

Patrick Geddes

Capitolo del volume "Patrick Geddes in India", edito da Jacqueline Tyrwhitt e pubblicato da Lund Humphries nel 1947, p. 66-75.

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CONTESTI dedicates the Readings section of this issue to the chapter Planning for Health of the book edited by Jacqueline Tyrwhitt "Patrick Geddes in India", published in English by Lund Humphries in 1947. The book is the collection of some extracts from Geddes' Official Reports on Indian Cities in 1915-19. The chapter deals with the topic of health as a result of an adequate environment and relates to the experience of the Diwali Procession at Indore in 1918, as a public health strategy. Although from a different historical moment and context, Geddes reminds us how public health is closely linked to cultural habits, as well as to the correct planning of the city. The ecological transition that we need to do as global society is first of all a question of behavioural changes.

BREADTH OF THOUGHT AND GENERAL DIRECTION are not opposed to specialised thought and detailed work. The clear thinker realises that they are complementary and mutually indispensable. Yet, in the practice of Sanitation and Public Health with its manifold applications and wide social purpose, this generalising spirit has

neither been cultivated nor applied, although it is the urgent need of all cities everywhere.

Diseases are many, and each involves its special inquiries. But while diseases are many, Health is one—the unity of sound mind in sound body. Are we to go on as at present, providing as many remedies as there are diseases, and now drugging, now inoculating each other against them all? May there not be some better way?

Schools of Medicine are as yet still practically destitute of a department for co-ordinating their specialisations; a department concerned with the study of Life in Health. From such a study we should rapidly discover a better application of the Laws of Health in our cities. Health is no Utopia. As biologists know, and as the finer civilisations

Bibliography of Extracts:

I - Town Planning towards City Development. A Report to the Durbar of Indore, 1918 (Part 1, p.16).

II - Report on the Towns in the Madras Presidency, 1915, Cocanada (p.12).

III - Report on the Towns in the Madras Presidency, 1915, Guntur (p.67).

IV - Town Planning in Balrampur. A Report to the Honourable the Maharaja Bahadur, 1917 (pp.36,55)

have at various times magnificently shown us, Health results from living 'the good life', that is a life of normal and full reaction within an adequate environment. Such an adaptation, which has become normal to flower and tree, insect, bird and beast, has grown increasingly harder for man to attain since his social grouping has become larger and more complex (from rural village to crowded industrial city). Yet, even in our most congested cities, examples are never wholly wanting of the highest human perfection of health, vigour, and beauty, at every phase of life from infancy to age. Let medicine and public health study more closely these fine types of health and explain them rationally, instead of merely struggling with the various lapses from health which are at present so much more in evidence.

An important aid to the understanding of health and disease has long been possible in India in the course of its appalling and recurrent famines. While the predisposing cause of disease and death is one and the same—that of deficient food—the resultant diseases are well-nigh endless in their variety, since each suffering constitution is different, and each tends to give way at its weakest point. Indian famine medical returns (like the public health returns of European nations) are scientific in their specialised aspects but insufficient in their

general descriptive science. The starved are thus recorded as dying of many distinct diseases, which of course are really all the results of famine though it is not considered polite to say so. The problem of assuring city health is an ever-growing one and the time is ripe for co-ordination. The values of some degree of co-ordination are already evident in Europe, where, two generations ago, the death rate in European cities was approximately the same as the present death rate in India. Today, as a result of the co-ordination of the work of many specialists, it has been reduced by more than one half.

The lessening of the death rate in Bombay in recent years is an encouraging achievement, but the sanitarian's difficulties in India are increased by the fact that he is often in advance of his effective public. For instance, the horrible disease of Guinea Worm (which invades the tissues of feet and legs) still rages in villages within sight of Bombay although its complete extirpation has been shown by Major Liston to require nothing more than constant, simple, and inexpensive care of wells by the village people themselves (1918).

