

Contesting the toilet

Colonial discourses, elite protests, and religious sentiments on public sanitation infrastructure in Bombay city

Mrunmayee Satam

BITS Law School

Abstract

Public toilets have always been an intensely politicised site. Focusing on the colonial discourses of a 'contaminated city' and its implications for public health, this paper explores the politics surrounding the construction of public toilets in colonial Bombay City. The paper relies extensively on the Standing Committee and Corporation Committee debates to examine the complex dynamics of the public space, infrastructure, governance, and urban politics. Firstly, the paper traces the development of sanitation policy in the city and highlights how offensive odours, inadequate sanitary infrastructure and urban contamination were identified as the key factors in the spread of diseases at the turn of the twentieth century. Secondly, this paper delves into the protests of city elites against the construction of public toilets in their neighbourhoods, exploring how their concerns over the economic value of their land and the perception of public toilets as 'insanitary' spaces led them to utilize their social standing to influence urban planning and hinder the implementation of essential sanitation infrastructure. Finally, the paper investigates the contentious interplay between religious sentiments and the construction of public toilets in their vicinity, revealing how conflicts arising from the perception of sacrilege and religious sensitivities hindered effective sanitation infrastructure development and public health initiatives.

Keywords

Contaminated City, Sanitation, Bombay, Public Toilets, Urban Planning

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INTRODUCTION

Public toilets, which are often considered as mundane infrastructural units, have always been an intensely politicised site. They reveal a complex interplay of power dynamics, reflecting social hierarchies, power struggles, and urban governance. This paper builds on the works of Henri Lefebvre and Jurgen Habermas, two important theorists of space, society, and public discourse, to critically evaluate the politics surrounding the construction of public toilets in colonial Bombay City. Lefebvre's concepts of the 'right to the city' and 'space as a social construct', along with Habermas's concept of the 'public sphere' and his emphasis on media's role in shaping public opinion, allows us to look beyond space as a physical entity and to consider the socio-economic power dynamics underpinning the construction of public toilets in Bombay.¹

Lefebvre's concept of the 'right to the city' is 'used in the context of practice of urban citizenship, governance, and social and political participation' and it emphasizes equitable access to urban resources, challenging the prevailing inequalities present in urban environments.² The concept of the 'right to the city', when used to examine the construction of public sanitation infrastructure, offers an insight into how different social and economic classes access and experience the built environment. For example, lack of adequate public toilets in congested neighbourhoods occupied by the lower-caste and lower-class populations, reflect the unequal distribution of urban resources. The construction and maintenance of public toilets, or lack thereof, reinforce prevailing unequal distribution of power. Lefebvre's work on the 'space as a social construct' allows us to understand that the location, design, and quality of the public sanitation infrastructure are not neutral decisions but rather outcomes of social negotiations and power structures.³ For example, when the elites in the society protest against the construction of public toilets in the vicinity of their residential areas, it clearly underscore that the spatial arrangements in the city are influenced by social and economic status. The contested nature of public toilets highlights their role as markers of social division and privilege, underscoring Lefebvre's argument that urban spaces are inscribed with meaning beyond the physical realm.⁴ In the writings of Habermas, the 'public sphere' can be seen as a domain of social life for rational discourse and deliberation, where all citizens engage in conversation about common interests.⁵ In the context of public conveniences, the discussions in the public sphere can revolve around ideas associated with public health, hygiene and sanitation, access to public sanitation infrastructure, and urban planning. The discussions and deliberations that emerge are public opinion, and it reflects societal attitudes, cultural norms and stigmas associated with health, cleanliness, and sanitation infrastructure. Thus, the public sphere also raises critical questions about inclusivity and representation in urban planning, design, and production of public health infrastructure.⁶ Furthermore, Habermas's work on the role of media in shaping public opinion is critical to examine how debates on construction of public toilets are framed, affecting the perception of the masses and policy outcomes.⁷

Focusing on the construction of public toilets in twentieth century colonial Bombay city, this paper attempts to make three important contributions. Firstly, the paper traces the development of sanitation policy in the city and highlights how offensive odours, inadequate sanitary infrastructure and urban contamination were identified as the key factors in the spread of dis-

eases at the turn of the twentieth century. Secondly, the paper delves into the protests of city elites against the construction of public toilets in their neighbourhoods, examining how their concerns over the economic value of their land and the perception of public toilets as insanitary spaces led them to utilize their social standing to influence urban planning and hinder the implementation of essential public sanitation infrastructure. Finally, the paper investigates the contentious interplay between religious sentiments and the construction of public toilets in their vicinity, revealing how conflicts arising from the perception of sacrilege and religious sensitivities hindered effective sanitation infrastructure development and public health initiatives.

