Psychiatry and Colonialism:

The Treatment of European Lunatics in British India, 1800 - 1858.

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Abstract

This is a study of the transfer of European concepts of mental illness to India and of the concomitant transplantation of specialized institutions for the confinement and treatment of the mentally ill to a colonial society. Government policies will be analysed in relation to British attempts to control the deviant behaviour of Europeans in India and to guarantee the maintenance of the imperial power structure by keeping social distance between the various classes and races of Anglo-Indian and Indian society.

The emergence of psychiatry as a medical discipline, the humanitarian campaigns and subsequent legislation for reformed asylum management and the establishment of large-scale public institutions for the insane in Britain will be set against developments in the presidencies in Bengal, Madras and Bombay. The specific history of the 'Lunatic Asylums for the European Insane' in Calcutta, Madras and Bombay respectively will be analysed in relation to the various presidencies' social conditions and politico-ideological orientations.

The involvement of medical experts, private madhouse-owners and public boards of inspection in the management of the three main institutions will be evaluated and compared. An attempt will be made to assess the condition of asylum inmates of different social and racial backgrounds and to reconstruct the diagnostic and therapeutic concepts and methods used by various asylum superintendents. Asylum statistics will be compiled for the Calcutta Asylum and reference to specific cases and to details of institutional arrangements for patients will be made for the Bombay Asylum.

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'In der Realitaet gibt es keine ausschliesslich "oekonomischen" Probleme. Es gibt lediglich Probleme, und die Unterscheidung zwischen "oekonomischen" und "nicht-oekonomischen" Faktoren ist mithin bestenfalls kuenstlich. Bereits eine Klaerung dessen, was wir unter "oekonomischen" Faktoren verstehen, impliziert eine Analyse, die auch die "nicht-oekonomischen" Determinanten einschliesst. Die einzig lohnende Abgrenzung - und zugleich die einzige, die logisch vertretbar ist - ist die zwischen relevanten und weniger relevanten Faktoren, und diese Grenzlinie wird je nach den Merkmalen der untersuchten Umwelt variieren. ...
Das Problem der Objektivitaet in der Forschung laesst sich nicht einfach dadurch umgehen, dass man Wertungen auszuschalten versucht. Im Gegenteil; jede Untersuchung eines sozialen Problems ist und muss durch Wertungen bestimmt sein. Eine "interessenfreie Sozialwissenschaft" hat es nie gegeben und wird es nie geben. Der Versuch, sich Wertungen zu entziehen, ist vergeblich und sogar schaedlich. Die Wertungen sind in uns, auch wenn wir sie verdraengen, und sie leiten unsere Arbeit.
Wir befuerworten die Explikation der Wertpraemissen, damit die Forschung "objektiv" sein kann (in dem einzig moeglichen Sinn dieses Begriffs). Wir muessen sie aber auch zu einem anderen, allgemeineren Zweck spezifizieren: naemlich um der Klarheit und Schluessigkeit der wissenschaftlichen Argumentation willen. Damit beruehren wir eines der Hauptprobleme der Philosophie des Wissens. Zwischen diesem und der Wissenssoziologie besteht ein Zusammenhang .... Wir meinen die Tatsache, dass die Erhellung unserer allgemeinen Ansichten und die Definition unserer spezifischen Wertpraemissen eindeutiger, zwingender und zugleich einfacher wird, sobald wir erkennen, dass wir nicht naiv erwarten duerfen, unsere Ideen waeren, selbst in der wissenschaftlichen Forschung, durch nichts anderes als unser Streben nach der Wahrheit bestimmt.'
Gunnar Myrdal, *Asiatisches Drama. Eine Untersuchung ueber die Armut der Nationen*, 'Der Balken in unserem Auge'.

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1 Introduction

The theoretical and methodological context

This is a study of the development of institutions for mentally ill Europeans in Bengal, Bombay and Madras during the first half of the nineteenth century. It attempts to outline the transfer of British medical ideas and institutions to British India; the management of institutions and how they were perceived by government officials and medical experts; and how the gradual implementation of an organized lunacy policy emerged within the wider context of the East India Company's endeavour to assume responsibility for what is nowadays called 'public health and social welfare'.

This study does not purport to analyse all and every possible aspect of the topic of European psychiatry in a colonial society. Rather it is the first account of the development of European institutional psychiatry in British India. The scope has had to be limited, and there is no attempt to write the 'history of madness' in a colonial society'. Nevertheless it is intended to 'achieve a structural investigation of the historical totality - images, institutions, legal and police measures, scientific terminology'[2].

European Histories and Historians of Psychiatry

When writing about the development of psychiatric institutions it is difficult not to refer to Michel Foucault's ideas. The impact of Foucault's writings on the history of unreason during the age of reason, and on the various disciplines in the social sciences has been significant enough to make it unacceptable to ingore his work. In fact he rightly shares with other social critics the merit of having

questioned hitherto unquestioned assumptions about the alleged humanitarian progress that had previously been believed to have occurred during and in consequence of the era of enlightenment. Amongst other things Foucault described the Tukes' advocacy of moral and kind treatment instead of locking up and physically punishing of the mentally ill not as the liberation of the mad but as the beginning of a new era of oppression. He analysed the Victorian reformers' intention of manipulating the mind of patients through more or less subtle psychological means, the preaching of self-discipline and thereby the internalisation of moral pressure. Whilst Foucault's critical disbelief in the progressive development of European civilization towards an enlightened and humane society give his work an important social-revolutionary character, it is his inaccuracy in important details and his francophil- and franco-centred structuralist approach which hinders rather than furthers attempts at de-mythologising the role of psychiatry in a given society [3].

Doerner, whilst appreciating Foucault's achievement in having drawn attention to the socially important aspect of psychiatry of 'die Unvernunft ausgrenzen', argues that he loses sight of the 'historischen Differenzen zwischen den einzelnen Laendern, ... was haeufig Verzerrungen und falsche Verallgemeinerungen zur Folge hat'. He sees Foucault as a typical representative of that branch of historians of psychiatry who because of their national perspective are unable to see 'die Entwicklung der Psychiatrie im Rahmen der Entfaltung der buergerlichen Gesellschaft ... und daher auch die historischen Differenzen des Entwicklungsstandes der einzelnen Laender' [4].

As well as Foucault's, various studies have been written which assume a rather more differentiated and at times critical approach towards their object of investigation. Within Britain several aspects of the development of psychiatric confinement have been studied by British historians and psychiatrists alike. Kathleen Jones worked on lunacy legislation, Macalpine and Hunter described - admittedly from a narrowly medical perspective - the development of Colney Hatch Asylum to Friern Hospital, investigated the nature of George III's illness and how it affected lunacy policy, and edited a most useful and

instructive collection of contempory texts on mental illness [5]. The work of Parry-Jones focussed on the lucrative side of private madhouses, whilst Anne Digby analysed the case-books and registers of the famous York Retreat [6]. Within the realm of the history of science Bynum and Porter have worked on various aspects of scientific conceptualisation in eighteenth- and nineteenth- century British psychiatry [7]. And last but not least Scull related nineteenth-century psychiatry to state policy [8].

This study draws heavily on the wealth of material produced by these scholars and benefits from their insights into the socio-historical determinants of lunacy policy and ideas on mental illness. This will be evident in the following chapters. Its main theoretical points of reference stem from that German branch of writing the *Wissenschaftssoziologie der Psychiatrie*, which explicitly aims at analysing the social organization of mental illness within the context of the development of bourgeois society [buergerliche Gesellschaft] [9]. One of its main representatives, Doerner, takes recourse to what he calls the historically informed philosophic-sociological approaches of the Frankfurt school. This heuristic framework, most succinctly described in Horkheimer and Adorno's *Dialektik der Aufklaerung*, allows the explanation of the social and psychological dynamcis that underlay the Enlightenment - and its complementary counterpart, the Romantic movement - as expressions of the unfolding of bourgeois society [10].

A necessary presupposition of this study is that the development of British social life in India and the ideological point of reference of the Anglo-Indians had its model and roots in British bourgeois society. Stokes, who investigated the transfer of ideas in general and the influence of Utilitarianism on the formation of British colonial administration in India in particular provides ample evidence for the assumption that it was the economic and ideological developments in British society that determined the way in which Anglo-Indians organized their own social life and administered colonial rule over Indians [11]. Stokes pointed out that the Anglo-Indian's progress from *navab* to *sahab* - despite Indian contingent circumstances that

contributed to it - had basically been a consequence of the socio-historic development of British society [12].

This point will be of particular relevance here because it was during the first half of the nineteenth century that the East India Company's rule in India gained shape as a well-organized state-like apparatus that gradually encompassed and penetrated ever more spheres of economic and social life in British India. Within this context the consolidation of social welfare measures and the progressive assumption of the (quasi) - state's responsibility for Indian and Anglo-Indian subjects will be described as a means of legitimation of the emergent colonial state [13]. During the heyday of British rule in India this legitimation proved to have been of central importance and culminated in the ideological expression of the white man's duty-turned-burden - as so succinctly captured by the ubiquitous Kipling:

'Take up the White Man's burden
Send forth the best ye breed
Go bind your sons to exile
To serve the captive's need.'

Towards the end of the Company's execution of colonial administration in India the role of the state as the guarantor of social welfare emerged along with the myth of the duty of the alien administrator to make good the promise of enlightenment. Evermore concerted efforts were made by the East India Company to prevent individual members of the European community in British India from living outside the desired norms. When integration into conventional social and economic life failed, it was replaced by segregation into specialized institutions: poor houses, sailors' homes, orphanages, work-houses and asylums were means by which *Integration durch Ausgrenzung* was achieved [14]. The deportation of lunatics to England and of criminals to convict settlements are the ultimate incarnation of successful *Ausgrenzung*.

A further relevant point from Doerner's *Buerger und Irre* and Koehler's *Arme und Irre* is that it was the *Sichtbarwerden* of the poor lunatics that occasioned the extension and expansion of institutions for the insane [15]. Historians of psychiatry date the state's concerted effort to accommodate ever greater numbers of mentally ill people in mammoth asylums in the second half of the nineteenth century [16]. A complementary development will be described for British India. There, however, it is not only the poor lunatics, but also the lower-class Eurasian and Indian lunatics who become confined in large institutions. Lower-class European lunatics never had a chance to become visible without or within Anglo-Indian institutions because of the policy of repatriation. The thesis that it was the poor strata of society for whom panopticon-style institutions were established therefore experiences a racial modification for British India.

Blasius, who was the first to write the history of a medical discipline from the patients' point of view, showed at the same time, how much the authorities' belief in the social functionality of institutionalisation was nourished by the general contemporary trust in administration and management [17]. Both administrators and doctors perceived psychical suffering primarily as a problem that had to be approached by means of efficient administration and management, and medical prescriptions and applications. Detailed studies of late nineteenth-century asylum life in Britain found a similar trust in the medical institutions' efficacy in controlling - if not curing. During the early part of the century this tendency slowly emerged from the early, oft-repeated conviction that management did more than medicine, and the subsequent obsession - shared by medical and governmental authorities alike - with measuring and prescribing the floorspace that ought to be available per patient in order to allow for as much air ventilation as was seen necessary to restrict the fatal impact of miasmatic substances; with adding up numbers in admission and discharge statistics; and with developing the cheapest and most easily surveillable architectural design for public institutions [18].

The socially determined phenomenon of mental illness was thus translated into administrative, architectural or statistical factors, for which only adequate institutional and at best medical solutions had to be found. The *Ausgrenzung der Unvernunft* was finally completed with its disappearance from bourgeois consciousness as a socio-political phenomenon and its transformation into a medico-administrative problem, that needed an institutional response along with delegation to experts [19]. The East India Company's and later the English Crown's policy towards European lunatics was most elegant, effective and well-managed in these respects: the insane were disposed of by deportation and thereby hardly constituted an administrative or expert-medical problem for the Anglo-Indian administration and medical profession, whilst at the same time the myth of Britain as the returned European's panacea or spa and as the cradle of enlightened ideas, practices and institutions was further sustained.

Psychiatry and Colonialism

During their short period of confinement in India the European insane were treated in the ways then prevalent in various British asylums. This straightforward imitation of contemporary British practices was in fact advocated and applauded by humanitarian reformers in England and explicitly desired by the Company's London authorities and the Board of Control [20]. As far as institutions for the European insane were concerned they were to be primarily modelled on what was seen as the most 'modern and enlightened system' practiced in the British Isles and in other European countries.

During the early decades of the nineteenth century the model was the York Retreat; towards the middle of the century it became Hanwell Asylum - and the policy towards the Irish lunatic poor [21]. The recourse to the Irish model decades after the first emergence of Anglo-Indian asylums may come as a surprise, as the English policy in Ireland is often seen as having been one model for colonial administration in India. The belated recourse to Irish experience as to

lunatic asylums can partly be explained by the comparatively protracted development of institutions for the insane in Ireland, and partly by the fact that it was only towards the middle of the nineteenth century that Anglo-Indian administrators were faced with the same problem which had been the driving force behind the Irish emergency programme for asylum construction - a steadily growing number of lower-class lunatics who were cared for neither by informal nor by parochial means, and who became a threat to public peace and order.

Whilst the London authorities intended to establish Anglo-Indian public institutions which were well on a par with modern establishments in England 'as regards humanity towards the unfortunate victims of this dreadful affliction', it was at the same time stressed that the lunatic poor ought to be provided for adequately, on a 'rate as low as possible' [22]. The Irish experience [23] of the breakdown of traditional informal support networks in consequence of the famine, and the authorities' response of enforced asylum construction - which not only attracted the hungry but also provided an effective means for policing the poor - could be passed on to British India at a time when there, too, social welfare and social control became areas of colonial rule to which 'greatest importance' was attached [24].

