Royal Commission on Labour: public health in Colonial Delhi

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During the first decade after the announcement of the transfer of the colonial capital to Delhi in 1911, numerous arrangements regarding sanitation and public health were made. But during the decades of 1920 and 1930 several discussions took place regarding the role to be played by the colonial authorities, the Indian elites and the population in general. Was there a need for a central bureau for public health? Were the municipalities going to take care of all tasks pertaining to it, especially considering the changes introduced by the Indian Act of 1919 which granted greater autonomy for them? Was it desirable that the Indian population took a more active role?[2]

The annual reports written by the Public Health Commissioner for the government of British India during the 1920s and 1930s expressed these debates. The post of Health Commissioner was held by F.G.H. Hutchitson, J.D. Graham and by A.J.H. Russell. All of them wrote about India in general, but they devoted a section to Delhi Province -as well as to the rest of the provinces.

One remark made by Graham in 1931 was particularly interesting. He mentioned (again) the need for a central bureau for public health and for an enquiry into the health conditions in India.[3] His first petition would not be granted till 1937 and his second till 1943. But in 1931, the Royal Commission on Labour published its

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[2] This was not the first time that these concerns were voiced by the colonial administration. For an account of this process, see: Samiksha Sehrawat. *Colonial Medical Care in North India. Gender, State and Society c 1840-1920*. New Delhi, Oxford University Press, 2013.

[3] *Annual Report of the Public Health Commissioner with the Government of India for 1932. vol. I with Appendices*. Delhi, Manager of Publications, 1934 (IOR, V/24/3661): 2.

report which devoted a great deal to the living conditions of the workers and therefore on health, housing, diet, child and maternal welfare. Originally, the Commission had been appointed to enquire into the conditions of labour in industries and plantations, the relations between employers and employees and to make recommendations.[4]

This text proposes to see the Royal Commission on Labour as a meeting point for people and initiatives in Delhi, as evident in the Commission's public audiences and the memoranda submitted. Firstly, I will elaborate on the conditions of the city, pointing to some of the various projects addressing the inhabitants' health. Secondly, I will examine the origin of the Commission, and the way it expressed the debates going on in the city.

Delhi 1920-1930

In her book about medical care in Northern India, Sehrawat has shown that colonial State involved itself in the administration, incorporation of staff and funding of dispensaries and hospitals as a way to foster the participation of voluntaries and wealthy Indians. It was thought that by contributing to dispensaries and later on to hospitals, an associational culture would be developed which would contribute to developing a sense of being modern and of citizenship among Indians.[5]

During the first decades of the XXth century, funding for dispensaries and hospitals came from local bodies and the colonial State. But the amount spent by municipalities varied across India. According to Jeffery, municipalities conceived spending on health care as a very important task and spent a quarter or more of their small budgets on related subjects.[6] Thanks to series of factors: a greater commitment on the part of municipalities, a strengthening of the nationalist

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[4] *Report of the Royal Commission on Labour in India*. New Delhi, Agricole Publishing Academy, Reprint, 1983 [1931]: ii.
[5] Samiksha Sehrawat. *Colonial Medical Care in North India. Gender, State and Society c 1840-1920*. 21-23.
[6] Roger Jeffery. *The Politics of Health in India*. Berkeley, Calif., University of California, 1988: 69-70.

movements, enthusiastic doctors and nurses, and also the participation of colonial authorities and the wives of viceroys medical care expanded -even if it was never enough as the Royal Commission on Labour would reveal.

There was discussion among provincial governments about whether hospitals should charge fees to their patients, but again the position of the provinces diverged: whereas Madras, Bengal, Assam and Burma were not in favour of charging fees, Bombay, Punjab, the Central Provinces, and the United Provinces. The result was an uneven development in health care across provinces, which depended on the willingness of the local bodies and the generosity of the local elites.[7]

The 1919 India Act introduced some important changes, health (as well as other subjects) became a provincial matter, except for a few aspects, like the control of communicable diseases. This decision was apparently a move towards a greater involvement of Indians in the government, but it rather corresponded to the way the British administration saw health care in India.

