

## Chapter Two:

### Filth and the Labyrinth: W. J. R. Simpson and the City in the Tropics

From the middle decades of the 19<sup>th</sup> century one can see emerging a distinct discourse that problematised the space and geography of the city and the implications that urban growth and the accumulation of filth had for public health, morality and society. London's growth in the 19<sup>th</sup> century was rapid and enormous. Official, journalistic and novelistic discourses emerged in the mid and late-19<sup>th</sup> century literature of sanitary reform, which described, discussed and often condemned the back alleys and courts of urban slums and the excrement that seemed to fill places like London, Birmingham, Liverpool and Glasgow. The overcrowded houses, stagnant airs and labyrinthine areas of working class London were seen and imagined as dens of immorality as well as disease and death. The narrow alleys and warren-like parts of the city obscured the official gaze, with the result that slums seemed to pose a threat to the political and social order. Middle-class observers saw the urban environment that created impenetrable spaces as creating the conditions for the transgression of social boundaries through the bringing into greater proximity of different classes. The great metropolis and the industrial towns of Britain were in fact dirty, as human waste piled up in cesspools, soaked into the soil and flowed into the rivers. The filth of the city, and people who worked around it and on the streets, created classes of people who

were a dangerous and volatile Other to the domestic middle class.<sup>1</sup>

Calcutta, though not experiencing growth of the same proportions as London, also developed into a major industrial city in the mid to late 19<sup>th</sup> century, at 800,000 people in the late 1890s outstripping the population of many cities in Europe. It is because of this context that one finds in the work of W. J. R. Simpson a significant concern with the spaces and wastes of a large city, as well as a concern with a tropical climate and the white bodies that encountered it. In addition to the advice Simpson gave to Europeans about clothing, exercise, alcohol, sex and the management of childlike and intractable native servants, advice that constructed racial differences, the former health officer of Calcutta and Aberdeen turned a sanitary gaze upon the spaces and wastes of tropical cities that owed much to the sanitarian culture that had, and in some ways still, prevailed in places like London. In other words, whereas tropical medicine and hygiene was to a significant extent a discourse about empire and a colonial space where the main division was between European and native bodies, analysis of Simpson's work shows that colonial public health was also shaped by the modern cultural reaction to the urban environment and the perceived threat of unseen spaces and the people they created and sheltered. This chapter will examine the 19<sup>th</sup> century sanitary concern with the connection between disease, urban space and filth in

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<sup>1</sup> For 19<sup>th</sup> century public health and the politics of British urban housing see, Anthony Wohl, *Endangered Lives: Public Health in Victorian Britain*, J. M. Dent and Sons, London, 1983; Anthony Wohl, *The Eternal Slum: Housing and Social Policy in Victorian London*, Edward Arnold, London, 1977; For the influence of journalism in creation of the image of the slum see Alan Mayne, *The Imagined Slum: Newspaper Representation in Three Cities 1870-1914*, Leicester University Press, Leicester, 1993; For the cultural aspects of the middle-class connections of filth and class see Chapter 3 of Peter Stallybrass and Allon White, *The Politics and Poetics of Transgression*, Cornell University Press, Ithaca, 1986; Mary Poovey, *Making a Social Body: British Cultural Formation, 1830-1864*, University of Chicago Press, Chicago, 1995, chapter 6; Michelle Elizabeth Allen, *Cleansing the City: Geographies of Filth and Purity in Victorian London*, Ph. D. Thesis, University of Virginia, 2001; David Pike, "Sewage Treatments: Vertical Space and Waste in Nineteenth-Century Paris and London", in William A. Cohen and Ryan Johnson (eds), *Filth: Dirt, Disgust and Modern Life*, University of Minnesota Press, Minneapolis, 2005, pp. 51-77.

large cities. The second section will then demonstrate the presence of some of the themes of this discourse in the work of W. J. R. Simpson, showing that a significant aspect of late 19<sup>th</sup> and early 20<sup>th</sup> century tropical medicine was a transplantation of the existing critique of urbanisation and the modern city.

### London and the Spaces and Dirt of the Metropolis

London experienced unprecedented growth in the 19<sup>th</sup> century. At the beginning of the century London had fewer than 1 million people, whereas by mid-century London was populated by over 2 million and by the beginning of the 20<sup>th</sup> century by over 4 million.<sup>2</sup> This increase in population was caused to a significant extent by the migration of rural labourers, driven by the uncertainties of agricultural employment and the demand for unskilled labour in the cities. The expansion of the population was accompanied by an increase in the dimensions of the city and thus by a greatly increased strain on resources and facilities, like water supply, waste disposal and housing.<sup>3</sup> Every inch of space was squeezed out of the city, such that dwellings were packed together, leading to the creation of a myriad of maze-like lanes, alleys, passages and courts, a tendency repeated in other industrial towns like Liverpool and Glasgow.<sup>4</sup> It was this surge of growth driven by industrialisation and the social and material changes it brought about, along with recurring epidemics of diseases like cholera, diphtheria or typhoid, which was the source of concern and urgency in

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<sup>2</sup> Anne Hardy, "Parish pump to private pipes: London's water supply in the nineteenth century", in W. F. Bynum and Roy Porter (eds), *Living and Dying in London*, Wellcome Institute for the History of Medicine, London, 1991, pp. 76-7.

