Contagion and Enclaves
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CHAPTER 4

The Sanatorium Enclave: Climate and Class in Colonial Darjeeling

As we have seen in Chapter 2, Darjeeling was incorporated into the wider colonial polity and economy of north Bengal over the nineteenth century. Meanwhile, it also sustained its role as a resort for exclusive European medicalized leisure in the late Victorian period. As its popularity became wider, the town stretched to accommodate various demands on its multiple identities – as a European social enclave and seasonal administrative centre, as the social and medical hub for the planters of the Darjeeling, Duars and Terai. As they did over many other institutions of British privilege, the Indian elite, especially the Bengalis, staked a claim on Darjeeling. With these multiple claims over its privileges and facilities, there was also a sense of loss of Darjeeling’s essential character. After the turn of the century, both British and Indian complaints echoed official discourse in an attempt to keep Darjeeling socially exclusive. Most of the other principal hill-stations felt the pressures of over-crowding and the consequent spread of diseases within the town. Kennedy argues that the incursions of Indians, ‘the Intrusion of the Other’, at various levels strained the resources of the hill-stations and changed their essential character.1 I will contend here that this sense of ‘intrusion’ was a matter of perception both by the British and the Indian elites. Despite a real growth in its population at the turn of the century, Darjeeling remained an exclusive social and cultural space. In official reports and elite perception, it was the poorer sections within the town which acquired visibility as the undesirable ‘crowd’ in the late colonial period. From the turn of the century, the municipal government and the elite in Darjeeling sought to limit the short-term visits by middle-class Bengalis as well as economic migration by casual labourers to the town through various means. It was also because of this perception of loss that the administration and municipality of Darjeeling strove to retain the privileged and exclusive urban space.

1 See Kennedy, The Magic Mountains, pp. 175–201.
that replicated the structural municipal benefits enjoyed by civil stations, such as well-maintained roads, sewerage, electric lighting and generous government grants to maintain the facilities. This was facilitated by its particular privileged position in municipal governance and grants-in-aid from provincial government in the interwar years. This municipal privilege that Darjeeling enjoyed was a reflection of the attempts to keep the town a European enclave.

Race, Class and Society in Darjeeling

At the turn of the nineteenth century, there was a large Westernized landed gentry as well as a professional class in Bengal, Madras and Bombay presidencies. In Bengal particularly, British policy had fostered a new class of educated elite, the *bhadralok*, who accepted Western education (including medical education) and Enlightenment values at the same time as critiquing British rule and colonial exploitation. The *bhadralok* therefore had a deeply conflicting relationship with the British, and eventually they claimed a place for themselves in colonial institutions such as universities, civil services and judiciary. Along with these, there were the *zamindars*, the landed aristocracy who were the ‘natural allies’ of the British Raj, who also often adopted Western values and social norms. Hill-stations like Simla, Mussoorie and Darjeeling became important social spaces for these Indian elite. In 1880, a prominent landlord, the Maharajah of Burdwan possessed a fine summer palace in Darjeeling. Other men from professional classes such as civil servants and barristers also owned property in Darjeeling. Many others visited briefly during the summer, residing in one of the several boarding houses that sprang up to cater to Indian visitors, usually below the Mall, at the edge of the railway station.

The population of Darjeeling continued to expand. It was not isolated in this respect; Simla also burgeoned and accommodated Indian elite, most contentiously native princes from the neighbouring Punjab.

The hill-stations, like many other sites of British privilege, thus came to be contested by the Indian elite. In doing so in Darjeeling, this predominantly Bengali elite class expanded the racial understanding of acclimatization in the mountains to include healing Indian bodies. For instance, in 1909, a scion of a *zamindar* family in Dhaka, Kumar Ramendra Narayan, who was suffering from syphilis at an advanced stage, when ulcers were breaking on to his arms and legs was advised to go to Darjeeling in the summer by his physician. They simultaneously appropriated many aspects of the social space of Darjeeling. This

4 Kanwar, *Imperial Simla*, pp. 95–104.
newly acquired social space managed to accommodate Western medical values while also subverting the racial component of the sanatorium. Needless to say, this was a long drawn-out process. One example will illustrate the negotiations that formed a part of this process of the construction of shailashahar (mountain-town) Darjeeling.