In Delhi, numerous initiatives were launched which showed the patterns mentioned. I will describe four of them to explore ideas about voluntary work, commitment to a scientific approach, involvement of local elites.

The first one is the inspection of hygiene at schools was a measure introduced in 1915 regarding the seven Municipal Board Schools[8] based on the recommendations made by the Report of the Committee on Educational Hygiene - Nainital August 1913. The points to be observed were the dimension of rooms according to the number of students, the adequacy of light and ventilation, the kind of latrine arrangements and the provision of drinkable water.[9] The report on Delhi

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[7] Samiksha Sehrawat. *Colonial Medical Care in North India. Gender, State and Society c 1840-1920:* 45.

[8] In 1916 W.H. Hailey, Chief Commissioner of Delhi, mentioned that there was no system as yet of school children examination, which makes us assume that there were some individual efforts in this direction. “Note by W.M. Hailey, Chief Commissioner, Delhi on Mrs. Pennell's scheme, 8 August 1916” Scheme for Women Health Officers, File 1/1917, Education Chief Commissioner (DDA): 6.

[9] “From Capt. J.P. Huban, Health Officer, Notified Area, Delhi, to the Deputy Commissioner, Delhi Province, Delhi, Delhi 13th August 1925” Orders passed regarding periodical

City by the Medical Officer himself, Dr. Sethna, presented a disappointing state: he found that except for one school, no building had been intended to be used as such and therefore the schools did not meet the requirements in terms of circulation of air and light, apart from the fact that students had little space and had to seat on the floor. There were no urinals and even though there was drinkable water, there was a difference in cleanliness of the utensils for drinking (clean *lotas* for Hindu students and rusted tin pots for Muslims).[10]

Three years later in 1918, things had improved according to Dr. Sethna: the schools looked cleaner and seemed less congested, but the buildings were the same, so he suggested it was about time to build proper schools.[11] The report from the Notified Area from 1925 contained very similar information: there was water and the school's premises looked clean, but there were no windows in the classrooms.[12]

The second one is the organization of an Infant Welfare Exhibition. The project came up in 1919 as official correspondence shows. In February there was the first mention in a letter to Beadon, Deputy Commissioner;[13] and in March the first meeting took place. Dr. Margaret Balfour explained that the idea came from the Association of Medical Women in India who considered it was advisable to promote

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Inspection of the Sanitary Condition of School Premises in the Delhi Province. Office of the Deputy Commissioner, Delhi, 1918, D.C. File 8/1918 (DDA): 2.

[10] "From Dr. K.S. Sethna, Health Officer, Delhi, to the Deputy Commissioner, Delhi Province, Delhi 24th May 1915" Orders passed regarding periodical Inspection of the Sanitary Condition of School Premises in the Delhi Province. Office of the Deputy Commissioner, Delhi, 1918, D.C. File 8/1918 (DDA): 2-3.

[11] "From Dr. K.S. Sethna, Health Officer, Delhi, to the Deputy Commissioner, Delhi Province, Delhi 3rd December 1918" Orders passed regarding periodical Inspection of the Sanitary Condition of School Premises in the Delhi Province. Office of the Deputy Commissioner, Delhi, 1918, D.C. File 8/1918 (DDA): 9. *Annual Report of the Public Health Commissioner of India for 1922 with Appendices, vol. I.* Simla, Government of India Press, 1924 (IOR, V/24/3659)

[12] "From Capt. J.P. Huban, Health Officer, Notified Area, Delhi, to the Deputy Commissioner, Delhi Province, Delhi, Delhi 13th August 1925": *op.cit.*: 2.