<sup>3</sup> Ibid, pp. 76-7; A. Wohl, *The Eternal Slum*, pp. 1-2.

<sup>4</sup> Wohl, *Endangered Lives*, pp. 292-3.

sanitary writings.

### *Space*

One can generally discern two aspects of the cultural reaction to urban life. One is the anxiety caused by the creation of “dark” and unseen spaces, such as the back-alleys and courts of the working class areas of East London and other urban centres. Raymond Williams and Michelle Elizabeth Allen have both noted the emergence of the language of “darkest” London or England in the works of journalists or urban statisticians like Henry Mayhew in the 1850s and 60s and Charles Booth and William Booth in the 1880s and 90s.<sup>5</sup> In 1850 Cardinal Wiseman complained about the “congealed labyrinths of lanes and courts, and alleys and slums” near Westminster Abbey.<sup>6</sup> Williams noted the sense in which the city was thought to be “impenetrable” in modern literature, an idea that had strong connections to anxiety about class and morality.<sup>7</sup> Sanitary reformers, from Edwin Chadwick in the 1840s onwards, discerned effects of urbanisation not just on health but on morality and the social order as well. In discussing the “most wretched and overcrowded wynds” in Glasgow and Edinburgh, Chadwick argued that in pulling down some of the slums, “there would be gain in the prevention of sickness and crime arising from them”.<sup>8</sup> One can see this also in Southwood Smith’s statement before the 1844 Royal Commission on the State

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<sup>5</sup> Raymond Williams, *The Country and the City*, Paladin, 1975, p. 266; Allen, *Cleansing the City*, p. 31.

<sup>6</sup> Quoted in Wohl, *The Eternal Slum*, p. 5.

<sup>7</sup> Raymond Williams, “The metropolis and the emergence of Modernism”, in Edward Timms and David Kelley (eds), *Unreal City: Urban Experience in Modern European Literature and Art*, Manchester University Press, Manchester, 1985, p. 17.

<sup>8</sup> Edwin Chadwick, *Report on the Sanitary Condition of the Labouring Population of Great Britain*, Edinburgh University Press, Edinburgh, 1965, first published 1842, p. 366.

## of Large Towns and Populous Districts:

A clean, fresh, and well-ordered house exercises over its inmates a moral, no less than a physical, influence and has a direct tendency to make the members of the family sober, peaceable and considerate of the feelings and happiness of each other.<sup>9</sup>

Smith went a little further, going beyond the influence of a clean house on the individual body and morality by drawing larger implications for society, saying, “Nor is it difficult to trace a connection between habitual feelings of this sort and the formation of habits of respect for property, for the laws in general, and even for the higher duties and obligations, the observance of which no law can enforce”.<sup>10</sup>

In 1857, Charles Kingsley wrote that the “social state of a city depends directly on its moral state, and...on the physical state of that city; on the food, water, air, and lodging of its inhabitants”.<sup>11</sup> Allen argues that Kingsley based much of his thoughts about urban sanitation on riots that occurred in Bristol in 1831, thereby linking urban geography, dirt and social instability. Mary Poovey has argued similarly that Chadwick’s emphasis on the need for the working classes to adopt a middle-class domesticity for the sake of health and morality was designed to inhibit the political organisation of working-class males by keeping them at home. As long as men spent most of their time in the public sphere they were dangerous, either because they were animalistic and volatile street-people, like the bone-pickers and other collectors of waste on the streets, or involved in radical organisations.<sup>12</sup> Thus sanitation and urban

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<sup>9</sup> Quoted in Allen, *Cleansing the City*, p. 7.

<sup>10</sup> Quoted in Allen, *Cleansing the City*, p. 7.

<sup>11</sup> Quoted in Allen, *Cleansing the City*, p. 9.

<sup>12</sup> Mary Poovey, *Making a Social Body*, pp. 123-4.

reform can be seen as a 19<sup>th</sup> century route to the containing of class unrest or even revolution. Urban space and its reform would have to have a significant role in public health and sanitation and thus in the middle-class effort to maintain social stability and stave off class action.