IDEA OF THE CONTAMINATED CITY

For a large part of the 18th and 19th century, the spatial organization of the city clearly indicated divisions based on ideas of racial segregation, class and caste. The development of sanitation infrastructure in Bombay also reflected a strong racial bias; the colonial state focussed on safeguarding the health of the European population in the 'white town' instead of the natives, who resided in the 'black town'. It was with the frequent outbreaks of diseases such as cholera, plague, amongst others which prompted the colonial state and the municipality to focus their attention on the northern parts of Bombay. To understand the developments surrounding sanitation infrastructure in twentieth century colonial Bombay city, one must examine the contribution of two public health officials in mid-nineteenth century Bombay, Henry Conybeare and Andrew Leith.⁸ Conybeare was the Superintendent of Repairs to the Board of Conservancy in Bombay during the 1850s. In 1852, Conybeare submitted a report to the Board titled 'Report on the Sanitary State and Sanitary Requirements of Bombay'.⁹ In 1864, Leith, who was the Deputy Inspector General of Hospitals, submitted a 'Report on the Sanitary State of the Island of Bombay' to the Board.¹⁰ These reports highlighted the importance of sanitation and public health in government circles and demonstrated the capacity and limitations of colonial sanitation provisions. Along with Conybeare and Leith, figures like Arthur Crawford and Thomas G. Hewlett, who served as Municipal Commissioners during that period, advocated for sanitation reform. These personalities were "deeply influenced by the public health movement gaining ground in Victorian Britain".¹¹ Conybeare and Leith were proponents of the belief that municipal bodies and governments had a responsibility to ensure healthy living conditions for the public. They aligned themselves with British sanitation reformers like Edwin Chadwick and John Simon, sharing similar ideals and aspirations for improving public health and sanitation.¹²

In the mid-nineteenth century, public health officials like Leith focussed on addressing sanitation by dealing with natural factors such as the low-lying nature of land, soil, tides, coast and its pollution by sewage, air, animals, groundwater, disease, fever, bodies, and especially, human water.¹³ In Bombay, sanitation reformers aimed to integrate nature into urbanization efforts. This approach in sanitation linked the city with nature by focusing on what Colin McFarlane terms the idea of the 'contaminated city'.¹⁴ The idea of the contaminated city was based on the miasma theory, according to which 'diseases were associated with poor sanitation and foul odours, and that sanitary improvements were successful in reducing disease'.¹⁵

These unhealthy odours were considered to be the primary reason for illnesses such as cholera, plague, and fevers. The reports submitted by Conybeare and Leith make constant references to ‘cesspools’, ‘noxious matters’, ‘poisonous gases’ and ‘accumulated filth’ in the city; and highlighted the urgent need to address filth and improve civic sanitation infrastructure due to the perceived link between environmental conditions and epidemic diseases.¹⁶ Despite these reports highlighting the need for sanitary reforms and construction of adequate public sanitation infrastructure, the colonial state largely ignored sanitary reforms until the 1896 bubonic plague outbreak in Bombay. “The plague outbreak in Bombay confronted the colonial authorities with their worst nightmare and crystallized latent anxieties about their hold on empire.”¹⁷

During the plague epidemic of 1896 and in the following years, two theories existed side by side: the contagionist theory, which believed that the human body was the main carrier of disease¹⁸, and the miasma theory, which connected the disease’s appearance to local sanitation conditions and asserted that certain places could “catch” the infection. Thus, the measures advocated during the epidemic targeted the urban space and ranged from disinfection to the destruction of the buildings deemed most unsanitary.¹⁹ As knowledge of Pasteur’s discoveries spread, the miasma theory was quickly refuted by the scientific community. However, the miasma approach remained very much present in the practice of the administrators, particularly because of the resistance to measures targeting the bodies during the plague epidemic of 1896.²⁰ The bubonic plague of 1896 thus gave rise to an intense generation of knowledge concerning urban spaces and attempts to transform them with a focus on health and sanitation.²¹ It is important to note here that the ideas of ‘modern town planning’ that began to generate in early- twentieth century Britain also had a significant impact on urban planning in Bombay. The focus of the British government shifted from relying on ‘by-laws and sanitary reform’ to controlling ‘land use and management of whole cities’.²² These ideas when implemented in colonial Bombay city resulted in widespread slum clearance policies, considering the limited financial resources available at the disposal of the local governments. Slum clearance was looked at as a solution to improve the living conditions and to beautify the city. Furthermore, the elite members of the Indian population in the BMC replicated the approach of the colonial state, which resulted in the neglect of the basic health and sanitation needs of the city. Since the early years of the twentieth century, slum clearance resulted in the labouring poor being displaced and forced to seek housing in the other overcrowded and unsanitary neighbourhood of the city.²³