[13] "Letter from [illegible signature] to Beadon, Deputy Commissioner, Delhi, 6th February (?) 1919." Infant Welfare Exhibition in Delhi during 1919-20. Deputy Commissioner Office, Delhi, DC. 12/1919, Department of Delhi Archives.

ideas regarding the proper care of mothers and children, following the example of a similar exhibition held in Britain in 1917.[14] Over the following months till the Exhibition took place in February 1920, several meetings took place to discuss the sections of the exhibition, the fees to be charged depending on the day, the timings when it be would be *pardah*, the petition of grant of 5,000 rupees from the government, the donations promised by several entities, etc.[15]

During the next years, the exhibition took place in Delhi Winter (sometimes in January, sometimes in February) changing its name first to Baby Week and then to Health Week and inspiring a movement across India: little by little similar exhibitions were held in various provinces:

> …and in 1920 an exhibition for maternity and child welfare was held to which exhibits were sent from all over India and which was visited by delegates from an equally wide area. This exhibition roused a great deal of public interest and was most valuable in calling attention to the need for child welfare work and the way in which it could be organised.[16]

In Delhi, the Baby Week would be inaugurated by the authorities, including the Chief Commissioner, the Viceroy and Vicerreine in turn.[17] It included a competition to determine which baby was healthiest, a distribution of prices for best essays on various topics related to health, talks delivered by doctors and nurses/health visitors.

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[14] "Minutes. Proceedings of a Meeting held at Nicholson Road, Delhi on the 20th March to consider the question of organising a Maternity and Infant Welfare Exhibition in Delhi in 1920." Infant Welfare Exhibition in Delhi during 1919-20. Deputy Commissioner Office, Delhi, DC. 12/1919, Department of Delhi Archives.

[15] "Infant Welfare Exhibition in Delhi during 1919-20. Deputy Commissioner Office, Delhi, DC. 12/1919, Department of Delhi Archives.

[16] *Annual Report of the Public Health Commissioner with the Government of India for 1927 with Appendices, vol. I.* Calcutta, Government of India, Central Publication Branch, 1930 (IOR V/24/3660): 76.

[17] "Baby Exhibition," *The Hindustan Times*, 12 February 1925.

However, parallel to these measures, there were many discussions and proposals to form a central board or bureau of health, since only by coordinating efforts in regard to collecting statistical information, to conducting medical research, important steps would be taken to effect a real change on India's public health.

Thus, the Government of India made an imperial allotment of 5 lakhs for the 1919-1920 budget, which would be the initial grant towards a public central health body. This body would coordinate the work of 20 or 21 provincial units, especially in regard to epidemic diseases.[18] However, the scheme did not become reality till 1937, despite the pressure from the Public Health Commissioner for the Government of India, who was the top authority in British India. Year after year, the report submitted by the Commissioner would insist on the need to have statistics compiled so that decisions could be made and on the need to have a central authority to organise the various initiatives. For example, in 1926 reflecting on public health, the Commissioner J.D. Graham wrote that due to the recent changes in the administrative organization, health had become decentralised and it fell onto provinces to decide what to do in this realm. But while some provinces had committed themselves, others had not: however, the legal framework prevented the central colonial administration from intervening.[19] He added, that civilised nations were expected to have a central authority:

> Other civilised nations exercise a well defined central co-ordination of their provincial public health organizations and it will be necessary before long to set up in India some co-ordinating and advisory body on the lines of a Ministry of Health.[20]

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[18] "Letter from Mr. H. Sharp, Secretary to the Government of India, to the Chief Commissioner of Delhi, Delhi 21st February 1920" in Question of the establishment of an Imperial and Provincial Public Health Branch in India. File No. 102/1920, Education Department, Office of Chief Commissioner, Delhi (Box 174) Department of Delhi Archives: 1-2.

[19] *Annual Report of the Public Health Commissioner with the Government of India for 1926. vol. I with Appendices*. Calcutta, Government of India Central Publication Branch, 1928 (IOR V/24/3660) 218-219.

[20] *Ibidem*: 219.

Three years later, in the report for 1929, Graham insisted on the importance of having a central body to organise the work on public health, drawing upon the recommendations made by George Newmann, himself Chief Medical Officer of the Ministry of Health, Great Britain.[21] Interestingly, he even expressed the pertinence of receiving advise from the League of Nations and the Rockefeller Foundation. For Graham, India should take advantage of being both a member of the League, but also, one of its financial supporters.[22]

A partial response to these problems -and others, as we will see- would be given by the Royal Commission on Labour.