In November 1906, the Lowis Jubilee Sanatorium, the replica of the Eden Sanitarium that catered to wealthy Indians, invited the Governor of Bengal to visit the newly built ‘pthisis ward’. As we have seen in Chapter 1, at this time medical authorities condemned the climate of Darjeeling for causing various respiratory and intestinal diseases. A visit from the Governor Sir Andrew Fraser and the Civil Surgeon of Darjeeling Colonel Crofts produced a note from the latter objecting to a pthisis ward for the institution. Crofts pointed out that ‘Darjeeling is not suitable for the Pthisical Ward. For the ordinary native it is too cold; it is certainly too wet … with very little sun, and it is very much crowded … the ground space and the cubic air space allowed … are altogether inadequate.’ The governor agreed with Crofts and proposed to reject the proposal for the pthisis ward. A special committee which included the Civil Surgeon and Mr Bompas, Chairman of the Darjeeling Municipality, who was also the president of the managing committee of the Lowis Jubilee sanatorium, was present at the meeting. *The Bengalee* reported that ‘Colonel Crofts read a lengthy note and stated that Ranchi would be best suited to pthisical patients. Mr Bompas … pointed out that the Pthisical ward was constructed with the consent of Government.’ The grant of Rs 15,000 provided by a philanthropist, Dinamoni Choudhurani of Santosh, was previously endorsed by the provincial government. The Commissioner of Bhagalpur, while recommending sanction for the ward, assured the government of the suitability of the designs for the proposed ward, pointing out that ‘the Executive Engineer is a member of the Committee’. Next week *The Bengalee* published a scathing editorial attacking the governor himself: ‘Sir Andrew Fraser is nothing if not a man of zid [stubbornness] … perhaps it is in his opposition to the proposed phthisical ward in connection with the Lowis Jubilee Sanatorium in Darjeeling, that this distinguishing trait … has most persistently thrust itself upon the public view.’ The editorial then detailed the three years and various medical opinions (some by Bengali doctors) that had reviewed the proposed ward and pronounced that they were satisfied. It next pointed out, ‘Are we to understand that what is good for the Eden Sanitarium, to which only Europeans are admitted, is not good for the Lowis Jubilee Sanatorium which is resorted to by “natives” only?’

7 *The Bengalee*, 17 November 1906, p. 6.
8 *The Bengalee*, 17 November 1906, p. 6.
11 *The Bengalee*, 27 November 1906 (reel no. 42, National Library Calcutta), p. 3.
12 *The Bengalee*, 27 November 1906, p. 3.
The editorial ended with an appeal to the government of India to intervene. The issue was next taken up at the Bengal Legislative Council. One Babu Radha Charan Pal enquired, ‘Is it not a fact that three eminent medical authorities and two experienced Divisional Commissioners consulted by Government, were in favour of the construction of this ward?’, and further pointed out that the ‘abandonment of the design at the present juncture will mean the throwing away of so much money and labour’. In the face of staunch opposition, the government assured the council that ‘An endeavour is being made, in consultation with the Committee of the Sanitarium and with Medical Officers, to arrive at a decision which will be in the interests of the patients and of the public’. Ultimately the government gave in and the pthisis ward stayed in place. However, it set out its view of the kind of native cases who could benefit from a stay at the sanatorium in Darjeeling:

There can be no doubt that the climate of Darjeeling, is too damp to be a suitable one for consumptives who are in an advanced state of the disease. But the Lieutenant Governor is advised that during the dry months cases in the incipient stages, free from pyrexia, with limited lesions, or not breaking down, would be benefited by a stay in Darjeeling … under proper supervision and treatment … The Sanitarium however, plays a very important part from the educational point of view as regards patients and the community; for the patients learn how to treat themselves, to disinfect sputum, to eat suitable food, and they subsequently spread the knowledge.

