.\textsuperscript{19}

Archibald Campbell, a postgraduate surgeon from Edinburgh, had joined the EEIC in 1827. He was posted to Kathmandu.\textsuperscript{20} Campbell served for eight years in Nepal. He, along with Brian Hodgson, the Resident at Nepal, was a keen Orientalist as well as naturalist. Like most old India-hands, his local knowledge included knowledge of local flora and fauna as well as the inhabitants of the region. The British residency at Kathmandu had an uneasy relationship with the Court, but Campbell used his local knowledge to good effect and wrote several papers on the economic, social and cultural aspects of the country and of the inhabitants of Nepal during his tenure. This knowledge served him later

\textsuperscript{13} Report on Darjeeling: A Place in the Sikkim Mountains, Proposed as a Sanitarium, or Station of Health (Calcutta, Baptist Mission Press, 1830), p. 3.
\textsuperscript{14} Report on Darjeeling, p. 6.
\textsuperscript{15} Joseph Dalton Hooker, Himalayan Journals: Notes of a Naturalist in Bengal Sikkim and Nepal Himalayas etc. (New Delhi, 1999, first pub. 1854), vol. 1, p. 110.
\textsuperscript{17} O’Malley, Bengal District Gazetteer, p. 22.
\textsuperscript{18} Pinn, The Road of Destiny, pp. 174–75.
\textsuperscript{20} Memorandum of the Services of Dr A. Campbell, Bengal Medical Services... (Hastings, Osborne, 1856), p. 1.
when he developed the town of Darjeeling by encouraging Nepali immigration. Campbell’s first task on becoming Superintendent was to attend to the construction of the basic administrative infrastructure. In the next ten years he made allotments of land to private individuals. The Army established a ‘convalescent depot’ for British troops at Jalapahar near Darjeeling. Around the nucleus of a church, bazaar, the administrative cutchery and a few houses the hill-station gradually came to be well known and often frequented by seasonal visitors.21

Initially, Darjeeling was a frontier zone that offered various opportunities to enterprising Europeans. A group of such were the Wernicke-Stolke family, who had initially arrived in 1841 as Moravian missionaries.22 They established their mission at Tukvar, a few miles below the town.23 After his mission shut down, Johann Andreas Wernicke engaged in contract work for the government in Darjeeling, which involved supplying timber and brick for the construction of public buildings and roads. Two of the three Moravian families found reasons to stay on, and Wernicke went on to build several shops in the town, having received contracts from the government and acquired land within the town as well. ‘At this time … the East India Company were ready to make grants of land to persons who were willing and capable of helping in the development of Darjeeling as a station.’24 Three of his sons went into the flourishing tea industry in the 1870s. The family owned several tea gardens in the Darjeeling area, as well as several buildings, in fact a part of an entire street. His grandson

21 *The Dorjeeling Guide: Including a Description of the Country, and of Its Climate, Soil and Productions, with Travelling Directions etc.* (Calcutta, Samuel Smith, 1845), p. 43.
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Frank was sent ‘home’ to England where he and his siblings received an expensive public school education.\(^\text{25}\) Later he joined the IMS and changed his name to the anglicized Warwick.\(^\text{26}\)

Within a decade of the lease, Darjeeling was a fast-growing town with opportunities for enterprise and commerce, ready to receive European convalescents. When the botanist Joseph Dalton Hooker visited in 1848 he found it a pleasant hill-station with a small resident European population that attracted several seasonal visitors. He could at the end of an eventful two-year visit compare the growth of Darjeeling to an Australian colony, ‘not only in amount of building, but in the accession of native families from the surrounding countries’.\(^\text{27}\) While it was evidently proving popular with Europeans who needed to convalesce, the efforts of Campbell further established its position as a trading centre for the people of the surrounding areas:

At the former period there was no trade whatsoever; there is now a very considerable one, in musk, salt, gold dust, borax, soda, woollen cloths, and especially in ponies … The trade has been greatly increased by the annual fair which Dr Campbell has established at the foot of the hills, to which many thousands of natives flock from all quarters, and which exercises a most beneficial influence throughout the neighbouring territories. At this, prizes are given for agricultural implements and produce, stock, etc, by the originator and a few friends, a measure attended with eminent success.\(^\text{28}\)

The establishment of Darjeeling, the colonization and the settlement of the neighbouring areas, and the expansion of its trade was achieved through a steady poaching of territories from Sikkim and Bhutan. This formed part of the strategy of securing the border of British India with its supposedly recalcitrant neighbours. The first annexation was from Sikkim. During his visit, J.D. Hooker went on several botanizing trips in the eastern Himalayas, to the borders of Sikkim and Tibet.\(^\text{29}\) Consent for his expeditions was reluctantly forthcoming, and in one of the expeditions in Sikkim he and Campbell were held hostage by a faction of the Sikkim court. Their six-week captivity ended when the British government sent extra troops to Darjeeling and threatened an invasion. The entire episode resulted in cessation of the annual payment of Rs 6000 (it was doubled from Rs 3000 in 1846) and the annexation of the Sikkim Terai and of 640 square miles to British territory at the frontier.\(^\text{30}\) In 1860–61 following further

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29 Hooker represented India, particularly the eastern Himalayas, as a decisively tropical region, despite the variations in temperature and the existence of fauna typically found in temperate regions in the area. See Arnold (2006), pp. 199–201.
battles with Sikkim a new treaty ‘guaranteed the opening out of the country to trade, and the removal of all restrictions on travellers and merchants … fixed the minimum rates of transit duties to be levied on goods between British India and Tibet’.\textsuperscript{31} Thereafter, the efforts of Campbell resulted in making the area (through Kalimpong) the centre of the trans-Tibet trade and also encouraged immigration from Nepal.\textsuperscript{32} In 1866 the British territories in the Darjeeling hills area were further expanded by the annexation of Kalimpong from the King of Bhutan. The Anglo–Bhutan war, too, was occasioned by ‘lawlessness’ in Bhutan and periodic raids from the Bhutan frontiers.\textsuperscript{33}

\textbf{Darjeeling and Colonial Economy}

British policy enabled immigration from eastern Nepal who settled in the area and provided the crucial labour needed to establish the sanatorium town with its cantonment and fledgling commerce and industry. It also encouraged trade between the borders and even fuelled dreams of a trans-Tibetan trade, the subject of many treaties with Nepal as well as Tibet. That, and strategic considerations regarding both Nepal and Tibet, make it difficult to assume that the Edenic hill sanatoriums were ‘uncontaminated’ spaces in the perspective of the British administrators. At first many Nepalis crossed the border to work for a season and went back to their villages.\textsuperscript{34} Gradually many settled in Darjeeling. Nepali immigration proved particularly useful when the tea plantations, an enormously labour-intensive industry, took off commercially. My contention is that the Edenic sanctuary was always a part of the colonial economy, not just a refuge from the ills of the tropics. The Darjeeling plantations, unlike the first tea plantations in neighbouring Assam, did not have to resort to indentured labour because Campbell actively encouraged the migration of labourers from eastern Nepal. The example of Darjeeling reveals many more motives in the establishment of enclaves for European health, their settlement and occupation. The indigenous Lepchas were pushed out of the area by the more enterprising Paharia (Nepali) immigrants ‘partly due to their inability to stand Paharia competition for land and partly due to the daily increase in population of the place.’\textsuperscript{35} The Lepchas, like the Meches of the Terai, practised \textit{jhum} (shifting) cultivation, a practice always looked upon with suspicion and disdain by the

\textsuperscript{31} O’Malley, \textit{Bengal District Gazetteers}, p. 32.
\textsuperscript{32} For immigration to the Darjeeling district, see Tanka Bahadur Subba, \textit{The Quiet Hills: A Study of the Agrarian Relations in Hill Darjeeling} (Bangalore, ISPCK, 1985), pp. 10–17. See also by same author, \textit{Dynamics of a Hill Society: The Nepalis in Darjeeling and Sikkim Himalayas} (Delhi, Mittal Publications, 1989), pp. 120–21.
\textsuperscript{33} Subhajyoti Ray has argued that Bhutanese raids were not attacks on the property of peasants, but a means of ‘enforcing collection of tribute’. See Ray, \textit{Transformations on the Bengal Frontier}, p. 28.
\textsuperscript{34} See O’Malley, \textit{Bengal District Gazetteers}, p. 317.
\textsuperscript{35} Memorandum of Manager, Government Estate, to Deputy Commissioner, Darjeeling, 20 June 1898, General Department, collection G, file no. 32 (Record Room, Darjeeling).
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colonial officials, whose attempt was to generally settle the land with permanent rent-paying cultivators. But even those Lepchas who tried to cultivate permanent fields were driven out by the Paharia moneylenders who usurped their land by the turn of the century.

