

Know Your Place: Space, Environment and Medicine

In its chapters thus far, this book has concerned itself with the ‘what’ and the ‘who’ inherent to the representation of medicine and health in Anglo-Indian fiction, specifically the effects of illness on the individual or those treating them. When it comes to analysing the content of such works or their own specific historical and literary context, though, it is impossible to ignore the ‘where’, or the crucial importance of space, place and environment in relation to their narratives and their engagement with the medical legacies of Empire. Alongside the intrinsic importance of India to the novels under study here, in its very essence, colonialism itself is of course predicated on the idea of capture and control over space; Marcus Rediker argues that this preoccupation produces a sense of ‘terracentricism’, or a cultural primacy of landed spaces that underwrites the concepts of colonialism and Enlightenment ontologies during the age of empires, and which continues to exist within the politics and poetics of the postcolonial present.¹ Such thinking, as Tim Cresswell observes, informed widespread beliefs about the deleterious effects of tropical climates on European bodies, made all the more susceptible to disease and ailment by being figuratively and literally ‘out of place’ whilst in the East.² As a consequence of this connection between bodies and spaces, European medical practice in India was for a long time wedded to ideas of what Mark Harrison terms ‘normative ecology’ and ‘medical topography’, with some IMS doctors remaining adherents to the belief in the intrinsic relationship between climate, landscape and disease until the early twentieth century, often in spite of crucial new developments and techniques such as bacteriology and the germ theory of disease.³

This topographical understanding of health and medicine reflected the broader significance of space and place within the cultural and

professional landscape of Indian society. The effect of space on Anglo-India, from governance and medical practice through to domestic life, was deeply felt, and influenced the history and development of its varied publishing cultures both during and after Empire. At the very foundational level of India's position within British cultural life existed an overriding romanticism of the East, expressed in a range of visual and print media.⁴ Alongside its focus on health, the perennially popular genre of colonial travelogue and autobiography invariably contains extended descriptions of an author's passage to India and their journeys across it; given that before the opening of the Suez Canal in 1869 a voyage to India might take up to 160 days, depending on the route taken, accompanied by further overland travel on arrival, this concern with both space and time is understandable.⁵ It is in these documents too that newcomers to India record their emotions as they first arrive on the subcontinent, further contributing to the production of the East through record of their shock or astonishment at its 'exotic' sounds, sights and smells.⁶ Anglo-Indian social and professional life were likewise shaped by the relationships between individuals and space; strictly demarcated and enforced, understandings of access and exclusion from space, supported by distinctions of class, caste and ethnicity, dictated the movements of Britons and Indians alike.⁷ For those in government and the military, life in India was often itinerant, suggesting an impermanence and transience to their experience of spaces and places within the country, or isolating, as Margery Hall's experience in Balochistan suggests. There was a clear hierarchy to space and place within the Indian Civil Service, where newly qualified officers competed for the coveted postings of the United Provinces, the so-called 'Old India' of Lucknow and Jhansi that brought with it the 'romance' of 1857, or the contrasts of the Punjab, boasting rugged country alongside historic cities like Amritsar.⁸ Once posted, the practice of touring meant that some junior officers would be on the road for the majority of the working year, recording their movements and engagements in their ubiquitous tour diaries.⁹

Aside from diaries and travelogues, the representation of Anglo-Indian life in literary fiction was just as much characterised by the importance of space and place. In Anglo-Indian literature of the nineteenth and early twentieth centuries, nowhere was this more clearly articulated than in the works of Rudyard Kipling, whose descriptions of India's labyrinthine cities, teeming jungles and endless roadways, hills and plains cemented their position within the

popular imagination of imperial Britain.¹⁰ Kipling's choices should not be seen a passive component of plot and narrative or just an appealing backdrop. As Franco Moretti has argued, space is an active force within literature, intrinsic to character development and vital to the staging of narrative, shaping and enabling certain actions.¹¹ Consequently, this pervasive spatiality in colonial fiction should not be thought of as simply reflective of the conditions of Anglo-Indian life. Instead, as noted in preceding chapters, the relationship between colonial society, non-fiction and literature was an inherently reciprocal and co-productive one; many of those same ICS-men-turned-diarists arrived in India armed with expectations drawn from the reading habits of their youth, especially Kipling, and thus sought actively to realise them and experience the India of their boyhood imaginations during their service, before going on to record them in diaries, memoirs or fictional works of their own.¹²

The literary preoccupation with space and place was not confined to the duration of the Empire's existence either, but only took on deeper intensity and greater importance in its aftermath. As numerous authors, myself included, have argued, the literary imaginary of post-war, postcolonial Britain was directed, if not dominated, by the response to the end of Empire and the loss of its colonial possessions, with the nation's anxieties over its diminishing status, power and prestige expressed consistently in spatial terms.¹³ Spatiality serves as a common thread that ties together the overlapping discourses of post-war, Cold War and post-imperial Britain after 1945, connecting the changes in landscape through contemporaneous efforts to rebuild those cities and towns destroyed by aerial bombing, the emergent rhetoric of the Cold War with its Manichean binaries and spheres of influence, and the ongoing process of decolonisation in which British overseas possessions diminished with increasing rapidity. The cultural preoccupation with space only intensified as decolonisation continued, exacerbated by the Suez Crisis of 1956–7, which would be Britain's last attempt at unilateral military action until the re-inscriptive efforts in the Falklands a quarter of a century later, and the nation's relegation to a supporting role as the Cold War rumbled on. In order to compensate for the increasing vicissitudes of this history, the narrative of the end of Empire was rewritten to become one of benevolent emancipation, of giving back and not giving up. Britain had generously and bloodlessly returned control of its colonies to their people, went the official line, having adequately prepared them for self-government. Such refashioning of the point and purpose of British imperialism was not only demonstrably untrue,

especially in relation to Kenya, Malaya and Aden, but self-deluding, allowing Britain to convince itself that Empire had been, on balance, a force for good, and not like the violent and oppressive empires of other European states. This self-image served only to repress any meaningful national confrontation with the exploitative reality of Britain's colonial past and would lead to the creation of a seam of mythic nationalism within British politics and culture, the effects of which continue to be felt over half a century later.

In reflection of its pervasive presence, spatiality is a significant force visible in the production of post-war British fiction of all kinds. From the frustrated agents of the popular espionage novel, through the variously muted and furious responses of the Movement poets and Kitchen Sink playwrights of the 1950s and 60s, to the post-imperial obsessions of the Booker winners of the 1970s that make up this volume, space is a significant element of their response to the nation's identity crisis in the wake of Empire.¹⁴ For Rushdie, Jhabvala, Farrell and Scott, space acts as further unifying factor, linking their fiction as well as their authorial intent. As noted in the Introduction, these writers did not constitute a school in the traditional literary sense; they did not meet socially or even share much in common by way of class or economic background. However, their experience of the disordered spatiality characteristic to the British post-imperial period, and their resultant focus on India, is a common element that brings them together.

That Jhabvala, Rushdie, Farrell and Scott all decide to return to colonial space, and specifically India as the 'jewel in the crown' of Empire, is redolent of such unity through spatial focus. Their shared effort to deflate the pretence of the supposedly noble intent of Empire in its efforts to ready its colonies for self-governance stretches across all of the texts analysed here, especially given the effects of Partition in India and the violence that ensued as a result of British inaction. Farrell and Rushdie in particular, as evinced in their choices of form and tone, seek to overtly undermine the perceived grandeur of colonial society through irony, pastiche and parody, satirising the orientalism of Anglo-Indian fiction as they add to it. The importance of spatiality of their novels is further significant when examined in relation to their engagement with health and medicine. That these authors seek to return to India in each instance supports Moretti's analysis that only certain spaces can enable particular literary narratives; simply put, the engagement with medicine and health, and the kinds of critical reflection on the legacy of Empire and contemporary British national identity that these novelists sought to produce,

could only occur within the spatial context of the colonial Empire. The figurative return to colonial space through the historical novel allows Farrell, Rushdie, Jhabvala and Scott to explore the health of the nation past and present, historical and metaphorical.