The pthisis ward was to stay; there would be some limitations on the admissions to the ward, depending on the seriousness of the patients’ condition. The managing committee of the Lowis Jubilee Sanatorium agreed to certain conditions laid down by government; including the stricture that only patients in the early stages of pthisis would be allowed in the sanatorium.

The episode highlighted that the social aspirations of the Bengali elites in the replication of British medical institutions altered the debate over race and acclimatization. In this sense, racial and social equality were understood to be

15 Government of Bengal, A Proceedings, Municipal/Medical, 1907, no. 86 (WBSA), p. 71. Letter of Secretary to Govt of Bengal to the Commissioner, Bhagalpur Division, 15 January 1907.
16 Government of Bengal, A Proceedings, Municipal/Medical, May 1907, nos 159–60 (WBSA), p. 8. As we have seen in Chapter 1, the dampness of Darjeeling was not seen as suitable for European patients with pthisis. But the perspective was not entirely unanimous. In 1886 the annual report of the Eden Sanitarium claimed that ‘several especially of pthisis, derived very great benefit, the climate of Darjeeling being particularly favourable for this complaint’. Government of Bengal Proceedings, Municipal/Medical, nos 8–17, April 1886, IOR/ P/2806 (APAC), p. 37. The next year, the superintendent and civil surgeon commented on the treatment of pthisis in the Eden Sanitarium: ‘This disease seems to be benefited by the change in climate in its earlier stages. When once softening commences … the change to Darjeeling is attended with little benefit.’ Government of Bengal Proceedings, Medical, Nov. 1887, nos 16–18, IOR/P/2946 (APAC), p. 14.
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inextricable; what was good (medically efficacious) for the Europeans should be good for the natives as well.

The racial etiquette that excluded sometimes even the highest-placed Indians (and the Anglo-Indians) from key social spheres in British India formed the basis of support among the upper echelons of Indian society for the nationalist movement. This contest for social space also translated to an appreciation of mountain sanatoriums for the health of Bengalis.

In the twentieth century, mention of Darjeeling was found frequently among prominent Bengalis. Rabindranath Tagore, littératre and poet, visited Darjeeling often. In November 1931 he wrote to his friend William Rothenstein, 'I have come to Darjeeling in search of health and peace of mind, but the latter has run out of stock in the present day world and I must not complain'.

Swami Vivekananda, resting at Darjeeling in 1897 in the palace of the Maharaja of Burdwan, wrote to a friend, 'After a great deal of hard work … my health had broken down; necessitating a rest for my mind in the town of Darjeeling'.

This took many forms. For the Hindus, the Himalayas were also sacred space. Although the Hindu pilgrimage sites were located in the western Himalayas, the Garhwal district of the then United Provinces, Darjeeling was reputed to be the site of an old Buddhist monastery, the mountains themselves evoked a romantic spirituality for many nationalist Indians.

As the quotes above represent, in contemporary Bengali literature by the turn of the century Darjeeling was represented as a site for regaining peace and calm away from the crowded plains, a retreat for healing tired bodies and minds away from the rigours of life in the plains; in a tone similar to British representations. For the Indian elite, the controversy over the pthisical ward of the Lowis Jubilee Sanatorium was a contest for the separateness of Darjeeling that they articulated in medical terms. When the upper- and middle-class Bengalis retreated to Darjeeling for rest and recuperation, they were in effect replicating European habits. It is interesting that within a decade of the episode of the pthisis ward the Civil Surgeon of Darjeeling did not think it advisable to recommend Darjeeling to European pthisis patients, or to the poorer class of Europeans, for Darjeeling was now both crowded and expensive. A sojourn at Darjeeling could be so expensive that he claimed that 'It would be cheaper to take a trip home than to Darjeeling for people of moderate means.' In 1917, Darjeeling had 351 houses (there were only 70 in 1870), and these included

17 Biswas, 'Bangla Sahitye', p. 373.
the summer retreats of the Maharajas of Cooch Behar, Burdwan, Darbhanga and Digapatia; several Bengali attorneys; retired British judges, civil servants and physicians; and a few wealthy planting families. While the Bengali lower middle-class clerks and merchants lived at Chandmari, near the bazaar below the Mall, the Indian aristocrats and wealthy professionals lived in the upper reaches in the British part of Darjeeling.