Whilst the aim of exercising what is in various ways referred to as 'social control' [25] had to some extent always been part and parcel of early nineteenth-century Anglo-Indian measures towards the European and Indian insane, it was only towards the middle of the century that a more systematic approach towards the confinement of the growing number of people of all races regarded as unfit to be left at large was adopted. For the first half of the century psychiatry by itself was certainly not yet - neither quantitatively nor qualitatively - of much relevance as a means of policing and disciplining the lower strata of colonial society. In order to induce anything comparable to the late nineteenth-century disciplining 'great confinement' in England - with the number of institutionalised lunatics rising from 2-5,000 in 1800 to about 100,000 in 1900 [26] - the emergence of a consolidated

state apparatus was a necessary precondition. With Lord Dalhousie's Governor-Generalship this era was to be initiated.

Further, the widespread assumption that British India served as an experimental laboratory for medical investigation is not confirmed in regard to the role of European psychiatry in early nineteenth-century India [27]. Again factors relating both to specific Anglo-Indian circumstances and developments in Britain itself are relevant here. First of all Europeans were transferred to Europe and secondly, as already argued, British institutions and modes of treatment were the yardstick against which Anglo-Indian asylums and their management were measured. This latter implied that the British pre-occupation with the perfectioning of institutions dominated early nineteenth-century Anglo Indian asylum policy as much as later the lagging behind of British psychiatry in experimental psychology and theory formation made its mark on late nineteenth-century Anglo-Indian psychiatry.

Similarly Goffman's critical concept of the psychiatric hospital as a 'total institution' appears to be applicable only to modern establishments, and at best to late nineteenth-century lunatic hospitals [28]. Admittedly, for early nineteenth-century psychiatry the 'total moral institution' had been the ideal prototype of a lunatic asylum. Bentham's panopticon was considered as not only the most economic but as the most adequate model-institution that allowed for 'total moral therapy'. It was however realized on a large scale only towards the second half of the nineteenth century. Lunatic Asylums in India were even less total in respect to their effect of cutting patients off from the outside world and of submitting a large number of inmates to an all-pervasive disciplinary routine and indiscriminate treatment that abstracted from patients' assumed claim to being considered as individual human beings.

First, Europeans were admitted into what was expressly meant as a temporary 'house of reception'. Secondly, patients of adequate social standing had their personal servants - in addition to the routine asylum staff; they could receive an indefinite number of visitors for

as long as they wished; and they were encouraged to make use of various belletristic means of amusement. Lower-class Europeans were certainly in all these respects discriminated against. However, they, too, were apparently not merely locked up during the few months before they were embarked for Europe. They were allowed to play cards, read or go for walks within the compound. Their segregation from the wards where Indians were confined was not totally enforced either, and they must have experienced considerable distraction watching the - admittedly few - Indians preparing their own food, or caring for the pets they were allowed to keep in Bombay as part of an Indianised version of moral therapy. Whilst it is not intended to paint the picture of the early nineteenth-century Anglo-Indian asylum as a salubrious and exotic holiday camp, it ought to be stressed that neither was it a mere gloomy dungeon nor a total institution either - at least not for Europeans.

The development of the Bengal, Madras and Bombay Asylums echoed the many different variations in institutional organization and management, and therapeutic preferences then characteristic of early nineteenth-century asylum practice in England, Wales and Ireland [29]. If however set against the general context of Anglo-Indian population policy the institutions in British India appear to have enjoyed a socio-political importance that went far beyond their function as small-scale receptacles for as few as 5-30 temporary patients per year.

Since the late eighteenth century the question had continually been debated of whether the East India Company ought to permit Europeans to settle permanently in India as colonizers. Various economic, strategic and cultural arguments had been brought against white colonization. One consideration had been that the influx of European settlers - naturally belonging to the lower classes of society - would have detrimental effects on what was perceived to be the European's prestige and authority *vis-a-vis* the Indian, which constituted an important factor in the maintenance of British colonial rule [30].

The ambition of keeping the Anglo-Indian 'middle class aristocracy' [31] aloof from 'low and licentious' Europeans, was not only operative in the East India Company's stance against immigration [32]. The Anglo-Indian attitude towards the 'lower orders' of society had been fuelled by the belief that the maintenance of social distance - between the European ruling class and lower-class Europeans as well as people of mixed and Asian race - was a necessary safeguard of British prestige and power [33]. British class attitudes - and their translation into racial attitudes - were important factors in determining the way in which the first attempts at social welfare measures in the shape of lunatic asylums, lock hospitals, orphanages and the like were implemented [34].

The ideological role of social welfare measures as means of legitimating state power thus gained, within Anglo-Indian colonial society the further important ideological and practical-political dimension of enforcing a segregative public health system that was race and class discriminate and was designed to preserve and reinforce the colonial power structure. Similarly, the conveyance to a supposedly inferior civilization of European medical expertise became - along with education - one central means of legitimating the continued British presence in India. The medical doctor and the teacher were seen as main representatives of the attainments of enlightenment and became the symbol of the humanitarian European spirit.

The myth of European psychiatry and medicine as being essentially humanitarian and disinterested disciplines, located beyond the realm of socio-economic and political forces in society, will have to be questioned along with the still persisting belief in European science, morality and its institutions as the enlightened panacea for all human development.

Concepts of Madness

Early nineteenth-century psychiatric thought was characterized by the conviction that the eighteenth century's dungeons had been replaced by well-designed, airy and clean establishments, that the miserable state of institutions had been uncovered and rectified, and that the insane had been liberated from abuse, cruelty and neglect. It was also widely believed that progress had been made in the scientific understanding of insanity. Indeed, the developments in specialized institutional design, legal provisions and public concern had been considerable. However, it seems that the apparent progress owed as much to the nineteenth-century reformers' favourable evaluation of their own activities in relation to that of their predecessors. Their propaganda has obviously been quite durable, as 'we still tend to view eighteenth-century psychiatry through lenses polished by nineteenth-century psychiatric reformers', and still tend to take the contempory characterization of early nineteenth-century reformed asylum practice all too literally [35]. Concepts of insanity in the first part of the century were aloof neither from social-political campaigns nor from practitioners' pragmatic considerations. They neither qualitatively transcended late eighteenth-century images, nor were they derived from nor constituted one single homogeneous body of knowledge.

Early nineteenth-century reformers drew heavily on the philosophies of Hobbes and Locke, and on Pinel's writings, as modified by Esquirol. They integrated into their heuristic frameworks various other, traditional concepts of medical thinking: the hippocratic understanding of human life and disease in terms of body fluids, or humours; the conceptual framework of reflexes and neurological circles that developed out of the Cartesian tradition; Newtonian mechanistic models of nerve fibre-behaviour interactions. Contemporary nosologies contained at times logically incompatible categories - without, apparently, impeding therapeutic practice - and were used eclectically by practitioners. It would therefore be inappropriate to attempt an authoritative definition of <u>the</u> contemporary concept of insanity. Further it would be of no more than scholastic interest to give an

overview of the various different conceptual frameworks. It will therefore suffice merely to outline the main conceptual features [36].

Most influential during the early decades of the century was the Quaker Tukes' advocacy of 'moral treatment', and its later extension by Hill and Conolly to 'non-restraint' [37]. Underlying the recommendation to treat the insane humanely, was the notion of the madperson as a human creature whose mind is deluded and who could be cured by moral intervention and behavioural modification. This notion had been philosophically elaborated by Locke [38]. In the Lockean tradition insanity was to be located in the mind, not in the body, was amenable to re-education and could consequently be cured, and was thus a manageable phenomenon in human life that could affect anyone under unfavourable circumstances, but could be reversed by Man's rational efforts.

The Tukes who were no medical experts, were guided primarily by practical-humanitarian considerations. Their treatment of the insane reflected their Quakerism. Samual Tuke's *Description of the Retreat* conveyed a humanitarian moral rather than providing a scientific medical analysis. Whilst medical doctors may at the time have lacked the public appeal of the Tukes, they nevertheless built on a similar understanding of insanity and outlined - not undisputed - nosological systems. The most influental classifications were developed by Prichard and Conolly, and Battie who coined the phrase that 'management did more than medicine' [39]. They all shared to a certain extent the following notions: that madpersons are essentially rational beings who reason rationally, but from false premises; that as all human beings affected by experience they are not only fallible and prey to illusion but also amenable to re-education and moral guidance; that whilst the insane could be cured by manipulating their minds, people who were described as 'idiots' lacked reason and were therefore not amenable to treatment.

These main assumptions were nuanced differently by the various authors. Battie for example developed a classification which was relatively simple, combined both moral and somatic aspects and

consequently had a durable impact on medical practitioners. He differentiated incurable 'original madness' - congenital madness, idiocy, brain defects - from 'consequential madness' which could be the consequence of either physical or mental causes, was characterized by deluded imagination and was therefore curable. This basic system had been taken recourse to frequently by medical officers in India during the early decades. Despite its seemingly psychological emphasis it could easily accommodate somatic concepts: the mind was clearly located in the brain, with both blood vessels, and environmental and moral factors exerting some influence, so that external stimuli such as blisters, leeches, douches and cooling tonics as well as regulated diet and alcohol, purgatives and emetics contributed towards cure.

Battie was however not the only influental writer on insanity, and practitioners in Britain as much as in India incorporated various strands of thought into their notion of insanity. Some specific concepts such as 'partial' and 'moral insanity', as well as the understanding that both moral and intellectual forms of insanity could be complicated by epilepsy and general paresis, were at times taken up, but not necessarily applied stringently. It has to be taken into account that whilst in England at least a few medical doctors specialized on the treatment of the insane, there was as yet no single person in India employed as a medical expert in lunacy. The medical officers temporarily in charge of the presidencies' lunatic asylums saw their duty as being restricted to the medical treatment of patients' physical condition and to the - often loose - control of the staff's humane day-to-day management of the insane.

The impact of Prichard and Conolly - who had been widely read by asylum superintendents in India - was mainly confined to the recommendations arising from their practical experience rather than from their classificatory systems. As in England developments in the treatment of the insane were seen to lie in the improvement of the institutions rather than conceptual clarification and scientific experiment [40]. The increased reference to what Ray described as organically based models of 'impaired identity' rather than models of 'environmental stress' towards the middle and later decades of the

century can be seen as forerunners of new medical paradigms [41]. In the light of the high incidence of alcoholism, malnutrition and infectious diseases, and the continuing accumulation of uncured patients within institutions, these newly emerging, narrowly somatic concepts of insanity quickly found favour with the Anglo-Indian medical officers during the second half of the nineteenth century.

Definitions, the period and the sources

In this study the terms 'madness' and 'insanity' denote the contemporary meaning. Whilst the conceptual foundation of these terms has been briefly outlined above, their socially determined construction, their usage and social consequences will necessarily became clear only in the course of the analysis. In contrast the term 'mental illness' is used when for analytical purposes abstraction from historical and cultural specificities is intended [42]. In the early nineteenth century 'psychiatry' did not yet exist as a specialized discipline within general medicine. Nevertheless the term 'psychiatry' will be used to refer to that branch of medical science which was at the time concerned with the treatment of mentally ill persons. The term 'Anglo-Indian' had been used in various different ways throughout the three centuries of British presence in India. Here 'Anglo-Indians' refers to the British in India, whilst 'Eurasians' refers to people of mixed race, mainly the offspring of Caucasian fathers and Asian mothers.

The main period covered by this study is the last 58 years of the East India Company's administration of British Indian affairs in the nineteenth century. This period not only saw important structural changes in regard to the consolidation of colonial rule, but also the heyday of moral therapy and non-restraint. The revolt of 1857, and the consequent take-over by the English Crown of rule in British India on the one hand, and the passing of the India Lunacy Act of 1858 and the publication of Bucknill/Tuke's *Manual of Psychological Medicine* in the same year on the other, can be seen as marking the beginning of a new

era of colonialism and psychiatry in British India, beyond the scope of this study.

The restricted period affected the choice of primary sources. The main material consists of the official correspondence between the government authorities and the medical boards in Bengal, Madras and Bombay, and the correspondence between the presidential governments and the Court of Directors of the East India Company in London. Information on both lower-class Anglo-Indians' 'normal' social life and the state of lunacy provision in England comes from soldiers' autobiographies and government select committee reports.

The nature of the material available in England determined to a considerable extent the way in which the following chapters are arranged, and especially the selection of topics higlighted in each of them. To begin with a short outline of the Company's organization will be given in order to describe the administrative context within which lunacy policy was set, together with a short account of the Company's measures towards its insane employees in the decades preceding the period under consideration. Then relevant aspects of colonial policy and institutional provision in British India, as well as the medical profession's role in the preservation of the general health of Europeans in India will be discussed. Further, two schemes which are specific to lunacy policy in India - namely deportation of lunatics to England and plans for a lunatic hill-station - will be described with reference to various social, political, financial and medical considerations. Finally, the policy discussions preceding the passing of the Criminal Lunatics Acts and the Indian Lunatic Asylums Act will be examined.

In the three following chapters stress is put on developments which were of particular importance to the situation in the presidencies of Bengal, Madras and Bombay respectively. Rules and regulations framed in the presidency of Bengal had usually to be implemented in Madras and Bombay as well. Policy discussion and administrative organization are therefore described and analysed extensively. Focal points are the extent to which lunacy provision was

seen as an obligation on the Company/state, and the tension between private asylum owners, medical experts and government authorities. Further, contemporary criteria for the classification of patients will be set within their socio-political context, and descriptive data for the internal composition of the asylum population will be presented. Finally, some aspects of institutional management and medical treatment will be investigated.

In the following chapter the early curbing of the private mad-business in the presidency of Madras will be discussed together with the successful implementation of government regulations and medical supervision. Practical arrangements preceding the transfer of European lunatics to England will be described in detail. The minutae of organizational preparations are meant to provide an illustrative impression of a procedure which became routine in all presidencies throughout the century. Similarly the measures taken by the authorities in Madras in order to ameliorate the asylum's overcrowding, as well as the application of the Criminal Lunatics Act are outlined as examples of similiar undertakings in Bengal and Bombay.