CONTESTING THE TOILET

In 1866, there were a total of 80 public urinals set up in different parts of the city.²⁴ The recruitment of labour in the sanitation services of Bombay Municipal Corporation (henceforth BMC) was starkly defined by a hierarchical categorization that assigned tasks to individuals deemed ‘polluted’ within the caste structure. The BMC relied on the labour of marginalized groups, particularly the *halalkhores*²⁵. The *halalkhores* bore the responsibility of removing human excrement from public thoroughfares and “dry latrines”. The task of night-soil collection was carried out by *halalkhores* employing wooden carts and head baskets, eventually transitioning to iron carts.²⁶ (See Figure 1, 2 and 3) These sanitation workers faced immense challenges as

they grappled with the increasing volume of human waste accumulating on the streets. Subsequently, the waste was transported by train to areas like Sion and Kurla situated to the north of the island city. There, it was mixed with ash and vegetable matter before being dumped into salt marshes.²⁷ The *halalkhores* played a crucial role in maintaining the city's health, and the imperative of maintaining urban cleanliness further perpetuated discrimination and the existing caste hierarchies within the urban social fabric of Bombay.

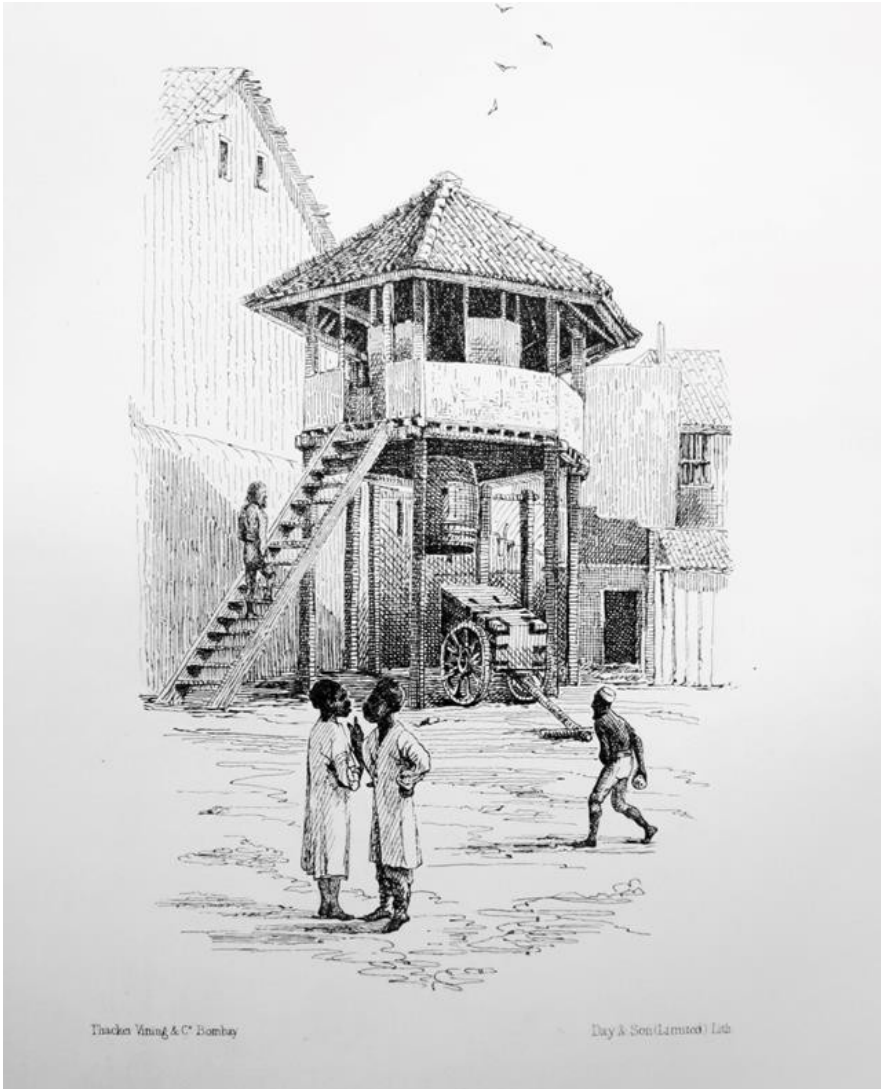


Fig. 1. Old Public Latrine in nineteenth-century colonial Bombay city, erected by Mr. Conybeare in Shaikh Abdool Pack Moodia Street. It was pulled down in 1866 and replaced with an iron latrine.