The Quest for Exclusivity and the Growth of Smaller Hill-stations

Several alternative health resorts for Indians of different classes were developed in this period. In 1903 the Municipal Commissioners of Kurseong, a small town at a lower height in the Darjeeling hill area, and occupied mostly by planters, appealed to the provincial government for funds to develop it as a hill resort. In their address to the governor, they pointed out the ‘already overcrowded condition of Darjeeling’. The governor agreed that Darjeeling was ‘greatly in need of relief from over-crowding’, and added that the climate of Kurseong ‘is better adapted than that of Darjeeling to many constitutions, especially those of Indian gentlemen’. Therefore, smaller hill-stations located at lower elevations needed to be encouraged to accommodate ‘Indian gentlemen’, taking the pressure of Indian presence off Darjeeling. At the same time, ‘Indian gentlemen’

22 Dozey, A Concise History, pp. 52–59.
24 Address presented to the Lt. Governor by the Municipal Commissioners of Kurseong and reply, 23 June 1903 (emphasis mine).
well ensconced in Darjeeling also sought to keep out countrymen of a different class. Indeed, the Maharaja of Burdwan contributed Rs 20,000 for development of the hill-cart road to Kurseong and offered further assistance. A few years previously, Indian entrepreneurs had made a beginning with a proposal for a sanatorium in Kurseong, which effort was validated by the Indian Medical Record: ‘It is strongly recommended by leading medical men.’

More was to follow. Two years after the controversy over the pthisis ward, a few eminent Bengalis met government officials unofficially to discuss the establishment of sanatoria for the benefit of the ‘poorer classes’. They included the Maharaja of Burdwan B.C. Mahtab, Kailash Chandra Bose (lawyer and philanthropist) and Dr Nil Ratan Sarkar (a prominent physician and the founder of the Indian Medical Association). The Maharaja of Burdwan was particularly involved here. He was a noted philanthropist who had contributed to the Lowis Jubilee Sanatorium. An ardent Anglophile (he visited Britain after a Continental tour in 1908), he not only spent many summers in his palace at Darjeeling, but also possessed considerable property in the area, including in Kurseong. As one of the landed elite he counted many ICS officers as friends and British aristocrats as his acquaintances, and was greatly suspicious of Indian nationalists, but even he was not immune to the prospect of racial humiliation that was always present in the minds of the Indians who interacted with the British at any level. As one of the richest landlords in Bengal, Mahtab’s influence was considerable; he and like-minded Indians attempted to resist the influx of middle-class Bengalis into Darjeeling itself. The philanthropists requested Colonel Pardey Lukis, the Sanitary Commissioner of Bengal, to draw up a project for a sanatorium for lower middle-class Indians somewhere in the plains of Bihar, away from the insalubrious climate of Bengal, but not located in the mountains at all. Mahtab suggested that the proposed sanatorium should be ‘an institution purely for people of the poorer classes, such as the low paid clerical staff employed under Government or elsewhere’. He specified that ‘it should not be of the same type as the sanitarium at Darjeeling, which … largely seemed as a hotel for visitors to that station’. The concern for the development of an alternative sanatorium was to avoid Darjeeling being overrun with cheap boarding houses to accommodate the lower middle classes who had begun to throng the hill town at its edges. The Maharaja of Burdwan pointed out that he did not think

25 Address presented to the Lt. Governor by the Municipal Commissioners of Kurseong and reply, 23 June 1903.
29 See Mahtab, Impressions, esp. p. 110.
it advisable that the institution should be started at that place, 'In view of the overcrowding of Darjeeling'. The alternative locations for the sanatorium they proposed were Madhupur, Deogur and Simultola, all in the forested and hilly plateaus of the adjacent province of Bihar. Ten years later, he also offered the gift of two plots of land that he possessed to the Kurseong Municipality in aid of developing the town's conservancy system, possibly again in the hope that a few civic facilities for lower middle-class visitors at the small hill town would divert them from Darjeeling itself.