Similarly, although control of the scourge of malaria has progressed from the empiric use of quinine, through knowledge of the germ and its mosquito bearer, to measures to exterminate the mosquito larvae

(or 'wrigglers') in their breeding places—the water's edge, pools and puddles— wrong measures are still used. It is still quite common to see village reservoirs which have simply been filled up with stones; whereas their banks should have been repaired and the water stocked with larva-eating fish. The many diseases arising from impure water cannot be eliminated by the detection of their specific germ or the concoction of the right serum. The final, effective, and wholesome treatment is that of Hygiene proper in the sense used by Hippocrates in his master work 'On Air, Water and Places'. This depends upon the degree to which we can revive the ancient respect for the purity of water in river and nullah, in pool and tank, in vessel and hand. Such effective action cannot be brought about simply by a diffusion of scientific knowledge as too many of us still believe, since we were all trained at College and University to be intellect-idolators. Emotion is the vital spark necessary to ignite the cold potentiality of knowledge into the flame and energy of desire, will, resolution and deed. This unity of thought and feeling, by which an emotionalised idea is clearly imaged into vision and warmed to aspiration and purpose, is the essential of religion; and correspondingly ethics finds its realisation when emotion kindles thought or vision to action. Tuberculosis, which in our youth was spoken of as a 'hopeless decline', has now be-

come 'one of the most curable of diseases' and there is general agreement that the most timely cure is provided by the 'Open Air Hospital'. This, in plain Indian experience, means sleeping on the verandah and sitting on the chabutra (an outdoor bench), not merely a remedial visit to some distant mountain resort. But how few realise that 'the hygiene of tuberculosis' consists above all in getting everybody a verandah fit to sleep on and a chabutra to sit on? Plague is no mysterious dispensation of malignant powers; it is the normal nemesis of the untidy slum; it is the product of the uncleanly victory of the rat over the housewife. This, of course, is not through her fault but that of our masculine inefficiency as working citizens, business men, city rulers, and state controllers. From child-apprentice and workman, to shopkeeper and barman, and from these to financier and millionaire, city councillor and chancellor, we men are hypnotized by money but have lost sight of economics—the real functioning of life, in real and energetic health, creating real and material wealth. Real wealth can only be created in a life-efficient environment. It is, therefore, primarily bound up with an advancing development of homes and gardens and secondly with due increase of all that they should contain for the maintenance and development of their inhabitants. Ailments of a rheumatic order are partly caused by damp floors and partly by un-

satisfactory nutrition. Pathologists have long been investigating the clinical results of these two causes, but we, as town planners, can remove both. We can avoid dampness by arranging for drier houses placed on more adequate sites as well as built on plinths; and we can provide for better nutrition by the creation of nearby fruit and vegetable gardens. The many diseases of the alimentary system are mainly caused either by the insufficient diet of the poor or by the over-elaborate diet of the rich. Both can be remedied by the wholesale and domestic growing of fruit and vegetables. Besides increasingly superseding drug medicines by fresh air, pure water, and sunlight, town planning aims at a vastly greater production of food. In the Garden City waste matter, which is only impurity and dirt while out of its rightful place, will find its natural outlet in the soil, followed by its natural transformation into renewed fertility. Only by the execution of such positive and vitalised town planning as this can the prevalent diseases of town life be adequately cured. It is true that prejudices exist which hinder greatly, though I have not in practice found much difference between those of the east and the west. While it is true that some 'religious prejudices', which have become 'social traditions', are hard to alter, these can often be disturbed by recalling to life the ancient tenets of each faith. It

then becomes plain that the great Masters—Manu for the Hindus, Tirthankars for the Jains, Zoroaster for the Parsees, Mohammed for his Faithful—never failed to realise the need for purity of all the elements of air, water, earth and fire, and of the human body—or life—in relation to these. It is thus possible to rouse to a renewed consciousness of the vital spirit of their creed, those who continue to oppose the advance of 'public health' measures or, as is more usual, to obstruct by reason of their apathy. For 'public health' demands that cleanliness which is fundamental to all the religions. In this context it is worth while recalling the successful outcome of the Diwali Procession at Indore in 1918. In order to achieve lasting results stimulants of a deeper psychological nature were required to support the material work of the State and Municipality. At Indore a colourful procession (*described on page 63*) was organised, using images of ancient symbolism which expressed the difficulties and hopes of life, its besetting evils and the means of ultimate victory. Thus science, which at first sight appeared to destroy old faiths, was seen to renew and fulfil them. Every ancient discernment of the facts and possibilities of life is still as true as ever and it only needs a vital re-statement, adapted to present conditions, to regain its ancient dynamic power.