The Commission

The Royal Commission on Labour was appointed at a crossroads for many developments. The Great war was there, but also the Russian Revolution and the "communist" groups, as well as an awareness of the workers problems.

Great Britain had its own history of labour movements, which, deepened by the First World War, led to the Whitley Commission (1917), chaired by John Henry Whitley. Whitley would study the relations between employers and employees.[23]

At the international level, the Allied Powers proposed during the Peace conference to include workers' rights, labour unions, and the formation of an international body in the peace treaty. The movement for the formation of an international body had begun earlier with several conferences, Berlin (1890), Paris

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[21] It is relevant to say that Britain itself created the Ministry of Health in 1919, after the First World War, and Newmann was the first to occupy the post.

[22] *Annual Report of the Public Health Commissioner with the Government of India for 1929. vol. I with Appendices*. Calcutta, Government of India Central Publication Branch, 1931 (IOR V/24/3660): 2.

[23] For a study of Whitley's career, see John A. Hargreaves, Laybourn, Keith and Toye, Richard. *Liberal Reform and Industrial Relations: J.H. Whitley (1866–1935). Halifax Radical and Speaker of the House of Commons*. Oxon, Routledge, 2018. Chapter 9 is devoted to the commission: "J. H. Whitley and the Royal Commission on Labour, 1929-31," by Amerdeep Panesar, Amy Stoddart, James Turner, Paul Ward and Sarah Wells.

(1900), Berne (1905) and the International Labour Conference (1919), where the International Labour Organization was formed. India was admitted in 1922 and it received a series of recommendations that led to changes in the Indian factory legislation over the following years.[24]

In India, during the decade of the 1920s interesting developments took place. The various nationalist projects were very active at different points in time.[25] In the beginning of the decade, Gandhi led the non-cooperation movement which involved great sections of the population, but which would come to an end after a violent incident in Chauri Chaura. After, leftist organisations took the centre of the stage, being particularly relevant Bhagat Singh.

The living conditions of workers showed no improvement. There was an increase in population, but agriculture stagnated and industries which had benefited from the war, experienced competition again from foreign industries. Thus, Sarkar establishes, businessmen both British and Indian translated this competition into wage cuts.[26]

According to Sumit Sarkar, there was a decrease in strikes in the period going from 1922 to 1927, when compared to the previous years. However, these strikes lasted longer, and they were bitter. This radicalization contrasted with the moderate leadership of the AITUC and of the National Congress, which made no effort to use the unrest among workers.[27]

One last interesting development, was the appointment of the Simon Commission in 1927, which was meant to outline the next legal framework for the colony (as promised in 1919 when the previous Act was published). However, this

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[24] Geraldine Forbes. *Women in Modern India*. Cambridge University Press, 1999: 169.

[25] Recent historiography has drawn emphasis on the relevance of not seeing the nationalist movement as centered on the Indian National Congress, but on a series of initiatives. For a good discussion that summarises this trend see: Ishita Banerjee-Dube. *Una historia de India Moderna. Vol. II: India nacional*. México, El Colegio de México, 2019.

[26] Sarkar, Sumit. *Modern India. 1885-1947*. Delhi, Macmillan, 1999 [1983]: 239.

[27] *Ibidem*: 245.

commission included no Indian member, in a display of racism and carelessness; and which was boycotted by most nationalists, leading eventually to the formation of the Nehru Committee and the elaboration of the Nehru Report. Despite this, the colonial government carried on with its enquiry and the Commission produced a report in 1930, foreshadowing at various points in time the work of the Commission on Labour.