In response to these concerns, this chapter focuses on the importance of space, place and environment within Anglo-Indian fiction and how Rushdie, Jhabvala, Farrell and Scott use spatiality, illness and their attendant metaphor to engage with the legacy of colonialism in their contemporary moment. The chapter is divided into two thematic sections in reflection of the spatial divisions within their novels, namely those of exteriors and interiors, further considering a range of macro, micro and meta-spaces in relation to health in the course of its analysis. In its focus on exteriors, the chapter draws on the historiography of medical topography as well as critical discourses of spatiality and health expressed within colonial medicine and society to explore the representation of the Indian landscape and its effects on health. Reflecting their engagement with the literary history of colonial India, the chapter explores the distinctions between towns, hills and plains throughout Scott, Farrell and Jhabvala's work and how these spaces are variously presented as conducive to health, or the ways in which they are pathologised. With a particular focus on the significance and recurrence of the hill station throughout the genre, it argues that on their surface level, these novels appear to mirror the beliefs of their literary forbears, and suggest a distinction between the dangers to health and well-being presented by the climate and environment of the plains in comparison to the relative safety of the hills. However, through close analysis of Scott and Farrell's novels, the chapter illustrates that India is never free of risk for the British body, and whilst these spaces may function as sites of physical recuperation, they are responsible for a moral and spiritual sickness within colonial society whose legacies linger into the contemporary present.

The chapter's second part approaches the spatial emplacement of colonial and medical authority and treatment throughout Anglo-Indian fiction, considering how Scott, Farrell, Rushdie and Jhabvala depict hospitals, clinics, nursing homes and domestic spaces within their narratives. The chapter argues that the representation of these interiors serves a variety of functions within these novels, illustrating that through the import of the gendered, racialised and hierarchal prejudices of colonialism, spaces of care become just as damaging, debilitating and restrictive as those that exist beyond their walls. Through analysis of the relationship between space and the classificatory practices of Empire in terms of race and ethnicity, the chapter

demonstrates that these novels show how spaces of healthcare and convalescent environments become contested and liminal spaces of European and Indian encounter in which the good intentions of healthcare and the prejudices of Empire collide.

Exteriors: hills to die on

Reflecting on the long history of Anglo-Indian fiction since the nineteenth century, Ralph J. Crane observes that it is ‘noticeable how many novels begin with detailed descriptions of the topography of India’.¹⁵ This topographical focus is not simply an effort to set the scene for the narrative that will ensue, nor only a way to place a character in context. Rather, Crane’s observations, and indeed the general premise of his analysis of the genre, indicate the bind in which so many Anglo-Indian writers have found themselves. At once over-awed by their experience and compelled by the expectations of the literary history of memoir and travelogue to call attention to the exotic, otherworldly nature of India’s geography to the British visitor, Crane suggests that these writers are nonetheless unable to capture it in print in its entirety, nor with any objective clarity. Instead, Crane states that ‘[e]very novelist who has written about India has re-invented that country,’ with their fiction producing a host of imaginary Indias that exist alongside one another, each representative of the intent of their intervention within the genre.¹⁶

Crane’s approach suggests that for these writers, India is never simply just a setting, but instead an active presence throughout their novels and the wider genre, responsible for shifts in plotting, the shaping of character development and dramatic tension, if not arguably acting as a character itself. Such topographical openings to these novels are as much examples of liminal spaces, those in which an individual undergoes change and development, as the thresholds to the subcontinent represented by the docksides that recur throughout memoir and travelogue. Forster’s *A Passage to India* (1924) again sets a fictional precedent with its description of the darkly portentous and forbidding Marabar Caves, the catalyst and site of much of the tension and destruction, but also spiritual and personal growth, to follow. Representative of the adversarial relationship between the British individual and the landscape of India, such beginnings often serve not only to throw the smallness of the individual into relief against the vastness of the country in which they find themselves, but also signify the beginning of the narrative journey that will follow. For Jhabvala,

Scott, Farrell and Rushdie, the significance of such journeys and their usefulness as metaphor is heightened and accentuated by their place within Britain's own postcolonial journey; these authors are situated in a state of liminality, as the nation undergoes its own process of change and transformation in the wake of the end of Empire. It suits their purposes to each feature a character for whom all of India is new, acting as a useful expositional device and narrative driver, but also as a way in which to puncture the ideals of Empire through sharp introduction to the realities of colonial life, as evinced in Farrell's *Fleury*, Scott's *Perron* or Jhabvala's unnamed narrator.¹⁷ The journeys that their characters make are sometimes metafictional, representative of the journey into the nation's past that will take place through their postmodern historical fiction or in imitation of the form that they seek to mimic, but also psychogeographic. Guy Debord's formulation of psychogeography as the collision of feeling and spatiality, of psychology and geography, seems particularly applicable to the postmodern return to colonial space enacted through the Anglo-Indian novel.¹⁸ Farrell, Scott, Jhabvala and Rushdie all engage in a process of historical and narratological archaeology, whether personal or more broadly political, through their emphasis on the retracing of past journeys, travels and historical events. Their novels adopt the guise of the *dérive*, and drift through imperial history and Indian topography as their characters do, albeit with a sharpened sense of purpose as they seek to unpick the dominant or singular understanding of the British past. As such, their novels further echo the concerns of psychogeography in that they become palimpsests, attempting to write over the dominant narratives of Empire as the traces of the past return to the contemporary present.

This notion of the journey in the Anglo-Indian fiction of Scott, Rushdie, Jhabvala and Farrell takes on further critical and contextual resonance when examined in relation to the recurrence of medicine and health through their writing, as well as their own biographical circumstances. Their individual, personal experiences of the disordered spatiality of mid-century and post-imperial Britain were never passive, and all were affected by significant journeys throughout their lives that acted as formative backdrops to their use of the trope in their writing; Farrell's Anglo-Irish origins, Scott's military service in India, Jhabvala's flight from Nazism to Britain and married life in India, and Rushdie's education in England all found expression in their work. The medical experiences of Farrell and Scott in particular suggest how these authors' lives might also be read within the frame of the illness narrative and its inherent incorporation of the spiritual,

physical and recuperative journey. Using Arthur W. Frank's taxonomy of the illness narrative, the predisposition towards journeying in these novels might productively be identified with the restitution or quest narrative in which an individual undergoes a process of treatment that produces new knowledge and self-actualisation, albeit at a cost.¹⁹ In their combination of Anglo-Indian literary history, personal biography and the metaphorical resonance of illness, these novels are thus literary journeys of self-discovery, healing and growth, as well as destruction, death and change.

The import of these critical contexts is apparent in the plot, narrative and aesthetic of Scott, Rushdie, Farrell and Jhabvala's work. Scott in particular often evokes the debilitating effects of the environment of India on British bodies throughout his series, as indicated in various examples from across his novels noted in the preceding chapters. Of these, Sarah Layton's essay 'The Effect of Climate and Topography upon the Human Character' from *The Day of the Scorpion* (1968) is perhaps one of Scott's most explicit considerations of the relationship between environment, health and character. The point of Sarah's work, as she recalls, was to highlight the differences she observed between her English family and her Anglo-Indian family, with the former having been made 'strong, active, energetic and self-reliant' as a result of England's climatic diversity.²⁰ In an echo of the kinds of essentialist thinking of 'normative ecology', Sarah goes on to consider that these qualities are those which have enabled the English to gain and keep control of their Indian territories, in tandem with her belief that the indigenous inhabitants of tropical spaces are more inclined to follow and be led.²¹ Lurking amidst this story of British success is the fact, as she sees it, that to live in India represents 'the human struggle against nature', further evocative of the suggestion that imperial service is a burden to the Britons that choose to bear it. Continuing her train of thought shortly after this reminiscence on her essay, Sarah reflects on how 'Once out of our natural environment . . . something in us dies.'²² In one sense, this statement appears to affirm her socially inculcated belief in the degenerative effects of the Indian climate and the danger posed by cultural dislocation. However, when viewed within Sarah's own journey of self-discovery that occurs throughout the series, Scott suggests that whilst something may indeed die as a result of being taken out of place, new facets of personality also come to life as well, affirming the power of the journey to create change. Sarah's own journey is one of sexual and social awakening; she does not, like Daphne Manners, cross the ethnic boundaries of colonial India, but after her pregnancy

and resultant abortion, she ends the series married to Guy Perron and living in England, where he lectures, noting that ‘academic life is as itinerant as the one we used to live in India, or nearly’.²³

