

Visions of colonial Nairobi: William Simpson, health, segregation and the problems of ordering a plural society, 1907-1921

Abstract:

The 1915 Simpson Report made public health recommendations for Nairobi that were heralded as ground-breaking. Of particular interest to the colonial authorities was Professor Simpson's suggestion to racially segregate Nairobi to prevent diseases said to emanate from its Indian bazaar. Rather than being novel, this article shows that these recommendations were typical of enthusiasm for segregation in other parts of Empire, as well as being in line with earlier health reform proposals for Nairobi. Furthermore, although public health justified racially discriminatory practices for European ends, this was not a predictable story of Indians uniting against segregation and Europeans campaigning for it. Indeed, the debates stimulated by Simpson reveal some disunity amongst Kenyan Indians. Additionally, when segregation plans were dropped in 1921 Indians continued to live in their own sub-communities in Nairobi, indicating that opposition to segregation was as much a symbolic political battle than a cultural necessity.

Key Words: Simpson, Segregation, Indians, Public Health, Nairobi

Colonial Kenya, with its healthy climate, rolling hills and big game hunting has captured popular imaginations. The celebrated 'happy valley' set of the 20s, 30s and 40s were regularly commemorated in fiction, histories and film, and it has only been in the last decade that a more sinister interpretation of European intervention in Kenya has begun to emerge.¹ Rather than being the locus of carefree, if harmless, parties, members of the Kenyan white community were exposed as one of the most violently racist within the Empire.² Kenya has been compared to South Africa in terms of its racial politics and, most recently, the violence and brutality that occurred at the end of the British colonial regime has been laid bare through the works of David Anderson and Caroline Elkins.³

This reinterpretation of Kenya's past has focused on the inequitable relationship between the white colonisers and their black colonial subjects, with less work analysing the diverse Kenyan Asian population, and even less addressing the

¹ *Out of Africa*, Universal Pictures, 1985; *White Mischief*, Columbia, 1987; Lord A. Cranworth, *A Colony in the Making. Or Sport and Profit in British East Africa* (London: Macmillan and Co., 1912); Elspeth Huxley, *White Man's Country: Lord Delamere and the Making of Kenya* (London: Macmillan and Co., 1935); Elspeth Huxley, *The Flame Trees Of Thika: Memories of an African Childhood*, (Harmondsworth, Penguin, 1977)

² Chloe Campbell, *Race and Empire: Eugenics in Colonial Kenya* (Manchester: Manchester University Press, 2007)

³ David Anderson, *Histories of the Hanged: the Dirty War in Kenya and the End of Empire* (New York, London: WW Norton, 2005); Caroline Elkins, *Imperial Reckoning: the Untold Story of Britain's Gulag in Kenya* (New York: Henry Holt and Co., 2005); Caroline Elkins, *Britain's Gulag: The Brutal End of Empire in Kenya* (London: The Bodley Head, 2014)

social history of the colony as a vibrant plural society.⁴ Historical accounts have concentrated on issues pertinent to, or from the perspective of, one community, unwittingly prioritising black/white binaries and rarely describing the complicated dynamics of multiculturalism that occurred consequent to colonialism.⁵ This is despite the fact that, from the early 1900s, black, brown and white people found themselves living in unaccustomed proximity in Kenya, meaning that the negotiation of space became an issue of pressing political concern, especially in the new urban centres. Furthermore, the negative implications of sharing residential spaces were often framed as a public health hazard, with Indians (conveniently categorised together) singled out as the most worrisome transmitters of disease. Segregation—literally dividing cities up into racial zones—was suggested as the best means to order Kenyan cities to counter the

⁴ Recent exceptions include: Sana Aiyar, *Indians in Kenya: The Politics of Diaspora*, (Cambridge, Massachusetts: Harvard University Press, 2015); Anna Greenwood and Harshad Topiwala, *Indian Doctors in Kenya: The Forgotten History* (Palgrave Macmillan, 2015). Other older studies have just looked at Europeans or Asians: Anna Crozier, *Practising Colonial Medicine: the Colonial Medical Service in East Africa* (London: I.B. Tauris, 2007); Dane Kennedy, *Islands of White: Settler Society and Culture in Kenya and Southern Rhodesia, 1890-1939* (Durham: Duke University Press, 1990); Robert G. Gregory, *South Asians in In East Africa: An Economic And Social History 1890-1990* (Oxford: Westview Press, 1993); J.S. Mangat, *A History of the Asians in East Africa, c.1886-1945* (Oxford: Oxford University Press, 1969)

⁵ The exception being Jonathon Glassman for colonial Zanzibar. Jonathon Glassman, 'Slower than a massacre: the multiple sources of racial thought in colonial Africa', *The American Historical Review*, 109.3 2004, pp.720-754; Jonathon Glassman, *War of Words, War of Stones: Racial Thought and Violence in Colonial Zanzibar* (Bloomington: Indiana University Press, 2011)

perceived pathological threat presented by its Indian inhabitants.

The focus of this article is a public health report published in 1915 by William Simpson that called for the segregation of Nairobi, particularly laying the blame for the poor public health situation of the city at the feet of the city's relatively large and diverse Asiatic population. The Indian bazaar was singled out as the cradle of Nairobi's disease problems, because of the alleged Indian tendency to live in crowded conditions with little attention to hygiene. Simpson's *Report on Sanitary Matters in the East Africa Protectorate, Uganda and Zanzibar*, did not constitute anything more than a recommendation, but it nevertheless became an authoritative statement of medical expertise. Despite the fact that Simpson's segregation plan was ultimately rejected, the report was regularly cited as exemplary, in both East Africa and the British parliament, until the 1930s.⁶

In the medical history of colonial segregation, Maynard Swanson's elucidation of the 'sanitation syndrome' is still as powerful now as it was forty years ago in terms of showing how discourses of public health were used to justify racially discriminatory town planning practices.⁷ Certainly, when examining the Simpson

⁶ W.J. Simpson, *Report on Sanitary Matters in the East Africa Protectorate, Uganda and Zanzibar*, (London: HMSO, 1915).

⁷ Maynard W. Swanson, 'The Sanitation Syndrome: Bubonic Plague and Urban Native Policy in the Cape Colony, 1900-1909', *Journal of African History*, 28.3, 1977, 387-410, p.387; See also: Maynard W. Swanson, 'The Asiatic Menace': Creating Segregation in Durban, 1870-1900', *International Journal of African Historical Studies*, 16.3, 1983, 401-421.

Report, Swanson's elucidation of the 'sanitation syndrome' in South Africa could be said to be applicable to Kenya—although few contributions to the scholarship have made the connection.⁸ However, while this article will show how the 'sanitation syndrome' underpinned recommendations for the practical arrangement of Nairobi, it also aims to do something more. After providing the contextual setting describing colonial Nairobi and the content of the Simpson Report, the article will make three points. First, it will show that the Simpson Report contained few recommendations in it that were new. In fact, most of its content echoed recommendations made for Nairobi, almost a decade before, and were in step with public health recommendations throughout Empire.⁹ Second, it makes the point that power and decision-making did not always operate via racially predictable avenues during the colonial encounter. Instead showing how the segregation story, as it played out particularly in Nairobi amongst the European and Indian communities, exposes important racial nuances within colonial discourses that have hitherto largely been left unexplored.¹⁰ Third—and as a subsidiary point—the argument is made that for many Indians, fighting

⁸ One of the few to discuss segregation in Nairobi is Godwin R. Murunga, 'The Cosmopolitan Tradition and Fissures in Segregationist Town Planning in Nairobi', *Journal of Eastern African Studies*, 6.3, 2012, 463-486

⁹ George Bransby Williams, *Report on the Sanitation of Nairobi* (London: Waterlow, 1907)

¹⁰ Murunga has provided a starting point on segregation in Nairobi but does not examine the Simpson Report, nor analyse what segregation represented beyond buttressing settler power via medical rhetoric. Godwin R. Murunga, "Inherently Unhygienic Races": Plague and the Origins of Settler Dominance in Nairobi, 1899-1907', in Salm and Falola, eds, *African Urban Spaces*, 98-130.

segregation was more a point of principle than necessity in terms of changing the way they lived. This insight provides important nuance when considering the political battles of the large Indian immigrant community, exposing the rifts between the way it rhetorically presented itself and the quotidian reality of its social arrangement. The final two points can act as a cautionary reminder to historians of the problems inherent in grouping people of shared skin colour together in terms of social and political responses, or assuming that publically articulated rhetorical stances necessarily reflect lived experiences on the ground.

Kenya and Nairobi before 1921:

To set the scene for Simpson's segregation plans it is necessary to describe colonial Kenya generally and Nairobi specifically. Kenya, known as East Africa Protectorate until 1920, was taken over by the British Imperial East Africa Company in 1888 and came under British Government rule in 1895. The country was regarded as a prime location for British expansion, with a more temperate climate than West or Central Africa, good trading connections via the Indian Ocean with the Indian subcontinent, and relatively good land for agriculture.