Campbell introduced tea to Darjeeling, the product that would contribute most to the transformation of the economic base and geographical space of the entire Darjeeling hills. He reported his first experiments in tea cultivation to the Agri-Horticultural Society in 1847. He first attempted to grow tea from seeds from the Kumaon, which he procured from Nathaniel Wallich, Director of the Botanical Garden at Calcutta, in November 1841. In 1846 he obtained seeds from Assam, in order to ‘give an extended trial to the plant’. The next year he reported the failure of his seedlings, which did not survive the winter snow. The Journal advised that, similar results having been obtained in Mussoorie, the tea plant would thrive up to the altitude of 6500 feet. In the ensuing years he distributed seedlings to various settlers in the Darjeeling hill region, and several of them succeeded in growing tea.

Campbell moreover attempted to establish local industry by introducing the manufacture of coarse paper by importing artisans from Nepal and local materials. He also (unsuccessfully) tried to grow cotton in the region. There were also plans to establish cinchona plantations through private enterprise in the Darjeeling hill area after the success of the tea plantations. Besides the commercial plantations, large sections of the land in Darjeeling were taken over by government as ‘reserve forests’, where forest management and the supply of timber and other commodities from the forest provided the government with revenues. It moreover restricted access to forests resources for the local population. The sanatorium town as well as the entire Darjeeling district became a part of the colonial economy.

Therefore Campbell's initiatives, exercised through the powerful office of the Superintendent of Darjeeling, contributed greatly to the colonization and settlement of the Darjeeling hill area in the first decades of the foundation of

40 A. Campbell, ‘On the Cultivation of Cotton in the Darjeeling Morung; and the Capabilities of That Tract for the Extensive Growth of Superior Cottons’, Journal of the Agri-Horticultural Society of India, 7 (1850), p. 287. The cultivation of the superior variety of cottons in India was a very crucial component of scientific agronomy in colonial India. Reports of attempts to cultivate cotton (and tea) in India were published regularly in the volumes of the India Review and Journal of Foreign Science Arts from 1838 to 1848 as well as in the publications of the Journal of Agri-Horticultural Society of India between 1842 and 1852.
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the hill resort. A few years after he retired, at a meeting of the Ethnological Society of London, Campbell reminded his audience, 'People flocked from all sides, and we rapidly acquired a thriving population. When I took charge there were not more than fifty families in the whole tract … In 1861, when I left Darjeeling, the total population was estimated at 60,000.'

David Rennie, an IMS surgeon, found Darjeeling a bustling town, accommodating two companies of the British army at its cantonment at Jalapahar in 1865. Besides the tea plantations, in the late nineteenth century the Government of India established a cinchona plantation in Mungpoo in the Darjeeling hill area near Kalimpong. By 1871, when the production of tea in Darjeeling exceeded three million pounds, and tea plantations extended to the foot of the Terai, the Journal of Society of Arts in London (which promoted commercial agriculture in the colonies) noted that 'The great drawback now is a line of railway, to connect Darjeeling with the East Indian Railway at Sahibgunge or Rajmahal.' The Darjeeling Himalayan Railway, which ran from the foothills of the Terai up to the hill town, was completed in 1881. This facilitated the bulk transportation of tea. It also reduced the travelling time for seasonal visitors. In 1882, the first sanatorium in the town, the Eden Sanitarium, exclusively for Europeans, was established. The large increase in the population of the town was partly due to the regular summer shift of the entire administration of the government of Bengal from Calcutta to Darjeeling. The overall dramatic rise in the population of the Darjeeling hill area is evident from the census over the years: it rose from 49,996 in 1872 to 249,117 in 1901.

We have noted above the military, strategic and commercial background of the gradual British annexations into the area that finally formed the district of Darjeeling. This was not only the site of the idyllic retreat of an Edenic sanctuary from the over-populated, clamorous plains. Kennedy has empha-

44 Abhijit Mukherjee, ‘The Peruvian Bark Revisited: A Critique of British Cinchona Policy in Colonial India’, Bengal Past and Present, 117 (1998), pp. 81–102. Cinchona plantations were also established in the Nilgiris in south India. Kavita Philip has made a distinction between the government-owned cinchona plantations in the Nilgiris and the privately owned and managed tea, coffee and rubber plantations, because the cinchona plantations were supposed to have ‘occupied a romanticised ecological space in the colonial imagination, unlike the economic and managerial conceptions of the plains landscapes’. See Kavita Philip, Civilising Natures: Race, Resources And Modernity in Colonial South India (Hyderabad, India, Orient Longman, 2003), p. 255. In Darjeeling, where the landscapes were romanticized in the tea plantation areas as much as anywhere else, Philip’s argument is not acceptable.
sized the Edenic sanctuary aspect of the hill-station, arguing that the British understood the Lepchas, the indigenous people, as the ‘guardians’ of the Edenic sanctuary because they did not militarily confront annexation to British India.\(^48\) But the demography of the entire Darjeeling hill area changed drastically after its annexation to British India. The Nepali immigration into Darjeeling was the result of a conscious policy initiated by Campbell in order to populate and settle the entire region, as well as to provide much of the labour necessary to sustain the European habitation of the town itself. The hill-station of Darjeeling was indeed a colonial enclave, but its sustenance was the consequence of military, strategic and economic considerations as well as debates over climate and health in tropical colonies.

**Sanatorium Darjeeling**

The unhealthiness of the hot and humid Indian plains, and especially the plains of Bengal, was an all too familiar convention of medical discourse in nineteenth-century colonial India.\(^49\) The mountains were posited in opposition. Harrison has pointed out that until the 1830s, the acclimatization theories were both optimistic and heterogeneous; this, together with the fact that the implications, mostly derogatory, of the word ‘tropics’ were not explicit until

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48 Kennedy, *The Magic Mountains*, pp. 63–87. Campbell himself had thought that the Lepchas were ‘the most interesting and pleasing of all the tribes around Darjeeling’ (‘On the Lepchas’, p. 145). This was so because, he pointed out, ‘They were the first to join us on our arrival there, and have always continued to be the most liked by Europeans, and to be the most disposed to mix freely with them’ (p. 145). Hooker noted that ‘In their relations with us, they are conspicuous for their honesty … Kindness and good humour soon attach them to your person and service.’ Hooker, *Himalayan Journals*, vol. 1, p. 136.

the 1830s, meant that the quest for survival of Europeans in India was located within the parameters of the Indian experience itself. Therefore, medical texts often advised borrowing from Indian dietary habits and Indian clothing, and borrowed, for example, from the Mughal customs of leaving the hottest places in the peak of the summer for more salubrious ones. The hill-stations were built and sustained also to retain, in physical as well as in metaphorical terms, the distance between the rulers and the ruled. This distancing was articulated in the location of the stations themselves, away from the mainstreams of the Indian population in the plains. It was reinforced in the architecture and the social life of the British in India. When J.D. Herbert wrote his survey of the site that was to become the sanatorium of Darjeeling, he recommended it as a station of health for European troops, mainly for its cold climate, so pleasant and different from the plains. The Governor General’s note on his survey carried the opinion of one Dr Jeffrey, who validated the efficacy of a mountainous climate: ‘Of the healthiness of Darjeeling … Dr Jeffrey I believe mentions that fever and ague disappears amongst these mountains at an elevation of 6000 feet, and if he is correct Dargeeling will be exempt’.

Although the forests of the Terai at the foothills of Darjeeling were infamous for fevers, the elevation of the hill-station was to secure Darjeeling from most diseases. It was not only free of disease, its air was supposed to help European invalids effect miraculous recoveries. All writing on Darjeeling, whether medical texts or informative tourist guides, invariably contributed to the construction of a narrative of the healing mountains. J.T. Pearson, the army official who stayed there in 1839, commented,

There is an elasticity of the air in these mountains, and a freshness, which impart a feeling of positive enjoyment … You are then cold, but not chilly; and exercise gives all the pleasant glow of an English walk on a frosty morning. In the day you are warm, but not hot; the sunshine is pleasant.

Pearson was convinced of the prospects of Darjeeling as a hill-station: ‘there have been … very few cases of bad health even in the natives; and those were generally found to have been contracted in the morning, in the plains’. There are two significant points to his testimony. The first is the clear assumption of the distinction on the very constitutions between the ‘natives’ and the others, the non-natives. The non-natives were the white Europeans; possibly the English who would identify with the ‘pleasant glow of an English walk’ – and for them the mountain air would prove bracing and healthy. The second is the assumption that whatever diseases did prevail in the mountains were somehow contracted in the plains. Both assumptions persisted in medical as well as non-medical texts on Darjeeling over the next century. The essential

50 Harrison, *Climates and Constitutions*, p. 52.
51 Kennedy, *The Magic Mountains*, p. 149 and Kenny, ‘Climate, Race, and Imperial Authority’.
53 Pearson, *Note on Darjeeling*, pp. 11–12.
54 Pearson, *Note on Darjeeling*, p. 12.
rhetoric rested on the concept of the healthy, active, muscular English constitution for which ‘corporeal exertion’ was supposed to be a joyful activity and a natural state of being. The tropical plains had divested the English constitution of its natural self. The mountains were posited to restore it, or at least in some measure. Pearson went on to describe the European’s life in Darjeeling in typological terms: ‘Europeans soon lose their dyspeptic symptoms, regain their appetite, and feel an aptitude and desire for corporeal exertion.’ Brian Hodgson, formerly the British Resident at Kathmandu (who retired to a villa in Darjeeling), extended the hill-plains dichotomy with reference to cholera, the scourge of the plains:

The fearful epidemics of the plains seldom penetrate the Himalayas, which, moreover, seem to have a positive exemption from endemic diseases. For forty years cholera has ravaged the plains continually … But in all that period Nepal has been visited only twice and Darjeeling scarcely at all.