Beyond the general threat that the tropics pose to British bodies and minds, these novels pay close attention to the specific distinctions between spaces in colonial India and the opinions of Anglo-Indian society with regard to their detrimental or beneficial effect on health. One of the key dichotomies that Anglo-Indian fiction preserves from colonial beliefs about health and environment is the distinction between the debilitating plains and the more salubrious hills. As noted above, a great deal of British life in India was mobile in nature, not only due to the circulation of personnel between provinces, but also in response to the seasonal conditions of the subcontinent. The government of India and the military, as well as much of Indian high society, split their time between winter residences, usually on the plains and in cities, and summer residences in the hills as a means of escaping the extreme heat of central and lowland India during the summer. Despite the administrative and practical effort involved in moving the seat of British power close to 1,000 miles, from 1864 Simla (now Shimla) became the summer residence of the government of India, which moved there from Calcutta each spring, ‘files and all’.²⁴

Simla was just one of the many hill stations of colonial India that served as summer retreats for the Anglo-Indian well-to-do. However, as a result of its association with the viceroy and the government, it became the centre of British social life and social intrigue for the duration of the Raj. Its status as a retreat existed not just for the maintenance of health away from the deleterious effects of summer, but extended to its function as a place for rest and recuperation all year round. This reputation was enhanced by the building of institutions such as the Ripon Hospital in 1885, which replaced the Simla Dispensary and offered care including medical attendance, diet, nursing and medicines for between two and eight rupees per day.²⁵ Simla’s value lay not just in the care available from these professional facilities, but in the opportunity to rent a hillside bungalow and enjoy the restorative airs, views and cooler weather; in Jhabvala’s *Heat and Dust* (1975), Douglas concludes that the source of Olivia’s growing dissatisfaction in their marriage is the climate, so promptly sends her to Simla with the assurance that ‘[i]t’ll be all right once you get to the hills.’²⁶ Given its temperate climate at 7,000 feet above sea level, its pine trees, and the British taste for neo-Gothic architecture in their development of the town, it was distinctly and deliberately evocative of Europe, thus offering a far closer (and cheaper) alternative to

furlough in Britain for military patients as well as the more homesick members of Anglo-Indian society in general.

At the same time as it was considered a healthy space and used for convalescence, Simla also became notorious for its excesses. William Howard Russell, in India during 1858–60 initially to report on the suppression of the Indian Rebellion for the *Times*, visited Simla so as to recover from his own experience of an Indian fever and wounds sustained during his coverage of the fighting. Whilst there he noted the general atmosphere of high living, detailing his own visits to the Simla Club as well as the ‘boisterous sick’ of the military with a characteristically wry suggestion that the young officers there were benefiting so greatly from Simla’s restorative powers that one would hardly be able to believe that they were unwell.²⁷ Along with this association with drinking, Simla was host to endless dinner and dancing parties stuffed full of ‘grass widows’ and young women of the ‘fishing fleet’, and, with the unwelcome assistance of Rudyard Kipling’s Mrs Hauksbee and Mrs Reiver from *Plain Tales from the Hills* (1888), acquired a further reputation for the salacious and the scandalous side of colonial life.²⁸

Drawing on this legacy of health tourism and hedonism, hills and hill stations are of particular importance to the novels of Farrell and Scott. For Scott, one of the key spatial contexts of *The Raj Quartet* (1966–75) is the relationship between the plains towns of Mayapore and Ranpur and the hills of Pankot and Nanoora, essentially standing in for the landscape of the United Provinces and Simla. Farrell’s unfinished *The Hill Station* (1981), meanwhile, continues the narrative world of *The Siege of Krishnapur* (1973) through the reintroduction of Dr McNab and his wife, Miriam, some twenty years hence. This time Farrell focuses not on the conflict that faced them on the central plains but instead sets McNab and Miriam on a journey to Simla that begins innocuously enough as a vacation, but soon draws them into various disputes at the heart of colonial society. Whereas Scott creates a fictional Anglo-Indian world in which to explore his chosen themes, Farrell abandons the fictionalised setting of his previous Indian novel for an approach more in keeping with the historiographic metafiction of his prior book in the series, *The Singapore Grip* (1978).²⁹ With an eye on the language games and punning inherent to postmodernism, Scott’s verisimilitude of Indian life offers environments comparable to those of the real Raj, whilst Farrell offers a version of Simla that is near but not quite exactly representative of the original; both settings are therefore not Simla, but similar to it. Instead, they offer environments in which

to accentuate, recreate and reimagine the concerns of their real-life counterparts.

Farrell's approach to health and medicine in this novel comes not only with the casting of McNab as the doctor protagonist and questing hero of the narrative seeking an insight into medicine, spirituality and the British colonial psyche, but also through his representation of Reverend Kingston's tuberculosis, and the spectre of rabies that haunts both the existing narrative and the remainder of Farrell's draft chapter plan.³⁰ From his notes and research, it appears that Farrell's intention was for one of the characters, likely Mrs Forester's son Jack, to die from the disease later in the novel, thus providing the dramatic tension and tragedy that would work in counterpart to the social comedy that dominates the novel's first hundred pages.³¹ John McLeod argues that Farrell's 'depiction of a small isolated community beset by disease' is in reference to Thomas Mann's *The Magic Mountain* (1924) and Albert Camus' *The Plague* (1947); however, it also has deeper thematic resonances within Farrell's approach to the representation of Empire as well as the intersection between spatiality and health.³² Space and place are revealed to be key to both the narrative events and their meaning. McNab notes how he had developed an instinct which told him when a place 'was not of a kind that would favour a cure' and a belief in the importance of where a patient is treated and not just how, stating that 'if you removed a patient, preferably to a more salubrious spot', or if that was not possible, 'then *anywhere*', their chances of recovery were greatly enhanced.³³

Farrell's inclusion of rabies in his plotting suggests that even in the supposedly ordered spaces of British high society such as Simla, the 'pathogenic' environment of India, as well as the orientalist animal element of the subcontinent, is still liable to prove deadly to the European body.³⁴ Farrell's decision to make Kingston tubercular affirms his general thematic approach to illness in so much as sickness pervades the pillars of Empire and British life, from the effect of rabies on the cohesion of the British family to the cholera that sweeps through the military and the civil government of Krishnapur, and through to the illness within the Church of England in *The Hill Station*. Farrell's inclusion of rabies thus provides a bodily counterpart to the spiritual sickness that pervades the disputes over religion as well as McNab's ongoing contemplation of the value and intersection of belief and medical practice. Moreover, the novel continues Farrell's general enquiry in that the (medical) authority of the imperial British is taken to its limit and rendered powerless in the face of both conditions. As McNab notes whilst gazing out on Simla's

hillsides, '[he] felt uneasy here, as if beside the beautiful scenery, the prodigious vistas, the snow-capped mountains sparkling in the clear air, there lurked the malevolent presence of a disease he would be unable to control.'³⁵

For McLeod, McNab's unease is the creeping change that is approaching Empire, noting not only the cameo presence of Karl Marx (pictured in the British Museum's Reading Room in London, presumably working on the second volume of *Das Kapital*), but also the observations of Ralph J. Crane and Jennifer Livett that the temporal setting predates the oncoming nationalist agitations of the 1890s.³⁶ In addition, the spatiality of the hill station in conjunction with the use of disease as metaphor gives this passage deeper thematic and critical significance. Most apparent is the way Farrell, as is typical of his fiction, inverts the usual meaning of his settings through the use of irony. Despite Mark Harrison's assertion that hill stations offered important refuge from politics and the climate, Farrell illustrates that all threats, whether political or physical, only become all the more focused and intensified there.³⁷ The hill station itself then acts as a counterpoint to the vastness of India that Crane identifies as a trope of the genre, illustrating not just the breadth of the Indian landscape versus the individual, but the smallness of the British and their concerns within it. The tightly localised narrative adds a feeling of claustrophobia, concentrating and exacerbating the elements of British disunity just as the siege conditions of Krishnapur did, illustrating how Anglo-Indian society, and Empire more generally, is always divided and riven by the pettiness of disputes over rank and status.