As few early statistics exist it is difficult to accurately enumerate the demographic constitution of Kenya during its first decades under British rule, although certainly by 1910, the urban centres and the Swahili coastline were cosmopolitan in character. From 1900 Europeans were systemically encouraged to move to Kenya through an attractive land grant scheme, to the extent that by 1920 'practically all

land in Kenya capable of cultivation' had passed into European ownership.¹¹ It was through this incentivisation that many prominent figures came to live in Kenya, such as the life peer Lord Delamere who, during the first two decades of Kenyan colonial history, became the most vocal defender of white settler rights.

Early figures for settlement vary, but the 1921 census estimated that the European population of Kenya was 9,651, about a third of whom lived in Nairobi or its suburbs. Situated against the indigenous African population, this community was tiny ('no more equal to the population of a large street in a European city') despite the proportion of political influence wielded by the British.¹² It was perhaps precisely because of European anxieties over their dominance that, during the first half of the twentieth century, the European settler community became one of the most vocally racist of the British imperial communities.¹³

Added to the small, but growing, European population was a larger, and more rapidly growing, Indian one. Indians had been immigrating to Kenya with increasing regularity since 1895 and, although no official census was taken of the

¹¹ Norman Leys, *Kenya* (London: The Hogarth Press, 1924), 140-141. It is worth noting that Leys was talking specifically of the Kenyan Highlands and there was much cultivatable land in Kenya not in western hands, so this statement is on face value more dramatic than the reality.

¹² *Ibid.*, 140

¹³ Campbell, *Race and Empire*; see also Will Jackson, *Madness and Marginality: The Lives of Kenya's White Insane*, (Manchester: Manchester University Press, 2013) who shows that economic vulnerability accounted for some of the radical positions of the white settlers.

Indian population during the first decades of British rule, estimates place the population as growing from under 5,000 in 1895 to over 90,000 in 1948.¹⁴ Most of the Indians were traders, artisans or lower level administrators but educated professionals, particularly doctors and lawyers, also joined the migratory cohort. Initially, the British government had actively promoted Indian settlement in Kenya, claiming the Indian community to be 'friendly, loyal and helpful to Government' and stressing the benefits of Indian residency for the local economy and also in terms of easing population pressures in India.¹⁵ This supportive stance became progressively eroded, however, through the accession to the Governorship of a series of leading administrators who favoured the views of 'energetic and aggressive' anti-Indian European settlers (many of whom owned land in or around Nairobi) such as Lord Delamere, Lord Francis Scott and Colonel Ewart Grogan.¹⁶ The articulation of growing anti-Indian resentment came to a head after World War One when a damning report on the economic condition of the colony was published. The authors recommended, amongst other things: a complete halt to

¹⁴ Greenwood and Topiwala, *Indian Doctors in Kenya*, 24

¹⁵ British Library (hereafter BL) /IOR/L/PJ/6/1729 file 266 August 1918-March 1925 Policy of Race Segregation throughout British East Africa, Report of a Speech by Mr John Ainsworth, Chief Commissioner of Native Affairs in East Africa, Extract from *Bombay Chronicle*, 2 September 1920; Frederick D. Lugard, *Rise of Our East African Empire* (London: Blackwood and Sons, 1893) cited in Robert G. Gregory, *India and East Africa: A History of British Race Relations within the British Empire, 1890-1939* (Oxford: Clarendon Press 1971), 49-50

¹⁶ BL/IOE/7/1263 Indians in Kenya: Some Correspondence with Mr A.M. Jeevanjee of the East African Deputation, Letter from A.M. Jeevanjee to Viscount Milner, Secretary of State for the Colonies, 4 August 1920

Indian immigration, the severe limitation of Indian representation in local government, and the debarment of Asiatics from jobs in the higher grades of the civil service.¹⁷ This indictment coincided with the growing political rhetoric that declared the expansion of African rights as the first duty of the post-World War One colonial government. While this seemed to signal progress for the African majority, the new vision of racial priorities paid no heed to the complex plural society of Kenya and factored no place in its newly racially inclusionist plans for expanding Indian rights.¹⁸ The crescendoing of anti-Indian attitudes finally culminated in the 1923 Devonshire Declaration, which formally denied Kenyan Indians enfranchisement.¹⁹

Nairobi:

In 1899 Nairobi started its life as a temporary railway depot located in a marshy central position along the line of the Uganda Railway, which the British were due to build from Mombasa, on the Kenyan coast, to the shores of Lake Victoria in Uganda. It was a direct corollary of this massive railway project that the site

¹⁷ BL/IOR/L/PJ/6/1718 Appointment of Commission by H.C. Belfield, Economic Commission Report (Nairobi: Swift Press, 1919).

¹⁸ Greenwood and Topiwala, *Indian Doctors in Kenya*, 117-120.

¹⁹ BL/IOR/L/E/7/1263 Indians in Kenya: Letter from A.M. Jeevanjee to Viscount Milner, Secretary of State for the Colonies, 4 August 1920. On the 'Indian question' see: Diane Wylie, 'Confrontation over Kenya: The Colonial Office and Its Critics, 1918-1940', *Journal of African History*, 18.3, 1977, 427-447; Christopher P. Youé, 'The Threat of Settler Rebellion and the Imperial Predicament: The Denial of Indian Rights in Kenya, 1923', *Canadian Journal of History*, 12, 1978.

quickly became home to a large number of Indian indentured labourers.

In public health terms, Nairobi was a surprising location for a new capital. The site was notoriously swampy (with mosquitoes in alarming evidence), and Nairobi's remote inland location meant connections to other parts of the country were poor. Colonial governors were so concerned about the issue that, between 1902 and 1906, they commissioned a series of reports investigating whether the capital should be moved, given its unhealthy location. After extensive debates, it was finally decided in 1907 that the re-siting of the capital would be 'outside the bounds of practical politics' and was therefore undesirable.²⁰ The issue continued to prompt debate until the 1930s.²¹

Nairobi officially became the seat of the British government in 1905, meaning that it was home to the Governor who ran the country under the direction of the Colonial Secretary in London with the help of his local Legislative and Executive Councils. Since 1901 the Nairobi Municipal Council (known until 1919 as the Nairobi Township Community) was additionally convened to decide on city management. Although there was no direct African representation of any of the governing councils until 1946, provision was made for the Governor to nominate

²⁰ Williams, *Report on the Sanitation of Nairobi*, 2-4, 4.

²¹ R. Ward, Letter to the Editor, 'The Nairobi Swamp', *The East African Standard*, 29 September 1934, 34; K.V. Adalja, Letter to the Editor, 'The Nairobi Swamp', *The East African Standard*, 29 September 1934, 34-35; 'The Malaria Menace to Nairobi', *The East African Standard*, 8 May 1935, 33.

one or two Indians to the Legislative Council prior to 1924 and one member to the Executive Council from 1920 onwards. Indians gained the right to have elected representatives for the first time in 1924, but boycotted the elections on grounds of their lack of parity with Europeans as affirmed in the 1923 Devonshire Declaration. Indians had also had been granted limited representation on the Nairobi Municipal Council, although because they were 'dissatisfied with the proportion of seats offered to them' it was said that they regularly 'refused to sit': a decision which harmed Indian representation during the crucial debates that occurred between 1919 and 1924.²²

On the other side of the political spectrum, European officials and settlers dominated local and national political affairs from Nairobi. They made up the majority on the governing councils and the settlers, additionally, founded their own Nairobi-based representative group: the Planters' and Farmers' Association. By 1905 the association was re-modelled as the Colonists' Association with Lord Delamere as President.²³

This is not to say that the Indian community was politically lethargic. The first Indian Association was founded in Mombasa in 1900 and, in 1914, the East African National Congress (EAINC), was founded by Alibhai Mulla Jevanjee

²² S.H. La Fontaine (with J.H. Mower), *Local Government in Kenya: its Origins and Development* (Nairobi, Dar es Salaam and Kampala: The Eagle Press, 1955), 32.

²³ *Ibid.*

(1856-1936).²⁴ Jevanjee became noteworthy in the segregation story as the lead voice in the EAINC campaign against Simpson's proposals. Although this paper shows that Indians were not always united, 'Indians', despite caste, professional or religious differences, did organise themselves under this general collective category when it proved to be politically expedient to do so.