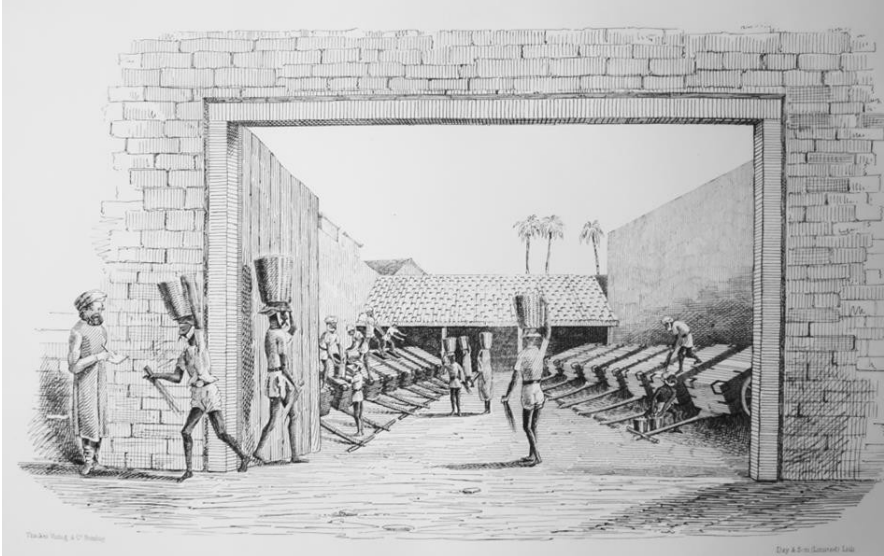


Fig. 2. Sonapore Night Soil Cart Depot.



Fig. 3. Sketch of a halalkhore.

When examining the state of sanitation in Bombay following the plague epidemic of 1896, an anonymous letter addressed to the editor of the *Time of India* in January 1898 provides a historical snapshot of the sanitation challenges faced by the *urbes prima* and offers a poignant critique of the state of public sanitation infrastructure in Bombay. The author expressed concerns about the state of public sanitation in Bombay and criticized the ineffectiveness of the BMC. The author argued that the BMC, primarily composed of individuals seemingly indifferent to the improvement of public sanitation, hampered any aspirations for the 'Sanitary Regeneration of Bombay'.²⁸ In the letter, the author also predicted the worsening of health issues in Bombay due to repeated outbreaks of diseases considering the poor sanitation infrastructure. The author highlighted BMC's failure to provide adequate number of public conveniences in proportion to the urban population, compounded by the absence of efficient sewers in the city.²⁹ In addition, the author also illustrated the filthy habits of the local population. While mentioning about the makeshift huts occupied by the poor in the city, the author described that the inhabitants of the huts used the surroundings as latrines, creating an insanitary and polluted environment. The letter demanded immediate construction of sufficient public conveniences to accommodate the large population of the city and suggested the need to educate the public on decency.³⁰

The anonymous letter particularly highlights the structural deficiencies in sanitation infrastructure – the inadequate number of public conveniences and the absence of proper sewage systems. Taking into account the high mortality rates recorded during the plague epidemic³¹ and the evolving colonial and societal perception regarding health and sanitation within the urban milieu after 1896 in Bombay, there is discernible evidence of escalated priority accorded to the establishment of public latrines and urinals by the municipal authority. Furthermore, drawing parallels to the developments back in England, "public toilets for men in particular became a desirable urban amenity in the 1880s".³² Various legislations related to public health gave "London's municipal authorities the power to provide public toilets in or under streets".³³ Simultaneously, in Bombay, as highlighted earlier in the paper, the colonial administration exhibited a concerted commitment to mitigating the varied challenges arising from deplorable housing conditions and unhygienic localities following the plague epidemic at later the influenza pandemic in 1918. It resulted in the establishment of the Bombay City Improvement Trust in 1898 and the Bombay Development Directorate in 1920.³⁴ The focus of both these establishments was slum clearance and providing housing to the labouring poor in the city. At the turn of the century, the BMC with its limited funds decided to focus on providing for health and sanitation through the expansion of drainage and sewerage networks, construction of public hospitals and public toilets. This renewed emphasis on sanitation and urban hygiene is reflected in the articles published in the *Times of India* and in the Standing Committee and Corporation Committee Resolutions passed in the BMC. Using the cases illustrated in the above-mentioned sources, this paper attempts to highlight the agenda and nature of elite protests, and the impact of religious sentiments on construction of public latrines and urinals in twentieth century colonial Bombay city.

CLASS PRIVILEGE AND CONTAMINATION CONCERNS

A case was taken up by the BMC on 12 October 1913 to debate the proposal of constructing a public convenience on a site in Thakurdwar, which was previously a well.³⁵ Thakurdwar, a neighbourhood located near the local railway station at Girgaon, would see daily commuters travelling to and from work. Messrs. Nanu Hormusji and Co., solicitors, who represented the owners of the properties in front of the site, protested the erection of the public convenience. In their letter to the BMC, they stated, “that their clients owned very valuable properties just facing the site of the proposed latrines” and that their clients will hold the BMC “responsible for all damage arising in consequence of the nuisance resulting from the structure”.³⁶ The clients further added that the public convenience will serve as a refuge for the “vagrants and vagabonds” and peace of the locality will be disrupted.³⁷ In his response to the letter, the Commissioner of the BMC emphasized the need for a public convenience to be erected at Thakurdwar considering the footfall, especially during the peak hours in the morning and evening. Furthermore, he added that there was no other public convenience in the vicinity which could be used by the daily commuters and stressed the importance of public conveniences for Bombay’s public health and sanitation, before dismissing the objections raised in the letter.³⁸