As Spurling notes, whenever Farrell is critical of the past, he seeks to criticise the present also.³⁸ The resonances of Harrison's notions of retreat and refuge from politics and climate within Farrell's contemporary 1970s present are evident. Faced with the cold light of British decline in the present moment, the appeal of a retreat to the comforts of the imperial heyday, when the sun never set, or the refuge to be found in the literature and culture of the Raj Revival, is Farrell's other target here; such a journey into the past is to find refuge in a fiction of a different kind via the mythology of British imperialism, and a retreat from reality. The malevolent presence and disease that McNab cannot control might therefore be read as that curiously British condition, and not one endemic to India: nostalgia. In an effort to treat such nostalgia, though, instead of the playground of the upper echelons of colonial society, there is instead only disease, division, social anxiety and rivalry to be found in Farrell's Simla.

Belief in the mythos of Empire also informs Scott's engagement with the space of the hill station at Pankot, which begins in earnest in *The Day of the Scorpion*, the second book in *The Raj Quartet* and the point at which his narrative moves away from Hari Kumar and Daphne Manners to explore instead the social world that surrounds the Layton family. Along with Sarah Layton's musings on topography and character, the novel similarly entwines the experience of landscape within the biographies of the various Laytons that litter the narrative, past and present, and the longer history of the British presence in the region. Scott is evidently cognisant, as Farrell is, of the contradictory qualities of the hill station, introducing Pankot as simultaneously exclusive and respectable, and as a place with the potential for scandal. On the one hand, Pankot is the hot weather station of the 1st Pankot Rifles as well as the summer residence of the provincial government; therefore, like all hill stations, it possesses a little of the cultural cachet that comes with its association with Anglo-Indian high society. Though not viceregal, the long-standing presence of military families like the Laytons and the Muirs marks Pankot out as a place of some distinction, even if it is only 'second class' in comparison to Darjeeling, Nainital or Kashmir, and not as popular with tourists and leave-takers.³⁹ On the other, however, Pankot is 'a place to let off steam in', 'thoroughly English' and representative of the clubbable, boisterous hill station society that William Russell identified in Simla.⁴⁰ Scott's Pankot is a summer retreat for the local military regiment and the British society that gravitates around it, and can be read, as Scott suggests, as the setting for a curious kind of Anglo-Indian theatre. Later in the novel and in reference to British India more generally, Ronald Merrick calls attention to how colonial life seemed to him 'unreal, like a play'; the nature of the Pankot community renders this state in microcosm and creates a static environment in which people play their parts on a continuous, seemingly permanent basis.⁴¹ In this sense, Pankot, with its faux-Alpine and 'Indo-Tyrolean' architecture, is just as much a production and flight from reality as Farrell's Simla, with the power of Scott's novel likewise considering how removed such a community is in relation to the Britain of the contemporary present.

Scott's depiction of Pankot also addresses its role in the maintenance and restitution of health. Again with particular focus on the Laytons, Scott asserts the familiar dialectic between the hills and the plains, including the biography of John Layton's (unnamed) birth mother, who died as a result of double pneumonia coming soon after a bout of malarial fever contracted as a result of the 'ill effects of

life in places like Mayapore and Dibrapur', which had become 'too deep-rooted for the healthier climate of Pankot to have made much difference'.⁴² For most other concerns, however, Pankot is a destination for recuperation, rest and retirement, offering an atmosphere more conducive to the maintenance and preservation of health. Scott writes of how both Sarah and Susan Layton are born there given their mother's wish to escape the hot weather and give birth at the Pankot extension of the general hospital in Ranpur, illustrating a further connection between the careful management of treatment around the conditions of the plains and the hills.⁴³ Likewise, Susan Layton's convalescence after her nervous breakdown, whilst managed by the abrasive Dr Samuels, also takes place in the familiar surroundings of Pankot, and she benefits from her family's connections in order to receive treatment in the nearby military hospital.

Scott's description of the breakdown itself draws on the significance of its surroundings in order to generate meaning within the narrative. Released for a visit to her family's home in Pankot, Susan suffers a relapse and has to be taken back into care: 'her melancholy cries could be heard in the hills, scarcely distinguishable from the howling of the jackal packs'.⁴⁴ In describing Susan's condition in this manner, Scott not only brings together the human and the animal, just as Farrell does with the threat of rabies, but likewise emphasises the stifling and claustrophobic nature of the hill station: a space in which illnesses are experienced socially and publicly, with everyone knowing and reporting on each other's misfortunes in 'an air of furtiveness'. Described as 'damned embarrassing for the station', Susan's breakdown is a disruption of the surface-level orderliness and neatness of the hill station community, offering an indication, as Farrell's religious disputes do, of the disorder that lies beneath the façade of colonial society.⁴⁵

Susan's mental illness, and Pankot itself, are both part of Scott's exploration of a similar aggregation of physical and spiritual health, and the relationship between people and place, within *The Towers of Silence* and the wider context of colonial India as that of Farrell in *The Hill Station*. As is his habit throughout the series, Scott begins *The Towers of Silence* with an extended introduction to a character previously only obliquely mentioned, in this instance Barbara (Barbie) Batchelor. Barbie is the paying guest of Mabel Layton, John Layton's stepmother, and instrumental to the plot of the third novel of the series, where the edifice of colonial society and authority begins to unravel. A former missionary and teacher at the Protestant Mission School in Ranpur, Barbie acts as Scott's lower-middle-class

contrast to the upper-middle Laytons, whose history makes them part of the Pankot elite, and allows him to explore the hypocrisy of colonial society from another outsider's perspective. Over the course of the novel, Barbie accidentally discovers the long-running affair between Mildred Layton and Kevin Coley, one of the officers of the Pankot Rifles. Shocked by what she witnesses, Barbie runs from Coley's house out into a storm, catching a severe cold that develops into broncho-pneumonia, resulting in her admission to the civil wing of the Pankot general hospital.

Scott uses Barbie and this episode to bring together his concerns around the physical and spiritual threat posed by colonial India to the health of the individual. Whilst Barbie's illness is the result of physical symptoms contracted in an inhospitable climate, its origins, as well as her recovery, have a psychological as well as physiological bearing; Scott implies that Barbie's state stems also from the effect of discovering the unseemly truth of colonial society, and of a family in which she had placed so much belief and admiration. After over thirty years spent in service of the ideal of colonial India, it harms her faith as well as her health to witness what she considers a moral sickness beneath its surface. Knowing that she had been asked to leave the cottage, her doctor enquires after a place for her elsewhere in Pankot, recognising the implications a similarly inhospitable social climate might have on Barbie's health and stating darkly that '[p]eople don't die only of diseases, you know.'⁴⁶ Scott thus illustrates how people, health and place are again connected within colonial society. As he makes clear in *The Day of the Scorpion*, Scott states that the Laytons and Pankot are near synonymous and therefore intrinsically linked; Mildred's actions and Susan's breakdown signify their gradual unravelling as colonial India comes to an end, with Scott suggesting that its culturally emplaced values are undermined from the very top of the social hierarchy. As if to underline the ending of the colonial India of her imagination, *The Towers of Silence* concludes with Barbie accepting an offer to return to missionary work in a school at Dibrapur. However, as she alights in a cart to leave, she is the victim of an accident and is once again returned to convalescent care, this time permanently. She dies on the same day as the atomic bomb is dropped on Japan, thus signifying the end of the old world order of Empire and the beginning of the new.⁴⁷

Linking Scott and Farrell's novels is the similarity in their representation of Anglo-Indian society and the effects of various illnesses within the localised environment of the colonial hill station. Both *The Hill Station* and *The Raj Quartet* offer an indication of how the

connotations of illness are altered by space and place, particularly in terms of their intensity and concentration as a result of the confines of the hill station community. As both narratives progress, what begin as localised conditions develop to the point where their effects threaten the existence of the station community, colonial India and even Empire as a whole. When read together, Scott and Farrell's novels seek to illustrate the pervasive sicknesses that exist beneath the surface of the colonial societies they depict. The contrast of the illness within the Church (expressed in both the emergent doctrinal disputes of the 1870s and Kingston's tuberculosis) and the fallibility of Pankot's secular authorities (illustrated in Mildred Layton's affair and Susan's deteriorating mental state) is part of Scott and Farrell's attempts to illustrate how physical and spiritual sickness abound in colonial society, penetrating and damaging the institutions, classes and spaces that are its very foundations and essence. By illustrating the extent of this corporeal and psychological malaise, Scott and Farrell seek to refute the tendency towards nostalgia for the world of Empire and the risks that it represents to the body and soul of contemporary Britain.