Thus two, albeit unequal, factions emerged in the political landscape of young Nairobi, with the third, and largest, group—Africans—largely politically silent because few had the education or training to effectively challenge medical and legal arguments advanced by the colonial administration. This racial dynamic was reflected in the urban arrangement in the new city. Africans were brutally discriminated against in Nairobi town planning, not least as no formal provision was made for any African housing in Nairobi before 1919.²⁵ There were some examples of Africans owning property on the outskirts of Nairobi, but these were

²⁴ W.M. Ross, *Kenya From Within: A Short Political History* (London: George Allen & Unwin, 1927), 167

²⁵ The inability of the Africans to be heard in town planning decisions is evidenced by the secret and forced removal of the Somali village in 1917 from Ngara, near central Nairobi, by Medical Officer Clearkin. This event, undocumented in the historiography, illustrates how enforced evacuation was used as the most effective remedy for plague, putting the clearance of the Indian bazaar into context. Rhodes House Library, Oxford MSS.Brit.Emp.r.4 Peter Alphonsus Clearkin, *Ramblings and Recollections of a Colonial Doctor 1913–58*, Book I, (Durban: unpublished, 1967), 103-109. In contrast, important work on the agency of some urban Africans in Nairobi has been uncovered by Luise White, *The Comforts of Home: Prostitution in Colonial Nairobi*, (Chicago, London: University of Chicago Press, 1990)

exceptional cases, usually after the 1920s. In the early period before World War One, despite the lack of official support, the African population of Nairobi was estimated at about 12,000 'temporary residents' (a group which included servants and prostitutes).²⁶ Although a numerically much smaller group, more space—and nicer space—was given to the European residents of Nairobi, while Indians operated in a middle space: regarded as socially above Africans, but inferior to Europeans. Pragmatically recognising their importance in the economics of the city, those classed as Indian were allowed to own business premises in Nairobi's commercial area, although they were not allowed to live in the 'choicer, higher and more extensive' areas open only to Europeans. As contemporary commentator Norman Leys pointed out: the 2,235 Europeans living in Nairobi had a generous 2,700 acres in which to arrange themselves, whereas in the Indian Bazaar 'some 4,300 souls, the great majority of them Indians, live on a space of seven acres.' As pointed out by the Goan Councillor, Campos, in 1920, it was no small irony that Indian Nairobi residents paid higher taxes and yet had considerably less space and sanitary infrastructure.²⁷ Nor was it coincidence that the act of moving the Indian bazaar would open up highly profitable land in a key central Nairobi location, for development. It is against this dynamic multicultural context, negotiating rights and space within the new urban capital of Nairobi, that Simpson's report was borne.

²⁶ Norman Leys, *Kenya*, 272-273; The Nairobi city map at the end of the Simpson Report shows the African area on the North Eastern periphery of the city. Simpson, *Report on Sanitary Matters in East Africa*, 54. For lives of prostitutes see White, *The Comforts of Home*

²⁷ *Ibid.*, 270-272

Nairobi, public health and the 1915 Simpson Report:

Despite his prominence at the time, little has been written about the role of William John Simpson (1855-1931) in drafting some of the most influential urban public health proposals within the British Empire.²⁸ The East African report was commissioned by Henry Belfield, Governor of Kenya (between 1912-17), under pressure from the Colonial Office to take assertive action towards the public health crisis that threatened the colony. Professor of Hygiene at King's College London, Simpson was well known to the Colonial Office as a sanitary expert, having undertaken numerous health surveys of other British dependencies such as Calcutta, South Africa, Hong Kong, Singapore and the Gold Coast.²⁹

By the time of Simpson's appointment in 1914, public health issues in Nairobi were critical. One Medical Officer, Bertham Cherrett, described the city as 'a huge evil smelling swamp', thereby pithily summarising concerns regularly voiced since 1900.³⁰ Significantly, in terms of the emphasis of this paper, Indians loomed large

²⁸ A little has been written about Simpson's Calcutta experiences by Mark Harrison, *Public Health in British India: Anglo-Indian Preventative Medicine, 1859-1914* (Cambridge: Cambridge University Press, 1994), 213-18. See also: Greenwood and Topiwala, *Indian Doctors in Kenya*, 79-82.

²⁹ W.J. Simpson, *Cholera in Calcutta in 1894 and Anti-Choleraic Inoculation* (Bengal: General Government Report, 1895); W.J. Simpson, *Hong Kong: Report on the Causes and Continuance of Plague in Hong Kong, and Suggestions as to Remedial Measures* (London: Waterlow, 1903). W.J. Simpson, *Report on the Sanitary Condition of Singapore* (London: Waterlow, 1907); W.J. Simpson *Sanitary Matters in Various West African Colonies and the Outbreak of Plague in the Gold Coast*, (London: HMSO by Darling and Son, 1909)

³⁰ BL/IOR/L/E/7/1263 Letter from Dr Cherrett to Nairobi Town Clerk, 6 October 1913

from the beginnings of the city in terms of the blame that was laid at their feet for public health crises. As early as 1900, a report by Colonel T. Gracey of the Whitehall-based Railways Committee, revealed shock over the squalor in which the railway working communities lived. Gracey's call for the improvement of the housing, sanitation and drainage of Indian residential areas was the first formal statement of the public health needs of the colony specifically focussing on one racial group.³¹ The trend continued, however, and two years later, a government medical officer described the site of Nairobi as being one of 'total unsuitability', particularly the area where the Indian railway subordinates resided.³²

The colony's first major outbreak of plague in 1902 further bolstered the growing connection made between Indians and disease in Nairobi. Although not large by epidemic standards, the 1902 plague outbreak resulted in sixty-nine cases, the majority of whom died (between 50-60), and was a prominent enough event to worry the colonial authorities.³³ Plague had long associations with India, so it was in keeping with popular expectations when its origins in Nairobi were directly traced to the bazaar. Perhaps ironically, it was an Indian, Rosendo Ribeiro (one of the first Goan doctors in Kenya), who notified the authorities that the Indian Bazaar

³¹ Cd. 670, Correspondence respecting the Uganda Railway, 1901, Report by Colonel Gracey on the Uganda Railway, 14.

³² Wellcome Library Archives (hereafter WLA) MS 6807/24 Dr Sieveking, Dr W Radford, Dr D.L. Falkener and Dr A Spurrier, Report on the Sanitary Aspect of the Site of Nairobi Township, 1902

³³ Williams, *Report on the Sanitation of Nairobi*, 3

housed the Nairobi plague.³⁴ The ever racially divisive Governor, Charles Eliot, was quick to seize on this information and publically blamed Indian bazaar traders for its spread, further cementing associations that were to endure throughout the colonial period.³⁵

The situation was so bad that in 1902, Medical Officer, Alfred Spurrier, ordered that the street on which the Indian bazaar was situated be burned down. The blame Spurrier attributed to the Indian community was unambiguous. The bazaar, he stated, 'reproduced the worst features of an old densely crowded city of the East' and housed 'hundreds of people of most uncleanly habits who loved to have things so, and were so let'.³⁶

It is in this context, explicitly blaming Indian urban residents for the spread of disease, that the Colonial Office in London declared their urgency to obtain 'the services of an expert authority on tropical sanitation, who could visit the Protectorate and examine on the spot the grave problems' faced by the local

³⁴ A.D. Milne, 'Memorandum on the History of the Plague in the East African Protectorate', Appendix I in Simpson, *Report on Sanitary Matters in East Africa*, 77-79, 77.

³⁵ Cd. 1626, *Report by His Majesty's Commissioner on the East African Protectorate*, London, HMSO, 1903, 13; Simpson, *Report on Sanitary Matters in East Africa*, 22; the Indians' 'incurable' repugnance to hygiene was officially articulated in BL/IOR/L/PJ/6/1718 Economic Commission Report, Nairobi, Swift Press, 1919, 21

³⁶ Simpson, *Report on Sanitary Matters in East Africa*, 22-23.

administration.³⁷ Simpson, whose six-month visit it was estimated would cost £1,500, was expensive to employ, but this expense was considered justified because of his similar commission to Ghana in 1908, which had been celebrated for its successes in facilitating a 'striking improvement in the health of the European community' there. Simpson was also regarded as 'one of the foremost authorities on bubonic and pneumonic plague' which had clear relevance for Kenya.³⁸

Recently turned 60 when he arrived in East Africa, Simpson's brief was broad. He was to assist 'the local government with his advice' and to report on 'the form which the sanitary policy should take'.³⁹ Over the course of his trip, Simpson made 'exhaustive enquiry into the towns of Mombasa, Nairobi, Nakuru and Kisumu and visited other important commercial and governmental sites with the Principal Medical Officer'.⁴⁰

The report extended to almost a hundred pages, including extensive appendices, and laid out Simpson's vision and recommendations for a healthier East Africa. To move forward in public health Simpson recommended four main changes, namely: the establishment a Sanitary Board, the drafting of a new Public Health Ordinance,

³⁷ National Archive (hereafter NA)/CO/533/117 Colonial Office, Kenya Original Correspondence, Despatches, Memo Colonial Office to Treasury 15 March 1913

³⁸ *Ibid.*

³⁹ *Ibid.*

⁴⁰ *Annual Medical Report East Africa Protectorate*, (Nairobi: Government Printers, 1913), 18.

the appointment of Government executive officers to administer the townships of Mombasa and Nairobi and, firmly and unequivocally, the need for residential segregation between European, Asiatic and African races.⁴¹