On a more straightforward level, however, the concern with the tight and labyrinthine spaces of slums was connected with air and the stress sanitary reformers placed on the importance of ventilation. The interest in ventilation in urban areas emerged out of environmental, or zymotic, theories of disease in the mid-19<sup>th</sup> century and continued into the 1870s and 1880s as, Michael Worboys argues, sanitary science maintained the importance of geography and fresh air even while absorbing ideas about germs and disease.<sup>13</sup> Decaying vegetable matter and waste in slums was supposed to give off poisonous miasmas, so that the circulation of air and cleanliness were seen as vital for the prevention of disease.<sup>14</sup>

One can see this idea also expressed in Chadwick's report. A Dr. Braham of the town of Truro reported to Chadwick that, "The perfect immunity from deaths by *febrile* and *acute* diseases, enjoyed by Lemon-street during the long period of three years and a half, is a strong testimony to the value of the breadth of its roadway, the openness of its site and the judicious construction of the houses". In contrast, the narrow passages of Castle-street, with their accumulation of refuse and waste, created "sources of disease which the breezes of the hill cannot always dissipate".<sup>15</sup> A report

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<sup>13</sup> Anthony Wohl, *Endangered Lives*, pp. 147-8; Michael Worboys, *Spreading Germs: Disease Theories and Medical Practice in Britain, 1865-1900*, Cambridge University Press, Cambridge, 2000, pp. 109-11.

<sup>14</sup> Worboys, *Spreading Germs*, pp. 36-40; See also Charles Rosenberg, *Explaining Epidemics and Other Studies in the History of Medicine*, Cambridge University Press, New York, 1992, pp. 94-96.

<sup>15</sup> Chadwick, *Report*, p. 81.

from Birmingham noted the negative impact of the obstruction of breezes along streets.<sup>16</sup> The discussion and debate over working class housing and “darkest” London became particularly prominent in the 1880s with the establishment of a Royal Commission into housing 1884-5, while slum clearance remained on the agenda of government and various groups throughout the 1890s and the first decade of the 20<sup>th</sup> century.<sup>17</sup> The 1909 Housing, Town Planning Act increased the centralisation of town planning and the construction of houses and banned the building of back-to-back housing in the future.<sup>18</sup> In the 1870s and 1880s a series of slum clearances in the East End of London stressed the negative impact of narrow alleys and passages. Demolition of working class housing continued in London well into the 20<sup>th</sup> century.<sup>19</sup>

Thus middle class investigators, sanitary reformers and journalists imagined the slum as a kind of space where unimaginable filth led to death and disease, spiritual and moral degradation, the breakdown of the home, the creation of hideous inhabitants of the streets and dangerous political and social ferment. Not only did the characteristic space of the slum prevent air from clearing away the stink of the city; as Chadwick noted, the slum hid its dwellers from “superior inspection and from common observation”.<sup>20</sup> Thus slum clearance was aimed at improving public health and at containing challenges to the political and social order by classes that lived much more in the public sphere and did not conform to middle-class domesticity.

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<sup>16</sup> Ibid, p. p. 364.

<sup>17</sup> Martin Dauntton, “Health and Housing in Victorian London”, in *Living and Dying in London*, p. 127; Wohl, *Eternal Slum*, p. 219-20.

<sup>18</sup> Wohl, *Eternal Slum*, pp. 334-6.

<sup>19</sup> Anthony Wohl, *Endangered Lives*, pp. 318-19.

<sup>20</sup> Edwin Chadwick, quoted in Peter Stallybrass and Allon White, *The Politics and Poetics of Transgression*, Cornell University Press, Ithaca, 1986, p. 126.

## *Filth*

In addition to space, waste and excrement, brought under the general term of “filth”, were abiding interests between the mid-19<sup>th</sup> and early-20<sup>th</sup> centuries for sanitary reformers. In the urban environment, filth gained heightened symbolism, because the city, with its dense population and the proximity of different classes, allowed the greater circulation of waste and held up the threat of easier and more frequent contamination and transgression. David Pike has argued that the city and its waste, in creating forms of labour centred on excrement, were seen to create people that embodied the “alien qualities of the modern city”.<sup>21</sup> The mudlarks and sewer-hunters of Henry Mayhew’s *London Labour and the London Poor*, those who collected in and around the city’s sewers and sewage, including the Thames, became symbols of urban degradation and Otherness. Mayhew wrote of the sewer-hunters as being pack-like in their gang behaviour and adapted to sewer life, writing, “they must have quick eyes too, not merely to descry the objects of their search, but to mark the points and bearings of the subterranean roads they traverse”.<sup>22</sup> The bone-grubbers were silent and mentally vacuous, having lost any kind of spirit in their nomadic street life.<sup>23</sup> Here a uniquely urban class, which refused domesticity and lived among the mingled faeces of the city, was seen as an Other, alien to the domestic values of the middle-class.<sup>24</sup>

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<sup>21</sup> Pike, “Sewage Treatments”, p. 53.