Interiors: a sickroom of one's own

'Bricks are undoubtedly an essential ingredient of civilization; one gets nowhere at all without them.'

J. G. Farrell, *The Siege of Krishnapur*⁴⁸

Alongside the broader thematic significance and perils of plains and hills within Anglo-Indian fiction, the genre, and these novels, are concerned with the importance of the built environment, composed of the interior spaces of hospital, home and the sickroom. As well as their effects on plot, narrative and characterisation, these spaces act as extensions of the metaphorical and practical hierarchies, beliefs and attitudes widespread within Anglo-Indian society and its representation in fiction found in the exterior spaces of the hill station. Moreover, expressions of British advancement in science and medicine, exemplified by buildings such as the modern Ripon Hospital at Simla, are themselves representative of a longer-standing British interest in healthcare spaces and their optimisation as a means of securing and supporting the actions and goals of Empire. For instance, as Jharna Gourlay writes, despite never personally setting foot there, Florence Nightingale's interest in Anglo-Indian hospitals and her effect on their

management was notable, and with her interest in India piqued by the Rebellion of 1857, she would spend the next forty years advocating for change in the sanitary conditions of British and Indian soldiers and civilians alike.⁴⁹ As Gourlay illustrates, although she was philanthropic in many of her ideals and allegedly non-partisan in her personal outlook and ambitions, Nightingale's efforts must be viewed as inherently political, since they supported the continued maintenance of colonial power and the aims of the 'civilising mission' both in the provision of care to all Indians, thus demonstrating the Empire's benevolence, and through European medical education, which acts to supplant existing Indian practice. By extension, then, the care individuals received within these spaces reflects and sustains the same ideals and ills of the colonial society to which they belong.

In the same way as the preceding chapters explored the relationship between social perception or construction of illness and the practicality of its treatment by doctors and nurses, the relationship between the broader spatial understanding of where and how illness is contracted and the specificity of where it is experienced, treated and endured must also be examined. Scott, Farrell, Rushdie and Jhabvala all ground their representations of illness within the significance of spaces both social and personal. They do so partly in illustration of those experiential narratives of illness or treatment considered above, but also as a means of exploring how spaces of healthcare are governed and qualified by the exclusionary nature of colonialism and are those in which the good intentions of healthcare and the prejudices of Empire collide. Representing these spaces and how they replicate the inequalities of colonialism is inherent to their engagement with medicine as a component of imperial power, but also as part of its legacy in their contemporary present.

As Biswamoy Pati and Mark Harrison observe, in its most immediate form this exclusion is notable throughout the history of medical institutions in colonial India from the early nineteenth century onwards, either in the establishment of separate hospitals to treat European and Indian patients, both in relation to the general populace and in a military context, or the racial divisions that kept Indians at the margins of medical policy and practice.⁵⁰ In Scott's work we see traces of this prejudice in attitudes towards Indian medical staff, alongside that of patients, as well as towards particular hospitals themselves, further suggesting that colonial society's institutions mirror its more widely held values whilst also helping to construct and propagate them.⁵¹ As well as indicating the continuation of colonial prejudice towards Indians, Scott's work is revealing of how the

hospital space embodies the divisions between Anglo-Indians. Scott's Sister Prior from *The Day of the Scorpion* is again relevant here, especially since the space of the military hospital in Calcutta is vital to the creation and exercise of the authority she enjoys within her role as a nurse. In the brief episode in which Prior appears, she uses the environment of the hospital to inflict her slights on Sarah Layton by such means as forcing her to remain in the communal waiting area and only allowing her access to Merrick's room under escort, for a duration of her choosing. Whilst in one sense this scene appears to indicate how nursing and medical authority act as a social leveller, or act to empower those individuals otherwise lower on the social class scale than the upper ranks of Raj society, it just as much illustrates the toxic effect of Colonial India's obsession with status and how healthcare spaces serve to reflect the norms and ordering principles of the wider society to which they belong.

Prior's interactions with Sarah should not simply be read as corrective or an expression of social equity, but rather viewed instead as an imitative reflection of existing social behaviours of colonial India. Anglo-Indian society was one composed of privileged access to, or unambiguous exclusion from, particular spaces; institutions such as clubs and hotels best exemplify this practice, with many clubs still observing an official or unofficial 'colour bar' even as late as 1947.⁵² Prior's brusque treatment of Sarah is not motivated necessarily by social justice or in pursuit of class equity, but rather in reflection of the spatially emplaced social relations of the Raj; essentially, the manner in which an individual is empowered through the act of disempowering others, with space integral to the process. Prior demonstrates that the exclusion she herself might experience in wider colonial society can, in the microcosm of the hospital, be turned against someone like Sarah Layton, who would usually expect and experience privileged treatment. It is thus telling that their meeting ends with Prior forcibly shutting a gate on Sarah as she escorts her from the hospital grounds, firmly emplacing a physical boundary as if to underline the metaphorical one that separates them and returning each woman to her sphere of influence.

Scott returns to and develops his use of healthcare spaces as insight into the British colonial mentality in *A Division of the Spoils* (1975). As the British presence in India moves towards its inevitable dissolution, Scott uses the space of the Royal Army Medical Corps (R. A. M. C.) hospital at Pankot to illustrate the fractious state of the British community behind the façade of national and colonial unity. Told in retrospect, and seemingly tangential to the main narrative, the section

concerns Perron's time billeted in the R. A. M. C. annexe whilst under Merrick's command. Rather than acting as one of Scott's subplots that serves primarily to flesh out his representation of the Raj, Perron's experience at the Pankot Hospital functions instead as far more vital a part of Scott's post-imperial reflection on the attitudes and hierarchies of colonial India and Empire. On a surface level, and in terms of its projection of British values, the hospital appears as a place of recuperation, respite and care, both for the patients and the nurses that staff it, many of whom are veterans of the Burmese campaigns. However, as a result of Merrick's actions, the hospital is swiftly revealed as a space in which division, exploitation and suspicion of others' motives is rife. In a complex process of blackmail involving a homosexual affair and the threat of a charge of 'gross immorality', Merrick coerces Lance Corporal Pinker, one of the junior R. A. M. C. staff, to give him access to Susan Bingham's patient file so that he can check her medical and psychological health ahead of their forthcoming marriage.⁵³ The space of the hospital, described as 'halfway between Area Headquarters and the lines of the Pankot Rifles depot', thus sits uneasily at the centre of a conflict between the social ideal, namely the care of patients, and the personal reality, the satisfaction of Merrick's own agenda, illustrating a conflict between the altruistic exterior and the self-serving interior of the Raj.⁵⁴ Perron notes of Merrick the 'extraordinary care he took to manipulate things, people and objects, into some kind of significant objective/subjective order with himself at the dominant and controlling centre'.⁵⁵ Scott once again uses Merrick as the Raj's omphalos, making him the embodiment of the self-interest and abuse of status at the heart of Anglo-Indian society just as he did with its racism in relation to Merrick's mistreatment of Hari Kumar.