Segregation, as presented in the Simpson Report, was a progressive measure, one that should be implemented 'in the interest of each community'.⁴² Its efficacy was premised, Simpson argued, on two central arguments in the public interest. Firstly, dividing dwellings by race created a situation that was more convenient for people of diverse cultural habits. As he expressly stated: 'it has to be recognised that the standard and mode of life of the Asiatic do not ordinarily consort with the European, whilst the customs of Europeans are at times not acceptable to the Asiatics.'⁴³ Secondly, the arrangement was presented as a fundamental to reduce disease transmission and therefore was key for the health of the colony. The scheme was simple:

'in every town and trade centre the town planning should provide well defined and separate quarters or wards for Europeans, Asiatics and Africans...and that there should be a neutral belt of open unoccupied country of at least 300 yards in width between the European residences and those of the Asiatic and African.'⁴⁴

⁴¹ Simpson, *Report on Sanitary Matters in East Africa*, 9

⁴² *Ibid.*, 53

⁴³ *Ibid.*, 9

⁴⁴ *Ibid.*, 9-10

The diseases that were to be prevented through this zoning were named as dysentery, malaria, yellow fever and smallpox, although it is noteworthy that they were superficially mentioned with no supportive discussion presented of how medical research into their transmission directly supported the policy. The link between zoned city planning and public health was presumed medically robust and non-contestable, without the need for supporting evidence.⁴⁵

In accord to dominant discourses, the report identified the Indian bazaar as the font of Nairobi's ill health. Simpson explained how this market place was problematic because of Asiatic 'habits of overcrowding and uncleanness'.⁴⁶ The solution Simpson recommended was that the bazaar should be 'demolished and removed'.⁴⁷ Notably the report, although advocating segregation for African people too, made less detailed comments about Africans' apparent public health threat. Africans were actually characterised as 'cleanly' in contrast to the 'constitutionally unclean Asiatic'.⁴⁸

⁴⁵ J. W. Stephens and S. R. Christophers, 'The Segregation of Europeans' in Royal Society of London, Reports to the Malaria Committee, (London: Royal Society, 1900-03); S.R. Christophers and J.W. Stephens, 'The Native as the Prime Agent in the Malarial Infection in Europeans', *Further Reports to the Malaria Committee of the Royal Society* (London: Harrison and Sons, 1900).

⁴⁶ Simpson, *Report on Sanitary Matters in East Africa*, 22.

⁴⁷ *Ibid.*, 51

⁴⁸ *Ibid.*, 22.

Despite Simpson's grand claims for the universal benefit of his segregative policy, his pro-European priorities were barely disguised. Simpson explicitly blamed the 'pouring' in of Indians into the country as a key reason why town planning needed such attention. Segregation, Simpson tellingly revealed, would be 'for the *European* the...first essential in any town planning scheme'.⁴⁹ There was no equivalent rhetoric justifying it in terms beneficial to the Indian community. With the right management, Simpson hoped Nairobi could become a beacon 'European town' at the centre of a 'European district in the highlands'.⁵⁰

The economic benefits these changes would bring to the European community were also barely hidden. When explaining the need to remove the bazaar to the edge of the city, Simpson revealingly mentioned that this action would free up 'one of the best situations in the commercial part of Nairobi'.⁵¹ There was no consideration of using the salubrious European areas of the Hill or Parklands for Indian use. What-is-more, after demolition and clearance, the land that had housed the bazaar could then be 'included in the European area'.⁵² A few of the houses 'belonging to Indians of a better class' would be allowed to remain, but the majority of Indian traders were to be relocated to areas on the outskirts of the city.

⁴⁹ *Ibid.* (my italics), 10. Furthermore, this neutral zone should create a 300m buffer between the Indian community and Parklands, which was the most exclusive European areas in Nairobi. See also *Ibid.*, 52.

⁵⁰ *Ibid.*, 54.

⁵¹ *Ibid.*, 51.

⁵² *Ibid.*, 52.

In Simpson's utopian Nairobi, the city would be split into areas North and South of the river—with Indians located in the North, particularly near Ngara and Kiambu Roads and European residences and business quarters on the South side. Any existing shops, houses or offices belonging to Indians in the European area would be allowed to remain so long as they were of 'a high-class character.'⁵³ Simpson revealed his vision for a Europeanised Nairobi, stating that: 'Such an arrangement gives the only chance for the unfettered expansion of the European quarter if Nairobi is going to become the large and important city that it promises to be.' Furthermore, he warned, time was short. If the colonial government did not act with urgency then the Asiatic population would only increase and the plan undertaken later would be 'much more difficult and costly'.⁵⁴

Precursors to the Simpson Report:

The report, since described as Simpson's 'most sophisticated defence of residential segregation yet' was presented at the time of its authorship as heralding a sea change in the public health of East Africa. Simpson himself claimed that it marked the 'inauguration of a new policy in health matters'.⁵⁵ The colonial government was also very pleased with its recommendations, citing it as the basis of segregation's first dramatic entry into the legislature of East Africa with

⁵³ *Ibid.*, 53.

⁵⁴ *Ibid.*, 53.

⁵⁵ Carl H. Nightingale, *Segregation: A Global History of Divided Cities* (Chicago and London: University of Chicago Press, 2012), 181; Simpson, *Report on Sanitary Matters in East Africa Protectorate*, 4.

the proposal of the 1918 Segregation of Races Act. However, contextually analysed, the Simpson Report seems far less novel than its supporters claimed. Not only did it play into an established local link, which blamed the Indian community for disease, it also fitted in with broader discursive trends throughout the British Empire.⁵⁶ The language of public health was one of the few socially acceptable ways whites could justify their behaviour against other races, so in those terms, it was a well-rehearsed and predictable language.⁵⁷ Furthermore, most of the advice within the report was entirely in keeping with recommendations Simpson had made for other colonial dependencies, most notably echoing a stance he had championed four years earlier in Accra in 1909.⁵⁸

Most powerfully countering these claims to originality, this was not the first official investigation into the public health of Nairobi. In fact, in 1906 a well-respected Welsh civil engineer and sanitary advisor, George Bransby Williams (1872-1954) had already been commissioned to undertake an extensive investigation into Nairobi's public health.⁵⁹ The similarities between the recommendations made in

⁵⁶ Murunga shows the association between plague, Indians and disease in the early Nairobi.

Murunga, "Inherently Unhygienic Races" in Salm and Falola, eds, *African Urban Spaces*, 98-130.

⁵⁷ To look at the way whites similarly justified colonial violence as not being racist see Brett Shadle, 'Settlers, Africans, and Inter-Personal Violence in Kenya, ca 1900-1920s', *International Journal of African Historical Studies*, 45.1, 2012, 57-80.

⁵⁸ Published as: Simpson, *Sanitary Matters in Various West African Colonies*. He also would have seen segregated societies in South Africa and, to a lesser extent, Calcutta.

⁵⁹ Williams, *Report on the Sanitation of Nairobi*.

Williams' *Report on the Sanitation of Nairobi*, 1907 and those made by Simpson eight years later are striking. Both reports drew on expert advice contracted by London, and both reports were based on evidence garnered via a six-month tour of the East Africa Protectorate. Additionally, both Williams and Simpson had the same mandate (even if Simpson's was country-wide and Williams was just for the capital): namely to make economically feasible suggestions to improve sanitation. Both made substantive recommendations to improve the drainage and sewerage of Nairobi and both stressed the need for public health legislation.

Foreshadowing Simpson, Williams targeted the Indian Bazaar as the seedbed of Nairobi's public health headaches. The 'offensive, overcrowded and unsanitary' bazaar, in Williams' estimation, was in 'so unsanitary a state as to be a constant menace to the health of the public'.⁶⁰ Williams specifically labelled other Indian sites as problematic –namely the railway, the military lines (which would have included a large number of Indian Sepoys) and the residential area of the Dhobi (Indian washer-men). By way of contrast, Williams described the European suburban district of Parklands as the healthiest and most pleasant district of the city.⁶¹ Furthermore, when he pinpointed the Indian community and advocated the removal of the bazaar (for the second time, given it had already been re-sited in 1902), Williams was reiterating suggestions that had come from doctors within the colonial medical department. Clare Wiggins (served Kenya 1901-1909), one of the

⁶⁰ *Ibid.*, 10, 19.

⁶¹ *Ibid.*, 13.

more liberal Europeans, had been particularly vocal in this regard, although his proposals were never taken up because they were claimed to be too costly.⁶²

A close reading of the language European experts used to describe the poor health of the bazaar is indicative of colonial reasoning at the time. The fact that the Indian bazaar was such a prominent harbourer of disease was not, the authorities contended, because the government had failed to properly invest in its sewerage and drainage infrastructure. Rather, the situation was explained in the light of innate cultural faults existing within Indians themselves. The purported greed of Indian property owners became a particular common point of explanatory reference when the bazaar's poor sanitary state was described, with blame put on the Indian propensity to sublet their properties. It created a situation where tenants were 'compelled to pay an exorbitant rental for insanitary and undesirable accommodation.'⁶³

In short, Indian landlords crammed tenants into their accommodation with disregard to hygiene and sanitation. Furthermore, when plague, or other communicable disease, was discovered, Indians circumvented the law and social decency by concealing the fact 'as long as possible', rather than reporting it as the authorities requested.⁶⁴ This, Simpson had explained, was because 'secretive

⁶² Clare Aveling Wiggins, 'Early Days in British East Africa and Uganda', *The East African Medical Journal*, 37, 1960, 699–708, 701.