<sup>22</sup> Henry Mayhew, *London Labour and the London Poor*, volume II, Dover Publications, New York, 1968, p. 137.

<sup>23</sup> *Ibid*, p. 136.

<sup>24</sup> See Stallybrass and White, *The Politics and Poetics of Transgression*, p. 133; Also Wohl, *Endangered Lives*, p. 79.

Filth itself was thought to cause disease in the mid-19<sup>th</sup> century because of miasmatic theories, but even after the significant acceptance of germ theory, filth and the odours it produced continued to be viewed as a significant aspect of sanitation and public health. The Thames came to be seen as an open sewer and the introduction of a system of pipes to replace cesspools and night-men for the removal of waste became a chief concern for sanitary reformers. Waste, as Other and deadly, was to be flushed away. Yet most writers have always identified a sense of anxiety in Victorian England about the increased possibilities of filth crossing social boundaries that the urban environment and infrastructure allowed.<sup>25</sup> Sewer gas coming through the water closet could breach the division between filthy public and clean and sacred private. Observers and critics noted that the sewer did away with social distinctions.<sup>26</sup> In a modern city like London, where filth was everywhere, each class was exposed to the waste of every other class. Thus filth was associated with disease, immorality and the threat of Otherness, which in the modern city had to be done away with to prevent disease and bring moral and social uplift.

Thus it was the modern experiences of urban space and filth that were seen to create the threat of disease along with the threat of an immoral Other and the breakdown of social order. It is these two crucial themes, of urban space and urban filth and all their meanings that one can see reproduced in tropical medicine, along with the place-centred discourse of tropical climates and European bodies. In other words, one cannot treat the tropics as simply a climatic and racial space as some cultural historians have seemed to do. One has to take account of the fact that the

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<sup>25</sup> Wohl, *Endangered Lives*, p. 80

<sup>26</sup> Allen, *Cleansing the City*, pp. 31-2, 44.

tropics could often be an urban and working-class space, which meant that part of the discourse of tropical hygiene and sanitation reflected the cultural reaction to modernity, as it seemed to be embodied by the industrial metropolis.

### W. J. R. Simpson and Spaces and Filth of Calcutta

Calcutta and the writings of its former chief health officer W. J. R. Simpson between 1880 and 1910 are perfect examples of how the medical, moral and social concerns created by urban growth in the Victorian era could form part of the gaze of imperial tropical medicine. Medicine was always part of the political and social control of subject peoples, but discourses of tropical hygiene reproduced familiar themes of urban space and filth. In the 19<sup>th</sup> century, Calcutta experienced rapid growth in physical terms and in population, developing into a major industrial capital by the beginning of the 20<sup>th</sup> century. Driven by the development of the mills that made up the jute industry, this growth led to greater Calcutta's population reaching 600, 000 by the 1880s,<sup>27</sup> a figure that matched cities like Liverpool, Manchester and Glasgow and led to Calcutta being known as the "second city" of the British Empire.<sup>28</sup> Thus one can see an urban landscape emerging that would pose the same problems of space and waste that had so concerned sanitarians from the mid-19<sup>th</sup> century.

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<sup>27</sup> R. A. Baker and R. A. Bayliss, "William John Ritchie Simpson (1855-1931): Public Health and Tropical Medicine", *Medical History*, 31, 1987, p. 453; Subho Basu has put the figure at 800, 000 in 1898 in his, "Strikes and 'Communal' Riots in Calcutta in the 1890s: Industrial Workers, Bhadrak Nationalist Leadership and the Colonial State", *Modern Asian Studies*, 32(4), 1998, p. 975; Mark Harrison in excluding the suburbs gives the figure of 400, 000 in the 1860s, in *Public Health in British India: Anglo-Indian Preventive Medicine 1859-1914*, Cambridge University Press, Cambridge, 1994, p. 203.

<sup>28</sup> Subho Basu, "Strikes and 'Communal' Riots in Calcutta in the 1890s", p. 949; For the populations of Liverpool, Manchester and Glasgow in 1901 see Wohl, *Endangered Lives*, p. 4.