The chapter on Bombay focusses on those aspects of lunacy provision which have not yet been touched upon. The apparent specificity of institutional measures and projects in Bombay arises partly from deliberate exclusion of material that has already been discussed in preceding chapters, and partly from the authorities' emphasis on questions which had a special prominence in Bombay at the time. The richness of material on institutional management is due to the protracted and extraordinary controversial discussion about new asylum premises on the one hand, and the personal and professional engagement by the medical officer then in charge of the presidency's insane on the other.

The last chapter concludes this study with an overall assessment of European lunacy policy in British India.

The administrative context, and lunacy provision in the late 18th century

The development of the East India Company's administration

Towards the late eighteenth century the East India Company's administration of Indian affairs became gradually consolidated, along with territorial expansion. Pitt's India Act (1784) and the Cornwallis Reforms (1786-90) can be seen as marking a slow shift in the Company's concern from commerce and trade to government. Pitt's Act installed a parliamentary Board of Control, which was to exercise supervisory power over the Company's increasing activities. The Board's president was authorized to modify the Company's despatches. Further control could be exerted on occasion of the renewal of the Company's charter by parliament. Every twenty years detailed reviews of all aspects of administration had to be drawn up and were submitted to Parliament's scrutiny. A certain tension was structurally inherent to this system of control.

Diverse interests were present at the Company's eastern end, too. Each of the presidencies of Bengal, Madras and Bombay was governed by a governor and council. The governor in Calcutta was installed with supervisory power over the presidencies of Madras and Bombay; he was styled the governor-general of Bengal, and from 1833 onwards became the governor-general of India. Various models of administrative systems were realized in the three provinces, and different governors and governor-generals left their mark on the way in which their presidencies were governed. The governor and his council met regularly to discuss and decide on the various departments' policy matters. The council's decisions and its minutes were conveyed to London, to await sanction by the Court of Directors. The Court of Directors in its function as the Company's governing body in turn despatched its decisions to India, after having them approved by the Board of Control.

The Company's organizational development was both reflected in and sustained by a corresponding reorganization of the European community itself. It had been the male adventurers and merchants who came to India for commerce at the beginning; it was the soldiers and administrators who accompanied them to annex and govern during the second century; and finally it was European women who increasingly were to round off the hitherto more or less exclusively male community during the last century of British presence in India. The underlying trend of these social changes was towards social diversification and stratification of the Anglo-Indian community and the transplantation to India of the English way of life, as well as the creation of a military barrack culture, sharply separated from the European stations' civil lines and the towns [1].

Part of the authorities' responsibility in the three presidencies was to ensure public peace and order amongst the Anglo-Indian community by subjecting the Company's European servants to English constitutional principles [2]. One aspect, characteristic of the Company's policy of population control in relation to Europeans, was its restrictive stance towards immigration of Europeans to India. Anglo-Indian population control has consequences for and is based on similar assumptions to the policing of the mentally ill, and so needs further elaboration.

Anglo-Indian population control and immigration restriction

Just as the Company on the strength of its economic monopoly could enforce trade restrictions and duties, it could also control European population movements. This was so even long after the introduction of free-trade, because of the strong Anglo-Indian lobby in the English Parliament and the political influence of former Company servants. The reasons for an explicit immigration policy and resistance to white colonization were manifold and were initially grounded as much in the defence of the Company's monopoly as in more pragmatic, strategic considerations such as the restriction on the

growth of numbers of European military advisers and mercenaries in the employ of Indian emperors [3].

Further, English traditional ideals and attitudes towards land and feudal patronage tended to reassert themselves each time the opening up of Indian plains and hills to white colonization was mooted. The protection of Indian peoples' land rights was stressed - presumably partly due to the presence of English people with a landed-gentry background [4]. Above all this protective attitude was seen as serving the useful purpose of pre-empting rural revolt - a factor which became more important from the time when the Company's commercial activities declined and its annexations increased as it learned to profit from land taxation, and therefore depended on rural peace and order.

There is yet another motive connected with the economic and pragmatic-political considerations towards immigration restrictions, which was to play a crucial role in the manner in which Anglo-Indian society moulded its social life right up to India's Independence: the endeavour to restrict the number of what had been called 'Europeans of the lower sort'. Whilst for the military the recruitment of the lower strata of English, Welsh, Scottish and Irish society could not be avoided [5], there were conscious efforts made to prevent time-expired soldiers from remaining in India and to restrict the influx of civilians, especially those of the lower classes [6]. As far as the Anglo-Indian civilian community was concerned it was the upper-class life which was to be reconstructed in India [7]. The lower orders of English society were seen to possess manners obnoxious not only to people of the better classes, but also to the Indian people. Towards the late eighteenth century the British upper- and middle-classes' self-perception came to be of a civilized people superior to the Indians, well-mannered and exhibiting gentleman (or lady) -like habits; persons endowed with the capability and responsibility to better the lot of a backward people, and who

> 'by the integrity of their character and with not much else to help them, [were to give] to many millions for the first time for some centuries the idea that a ruler might be concerned with their well-being' [8].

Within this flattering self-image of the white rulers as a distinguished, well mannered, honest, disinterested and above all responsible people, the very idea of what was assumed to be rough, ill-mannered and uneducated lower-class settlers, adventurers and ruffians, flooding into Anglo-Indian territory, must indeed have been disturbing. Clinging on to a social position attained by more or less effort became a vital objective for upwardly mobile people within an increasingly competitive society at the end of the eighteenth century and right throughout the nineteenth century [9]. Thus an over-blown and idealized self-image of racial superiority and class distinction was stubbornly fostered.

The complementary ideologies of the white rulers' superiority and of class-prejudice and discrimination

The postulates of the white person's racial superiority *vis-a-vis* the Indians and distinct class-consciousness amongst their own community emerge as complementary features of Anglo-Indian social life and colonial rule in the late eighteenth century and were, in an increasingly pronounced way to accompany the English Raj until the 'superiority of the English character' was finally denied its further formal Indian existence in 1947 [9].

Charles Grant, former Company servant, a founder-member of the Clapham-Sect and on retirement (in London) influential as to Indian affairs, argued that in case of a liberal immigration policy 'low and licentious' Europeans would 'vex, harass and perplex the weak natives', instead of adhering to 'prudent, kind and attractive communication of our light and knowledge' [10]. Grant's argument, admittedly fuelled by militant Evangelicalism, reflects both racist paternalism and class-prejudice. Whilst the inferior Indian had to be enlightened by English knowledge and religious culture, the inferior low-class European had to be prevented from doing harm through their ever-present propensity for immoral behaviour.

It was Dundas, President of the Board of Control, who emphatically argued in the Commons in 1793 that 'indiscriminate and unrestrained colonization' would destroy that

> 'respect, or rather eradicate that feeling, which is so general among the Native, of the superiority of the English character.... It is a fact, that upon this feeling of the superiority of the Europeans, the preservation of our empire depends' [11].

Even if 'the Native' had not shared this view of the 'superiority of the English character' and Dundas had merely expressed the white ruling classes' self-perception, it was to become part of the rulers' ideology and as such became part and parcel of Anglo-Indian attitudes and actions, especially during the last century of the British Raj.

It was however not only the poor strata of one's own race whose presence was regarded to be embarrassing and inexpedient. The increasing number of Eurasians - mainly the offspring of British (lower-class) soldiers - was looked down upon and lamented, too. So, to a certain extent, were orphans and vagrants, and later, members of the railway-communities [12].

Provisions for European lunatics in late eighteenth-century British India

It is more difficult to establish with any certainty how the Anglo-Indian community in the eighteenth century responded to the presence in their midst of European lunatics. This is partly due to the lack of adequate official records and partly to a less uniform - or perhaps more complex or permissive - attitude towards the mentally ill. It seems, however, certain that up to the early nineteenth century there neither existed a coherent lunacy policy, nor were mad Europeans obviously a significant social concern. The first two decades in the nineteenth century in contrast are characterized by a wave of governmental concern for both Indian and European lunatics - in British India as well as in England.

The earliest traceable official accounts date from the late 1780s and 1790s [13]. In the course of those decades some medical officers' suggestions that the presidencies' lunatics should be confined in private, specialized institutions, with the presidencies' government paying for their maintenance, was readily accepted by the authorities. The authorities in India argued that it would be

> 'extremely beneficial ... to the Community at large by affording Security against the perpetration of those Acts of Violence which had been so frequently committed by unrestrained Lunatics' [14].

Thus the redress of public nuisance seems to have been a persuasive argument for the presidential governments even in the face of the ever present desire to restrain the expense of public affairs [15].

What is not clear, however, is whether before the 1780s the public's peace had been unaffected by free-roaming lunatics or whether they had just not been perceived as a problem sufficient to call forth counter-measures. There are some indications that a small lunatic asylum in Bengal, run by a Surgeon W. Dick existed prior to 1788 [16]. Dick - the mad-house owner - had both 'Insane Officers and private men' and civilians of various stations in life confined in his house [17]. Military lunatics were naturally transferred and paid for by the military authorities; the justices of the peace or the officers of police were empowered to send civilians to Dick's establishment. The Hospital Board was to examine and pass bills for 'Cott beds and the bed cloathing' (made out for about Rs. 186 per month). A sergeant and three soldiers, all invalids, were employed to attend to the insane. They were paid a monthly allowance of Rs. 10 in order 'to encourage [them] to do their duty with diligence and humanity' [18]. Further, for each patient the Lunatic Hospital's surgeon was allowed to 'draw for one Cooly for attending him at four Rupees per Mensem' [19].

The 'trade in lunacy'

Dick's establishment seems to have been rather small-scale and although a surgeon had to be in medical charge of it, there were no explicit regulations laid down as to his exact responsibilities. The main emphasis in the correspondence - between Hospital Board, mad-house owner and presidential government - was on questions of proper classification and the resulting costs per patient. The reduction of the tremendous expenses charged to government by the mad-house owner seems to have been a main concern of government. In fact the mad-house owner had grossly overcharged - as was to be evidenced half a century later, when an offical commission inquired into the state of lunatic asylums in Bengal [20].

The frequent change of regulations on the rates to be claimed and additional charges to be allowed, bear witness to the government's awareness of the extent of overcharge and to its failure to deal with it promptly. In neither presidency did the Hospital Boards do much to uncover and control even gross abuses - although they were expected and authorized to do so. This may well be due to the fact that the members of these boards, too, were eager to get their share of the East's bounty [21]. As was to be again revealed by inquiries some decades later, the Board members disregarded the Company's rules in many respects: they took up lucrative multiple appointments, engaged in trade, land speculation and in extensive private medical practice. It took more than half a century to have these rules to restrict casual emoluments, enforced even to a limited extent. However, trading in lunacy was but one of a number of worthwhile enterprises of private individuals in India (and in England) and should therefore not be seen out of historical perspective [22].

Classification of patients and asylum rules

The profit made from engaging in the mad-business presumably had little effect on the patients. The rates allowed for each gender and class category may not necessarily have been reflected in the quality of their actual treatment. As the authorities in Madras and Bombay seem to have based their classification scheme on the one drawn up in 1789 for Dick's Asylum in Calcutta [23], the 'Regulations for the Bengal Lunatic Hospital' may be taken as representative of what had been regarded in the late eighteenth century to be an adequate basis for the classification of European lunatics in asylums in India:

> 'The Persons now in the Hospital may be referred to the five following classes,
>
> 1st Subaltern Officers in the Service of the Honble. Company, For these the Surgeon is allowed the Amount of their Pay and Batta,
>
> 2nd Sergeants and Private Men in the Service for whom the Surgeon also draws the Amount of their Pay and Batta,
>
> 3rd Persons not in the Service of the Honble. Company who were formerly in the character of Gentlemen - for each of these the Surgeon is allowed the Pay and Batta of a Lieutenant, amounting on average to 176 Sonaut Rupees 6 Annas per Mensem,
> [amended to 100 Sonaut Rupees per Mensem in 1789, "As the Persons contained in that Class have no particular claim upon Government"]
>
> 4th Poor Europeans not in the Service for each of whom the pay and Batta of a Private Soldier is allowed amounting to about 16 Rupees 8 Annas per Mensem,
>
> 5th ... Ladies, for each of whom the Surgeon draws Lieutenant's Pay and Batta' [24].

This officially authorized classification explicitly stated the rates in relation to the former social class of patients, with persons not in employ of the Company being an exception due to their other professional background and women due to their non-maleness. There is

no mention made of the corresponding accommodation and treatment arrangements. It cannot be established from the official records - which were pre-occupied with expenses - how the patients were lodged, whether they were - after all and despite the formal classification - huddled together in one room, or confined in single rooms; how they were boarded and what sort of treatment - if any - they enjoyed. There are further no details given of the kinds of mental diseases diagnosed, nor whether a cure seemed likely or not. No information can be found as to madness' aetiology, epidemiology and medical or psychological treatment. There is some mention though of mechanical restraint which seems to have been employed - at least in the Bombay Lunatic Asylum, in the regulations of which the provision with 'Stocks, Hand-Cuffs +ca.' were listed as an additional responsibility of the Company [25]. The Bombay authorities as well as those of Madras added to their rules also that

> 'The Hospital ... be at all times open to the Inspection of the members of the Medical Board, and to the Civil Magistrate, but to no other Person, without a Ticket from the Surgeon' [26],

There were however no provisions made to ensure that regular inspection of the premises be a part of the authorities' duty.

It is only because of the English authorities' wish

> 'to be acquainted with the state of the [Madras Lunatic Asylum], the number of Patients of which it consists, the care with which it has been conducted and the Individual benefit that has been derived from it' [27],

that some descriptive data about the patients are available from the turn of the century onwards. Whilst this new interest in parts of the internal composition of the institutions was slowly to lead to increased supervision of the management of the mentally ill, at that time management was still dominated by the concern to restrain expenditures.

Summary

With the Company's obligation to exercise legal and administrative control over Europeans and to submit its departmental proceedings to the scrutiny of boards of experts and parliamentary control, the way that mentally ill Europeans were disposed of appears to have been stamped by administrative concerns of institutional and pecuniary regulations. The non-interference of the state (or of the presidential governments) in the provisions of care within the mental hospitals was a characteristic of eighteenth-century British India as it was of eighteenth-century England.