Despite the concerns raised by the Municipal Commissioner, the municipal elites continued to raise their objection. Dr. Dinshaw Master proposed an amendment to build a water cistern instead of a public convenience on the site, as a water cistern would not be considered an “eye sore”³⁹. Hormasji Modi presented another amendment opposing the erection of the public toilet altogether, arguing that public conveniences should be placed in less prominent places like byways, and he believed the site was too prominent. Modi also expressed concerns about the convenience being a nuisance to temple-goers and suggested Tarwadi as a more suitable location.⁴⁰ It is imperative to highlight that Tarwadi in Mazagaon was a congested locality occupied by the lower caste population and was also too far from the site at Thakurdwar. The construction of public convenience at Tarwadi would not prove to be beneficial for the commuters travelling to Girgaon.⁴¹ Furthermore, the opposition was primarily motivated by concerns regarding the value of the property. Also, the residents of Thakurdwar perceived the public convenience as a potential nuisance which would impact the peace and quiet of their upmarket locality.⁴² It echoes apprehensions rooted in social stratification, revealing concerns pertaining to public spaces and their capacity to disrupt established privilege. In addition, to strengthen their opposition, some of the elites brought up religious sentiments, claiming that the proposed public convenience would be too close to a temple and would offend the religious feelings of the majority Hindu residents.⁴³ The religious sentiment argument was merely a smokescreen to hide their true motivations and concerns about the devaluation of their properties.

Cawasji Jehangir Readymoney dismissed the opposition on the religious sentiments’ argument, stating that it was an afterthought. He pointed out that the opposition mainly came from Kothare, a prominent solicitor whose house was situated opposite the proposed site and suggested that Kothare’s personal interests were influencing the opposition.⁴⁴ Readymoney believed the BMC should not take much notice of the opposition and claimed that such public

conveniences were not considered nuisances in England.⁴⁵ On the other hand, Pheroza Shah Mehta discounted the argument that the sanitation of the locality would suffer without the public convenience, asserting that the strong feelings of Indians on religious matters should be respected, and it would be unwise to go against those feelings.⁴⁶ The members elected to the BMC found themselves divided on the issue. Vasant Rao Dabholkar opposed changing the former decision of the BMC, stating that putting up a simple screen could address any religious sentiments concerns. He raised doubts about the genuine representation of the temple's community in the opposition, suggesting that most signatures were from Kothare's relatives and community members. Dabholkar believed the temple itself lacked many municipal requirements and that the agitators were not serving the temple's best interests. He, being a member of the Shenvi⁴⁷ community who owned the temple, claimed that the community at large had no objection to the public convenience being erected on the site.⁴⁸

The Thakurdwar case study serves as an example of the power dynamics in operation within the BMC. The correspondence highlights the privileged standing of the clients, who held the expectation that their social influence and class status would shield them from potential inconveniences and any perceived detrimental impact on their properties. Furthermore, these upper-class agitators raised doubts on the efficacy of public sanitation measures, offering a critique of the BMC's assertion that a public latrine would constitute an amenity. They challenged the BMC's viewpoint by asserting that even well-maintained public lavatories in Bombay, complete with advanced flushing systems, continuous vigilance to forestall uncleanness, were inadequate in mitigating associated health risks and unhealthy odours.⁴⁹

BALANCING RELIGIOUS SENTIMENTS AND PUBLIC HEALTH

In November 1913, during a weekly session of the Standing Committee of the BMC, chaired by Fazulbhoj Chinoy, a series of protests against the building of a public convenience near the Dadysett Fire Temple were brought to attention.⁵⁰ A petition submitted by residents and visitors from the vicinity emphasized the temple's historical significance as the oldest fire temple in Bombay, held in reverence by the Parsi community. "The petitioners submitted that the nuisance reported of was not merely objectionable from the standpoint of sanitation but still more so as it hurt the religious feelings and sentiments of the Parsis."⁵¹ The Commissioner, in his response on the matter, "referred the Standing Committee to a Corporation resolution dated 5 December 1912" indicating that the case had been decided after "the fullest enquiry and consideration".⁵² He emphasized that no new elements, either in terms of facts or arguments, had emerged to justify revisiting the matter. The existing resolution had comprehensively addressed – first, the indispensability of a nearby urinal for public convenience and prevention of potential sanitary issues; second, the significant distance between the urinal and the fire temple premises; and third, the elimination of the unseemly practices that were offensive to the temple's surroundings.⁵³ Cowasji Jehangir also stressed that the individuals raising objections were indeed respectable, but they were not residents nor property owners in the vicinity of the public convenience.⁵⁴