William John Ritchie Simpson was a major part of the culture and politics of public health in Calcutta when he was the city's chief health officer from the mid-1880s until 1897. Simpson had occupied a similar post in Aberdeen from 1881, a position Baker and Bayliss argue was created in response to Edwin Chadwick's comments about the state of the Scottish town.<sup>29</sup> While stressing the centrality of reducing infant mortality in an Aberdeen address, Simpson said in general terms that "Sanitary science includes, and tries to rectify, everything that leads to make injurious, the air, food, drink, which are the necessities of a healthy life", and that urban life had made dangerous.<sup>30</sup> Thus Simpson had a sanitarian view of public health, a view that stressed cleanliness and focused on air, waste and the sewer, while at the same time embracing germ theories of disease.<sup>31</sup> It was this kind of gaze, this sanitarian and Victorian reaction to urban space and filth, which Simpson took to Calcutta. He noted this when he claimed in the preface to his 1908 collection of lectures *The Principles of Hygiene as Applied to Tropical and Subtropical Climates*, "There is the same spirit abroad in tropical regions in relation to sanitary matters as existed in the early Victorian era in England".<sup>32</sup>

### *The Imperial Slum*

One can see this reaction manifested in the same two ways as in London and

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<sup>29</sup> R. A. Baker and R. A. Bayliss, *Medical History*, pp. 451-2.

<sup>30</sup> Quoted in Baker and Bayliss, *Medical History*, p. 452.

<sup>31</sup> W. J. R. Simpson, *The Principles of Hygiene as Applied to Tropical and Subtropical Climates; And the Principles of Personal Hygiene in them as applied to Europeans*, John Bale, Sons and Danielsson, London, 1908, p. 342.

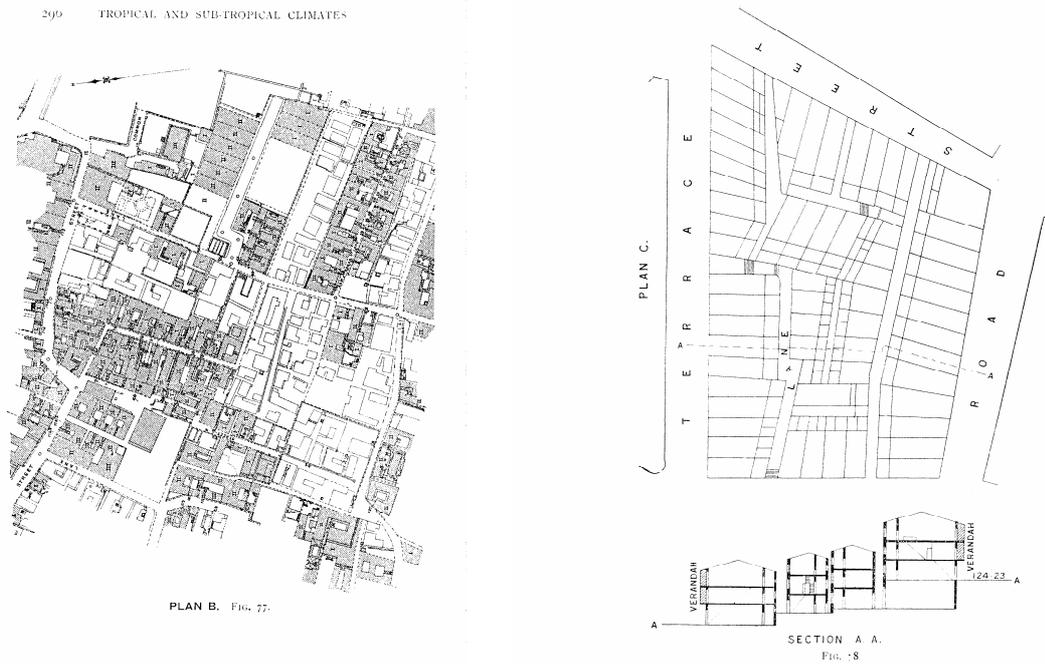
<sup>32</sup> *Ibid*, p. V.

other British cities. Urban space and urban waste became the central themes of public health, carrying many of the social and medical meanings as they did in London and England's industrial towns. Calcutta's *bustis*, or slums, became in the 1880s and 90s focal points for political conflict between reformers like Simpson and a propertied Hindu middle-class. As the badly ventilated and filthy slums of British towns and cities came to be seen as the main sources of disease and immorality of the whole of the modern metropolis, so too did the *bustis* of Calcutta become the chief concern of experts in tropical sanitation. Tropical medicine was informed by the same urban structures and social context of the world of the modern city.

While part of the gaze on urban space unquestionably came from Simpson's own experience in Scotland and the sanitarian discourse that emerged in the mid-19<sup>th</sup> century, there was an unsurprisingly Orientalist inflection to Simpson's discussion of the tropical city. Of the tropics Simpson wrote, "Every old town presents examples of the very definite evils which have arisen from streets and houses being permitted to be built without regulation", creating "closely built, confined and irregularly arranged" sections of the city. He also then explained this as a feature of the culture of "the East", writing, "In olden times the fashion in many parts of the East was for each king to build a new city, which no doubt originated from the fact that after a certain number of years each city became so unhealthy that it was advisable to leave it". Nevertheless it is clear that Simpson saw much that was familiar in Calcutta in terms of the problems created by urban growth and saw that the differences were in large part a matter of degree. He noted that the sort of slum conditions common in Europe, where housing was dense and maze-like, were worse in the tropics. In the tropics, as in Europe, "The narrow streets, the winding alleys, the crowding together of houses,

form an insanitary labyrinth, which cannot be efficiently cleansed nor be purified by a free circulation of air”.<sup>33</sup> Simpson’s use of “labyrinth” echoes discourses on London in sanitary literature and in Victorian culture, especially that of Dickens.<sup>34</sup>

Figure 2.1- Simpson’s Imperial Slum Plans B (left) and C.