Hooker, who spent several months at Hodgson’s home in Darjeeling between his botanizing expeditions, endorsed the rejuvenating qualities of Darjeeling for Europeans:

When estimating in a sanatory point of view the value of any health-station … I have seen prejudiced individuals rapidly recovering, in spite of themselves, and all the while complaining in unmeasured terms of the climate of Dorjiling, and abusing it as killing them. With respect to its suitability to the European constitution I feel satisfied, and that much saving of life, health, and money would be effected were European troops drafted thither on their arrival in Bengal, instead of being stationed in Calcutta, exposed to disease, and temptation to those vices which prove fatal to so many hundreds.

As the comments above make clear, the construct of the healthy hill-station Darjeeling was under way from its outset, and this discourse denied or glossed over unsavoury British experience with the climate. Hooker’s comment on the healthiness of the climate of Darjeeling endured and received wide circulation in official and non-official histories of Darjeeling.

56 Pearson, Note on Darjeeling, p. 12.
The mountain air was not an isolated prescription. Commentators usually qualified their enthusiasm, especially when they considered the prevalence of dysentery in the hill-stations. The moist mountain air, so fresh and bracing to Victorian constitutions, could cause a range of ‘respiratory diseases’. Hooker, whose remark on the healthy rosiness evident in the cheeks of the European children was quoted in almost every guide book to Darjeeling over the next seventy years, also pointed out that

There are however disorders to which the climate (in common with all damp ones) is not at all suited; such are especially dysentery, bowel and liver complaints of long standing; which are not benefited by a residence on these hills, though how much worse they … might have become in the plains is not known. I cannot hear that the climate aggravates, but it certainly does not remove them.  

The dampness of Darjeeling and its effects on European constitutions engendered several theories and disputes in the medical discourse of colonial India. Moreover, acclimatization was not only a problem for European bodies. In the mid-nineteenth century, Hooker pointed out the difficulties of native Bengali existence in Darjeeling: ‘Natives from the low country, and especially Bengalees, are far from enjoying the climate as Europeans do, being liable to sharp attacks of fever and ague, from which the poorly clad natives are not exempt’.  

The dampness of Darjeeling qualified its idyllic elevation to some extent. In the early twentieth century, the problem persisted, and a long-term resident noted that ‘The population of the higher levels, or temperate zone, suffer from chills, fevers; bowel complaints, and for rheumatism, and phthisis’. That people suffering from diseases of the lung like tuberculosis could not benefit to any great extent from a stay at Darjeeling was apparent by the early twentieth century. The climate interfered malignantly with the treatments. For most of the year, the enjoyment of fresh ozone-rich air so elaborately described in many handbooks and confirmed by medical opinion, was an impossibility:

From the beginning of June till the middle of October there are heavy rains with mist and absolute saturation of the air with moisture. There is not much sunshine, and exercise out of doors is curtailed. To keep out the mist and the damp, rooms have to be shut up … unsuitable for all classes of cases.

60 Hooker, *Himalayan Journals*, vol. 1, p. 111.
62 Dozey, *A Concise History*, p. 84.
65 Calvert, ‘Note on Darjeeling Climate’, p. 2.
The inclement climate of Darjeeling affected the health of the British Indian troops in the cantonments as well. The Jalapahar convalescent depot was built in 1848 and sited on a narrow ridge (the Jalapahar) above the Mall.66 In 1859 the buildings consisted of five barracks, including two married quarters. There was a hospital and officers’ accommodation.67 The medical officer in charge, one G. Maclean, reported that it was the climate of Darjeeling, ‘wet, foggy and cold’, especially the rain, that made his charges ill and unhappy.68

He therefore questioned the very climate of Darjeeling that was meant to regenerate invalided British soldiers from the diseases and debility experienced in the plains. Besides the cold, he complained of the monsoons when it rained heavily and interminably and pointed out that with the exception of two months in the year, there was little sunshine; moreover, the barracks were built in the style of those in the plains, which excluded sunlight. A smaller cantonment for British troops was located at Senchal nearby at a height of 8000 feet, even higher than Jalapahar. It accommodated invalided soldiers from 1844 even before barracks were properly built in 1858.69 Of Senchal he said, ‘If in their construction has intended to exclude light and deprive almost completely their inmates of the benefits of ventilation the result could be hardly more satisfactory’.70

Faulty planning, universal and rigid rules for institutional architecture, and a lack of responsiveness to local situations may be characteristics of any bureaucratic structure, and the British army in India was plainly not exempt from such rigidities. What is interesting in this instance is the particular combination of the lack of attention to details that would help modify the buildings to the climate and at the same time, the recognition by the medical men on the spot that the corrections to the architecture addressed only part of the problem. Essentially the problem of the convalescent depot was its location and its climate, which was too close to that of the home country for comfort. What does this tell us of Maclean’s understanding of British constitutions and acclimatization? The troops who had been in India for a period were unused to the extreme cold and dampness; their health had deteriorated and they had not the physical resilience, it is presumed, to be able to recoup in the heights of Darjeeling, where the cold and damp were extreme. On the one hand this was an endorsement and reaffirmation of the logic of physical weakening of the white man in the tropics: but the solution did not appear to lie in an absolute acceptance of the reversal of climatic zones; indeed, such was hardly possible. In fact, Maclean’s report indicates that he thought that the British troops underwent a certain

69 Dozey, A Concise History, p. 151.
kind of acclimatization in the plains, so that they had to re-acustom themselves
to a cooler temperate climate in Darjeeling.

However crystallized the racial categories and the hardening of attitudes
might have become in the post-1858 situation, the oppositional constructs
between the hills and the plains did not resolve all problems of health among
the British troops. A too-literal interpretation of the hill–plains duality posed
problems that the medical officers in the army had to confront in convales-
cent depots like Jalapahar. The happy prospects envisaged by Herbert seem
exaggerated when confronted with the complaints of Maclean. And yet, troops
suffering from fever, ague and diarrhoea as well as dysentery, bronchitis and
phthisis were sent there regularly. Maclean thought that Senchal was even
more unsuitable for the troops than Jalapahar at Darjeeling. He described it as
‘too harsh and too exposed for the British soldier, well or ill’.

Maclean believed
that the very elevation and locations of both convalescent depots could actually
increase the mortality rates of the European troops. He was not isolated – all
his predecessors were of the same opinion and appear to have sent voluminous
quarterly and annual reports to the same effect.

David Rennie, whose regiment was stationed at Darjeeling at the time of the
Anglo–Bhutan war in 1865, also had little favourable to say about the convales-
cent depots. From his observations of the trends of fever among the troops
located at Senchal and Jalapahar, he attributed fever and ague to the ‘atmos-
pheric climate’ rather than miasmatic causes. If the miasmatic explanation was
not acceptable, how could the troops be secured from malaria? Not, certainly,
by establishment of hill sanatoriums for them. Rennie’s rejection of a miasmatic
explanation of fever and ague, and exposition of atmospheric conditions as
causing fever are indicative of a heterogeneity of understandings regarding
disease causation. It differed from the opposing construction of the tropical air
of the plains versus the purity of the mountains. He did not specify the ‘morbific
agent’; hence the mountains and the plains could both easily be affected and
prove ruinous to the health of his troops.

Rennie, like McLean, dwelled on the fog and the dampness at the canton-
ments of Darjeeling, and noted the fevers and ague prevalent among the British
troops, although their understanding of the causes for the illnesses differed.
Rennie’s explanation linked disease and immunity from fevers with race. He
confirmed his observations after his visit to Duars where he saw the indigenous
Meches who appeared to be immune from fevers, although they lived in marshy
lands infamous for malaria. The differentials in race, however, did not prompt
advocacy of mountain sanatoriums for the British troops in India. Rennie’s
analysis of the health of the Meches verged towards racial understanding of

74 Rennie, Bhotan, p. 349.
75 Rennie, Bhotan, pp. 302–3.
76 Rennie, Bhotan, p. 347.
disease but also looked back to the older conception of ‘seasoning’ that still appears to have prevailed to some extent in the second half of the nineteenth century. Rennie contested the miasmatic theories of fever and announced a robust contempt for the ‘sanitarians’.\textsuperscript{77} This was a significant deviation from the prevalent miasmatic theories. Besides miasmatic theories which were attributed to the physical conditions of life, and by logical extension, the lack of hygienic practices among the natives which were familiar conventions of medical commentary, there was another pattern of explanation of fever: the racial immunity and native-land explanation. I would argue for a multiplicity of etiological understandings of tropical diseases even in the second half of the nineteenth century, which in turn informed the form and content of Tropical Medicine in the twentieth century.