It is evident that at this time Darjeeling was a coveted site for medicalized leisure for affluent Indians, which effectively excluded seasonal visitors of relatively modest means. In 1915 Jadunath Ganguli, a Bengali doctor in Benares, recommended his town's value as an alternative health resort for Bengalis of modest means, pointing out that hill sanatoriums in general were too expensive 'for the average Bengali'. He also noted that 'Very few of the Indian health resorts have received that stamp of efficacy for curing particular diseases, which alone enables the physician to recommend them for those diseases. So that as in Waltaire or Darjeeling, all sorts of patients rush in pell-mell.' Therefore, in the new century, Darjeeling emerged as a site of contested medical discourses and of medicalized leisure for Indian bodies as well; and the resources of the town strained to accommodate them in the high season. At the same time, alternative spatial and medical discourses were suggested to develop alternative sites of rest and regeneration for Indian bodies in the tropics.

An interesting aspect of Darjeeling's supposed efficacy for Bengali physiques is that while they were a growing presence in Darjeeling, Bengali clerks were perceived to be too weak to acclimatize in Simla: 'The ill-paid and ill-fed clerks are quite unable to stand the trying cold of Simla.' Instead, their positions were gradually filled by educated men from the neighbouring Punjab.

The perception of overcrowded Darjeeling was enhanced when a major landslide occurred, causing fatalities among the British as well as the Indians, and was attributed to deforestation within the town. As a result, the 'native' settlements within Darjeeling were pushed to new areas not previously considered suitable for building houses. Not only within the town itself, the immigrant population spread to the surrounding areas. In 1903, a report by a military official on the water supply at the cantonment at Jalapahar predicted the contamination of the springs that supplied water due to extending habitations above the cantonment:

35 Jadunath Ganguly, 'Benares as a Health Resort for Bengali Invalids', Indian Medical Record, 35 (1915), p. 43.
36 Ganguly, 'Benares as a Health Resort', p. 43.
37 Kanwar, Imperial Simla, p. 165.
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None of these … can be considered safe or satisfactory; they are surface springs deriving their water from the inhabited area that lies above them. It is merely a question of time, when this inhabited area shall have sufficiently polluted the derived water, so as to make it unfit for drinking: the introduction of one case of waterborne disease, such as enteric fever or cholera, might conceivably cause an epidemic even now; but it is certain that no hill population can continue with impunity, for an indefinite period, to draw its drinking water from the hill on which it lives, if the habitations are at a higher level than the springs.  

In 1906, the Commissioner of Bhagalpur appealed to the provincial government to allow construction at the Toong Soong Basti at Darjeeling, condemned as an unsafe area by the Landslip Committee of 1906. The government refused to relax building restrictions at that site. Nevertheless, the town continued to grow at the edges. In 1919 the Secretary of the Darjeeling Municipality pointed out to the government that the Sanitary Commissioner of Bengal had made a survey of the town and ‘traced all sanitary defects to the want of expert supervision’, recommending the appointment of a health officer for Darjeeling. A meeting of the municipal commissioners of Darjeeling discussed the report:

the defects … brought to notice in connection with vital statistics, conservancy arrangements, food supply, and the sanitary arrangements and cubic space, etc. in hotels, boarding-houses and schools, and the want of proper arrangements in places in which mosquitoes are likely to breed …

The report recommended the appointment of a special health officer, which was only made in large cities. But the difficulties of an expanding hill-station, originally intended for fewer residents than it had to host in the early twentieth century, were not to be resolved with the simple appointment of a health officer. The upper-class Bengalis felt it as keenly as the British. In 1917 some prominent Darjeeling Bengalis who belonged to the Brahmo Samaj (a socio-religious order predominantly comprising of upper-caste and affluent Bengalis) made a petition for the removal of a fish market from its vicinity. The legal wrangle reached the provincial council, where the government replied that it had no knowledge.

of the market. Evidently the fish market had sprung up to meet the demands of the growing population. The increase in both the residential and seasonal populations within the town in the summer led to regular shortages of meat and milk. Most foodstuffs were expensive in hill-stations, because they had to be imported from the plains; poultry, beef, milk and other animal products continued to remain expensive. In 1916, the Darjeeling Advertiser demanded that the government release nearby forest land for grazing to prevent the migration of cattle farmers to nearby Sikkim in order to ensure supplies of milk and meat to the hill-station. The government renewed existing leased lands leased to a British dairy farmers, but there was little other land available. The perceptions of the ‘overcrowding’ of Darjeeling also brought about comparisons to the typical urban problems of the cities in the plains of India. For instance, in 1918 the Municipal Commissioners of Darjeeling thought it necessary to raise the fine for begging in the town ‘for discouraging professional begging’ from Rs 10 to Rs 50, a huge sum, for the second offence.