Source: W. J. R. Simpson, *The Principles of Hygiene as Applied to Tropical and Subtropical Climates; And the Principles of Personal Hygiene in them as applied to Europeans*, John Bale, Sons and Danielsson, London, 1908, pp. 296, 298.

Here the mapping of urban space, which developed strongly in England in the second half of the 19<sup>th</sup> century, became very significant for Simpson, as he presented in his text images of many unhealthy city blocks and an ideal. Plan B showed a city that grew without planning, so that the streets and lanes developed irregularly, creating a maze of narrow alleys where air could not circulate. In Plan C, while a wide street had been provided and housing built facing the road, the space behind, which

<sup>33</sup> Ibid, p. 294.

<sup>34</sup> Wohl, *Endangered Lives*, p. 292.

could have provided for ventilation, was built on, creating back-to-back housing with little air and a network of winding and bewildering lanes, “a most unhealthy area, and a hotbed of infectious disease”.<sup>35</sup>

Towns needed to be rationally laid out with the height and depth of buildings and the width of streets and back alleys regulated by law. Simpson wrote,

For every town, however large or small, the local authority should have plans prepared for its future development and extension. These plans should secure the laying out on sanitary principles of those parts of the town unbuilt on.<sup>36</sup>

In some cases Simpson argued that complete demolition was necessary, something with which London’s East End was familiar with by the beginning of the 20<sup>th</sup> century. Simpson complained that, “Sanitarians are not sufficiently impressed with the importance of regulations for streets and houses. Much of the failure of sanitary measures in the Tropics is due to this fact”. Drawing on the long sanitary experience of the 19<sup>th</sup> century, Simpson wrote,

If streets are not laid out on a definite plan and on sanitary principles or when so laid out the houses are not subject to regulations as regards their height, depth, site, the area they cover, their relation to one another and the amount of air space to secure a free circulation of air for each, a congested area is soon formed in which there is too much crowding together of houses and too many houses on too small a space. These congested areas are always filthy and always unhealthy.<sup>37</sup>

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<sup>35</sup> Ibid, p. 301.

<sup>36</sup> Ibid, p. 304.

<sup>37</sup> Ibid, p. 297.

Simpson argued his points about the unhealthy nature of tropical towns based on the importance of light and ventilation in his sanitarian view of public health. The mosaic of packed houses and zigzag alleys were unhealthy because they didn't get fresh air. Streets needed to be at least 30 ft wide, preferably 50 ft, and the houses arranged on a grid plan in line with "healthy winds" to allow for light and ventilation. Simpson argued that streets also needed to be at least as wide as the height of the buildings along them, since experiments had shown that air travelling over a building took a distance of three times the height of the building to get back down to its original height.<sup>38</sup> Back lanes needed to be at least 15 ft wide, again to allow for air space. Site coverage and depth needed to be regulated with legislation.<sup>39</sup> Thus a gospel of broad streets and ventilation that grew out of the context of 19<sup>th</sup> century London and other Victorian towns, such as Truro and Birmingham, formed part of the sanitary discourse of British tropical medicine.

There was also a political and social context in Calcutta in the 1880s and 1890s that gave an added urgency to Simpson's push for sanitary reform. The 1870s had seen an increase in local self-government, as a new municipal commission was created consisting of a group of appointed Europeans and a larger group of elected members that always tended to be predominately members of the *bhadralok* class, a new and wealthy Hindu middle-class. It was this group that dominated public health policy and with whom Simpson came into conflict over the matter of Calcutta's slums. Simpson's time in Calcutta saw frequent clashes between Europeans and the Hindu, land-owning elite over the question of whether to clear slums or improve them

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<sup>38</sup> Ibid, p. 305.