At the time, condemnation of some of the cantonment sites around Darjeeling by medical officials in the army had limited effect. The cantonment at Senchal, which occupied the highest elevation of all the stations around Darjeeling at 8163 feet, was abandoned in 1867 and transferred to Jalapahar, located at 7701 feet, among rumours of several suicides by soldiers stationed there ‘owing to the excessive isolation and bitter cold’.\textsuperscript{78} The fact that the cantonment at Jalapahar survived demonstrates the tenacity of the influence of the hills–plains dichotomy in official discourse despite the lack of medical evidence that the ‘hills’ were healthier for British soldiers. Meanwhile the graveyard at the abandoned Senchal cemetery was a grim reminder of the limitations of mountain sites as convalescent depots in British India.

### Multiple Constructions of a Social Space

**A Welcome**

When you feel, below, dead-beat,  
Overpowered by trying heat,  
Worn by day, at night no rest;  
Then, ‘tis surely manifest,  
That you should at once take train;  
Come above, and health regain!  
Here, in Flora’s grove be instant;  
Prospect beauteous near and distant.  
Ferns and orchids in their prime,  
Scented blossoms sweet as thyme.  
Pleasant Mall, Chowrusta clear;  
Tempting resting place is here!  
See, the Snows’ celestial wreath!  
Search, the deep ravines beneath.  
Hear, the torrents’ raging wrath  
Thundering down each rocky path,

\textsuperscript{77} Rennie, \textit{Bhotan}, pp. 302–3.  
\textsuperscript{78} Dozey, \textit{A Concise History}, p. 151.
Leaping, frantic, mad with glee,
Bounding, foaming to the sea.
Come! Darjeeling, Queen of Health!
Cedes to all, her precious wealth;
Vigour, spirit, bloom, desire,
Strength, and impulse to admire
Scenes, that sentient souls uplift.
Great Creator, Thine the gift!
Mountain breezes, from the Snow,
Pure, invigorating blow.
Respite here, from heat and strife,
Gives a new-born lease of life!
Health’s Queen pleading, from her throne,
Bids you welcome to her Home?79

The above verse was written by one Captain J.A. Keble, who also wrote several other similarly undistinguished verses on various aspects of European life in Darjeeling. The final stanza is both the declaration of the resurrection – ‘Gives a new-born lease of life!’ – and an invitation to experience a similar rebirth. The verses above represent the various meanings that Europeans could ascribe to Darjeeling articulated within a discourse of health and rejuvenation. Unfavourable experience and medical comment from military officials did not significantly affect the reputation of sanatorium Darjeeling as a hill-station or indeed as a resort for convalescence and cure. How is it possible to understand the phenomenal growth of Darjeeling as a hill-station in the context of the inconsistencies in the medical discourses of the hill-station? The first assumption of course is that there are always differences in medical discourses under any circumstances. Official policy was not always accommodating of dissent from medical experts, particularly in British India. That apart, Kennedy argues that the rush for the hill-stations in the nineteenth century reflected the need to carve out a social space that was particularly Europeanized as well as sanitized, as the plains of India increasingly came to be identified with dirt and filth, and the sanitarian perspectives of IMS officials assumed prominence in medical discourse as diseases came to be increasingly identified with filth. A distancing was prominent between Indians and Europeans in the hill-stations: the native bazaars were always located separately, and at a lower elevation from the European habitations. Physical distance was expressive of social distance, achieved with forethought and supposed to be scrupulously maintained. While I agree with Kennedy that there was deliberation in the location of European habitations in Darjeeling and that they created a social space, my point is that the hill-stations were carrying forward a tradition of civil stations and European enclaves from the plains themselves. They were not unique to the mountains.

The older colonial ports, such as Madras and Calcutta and to an extent Bombay, from the seventeenth century generally retained distinctions between

the Indian and the European residential parts of the town.\textsuperscript{80} In the decades after the revolt of 1857, the cityscape of many Indian towns was deliberately marked out into the native part of the town and the European enclave. Thus the civil lines, cantonments, wide roads and sanitary regimes of colonial Lucknow were so self-consciously different from the maze of old lanes and crowded bazaars of nawabi Lucknow.\textsuperscript{81} A multitude of symbolic, cultural, sanitary and medical values were associated with the construction of the new colonial Lucknow. Nor was Lucknow the only instance of such an assertion. There was a similarity to Kanpur, for instance, where there was a European settlement due to the Company’s cantonment from the eighteenth century. When the various European-owned industries in Kanpur took off in the nineteenth century, their owners and managers lived in houses that were secluded and airy, next to the river, and grew in their kitchen gardens all sorts of English vegetables for their tables.\textsuperscript{82} Thus they created minor enclaves, clearly marked-out European residential areas in Kanpur. Similarly, in nineteenth-century Benaras, British officials as well as non-officials stayed two miles away from the crowded old town in a new suburb where they built sprawling bungalows open on four sides to let the air in.\textsuperscript{83} The British settlement in Darjeeling created an enclave for themselves; but it was a settlement that eventually, with the consolidation of the tea industry, assumed commercial importance, not an Edenic sanctuary that was gradually disrupted. The British associated the hill-stations particularly with the rejuvenation of European constitutions. However, the mountain sanatoriums were one of several such strategies of creating enclaves and attempting to adapt to the particularities of the country and of the environment.

In the final decades of the nineteenth century and over the early years of the twentieth century substantial medical opinion, although occasionally ambivalent, nevertheless endorsed the air, the climate and the physical aspects of Darjeeling as being suitable for European rest and recuperation in the tropics. A plethora of guidebooks and other forms of tourist literature, often containing additional favourable opinions by European medical men, were printed throughout this period with the European visitor in mind. The travel guides of the period both contributed to the construction of a mountain sanatorium and

\textsuperscript{80} Meera Kosambi and John E. Brush, ‘Three Colonial Port Cities in India’, \textit{Geographical Review}, 78 (1988), pp. 32–47. P.J. Marshall has argued that ‘Although they never achieved the kind of segregation that Europeans later established in some Indian towns by withdrawing to cantonments and civil lines, the British in Calcutta always aimed to live in their own town and were largely successful in this aim. A considerable part of Calcutta came to be known as ‘the white town’. ‘The White Town of Calcutta under the Rule of the East India Company’, \textit{Modern Asian Studies}, 34 (2000), pp. 307–31.


\textsuperscript{82} Chitra Joshi, \textit{Lost Worlds: Indian Labour and Its Forgotten Histories} (Delhi, Permanent Black, 2003).

served to medicalize a retreat that evoked, to the British, memories of home. Even when it sometimes appeared, and it happened soon after its establishment, that Darjeeling was not really free of illness or disease, most ailments that occurred there were either held to occur in a milder form or straightaway attributed to the 'plains'. One guide noted in 1845 that

Fevers in Darjeeling, as in most other places, form the great bulk of Indian diseases. They are believed to be, for the most part, contracted below … It is said that malaria does not ascend to above 2,500 ft … he has never seen a case in the well-fed European, which could not be traced to below.84

It claimed that the diseases contracted in Darjeeling could be compared favourably even in relation to Europe, even in diseases such as rheumatism.85 And invariably so in relation to the 'plains': 'When contracted below, it would be relieved by removal to this climate.'86 For sickness and debility, for general breakdown of the European constitution, a stay in Darjeeling came to be endorsed as the perfect remedy. A few weeks in Darjeeling could induce cures for many vague and incomprehensible dissatisfactions of being: 'The appetite becomes improved; hypochondrial symptoms disappear; and the aptitude to exercise returns with all the activity felt at home.'87 The travel guides constructed and nurtured the association of England with Darjeeling; except for details of porters' wages, availability of local servants and ayahs, fresh poultry, and occasionally, the picturesqueness of the native Lepchas. The summer transfer of the provincial administration to the town lent its social space glamour and urgency.

The shift of capital to Darjeeling occurred in the quest for a location away from the harmful miasma of the plains of Bengal in the summer. Such miraculous recoveries of the body and spirit evoked with deliberation memories, real or re-constructed, of the English way of life in the Victorian age: 'Ladies who, in the plains, rose and took a constitutional drive by prescription, get up early in the morning, and take a long walk; while gardening, and other out of door work, affords agreeable employment for the day.'88 Thus recovery of good health was a family affair: 'Children, of all others, are benefited by a change to this climate. They are not long here, before the thin, pallid, playing on the carpet, peevish child, becomes fat and rosy … regaining his health and strength, and playing about as merry as an English child.'89 European constitutions and the familiar pleasures of outdoor bourgeois English life – walks, gardening – and the prospect of their children, sickly and unhealthy in the plains, transformed into rosy-cheeked energetic English boys and girls, were evoked in the guidebooks. Although they referred to the English climate and topography as a measure of comparison, the guide also provided adequate information about

84 The Dorjeeling Guide, p. 35.
85 The Dorjeeling Guide, p. 35.
86 The Dorjeeling Guide, p. 35.
87 The Dorjeeling Guide, p. 35.
the availability of native servants and ayahs for the children.