Similar incidence was noted in 1922, related to the presence of a night soil depot, latrines, and *kutchra*⁵⁵ carts near a mosque in Khoja Moholla.⁵⁶ A letter had been received from Sayed Gulam Mahomed Refaie and other residents of the area, drawing attention to the disturbance caused by these facilities. A subcommittee of the Standing Committee addressed the matter, proposing that three latrines adjacent to the mosque would be removed and the wall extended to the street once alternative public latrines, near the depot, were operational.⁵⁷ However, Abdul Kadar Abdulla Haji Daud suggested an amendment, insisting on the complete removal of the night soil depot, latrines, and *kutchra* carts from the mosque's vicinity. He argued that the subcommittee's solution was insufficient and that all sources of complaints should be eliminated. Dr. A. G. Viegas "failed to understand why there should be latrines and night-soil depots near mosques and places of religious worship" and Kanji Dwarkadas "deprecated any action on their part which would hurt the religious feelings of the Mahomedan community".⁵⁸ V. J. Patel had visited the site and had arrived at the conclusion that the BMC 'should not for a moment tolerate the nuisance' and called it "a hell on earth".⁵⁹ Salebhoy Barodawala was of the opinion that a committee should be installed to suggest solutions for eliminating the nuisance and proposed an amendment in this regard.⁶⁰ The Commissioner acknowledged the nuisance at the site and extended his support to the amendment proposed by Barodawala. At the end of the case, Mr. Daud withdrew his amendment in favour of Mr. Barodawala, which was agreed to by the municipal leaders.⁶¹

Amidst the increasing number of complaints against the construction of public toilets near sites of religious significance, the eleventh report of the Public Health Committee in Bombay, dated 11th February 1928, took a specific stance on the removal of public toilets in the vicinity of places of worship.⁶² The decision made on the part of the BMC underscores the pressure felt by local governing body to consider religious sentiments and sensitivities in urban policy making, at the cost of public health. Thus, it becomes essential to critically evaluate the decision taken by the municipality. Firstly, considering the over-crowding at places of worship, it was crucial on the part of the governing bodies to provide for public conveniences in the vicinity. Secondly, the subcommittee that was appointed by the BMC to visit places of worship and assess the nuisance reported that all the site "were kept clean and served a real public need and there were hardly any complaints in respect of them".⁶³ In fact, the sub-committee merely recommended to ensure that the conveniences are kept "scrupulously clean and free from smell at all times of the day" and are regularly disinfected.⁶⁴ Considering the above mentioned points, questions emerge about the role of the BMC in maintaining a balance between respecting religious sentiments and the practical need for prioritizing public sanitation infrastructure. Additionally, the municipal records do not offer any details with regards to alternative provisions made to provide for public conveniences where removal was recommended.

The need for a balance between religious sentiment and the practical need is illustrated in a complaint submitted by Morarji Hurjiwan and others, dated 16 February 1914, regarding the fouling of 3rd Phopalwady Lane, caused by occupants of Bai Jankibai Dharmasala, a charitable institution housing a large number of religious monks.⁶⁵ The letter emphasized that the Dharamsala was located in the immediate neighbourhood of the Bhuleshwar Temple and therefore was easily accessible "to a large number of mendicants and *bairagees*⁶⁶ who flock to Bhuleshwar to seek alms".⁶⁷ Considering the charitable nature of the institution, which was

used by a substantial number of homeless people, the complainant highlighted the paucity of public conveniences on the lane and held both – the Dharamsala and the BMC responsible for the inadequacies related to public toilets and water closets.⁶⁸ In response, the Executive Health Officer acknowledged the inadequacies and proposed the “provision of additional water closets and the construction of a combined flushing urinal in the lane”.⁶⁹ This case underscored the need for collaborative efforts between religious institutions, local communities and the municipality to effectively address issues related to public health and sanitation.

A BIASED DISCOURSE ON UNDERGROUND PUBLIC CONVENIENCES

In 1921, a discourse emerged surrounding the potential implications of underground public conveniences in Bombay, akin to those in London.⁷⁰ The municipal representatives, who largely belonged to elite section of the society, considered overground public toilets to be an ‘eye sore’ and it did not align with their vision of a ‘modern up-to-date city’.⁷¹ Champions of the underground facilities, such as P. J. Murzban and Dr. K. E. Dadachanji, contended that other metropolis, most notably London, had effectively integrated underground systems and urged Bombay to emulate their success. Murzban specifically prioritized the construction of an underground public convenience at Victoria Square (Bhatia Bagh) before the anticipated visit of the Prince of Wales in 1922.⁷² Rather than prioritizing the provisioning of suitable sanitation amenities across the different city wards, they exhibited a fixation on expending substantial sums on the construction of underground conveniences and showcasing a façade of progress to the visiting royals. Notwithstanding, certain municipal councillors opposed the proposition, arguing against the substantial financial outlay and categorizing it as an indulgence. Municipal councillors such as B. N. Motiwala and Dinshaw Master raised a pertinent concern, underlining that while substantial funds were being allocated to posh neighbourhoods for the establishment of such conveniences, densely populated areas occupied by the labouring poor were being disregarded, despite their pressing need for fundamental sanitation amenities. J. A. Wadia considered the proposal “as a waste of money” and stated that “before they talked of London, they should make Bombay a London”.