<sup>39</sup> Ibid, pp. 309-10.

in a more piecemeal, conservative fashion. Simpson was strongly critical of a new Municipal Act passed in 1888 that failed to include regulations covering building height and street width, concerns that were so important to sanitarians interested in slum reform in European cities.<sup>40</sup>

The background to this political conflict between sanitary reformers and landlords, a frequent obstacle to reform in Britain, was the significant unrest in Calcutta in the 1890s, when working class Indians, both Muslim and Hindu, initiated a series of demonstrations and strikes. Subho Basu has argued against the notion that this industrial action was mere mob violence structured by ethnic affiliations, instead viewing the mill workers' actions as organised and collective action by a working class.<sup>41</sup> In the 1890s, working hours were extended and workload increased thanks to the electric light, while at the same time holidays for religious observances and festivals were cancelled.<sup>42</sup> Thus it is not surprising that the 1890s witnessed frequent industrial action, involving demonstrations, strikes and riots that were often broken up by a police force sympathetic to mill owners. In 1898, plague broke out in Bombay creating a scare in Calcutta. Health officials were given power to forcibly disinfect or demolish slum houses, burn infected clothing and remove infected individuals to isolation hospitals, which Basu and Harrison argue created an exodus of working-class residents who believed they were being disproportionately targeted.<sup>43</sup> Whether one views this succession of strikes and social unrest as collective industrial action or mob violence, the Calcutta slum represented an impenetrable space where such unrest

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<sup>40</sup> Mark Harrison, *Public Health in British India*, pp. 203-14.

<sup>41</sup> Subho Basu, "Strikes and 'Communal' Riots in Calcutta in the 1890s", pp. 950-2.

<sup>42</sup> *Ibid*, pp. 954-6.

<sup>43</sup> *Ibid*, pp. 972-6; Harrison, *Public Health in British India*, p. 219.

could ferment in the stagnant air. An 1898 editorial in the Anglo-Indian journal the *Englishman* claimed,

The worst bustis are those inhabited by lower class Mohammedans. These are a terror not only to the health but to the peace of the city. We question whether any European has penetrated into the inner square of some of them, but one can imagine from the outside what the interior must be like.<sup>44</sup>

Thus one can see that slum reform in Calcutta was driven in part by the desire to contain and control classes that were deemed threats to social order, the same kind of interests that one sees in discourses of sanitary reform in Britain from the 1840s. Mark Harrison has argued that, “the desire to sanitise Indian cities reflected deep-seated European anxieties about the colonial ‘other’”, yet one could also say that it reflected deep-seated anxiety in European culture about the urban and working-class Other, the threatening creature created by the dark and unseen spaces of the industrial city of Victorian Britain.<sup>45</sup>

### *Filth*

As with most 19<sup>th</sup> century sanitarians, Simpson was concerned with waste and filth. He included in his work two sections on waste disposal, one on the dry system of conservancy and one on the wet system, involving the flushing of waste through pipes with water, in other words a system of sewers. These topics became major aspects of tropical medicine and sanitation from Simpson in 1908 to Andrew Balfour in the

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<sup>44</sup> Quoted in Mark Harrison, *Public Health in British India*, p. 221.

<sup>45</sup> Mark Harrison, *Public Health in British India*, pp. 225-6.

1920s, from India to the Philippines to North Queensland.<sup>46</sup> Excrement was an obsession for tropical sanitary officers, yet it was also, as seen above, an obsession for sanitary reformers and Victorian writers generally. And yet, more so than in the case of urban space, one can see a more active construction of *colonial* and racial difference in Simpson's writing. Even so, there are some aspects to the discourse of tropical sanitation and filth that reflect other axes of difference.

Simpson was quite clear in articulating tropical difference when he discussed methods of collecting and disposing of waste. The latrine and the hygienic disposal of waste were thought by Europeans to be alien to Indian, and in general tropical, "native" culture. Indigenous people in the tropics had to be coaxed into using privies or water closets in order to stop them from just defecating anywhere. In discussing trench latrines, Simpson wrote in exasperation, "In some localities it is impossible to get the people to use trenches", necessitating the simple covering of waste with a layer of dirt, though he thought these systems, including the trench system, "excellent methods of dealing with the excreta of large encampments of coolies and other large gatherings".<sup>47</sup> Simpson claimed that when using water closets Indians neglected flushing, requiring the instalment flushing mechanisms attached to doors among other devices.<sup>48</sup>

Several authors have written on the issue of filth in tropical colonies. Warwick Anderson has argued that American researchers in the Philippines, who examined

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<sup>46</sup> See Andrew Balfour, *War Against Tropical Disease: Seven Sanitary Sermons Addressed to All Interested in Tropical Hygiene and Administration*, Bailliere, Tindall and Cox, London, 1920; Raphael Cilento, *The White Man in the Tropics*, Commonwealth Department of Health, 1925.

<sup>47</sup> Simpson, *The Principles of Hygiene as Applied to Tropical and Subtropical Climates*, pp. 201-2.