As critical as they are of the inequities of Anglo-Indian society throughout the life of the Raj, these novels do not present a teleology with regard to colonialism's conclusion. Instead they illustrate how one of the legacies of Empire is the continued association of the hospital with the exclusionary values of colonial society and the preservation of the privileged access to space at its centre. In another illustration of how Jhabvala's *Heat and Dust* offers a critical approach to post-imperial, independent India, when Jhabvala's narrator visits Dr Gopal in *Heat and Dust*, she notes that it is 'an old, grim stone building – the same one Dr Saunders was in charge of – and it is too small for the town's needs'.⁵⁶ On meeting Gopal, the narrator finds the same sense of personal entitlement enacted by Saunders a generation earlier; instead of expanded access for all,

'[i]n-patients and out-patients overflowed onto the verandahs and corridors and the patch of grass outside', whilst Gopal sits in a 'large, airy, and tidy' office replete with 'solid, old pieces of English furniture' that likely belonged to Saunders himself.⁵⁷ Jhabvala suggests that the space of the hospital again features a doctor, Gopal, who is invested more greatly in projecting his own prestige and protecting his position than in correcting the inadequacy of medical provision offered in Satipur. Like Merrick in Scott's work and Saunders before him, Gopal positions himself as the dominant centre of the space, and whilst his attitude is revealed as more resigned indifference than the malice of Merrick, he nonetheless preserves the same import of social hierarchy within space, impatiently dismissing the two outpatients with their 'simple faces under big turbans', whilst detaining the narrator seemingly to take advantage of an opportunity to practice his English. Gopal indicates that a further legacy of colonial society is the continuation of this tendency towards empowerment through the act of disempowering others, inherited in full along with the hospital, the office and Saunders' furniture.

In addition to the shared space of the hospital and its mimicry of social values, the other significant interior space of the Anglo-Indian novel is that of the home and the domestic environment. Given the itinerant nature of Anglo-Indian life, domestic space and the stability it offered was a prized commodity within colonial society, especially since it was only ever a temporary prospect for many administrators, soldiers and civilians alike.⁵⁸ Similarly, inevitably even, domestic space was used as a further form of social display. As Anthony D. King has noted, the bungalow, an appropriated form of Indian dwelling that became synonymous with Anglo-Indian domestic life, stood as a symbol of British orderliness and a further form of cultural colonisation as increasing numbers were built in an 'Indo-European' style during the heyday of the late Victorian Raj.⁵⁹ In recognition of their imitative functions, these constructions of home within Anglo-India are, as Kim Dovey has argued of domestic space more broadly, 'a product of homelessness and the unhomely', acting as a response to cultural dislocation and the physical, geographical isolation of colonialism itself.⁶⁰ To support the vision of domestic order such products sought to project, it was necessary for the resident sahib to be visible, and so the bungalow verandah or garden offered a semi-private, semi-public space for social display to take place. As such, Anglo-Indian domestic space was not only hybrid in origin but also hybrid in nature, effectively acting as a third space that combined both public and private spheres of existence.⁶¹

Alongside their function of social display, bungalows and domestic spaces were thought to be related directly to health, and so a living space that was conducive to good health in particular was vital. Whilst numerous Anglo-Indian residents complained of a distinct lack of ‘mod cons’ such as electricity and indoor plumbing as late as the 1940s, these houses remained, in the words of Julian Downing of the ICS, ‘pleasant and large’, and had a ‘spacious’ quality that is ‘seldom found anywhere today’.⁶² In an echo of wider attitudes towards climate, as well as many of Nightingale’s reforms around hospitals in both Britain and India, the emphasis on coolness and airiness found in Anglo-Indian bungalows was designed to alleviate the discomforts of the heat and guard against the concerns over India’s various ‘bad airs’, such as miasma or malaria.⁶³ Their detached status likewise emphasised the divide between the colonial British and their Indian subjects, one that reinforced the same social distinctions expressed within the professional sphere as well as keeping Britons separate from those spaces perceived as ‘unhealthy’, such as bazaars and slums. Similarly, healthy domestic spaces such as the bungalow served to reinforce the hill station’s function as a site of recuperation, one that offered rest and retreat from the otherwise arduous demands of colonial life.⁶⁴

Given their significance within Anglo-Indian society, domestic spaces abound within Anglo-Indian fiction too. The Dak bungalow, recurring repeatedly from Kipling’s stories through to Farrell’s *The Siege of Krishnapur*, is an evident staple of the genre, whilst the social commentary of Jhabvala’s novels is so often situated within the domestic sphere and the changing environs of the home within colonial or postcolonial India. All of the novels under study here contain a host of significant domestic spaces that intersect with illness and its treatment, as well as the wider consideration of the history and legacy of Empire. For example, Scott includes various domestic spaces from the beginning of *The Raj Quartet*, which continue to grow in significance as the British control of India diminishes, ending in *Staying On* (1977) with Tusker and Lucy Smalley’s lives shrunk largely to the confines of their bungalow in Pankot as the town modernises around them, both they and their domain now anachronistic where once they conferred prestige.

Of these examples, Rose Cottage at Pankot – the home of Mabel Layton, memsahib and matriarch of the family, and Barbie Batchelor’s residence during her tenure as a paying guest – is the site of much of Scott’s exploration of the importance of domestic space in relation to health and to the legacy of British rule. Described in

terms of its 'essential *soundness*', Rose Cottage is the encapsulation of the Layton family's efforts at effecting a legacy as well as evoking the spatial character of England within the context of Pankot, and Scott writes that the cottage, built in 1890 at the high-water mark of Empire, 'belonged to a time when the British built in a proper colonial fashion with their version of India aggressively in mind and with a view to permanence'.⁶⁵ As well as its attempts to replicate the temperate conditions of home through European architecture and in particular its garden, such ambition towards permanence via the built environment here acts as a counterpart to the recurrent infirmity and impermanence of health in colonial space; instead of the frail and fragile British bodies that come and go, the house endures, and becomes, as Gaston Bachelard argues, 'body and soul'.⁶⁶ Again Scott engages with the idea of the colonial legacy, including the desire to indicate a 'claim on history through long connexion' via the house, likewise recalled through the similarly enduring gravestones of various Laytons within the Pankot cemetery.⁶⁷ However, the function of Rose Cottage is not only to act as testament to that legacy, but also to convey the detail of the lived experience of it, coming to indicate 'the quality of survival and the idea behind it – that survival meant change'.⁶⁸ Scott's terms are once again evocative of health and illness, and speak to the desire for healthy domestic space as well as its intended effects; survival, consisting of and including illness, treatment and recovery, creates change and new awareness within the ill subject, and domestic space becomes the site of that process of survival as well as a contributing factor to it.

Scott's novels indicate how domestic spaces are intended to be prophylactic and preventative, creating conditions that are conducive to health and allowing residents to avoid the dangers that lurk elsewhere in the supposedly 'pathogenic' environment of India. However, his description of Rose Cottage also alludes to the fact that alongside this intention, houses, bungalows and domestic spaces are often foremost in the experience of being ill and as sites of care. For example, in Scott's own work, Daphne Manners' examination by Doctor Klaus and the birth of her daughter Parvati both take place at home. Similarly, in Rushdie's *Midnight's Children*, Aadam Aziz's treatment of Naseem through the perforated sheet takes place within 'a spacious bedchamber' within her family home and comes to highlight the simultaneously exceptional and familiar experience of ill health within domestic space. At first, her treatment and Aadam himself are, like Western medicine, seen as invaders and placed on the same level as the 'many good-for-nothings' who have tried to

climb into Naseem's room, and from whom she requires protection in the form of the three lady wrestlers that hold the sheet and stand guard.⁶⁹ Over time, though, Naseem's various illnesses and Aadam's regular visits become part of the rhythm of the house, and medical practice is absorbed within the quotidian practice of domestic space; rather than just being temporarily subject to the medical gaze or the setting for an isolated clinical encounter, the house is revealed as a site of recurrent illness and host to a long list of conditions that purportedly afflict Naseem. Houses are thus not necessarily resistant to illness, as the British bungalows might suggest, but rather anticipate its occurrence and treatment to take place within their walls and seek to effect survival as part of their being.

The predominant environment through which houses seek to accommodate illness is through the space of the sickroom. In reflection of the potentiality of space, and in contrast to the efforts at permanence otherwise expressed through the bungalow, the sickroom is typically borne out of temporary necessity rather than specific designation, with houses becoming sites of care and convalescence as and when required. Seeing the sickroom as a particular trope of Victorian fiction, Miriam Bailin recognises how it acts as a unifying experience within society, a means of bringing together all social classes through their shared susceptibility to illness, but it is also a site of spatial paradox; Bailin argues that whilst the experience of recovery and receiving treatment might result in spiritual growth and a bond between caregiver and patient, it is simultaneously a source of existential threat, resulting in a conflicted emotional state.⁷⁰ The same benefit of care as expressed in the nurturing environment of the home also brings with it feelings of physical, mental and spiritual anxiety, as well as having the potential to transform living space into a site of death, loss and bereavement. Given the currents of neo-Victorianism that affect Anglo-Indian fiction, especially expressed in the work of Farrell, John Masters and G. M. Fraser, Bailin's consideration of the sickroom is relevant to Anglo-Indian fiction too. Similarly, the distance between many communities and permanent medical facilities or hospitals in colonial India, and the expense of prolonged treatment, meant that most people received care and experienced ill health within the domestic sphere.

