

SANITATION, SOCIAL INEQUALITY AND URBAN LIFE IN COLONIAL DARJEELING

Shakher Chettri

Research Scholar at Sharda University, SSHSS

DOI: <https://doi.org/10.5281/zenodo.19978557>

Published Date: 02-May-2026

Abstract: Since Darjeeling was a colonial product, it formed part of British policy of imperialism, environmentally and physically fit for the European inhabitants. Since early days, colonial authorities recognized Darjeeling as a natural sanatorium where their sick soldiers could regain their health but over time with the growth of population, migration and tea plantations, the town became a centre of diseases where sanitation became a major concern. Therefore, this paper seeks to explore sanitary policy of colonial Darjeeling. It examines colonial sanitation and healthcare policies as social and political process rather than a genuine technical concern. It analyses municipal administrative policies which shaped urban life in Colonial Darjeeling. This research also highlights how the colonial sanitation and healthcare functioned as tool of social hierarchies, leading to class based segregation. Furthermore it explores the impact of these policies on natives, women and especially on tea labourers, revealing everyday inequalities.

Keywords: Darjeeling, sanitation, indigenous, health, racial segregation.

1. OBJECTIVES

To examine the nature of sanitary policies of colonial rule in Darjeeling

To examine the sanitary policy as a tool of social control

To investigate resistance of discriminatory sanitary practices

2. METHODOLOGY

I have employed qualitative historical methodology based on the analysis of archival and published sources. Municipal proceedings, sanitary reports and district gazetteers along with secondary works are used to examine the development of sanitary policies of the Britishers and its consequences in colonial Darjeeling.

3. INTRODUCTION

Sanitation in colonial Darjeeling was not only a matter of drains, water or hospitals but was associated with social and political power and process. Policies initiated by British colonial powers, governing sanitation and health become an inseparable part of urban space and everyday life. From the late nineteenth century, Darjeeling municipality introduced number of sanitary regulations, ranging from building by-laws to conservancy rules that reflected European way of sanitary measure and influenced indigenous residence and labor classes and regulated the town. However at the same time these measures reinforced existing hierarchies of class and race, making sanitation a tool or mechanism of social ordering and public health. Historians and scholars working on colonial empires, urbanism and medicine, have pointed out that the public health policies in colonial India cannot be understood as purely humanitarian efforts rather they were associated with governance and social control. It is pointed out that the sanitary reforms were introduced to regulate not only disease but also people by shaping their bodies, movements, and every day practices (Arnold, 1993; Bhattacharya, 2012). While, studies of colonial urban development shows that the municipalities did not function as neutral civic institutions. Instead, they played an active role in sustaining racial distinctions and class hierarchies within urban spaces (King, 1976). Seen in this light, it was like a disciplinary system where inspections, regulations, and spatial divisions allowed the state to monitor and

organize urban populations. Building on these insights, this study approaches sanitation in Darjeeling as a form of colonial governance, one that shaped the physical layout of the town, reinforced existing inequalities and structured access to basic resources such as water and health services.

Municipal by-laws, first codified in the year 1860s, required that all the houses have receptacles for refuse, drains to be maintained by the property holders and overcrowding to be avoided in lodging areas but all these rules were enforced unevenly between the natives and European settlers in Darjeeling district. Inspectors patrolled the bazaar, markets and wards far more intensively than the European residential areas, reflecting a colonial preoccupation with the perceived insanitariness of indigenous people, living in the town. The Darjeeling District Gazetteer (1907) remarked that “the bazaar is overcrowded and dirty in spite of constant inspection but European quarter is mentioned in good order” (O’Malley, 1907). In practice, inspections often served to police the conduct of Indian residents while overlooking infringements by Europeans who were tacitly assumed to embody sanitary norms (King, 1976).

Everyday life in urban Darjeeling was designed and structured by sanitary geography. Europeans lived in Mall and surrounding wards which were situated at the elevated ridge which were regularly swept, drained and supplied piped water whereas indigenous, by contrast lived in crowded and lower bazaar areas where waste accumulated and water was polluted. The municipal records of 1892 reveal that the health of the station depended on the cleanliness of the Mall, not of the native bazaars (Sanitary Commissioner for Bengal, 1892). This shows how sanitation was important to protect European space from the threat of native insanitariness. Therefore, sanitation acted as a tool of spatial segregation where Darjeeling town was divided into two half. One was the upper ridge, inhabited by Europeans who believed upper elevated areas to be more sanitized and open to air, therefore it was healthy. The second one was the lower town where the natives were settled with markets, bazaar and labour lines which was very congested and prone to diseases. This also reflects “environmental inequality.”

Sanitary division was also seen in housing. Native dwellings and houses were always condemned by the municipality as unfit for habitation and were often demolished on sanitary grounds, no efforts were made to provide alternative accommodations for displaced once but at the same time, funds were collected for the improvement and ornamentation of European leisure and inhabitant areas such as the Mall. However the natives became homeless and some were relocated to worse areas thus, sanitary cleansing became social exclusion. Sanitary policing also extended to native markets and everyday consumption where the European authorities and municipal inspector seize unwholesome meat, contaminated vegetables from the bazaars and fines them which were not proportionate. Oral testimonies collected from the twentieth century remarks how “the sahibs’ or European officers would throw away food in the name of health” (cited in Banerjee, 2010).