The early optimism about Darjeeling as a sanatorium survived. Much of the expansion of the town of Darjeeling in the next few years was owed to its reputation as a sanatorium. Invariably its distinction was set down with relation to the ‘plains’. A guidebook on the hill-station in 1883 articulated the distinction of Darjeeling as a site for rejuvenation of health:

On account of its elevation Darjeeling is above the reach of malaria, and its equable, though moist climate renders it an excellent sanitarium for Europeans. The mountain air is charged with ozone, and at almost every inspiration the visitor, whose health has suffered from a long residence in the plains of Bengal, feels as if he were adding days to his life.

Hooker’s description of Darjeeling, particularly his comment that the faces of children in Darjeeling indicate the healthiness of the place, was quoted and elaborated upon:

The children born and reared in Darjeeling are quite as chubby, bright, active and happy as could be seen in the most favoured spots of Europe, while children brought up from the plains of Bengal suffering from anaemia, flabby, pale, fretful … soon become models of health and cheerfulness, and run their parents’ Butchers’ bill up in an astonishing way.

When fevers occurred they were attributed to the ‘plains’. The virtues of the climate and situation of Darjeeling were sometimes even held to surpass that of Europe: ‘unlike towns at home, scarlatina is absolutely unknown, and so are most infantile maladies that one has to be prepared for in the old country’. Discourses of illness and health were expressed in racial terms. English constitutions, and indeed disease, were indistinguishable from European ones, and the ‘old country’ and ‘home’ and ‘Europe’ were used indiscriminately. The commonality among or uniformity of the European body appears, at this juncture, to have been a given fact. It was juxtaposed with the native bodies and the diseases associated with the ‘plains’: ‘no case is on record of a European, whether child or adult, ever having been attacked with cholera in Darjeeling … Enlargement of the spleen is always much improved by a stay at Darjeeling, as are all other diseases traceable to malarial poisoning.’

In the 1880s, there were some qualifications regarding the good effects of Darjeeling: ‘But the visitor, more or less broken down in constitution, must

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be cautious if he wants the change of climate to do him good."95 Still, as its expansion and the glut of seasonal visitors testified, the town retained some reputation as a health sanatorium; in fact the Eden Sanitarium and Hospital was founded in 1882 to cater exclusively to Europeans and the Lowis Jubilee Sanatorium for Indians was set up within five years, in 1887, with initiatives from the rajas of Cooch Behar and Burdwan.96 Both possessed palaces in Darjeeling.

It is remarkable how much of the travel and medical literature agreed on the efficacy of Darjeeling as a hill-station. The travel guides were aimed generally at comfortable middle-class civilian and non-official Europeans, invalids and escapees from the oppressive heat of the plains in the summer. Darjeeling, like Ootacamund and Simla, hosted the official civil servant class as well as non-officials, alongside the European troops in the British army in India who lodged in a somewhat different mode in the convalescent depots at Jalapahar.

The guidebooks evoked an idyllic hill-station. But it came at a price. In Darjeeling, as in Simla and Ootacamund, houses were expensive and difficult to obtain. In Darjeeling particularly, all foodstuffs had to be carried over from the plains by train or road and were very expensive.97 To those who could afford it, Darjeeling had many pleasant distractions to offer besides the climate and the scenery. Keble’s celebration of such amusements lacks in literary appeal but not in detail and zest:

‘Darjeelingisticism’! …
‘Tis from it we catch our bright, social, fine shine.
Then our kala jaga, set back in the dark!
So arranged, for heated pair-dancers to lark.
‘Virtue traps’! so named, ‘most disgraceful, closed things’;
‘Tis from these our scandalous scandal most springs! …
The Amusement Club and the Medical Ball,
Civil Service dances, et cetera, near all;
Garland in kala jaga e’en under the stairs!
‘Shameful, hidden, dark places’, screened off for fond pairs.
Should official ones’ wives interweave up places!
And so favour foul scandal’s invented disgraces98

Stolen kisses under the stairs, a schoolboyish glee at creating scandals, the excitements of a cosmopolitan life without undue intrusion of natives – such were the attractions of Darjeeling to Europeans. For instance, to planters and civil servants in the tea districts of northern Bengal, even a brief sojourn at

95 Harrison, *Climates and Constitutions*, p. 23
96 O’Malley, *Bengal District Gazetteers*, p. 188.
97 Pamela Kanwar has stated that it was so expensive to rent suitable bungalows in Simla that only the upper echelons of the military and civilian officials could afford to do so. See Kanwar, ‘The Changing Profile of the Summer Capital of British India: Simla 1864–1947’, *Modern Asian Studies*, 18 (1984), pp. 215–36.
98 Keble, *Darjeeling Ditties*, p. 89.
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Darjeeling offered a respite from the daily monotony of their lives in the plains. John Tyson, who was posted at Jalpaiguri in the 1920s, described his return to Jalpaiguri from a trip to Darjeeling: ‘back among the punkahs and mosquito-curtains: or, what is worse, back among chocolate coloured Bengalis and a pile of law-books’.99 W.M. Fraser, a planter in Terai, spent more than a month in Darjeeling after an attack of malarial fever. When he briefly contemplated emigration from the Terai, he was even offered a position in a tea plantation from Andrew Wernicke.100

‘Hill-Diarrhoea’: The Making of Diseases Specific to the Hills

One of the peculiarities of the uncontaminated-hills discourse was the formulation of certain diseases that were supposed to be unique to the ‘hills’. Certain diseases were identified and prospective visitors were advised on precautionary measures. A form of diarrhoea was ‘discovered’: hill-diarrhoea. This appears to have been a general aspect of mountain sanatoriums all over the tropics. There were various debates about its nature in contemporary medical journals and in 1892 the aetiology and cures for hill-diarrhoea were still being debated.101 It was perceived to be a mild form of diarrhoea, not particularly damaging to the patient, so that ‘the days grow into weeks and months before the patient seeks advice so little physical deterioration does the disease cause’.102

Hill-diarrhoea, curiously, was supposed to occur not only in the Indian mountain sanatoriums, but also in Natal and Hong Kong. James Cantlie, a doctor at Hong Kong, speculated that one thing common between the mountain sanatoriums of India, Natal, and the rocky height of Hong Kong had to be the elevation, even though Hong Kong did not rise above 1700 feet. Significantly, the European habitation in Hong Kong was in the highest part of the island.103 Cantlie rejected a climatic explanation and tentatively attributed the diarrhoea to drinking the water.

The nomenclature and diagnosis of hill-diarrhoea seem merely descriptive. Indeed, it was common to name diseases after places in the colonial tropics:

99 Letter from John Tyson, 29/10/1920, Mss Eur E 341/2 (APAC).
102 Scrapbook compiled by James Cantile.
103 Any residence on an elevated space, even a mound, was preferable to the flat earth anywhere in the ‘tropics’. At the turn of the century G.M. Giles wrote, ‘For a single house, no better position can be selected than the summit of a mound, whether natural or artificial; and such situations are generally to be preferred to the slope of a hill… good examples of which are to be found in Chittagong, where nearly every European residence has its own little hill,…and it is doubtless to this ….that the comparative healthiness of the European population of the town …is mainly due’. G.M. Giles, Climate and Health in Hot Countries And The Outlines of Tropical Climatology: A Popular Treatise on Personal Hygiene in the Hotter Parts of the World, and on the Climates that will be with within them (London, J. Bale, sons & Danielsson, 1904), p. 2.
‘Pali plague’, ‘Burdwan fever’ or ‘Simla trots’, the last a colloquial term for diarrhoea in Simla, are examples of this form of nomenclature. Nonetheless, ‘hill-diarrhoea’ (and its variants, such as Simla trots) also indicated a tendency to construct particularly ‘hill’ diseases because it was unacceptable that simple diarrhoea, an affliction sadly pervasive in the plains, should also invade the mountains. Eluding a strict definition, but indisputably present in every hill-station, ‘hill-diarrhoea’ simultaneously subverted the idyll of the uncontaminated hill-station and served to keep the disease environment of the hills distinct from that of the plains.