⁶³ *Annual Medical Report East Africa Protectorate*, Nairobi, Government Printers, 1913, 53.

⁶⁴ BL/IOR/L/PO/1/1A(iv), Kenya 1914-1923, Parliamentary Debates: House of Lords, 14 July 1920,

and cunning' Indians were fearful of the damage disease notification would have on their trade.⁶⁵ Even when a new bazaar was laid out after the 1902 plague, European distain towards these allegedly innate characteristics was evident: Williams had reported his worries that Indians, like children, could not be trusted to look after themselves, unless 'under constant supervision'.⁶⁶ In a similar vein, Medical Officer Haran expressed his disappointment that within eight years of the bazaar's relocation 'the genius of its inhabitants has largely converted it into a mass of *sublet shanties and unsavoury open cesspools*.'⁶⁷ Conveniently, European commentators made no mention that subletting was actually encouraged through the residential and ownership restrictions that were placed on Nairobi land. Restrictions, furthermore, that confined Indians to a small acreage of city space, forcing people to live together under one roof.⁶⁸

Money also lay at the heart of European impulses. When the first bazaar was burnt down the colonial government 'laid out on a new site on sanitary lines' but quickly regretted their choice of location for the new market. The new spot was sited in a central position (on the south-west side of Government Road) in what

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⁶⁵ Simpson, *Report on Sanitary Matters in East Africa*, 23.

⁶⁶ Williams, *Report on the Sanitation of Nairobi*, 50

⁶⁷ Simpson quoting Dr Haran on the 1911 plague epidemic. *Ibid.*, 23.

⁶⁸ 'Editorial: Mr. Moynagh's Opportunity', *East African Chronicle*, 18 September 1920, p.7; W.J. Moynagh, Letter to the Editor 'Housing in Nairobi', *East African Chronicle*, 18 September 1920, 14; *Annual Medical Report*, 1913, 53. NB the *East African Chronicle* was an Indian newspaper.

was to become the main business area of Nairobi.⁶⁹ This was acknowledged as a prime location and therefore became the focus of many struggles to implement visions of town planning that sought to move the bazaar again. William's saw what had happened quite clearly: the new bazaar occupied 'land that will be badly wanted for the European business quarter' and furthermore was so central that its presence acted as 'a depreciating influence on the neighbouring land.'⁷⁰

Furthermore, for the European community the location of the Indian bazaar not only presented an evident public health risk, it also acted as a prominent reminder of the comparative growth of Indian power and aspirations. In 1910 it was estimated Indian political activist Jeevanjee owned over two thirds of the bazaar, making it even less surprising that the colonial government courted so many recommendations, including those of Williams and Simpson, to move it to somewhere less central and conspicuous.⁷¹ Furthermore, the financing proposed for Williams' new Nairobi (his plans were estimated to cost £115,000) reveal the way the colonial government felt that Indians should be responsible for paying for any improvements. Why, Williams's argued, should those who held no blame pay for the 'unsanitary habits of a certain class'? Williams fleshed out his plan by recommending that the Municipal Authorities levied 'special sanitary rates' on

⁶⁹ Simpson, *Report on Sanitary Matters in East Africa*, 23.

⁷⁰ Williams, *Report on the Sanitation of Nairobi*, 25.

⁷¹ Zarina Patel, *Challenge to Colonialism: The Struggle of Alibhai Mulla Jeevanjee for Equal Rights in Kenya* (Nairobi: Publisher Distribution Services, 1997), 50; Godwin R. Murunga, 'The Cosmopolitan Tradition and Fissures in Segregationist Town Planning in Nairobi', *Journal of Eastern African Studies*, 6.3, 2012, 463-486, 468.

particularly blameworthy districts.⁷²

Since the earliest British colonial incursions, segregation of European populations from the indigenous majority 'had been an accepted axiom in the planning and laying out of all towns in the tropics' and was favoured in colonial India itself.⁷³

This preference in urban management had been prevalent since the turn of the century when respected medical experts sponsored by the Royal Society, J.W.W. Stephens and S.R. Christophers published support for it as the most effective means of avoiding malaria.⁷⁴ Segregation had been enthusiastically embraced by Sir Frederick Lugard in Northern Nigeria ('of all the governors of tropical Africa...the most thoroughgoing segregationist'⁷⁵), who in 1912 passed wide reaching legislation that took fully on board Simpson's recommendations at the 1909 Accra conference on the matter.⁷⁶

In short, by the time Simpson came to visit East Africa in 1913 (hot on the heels of another plague outbreak between 1911-13), segregation, far from being a bolt from the blue, was a widely respected way to manage colonial urban spaces.

Indeed, from the earliest plans for Nairobi, segregation was taken for granted and

⁷² Williams, *Report on the Sanitation of Nairobi*, 50.

⁷³ A. Milne, 'Municipal Committee', *The Leader*, 17 April 1915, 1.

⁷⁴ Stephens and Christophers, 'The Segregation of Europeans'; Christophers and Stephens, 'The Native as the Prime Agent'.

⁷⁵ Nightingale, *Segregation*, 179.

⁷⁶ *Ibid.*, 178.

was entirely in line with segregationist policies routinely deployed throughout Empire: most prominently in South Africa, India, China and the Pacific.⁷⁷

The rise and fall of segregation in Kenya—disaggregating communities in a plural society:

In fact, despite all the excitement, Simpson's recommendations were ultimately overthrown. The 1918 Segregation of Races Act did not get off the ground and segregation was not formally instated.⁷⁸ The story of this journey—from the debates segregation stimulated, to the processes through which it was ultimately rejected—provide important insights into the lack of predictability in the allegiances of individual members of the multicultural colonial population.

Dominant camps, broadly representative of collective standpoint positions, did exist—most crudely with Grogan and Delamere representing the settler leaders openly defiant against Indian ambitions, and the members of the EAINC, led by Jevanjee, working actively against segregation. Grogan's position is particularly understandable when he is contextually understood as owning prime land in Nairobi by the river—giving him a clear vested interest in matters concerning

⁷⁷ Thomas R. Metcalf, *Ideologies of the Raj* (Cambridge: Cambridge University Press, 1994), 177-181.

⁷⁸ BL/IOR/L/PJ/6/1729 file 266 August 1918-March 1925 Policy of Race Segregation throughout British East Africa, Enclosure 15, The Township (Public Health, Segregation of Races) Rules, 1918,19-20. Although this bill 'died a natural death upon expiration of the Session of Council in which it had been introduced' See Ross, *Kenya From Within*, 321

Nairobi town planning.⁷⁹ Even so, despite obvious allegiances, when the details of events are exposed, it was sometimes surprising why segregation failed. In this particular story, it was those going against the grain of what might be construed as a stance 'typical' of their race, which changed the course of events. It was an Indian Municipal Council member who allowed the segregation bill to be carried forward within Nairobi circles and, when segregation teetered on the brink of becoming enshrined within the 1921 Public Health Act, it was Winston Churchill (who often adopted a very anti-Indian position) who ultimately stepped in and saw that the proposal was rejected.

As David Arnold has argued, although in the context of colonial India, race was a 'nebulous and often self-contradictory concept'. Racial categories were convenient shorthand for one group of people with shared skin colour to name, and make assumptions about, another but they also had an important role to play in forging the self-identification of individuals and groups assuming shared characteristics.⁸⁰ This case study shows that in colonial Nairobi, Indians selectively adhered to the broad racial identifier 'Indian' when it suited their political agenda for collective

⁷⁹ J.M. Campos, 'Township: The Scandal of Nairobi', *The East African Chronicle*, 16 October 1920, 10.