Labourers in the tea garden of Darjeeling town faced another dimension of sanitary inequality. Although the tea estates do not fall under the jurisdiction of municipality, the health of tea plantation workers were closely linked to the people of Darjeeling town, as many labourers visited the markets weekly and many resided in labour lines on the town’s edge. Health related issues of the plantation labors or estates were regulated under the Bengal Plantation Acts, which were to provide planters or workers latrines, clean water but compliance was pitchy. An inspection was carried on in the year 1933 and its report states that “the latrines on most estates are insufficient, filthy and offensive to health” (Sanitary Commissioner for Bengal, 1933). This neglect created conditions suitable for epidemics and wider circulation of diseases between the town people and tea workers. The condition of tea workers became even worst when diseases such as cholera and malaria broke out and labour lines which was often overcrowded, poorly ventilated and inadequately drained, creating an environment conducive to the spread of infection (Sanitary Commissioner for Bengal, 1933; Arnold, 1993). Contaminated water sources and stagnant surroundings also further intensified outbreaks, leading to higher mortality compared to European areas (Bhattacharya, 2012). Therefore, tea gardens functioned as “peripheral sanitary neglect zones,” lying outside effective municipal concern despite their close links with the town. While strict sanitary measures protected European spaces, plantation labourers remained largely neglected, exposing the unequal nature of colonial sanitary governance (Arnold, 1993).

These inequalities were not unchallenged. From the early twentieth century, some native member of the municipal board began to question and challenges these discriminatory sanitary policies. For instance in 1927, one of the native members of the council argued that the bazaar was the heart of Darjeeling and that neglect its sanitation is to endanger the whole town. This was also criticized by the nationalist newspapers, for instance the *The Statesman* in 1932 remarks “the mall is a garden, the bazaar a cesspool and both lie under the same municipal board” (*The Statesman*, 12 June 1932). This critics

reflected broader currents of anti colonial politics in which sanitation became a symbol of inequality under the Colonial rule.

Even women were not exempt from these racial hierarchies in colonial Darjeeling, created by colonial powers. Women in the town were expected to fetch water from standpipes or tanks, bearing the daily burden of the inadequate supply. Even during monsoon seasons queues at standpipes were long. Mission reports from the 1920s describe women waiting “two or three hours to fill a single vessel” (Loreto Convent Mission Report, 1925, cited in Banerjee, 2010). This everyday struggling reflects the burden of inadequate sanitation and healthcare on the part of women making water collection a form of gendered labour which often caused fatigue, physical strain and risk of illness (Banerjee, 2010). However, the European women enjoyed domestic servants who would perform all the households and regular piped water supply. Even festivals and social gatherings also attracted municipal scrutiny in the town. Durga Puja which was celebrated annually would gather large crowds in the bazaar areas but this was described by officials as a sanitary nuisance, in the year 1910, several restrictions were made to stop such gatherings and the use of open space for the celebrations, citing danger of epidemic spread in the town. In the name of health, such restrictions reflected the colonial state’s ambivalence towards Indian cultural practices in urban spaces. Leisure activities of the Europeans around the observatory hill areas, European clubs, Mall, gardens, bandstands and lightning were facilitated by municipal spending and European investments, justifying their contribution towards “healthy creation of residents.”

By the 1940s, these inequalities were increasingly politicized. The native councilors pressed for the redirection and reconsideration of the municipal funds from ornamental projects to bazaar sanitation and water supply. Several new resolutions were adopted and one such resolution was taken, in the year 1944 as that “in those days of nationalist aspirations, the municipality must serve all the citizens equally and not merely the European quarter.’ Wartime shortages and the broader crisis in the colonial state shifted the how the sanitation was framed, not merely as a technical question of drain and water supply but as a political question of justice and rights.

4. CONCLUSION

The sanitary policies imposed on the hill station of Darjeeling was not based on neutral technical intervention but was deeply structured practices that shaped everyday urban life in colonial Darjeeling. By regulating housing, water supply, markets and festivals, the municipality tried to discipline everyday conduct of residents while reproducing a hierarchy of privileges. Europeans enjoyed piped water, clean drains and ornamental gardens while Indian bazaar residents faced surveillance, demolitions and chronic shortages; plantation labourers endured neglect and vulnerability. Yet, it gave rise to provocations, resistance through petitions and press campaigns that led the ground works for new vision of urban citizenship. Thus, sanitation in colonial Darjeeling was not about public health but an instrument of colonial governance that shaped social hierarchies, spatial divisions, and emerging claims to urban rights.

REFERENCES

- [1] Arnold, D. (1993) *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India*. Berkeley: University of California Press.
- [2] Banerjee, A. (2010) *Municipal Governance in Colonial India: The Case of Bengal (1850–1919)*. Kolkata: Progressive Publishers.
- [3] Bhattacharya, N. (2012) *Contagion and Enclaves: Tropical Medicine in Colonial India*. Liverpool: Liverpool University Press.
- [4] King, A.D. (1976) *Colonial Urban Development: Culture, Social Power and Environment*. London: Routledge.
- [5] Loreto Convent (1925) *Mission Report*. Darjeeling: Loreto Convent.
- [6] O’Malley, L.S.S. (1907) *Bengal District Gazetteers: Darjeeling*. Calcutta: Bengal Secretariat Press.
- [7] Sanitary Commissioner for Bengal (1933) *Annual Report of the Sanitary Commissioner for Bengal*. Calcutta: Government of Bengal.
- [8] Sanitary Commissioner for Bengal (1892) *Annual Report of the Sanitary Commissioner for Bengal for the year 1892*. Calcutta: Bengal Secretariat Press.
- [9] *The Statesman* (1932) ‘The mall is a garden, the bazaar a cesspool’, 12 June.