It is important to remember that colonial commissions' history went back to Great Britain where they had been used to devise public policies and to take into account public opinion. Thus, many topics addressed had to do with social demands: the mining industry was particularly prolific sector in terms of producing commissions. Between 1867 and 1926 it gave way to nine commissions, a period that was characterized by several strikes, supported by very strong unions.[28]

These commissions and committees would pass on to the colonial world, where they were also used as a mechanism to address a wide range of topics. In India, commissions and committees were established to evaluate the colonial government, especially in times of crisis, such as disasters and policies that went wrong.29 They were prestigious and they were formed constantly, sometimes every one or two years.[30]

In our case of study, colonial government considered the appointment of a commission as the best way to counter communism, to fulfil the commitments made to the International Labour Organisation, to reply to the endless questioning in Parliament regarding labour conditions, and at the same time to ameliorate the conditions of the Indian workers, as several letters between the Viceroy and the Secretary of State for India show.[31]

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[28] Harold F. Gosnell "British Royal Commissions of Inquiry" *Political Science Quarterly*, vol. 49, no. 1, March 1934: 96.
[29] Thomas Blom Hansen. "Governance and Myths of State in Mumbai" in J.C. Fuller y Véronique Bénéï. *The Everyday State and Society in Modern India.* New Delhi, Social Science Press, 2000: 39.
[30] Harold F. Gosnell. "British Royal Commissions of Inquiry," *op. cit.*: 92.
[31] "Copy of Telegram. From Viceroy, Department of Industries and Labour, to Secretary of State for India, Simla, 25th August 1928" (IOR, L/PO/263 iv), "Extract form private letter from

Amerdeep Panesar *et al* propose to see the appointment of a commission on labour in the light of Britain being at its most powerful moment and at the same time, being confronted by nationalism and labour movement, trying to keep hold of its empire.[32]

Commissions were invested of royal symbolism, which was noticed even in the documents of creation, which possessed a sophisticated style. When a commission was formed it was expected that the king would give precise instructions for its functioning. These were called "terms of reference," which defined their goals and what was expected of it.[33] Thus, in this case, the terms of reference were established by King George the fifth and were done so in a very florid language.[34]

Once the formation of a commission was announced, there were discussions and educated guesses in the press as to who would be part of it. Commissions and committees could be formed in different ways: as groups of experts on a particular subject, as groups representing the interested parties, but acting impartially. They generally were headed by elite functionaries appointed directly by the Crown.

The composition of the Commission was interesting since it included element of representation, though accompanied by expertise. The search for balance in the Commission in terms of provenance made the process of selecting members more difficult and longer. Throughout the official correspondence, we find careful consideration as to how many representatives of labour, of capital and of the government were to be there, but there was also concern about how many British, Indians and specifically Muslim members could be. The boycott towards the Simon Commission and the increasing relevance of the Muslim leaders were important

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Lord Peel to Lord Irwin, dated 17th January 1929" (IOR, L/PO/263 iv), "Letter from Peel to the Prime Minister, 14 January 1929" (IOR, L/PO/263 iv).

[32] Amerdeep Panesar, Amy Stoddart, James Turner, Paul Ward and Sarah Wells. "J. H. Whitley and the Royal Commission on Labour, 1929-31," John A. Hargreaves, Laybourn, Keith and Toye, Richard. *Liberal Reform and Industrial Relations: J.H. Whitley (1866–1935). Halifax Radical and Speaker of the House of Commons*. *op.cit*.

[33] Adam Ashforth. "Reckoning schemes. On Commissions of Enquiry as Power/Knowledge Forms", *Journal of Historical Sociology*, vol. 3, no. 1 March 1990.

[34] *Report of the Royal Commission on Labour in India*. New Delhi, Agricole Publishing Academy, Reprint, 1983 [1931]: i-ii.

elements, even though not perceived in the same light in India and the metropolis. The Secretary of State recommended careful consideration so that an adequate number of representatives of employers and labour was present, and who had an international reputation. But for the Viceroy, the most important thing was to transmit the idea of a body which included Indians and who was not all in favour of capitalists. He stated this in a rather forceful way:

> While I recognise that the opinion of Chatterjee and your other advisers deserves careful consideration, it must not be overlooked that they are not in such close touch with the recent trend of events in India, including the growth of consciousness amongst Mussulman [sic], as we necessarily are.[35]

During this time, and even after the members had been announced, various bodies approached the colonial government asking for one of its representatives to be included. We can mention the National Council of Women in India,[36] and the Anglo-Indian community.