Municipality, Political Exclusivity and the Darjeeling Hill-station

One reason the hill-station of Darjeeling, as that of Simla and Ootacamund, retained its social exclusivity was that the British government’s gradual process of ‘decentralization’ of power through the incremental abdication of local governance was firmly kept out of the hill-stations as well as ‘backward areas’, such as most regions where there was a substantial tribal population. The provincial government formed the municipality of Darjeeling in 1851, and the hill-station was one of the first to boast of a municipality in British India. Its chairman was the district officer, and its members constituted entirely officials and members nominated by government, all of whom were British. After the Local Self-Government Bill in Bengal (1885), government encouraged the formation of municipalities, districts and local boards, but it was a slow process and a limited franchise based on ownership ensured that even elected members remained under the influence of the district officials. The British government’s long-term vision was avowedly to encourage Indians to prove themselves capable of self-governance through their slow introduction to local government. This constitutional process was heightened after the Morley–Minto Reforms (1909), and led to a greater proportion of elected members in local bodies in all provinces, including Bengal. But officials argued for keeping the Darjeeling municipality out of the electoral process, arguing that it needed to be governed by officials directly nominated by government:

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The circumstances of the municipality are peculiar. There is an enormous difference between its cold-weather population and its population during the season when the place is crowded with visitors ... The present system of nomination works very well, and all interests in the town are very well represented on the body of the Commissioners, far better than they would be by a system of election.\(^{50}\)

Special funds from government enabled the Deputy Commissioner of Darjeeling, R.T. Greer, to undertake the widening of the Chowrasta that led to the main promenade, as well as install electricity within the municipal limits of the hill-station in 1896–97. A few years later, the municipality widened all roads in the main town, protecting them with railings.\(^{51}\) Official control over the municipality and its special status as a primarily European (British) residential town helped it obtain grants-in-aid directly from the provincial government for the hill-station and many of its institutions, including the Eden Sanitarium. In 1907, when most other municipalities in Bengal struggled due to a lack of income, the provincial government granted the sum of Rs 1, 80,000 for sewerage and septic tank improvements in Darjeeling.\(^{52}\)

Historians differ in their analyses of the lack of sanitary infrastructure and public health measures in colonial India. While Ramasubban, Ray and others have argued that the colonial government did little to actively promote public health infrastructure except in cities, others such as Hugh Tinker and Mark Harrison have argued for a more sympathetic approach to British policies on public health and local self-government.\(^{53}\) Harrison has argued that the indigenous elites' resistance to public health, fuelled by suspicion of Western sanitary models, as well as their reluctance to pay higher municipal taxes formed the principal bottleneck to the development of a functional public health system, especially in Calcutta, Bombay and Madras. Tinker has argued as well that, with the partial exception of Bengal, there was little enthusiasm for public health and sanitary reforms from the Indian elite. By 1920, when the Montague–Chelmsford Reforms transferred control over education and health to elected provincial governments, nationalist politics had outpaced municipal reform in colonial India. In the 1920s, therefore, Indian participation in local government was controlled by a few 'moderate' nationalists. In Bengal, municipal governance under the new system was beset with many problems, including factionalism, resistance to taxes and a very slow rate of progress in building infrastructure.\(^{54}\)