One of the predominant reasons for the sanitation needs of the poor and the marginalized being ignored was the fact that the labouring class, constituting a majority of Bombay’s population in the first half of the twentieth century barely found representation in the BMC until the early 1930s. The BMC was dominated by the local elites, who resided in the southern parts of the island. Therefore, the nature of intervention made by the BMC towards provision of public health and sanitation infrastructure reflected the “ruling-class notions of the habits and customs of the poor and their perception of the necessary minimum at which the poor could be expected to live”.⁷³ Burnett- Hurst, writing about the unequal sanitary infrastructure in the city, highlights that Bombay which has the highest number of sewers amongst all the cities in the East, did not have a single sewer in the ‘poorer quarters’ until 1925. The sewers were concentrated in the southern and wealthy parts of the city.⁷⁴ The annual administration reports of the Municipal Commissioner and the discussions held by the Corporation Committee and

Standing Committee, were silent on the representation of members from the poorer areas in the municipal politics. Richard Newman and Shashi Bhushan Upadhyay have “acknowledged that the working class was silent and that their voices could only be discerned through the representation of lawyers, journalists, social workers, civil servants, trade union leaders and police reports”.⁷⁵

IN CONCLUSION

In conclusion, Lefebvre’s work on urbanism, planning and space, along with Habermas’ insights into the public sphere, unite to provide a holistic understanding of how ostensibly mundane infrastructural units can emerge as contested spaces. “Urban public space is thus not simply the sum of relationships between forms and practice but is simultaneously a condition for the reproduction of urban everyday life. This space is always also filled with power and ideology.”⁷⁶ With the establishment of the BMC in the late nineteenth century, while the natives had a greater decision making power, there was an evident upper class and upper caste bias visible in the decision making process. The health and sanitation infrastructure established in the late nineteenth and twentieth century colonial Bombay city mirrored existing social inequalities within the urban fabric. The labouring poor and the Dalits did not have access to adequate health and sanitation infrastructure, aggravating social and health disparities.

There is a lack of female voice in the discussions surrounding the construction of public conveniences in twentieth century colonial Bombay city. It was largely the men in the BMC who made decisions regarding the built environment. While the various archival documents mention ‘latrines’ and ‘urinals’, the discourse appears to be entirely voided of any reference to women’s participation or perspective. Furthermore, doubts also emerge if the words ‘latrines’ and ‘urinals’ were used interchangeably. There is no documentary evidence that mentions of separate public conveniences for women. “City planning and infrastructure tends to invisibilize women from public spaces.”⁷⁷ The lack of female voice in city planning and infrastructure not only underscores the cultural norms and stigmas but also highlights the broader challenges women faced in asserting their opinions within a patriarchal set up. While the responsibility of private well-being, nurturing physical health and moral well-being of family members rested on the women, it was the men who exercised control and dominance over the public spaces in the urban environment. The gendered production of sanitation infrastructure underlines the complexity of urban politics in Bombay city. Thus, the paper argues that public toilets were contested spaces in twentieth-century colonial Bombay city, with their planning and construction reflecting broader issues of governance, urban politics, and the reinforcement of socio-economic hierarchies.

Through the lens of public toilets, one can identify larger issues associated with urban planning and development in both colonial and post-colonial Bombay city. The modern town planning ideas that emerged in Britain had a significant impact on colonial Bombay city and have left a lasting legacy on the urban planning and development practices in independent India.⁷⁸ Slum clearance as a core solution for redevelopment of the over-crowded and unhygienic lo-

calities continues to persist in independent India. The implementation of slum clearance policies is accompanied by inadequate compensation and resettlement for displaced urban poor.⁷⁹ This has contributed to the inequitable distribution of sanitation services in present day Mumbai⁸⁰. Even in the present times, the concentration of power at the hands of the wealthy and the lack of adequate representation for the poor and marginalized sections of the society in the municipal politics has resulted in the denial of basic sanitation and health infrastructure to the vast majority of the city's population. The absence of a long-term and inclusive urban planning framework has led to fragmented and ad hoc development. Mumbai will greatly benefit from recognizing and addressing these historical shortcomings, to develop more inclusive and effective strategies to address the public health and sanitation infrastructure challenges that the city is confronted with today.

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DISCLOSURE STATEMENT

No potential conflict of interest was reported by the author.

NOTES ON CONTRIBUTOR(S)

Dr. Mrunmayee Satam works as an Assistant Professor of History at BITS Law School, Mumbai. She completed her PhD from the Centre for Urban History at University of Leicester. Her thesis is titled, 'Governing the Body: Public Health and Urban Society in Colonial Bombay City, 1914-45'. Dr. Satam's research interests include Urban History, Social History of Health and Healthcare, Colonial History and Modern South Asian History.