'Madness' came to be seen as detrimental to public peace and order and as demanding - especially within the context of assumed racial superiority and upper-class aspirations towards the end of the eighteenth century - redress in the form of institutional confinement. The formerly free-roaming or (presumably) incarcerated mad-person became an inmate in a lunatic hospital. A surgeon or assistant surgeon - who was not expected to be specialized in the treatment of mental illness - was put in medical charge of the mental hospital, which they owned as a highly lucrative private enterprise. Whilst the classification of the patients was overseen by the hospital/medical board and government in order to control the maintenance rates, interference into the asylum's internal management was not considered necessary. The condition that the institution had to be open to the hospital/medical board's and the magistrate's inspection was vaguely formulated and did not entail regular inspection as part of the authorities' duty.

Little is known about the condition under which mentally ill people were confined. It can be inferred from the records that European invalid soldiers were employed as attendants and that mechanical restraint was in use. A small number of Indian lunatics was also confined within the same premises. The overall number of patients was small (on average five to ten people). The death rate

seemed to have been within the usual (high) range of Europeans' mortality (about one out of four per year). The separation from the public and the confinement within an institution, without specified medical or psychological intervention was seen as the main purpose of a mental hospital and ensured, it was felt, that

> 'very considerable benefit,,, resulted from this useful institution, in the Number of People that have recovered from a state of insanity by the skill and attention of [the surgeon in charge]' [28].

The socio-political context of European Lunacy in British India. 1800 - 1858

Colonial policy and institutional provision

The European presence in India in the early part of the nineteenth century was characterized by a process of overall consolidation of British state administration. Isolated measures in all spheres of public life became slowly integrated into more coherent policies. Concomitant on the extension of British rule over evermore Indian areas was the reorganization of Anglo-Indian society and the formation of a more discriminatory attitude towards Indian and Eurasian people, and a class-consciousness amongst the British themselves. The process of creating an Anglo-Indian administration which was English in spirit, yet well-adapted in appearance to what were seen to be Muslim, Hindu and tribal people's sensitivities, did not occur without controversy. Social tendencies and schools of ideas prevalent in England at the time were at work also in British India. Presumably an even more intensified exchange of opinion occurred between the followers of various ideologies, because India offered a unique prospect which must have appealed to nineteenth-century reformers and colonialists alike: on this vast area and people - allegedly comparable to a *tabula rasa* - the British mark of enlightened ideas and humane spirit, as well as of an economically profitable system of land taxation and commercial and legal organization could be imprinted [1].

The central question in regard to lunacy policy of whether the presidential governments ought to be responsible for the maintenance not only of European but also of Eurasian and Indian lunatics, was not taken up as a matter of principle until Lord Dalhousie's Governor-Generalship (1848-56). Up to then various more or less integrated policies were pursued in the different parts of British India. The only

uniformly enforced main legal provisions were the Act for the Safe Custody of Criminal Lunatics (1849) and the Lunatics Removal Act (1851). The ultimate consolidation and standardisation of lunacy policy in British India was not effected until 1858, when the Indian Lunacy Act was passed.

The confinement of lunatics was in fact not a matter of high priority. In regard to social welfare and public health, sanitary provisions and the prevention of epidemcis as well as military medicine had a higher profile [2]. Similarly, in regard to the maintenance of public peace and order the establishment of an efficient police force, and of an extensive system of jails and houses of correction as well as legal codification were considered more essential. Within medical science as a discipline, too, the treatment of lunatics was not a major concern in the face of the extraordinarily bad condition of health of the European soldiery and lower-class European civilians, and the consequent necessity for medical practitioners to find new curative and preventive remedies for ubiquitous tropical diseases.

Institutional provisions for lunatics and psychiatric treatment of the mentally ill did not constitute matters of high priority in early nineteenth-century England either. Despite the publicity King George's madness received, and the scandals and parliamentary inquiries during the first two decades, it was not until the middle of the century, when the Lunatics Act (1845) had been passed, that lunatics were confined on a scale as large as that characteristic of French institutions [3]. Whilst it has to be conceded that lunacy policy in India had during the first half of the nineteenth century not constituted a means of social control as effective as that in France, it was within the context of Anglo-India a structurally important though numerically insignificant part of social control of a colonial society.

The confinement of lunatics was one way in which people could be disposed of who became intolerable for a well-organized European administration and military culture, disturbing in bustling, regulated

town-life and, in general, deviant from an increasingly narrowly circumscribed social norm. The policing of lunatics should be seen as but one constituent of colonial policy. Further, the general Anglo-Indian *Zeitgeist* is clearly at work in class-, race-, and gender-specific discrimination within the asylum, so that the analysis of asylum management provides an instructive illustration of Anglo-Indian attitudes and the implementation of Georgian and Victorian ideas and moral imperatives.

The ideal models for institutionalisation were 'moral management' and 'moral therapy'. In England these concepts had emerged from a reform movement - partly in consequence of the revelation of the bad state of affairs in places like Bethlem Hospital and York Asylum. They slowly, and not without opposition became the general yardstick against which an asylum superintendent's treatment of the insane was to be measured. Commissioners in Lunacy - who had been appointed to supervise municipal private and public provision - gradually took recourse in their general guidelines and regulations to the ideas developed by reformers such as the Tukes and Conolly. In India these recommendations were taken up immediately and their implementation was enforced by order of the Company's Court of Directors. However, as might be expected, the Commissioners' highly ambiguous rhetoric was put into practice in a way not always congruent with the original idea. Nevertheless, Anglo-Indian institutions were essentially modeled on European concepts of development and images of civilization. The introduction of the allegedly superior European spirit of civilization, and of the concomitant institutions, was to become the politico-moral legitimation for British rule in India and was to lead to and be based upon the complementary myths of the white man's duty and burden in the East.

Seen as part and parcel of the process of turning commercial pursuits in the East into the economic and socio-political obligation of an enlightened and humanist people, the confinement of European and Indian lunatics in Anglo-Indian institutions assumes a further important dimension. It is again not so much the singular and isolated measures as such that are relevant, but the general socio-economic and

political context within which they occur. Just as the bourgeois state in England can be described as having legitimated its rule by linking measures of state control/repression with social welfare, the process of the imposition of the *pax britannica* on India can be described in terms of the legitimation of alien rule through assumption of responsibility for the social welfare of European and subject peoples [4].

The tension inherent in such means of legitimation surfaced whenever economic expediency demanded a restriction of social welfare expenditure. The repeated concern expressed in Indian governmental proceedings about the high expenses for asylum provision gives ample evidence for the restrictive conditions within which they were made to work as allegedly curative establishments designed for the well-being of their inmates.

Presidential differences in regard to institutional segregation

In the context of the limited financial means allocated to establishments for lunatics and the slow tendency towards standardized regulations, a variety of highly diverse approaches prevailed within and between the Presidencies. In addition to the lack of central legislation this heterogeneity was due to several other factors. The ambiguously defined concept of 'moral therapy' itself allowed for a wide range of different interpretations, and in general early nineteenth-century medicine was still in its formative stage. It was still being consolidated as a narrowly circumscribed discipline, in which experimentation was encouraged to a certain extent. The various medical officers and superintendents had in addition their own, idiosyncratic understanding of what care for lunatics was to entail. Further, the interaction and tension between, and the relative strength of the various interests represented by the Presidencies' Councils, the Medical Boards and the superintendents varied from Presidency to Presidency and with the persons in office. And last but not least, the Presidencies of Madras and Bombay were not always

inclined immediately to implement policies worked out in the superior Bengal Presidency.

The most conspicuous differences between Presidencies were those related to the institutions' practice of segregation and internal classification. Whilst for most of the period Bengal provided for its European lunatics in a privately-owned asylum, insane people in Madras and Bombay were admitted into a public government asylum. At the same time the separation of the races was enforced by separate institutions in Bengal, but in Bombay and Madras segregation occurred only within institutions. Despite the differences the same general principle prevailed: within whatever form of institutional setting European lunatics came to be confined, they were subjected to strict race, class and gender-based separation.

The medical profession and colonial policy

The early part of the nineteenth century was a significant period for the development of medicine in England. It was characterized by the consolidation of the medical discipline into clearly circumscribed professional bodies, with allocation of responsibility and authority to its representatives in various specialized fields. Physicians, surgeons and apothecaries formed their own professional societies and journals, established training schools and introduced formal qualifications. The formation of these medical lobbies affected the social recognition of medically trained experts as the exclusive official authorities in matters of healing. In regard to the treatment of lunatics, too, the process of medicalisation and medical specialization became apparent and was more or less completed by the middle of the century. The campaigns against the private 'trade in lunacy' and the passing of the Lunatics Act (1845) were a further step towards ending the previously widespread practice of having lunatics confined in private asylums and superintended by persons who possessed no formal medical qualification.

In British India, too, medical professionals were in charge of the presidencies' sanitary and health provisions. The Medical Boards of Bengal, Bombay and Madras also controlled the presidencies' asylums. The medicalisation of provisions for lunatics was, however, to induce disputes only in Bengal. There the services for lunatics had been privatised, and in the 1830s the system was strongly challenged by the Medical Board. The Government, however, strongly supported the case of the private entrepreneur, and the Medical Board had to acquiesce in the restriction of its authority until the late 1840s.

Medical professionals appointed as superintendents of a lunatic asylum rarely showed any special interest in or devotion to their charges. This may partly be explained by the Company's personnel policy, as well as by the personal ambitions of surgeons. The asylums' superintendents were appointed to their charge on the basis of seniority in the Company's service rather than ability or specialization. The position of superintendent of any medical institution was seen as desirable because of the concomitant high salary and the social status.

The merely formal significance of asylum superintendence, together with the generally low priority accorded to psychiatric care within medical science in general might also partly explain why no major scientific breakthroughs were made by medical doctors in India. Only the spectacular successes in the cure of mentally ill Indians by the therapeutical technique of mesmerism are worth-mentioning as scientific advances. Mesmerism was, however, a medical fringe-interest, found publicity mainly in Anglo-Indian magazines and was a subject for small-talk on social occasions rather than at scientific conferences [5]. Within Anglo-Indian main-stream medicine neither mesmerism nor the provision for lunatics was regarded as being of any special relevance for scientific investigation. Professional references to psychiatric care were concerned with aspects of institutional management only - ventilation, state of buildings, classification - and with the question of whether provisions in India could be compared favourably with those in England.

The failure to seize the extraordinary opportunity of studying mental derangement among Europeans in an environment different from England was related to the belief in the superiority of Europeans' social life and civilization: as far as questions of manners, morals and the mind were concerned it was the developments in England which were superior and authoritative. The underlying motive for the lack of interest in investigating the phenomenon of insanity in India was associated with the maintenace of the myth of the white man's vocation. This myth could be corroborated by the contemporary psychiatric belief in the importance of moral factors in the onset of mental derangement. Any serious investigation into the deranged minds of Europeans may have been, at least unconsciously, much too sensitive an area for exploration within a colonial society that legitimated its alien rule by means of its assumed moral superiority. Similarly, in England itself a restriction to practical questions of institutional arrangements and emphasis on morals and virtue in regard to insanity had prevailed. Within this general social and ideological context no modification of the English model of psychiatric care would consequently have been seen as necessary in India. In fact it is rather unlikely that it could ever have occurred as it was moral management and moral therapy that were the unquestioned ideals in regard to lunacy policy, and the superior morality allegedly inherent in the ideology of the *pax britannica* was yet to be seriously challenged [6]. The medico-moral doctrine underlying the practical provisions for lunatics in India was therefore congruent with the general ideological mainstays of Anglo-Indian society which thus did not engender any major modification of its moralism.

The phrase that was chosen by a former medical practitioner and member of the Indian Medical Service as a motto for his account of 300 years of European medical science in British India might thus indeed exemplify the functionality of medicine in the legitimation of colonial rule. He quoted Marshal Lyautey in saying that 'la seule excuse de la colonisation c'est le médecin' [7]. This epigram has merely to be qualified by adding that, whilst the medical practitioners and European medicine were not the only excuse for colonization, they were one frequently used - even until long after independence. Although

European psychiatry in India had high priority neither in regard to social policy nor within medical science it will still be important to point out where and how the confinement of the European insane assumed a minor though necessary socio-political function within the broader context of Anglo-Indian society and medicine.

The importance of medicine for the preservation of the health of Europeans in India

It would be an over-simplification to reduce or to restrict the significance of medicine and the task of its practitioners to their functional role in social control, policing and the mystification of the white man's assumed superiority. Medicine and medical practitioners possessed within both the military and civil branches of colonial society the important and necessary duty inherent in medical systems in general, namely the preservation of what was considered as people's health at any one period. As evidenced by numerous government reports on the state of health of Europeans in India the efficiency of the military in particular was greatly diminished not so much by casualties of war but by a variety of tropical and common diseases:

> 'for out of 9,467 men dying among regiments in India prior to the mutiny or sent out in 1857-8, only 586 were killed in action or died of wounds' [8].

Within these factual circumstances the services of medical officers - especially in the army - were seen as absolutely essential, although the odds against success in healing were extraordinary and not merely of a narrowly medical nature.

Fevers, diarrhoea, dysenteries, diseases of the liver and cholera were the main fatal diseases, compared with which all other diseases were of minor extent and importance [9]. But still a wide range of social and economic factors, and not least military regulations and behavioural prescriptions were seen as contributing to the army's notoriously unhealthy state. It was maintained that

> 'it is necessary to bear in mind that the soldier's health in India, as elsewhere, is the product of all the conditions to which he is exposed; it is not solely the result of climate, nor of locality and dwelling place, nor of diet, habits, nor duties; it is the product of all of these' [10].

Further, the state of health of recruits both in the Company's and Her Majesty's regiments, which 'appeared to depend upon commercial and manufacturing prosperity at home', too, was considered as but one important cause of high mortality and disease rates [11]. The aggravation of diseases by over-consumption of liquor was another explanation which had been postulated from the very early decades [12]. Disease was even seen as being closely related to the difficult social circumstances within which European soldiers found themselves: lack of entertainment and recreation other than drinking and visits to brothels, and lack of future prospects and stable social networks were pointed out as the most crucial [13].