NO MODERN EUROPEAN FESTIVAL FULLY corresponds to the New Year festival of Diwali. Our western material festival of 'spring cleaning' has ceased to be connected with Easter—the spiritual festival of renewal and inner purification—of which it was originally the outward part. If this connection between material and moral purification could again be made manifest, health and religion might once more become one, as with every priesthood of the past.

To Europeans, this conception may tend to appear Utopian, despite its historical accuracy. The European sanitationists, and their western-educated Indian colleagues often both forget that in India health and cleanliness are still approached indirectly, from the* standpoint of traditional religion expressed by public festival and personal participation in ritual.

The realisation of this connection might make the New Year festival of Diwali or Pongal a name to conjure with, more potent to eastern ears than contemporary western slogans, such as 'microbes', 'rats' or 'drains'.

In other words, the sanitary service fails to command respect because it appears and speaks too much in the guise of the 'sweepers'—the low and untouchable.

Were it to reconsider its approach and incorporate the idealistic as well as the materialistic cleansing of the Brahman at his best, its influence and appeal would be far more effective.

Diwali is at once the festival of spring cleaning, spiritual purification (as at Easter) and of New Year, so that the potentialities of its effective renewal are very great. In some places observance of this great festival is said to be declining, but it is probable that no old custom in India would be easier to revive because none is more naturally enjoyed and none gives greater immediate satisfaction and reward, especially to the women.

In some towns Municipal cleaning activities have been combined with this festival, but usually only those of carting and sweeping. Greater enterprise on the part of the city authorities might enable this season to be employed for draining, levelling, and removing old broken down and vacated huts, clearing old sites and so on. Even when these are nominally private property, private rights have often long lapsed; and should some former owner turn up, it would be an easy matter to compensate him elsewhere or even to re-instate him.

Here and there a few existing owners will be found who are willing to sell or exchange their properties. Thus, even though the sites acquired in this way will not be contiguous, it is of no matter; they will increase in number from year to year, and compulsory evacuations will diminish.

By means such as these the overcrowding of a village or city street may be abated at trifling cost. When a third- class railway carriage is overcrowded, we do not need to

turn everybody out, much less to tear the whole seating down. By removing a very moderate percentage of the passengers to another carriage, the remainder become comparatively comfortable, and the later removals of a few more will leave them ample space. So it is with die overcrowded area. Such methods lessen, or even avoid, the common practice of reducing the numbers of available houses by demolition, thus increasing the demand for the remainder and raising rents to the tenants' loss.

THE PROBLEM OF THE PASSAGE OF THE sweepers is another that is closely bound up with the maintenance of public health. Where old houses are already built into continuous streets, both caste feeling and sanitary conditions concur in providing access from behind the houses by means of conservancy lanes. These, however, are often proposed as a general rule and established even for new and less crowded development.

The advocacy of such conservancy lanes dates back to the 'by-law' housing methods introduced into English industrial towns in the early nineteenth century, at the dawn of sanitary and housing legislation. The prevalent dreariness, monotony, and cramped backyards of all the later English industrial towns are, indeed, directly due to these by-laws. Later housing and town planning legislation has recognised

that a greater area of garden space around the house is of incomparably greater value to health and amenity than a costly network of unnecessarily numerous streets and sanitary lanes, which become the squalid trackways of an administrative desert.

Where new houses, villas, and bungalows are to stand in their own grounds, the brief daily journey of the sweeper's cart should pass frankly along the main thoroughfare, though each house should be served by a minor side entrance, apart from its main entrance. Would this passage be too much in the public eye? The disadvantage is well compensated for by the higher standard of cleanliness which this involves. Both common sense and experience show that, when a whole road system is specially provided for the cartage of ordure, the system falls steadily and surely to the level of its purpose. When, however, we put the sweepers on to the main thoroughfare both their methods and their standards rise.

Conservancy lanes were first established with the best intentions in the mistaken interest of public health. They have, however, proved a failure in Europe and are no longer incorporated in town development schemes. Even where planners do design conservancy lanes these are now made sufficiently wide and attractive to serve as public footpaths for general circulation.