51 Dozey, A Concise History, p. 58.
Throughout the interwar years, therefore, municipal governance and public health infrastructure in urban India remained fragmented and patchy at best; while in rural areas their development was virtually non-existent. In Bengal particularly, the functioning of local self-government after the provincialization of health services was fractious and the municipalities were often impecunious, with low rates of assessment, inefficient collections of revenue and, as the colonial officials often pointed out, an overdependence on loans or grants from provincial government. But the hill-stations, particularly Darjeeling and to a lesser extent Kurseong, remained enclaves of privilege, with their water supply and sanitation facilities provided for through provincial grants. In 1919, for instance, the provincial government offered a grant of Rs 50,000 and a long-term loan of Rs 30,000 to the Kurseong Municipality for its drainage and sewerage system. And while Darjeeling continued to attract more people, the municipality provided improved facilities for ‘the water supply, drainage, electric lighting’ as well as a plan for a ‘housing scheme to meet the growing demand for the provision of houses of a cheap and sanitary type’ at a suitable location away from the main town.

Not only concerned with municipal infrastructure, the municipal board, which after the elections of 1923 included Indian and European (generally British) non-officials, continued the special efforts towards preserving the greenery of Darjeeling town itself:

arboriculture, as carried out in the town of Darjeeling, differs from that work as done elsewhere in Bengal … the Darjeeling Improvement Fund (Town) Committee devoted their attention to planting up the slips and other bare areas, with a view to ensuring the safety of the hillsides … ensuring the safety of the hillsides has added to the beauty of the town.

The prosperous settlement of Europeans and Indians within the town, and the high municipal rates augmented with generous government grants to the Darjeeling Improvement Fund, ensured that Darjeeling remained cleaner and better provided with municipal amenities than most towns in Bengal despite overcrowding, encroachments and problems in supplies of drinking water and sewage disposal. In 1923, the annual report on the municipalities of Bengal noted the lacklustre functioning of civic municipalities in Bengal and pointed out that Darjeeling was the only exception and attributed this to the high taxes:

56 Resolution Reviewing the Reports; Govt of Bengal Proceedings, Local Self Government/Municipalities Branch, July 1923, no. 50, IOR/P/11304 (APAC), p. 48.
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Progress is impossible in these municipalities without an increase in income, whether by raising the rates or by more stringent assessment. The Darjeeling Municipality fully maintained its reputation as a progressive municipality ... so long as the fear of increased taxation continues to be the common meeting ground for the progressive and reactionary, municipal administration must be dreary, uneventful and barren.  

When this report was written nationalist movements on a mass scale were predominant, and, particularly in Bengal, local self-government was the object of nationalist political protest and boycott. But hill-stations were largely exempt from the messiness and realpolitik of urban politics in twentieth-century colonial India. It continued to be dominated by European (British) non-officials, and although in the 1920s the proportion of Indians in the municipal council increased, the chairman was still a government official. Its municipal rates continued to be higher than all other parts of Bengal. Harrison and Tinker have both argued that the low rates of local taxation, forced down by the vested interests of the indigenous local elite, were responsible for the lack of long-term infrastructure in colonial India (although Tinker’s argument is more tempered, blaming the essential conservatism of the central government of India as much as lack of local leadership for the lack of the development of a public health infrastructure). One might equally argue that the site of Indian nationalism itself had moved decisively from contestations over local governance to national autonomy, particularly because the devolution of power at the local level was inadequate. At any rate, the hill-stations in colonial India remained enclaves where municipal administration was still controlled by officials and by a small majority of the resident population. Its average rate of taxation per head was above Rs 10 (Rs 9 in the case of Kurseong), whereas in the average district municipality in Bengal the average annual rate was Rs 3 per person.

In the interwar years in Darjeeling, 30 per cent of the elected municipal commissioners continued to be British, and with another 18 per cent of officials nominated by the government, there was little agency in the hands of the Indians in local governance. The rates of taxation stayed at around Rs 10 per head, at least three times higher than in the rest of Bengal. The provincial government also provided generous funding, when required, to maintain and make improvements to the sanitation, water-supply and electricity in


61 Bengal Local Self-Government/Municipal, May 1928, IOR/P/11705, pp. 163–64.

the hill-station. Although officials constantly noted the strain on municipal resources in the town, such as drinking water and proper drainage, they were always able to find the funds to augment the resources. In 1932, for instance, the deputy commissioner of Darjeeling was able to report both an increase in the catchment area in the reservoir at Senchal that supplied the town as well as extension to the pipes to deliver the water. He also effected improvements to the municipal slaughter house, made extensive repairs to the drainage in the main town and sanctioned a new generating station for providing electricity.