Not only were factors that had a bearing on the state of health of Europeans recognized as being of a social and economic as much as of a physical nature, but the consequences of high disease rates were also noted:

> 'the depressing influences on the mind and body, the loosening of the bonds of discipline, resulting from the constant observation of sickness, suffering and death, if even existing but for short periods; .... such a course of deteriorating service is even more detrimental to military discipline than the continuance of active warfare' [14].

And in a similar vein it was held that

> 'the recruiting is more difficult, and that the losses from other causes than death are greater in an unhealthy army, for the invaliding, the desertion, and the discharges from all causes are influenced by sickness' [15].

Set against this general background of disease and mortality - as well as the strain on the Company's accounts [16] - the work of medical doctors gains, despite the apparent hopelessness in the face of the

magnitude of the health problem, a very important position. Given the prevalence of fevers, dysenteries and cholera it could be assumed that doctors had to concentrate their efforts, rather than to direct their attention to the various afflictions that might have occurred frequently, when compared to English standards, but were relatively insignificant within the Indian context. Insanity certainly was one such example of an affliction which was much less of a threat to life and health than fevers or dysenteries and less of a concern for military and civil surgeons. The annual mortality rate from insanity had been on average about three times higher amongst Europeans in India than amongst male persons in England and Wales [17]. But this has to be set against the, for example, on average about twenty times higher mortality rate from DT and various degrees of alcoholism - not to mention even higher percentages for other diseases [18]. Insanity constituted only a small fraction of 1 % of all diseases fatal to Europeans in India in the period 1830-1845 [19]. Similarly, whilst the incidence rate of insanity seems to have increased by about three times per decade, it still remained rather inconspicuous in comparison to the more common diseases [20].

It is thus only in relation to death and incidence rates in England that insanity assumes any quantitative significance. If one considers that the over-riding problem was to keep the soldiers alive at all, then insanity might be regarded as having been no particular medical problem - after all it only ended fatally in a small number of cases. In fact, 97 % of those afflicted with mental derangement were reported to have returned to duty again and thus presented no further problem to the medical and military authorities [21]. Furthermore, it would be appropriate to assume that the chances of getting certified as insane were not very high, as one was likely to die from fever, dysentery or some such disease before one had a chance to develop any adequate symptoms.

It could be concluded that despite the reputedly low status attributed to its practitioners, in general medicine occupied a most eminent position within the fabric of Anglo-Indian colonial society, due to its universal claim to enhance the preservation of health [22].

Its research topics and practical priorities were at the same time determined by the specific demands on doctors by the Anglo-Indian civil and military population. Not surprisingly therefore, medical advances by European doctors in India had been accomplished in those areas which were most decisive in determining life and death in the colonies: the areas of sanitary sciences and contagious diseases, fever research and vaccination, as well as dietetics, surgery and environmental medicine - rather than psychiatry [23].

Provision for lunatics in British India

During the course of the early nineteenth century small lunatic asylums were established, closed down and re-opened in various places all over British India. Some received Europeans and Eurasians only, some were for people of all races, some were exclusively for Indians [24]. The flow of information between the different areas in British India on institutional and extra-institutional provision for lunatics was not well collated. This accounts for the often contradictory contemporary reports on and evaluations of institutional provisions in India, and the Court's as well as the Government of India's difficulties in keeping in touch with developments on the spot.

The asylums in Calcutta, Madras and Bombay can be regarded as the main specialized institutions for European lunatics, though they were neither the only institutions, nor the only means in use for disposing of insane Europeans. There existed also small establishments for lunatics, or hospital and jail wards that were specially allocated to Europeans in Rangoon, Karachi, Lahore, Delhi, and in Singapore, Penang, and Sri Lanka [25]. Although official regulations for the disposal of lunatics in all British stations in the Indian Peninsula stipulated that Europeans ought to be sent to one of the three presidency capitals, this decree was not always strictly observed. Especially in regard to military lunatics it can be assumed that a great number of them were confined in regimental hospitals and only rarely transferred to an asylum [26].

The picture of lunacy provision in India would therefore be incomplete and distorted if these unofficial practices were not taken into account. The extent to which official regulations were not observed can however not be established, because of the absence of any uniform reporting practice on the various ways of disposing of lunatics and on the comparative frequency of extra-institutional provision. An account of conditions and treatment within the three official expert institutions in Calcutta, Madras and Bombay should consequently be taken neither as a comprehensive description of the lunatic asylums of British India nor as necessarily indicative of the existence of any standardized practice.

The deportation of European lunatics to England

Prior to 1818 European lunatics had been sent to England only occasionally, for reasons relating to their specific circumstances. The majority of the European insane were confined in the presidential asylums. By the early nineteenth century the number of asylum inmates in Calcutta had reached about twenty [27]. They were costly to maintain so that the increase in their number within already crowded premises demanded some response from the Government of Bengal [28].

In 1818 Assistant Surgeon J. Robinson, in medical charge of the Calcutta Lunatic Asylum, suggested the introduction of a new plan which was to become the basis for the policy of deportation throughout the nineteenth century [29]. He proposed that

> 'As great a number of the European Insane as may be practicable should be sent to Europe' [30].

The argument put forward was that not only would the patients' health benefit from a transfer, but so also would the Bengal treasury [31]. In fact, the proposal also entailed some considerable advantage for Robinson, which he carefully neglected to point out. He was to profit from the supplementary measures that were still necessary for the maintenance of European and Eurasian lunatics in

India even were the routine transfer to England to be implemented. The Government Asylum would be dissolved and European convalescents and lunatics awaiting a passage were to be temporarily confined in a House of Reception - a private asylum owned by Robinson [32]. Further, patients of Eurasian background - apart from those of the lowest classes - had to be housed as well - in a private asylum, owned by Robinson [33].

The new plan also deviated in essential respects from the lunacy policy recently decreed by the Court of Directors. In 1816 the Court had recommended that the medical officer in charge of an asylum should have no personal financial interest in its management [34]. This recommendation had been aimed at curbing the hitherto lucrative trade in lunacy which had flourished at considerable expense to Government. However, Robinson's proposal was strongly supported by the Medical Board, and hurriedly implemented by the Bengal Government [35]. Discussion centred mainly on the practical aspects of the transfer to England and the expenses that could be saved [36]. Thus the implications of the new procedure for the future disposal of the insane whilst they were awaiting embarkation, was by no means fully investigated. Consequently the private trade in lunacy - firmly put into the hands of Robinson and his partner, a Mr. I. Beardsmore - was to flourish again only two years after its official abolition.

Whilst Robinson's well received proposal certainly afforded him considerable financial advantage, the reasons for the new policy's immediate adoption went beyond the prospects of private corruption and public budgeting. The arguments in favour of the plan were complex. The measure fitted in well with contemporary medical theory, Government policy of immigration restriction and the understanding that the Anglo-Indian' s spiritual home and ultimate refuge in case of distress were Western Europe's green and pleasant lands. These matters of more general importance deserve further investigation.

The medical argument -

The Medical Board's comment on the suggested plan provides evidence of the conviction that transfer to a moderate climate increased the chance of recovery. This assumption was to a large extent based on the experience of the British in India. Heat stroke was frequently reported, and it was a strict rule not to expose one's uncovered head to the sun. It was during the hot season, confined to the shelter of the barracks or bungalow, that the burden of living far away from home was felt most intensely and when nostalgia made people feel the heat even more suffocatingly and distressingly [37]. It had been observed over the years that the death rate increased during the months of the hot season. The correlation between heat and physical discomfort was seen as causal and it is therefore not surprising that the recommendation to remove people suffering from any sort of disease to a colder climate, was persuasive - even on the basis only of everyday experience.

Moreover the salutary effect of a moderate climate also fitted perfectly into the contemporary ethos for which moderation *per se* and as a means of preserving mental and physical health, not to mention the social fabric, was a virtue. Although this advocacy of moderation was generally honoured more in the breach by both the higher and the lower classes (for quite different reasons), it was nevertheless a guiding moral principle of the age, and as such informed the discourse of decision makers.

Contemporary medical theory was also largely based on assumptions relating to the impact of climate. Within humoral medicine extreme environmental conditions were thought to be detrimental to health, so that both cold and heat had ideally to be avoided. Further, the variation of atmospheric temperature was seen as an important factor in the rising of pathogenic miasmas from the soil. These would then impinge on persons who happened to be down-wind and produce fatal conditions such as cholera. In respect to one main category of disease, fevers, climate in general and season in particular were

important causative factors, amongst others such as air, food, dirt, putrefaction, contagion, miasmata and fear [39].

Similarly climate was regarded as a crucial factor in explaining the nature of insanity. The Medical Board summarized its theory on the nature and causation of insanity thus:

> 'Without wishing to enter at large into the pathology of Insanity, the Board may be allowed to state, that in nearly all its forms it is a disease of great excitement, and high vascular action; having the brain for its principal seat, and being liable to sudden and violent exacerbations from every cause tending to derange the functions of that organ. Hence, even prior to experience, it might be predicted, that a Climate like that of India, of which the atmospherical temperature is at all times higher than that to which the European constitution is naturally habituted; and during certain periods of the year sometimes even exceeds the warmth of the body in its healthy state, would prove singularly prejudicial to mental disorders. Daily observation fully confirms the truth of this supposition; and clearly establishes the fact, that in almost every variety and case of the malady the deleterious operation of the Climate may be observed in their origin on subsequent progress. In England and other cold countries, attacks of Insanity generally arise from sudden reverses of fortune, keen disappointments, and other causes of deep mental depression, but in this country it is otherwise; here the attack may at almost every instance be traced to exposure to the sun; hard living and other irregularities, exciting the action of the heart and blood vessels, and producing unusual determination to the head' [40].

The Board brought forward further, widely known evidence:

> 'It is accordingly found, that a very small proportion of the persons seized recover whilst they are detained here; and that, on the other hand of those whose circumstances admit of their removing to a more genial climate, the great majority are soon restored to reason; amongst the numerous instances of insane persons, from the higher ranks of life, returning to England for the purpose of Cure, the Board can bring to their recollection, only one case in which the individual remained so unsettled, as to be unable, after a time, to share in the common business and amusements of life [41].

This line of argument subsumed many aspects of Anglo-Indians' experience, beliefs and preferences as well as contemporary scientific knowledge. The Medical Board's scientific rationale sounded competent and concise and might well have appealed even to present-day understanding of personal comfort and discomfort in the tropics. Robinson's suggestion that lunatics be removed from India and sent back to England was thus well grounded in contemporary main stream medical theory and Europeans' experience in the tropics. There was, however, yet another important dimension to the recommendations' appeal.

As well as the tonic effect of a shift from hot to cold climates, removal from India was also expected to have positive moral consequences from the change in surroundings. Within contemporary psychiatric thought moral influence was seen as most crucial in the restoration to reason. Service in India, especially within the army and navy, was believed to predispose people to involvement in a variety of unhealthy and immoral social activities which frequently preceeded insanity; hard living, fornication, bad and immoral speech, over-indulgence in alcohol and carelessness. If a person had become afflicted by insanity it was therefore of the utmost importance to remove him or her from those circumstances which had contributed to the onset of mental derangement. This could be done by institutionalisation and substitution of moral management for these bad moral influences. The assumption that separation from previous social networks and environmental circumstances would have a positive effect on a deranged mind was one of the mainstays of institutional treatment of the insane throughout the early part of the century.

In 1852 Surgeon W. Campbell, Superintendent of the Bombay Lunatic Asylum gave the following summary grounds for a certain person's immediate removal from India:

> 'This is a case of Mania ... I considered him cured and notwithstanding the occasional return of his hallucination ... I still retain that opinion.... It affords good ground however for a recommendation that he should not return to duty .... it is evident that his physical anesthesia is of a kind particularly obnoxious to an Indian climate. Within a few months

> and whilst under constant supervision and care he has suffered from [a variety of physical diseases]. All this shows that his chances of retaining health in this country are small. But apart from such considerations, when one reflects on the position of the European soldier or sailor in India, with its peculiar duties, trials and temptations, I think it must be admitted that in no instance, after an attack of insanity, should a man be permitted to remain in circumstances and relations which are obviously so likely to lead to a relapse, I would respectfully recommend that he should be sent home' [42].

The patient was to benefit not only from the move out of his previous pathogenic surroundings but also from treatment within institutions in England. Reformed asylums in Europe were not only the enlightened model for institutions in India but they were seen as generally allowing for accommodation and treatment superior to that in the colony [43]. Deportation to England would therefore not only save the Bengal Government's expense in India, but also promised instant cure and consequently a short period of confinement and concomitant minimum expenses in England. Further there existed some chance of spontaneous recovery during a voyage that usually lasted more than six months [44]. On the whole the medical officers expected the routine repatriation of European lunatics to improve both cure- and cost-effectiveness.

The authorities' view

For the Government of Bengal in particular, the prospect of financial savings was a welcome aspect of Robinson's proposal. The Council had recently approved plans for the erection of new asylum premises to replace the over-crowded and derelict old buildings [45]. The new policy not only made such a large outlay of public money unnecessary but also promised to cut down considerably on future expenditure for the maintenance of patients in India. The calculations were unequivocally in favour of the new policy. The 1819 budget would be reduced from £ 6,300 to £ 2,492, it was argued by the 'Committee for reporting on the proposed measure of sending Insane Patients to Europe' [46]. Although the actual difference shrinks to about £ 1,500 -

rather than about £ 3,400 to 3,800 - if additional provisions are included, the new plan was still cheaper [47]. Further, the deportation of European lunatics implied that the Bengal authorities would be relieved of one of its responsibilities. The European insane would not accumulate in the colony, thus facilitating the Company's restrictive immigration policy, designed to remove from India Europeans who did not pursue any acknowledged business.