The use of the home as a location for prolonged recuperation and a site of sickness is particularly apparent in Jhabvala's *Heat and Dust*. Despite not being neo-Victorian in terms of its temporal setting, it is nonetheless significant that it is the embodiment of the colonial Victorian memsahib, Mrs Saunders, the wife of the medical

superintendent, who is most firmly associated with domestic space and the sickroom. Jhabvala writes initially of Mrs Saunders as being confined to bed and unable to attend a party, before later revealing more details about her condition when Olivia visits her. Mrs Saunders is bedridden after the death of her infant child and the resultant illness, which was ‘something to do with her womb’ that had ‘never got right’ after the baby’s death.⁷¹ Motivated by her fears for her own health and anxieties over becoming pregnant, Olivia arrives with ‘flowers, fruit and a heart full of tender pity for her’; however, her meeting with Mrs Saunders runs counter to Bailin’s assertion of the levelling effects of illness, and Olivia discovers that although her ‘feelings towards Mrs Saunders had changed, Mrs. Saunders herself had not. She was still the same unattractive woman lying in bed in a bleak, gloomy house. Olivia, always susceptible to atmosphere, had to struggle against a feeling of distaste.’⁷² Jhabvala describes Olivia’s struggle with the ideal and reality of the intimate encounter with illness and how its place within the home disrupts the constitutive elements of domestic space, bringing sickness and mortality to the heart of everyday life.

Aside from the metaphorical resonances of Mrs Saunders’ condition with regard to the health and vitality of the imperial ruling classes, Jhabvala’s association of domestic space and prolonged sickness can be seen as her destabilisation of the Victorian trope of the ‘Angel of the House’ as well as a key narrative driver. Indeed, it is in part Olivia’s fear of becoming like Mrs Saunders and the other station ladies that leads her to reject her otherwise comfortable but suffocating domestic life with Douglas, and that is responsible for the fear that drives her decision to have an abortion towards the end of the novel. Similarly, Jhabvala rejects the typical depiction of grace found in (female) suffering that Scott evokes through characters such as Meg Reid or Barbie Batchelor, describing Olivia’s boredom at hearing details of her condition and showing how Mrs Saunders shouts at her servants in frustration and, it is implied, racially abuses them. Jhabvala thus subverts the expected conventions of both illness narrative and domestic space in relation to gender. Domestic space is often historically and culturally considered a female domain, especially in colonial society, where women were thought to be responsible for keeping the domestic sphere clean, harmonious and healthy.⁷³ Such a portrait appears, initially, to be the case in these novels, with the usual situation being that women are left to manage the domestic sphere due to a general absence of men; Scott’s novels are filled with men absent from the home as

a result of military service, imprisonment or death. In one of the few instances of complete households in Scott's books, the Smalleys' bungalow in *Staying On*, domestic space is shown to be riven by dysfunction.

Rather than the house acting as the health-giving centre of domestic life in Jhabvala's work, it becomes a source of tension and a liminal space in which the individual is subject to unwelcome and undesirable change. Whilst the sickroom represents a threshold, a staging post between Sontag's kingdoms of the well and the sick where the individual is identified as a traveller but has yet to embark fully on their journey, the house itself comes to represent imprisonment, threatening to change Olivia into one of the colonial caricatures she observes in Sitapur society.⁷⁴ In a link between the exteriors and interiors of Indian society, Olivia fears that pregnancy, illness or some other effect of the climate might result in her confinement within the bungalow, suggesting how the same spiritual sickness that pervades the wider context of colonial space also influences the domestic.⁷⁵ The house is again associated with 'body and soul' as in Bachelard's analysis, but as a cause of their potential harm and not their enrichment.

The representation of domestic spaces, interiors and the built environment in the novels of Scott, Farrell and Jhabvala can thus be viewed as a further extension of their approach to the history of colonial India and the legacies of Empire more broadly. In much the same manner as they explore the disorder, division and danger in plains and hill stations, their work calls attention to how the values of those institutions on which people base their identity, or that are constitutive of being, become debilitating, and how spaces of healthcare can engender spiritual sickness. Their novels suggest that colonialism itself, with its conditions of power, an inherent tendency towards exclusion, and the production of various hierarchies, acts as a chronic condition that moves physically through the body of a nation, namely India, as well as remains figuratively in the soul of postcolonial Britain. Their work, then, can be viewed as a curative space itself in which to isolate and attempt to purge the lasting legacy of the colonial Empire on the British body politic.

Notes

1. Rediker, *Outlaws of the Atlantic*, 2. The focus on land has been corrected by a growing body of work on the significance of sea voyages, and the ships in which British colonists would travel, within the history

- of colonial space, with a range of works seeking to re-centre the sea 'as a site of history, geography and cultural activity'. See Mathieson (ed.), *Sea Narratives*; Bose, *A Hundred Horizons*.
2. See Cresswell, *Place: A Short Introduction*.
 3. Harrison, *Climates and Constitutions*, 19–20.
 4. As Douglas Ivison argues: 'the genre of travel writing . . . was the cultural by-product of imperialism, often written by those actively engaged in the expansion or maintenance of empire (explorers, soldiers, administrators, missionaries, journalists) and dependent upon the support of the institutions of imperialism in order to facilitate the writers' travels'. Ivison, 'Travel Writing and the End of Empire', 200–1.
 5. *Forbes's East India and Colonial Guide*, primarily a gentleman's outfitters, reminded potential customers that the distance to Bombay was 6,570 miles by way of the Red Sea from London, and would likely take three to four months aboard ship; 15. The opening of the Suez Canal reduced this voyage to a mere 35–45 days. Likewise, Wolfgang Schivelbusch's work on the Victorian railway illustrates a more general change in understanding space, time and travel in the industrial age; Schivelbusch, *The Railway Journey*.
 6. Margery Hall's recollection was thus: 'It was the East's first assault on my senses, and my memories are of heat, flies, noise, people, and horror of horrors the quayside, scarlet with blood so I thought. This turned out to be only millions of spits, mingled with betel nut'; BL, Hall, 'And the Nights', chapter 1, 2.
 7. Wald, *Vice in the Barracks*, 132.
 8. BL, Symons, Memoir, Mss Eur F180/82, 4. The vast majority of the memoirists in the BL's collection note that U. P. and the Punjab were considered the best postings, with Bengal the worst.
 9. Nasir Faruqi (ICS Bombay) notes that an Assistant Collector was expected to spend 210 days of the year on tour. Faruqi, Mss Eur F180/27, 6.
 10. As well as his early links to the hill station of Simla discussed below, Kipling's publications were all inherently reliant on the production of imperial spaces, from *The City of Dreadful Night* (1885), *The Jungle Book* (1894) and *Kim* (1899).
 11. Moretti, *Atlas of the European Novel*, 3.
 12. There are multiple examples of this practice of using Kipling as a point of reference within the British Library ICS archive, including the memoirs of: Sidney William Cecil Dunlop, Mss Eur F180/51, 1; William Francis Grahame Le Bailly, Mss Eur F180/65, 1; Archibald Ian Bowman, Mss Eur F180/73, 67–8.
 13. See Goodman, *British Spy Fiction and the End of Empire*.
 14. This engagement with space is not always consistent across these genres, however. For instance, beyond one short yet revealing scene in John le Carré's *Tinker, Tailor, Soldier, Spy* (1974) where George Smiley