ENDNOTES

1. Lefebvre, *The Production of Space* and Calhoun (ed.), *Habermas and the Public Sphere*.
2. Vaddiraju, "Urban Governance and Right to the City", pp. 21-22.
3. Lefebvre, *The Production of Space*, p. 27.
4. Ibid.
5. Calhoun (ed.), *Habermas and the Public Sphere*, pp. 1-51.
6. Ibid.
7. Ibid.
8. McFarlane, "Governing the Contaminated City", p. 3.
9. Dossal, *Imperial designs and Indian realities*, p. 125.
10. Ibid.
11. Ibid. Also see, Kidambi, *The Making of an Indian Metropolis*.
12. McFarlane, "Governing the Contaminated City", p. 4.

13. Ibid, p. 9.
14. Ibid, p. 10.
15. Tulchinsky et al, *The New Public Health*, p. 1.
16. McFarlane, "Governing the Contaminated City", p. 10.
17. Kidambi, *The Making of an Indian Metropolis*, p. 54.
18. Kidambi, "An infection of locality", p. 251.
19. Ibid, p. 258.
20. Ibid, pp. 263-64.
21. Parpiani, "Urban Planning in Bombay (1898-1928)", pp. 64-70.
22. Bombay Municipality, *Health Officer's Report*, 1866, p. 11.
23. *Halalkhores* are members of the Dalit community, who are traditionally associated with manual scavenging and sanitation labour.
24. Bombay Municipality, Health Officer's Report, 1866, pp. 9-10.
25. Tindal, *City of Gold*, p. 200.
26. "The Sanitary Regeneration of Bombay", *Times of India* (henceforth TOI), January 24, 1898, p. 5.
27. Ibid. Note: In 1898, there was only one Drainage Engineer in the Municipal Executive.
28. Ibid.
29. Kidambi, "An infection of locality", p. 252.
30. Flanagan, "Private Needs, Public Space", pp. 265-90.
31. Ibid.
32. "Bombay Corporation: Disposal of a Well Site", *TOI*, October 14, 1913, p. 10.
33. Ibid.
34. Ibid.
35. Ibid.
36. Ibid.
37. Ibid.
38. Pradhan, *Untouchable Workers of Bombay City*, p. 6.
39. Bombay Municipal Corporation, Standing Committee Resolution No. 3624, dated September 14, 1913. Supplement to Minutes Book, Standing Committee, Vol. XXXVIII B, 29 August 1913 to 28 May 1914.
40. Ibid.
41. "Bombay Corporation: Disposal of a Well Site", *TOI*, October 14, 1913, p. 10.
42. Ibid.
43. Ibid.
44. Surnames indicate the caste status of an individual in Indian society. *Shenvi* is a Brahmin caste of a lower status.
45. "Bombay Corporation: Disposal of a Well Site", *TOI*, October 14, 1913, p. 10.
46. "Bombay Corporation: A Question of Position", *TOI*, July 11, 1913, p. 8.
47. "Bombay Corporation: Parsi Fire Temple Protest", *TOI*, November 6, 1913, p. 5.
48. Ibid.
49. Ibid.
50. Ibid.
51. Ibid.
52. *Kutchra* is a word used for urban waste.
53. "Bombay Corporation: Prevalence of Malaria", *TOI*, June 27, 1922, p. 10.
54. Ibid.
55. Ibid.
56. Ibid.
57. Ibid.
58. Ibid.
59. Bombay Municipal Corporation, Corporation Resolution No. 14219, dated March 23, 1928. Supplement to Minutes Book, Corporation Committee, Vol. L-A, 19 September 1927 to 23 March 1928.
60. Ibid.
61. Ibid.
62. Bombay Municipal Corporation, Standing Committee Resolution No. 745, dated May 6, 1914. Supplement to Minute Book, Standing Committee, Vol. XXXVIII B, 29 August 1913 to 28 May 1914.
63. *Bairagee* means a recluse.
64. Bombay Municipal Corporation, Standing Committee Resolution No. 745, dated May 6, 1914. Supplement to Minute Book, Standing Committee, Vol. XXXVIII B, 29 August 1913 to 28 May 1914.

65. Ibid.
66. Ibid.
67. "Bombay Corporation: Underground Conveniences", *TOI*, February 15, 1921, p. 12.
68. Ibid.
69. Ibid.
70. Chandavarkar, *The Origins of Industrial Capitalism*, p. 38.
71. Burnett-Hurst, *Labour and Housing in Bombay*, p. 21.
72. Shaikh, "Translating Marx", p. 65.
73. Sharma, A et al, "Understanding Issues Involved in Toilet Access for Women", p. 73.
74. Wildner, "La Plaza: Public Space as Space of Negotiation"

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