The Consequences

With the transfer of European lunatics to England racial segregation became - albeit with some variation in the three presidencies - more overtly practiced and officially sanctioned than hitherto. However, contrary to the Bengal Government's and the Court's expectation the necessity of making provision in India for the temporary reception of European lunatics persisted. In Bengal a dual system of asylum provision was to emerge. Europeans awaiting embarkation were, together with Eurasians of all but the lower classes, confined in a private asylum, whilst lower-class Eurasians and Indians were admitted into one of the provincial Native Lunatic Asylums. In Madras and Bombay the deportation policy was implemented quite differently, although it was based on structurally similar convictions of racial propriety, considerations of class-background and the same regulations as to eligibility for transfer to England [48]. Here lunatics of all classes and races shared the same building. Race- and class-specific treatment was enforced through intra-institutional classification and separation. Although specialized Native Lunatic Asylums were - some years later than in Bengal - established in these Presidencies' outstations, they were never to become part of a dual system of asylum provision such as that in Bengal.

The major consequence of the repatriation policy was therefore that whilst it led to the standardization of the transfer procedure and to unified, narrowly prescribed regulations as to eligibility for a passage back home, it produced different systems of institutional management in India. In addition the transfer to England of the

majority of the European insane meant that they would not accumulate significantly in India. It could be said that the Company elegantly solved the problem of European lunacy in India during the first half of the nineteenth century by transferring it to England.

Plans for a lunatic hill-station

The policy of deporting European lunatics to England had been questioned twice during the early decades of its implementation, and arguably less expensive and less drastic alternatives than the irretrievable removal back to England of potentially useful Company servants had been sought. The deportation policy was challenged for the first time in the 1820s/30s, when problems in recruitment of soldiers had once again surfaced [49]. At this time the hills of India were in the process of being opened up as cool recreation areas for well-to-do Anglo-Indians escaping the debilitating heat of the plains [50]. Within a few years they had attracted development of private bungalows. Sanatoria were also opened in such salubrious places and convalescents dispatched to the hills prior to sending them back on duty [51]. It was hoped that this would turn out to be more labour- and cost-efficient than either risking soldiers' fragile health in the plains, or of providing a passage back home, which would necessitate their replacement [52].

The first reports of the positive effect of the hill climate on certain physical conditions led the Court to order an inquiry into the feasibility of sending European lunatics to the hills instead of the England [53]. Perhaps the salubrious hill-climate would work as positively on a deranged mind as it did on physical health, so that mad officers and soldiers could be restored to mental health at a considerably lower cost than that of deportation. In fact, the locations would have been ideal for lunatic asylums; remote, high above the hustle and bustle of life in the plains, picturesque and close to nature. After all the contemporary ideal of an asylum was the retreat - the secluded house in the country-side, far away from

unhealthy towns. Thus medical as well as financial grounds pointed to the potential feasibility of a lunatic hill-station.

Contrary to expectations however it was found that no lasting cure was likely, nor would the expenses be lower than for deportation [54]. First of all there were logistic problems. Building material as well as provisions had to be procured from the plains, in order to have an asylum built, purchased or rented. Further, the hills were only accessable by horse, foot or palanquin. In the case of lunatics transport therefore involved not only considerable costs - as most of them would have to be transported in palanquin - but also a great security risk. The danger of accidents had already been evidenced by the loss of life of convalescent soldiers, who had been sent to the hills recently. In addition there would be a great need not only for more attendants than usual, but also for porters to guarantee food supplies.

All of these problems might already have constituted reason enough against such endeavour. There was however also a medical argument against any such plan. The hill-climate would have positive effects only in the case of a few mental afflictions, whilst in most cases it was seen as either detrimental - due to the impact of high altitudes - or of no lasting effect. The latter argument was based on the observation that patients who apparently recovered during their stay in the hills, tended to relapse as soon as they were sent back to the plains. Consequently the proposal was abandoned - for the time being [55]. During the following decades, the hills' popularity as recreation centres during the hot season increased steadily and the experience of those who were rich enough to enjoy the hills seemed to evidence their salubriousness. After all, some hill-stations were said to have looked like parts of the Isle of Wight [56].

Another inquiry was instigated in the 1850s [57]. This time it coincided both with Lord Dalhousie's general inquiry into the system of asylum provision in India and his plans to have a first road built to Simla. The hills would thus become more easily accessible, problems in logistics could be resolved at much less expense and a re-

organization of the lunacy provision was anyway seen as necessary. Familiar medical arguments were again deployed against the scheme [58]. The hill climate would be detrimental in certain kinds of mental derangement, namely, all but cases of debility from non-organic causes, and most of the insane would suffer from a relapse as soon as they were returned to the plains [59]. The main and decisive argument brought forward was, however, that a lunatic hill-station would not really be appropriate, since most European patients were lower-class and therefore predisposed to being easily excited and overcome by the East's temptations again once they were sent back on duty.

> 'The climate of the hills might be more congenial to European Patients, but the majority of these would doubtless be soldiers, who, when once attacked with insanity, were rarely "afterwards fit for the duties and excitements of Military Life in India"' [60].

The most appropriate procedure would therefore 'on every account' be to send them, as hitherto, back to England immediately. Transferring Eurasian lunatics, who shared premises with the Europeans, to the hills was quite out of the question. For them

> 'the most convenient situation would obviously be in the neighbourhood of the capital, where the East Indian population is most thickly congregated' [61],

After all, it may be presumed, the hills were meant for the exclusive enjoyment by the better classes of Anglo-Indian society, and Eurasians other than in servant quarters were not particularly welcome in the Anglo-Indians' favourite playground and refuge from colonial duty, not to mention the native people of the plains.

Consequently substituting hill sanatoria for deportation to England was not recommended. In the following decades it became increasingly less likely that transfer to the hills - from where the Government came to rule the affairs of British India during a considerable part of the year - would have seriously been considered again as a seemly measure for disposal of deranged Europeans - not to think of deranged Eurasians. Considerations of racial background and social class thus played a part when a decision had to be made as to

the most cost-efficient way of providing for lunatics within the socially narrowly circumscribed context of colonial society.

Legal Provisions

Legislation concerning the confinement of lunatics aimed at harmonizing the disparate regulations then in force in the various presidencies [62]. Legal provisions focussed on those areas which were most essential during a period of consolidation of Anglo-Indian governmental administration and public life, namely the areas of crimes to property and person, protection of the public, disposal of lunatics' estates, and the prevention of infringements of liberty through illegal confinement. The first major Act was passed by the Governor General in Council only in 1849 (Act IV). This Act provided for the 'safe custody of insane persons charged with offences'. It was soon to be complemented by an Act of Parliament (the 'Lunatics Removal Act' of 1851; 14 & 15 Vict., c. 81), which aimed at giving 'better Effect to Inquisitions of Lunacy taken in India' and comprehensively decreed under what circumstances criminal lunatics ought to be confined and removed to Europe [63]. The question of who was to be legally responsible for the cost of maintenance of European criminal lunatics from India was to a certain extent solved by this Act of Parliament, although it took some decades for the exegesis of legal provisions in England and in India to be well enough integrated to prevent the occurrence of occasional ambiguous decisions in regard to specific cases. Legally the Company had to bear all expenses attending removal from India and safe custody and maintenance in Great Britain or Ireland. The expenses could then be charged to the revenues of the Government of India, and subsequently 'incurred by the East India Company to be a Debt due from the Lunatic' [64].

Both Act IV of 1849 and the Criminal Lunatics Removal Act of 1851 were thus to precede any major legislation that would have prevented wrongful confinement or which explicitly recommended the establishment of institutions for the insane. They were also the first major legislative measures in regard to European lunatics that were to

be applied uniformly to all areas under the Company's administration. Acts that provided for other than 'criminal lunatics' were finally passed by the Legislative Council of India in 1858. They related to the 'better provisions for the care of the estates of lunatics' (Act XXXIV, Lunacy, Supreme Courts; Act XXXV, Lunacy, District Courts) and to the provisions for 'the reception and detention of lunatics in asylums established for that purpose' (Act XXXVI, The Indian Lunatic Asylum Act). Acts XXXIV and XXXV unambiguously determined the legal position in regard to lunatics' private property, and were in line with similar legal provisions made in England. Act XXXVI of 1858 was of particular importance within the context of the development of psychiatric institutions in British India. This Act was not only meant to provide a uniform legal basis for the establishment of public lunatic asylums by the Executive Government of each Presidency - with the sanction of the Governor-General of India - but also aimed at preventing wrongful confinement. The Act, passed in the last full year of the Company's formal administration of rule in India, could be described as containing the legal résumé of about half a century's experience with ambiguous, heterogeneous, and at times even contradictory measures for the confinement and treatment of European and Indian lunatics in India. It was, apart from some amendments in 1886 (Act XVII) and 1889 (Act XX), to be in force up to the beginning of the twentieth century, when the Indian Lunacy Act of 1912 was passed.

Act XXXVI of 1858 made the establishment of asylums optional rather than compulsary. It therefore has in respect to the maintenance of public asylums to be seen as the equivalent to the Act of 1806 rather than to the consequential Lunatics Act of 1845 in England. The former only recommended that each county build an asylum for the care of its insane, whilst the latter prescribed the establishment of asylums for each county's lunatics [65]. The Act of 1858 reflected the government authorities' general conviction that whilst the coordination of regulations and of public welfare measures was considered desirable, the need for institutional provisions for lunatics was not deemed pressing enough to impose compulsory, uniform requirements throughout British India. Further, it was felt preferable to leave it

to the authorities in the various districts to decide - on evaluation of the various presidencies' specific requirements - whether the erection of a public asylum was desirable and expedient.

The Act's provision for the executive government to also grant licences for private asylums cannot easily be explained at first sight. After all, the tendency in English institutional psychiatry had been toward a restriction of the private 'trade in lunacy' and the confinement of lunatics in public institutions. Similarly the experience in Bengal, where a private asylum had been made use of for the Presidency's insane Europeans, would have led one to believe that private institutions would not be especially favoured by the Government. It has however to be considered that both in England and in India public institutions possessed an ambivalent image. Persons of all ranks and walks of life were to be admitted into public asylums. Section 4 of the Act even made it the express duty of

> 'every darogah or district police officer to apprehend and send to the Magistrate all persons found wandering at large ... who are deemed to be lunatics, and all persons believed to be dangerous by reason of lunacy' [66].

It must therefore have been expected that most patients would have been lower-class people. What in fact the Act provided was the possibility of two separate types of institution: one for paupers and lower-class people, and one for upper-class lunatics. The section of the Act that related to private licensed asylums was therefore not as incomprehensable or obsolete as might appear on first sight. In fact it took into consideration - at least as an option - the tendency of English developments in consequence of the passing of the Lunatics Act - namely the retention of private houses for the rich [67].

Furthermore, the Act XXXVI of 1858 provided, for the first time, legal grounds for the confinement within public institutions of lunatics who were neglected or treated cruelly. Again it was the police officers who were instructed to regard it as part of their duty to inform the magistrate of any neglectful or cruel treatment of lunatics. Thus legal provisions were made to protect lunatics against relatives and friends through institutionalisation. Certification itself had to

be undertaken by the magistrate plus a single medical officer. The possible transfer of a lunatic from the public to a private institution had been made dependant entirely on the magistrate's judgement alone. The preference for investing officials concerned with the general maintenance of law and order with the power of transfer, rather than medical professionals also prevailed in regard to the composition of the Board of Visitors who had to inspect the asylums once a month. Only one out of the three Board members had to be a *medico* and the Inspector of Jails had to act as a visitor *ex officio*. Provisions for lunatics in the decades following the passing of the Indian Lunatic Asylums Act of 1858 were thus much more obviously connected with the maintenance of public peace and order than during the decades preceding it.

Policy and legal discussion preceding the passing of both the Acts designed in India (Act IV of 1849, Act XXXIV, XXXV, XXXVI of 1858) and the Act of Parliament (14 & 15 Vict., c. 81; 1851) was - notwithstanding some reflection on the state of English Lunacy law on the part of officials in India - short and uncontroversial. This is closely related to the fact that recourse was had to laws which had already been enforced in England, and which were at the time of their application in India considered to be sufficiently comprehensive and humanitarian [68]. The Criminal Lunatics Act [69] (1851) for example had explicitly been designed with a view to integrating English and Indian law. This had not been achieved effectively by the earlier Act (1849). Although Act VI of 1849, too, had drawn on English legislation, it provided for the detention of criminal lunatics merely within the area where a verdict of *non compos mentis* had been passed - namely within the jurisdiction of the Courts of Law in India. In the case of a 'criminal lunatic's' transfer to England the verdict passed in India would thus not effect detention - unless a further crime, followed by legal proceedings, occurred. This incongruous legal situation had become evident in the case of a former Company officer who would have been set free on arrival in England - despite a murder trial and a verdict of 'not guilty' on grounds of insanity [70].

The Act for the 'safe custody of criminal lunatics' (Act IV of 1849) had been initially designed with a view to providing a single law applying uniformly to all areas in British India, and establishing the authority in the Criminal Courts necessary for the detention of persons who had been acquitted on grounds of insanity [71]. It was suggested that recourse should be had to 'the practice in England' and that 'the propriety of introducing the same into this country' ought to be considered by the Legislative Council [72]. This proposal was made by both the Criminal Court of Bombay and by that of Agra, which had in specific cases found the state of the law 'unsatisfactory', and the rules in force requiring 'modification' as they proceeded upon 'an erroneous principle' [73]. Two exemplary cases were cited. In the case of the murder of an Indian woman by her own son a

> 'difference of opinion existed amongst the Judges present, as to the fact of the prisoner's insanity having been sufficiently established to warrant on that ground the acquittal finally confirmed of a charge of murder' [74],

It was argued that according to existing law

> 'the prisoner held to be acquitted may on a Medical Officer's opinion differing from that recorded on the trial be let loose on society' [75],

The Bombay Court therefore strongly recommended that

> 'an act should be passed affording the same protection to Society that the Laws of England prescribe from persons who by the Commission of Crimes while in a state of insanity have shewn that it is dangerous from them to be at large' [76],

The Court at Agra had been faced with similar difficulties in ensuring the 'prevention of danger to the community'. It was held that the

> 'Criminal Courts having acquitted the party indicted, on satisfactory proof of his insanity at the time of the act being committed have discharged their Judicial duty, and are possessed of no legal authority to attach any conditions to his immediate liberation' [77],

It was concluded that as in England it should

> 'rest with the Government ... to take such measures as may tend to secure the public safety, and to

> protect the person and property of the community from being injured by the irresponsible acts of the party acquitted and released' [78].