Yet, the consequence of ‘hill-diarrhoea’ could imitate the aftermath of that tropical malady Europeans were fleeing – a general debility of the body. One medical author attributed the onset of debility once hill-diarrhoea progressed to its ‘Cachectic’ third stage.104 Ironically, he concluded that it could be permanently cured or improved ‘only on change of climate!’ Another contemplated an ‘upper limit to the diarrhoea region’, and recommended escape to heights above 12,000 feet to avoid hill-diarrhoea.105

The aetiology of hill-diarrhoea in Darjeeling was confusing but by the nineteenth century experts settled causation on the levels of mica in the water supply. Therefore, a sanitary explanation was acceptable; the fact that it was seen chronologically in the case of Darjeeling, which was earlier free of ‘hill-diarrhoea’, means also that the idea of gradual contamination of the pure mountains to some extent resolved the apparent paradox of the occurrence of ‘hill-diarrhoea’. As a physician with an active practice in the Darjeeling hills wrote, ‘Dr R. Lidderdale, the Sanitary Commissioner of Bengal, informs me, that he can recollect the time when Darjeeling claimed that it was the only hill-station free from it.’106 However, it appears to have been endemic from around 1874. The Sanitary Commissioner’s theory was that ‘it has followed the opening out of the country by destruction of forests, increase of population, and attendant evils’.107 This was disputed by our author who favoured the idea that it was caused by a malfunction of the liver and therefore prescribed ‘bland nourishment’ as its cure.108 That ‘hill-diarrhoea’ continued to trouble Europeans in Darjeeling is evident, for the district gazetteer noted a few years later, ‘The chief danger is of having hill diarrhoea, owing to the great difference of climatic conditions and carelessness regarding diet, clothing, and exercise.’109 It became an accepted fact that most European visitors to Darjeeling would be susceptible to an attack of ‘hill-diarrhoea’. A history of Darjeeling, first published in 1916,

106 Bishop, Medical Hints, p. 20.
108 Bishop, Medical Hints, pp. 21–24.
109 O’Malley, Bengal District Gazetteers, p. 54.
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concluded that the chief and probably the only ailment suffered by the British in Darjeeling was hill-diarrhoea, and blamed it on the mica in the drinking water.\textsuperscript{110} There was never an established aetiology of hill-diarrhoea. As late as 1947 the district gazetteer disputed the mica theory and instead attributed the causation of hill-diarrhoea to ‘changes of climate and diet and more particularly to the error of overeating into which visitors are prone to fall due to the unaccustomed cold’.\textsuperscript{111}

Medicalized Leisure in a Colonial Enclave:
The Eden Sanitarium and Hospital

The Eden Sanitarium was built in 1882, although it did not begin to function until 1884.\textsuperscript{112} It was named after the governor of Bengal, Sir Ashley Eden, at whose initiative it was instituted. One anecdote attributed the founding of the institution to a personal encounter by Sir Ashley Eden with a European afflicted by pneumonia at the Darjeeling railway station one morning. The gentleman was leaving Darjeeling because he could not afford the accommodation available at the hill-station. On enquiry later Sir Ashley was informed that the said gentleman had died on his way back to Siliguri. This brought home to him the lack of a sanatorium at in the town. Ironically, the unfortunate gentleman Sir Ashley had encountered was reputed to have died of phthisis contracted in Darjeeling!\textsuperscript{113}

The institution was for the benefit of the increasing numbers of British planter families in northern Bengal as well as ‘convalescents … who, from want of means, could not afford to take a sea-trip for the benefit of their health’.\textsuperscript{114} The Eden Sanitarium was established with government funds and private subscriptions, including a generous one from the Maharaja of Burdwan. The total cost of the construction amounted to around two lakh rupees, of which the government of Bengal donated Rs 52,000.\textsuperscript{115}

The chief medical officer at the sanatorium was the Civil Surgeon of Darjeeling, who was provided with a generous extra remuneration for any loss of private patients who might choose the Eden Sanitarium instead.\textsuperscript{116} The resident medical officer was generally a Military Assistant Surgeon. It was

\textsuperscript{110} Dozey, A Concise History, p. 126.
\textsuperscript{112} O’Malley, Bengal District Gazetteers, p. 188.
\textsuperscript{113} Dozey, A Concise History, p. 88.
\textsuperscript{114} Government of Bengal Proceedings, Municipal/Medical, nos 8–17, April 1886, P/2806 (APAC), p. 37.
\textsuperscript{115} Government of Bengal, A Proceedings, Municipal/Medical Branch, 1881 (West Bengal State Archive, Calcutta, hereafter WBSA), p. 3.
\textsuperscript{116} Government of Bengal Proceedings, Municipal/Medical, nos 8–17, April 1886, P/2806 (APAC), p. 37.
Instituted as a charitable trust and solicited patronage of both the government as well as that of private industries. Local private industries which included, besides the railways, several European firms based in Darjeeling and Calcutta regularly contributed to it. The government of Bengal and particularly Sir Ashley Eden as the chief benefactor had the privilege of constituting the governing body. The first governing body constituted the Senior Secretary to the Government of Bengal, present at Darjeeling (ex-officio president), the Commissioner of Rajshahi and Cooch Behar Division (ex-officio vice-president), the Secretary of Government of Bengal in the Public Works Department, the Deputy Commissioner of Darjeeling, the Agent, East Bengal Railway, the Civil Surgeon of Darjeeling, and two managers from the tea estates of Tukvar and Lebong.  

The Eden Sanitarium had four classes, rather like the railways in India. In a sense the sanatorium (a hospital was added in 1901) was a microcosm of British society in India. The facilities available to the residents were according to a hierarchy. The first class patients had heating in their room and a separate dining hall and brought their own servants to wait on them. The second class and inter-class patients enjoyed privacy in their wards, whereas the third class ward contained four to six free beds instituted by private charity from various sources. These included private companies catering to British Indians, such as the Darjeeling Himalayan Railways, the Statesman newspaper in Calcutta and various merchant firms at Calcutta and tea companies with plantations in Darjeeling. The constitutive body of the sanatorium overwhelmingly represented officialdom. An indication of the kind of patients expected at the sanatorium is to be had from the list: Europeans employed by both the tea companies at Darjeeling and the railways would comprise many of the patients at the Sanitarium. 

At the time of its foundation the government sent queries to the various hospitals in Calcutta enquiring whether their European and Eurasian patients would benefit from convalescence or treatment in Darjeeling. The responses were ambivalent and modest. The principal of the Medical College at Calcutta could not ‘state definitely the extent to which convalescent patients from the Medical Hospital would require a transfer to Darjeeling’, and concluded that ‘it would certainly benefit those suffering from functional disorders, weak digestions and other general ailments’. The Superintendent of the Presidency General Hospital at Calcutta, on the other hand, would not give any estimates of the numbers of patients who would be likely to avail themselves of the sanatorium at Darjeeling, but had ‘often felt the need for such a resource’ and on many occasions had to ‘send patients to sea whom he would have preferred to send to the Hills’. Therefore trips to the sea could still be substitutes for the ‘hills’ in the late-nineteenth century. The superintendent at the Campbell

117 Government of Bengal, A Proceedings, Municipal/Medical, August 1881 (WBSA), p. 43.
Hospital was against transferring any of his patients to Darjeeling; he wrote that after many years of medical experience in various hospitals in Calcutta he would not recommend a transfer to the hospital at Darjeeling for his European patients, ‘as they would not only derive no relief from the change but would most probably be infected … by a transfer suddenly to a cold mountain climate like Darjeeling’.

The superintendent of the Howrah hospital was not certain as to the ‘use that may be made of the Darjeeling Hospital by patients from Howrah’ but thought that if the proposed hospital did succeed in sustaining itself he would probably be able to send three or four patients in a year to Darjeeling.

The train companies were even more hesitant to endorse the project, for they were also required to subscribe to the venture. Indeed, as the first committee to report on the proposed sanatorium pointed out, the government grant would suffice merely to level the hill-top at the site.

Therefore, the Eden Sanitarium relied on voluntary patients who suffered from medically vague conditions like ‘debility’ and travelled to Darjeeling to recuperate. Initially, the hoteliers of Darjeeling who catered to European guests resented the institution, because it competed with them for self-referred ‘patients’. The institution itself was at pains to deny direct competition with the local hoteliers. Notwithstanding, it is evident that the institution was mainly a convalescent centre. A report to the government of Bengal in 1898 noted, ‘In no.1. of the rules of the Eden Sanitarium it is stated that the institution is intended for the accommodation and care of Europeans residing in Lower Bengal, when overtaken by sickness or accident and to provide a comfortable home for convalescents after sickness’. The superintendent of the Eden Sanitarium rued that it was ‘only the latter and secondary object which can be fulfilled with the present accommodation and establishment.’

The boarding-house aspect of the institution was exaggerated by the self-referral; moreover, relatives, friends and many servants of the patients were allowed to live with them within the sanatorium. From the beginning, the proportion of friends and relatives residing in the institution was very high. Between 1883 and 1886, the ‘relatives and attendants’ numbered a little more than one-third of the total inmates. By the end of the first decade of the twentieth century, friends and relatives equalled the number of patients.