⁸⁰ David Arnold, "'An Ancient Race Outworn': Malaria and Race in Colonial India, 11860-1930' in Waltraud Ernst and Bernard Harris eds, *Race, Science and Medicine 1700-1960*, Taylor and Francis, 1999, pp.123-143, p.123; p.140

representation. However, in practice this was a fragile veneer of unity and the membership of the broad racial category was no guarantee of what side any individual might take in the segregation debates. Indians particularly, were far from being a cohesive community. As on the Subcontinent, Kenyan Indians comprised an extremely heterogeneous group representing different religions, sects, castes and languages. Additionally, individuals would have had different levels of wealth and education creating further subdivisions within communities. Contemporary visitors to East Africa described the Bohras (Muslim traders) Khojas (Shia Muslims), Parsis (Zoroastrians) and Vantias (Hindu traders). To these could be added the Lohanas, Punjabi Muslims, Oshwahlis, Patels, Sikhs, Kutchis, Goans and Punjabi Hindus, all with different traditions, diets, networks and employment patterns.⁸¹ Not that Indians were unique, however. As Will Jackson and Brett Shadle have shown, white Kenyans were also not a homogenous group, even if at times it was politically advantageous for them to seem to speak with a united voice.⁸² Shadle has particularly highlighted how settlers wrangled with the dilemma of wanting to speak and act as a united community, and yet also needed to defend their own private matters and spheres.⁸³

⁸¹ Richard F. Burton, *Zanzibar, City, Island and Coast* (London: Tinsley Brothers, 1872) 5-75; 256-257; 326; 342; James Christie, *Cholera Epidemics in East Africa: An Account of the Several Diffusions of the Disease in that Country from 1821 till 1872* (London: Macmillan 1876) 299-349; Greenwood and Topiwala, *Indian Doctors in Kenya*, 25-28

⁸² Brett Shadle, *The Souls of White Folk: White Settlers in Kenya, 1900-1920s* (Manchester: Manchester University Press, 2015); Jackson, *Madness and Marginality*

⁸³ Shadle, *The Souls of White Folk*

The history of how events unfolded is indicative of the limitations of generalising racial responses. Shortly after its release, the Simpson report was reviewed several times at the Nairobi Municipal Committee between the middle of 1914 and the end of 1915. Eight European officials as well as two representatives of the Indian community (Dr Rosendo Ribeiro (the Goan representative) and Mr P.K. Ghandy (the Indian representative)) attended these sessions.⁸⁴ Particularly contentious were the plans to move the Indian bazaar and a subcommittee was appointed to look into the implications of this aspect of Professor Simpson's report.⁸⁵ Finally, after much debate, it was agreed that relocation was neither financially (nor practically) expedient and the Municipal Council rejected the plans by Simpson to create an Indian area on the North side of the river at River Road. It effectively meant that Simpson's vision of 'absolute' segregation had been deemed impossible, so—as a pragmatic concession—council members moved on to debate 'whether a qualified segregation is practicable or desirable'.⁸⁶ It was at this point in the proceedings that it can be seen that the two Indian council representatives were disunited in their position. While Ghandy vehemently stated

⁸⁴ 'The Asiatic Question, *The Leader*, 16 January 1915, 4; 'Professor Simpson's Report', *The Leader*, 20 February 1915, 1; 'Professor Simpson's Scheme', *The Leader*, 17 March 1915, 1.

⁸⁵ Municipal Committee, 'Professor Simpson's Report on Town Planning: Minutes of Special Meetings and their Contents', *The Leader of British East Africa*, 20 February 1915, 1.

⁸⁶ Municipal Committee, 'Town Planning: Nairobi's Asiatic Population', *The Leader of British East Africa*, 17 April 1915, 1.

that he saw 'no necessity for segregation as between Europeans and Asiatics'⁸⁷, the other council member (and the medical expert no less) Dr Ribeiro was more accommodating, to the point that he decided not to vote against the clause.⁸⁸

When the final vote was passed, the Municipal Committee, whilst backing the general principle of segregation, stopped at directly supporting absolute segregation, declaring the full enactment too expensive to implement.⁸⁹ Ever cognisant of economic considerations, it was recognised that the city survived on trade and, it was conceded, 'contact between different races is an essential and inevitable feature of life in Nairobi.'⁹⁰ In the moderated segregative vision proposed: '[e]ither race should be allowed to hold land and to trade in either zone: but as regards actual residence each race should be restricted to its own zone.'⁹¹

Although ostensibly decided in these debates of 1915, the matter continued to be hotly debated over the next few years, not least as a new vocal Indian representative entered the fray to replace Ribeiro. J.M. Campos (also a Goan)

⁸⁷ Municipal Committee, 'Town Planning: Nairobi's Asiatic Population', *The Leader of British East Africa*, 17 April 1915, 1.

⁸⁸ NA/CO/533/156 Despatches, September –November 1915, Minutes of the Nairobi Municipal Committee Meeting 14 April 1915.

⁸⁹ *Ibid.*

⁹⁰ Municipal Committee, 'Town Planning: Nairobi's Asiatic Population', *The Leader of British East Africa*, 17 April 1915, 4.

⁹¹ *Ibid.*

adopted a radically different stance on segregation to his predecessor. Between 1915-1918, Campos overturned the damage Ribeiro's failure to vote against segregation had done and, in stark contrast to Ribeiro's preference to sit on the fence, vocally opposed the policies dictated by the European majority of the Committee. Why, Campos asked, did the government not create new hygienic areas for Indians, rather than just leave them in the slums?⁹²

The support for segregation was also reported in the Legislative Council Minutes, but with much less emphasis on Indian objections, presumably because the Governor had control over their content. The Legislative Council had only one nominated Indian representative (Mr Phadke) who was reported as 'unavoidably absent' when another segregation vote took place on 24 January 1921.⁹³ The vote was recorded with only one sentence in the minutes as follows: 'The question was fully debated and it was finally decided by a majority of 20 to 2', the brevity of this mention underplays the significance of the debates that had passed before. Although Legislative Council members had decided to scrap segregation in their meeting only a few days before, the next time the council was convened, on 24 January, members were said to face the 'wrath' of settler leader Lord Delamere who violently protested against the deletion of the segregation clause and persuaded other nominated members to reverse their previous votes. Although

⁹² J.M. Campos, 'Township: The Scandal of Nairobi', *The East African Chronicle*, 16 October 1920, 10.

⁹³ *Ibid.*, 330

little else is known about his stance, it was recorded in the minutes that European official McGregor Ross, was a loan European to oppose segregation, even though his view was ultimately overturned.⁹⁴ Mr Phadke resigned his seat in direct protest against the decision after the vote was taken.⁹⁵

In the context of this local victory for segregation, the debate moved into British parliamentary circles. In 1920 EAINC members (led again by Jevanjee) made a formal appeal to Viscount Milner, the Secretary of State for the Colonies, against the 'invidious, unjust and indefensible treatment' of Indians in Kenya'.⁹⁶ British parliamentarians were reminded by Jevanjee that the East Africa Protectorate owed its existence and success to 'the resources of India and the enterprise, industry, and not least the sacrifice, of Indians'.⁹⁷ The Indian delegation argued that segregation was 'based on artificial ground' because Indian areas had suffered through the culpable neglect of sanitary improvements on the part both of

⁹⁴ *Ibid.*; NA/CO/544/29 Kenya Sessional Papers, Legislative Council, 1919-1921, 24 January 1921; for the mention of Ross' opposition see, 10th Feb 1921. Ross was Director of Public Works and was well informed about sewerage and drainage in Nairobi. He was a persistent critic of government with views that can be seen as very liberal for the time. Diana Wylie, 'Norman Leys and McGregor Ross: a Case Study in the Conscience of African Empire 1900-39', *The Journal of Imperial and Commonwealth History*, 5.3, 1977, 294-309.

⁹⁵ 'Mr Phadke Resigns', *East African Chronicle*, 29 January 1921, 5

⁹⁶ BL/IOR/L/PO/1/1A(iv), Kenya 1914-1923, Appeal from A.M. Jeevanjee, S.T. Thakore & S. Achariar, members of the Deputation appointed by the East African Indian National Congress to Viscount Milner, Secretary of State for the Colonies [no date, c.1920], 1.

⁹⁷ *Ibid.*

the Administration and the Municipality'.⁹⁸

Although the Indian appeal was viewed with sympathy by some parliamentarians (such as Lord Islington), Secretary of State, Milner was unsupportive, expressing his view that the 'spirit of exaggeration' had tarnished debates.⁹⁹ Milner reiterated the medical authority on which plans had been born, reminding his peers that Simpson was 'the highest living authority on tropical sanitation.'¹⁰⁰ Indians, he argued, 'however highly educated and advanced' could offer 'no guarantee' that they would 'observe the necessary personal sanitary requirements which are essential for the safety of the European neighbours'.¹⁰¹ In short, Milner (although baulking at directly offering support for segregation –claiming he did not like the word), dug in his heels and stated his unequivocal endorsement of dividing townships into separate areas inhabited by different races. This arrangement he maintained was not only a social justice, but was the best pragmatic means to manage a plural society creating 'social comfort, social convenience and social

⁹⁸ *Ibid.*, 5; See also original demands by East African National Congress in BL/IOR/L/PJ/6/1729 file 266 August 1918-March 1925 Policy of Race Segregation throughout British East Africa Enclosure 1, Resolutions Adopted at the Second Session of the Eastern Africa Indian National Congress held on the 15 and 16 November 1919 at Nair's Building Nairobi.

⁹⁹ BL/IOR/L/PO/1/1A(iv), Kenya 1914-1923, Parliamentary Debates: House of Lords, 14 July 1920, 162.

¹⁰⁰ *Ibid.*, 166.