In his response to the Bombay and Agra Courts' proceedings Drinkwater Bethune, the President of the Indian Law Commission, agreed that

> 'the regulations and Acts of the Indian Legislative seem to be wholly silent on the subject of Lunatics charged with the Commission of offences' [79].

However, in his judgement

> 'the law as practically administered in England is far from being in a clear and satisfactory state' [80].

Furthermore he asserted that he entertained a

> 'very strong opinion that the number of crimes which are committed in that thorough ignorance and incapacity of guilty knowledge ... is so exceedingly small that they might without much danger of injustice be neglected'.

In his opinion, he went on to point out,

> 'the plea of lunacy would be wholly disallowed, and it would be left to the prerogative of mercy to pardon those unhappy persons who alone really deserve exemption because they alone are really free from guilt'.

He envisaged that treating lunatics with too much legal consideration would not only encourage them to commit criminal offences, but also to rejoice, for

> 'When the notorious Jonathan Martin set fire to York Cathedral',

the legal expert explained

> 'this act was much discussed by the patients in the lunatic asylum and it was a saying much in their mouths; "You know they cannot hang him for he is mad"'.

His Honor believed that the discontinuance of the 'plea of lunacy' would deter from the

> 'commission of crime those whose intellects are but partially disordered, and who are now strongly tempted to give free vent to their passions by the tenderness with which they know that Criminal Lunatics are regarded'. 'The good which would thus be

> done ... would far outweigh the theoretical objection which would attach to a law by which one wholly incapable of controlling his actions would be made accountable for them',

Despite his 'very strong opinion' on the subject of the 'tenderness' of the English law, Bethune admitted:

> 'But I am sensible that my opinions on this question if not altogether singular, are shared by very few, and I have no doubt that such an Act as would best satisfy me, even if I could prevail on the Governor-General-in-Council to pass it (which I doubt) would be disallowed at home',

Considering the legal discussions and parliamentary debates that had taken place in England, it must be assumed that His Honor's advocacy of less tender and more deterrent enactments would indeed have met with decided objection. In awareness of such situation he concluded that 'there are sufficient reasons in such a matter for not proposing it'. Instead he went on to outline the main characteristics of a draft bill for the 'safe custody for Lunatics who are Criminals'. This outline was agreed by the Governor-General, who stated that 'no difference of opinion will exist' as regards these provisions [61]. Lord Dalhousie however also pointed out that

> 'far from inclining to repudiate the views expressed by Mr. Bethune respecting the treatment, which should be at once just and politic, and prudent to apply to persons commiting crimes, while actually or apparently Lunatic, I concur in every sentiment there conveyed',

Dalhousie went on to state not only that he believed that Bethune and he 'will be in a minority of sentiment', but that he had 'long entertained opinions at least as strong as those to which [Bethune] has given utterance'. And in a language suiting a 'strong opinion' Dalhousie asserted:

> 'I hold that no man but one who is manifestly an irresponsible <u>Animal</u>, one from whom <u>all</u> reason has fled, ought to be allowed exemption from the punishment of the crime he commits. The mere distortion of his reason is not in my judgement a ground for exemption',

He then went on to speculate about the relative incidence with which he assumed partial insanity in contrast to total loss of reason was prevalent.

> 'There is not one in 50 of these beings who does not know whether his motives be unreasonable or not that he does that which he ought not to do. There is not, I will venture to say, one in 45, who does not know that from his supposed lunacy or actual lunacy he will escape the ordinary punishment of what he does.'

And he concluded that

> 'As long as he knows he is doing a wrong, no matter whether he is urged to do it by diseased workings of his brain or not, he should in my opinion suffer the penalty of that wrong.'

Like Bethune, Dalhousie, too, ventured to state that he considered the law in England not yet satisfactory.

> 'Even tho' the rest of the council should hold similar views, I do not consider it right that the local Government should legislate in principles which are so much beyond the present standard of the law at home, and so little in accordance with general opinion, that the law I fear, would be disallowed by the Honorable Court'.

Dalhousie consequently recommended that the draft of the act should not 'contain provisions to that effect'.

Instead provisions were made, which drew on existing law and were consistent with 'general opinion' in England [82]. Bethune suggested that

> 'the only excusable cases should be those, in which the Court should find that owing to the lunacy of the prisoner, at the time of the commission of the offence, he did not know and could not know that he committed an Act which was forbidden by the law of the land' [83].

He further emphasized - not without again alluding to what he considered too weak legislation in England - that precise wording was of utmost importance as

> 'The shocking acquittals which have been multiplied lately in England in the plea of insanity show the necessity of a precise definition which ought to be

> kept within very narrow limits of what shall be excusable' [84].

The Courts were to be empowered to detain persons, for whom the plea of insanity was made, and the enactment was to be

> 'so worded as to justify detention for life, if deemed expedient even though there be a restoration to reason' [85].

The draft act was - with but few formal changes - assented to by the Governor-General in December 1848[86]. Despite the Governor-General's and the Indian Law Commissioner's assessment of English Criminal Lunacy Law as being neither precise, nor deterrent enough, they considered it at the time more appropriate to design legal provisions which were modelled on, rather than 'going beyond the standard' of English law. This procedure is consistent with Dalhousie's decision in 1852 on occasion of the inquiry into the state of lunacy provisions in Bengal, when he merely conveyed the Bengal Government's proceedings to London with a view of awaiting further instructions by the Court rather than submitting a detailed proposal of measures to be taken. Presumably neither Dalhousie nor Bethune considered lunacy provision matters of such relevance for British India as to induce them to go against 'general opinion' in pursuit of measures they would personally have approved of [87].

The Acts of 1858, too, had been initiated due to an apparently undefined legal situation in regard to a specific case. The preparation of the Acts was accompanied neither by legal controversy, nor social campaigns. Even the events that gave rise to the suggestion that a set of new Acts be introduced, passed more or less unnoticed in Bengal. The circumstances preceding legislation were in fact quite delicate and could well have provided stuff for publication in Calcutta papers, which - despite war reports - suffered at the time from the Christmas lull. In November 1855 one Calcutta attorney had taken oath before the Magistrate, holding that an asylum inmate had been kept in the Bhowanipur Asylum against his will, despite the fact that he was of perfectly sound mind [88]. The Magistrate, anticipating legal repercussions within his area of responsibility, appealed to

Government to provide legal support for previous and future admission orders [89]. Similarly, the Asylum Superintendent - after having discharged the said patient to the care of relatives - asked for legal advice in order to avoid personal legal liability for an inmate's alleged wrongful confinement [90]. The Advocate General, however, confirmed that the regulations in force in Bengal were legally sufficient for the detention of persons in a lunatic asylum - 'if unsoundness of mind really existed' [91]. In relation to the specific case under scrutiny he held that 'any prosecution would have been defeated ... on proof that [the Lunatic] really was of unsound mind' [92]. The Asylum Superintendent confirmed the patient's deranged state of mind [93]. On presentation of this legal and medical evidence the Attorney's suggestion that an inmate of the Calcutta Asylum was 'not insane' and that 'his relatives have conspired to derive him of liberty, in order to enjoy his property', was rejected [94].

Although the specific case had thus been cleared of any taint of illegality on the basis of existing regulations, the Advocate General maintained that

> 'a general revision of the law relating to Lunatics (with a view especially of introducing into Her Majesty's Courts in this Country, some of the improvements in the proceedings relating to Lunacy which had been adopted in England under recent Acts of Parliament) was very desirable' [95].

The Legislative Council was asked to prepare new bills that were to clarify the legal situation in regard to non-criminal lunatics, and to align the 'proceedings in Lunacy in Her Majesty's Court of Judicature in this Country to those which now obtain in England' [96]. The Advocate-General, himself familiar with English lunacy law, offered suggestions as to the formulation of the Bills. He basically adapted the English enactments of 1853 (16 & 17 Vict., c. 79, 96, 97) to the specific circumstances of the Indian presidencies and the Straits [97]. The Bills met no dissent on their reading in the Legislative Council. The Select Committee charged with the drafting was even exempted from the task of submitting a report, and the Bills were approved - after only minor formal modification - by the Legislative Council and sanctioned by the Lieutenant-Governor in September 1858 [98].

The - albeit restricted - discussion about the precise wording of the Indian Acts focussed on similar points of potential controversy as had emerged in lunacy debates in England. On occasion of the second reading of the drafts, for example, the question was raised whether wrongful confinement in the provinces was sufficiently provided against. It was held that if provincial courts were deprived of the authority to grant admission orders - as had been envisaged by Act XXXV (District Courts) - the danger of illegal confinement persisted. This suggestion was however rejected and it was pointed out that

> 'the object of preventing improper confinement was more effectually secured in the Mofussil than in the Presidency Town where any person, by signing an order, and getting a certificate, might cause a person to be confined. It was not thought proper to give such a power in the Mofussil' [99].

In this instance the argument was developed no further [100]. The hint that, whilst formerly people were possibly being locked up wrongfully because of the relatively open legal situation, they were now more likely to be wrongfully confined because of the comprehensive legal provision, was not followed-up. After all, lunacy reformers in England had already dealt with the question of whether the state's legal intervention did not actually effect the very phenomenon that it was expected to prevent, namely persons' wrongful confinement. And they had answered it in favour of general state law and legal control. At the time, in British India just as in England, trust in the state and in legal intervention in social affairs had been strong enough to obscure any more fundamental questions such as whether legal clarification itself could not be instrumental in people's wrongful confinement and whether the existence of an objective criterion for a person's state of mind could rightly be presumed.

The problematical relation between lunacy legislation, execution of the law and medical assessment surfaced only on occasions when the adequacy of an admission order or of a medical certificate was challenged. The Calcutta Magistrate's inquiry into the legal situation before 1858, for example, had been partly fuelled by the disturbing

fact that 'a European gentleman has stated on oath' that he was 'perfectly persuaded' that an asylum inmate was 'not insane' [101]. An impartial legal judgement was therefore obviously needed. The Legislative Council for its part was convinced that although the problem of wrongful confinement had been comprehensively provided for, some uniform enactment that brought in line the various presidential legal procedures was desirable. In imitation of English lunacy law, the final decision on whether a person was mad or not was passed on to a medical expert. The crucial issue of what could 'objectively' constitute a person's deranged state of mind was by decree shifted from the sphere of law to the realm of medical science.

The legal stipulation that a medical officer's judgement was to be considered authoritative in the assessment of a person's state of mind, signals the delegation of a social phenomenon to legal and finally medical experts - which persists to the present day. The contemporary asylum superintendent's attention to the problem illustrates the graveness of the issue. Surgeon T. Cantor mentioned just in passing, whilst providing a descriptive account of the asylum's location and furniture, that

> 'One of the most common hallucinations is that of illegal confinement which vents itself in appeals. Such ineffectual appeals rarely fail to terminate in paroxysms of fury' [102].

By 1858 the codification of lunacy provision had been completed. The nature of the various Lunacy Acts was, if measured against the contemporary yardstick of Victorian reformers' ideals, most progressive. As with the law in general in England, and despite the trust in formal rules as reliable guarantees of social peace and civil liberty, the legal provisions themselves did not prevent, and at times may even have facilitated encroachments on individuals' liberty. Neither was the law impartial in practice with respect to a person's station in life. A person accused of criminal offences could for example be pronounced insane, and could subsequently, on medical evidence certifying recovery be exempted from admission into either a lunatic asylum or a jail. Such procedure was in practice, however,

available only to higher-class people who could afford the expense of a medical certificate [103].

It can be concluded that whilst the codification of rules concerning the confinement and certification of lunatics aimed at establishing an all-pervasive network of legal prescriptions that provided comprehensively for criminal and non-criminal lunatics, the legal system could be conveniently exploited. Higher-class people could be exempted from criminal prosecution on certificate; a person's relatives could obtain an admission order on certificate; and last but not least

> 'all persons found wandering at large ... who are deemed to be lunatics, and all persons believed to be dangerous by reason of lunacy'

had to be detained [103]. It should be emphasized however that the Victorians' fear of wrongful confinement was, during the first half of the nineteenth century, unsubstantiated on any quantitatively significant scale [104]. Further it may be doubted that 'all persons found wandering at large' were locked up indiscriminately, regardless of whether they constituted a threat to the public or not. Only when the maintenance cost per patient in the public asylums was reduced considerably would confinement in asylums become a more convenient way of disposing of social misfits and unwanted relatives.

An important characteristic of Anglo-Indian lunacy policy and the discussion preceding the passing of the Acts is the ultimate decision to take English law as a model, and the absence of organised campaigns by humanitarian reformers. This contrasts starkly with the situation in England, where from the late eighteenth century onwards parliamentary and non-parliamentary pressure groups were most decisive factors in the bringing about of lunacy legislation. As outlined above this divergence was due partly to the fact that in almost any decade lunacy provision in British India was, at least formally, in line with what were considered to be modern and enlightened regimes and regulations. From 1793 onwards Boards of Visitors controlled the then privately owned asylums. As early as 1816/17 the recommendations of the English Select Committees were to

be considered as the basis for asylum management. The asylum owners and superintendents in British India were thus made to adopt regulations which were at any one time seen as the most advanced. At the London end, too, the Company relied upon the recommendations of the Commissioners in Lunacy. When for example Lord Dalhousie transmitted the proceedings on the Calcutta Lunatic Asylum to London, awaiting further orders from the Court, the Commissioners were consulted. They also provided plans and instructions for the most adequate asylum designs, together with references to books on asylum construction - not missing their chance to point out

> 'that the opinions contained in [the books] should be read in connection with the ... suggestions of the Commissioners, and should be accepted only as qualified by those suggestions' [106].