In the end, there were twelve members in the Commission on labour, including its Chairman John Henry Whitley. Besides, a woman was included, Beryl Millicent Le Poer Power, pointing towards another factor in terms of representation in Great Britain: women and their interests, as they were assumed to be, including education, social welfare and employment.[37]

As we have seen, from the moment an enquiry was conceived till the moment that a commission or committee was finally appointed numerous factors intervened. The interaction of internationalism and imperialism, as Stephen Legg has shown,

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[35] "Telegram from the Viceroy to the Secretary of State from 13th March, 1929" (IOR, L/PO/263 iv).

[36] "Letter from the National Council of Women in India to the Secretary of State, 18th July 1929" (IOR, L/PO/263 ii)

[37] Elaine Harrison. *Women Member and Witnesses on British Government ad hoc Committees of Inquiry 1850-1930, with especial reference to Royal Commissions of Inquiry*. London School of Economics, Thesis, 1998: 9.

was present from the very beginning.[38] But also, the existing tensions between the metropolis, the Viceroy and the provincial governments: while reading the correspondence one has a feeling of differing -and even sometimes competing- perspectives among all of them. Finally, public opinion in India was very much present.

Gathering information: Delhi

The members of the Royal Commission of Labour (1929) worked mostly with two types of information: written and oral evidence. Initially, they gathered to make a list of people they would ask information from and invited them to submit memoranda. After, they assembled in Bombay and started touring India for several months to hold public audiences: from 15th October 1929 till 22nd March 1930. They held in total 128 public audiences. They met in London for a couple of months to study the material they had so far collected. They travelled again, this time to Burma stopping on their way in Ceylon, and finally they met in Delhi, where they wrote the Report.[39]

Apart from the members of the Commission there was the role of assistant: a person selected by the provincial government to represent workers and employers' interests, apart from women who completed their view of the locality and were perceived as incorporating another area of elements.[40]

In the case of Delhi, the advisors included Mrs. Chatterjee who had been involved in work related to women's and children's health. She, who had, worked with public health officers and doctors, would be in charge of interviewing them, of exposing the limits of their knowledge and abilities, of the reach of schemes they (she and they) were part from.

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[38] Stephen Legg. "An International Anomaly? Sovereignty, the League of Nations and India's Princely Geographies," *Journal of Historical Geography*, 43, 2014: 96-110.

[39] Royal Commission on Labour. *Report of the Royal Commission on Labour in India*. New Delhi, Agricole Publishing Academy, Reprint. 1983 [1931]:1-2.

[40] *Ibidem*: 2.

The witnesses ranged from public servants to doctors and workers. The procedure of collecting information is itself is fascinating. First, as we have mentioned, we have the memoranda and the public sessions where a selection of people who had sent memoranda were present (employers, workers, government representatives). Additionally, the commissioners payed 180 visits to workplaces to see the conditions for themselves, and went to see housing conditions and hospitals. Finally, they interviewed workers in their workplace or near their houses. Particularly the last techniques gave them, according to the commissioners, a different understanding of labor in India, "a true judgment of the conditions."[41] However, the context of the inquiry was not ideal, since at the end of 1929 the impact of Depression would be felt in India and even though that element was not included in the Report, it was there, in the background and in the coming years its impact would still be there.

The commissioners' role is complex because it involves several elements: they are part of a mechanism of the State meant to produce knowledge for it and to make recommendations and at the same time, while performing these tasks, they provided a critical view of the State's performance. The Commission members embodied the authority of the State while interrogating the witnesses, prodding them to give accurate information. But some of the information given there pointed to the lack of action on the part of the State, for example regarding the need for legislation or the exploitation displayed by the State itself.

The Commission requested information from different offices, such as municipalities and departments (for example the Economic & Overseas Department). However, it did not always include all material received in the volumes devoted to written evidence: the principle being that only material not evident elsewhere would be published.[42] The Delhi Municipal Committee contributed a very interesting document: since it declared itself not to be a sizeable employer (it used

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[41] *Ibidem*: 2.