<sup>48</sup> *Ibid.*, p. 251.

large quantities of faeces in their search for parasites, constructed the American body, in the invisibility of its waste, as controlled and civilised. This was opposed to the Filipino body, which in the very visible dispersal of its waste across the public sphere was open, promiscuous with the world and primitive.<sup>49</sup> William Kupinse, though focusing on indigenous responses to European discourses, also argues that British discussions in the 19<sup>th</sup> and early 20<sup>th</sup> centuries figured Indians as naturally filthy and insanitary in their behaviour.<sup>50</sup> This is reflected in much of Simpson's writings about conservancy, where the chief obstacle to public health was the difficulty of getting Indians to use the facilities and to use them properly. In discussing simple pail latrines in India, Simpson wrote, "The receptacle requires to be sufficiently near the seat to prevent the possibility of the excreta falling anywhere else but inside". Separating urine and faeces was ideal, Simpson argued, as it reduced the problem of splashing that often led natives to squat to one side of the opening, which left the latrine in a filthy state.<sup>51</sup> Thus in discussing the design of latrines, Simpson pictured Indians as tending to contamination, as disinterested in hygiene, since it was only the design of the toilet, rather than Indian initiative, which would lead to a sanitary environment.

Yet at the same time one should recognise that some of the elements of the discourse of colonial dirtiness existed in discussions of the metropolis. In imperial India, a caste of people, both men and women, called "mehters" had the task of

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<sup>49</sup> Warwick Anderson, "Excremental Colonialism: Public Health and the Poetics of Pollution", in Alison Bashford and Claire Hooker (eds), *Contagion: Epidemics, History and Culture from Smallpox to Anthrax*, Pluto Press, Sydney, 2002, pp. 76-81.

<sup>50</sup> William Kupinse, "The Indian Subject of Colonial Hygiene", in William A. Cohen and Ryan Johnson (eds), *Filth: Dirt, Disgust, and Modern Life*, University of Minnesota Press, Minneapolis, 2005, pp. 250-4.

<sup>51</sup> Simpson, *The Principles of Hygiene as Applied to Tropical and Subtropical Climates*, pp. 210-11.

removing waste from privies.<sup>52</sup> Thus a class existed that was associated with waste, just as in places like the London of Mayhew a myriad of different kinds of street-collectors, like paid night-men at one end of the scale and nomadic bone-grubbers, mudlarks and sewer-hunters at another, were associated with the dirt and filth of the public sphere. Simpson frequently inflects racial ideas about Indians with the language of class, such as when he uses the phrase, “the better class natives”.<sup>53</sup> This hints at the kind of adoption of European discourses of hygiene and sanitation by a nationalist Indian elite that Dipesh Chakrabarty has discussed in an essay. He notes that the nationalist elite of the late 19<sup>th</sup> and early 20<sup>th</sup> centuries were critical of the supposed dirtiness of Indians, such that he thinks of the opposition of dirty and clean as pre-modern versus modern. Europeans and nationalists alike drew on the language of modernity to condemn the dirty.<sup>54</sup>

It is this language of clean, domestic, modernity as opposed to dirty, nomadic/public, pre-modernity that one also finds in the works of Chadwick, Mayhew and other sanitary reformers and social investigators. Anderson has noted the disgust that American colonists in the Philippines felt towards the street-life of Manila, yet as Poovey has noted, the urban sanitary literature of the 19<sup>th</sup> century was also contained revulsion at the public sphere and the people that inhabited it.<sup>55</sup> Thus some of the elements of the discourse that figured Indians, and other indigenous peoples of the tropics, as primitive in their sanitary habits, and thus as threats to health and the social

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<sup>52</sup> Ibid, p. 221.

<sup>53</sup> Ibid, p. 251; see also table comparing American and Filipino breast milk in G. Montagu Harston, *The Care and Treatment of European Children in the Tropics*, Bailliere, Tindall and Cox, London, 1912, p. 28.

<sup>54</sup> Dipesh Chakrabarty, “Open Space/Public Space: Garbage, Modernity and India”, *South Asia*, 14(1), 1991, pp. 15-18.

<sup>55</sup> Anderson, “Excremental Colonialism”, pp. 86-92; Poovey, *Making a Social Body*, pp. 120-1.

order, were integral to broader medical and social discussions of urban life in the 19<sup>th</sup> and 20<sup>th</sup> centuries.

### Conclusion

Texts like those by W. J. R. Simpson show that it is too simple to treat tropical medicine as isolated and to primarily pick out the aspects that contribute to the construction of a European/Native axis of difference. Simpson's collection of sanitary lectures reveals the deep roots that much of colonial tropical public health had in the 19<sup>th</sup> century sanitary tradition and the discussion of space and waste in the modern metropolis. Simpson certainly made his chief distinction that between Europeans and Indians, but at the same time, the ways in which the former health officer of Calcutta framed disease was essentially part of a broader cultural reaction to urban growth and the medical, political and social problems and changes it brought about.