- finally meets his nemesis, Karla, in a Delhi jail cell, most British spy fiction of the period ignores India (a colony 'lost') in favour of Europe and East Asia, where the nation's influence might yet be preserved.
15. Crane, *Inventing India*, 1. Of the nineteen primary novels that comprise this study, fourteen begin, as Crane observes, with descriptions of topography, landscape or social context.
 16. Crane, *Inventing India*, 2. Similarly significant is the choice by some authors, such as G. M. Fraser in *Flashman in the Great Game* (1975), to preface their novels with maps, either of India to better locate the events of the narrative, or of towns, to embed the actions and emplacement of characters.
 17. Melvin Maddocks, reviewing *The Siege of Krishnapur* for *Time* magazine in September 1974, stated: 'When an American novelist wishes to demonstrate the naiveté of Americans, he packs his characters off to Europe. This is known as the Henry James gambit. When a British novelist wishes to display the naiveté of Englishmen, he ships his characters out to India. This is known as the E. M. Forster Ploy.' Farrell (Trinity), Box 9159-60, 'Miscellaneous papers', n.p. Again, such decisions find precedent in Kipling, specifically the titular character from 'The Conversion of Aurelian McGoggin' (1887). For Farrell, it is a ploy he repeats throughout nearly all of his Empire novels, with a similar figure visible in the Major from *Troubles* (1970) and Matthew Webb in *The Singapore Grip* (1978). Scott twists the process somewhat through Hari Kumar, an Indian who knows nothing of India, having been raised in England; without the ethnic safety net afforded to the white British characters, Kumar's lack of knowledge results in his brutal treatment by Merrick, and imprisonment.
 18. See Coverley, *Psychogeography*.
 19. See Frank, *The Wounded Storyteller*.
 20. Scott, *TDotS*, 143.
 21. Harrison, *Climates and Constitutions*, 2. Similarly relevant here is the practice of 'seasoning', in which new recruits to India would first be sent to more 'temperate' areas of the country in order to gradually acclimatise to the conditions of the subcontinent. See Wald, *Vice in the Barracks*, 127.
 22. Scott, *TDotS*, 171.
 23. Scott, *SO*, 93. This sense of new life is visible in the various novelists under study here. For example, Jhabvala's novels are full of these kinds of changes, from the shift in Prem's social world alongside his wife's pregnancy in *The Householder* (1960) to the narrator in *Heat and Dust* (1975), whose story concludes with her remaining in India and about to give birth, literally on the cusp of new life.
 24. De Courcy, *The Fishing Fleet*, 187-8. The effort was presumably reduced once the government moved to New Delhi in 1911, a mere 250 miles' distance from Shimla.

25. Farrell's papers relating to *The Hill Station* refer extensively to his reliance on *Twenty-One Days in India* (1896) by George Aberigh-Mackay, from which he takes the information about the Ripon Hospital, amongst other details; Farrell (Trinity), Box 9153: *The Hill Station*, 'Notes and Index Cards'. Further information on the Ripon hospital can be found in the *Gazetteer of the Simla District*, 116.
26. Jhabvala, *HaD*, 39.
27. Russell, *The Indian Mutiny*, 322–3.
28. Dennis Kincaid's *British Social Life in India* notes how Kipling's writing caused some irritation for its confirmation of loose living at Simla, though acknowledges it contained more than a grain of truth, stating: 'The joke that you cannot sleep at night at Simla for the noise of the grinding of axes must be almost as old as the hill-station itself'; Kincaid, *British Social Life in India 1608–1937*, 248–50.
29. Dix, *Postmodern Fiction*, 23.
30. Farrell (Trinity), Box 9153: *The Hill Station*, 'Notes and Index Cards'. Rabies, or hydrophobia, is alluded to in Rudyard Kipling's *The Mark of the Beast* (1890), and also appears as one of the common hazards of 'murderous, torturing India' in John Masters' *Nightrunners of Bengal*; 103–4.
31. Fittingly, the centre of treatment for rabies during colonial India was the Pasteur Institute at Kasauli, forty-five miles away from Simla.
32. McLeod, *J. G. Farrell*, 76.
33. Farrell, *THS*, 66–7.
34. Harrison, *Climates and Constitutions*, 19.
35. Farrell, *THS*, 113.
36. McLeod, *J. G. Farrell*, 76–7.
37. Harrison, *Climates and Constitutions*, 20.
38. See also Spurling, 'As Does the Bishop'; Farrell, *THS*, 155.
39. Scott, *TDoS*, 70.
40. *Ibid.* 70.
41. *Ibid.* 256–7.
42. *Ibid.* 74.
43. *Ibid.* 87. Hilary Spurling writes of Pankot as a predominantly female space, home to the left-behind wives and mothers of Anglo-Indian society. Spurling, *Paul Scott*, 346.
44. Scott, *TToS*, 343.
45. *Ibid.* 346.
46. *Ibid.* 363.
47. *Ibid.* 464.
48. Farrell, *SoK*, 9–10.
49. Gourlay, *Florence Nightingale and the Health of the Raj*, 1.
50. Pati and Harrison, *The Social History of Health and Medicine in Colonial India*, 7.

51. Barbie Batchelor's actions at the morgue, where she falsely claims to be part of the Layton family, has only personal repercussions for her, whilst the Indian doctor on duty, Dr Lal, suffers the professional consequences. Scott, *TToS*, 277–8.
52. BL, Rahmatullah, 'Unpublished Memoir', 76.
53. The episode involving Pinker is one of Scott's more self-reflexive subplots, making passing reference to Graham Greene's *Brighton Rock* (1938) in the character's name, and Greene's particular taste for colonial morality tales such as *The Heart of the Matter* (1948) and *The Quiet American* (1955). Moreover, Scott also implies that despite its reflection of dominant colonial ideology, the hospital also offers a space for resistance and non-heteronormative identities through the character of Corporal Dixon, a male nurse and Burma veteran who is 'known affectionately as Sophie, or Miss Dixon, or Mum', and refers to herself in the third person as 'she'; Scott, *ADotS*, 275. Spurling suggests that the Pinker episode is autobiographical, and refers to Scott's own experiences as a young soldier in 1941; see Spurling, *Paul Scott*, 95.
54. Scott, *ADotS*, 274.
55. *Ibid.* 281.
56. Jhabvala, *HaD*, 110.
57. *Ibid.* 110–11.
58. The cost of maintaining a large house with a full complement of servants was prohibitively expensive for most, and many Anglo-Indians would share accommodation in 'chummeries' (for unmarried men), stay in the guest accommodation at the station Club or rent semi-furnished properties; BL, Hall, 'And the Nights', chapter 3, 2; Hobbs, *Indian Dust Devils*, 6.
59. King, *The Bungalow*, 47.
60. Dovey, *Framing Places*, 175.
61. Third Space in this context recalls Homi K. Bhabha's use of the term to denote those liminal encounters between coloniser and colonised; he argues that when these are coupled with global inequalities and non-synchronous temporality, the resultant 'incommensurable differences create a tension peculiar to borderline existences'. Bhabha, *Location of Culture*, 312.
62. BL, Downing, memoir, Mss Eur F180/50, 11.
63. Howell, *Malaria and Victorian Fictions of Empire*, 155.
64. Such understandings of domestic environments within colonial space are not exclusive to India, and are likewise reflected in the Irish 'big house', itself the focus of Farrell's *Troubles* (1970), where the Major retreats to Kilnalough to recover from his experiences in the First World War.
65. Scott, *ADotS*, 167.
66. Bachelard, *The Poetics of Space*, 7.
67. See Chapter 5 for further consideration of memorials and mortality.

68. Scott, *ADotS*, 168.
69. Rushdie, *MC*, 23.
70. Bailin, *The Sickroom in Victorian Fiction*, 5.
71. Jhabvala, *HaD*, 27.
72. *Ibid.* 26–7.
73. Sara Mills, Philippa Levine and others have argued to the contrary, highlighting how women enjoyed a rich social life in colonial space but were often accused of ‘intruding’ in male colonial affairs, and how men would inevitably be required to manage the domestic economy. See Levine (ed.), *Gender and Empire*, and Mills, ‘Gender and Colonial Space’, 130.
74. Sontag, *Illness as Metaphor*, 52.
75. The same is the case in Farrell’s *The Hill Station*, where McNab examines Reverend Kingston and all his instincts combine ‘to tell him that this was a house where illness would flourish’. Farrell, *THS*, 67.