¹⁰¹ *Ibid.*

peace'.¹⁰²

Subsequent to this firm pro-segregationist statement by Milner, Jeevanjee responded with a direct and impassioned appeal. In polite terms, he stated his objections to blame being put on his community, pointing out the broader, structural problems that had created such a situation. Jeevanjee enclosed with his letter a copy of a memorandum he had prepared in 1915 entitled 'Sanitation in Nairobi' in which he explained the poor sanitation of the marketplace not on any cultural propensity towards filthy habits, but because of 'the culpable negligence of sanitary improvements by both the administration and the Municipality.'¹⁰³ Further proof of the government's negligence, Jeevanjee argued, lay in the fact that they had ignored Williams 'very able report' of 1907.¹⁰⁴

The debates that occurred after Simpson show prominent members of the Indian community defending themselves against the Kenyan colonial government. But it would be too simplistic to imagine that all Indians spoke in one voice—the very fact that the bill got so far within Kenyan Council chambers, was partly to do with the failure to vote against it by one prominent Indian Municipal Council member, Dr Ribeiro. Furthermore, it would be wrong to claim that the bazaar was not dirty or

¹⁰² BL/IOR/L/PO/1/1A(iv), Kenya 1914-1923, Parliamentary Debates: House of Lords, 14 July 1920, 166.

¹⁰³ BL/IOR/L/E/7/1263 Indians in Kenya: Letter from A.M. Jeevanjee to Viscount Milner, Secretary of State for the Colonies, 4 August 1920, esp.10.

¹⁰⁴ *Ibid.*

in need of hygienic reform. Pictures taken to illustrate the Simpson Report clearly show open sewers, cramped living quarters and amassed filth.¹⁰⁵ In the bazaar building plots were extremely small, each house being only allocated 50 feet by 75 feet meaning that there were about 12 houses to the acre, which was the 'minimum area admissible in English cities'.¹⁰⁶ As late as 1928 the *Annual Medical Report* for the colony was still reporting the bazaar's terrible sanitary state, stating that in this area 'even the rats die of plague'.¹⁰⁷ Indeed, the story is further complicated by the knowledge that some of the most vocal complaints against the sanitary conditions of the bazaar came from within the Indian community itself. Indian doctors, as late as the 1930s, were particularly shocked and frustrated by the habits of some segments of the Indian population in the township bazaars, declaring them to be 'ignorant as well as being prejudiced against change'.¹⁰⁸ Other Indian leaders, sensitive to Europeans scapegoating the whole community, were vociferous in demands for the severest punishment to Indians who were prosecuted for breach of sanitary regulations.¹⁰⁹ Educated Indians, in particular, were keen to distance themselves from those uneducated shopkeepers and tradesmen who seemed to be responsible for flouting western sanitary principles.

¹⁰⁵ E.g. See Greenwood and Topiwala, *Indian Doctors in Kenya*, 75

¹⁰⁶ Leys, *Kenya*, 272

¹⁰⁷ Kenya Colony, *Annual Medical Report*, 1928, p.42

¹⁰⁸ K.V. Adalja, 'Thirty Two Years in General Practice in Nairobi', *East African Medical Journal*, 36, 1959, 442-448, 444.

¹⁰⁹ 'A Salutory Example', *East African Chronicle*, 16 October 1920, 1.

Similarly curious was the fact that campaigning against segregation did not necessarily mean an anti-imperial stance. It was notable that the language EAINC members routinely used in their appeal was respectful, even proud, of their status as British subjects. Even Jeevanjee, in the period before 1911, although claiming British policy towards the Indian community in Kenya had been 'suicidal', went out of his way to stress his allegiance, describing himself as 'a loyal subject of the King...proud to be a citizen of the British Empire'.¹¹⁰

The ultimate rejection of segregation came from an intervention from an unlikely candidate: Winston Churchill, then Secretary of State to the Colonies. Churchill, in his career up until that point, had been no friend of the Indians. In 1910 he declared his objective to make Kenya 'a white man's country', identifying specifically 'the brown man...[as] the rival'.¹¹¹ Though Churchill had in his 1907 travelogue written about how impressed he had been by Indian contributions, only a few year's later Churchill referred to Indians as the 'nightmare which haunts the white population of Africa', disrupting the colonial order by their economic interventions in East Africa, and taking jobs from the Europeans.¹¹²

Yet, despite this declared position, which would seem to anticipate opposition to

¹¹⁰ BL/IOR/L/E/7/1263 Indians in Kenya: 'Indians in East Africa', [reproduced from] *Daily Chronicle*, 1 September 1910, 15, 14.

¹¹¹ *Ibid*, 'No Indian Need Apply', [reproduced from] *Daily Chronicle*, 2 September 1910, 17.

¹¹² *Ibid*. Winston Churchill quoted in 'Indians in East Africa', [reproduced from] *Daily Chronicle*, 1 September 1910, 18.

Indians in their segregation debates, it was Churchill who opposed the final ratification of segregation in the 1921 Public Health Act.¹¹³ In Kenya, Lord Delamere had led a fierce attack on the proposal to remove the segregation clause, Clause Fifteen, from the new Public Health Act.¹¹⁴ Early on in the debates, the Principal Medical Officer, John Langton Gilks, had expressed his opinion that public health issues in the non-European areas could be resolved by adequate sanitary regulations alone.¹¹⁵ The settler backlash to this statement within the Legislative Council was heavy, with one settler attacking Gilks for not being ‘in the class of Simpson’, thereby offending his medical credentials. The pressure was evidently too much for Gilks—and he quickly capitulated with the words ‘I cannot say anything as the Committee is against me’.¹¹⁶ As a direct result of settler pressure, the motion to delete Clause Fifteen was defeated by 20 to 1 and the fight to keep segregation seemed won.¹¹⁷

However, despite this local settler victory, Churchill rejected the proposal. The

¹¹³ ‘Public Health Ordinance of 1920’ in *Supplement to the Official Gazette of the Colony of Kenya and the East Africa Protectorate*, 22 [supplement 6], 5 November 1920, 77.

¹¹⁴ Ross, *Kenya From Within*, 330.

¹¹⁵ ‘Mr Phadke Resigns’, *East African Chronicle*, 29 January 1921, 5; ‘Kenya’s Public Health’, *East African Chronicle*, 29 January 1921, A(17).

¹¹⁶ BL/IOR/L/E/7/1265, ‘Indians in Kenya’, [unidentified newspaper cutting], 29 January 1921; NA/CO 544/1 Minutes of Legco Meeting, 10 February 1921 records the issue and the voting on the decision.

¹¹⁷ Ross, *Kenya From Within*, 331.

reasons why he made the decision are seen in a series of exchanges between Churchill and the Governor, who was lobbying Churchill to adopt a position more in tune with settler demands. Churchill stated that he could not support segregation within the broader context of increasing parliamentary and India Office sensitivity on the 'Indian Question', which had been generated through escalating contemporaneous debates on the parity of rights of all citizens of the British Empire. Churchill had also seen the controversy sparked by South African experiments with segregation, so with these pressures at the forefront of his mind, made sure that the segregation clause was entirely deleted before the Public Health Bill received Royal assent.¹¹⁸ Churchill was explicit in his position opposing the Governor of Kenya, and his settler supporters, through stating that 'the principle of segregation is unnecessarily wounding to Indian sentiment'.¹¹⁹ Churchill went on to say that legal penalties should be used to punish those within the Indian community who did not conform to 'civilised European' standards and that this might be enough to enforce informal segregation with 'Indians preferring to live in the Indian quarters where such a high standard will not be exacted.'¹²⁰

After this decisive defeat in terms of its inclusion within public health legislature, it was no surprise that segregation failed to get into the Devonshire Declaration of

¹¹⁸NA/CO/533/259 Despatches, Position of Indians, Governor of Kenya Northey to Secretary of State, Churchill 27 May 1921

¹¹⁹ NA/CO/533/259 Despatches, Position of Indians, Secretary of State, Churchill to Governor of Kenya, Northey, 6 June 1921

¹²⁰ *Ibid.*

1923. Instead, the Devonshire Declaration upheld the new British governmental stance on segregation and, in a remarkable departure from the formerly steadfast reliance on Simpson, stated ‘segregation of Europeans and Asiatics is not absolutely essential for the preservation of the health of the community’.¹²¹

Segregation in practice:

The battle to fight Simpson’s proposals of segregation may have been won but, disappointingly, this concession, once achieved, was a something of a damp squib. The Public Health Act and the Devonshire Declaration made little tangible difference to the arrangement of urban life along racial lines in the colonial capital, not least as Europeans, Indians and Africans all lived in the city in entirely separate spheres. In the early incarnation of Nairobi, as a railway depot, it has been argued that racial boundaries appeared to have been quite fluid. Indeed, Murunga maintained that ‘class rather than racial differences’ determined the way the early railway settlement was organised; with officers living separate from workers, but with white labourers and Indian ‘coolies’ residing in close proximity and sharing facilities.¹²² Whether this assessment of the social arrangements of the earliest days was true or not, the city of Nairobi, as its population and infrastructure developed, quickly divided into racial zones, with or without the help of formal legislation.

¹²¹ BL/IOR/L/E/7/1264 The Devonshire Declaration, White Paper, Cmd,1922, London, HMSO, 1923, 15.