120 Government of Bengal, B Proceedings, pp. 1–2.
121 Government of Bengal, B Proceedings, pp. 1–2.
122 The subscribers to the sanatorium included the Darjeeling Municipality, several of the tea gardens around Darjeeling, the Darjeeling Himalayan Railway, and a not insubstantial sum of Rs 262,53 from the Sunday Fund of the institution itself. The idea of the ‘Sunday Fund’ was borrowed from the Victorian tradition of active charity-seeking hospitals in London. See Keir Waddington, Charity and the London Hospitals: 1850–1898 (Woodbridge and Rochester, NY, Royal Historical Society, Boydell Press, 2000), p. 4.
In 1901 the ‘hospital’ section of the Eden Sanitarium was inaugurated. Throughout the next decade the authorities of the sanatorium attempted to promote and popularize the use of the ‘hospital’ section of the institution with very modest success. It seems that the trajectory of the Eden Sanitarium and Hospital followed that of the town of Darjeeling itself, in its appropriation of the medicalized space towards leisure and the creation of an enclave within an enclave.

The Eden Sanitarium’s chief function was that of a pleasant site for rest and comfort that was possibly sanitized and legitimized; a convalescent home rather than a hospital. What was the necessity for the institution of the Eden Sanitarium in Darjeeling at all? Darjeeling developed as a retreat for Europeans from the plains. The entire space of the Darjeeling hills was thus both a site of exclusion of Indians and the de-tropicalization of the Himalayan landscape. In the context of Darjeeling, the Sanitarium was therefore a reaffirmation of the claims of the Europeans for an exclusive space that was both social and medical.

In nineteenth-century England, a convalescent home seems at first glance not so very different from the Eden Sanitarium. Florence Nightingale’s instruction for a convalescent home, for instance, was that ‘it should not be like a hospital at all’. In England generally, the miasmatic theories dominant in the period led to convalescent homes being located in the country, as far as possible from congested urban centres, and architecture tended towards the small, cosier structures. The architecture of the Eden Sanitarium, which boasted several turrets and gables, was very different and much more grandiose.

The difference also lay in the fact that hospitals in late nineteenth-century England – with their emphasis on miasma and ventilation, on cleanliness and the separation of the sexes, which were the characteristics of the ‘Nightingale wards’ – were all directed towards the working classes and the poor. In the colonial context the class of Europeans who patronized the hill-station sanatoriaums voluntarily were set apart by their race and wealth; the ‘poorer’ incumbents who were allowed beds on concessions earned Rs 300 per month or a little less – a salary beyond the reach of most Indians.

How significant was the Eden Sanitarium to the hill-station? The numbers and the flow of convalescents at Darjeeling seem to have been somewhat similar to those of the town itself. Colonel R. Macrae, the Civil Surgeon and Superintendent of Darjeeling, commented in 1907 that the Eden Sanitarium was competing with other hill-stations for patients. He explained that partly the reason for the increase in the number of admissions to the sanatorium was ‘general complaints in respect to diet and discomfort’ and that the steward who was in charge of the meals was recently dismissed from service. It seems ironic, even strange, that the Civil Surgeon of Darjeeling would find it necessary to commend improvements in the catering and waiting and regard

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them as effective determinants of the reputation of the Sanitarium. But we may understand the function of the Eden Sanitarium in Darjeeling as a centre for Europeans to socialize among their own kind while at the same time recuperating from the fatigue induced by the heat of the tropics. Both rest and socialization were articulated in medical terms.

British Indian society at the turn of the century had a notion of leisure that was distinct and recognizable. Indeed, the world of the sahib (and the memsahib) when the official was not on tour revolved round the club of the civil station which offered him the company of other Europeans, whisky, beer and gin; and afternoon tea, bridge, tennis and the occasional cricket match. In the hill-stations these pursuits were similar, and replicated much of the Victorian pleasures of the middle and upper classes – the amateur theatre, the occasional grand ball, the daily promenades on the Mall. The region around Darjeeling also inspired sporting men as much as it did naturalists. It was also in the early nineteenth century that the idea of sport was associated with leisure pursuits and a sporting world came to constitute the various outdoor pursuits of ‘hunting, racing, shooting, angling, cricket, walking’. One of the attractions of the Eden Sanitarium as a centre for convalescence was the fact that the town, and within it, the institution itself, had created an urban social space, critically new and demonstrably English. The older presidency towns in eighteenth-century India were colonial ports. However, their native town components were large and fairly intrusive, whereas Darjeeling was smaller in size and certainly more exclusive. But there was yet another cause for the popularity of the town and also the Eden Sanitarium that contributed both to the European population within the institution and the Englishness of Darjeeling – the tea plantations around it.

From the beginning, the British planters in Darjeeling, Duars and Terai patronized the Eden Sanitarium, which remained open over the winter months to accommodate them. The tea estates depended on the Sanitarium for medical help and, once it was established, dispensed with services of the doctors who

131 When the Darjeeling Natural History Society was founded in 1923, the articles in its short-lived journal was comprised mostly of hunting anecdotes by the planters in Darjeeling and Duars. For instance, see ‘Game Birds of Sikkim Including the Darjeeling District and of the Jalpaiguri District, Bengal’, The Journal of the Darjeeling Natural History Society. 1.1 (1926), pp. 1–3, and ‘Ethics of Shooting Game with Aid of Artificial Light’, p. 8; ‘Tiger Stories, Leopard Stories: Two Incidents’, 2.1 (June 1927), pp. 15–17.
133 A planter reminded potential new recruits to Darjeeling that ‘English people remain essentially English, and feel that with the Suez Canal and the Mont Cenis Tunnel, home is close at hand … there remains a country … where Englishmen manage pretty successfully to live in a way that (with the exception of the numerous servants), fairly well resembles life in their own land’. See Samuel Baildon, The Tea Industry: A Review of Finance and Labour, Guide for Capitalists and Assistants (London, W.H. Allen & Co., 1882), pp. 38–39. Ironically, most of the planters were Scottish, not English.
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regularly attended to British patients in the tea estates.\textsuperscript{135} Over the years the British who sought refuge at the Eden Sanitarium were matched in numbers by the planters around Darjeeling who patronized the institution.\textsuperscript{136} Most of the patients from the Darjeeling hill area were officials, planters, railwaymen and other non-official British who had settled in and around the Darjeeling hills. By 1916, the Eden Sanitarium emerged as the chief medical institution for Europeans of the entire area, including Terai and the Duars (the Terai Tea Planters Association began subscribing to the institution).\textsuperscript{137} Although it emerged as the one hospital that the Europeans in the Darjeeling and even the Terai and the Duars areas depended on for medical cure, its chief role remained that of providing a medicalized space for leisure.\textsuperscript{138} The patient lists at the Eden Sanitarium did not reflect morbidity or mortality rates in general in Darjeeling. It functioned as an enclave within Darjeeling, catering to the small section of Europeans who patronized it, which included the British planters. Although a private, charitable institution, it was funded by the Darjeeling Improvement Trust as well as by the Darjeeling Municipality on a regular basis. Its patrons included the governor of Bengal, who visited the institution every year. Finally, the symbolic significance of the Eden Sanitarium in the sustenance of a peculiarly European social space within Darjeeling was immense.

Tropical Colonies and the Practices of European Settlement

The settlement of white races in the tropics was a contentious and complex issue in every Western empire. The processes varied from the West Indies and Americas to southern Africa and from Australia to India. D.N. Livingstone has made the point that in the debates on acclimatization, particularly after the establishment of germ theory and with the optimism of men like Sambon and Manson, the focus shifted in the twentieth century from climate to the conquest of parasites and microbes.\textsuperscript{139} Warwick Anderson has further argued that the advent of laboratory medicine in the twentieth century eclipsed the concept of acclimatization. Instead the question of the survival of the white man in the tropics came to depend on the conquest of microbes and the sanitization of the tropics — pathologizing the native population and thereby rendering the white men in the tropics, separated and sanitized, further distant from the natives.\textsuperscript{140}

However, it is important to note that climate tenaciously remained a central trope of medical discourse in tropical colonies until the very end of colonial rule.

\textsuperscript{135} Government of Bengal Proceedings, Medical, Sep 1888, nos 1–3, IOR/P/3184 (APAC), p. 136.
\textsuperscript{136} Government of Bengal, A Proceedings, Finance/Medical (WBSA), 1916, p. 58.
\textsuperscript{139} Livingstone (1999).
‘Tropicality’, as expressed in climatic terms and the perpetuation of specific diseases, converged seamlessly within late colonial medical discourse in the twentieth century, generating investigation into a slew of ‘tropical diseases’ that encompassed everything from malaria to cholera and even diabetes.\(^{141}\)

A perusal of these historians’ treatment of acclimatization makes it reasonable to assume that the problem remained the same: the racial anxieties of white races in the tropics. In pursuing this question, these authors have neglected one crucial aspect of the history of acclimatization: that the actual practices of settlement by Europeans in tropical colonies took place irrespective of either the climatic trope or racial anxieties. Through a historical analysis of Darjeeling this chapter has explored, not what the white man perceived as the threat to the survival of their race in the tropics, but what were the actual practice and patterns of settlement.