[42] *Royal Commission on Labour in India. Evidence, Vol. II, Part 1. Punjab, Delhi, and Ajmer-Merwara. Written Evidence*. Londres, His Majesty's Stationery Office, 1931 (V/26/670/11, IOR): Note to part I.

contractors), it chose to write a memorandum dealing with health, housing, and working conditions in general.[43]

The audiences in Delhi took place in Delhi between 2nd November and 7th November, 1929 and both commissioners and assistants interrogated the witnesses. The witnesses included an Inspector of factories, an industrial surveyor, a contractor, representatives of the Punjab Chamber of Commerce, the Health Officer, a woman doctor and three poor urban workers: a brick layer, a gardener and a syce.

The questions and replies directed to the inspector, the industrial surveyor and the contractor showed a city whose population had increased because of the new city being constructed. They also showed the pending unemployment due to the fact that the work was coming to an end.[44] The workers would earn very little, go on without much to eat, without proper medical facilities, and with no rent allowance.

Cases of industries overworking their laborers were there and what was worse was that one of them was owned by the government, as the interrogatory made clear.[45]

This description of what it meant to work for the government was completed by the representatives of the workers in the Government of India Press, Delhi; who gave accounts where inadequate accommodation, absence of medical facilities, the lack of secondary education for their children figured prominently.[46]

But the picture of the urban workers became grimmer with three particularly relevant pieces of oral evidence: Nanna, a brick layer; and two women workers Para (gardener) and Kallie (syce). Their answers give us in important insight into labor conditions, family structure, and gender relations. Nanna, who was laying bricks that morning, when the members of the Commission saw him, spoke about eating twice

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[43] Ibidem: 153-154.

[44] "Delhi. Ninth meeting. Saturday, 2nd November, 1929" in *Royal Commission on Labour India. Evidence. Vol. II, Part 2. Punjab, Delhi and Ajmer-Merwara*. *Oral Evidence*. London, His Majesty's Stationery Office, 1931 (V/26/670/12): 109.

[45] *Ibidem*: 111.

[46] "Delhi, Thirteenth Meeting. Thursday, 7th November, 1929" in *Ibidem*: 237-240.

a day, about a family of seven dependent on him, about losing his land due to an illness, about indebtedness as a result not only of weddings but also as a result of being paid monthly.[47]

As we have seen in these interviews, the members of a State's Commission were critical of the State itself: they exposed the poverty the urban workers were living in. And yet, they belonged to a Commission that was to produce a Report which would prove that the colonial administration knew the kind of life workers was leading, and at the same time was capable of solving these problems. The questions posed to the witnesses displayed the authority and the confidence of the specialist.

Final remarks

The Royal Commission on Labour belongs to a line of commissions and committees, which addressed important problems in the colony. Many of them, as in the case of the Royal Commission on Labour would certainly contribute to the creation of knowledge deemed important for devising public policy. But this knowledge creation process was fraught with tensions, for the colonial administration was part of the problem. For instance, how to recommend a legislation which could deal with factories overworking their workers, while at the same time the Government of India owned some of those factories. How to ask people to come forward as witnesses to Government's Commission and see them threatened by the Government itself, after they had given information.

Several commissions and committees shed light on international commitments acquired by India. Thus, the Royal Commission referred constantly to international standards regarding the number of hours worked by adults or the age minimum for child labour, challenging the conditions prevalent in India.[48]

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[47] "Delhi, Ten Meeting, Monday, 4th November, 1929" in *Ibidem*: 155-157.
[48] Royal Commission on Labour in India. *Report of the Royal Commission on Labour in India*. Op. cit.: 37, 52-53.

I think the reason to choose a commission despite the fractures shown is due to the aura they possess, the theatricality the display. Besides, their effectiveness in gathering information was proved time and again.

The study of all these elements situates commissions and committees out of the administrative realm to set them right at the centre of issues such as representation, accountability, and gathering of information.[49] Understanding their role as part of a process that devised new policies at crucial points in the colonial and the postcolonial periods is important allows us to understand how the State sees it itself and the kind of mechanisms it chooses.

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