¹²² Murunga, ‘Inherently Unhygienic Races’ in Salm and Falola (eds.), *African Urban Spaces*, 98-130, 105.

This is not to say that the price of land, the selective selling of prime locations to settlers, and the award of land grants only to Europeans, did not perpetuate a situation that favoured social separateness between the different racial communities. Additionally, until 1963, the majority of Kenyan schools and hospitals remained emphatically segregated; creating a situation whereby it would be impractical for Indians to move to an area where important infrastructures were barred to them. These obstinate structural hurdles, however, should be recognised as also working in tandem with the apparent cultural preference demonstrated by the vast majority of each community to live separately. Together these dynamics created a situation where the opportunity to deviate from this norm, in terms of urban social arrangement, became almost impossible.

Sana Aiyar has argued for the allegiances between Africans and Indians in terms of a shared agenda towards independence. While her work offers valuable insights into previously unconsidered examples of cross-racial cohesion, at the same time it rather underplays how, practically speaking, most communities lived in separate enclaves.¹²³ Several Indian leaders of the EAINC, most notably A.M. Jeevanjee and later, with even more impact, Manilal Desai, campaigned vocally for the outlawing of segregation, yet the uncomfortable, and somewhat ironic,

¹²³ Sana Aiyar, 'Empire, Race and the Indians in Colonial Kenya's Contested Public Political Sphere, 1919-1923, *Africa*, 81, 2011, 132-154, 134; See also Sana Aiyar, *Indians in Kenya: The Politics of Diaspora*, (Cambridge, Massachusetts: Harvard University Press, 2015).

reality was that most Indians did nothing to actively change social segregation through their choices to dwell and work in ways that primarily faced their own communities.

Words contained within the Devonshire Report provide significant insight.

Devonshire anticipated that the lack of formal backing for segregation would mean little in practice. '[I]t may well prove that in practice the different races will, by a natural affinity keep together in separate quarters' he stated with some pertinent insight.¹²⁴ Devonshire was not alone: a handwritten comment on an internal Colonial Office memo of the period is revealing: tacit support to the continued practices of segregation could be provided as long as a way could be found 'of avoiding official correspondence' on the subject.¹²⁵ Despite all the campaigning against segregation, it was a deeply entrenched, tacitly accepted, even favoured, way of urban residential organisation for Nairobi residents. Tellingly, as late as 1948, South African architect L.W. Thornton, when commissioned to submit designs for European estates in Nairobi, produced a map of the city's population distribution showing how populations continued to live in their own communities.¹²⁶ Furthermore, given the alleged innate propensity of most Indians to live in squalor, the report let the government off the hook from any large expenditure, by

¹²⁴ BL/IOR/L/E/7/1264 The Devonshire Declaration, White Paper, Cmd,1922 (London: HMSO, 1923), 15.

¹²⁵ NA/CO/533/394/1 Racial Segregation in Towns, February 1930-March 1931.

¹²⁶ L.W. Thornton White, L Silberman, P.R. Anderson, *Nairobi Master Plan for a Colonial Capital. A Report Prepared for the Municipal Council of Nairobi* (London: HMSO, 1948), 15-18.

rationalising that it was useless to impose any broader infrastructural improvements in Nairobi while this unsatisfactory state of affairs existed. As such, as late as 1948, the arrangement of separating communities into separate spheres was tacitly endorsed.¹²⁷

It is argued that the Simpson Report only suggested ratifying and justifying a situation that already existed *de facto* in colonial Nairobi and, furthermore, continued to exist right up until independence. As Governor Northey described in 1921: 'Indians did not desire to live among Europeans if they could have opportunities of living among Indians'.¹²⁸ Great efforts were made by Indian leaders to overturn plans to segregate Nairobi, yet the central tension remains that, formally ratified or not, Nairobi was a city arranged along segregated lines before this battle commenced and continued to be so after it had been successfully won.

Conclusion:

The segregation debates illustrate how race was the principal, but not the only, determinant of one's side of allegiance in the segregation debates. Europeans did not speak in one voice and neither did Indians, or Africans. Only a few privileged members of the Indian community were in a position to speak out against segregation, or even vote against it, but these were individuals with their own

¹²⁷ *Ibid.*, 14-15.

¹²⁸ NA/CO/533/259 Despatches, Position of Indians, Governor of Kenya, Northey to Secretary of State, Churchill 14 May 1921

personal belief systems and allegiances and their opinions towards segregation were not always as might be expected. On the far right of the political spectrum, Churchill, despite all his proclamations displaying antipathy towards the Kenyan Indian community, was the authority that finally went against settler demands and insisted that the segregation clause was deleted from the first draft of the Public Health Act.

The Simpson Report is therefore less interesting historically as a novel piece of colonial legislation, than it is as a case study in the way key members of the Kenyan colonial government, and its settler supporters, medically justified their progressive erosion of the political and economic agency of Kenyan Indians. The case also shows the paradox of a community campaigning for parity and integration, whilst also acting in ways that could be cast as separate and enclavist. As colonial administrator in Burma, John Sydenham Furnivall (1878-1960) declared in his early exposition of the problems of multiculturalism, plural societies of Empire were more brittle than they were cohesive. Furnivall bemoaned the limits to integration stating that different races 'mix but do not combine. Each group holds by its own religion, its own culture and language, its own ideas and ways'.¹²⁹

¹²⁹ John Furnivall, *Colonial Policy and Practice: A Comparative Study of Burma and Netherlands India* (Cambridge: Cambridge University Press, 1948), quoted in 'The Plural Society and its Enemies', *The Economist*, 2 August 2014, see: <http://www.economist.com/news/asia/21610285-our-departing-south-east-asia-correspondent-explains-how-plural-society-remains-key> (accessed 21 June 2016)

Drawing attention to the language of public health to justify segregation in colonial Kenya, via the Simpson Report, helps us to form a more nuanced and deeper understanding of the complex histories of plural societies. The diverse demographic make-up of a prominent colonial city, such as Nairobi, presented grave problems to the colonial administration and forced it to articulate a vision of colonial urban organisation. Nairobi, a city of migrants created for colonial purposes, had to find its identity and each community had a different vision of what it should look like. During the early period in the life of the colony, Africans were the least able to gain access to public debates or legal rights, and although the majority population were not the focus of this article, they nevertheless should not be forgotten in the story.¹³⁰ If their story were similarly accessed (although regrettably sources are few), it is anticipated that the same lack of predictable uniformity in responses may be seen, as well as a comprehensible cultural preference for living within their own sub-communities.

Different groups, for different ends, used arguments for and against segregation rhetorically. For Simpson segregation, was a way of cleaning up the image of the Nairobi and ensuring its future status as a showcase imperial capital,¹³¹ Jeevanjee, on the other hand, felt that Nairobi's geographic location ultimately

¹³⁰ For an example of the way Africans demonstrated agency see: White, *The Comforts of Home*

¹³¹ Simpson, *Report on Sanitary Matters in East Africa*, 54.

restricted it to be a commercial hub, so it was better developed as a 'place of retail and trade'. Segregation, for Jeevanjee, was a European ploy to further curb Indian economic success in the region.¹³² It was also conveniently selective. As Jeevanjee pointed out: the authorities kept 'the white men away from those [houses] of the Indians on the ground of danger from plague, but the Indian domestic servants are allowed to live with the white men in the same premises.'¹³³

Ultimately this paper has made three points. First, it shows how, despite claims of its ground-breaking originality, and the authority in which it was unmistakably held, the Simpson Report did not appear out of thin air and, in fact built on long standing associations elsewhere in Empire, as well as simultaneously occurring battles, to reduce the agency of Indians in Kenya. Although it was claimed that Simpson had come to his conclusions objectively and was 'sent out there [East Africa] not with any reference to the question of Indian or European ownership or residence at all', that was plainly not the case.¹³⁴ Second, highlighting the battles over segregation provides a case study as to how plural societies were arranged with battle lines defined broadly, but not absolutely, by skin colour. European doctors used the authority of public health to provide respectability to racist

¹³² BL/IOR/L/E/7/1263 Indians in Kenya: A.M. Jeevanjee, 'Sanitation in Nairobi', 1915, 7, 11.

¹³³ BL/IOR/L/PJ/6/1729 file 266 August 1918-March 1925 Policy of Race Segregation throughout British East Africa, Enclosure 1, Resolutions Adopted at the Second Session of the Eastern Africa Indian National Congress held on the 15 and 16 November 1919 at Nair's Building Nairobi, 10.

¹³⁴ BL/IOR/L/PO/1/1A(iv), Kenya 1914-1923, Parliamentary Debates: House of Lords, 14 July 1920, 166.e

policies. Finally, the paper has shown how segregation was a battle of principle much more than it was an argument about fundamentally changing the way society was organised. These three points show the complex political, social and cultural undercurrents that competed in the development of colonial Nairobi as its black, white and brown inhabitants strove, albeit on unequal terms, to have a voice in moulding the space in which they found themselves living together.