A shift to such a perspective is necessary to resolve the contradiction pointed out by Harrison, that it was precisely at the time of the pessimism about acclimatization and the hardening of racial categories (after the mid-nineteenth century) that the colonization of India was at its zenith.\(^{142}\) One might argue that British medical and political discourse at this time left little room for envisioning India as a settler colony. But surely all settler colonies and cultures did not have one particular historical template or a predetermined trajectory. Various kinds and practices of settlement of white peoples of European origin took place in different parts of the globe from the sixteenth century onwards. The debates on acclimatization encompassed the nineteenth and the twentieth centuries, with differing discourses: race, environment, anthropological debates on racial characteristics and ‘seasoning’, natural selection, the germ theory, immunization of races, degeneration and the pathologization of certain races all playing their part in the debates. In the settler colonies even in the nineteenth century enclaves remained an essential mode of European habitation. In Queensland, Australia, for instance, although workers’ discourses incorporated the notion of ‘white Australia’, there were debates about using ‘coloured labour under white leadership’ to ‘develop the Australian tropics’ in the twentieth century.\(^{143}\) These views were subsumed within the rhetoric for a white Australia. The key difference – finally resting between the ‘settler colonies’ of North America and Australia, and the ‘enclaves’ of managerial control in the Indonesian islands, Ceylon, Malaysia and the plantation areas in India – were only actualized in the late nineteenth century.\(^{144}\) And even

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142 Harrison, _Climates and Constitutions_, pp. 133–47.

143 Anderson, _Cultivation of Whiteness_, p. 164.

144 Livingstone, ‘Tropical Climate and Moral Hygiene’. Also see Anderson, ‘Immunities of Empire’.
there possibilities for white enclaves persisted in (albeit marginalized) political discourse until decolonization.

The attempt to create European enclaves in the colonial tropics was a multifaceted endeavour. Once the idea of long-term acclimatization was seriously challenged in the post-1858 era, British policy in India created and encouraged enclaves in various locations, not only in the hill-stations but also in ‘European-only’ social and architectural sites in the civil lines, cantonments and particular residential areas in the ‘white towns’. These enclaves were articulated in medical, social, sanitary and strategic terms. The layout of the hill-stations was different from the cantonments and ‘civil stations’ of colonial India. As Kennedy has pointed out, in the hill-stations British Indian architecture varied from small Swiss-style cottages to turreted and gabled Gothic buildings. The cantonments and civil stations, in contrast, had wide, straight roads and ordered homogeneous residential bungalows and barracks. But despite dissimilarities in architecture and the layout between the civil stations and the hill-stations, in crucial aspects the hill-stations after all duplicated the civil stations – their marked architectural difference and physical distance from native towns and settlements, plenty of free, airy spaces and the availability of sewerage – all of which contributed to their perceived relative salubrity. So can we see the hill-station as a part of the continuum of the civil station, the civil lines, trips to the sea and going home to England for the British in India? It seems likely. The climate of the hill-stations provided reprieve from the heat of the Indian plains to European bodies, but as we have seen, their settlement and colonization had greater economic implications. It was not a coincidence that planters in Darjeeling had a strident advocate of hill sanatoriums at various forums in

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mid-nineteenth century London, one Hyde Clarke, who termed himself ‘Agent for British settlers in Darjeeling’. 146

One example will illustrate the processes that contributed to the colonization of Darjeeling. In 1875, one Reverend Ayerst corresponded with the government of Bengal on the subject of a European settlement near Sitong at Kurseong. His concern, he explained to the governor of Bengal, was the ‘destitution’ and moral corruption among the poor white Europeans in India; a subtext of concern was undoubtedly the miscegenation that invariably ensued with the lack of social status in a ‘white’ population. 147 He explained that ‘the only way to raise them from pauperism and the influence of heathenism would be to gather them into the community of a Christian village with a quasi-English climate’. 148 The government granted him permission to look for suitable land for a European farming settlement in the lower slopes of Darjeeling, and Ayerst contemplated that the proposed grant of land would be divided into a ‘Home Farm’ specializing in dairy farming and small allotments of good farming land to all volunteer settlers. 149 The deputy commissioner of Darjeeling confided his misgivings about the project to the superior:

I have very grave doubts as to whether the project could be successful under any circumstances in any part of these hills … it is very unlikely that Europeans of any class could work … on the hill side during the rains without serious danger to their health. 150

The prospect of Europeans, even the indigent and the supposedly consequently immoral ones, undertaking hard manual labour in any part of the tropics was impossible. But when Ayerst was finally refused the grant of land from the government, he was informed that

Among many other objections there is this, that almost all the available lands in the Darjeeling district have been taken up for tea plantations or cinchona plantations or Government forest reserves … If persons with some little means were to obtain small grants of land, whereon to settle, experience in Darjeeling shows that such grants gradually become absorbed into larger properties belonging to capitalists or to companies. 151


147 Letter from Deputy Commissioner, Darjeeling to Commissioner of Rajshahye and Cooch Behar Division, 15 April 1876, Government of Bengal, A Proceedings, General Department, June 1876 (WBSA), p. 107.


149 Letter from Deputy Commissioner, p. 108.

150 Letter from Deputy Commissioner, p. 109.

151 Letter from Deputy Commissioner, p. 109; letter from Officiating Secretary to Government of Bengal to the Revd W. Ayerst, 15 June 1876, p. 111.

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While it is true that acclimatization theories were not in favour in the late
nineteenth century and that this affected the final refusal of the grant of
land, the entire area was in any case already appropriated within the larger
colonial economy. Within a few decades of their annexation into British India,
the Darjeeling foothills were taken over by tea plantations interspersed with
stretches of ‘reserved forest’. A larger European or Anglo-Indian settlement, the
dream of an eccentric clergyman, could not be granted official sanction or assist-
tance. When we remember that at the time of its establishment, Brian Hodgson
contemplated that a settlement of Europeans ‘of a poorer class’ in Darjeeling hill
areas would offer the opportunity for a fresh start to impoverished Europeans
(it should, he had pointed out, be ‘a perfect godsend to the peasantry of Ireland
and Scotland’), we can only explain this if we take into account the capitalistic
colonization of the region. Several factors were relevant to the colonization
of Darjeeling – large parts were ‘settled’ by immigrants from eastern Nepal,
the cheapness of this immigrant labour and its abundant supply, although
Darjeeling itself was relatively sparsely populated. Therefore, the colonization
of the Darjeeling hills, the Duars and the Terai was effected in the context of
the availability of labour on a large scale.

There was a paradox, therefore, in the construction of a European enclave
in Darjeeling. Kennedy has addressed this duality by arguing that the nature
of the colonial bureaucracy and the domestic life of the ruling class in colonial
India demanded the labour and skills of Indians who by their very presence
interrupted the idyll of a sanitary, European enclave in the hill-stations. My
contention is that the European enclave, so far as the hill-station of Darjeeling
was concerned, contended with tensions of a different order. The larger coloni-
ization and settlement of the Darjeeling hills was reflected in the urban settle-
ment of Darjeeling. The tea plantations, with their British planters and Paharia
labourers, contributed to the growth of population within the entire area, and
thereby to the congestion of the idyllic spaces around and within the hill-station
of Darjeeling. As demonstrated above, the settlement of Darjeeling from its very
inception was based on logistics that included the presence of large numbers of
natives. They served eventually not only as domestic labour for the Europeans,
and as clerks for the civil administration, but also as plantation labourers in
the tea estates. The expansion of Darjeeling and the discrepancies in medical
discourses about its efficacy as a health resort, the establishment of the Eden
Sanitarium, and its emergence as a social space rather than a strictly curative
one, all can be situated in the context of one salient fact. The enclave of the
Darjeeling hill-station existed in constant tension with the establishment of
another institution, also of colonial origin: the plantation economy. It is in that
sense that the idea of a European hill-station was an anomaly.

The hill-station of Darjeeling was an ostentatiously European social space.
Its spacious bungalows, hotels, Mall and clubs, its picturesque views, and
special municipal provisions, such as piped water from reservoirs, and exclu-

sive medical institutions such as the Eden Sanitarium, marked it out as an area of special privilege in sharp contrast to the lack of sewage, drinking water and medical institutions that was prevalent in most of moffusil or urban sites in colonial India. Throughout the colonial period, Darjeeling would retain this air of exclusivity – of clean streets and a functional municipality – and access to well-maintained medical institutions, though its specific European composition would be challenged by the Indian elite.

The hill-station of Darjeeling was one aspect of the construction of a European sanitary enclave in colonial north Bengal. The other aspects were reserved forests and the tea plantations that appropriated the entire Darjeeling hills area, rendering the Reverend Ayerst’s project of settling Europeans there impossible. The plantations, mostly managed by British planters and supervised by British doctors, but employing large numbers of tribal and low-caste labourers, were enclaves of large-scale colonial capital in northern Bengal. The tea plantations, for different reasons, emerged as exclusive sites where medical research could be pursued with relative ease, as the labourers lived in a confined area. The dynamics of following preventive health measures were also different in the sites where planters’ authority was supreme and the government’s bureaucratic machinery played a secondary role. In that sense they, too, were ‘privileged sites’ of medical practice.