Nor was this an anomaly so far as hill-stations went. Whereas the municipal infrastructure and facilities in north India and Punjab continued to be rudimentary, the hill-station of Simla remained relatively sheltered from experiments in elected local governments, unlike in the plains.

In this period, despite complaints of overcrowding, Darjeeling remained a relatively pristine town. A Himalayan tourism route to Sikkim and Bhutan developed, and this too attracted tourists. Many seasonal visitors to Darjeeling who sought to experience the beauty of the Himalayas now preferred to go for treks to the Sikkim after a halt in the town. Darjeeling was also the first stop for mountaineering expeditions. The first of the Everest expeditions took place in 1921. In 1928, one appreciative British visitor returned after a five-year absence to find that 'although several new buildings have sprung up … the place is little changed'.

Even for many ordinary British travellers, Darjeeling represented a base for the exploration of the quieter and more scenic routes to neighbouring Bhutan and Sikkim. Major Somerset, a doctor then serving in the IMS, went to Darjeeling in November 1944 by invitation of his patient, the secretary of the Planters’ Club. There he met one Major Kidd, who was an 'old retired journalist' living in Darjeeling and who 'used to make arrangements for people to go on trek.' Apart from remaining a tourist destination, Darjeeling continued to be administratively crucial because, in spite of growing nationalist criticism, the central and provincial governments continued their policy of moving the capital to hill-stations for eight months in the year. During the Second World War

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63 See, for instance, Resolution Reviewing the Reports, pp. 115–19.
64 Mss Eur C 379 (APAC), p. 255.
66 A traveller remarked in 1920, 'The journey to Darjeeling is to most people an every day event … its comparative ease in accessibility by rail has made it a week-end affair with husbands anxious to pay a fleeting visit to their winter wives.' See R.J. Minney, Midst Himalayan Mists (Calcutta, Butterworth & Co., 1920), p. 4.
67 For instance, see Percy Brown, Tours in Sikhim and the Darjeeling District (4th edn, Calcutta, W. Newman & Co., 1944), and Bhanja, Darjeeling at a Glance, pp. 113–41.
70 Mss Eur D 1023 (APAC), ff. 179 of typescript.
71 Kanwar, Imperial Simla, pp. 46–70.
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Darjeeling was also a military and air base for British troops on the Eastern Front. The expansion of the hill-station and its transformation into a summer capital and administrative and strategic hub occurred despite the fact that medical discourses questioned its status as a health-giving sanatorium. The enclave of Darjeeling was sustained by a discourse of its 'healthiness', which embodied not necessarily medical insights and experiences in the tropics, but the very logic of colonial enclaves, which initiated in the first place the establishment of the hill-stations and sought, and largely succeeded in sustaining, their municipal exclusivity and privileges.

Conclusion

In the interwar period the enclave of Darjeeling changed to accommodate affluent and middle-class Indians. Indian medical discourse and popular culture both promoted 'hill climates' as healing for Indian bodies. In the process, Indians modified the racial component of not only Darjeeling as a hill-station, but the medical discourses of climate in the tropics. Darjeeling re-invented itself as a tropical enclave and promoted social exclusivity, which was also articulated in medical terms. This process was aided by the political distance of the hill-station from the intensely contested local politics of mainland Bengal. The regular improvements in sewerage, water supply and the facilities provided by the hospitals and the microbiological laboratory in Darjeeling ensured that epidemics in the hill-station were few and easily contained, unlike in the cities in the plains. Officials claimed to even contain 'hill-diarrhoea', the disease peculiar to tropical hill-stations, through improved filtration of the water supply in the town. Therefore, although Darjeeling expanded to include the ‘Other’ in this period, it remained an enclave.

72 AIR 29/493 (National Archives, Kew).
73 Mss Eur C379 (APAC), p. 255.