The lunacy policy adopted by the Court and the presidential governments could therefore be characterized as deriving from England in general, and from the recommendations of Government Select Committees and the Commissioners in Lunacy in particular.

2 European Lunacy in Bengal

Nineteenth-century British India was administered from the ports of Calcutta, Bombay and Madras. Each of these towns was made capital of a steadily expanding Presidency. The Presidency of Bengal, with Calcutta as its centre, occupied a superior position insofar as its President was made 'Governor-General' (of Bengal initially; from 1833 onwards of India) with general supervisory authority over the other Presidencies. Although in the early nineteenth century a uniform administration was not yet fully in place, the attempt was made to harmonise regulations between Presidencies. Innovations introduced in Bengal therefore were - albeit subject to modification in accordance with local circumstances - the model to which Madras and Bombay were expected to adapt. In respect to the placing of the mentally ill the system at work in Bengal - notwithstanding some idiosyncracies - had an importance which went beyond the Presidency's borders. It was the model for the lunatic asylums in Madras, Bombay, Delhi, Rangun, Colombo, Lahore and Karachi.

Provisions for the European Insane and Governmental Policy

The administrative history of the lunatic asylum in Calcutta was characterised by the Anglo-Indian officials' various attempts to define the extent of regulation required over the private management of the lunatic asylum: regulation which was to ensure that European lunatics were cared for not only within budgeting constraints, but also in accordance with what were then seen as enlightened practices. Its development reflected practice in England: the tendency towards legally enforced social and institutional segregation of the mentally ill; the tendency towards a uniform and coherent policy which emerged from various isolated measures and a wide spectrum of divergent approaches and experiments; as well as the ultimate assumption of the state's responsibility for insane paupers. Allowances were made for

the special nature of colonial society by the ever-more narrowly prescribed race- and class-based classification and segregation of patients, and ultimately the removal of Europeans with existing family support networks to England.

Institutional Provisions for the European Insane

Prior to 1787 mentally ill people were either sent to a Mr. G. Kenderine's private lunatic asylum [1], left at large, left under the care of their relations and friends, or confined to jails and regimental hospitals. In 1787 Assistant Surgeon W. Dick, who was later to become the East India Company's Examining Physician in London (1809 - 1818), offered his medical services and the lease of his private lunatic asylum to the Government of Bengal. The practice of boarding out public patients consequently became the norm. On Dick's return to England, in 1802, it was decided to establish a 'Government Asylum'. The housing and the provision of victuals and clothing were entrusted to an appointed Assistant Surgeon or Surgeon, who was also responsible for the patients' medical treatment at fixed rates.

This arrangement was to a certain extent comparable to the system in England, where parish officials disposed of the insane within their administrative boundaries by making them over to the care of private mad-house owners for a stipulated rate. The Anglo-Indian system was structurally a less straightforward system. In Bengal the private contractor was at the same time a Government employee. In line with the findings of the Parliamentary Select Committee (1815/6) the notion that the medical officer in charge of the asylum might be 'allowed to derive [any] benefit, directly, or indirectly from his situation beyond the Salary ... allowed to him', was found objectionable and had by order of the Court of Directors to be discontinued [2]. The Commissariat had consequently to provide supplies for approximately 30 - 40 patients, and both the Medical Board and the Chief Magistrate were to examine monthly the institution, draw up a report on its management and on the state of every single patient [3].

By about the same date (1815/6) the building had become 'utterly inadequate' and plans were made for the erection of a new building, about two miles from Calcutta [4]. The implementation of this plan was, however, pre-empted by the suggestion of an Assistant Surgeon which promised to save Government's expenses and, incidentally, to ensure again a regular income to a private asylum owner. Mentally ill people of European origin were to be sent to England and a 'House of Reception' was to be kept on a small scale only to take care of patients in transit [5]. To this private asylum, later also known as 'Beardsmore's Bedlam', Government sent its lunatics from 1821 onwards. Mr. I. Beardsmore, former soldier and subsequently a keeper in the early Government Asylum, run this institution as his sole means of livelihood. He reserved thirteen rooms for Government's lunatics and charged a rate which was lower than the one in the Government Lunatic Asylum, but still well above the average rate in England [6].

In spite of the authorities' intention of keeping the institution and thus the expenses small-scale, the number of patients was steadily to grow, with long-term lunatics accumulating and patients of 'European habits', but not pure European parentage, making up the bulk of inmates. In 1852 a Commission of Inquiry brought to light evidence of significant financial over-charging in the accounts of the old Government Lunatic Asylum, as well as of the obsolescence of 'Beardsmore's Asylum' in terms of modern techniques of moral management and curative efficiency. The Government of India suggested the erection of a new Government Asylum, superintended by an expert from England

> 'conversant with the admirable systems of management and care which have been for some time practiced there for the benefit of these unfortunates' [7].

In 1856 it was finally decided to purchase the building from Beardsmore's widow and keep the inmates there under a new surgeon's medical care and the former proprietress' attendance [8].

Provisions for the insane outside the Calcutta Lunatic Asylum

Apart from the Calcutta Lunatic Asylum other private lunatic asylums, which received only private European patients, existed. In fact Beardsmore himself had started his asylum with private patients of a 'respectable class' prior to his contract with Government [9]. Apart from these, presumably small, private establishments it can be assumed that a number of insane civilians stayed with their friends and relations:

> 'from natural affection and also from disinclination to lodge their relatives in a public Mad House, however well conducted, the patients are retained by their families' [10].

Further, Dr. J. Macpherson, in medical charge of the Calcutta Lunatic Asylum in 1854, estimated that twice as many Eurasians and Armenians were taken care of by their friends as were admitted to the Asylum [11].

Some fundamental problems arise in attempting to estimate the spread of European lunacy. First, the question has to be faced of how narrowly the lines of race and class were drawn. Not only Europeans, but Eurasians and Armenians were received into the Bengal Asylum, but only those who did not belong to the lowest classes [12]. Eligibility for admission into the European Asylum was thus dependent on both race *and* social class. This fact complicates attempts to demarcate European from Eurasian and Indian lunacy - even more so as the criteria for segregation according to race and class changed over the period. Secondly, it can be assumed that only a small number of the military insane were finally despatched with the invalids of the season from military camps in the interior ('up-country') to the Asylum in the capital [13]. The number of insane soldiers and officers under treatment or in confinement within the regiments however is difficult to ascertain, for a number of reasons: regimental health statistics were neither detailed nor precise; not all of them included 'insanity' as a separate diagnostic category; and there was no uniform pattern of diagnostic assessment [14]. Last but not least there were also lunatics roaming the streets, who were sooner or later picked up

by police and sent either to jail or to hospital, and only finally to the lunatic asylum.

Although reliable data for the incidence of European lunacy in Bengal cannot be provided, it has to be assumed that those confined within the Bengal Lunatic Asylum were only a very small percentage of the overall number. In 1854 the Asylum Superintendent noted that

> 'about one European soldier has annually passed through the Asylum, and probably nine more may have gone home with the invalids, not being considered bad enough cases to be sent to the Asylum, or may have been sent with invalids, via Bombay, or may have died in the acute stage' [15].

On the basis of his own calculations he arrived at a 'number absolutely sent away from their Regiments for insanity' of 8,5 per thousand (in the period 1848 - 1851), whilst he held that

> 'the number of admissions into Hospital for insanity among European Troops in Bengal for the four years ending with 1851-52 has been 2,7 per thousand' [16].

If one was to take Macpherson's calculations on trust it would have to be concluded that confinement within a lunatic asylum was about as likely to occur amongst Europeans in India as it was amongst people in England. The chances of being discharged from the Company's service on grounds of insanity however seemed somewhat higher.

Medical experts in Bengal perceived the incidence rate of insanity as being on the increase towards the middle of the century. In 1852 the Lunatic Asylum was seen as

> 'containing a much larger number of public patients than appears to have been originaly calculated on, but this can only be regarded as one of the natural consequences of the changes that have since taken place in the population of the city, its participation in the universal progress of improvement and enterprise, and the increase during the long interval of almost every social evil' [17].

The changes in population alluded to were the rapid increase not only in the number of Calcutta's European inhabitants, but also of the Eurasian population, which was soon to outnumber pure blood

Europeans [18]. Whilst Eurasians constituted in 1821 merely 1/7 of the Asylum population, in the 1840s they made up nearly 2/3. Of course, the policy of repatriation for 'pure' Europeans - those who were of European descent and had relatives in Europe - contributed towards the insane statistics there. Eurasians, who had no right to be transferred, therefore swelled the Indian asylum statistics.

The view inherent in the assumption, that social change and progress breed social evil, had been a central theme of social critics, religious reformers and cynics alike, in England as much as in India [19]. Pauperisation and the decline of morals were seen as inevitable concomitants to economic and social progress, which were reflected in the increase in the asylum's population.

The Calcutta Lunatic Asylum: an institutional history.

The institutional history of the Calcutta Lunatic Asylum is peculiarly unclear due to the fact that its managerial staff, the supply system and the extent of official supervision and intervention had all been subject to frequent change.

The Government Insane Asylum (1802-1821)

The 'Government Insane Asylum' had been founded by the authorities of Bengal as the main receptacle for European lunatics. Although formally a public institution, it enabled the medical superintendent to derive considerable private profit from its operation. In this the old Government Insane Asylum was, in terms of management, responsibilities and potential for misappropriation of public funds, not so dissimilar from Mr. Beardsmore's private Lunatic Asylum (1821-1856), which succeeded it.

The superintendent was solely responsible for board and lodging, clothes and contingency supplies as well as medical attendance [20]. The

latter duty was not elaborated, but the first few decades of the nineteenth century were still characterised by a belief in an institution's own power to restore to reason merely by providing a secluded and distraction-free environment, with its uniform and simplified discipline and the regular supply of basic necessaries. Thus lodging, feeding, clothing, cleanliness, free air circulation and exercise as well as recreation were the main targets of Government's concern. The main interest of the medical profession appears to have been the high earnings which could be made through hospital and asylum contracts for the provision of such necessities [21].

It was not until 1816, that the Court of Directors in England became aware of the potential for personal gain at public expense inherent in the unity of proprietor, medical superintendent and supplier of goods in one person [22]. The tide of public and parliamentary concern for lunatics in England peaked in 1815 with a Parliamentary Select Committee on Lunatic Asylums, which had revealed gross abuses and defects in the management of lunatic asylums. A copy of the Committee's report was sent to Bengal with a note that

> 'some suggestions ... may be generally applicable to Institutions for the Custody and management of Lunatics'

and the comment that

> 'the system in use at your Presidency will admit and indeed calls for much and important alterations' [23].

The Medical Board - in charge of the affairs of the civil and military medical establishment in Bengal - obviously did not concur with the Court. It instead

> 'entered fully into the question of the benefits, which appeared to them to attend the present system of management over every other; and of the difficulties and disadvantages which in their opinion would attend the adoption of the course prescribed by your Honourable Court' [24].

The Court considered that the duty of the Surgeon in charge of the Insane Hospital conflicted with his material interest in profiting from its management [25]. It instructed that the Surgeon should no

longer be allowed to derive any benefit, directly or indirectly, from his situation, beyond the salary allowed to him [26]. In fact, Surgeon R. Leny, one of the three Board Members, had a vested interest in the continuance of the old system: he was at the same time the superintendent of the lunatic asylum [27].

The Government of Bengal at first backed the Medical Board's defensive line, but

> 'on more mature reflection ... was led ... to entertain doubts of the solidity of the arguments which had been advanced by the Medical Board' [28],

Consequently Leny was asked to choose between his appointments [29]. As it had also been decreed that the surgeon

> 'be required to abstain from all private practice or other pursuits which can interfere in the most remote degree with the care and proper conduct of the establishment',

Leny preferred the lucrative and influental position on the Medical Board, which still allowed him to pursue his many interests [30].

The members of the Medical Board finally had to implement a new system of management which seemed less advantageous to the interests of their colleagues, except that they gained a six-fold increase in a superintendent's salary, which was seen as

> 'an adequate compensation for the trouble and responsibility attending the discharge of the duties of one of the most difficult situations in the medical Branch ... proportionate to the arduous nature of the duties to be performed' [31],

The supply of food, clothing, bedding etc. was handed over to the Commissariat [32]. This innovation seemed to have removed the potential for speculation and mismanagement, but in the event had only shifted it. As became clear some 30 years later, the Commissariat itself proved to be neither very effective, nor free from corruption [33].

At the time, however, there was no serious complaint; the main concern (from 1814 onwards) began to focus on the poor state of the building [34], which had been rented on a ten years' lease from a

Surgeon J. Sawers, who was made Medical Superintendent in 1818 [35]. Thus the personal union of proprietor and superintendent, which had just been decreed to be 'highly objectionable', was re-established. Once again, there were few words wasted on this obvious disregard for the regulations, and even the Medical Board's obligation to supervise Sawers' medical care was honoured more in the breach [36].

Although Sawers' diverse interests were more or less passed over in silence, the 'damp, sultry and gloomy' state of the buildings - the rectification of which had been already delayed for years (since 1815) - was remarked on by another member of the Medical Board [37]. As Sawers did not seem able to speed up the building's repairs and improvement (he had entered into a ten year contract) and because the new repatriation policy for European insane had just been introduced, it was decided to enter into new arrangements with the owner of a private lunatic asylum [38].

Beardsmore's Private Lunatic Asylum at Bhowanipur (1821 -1824)

The contract with Mr. I. Beardsmore was to outlive various demands for the asylum's abolition. It came to an end only in the late 1850s, in consequence of Lord Dalhousie's reorganisation of the Indian Medical Service and his promotion of state intervention in public welfare. Beardsmore's private lunatic asylum created the dilemma common to many contracted-out service institutions in the public sector: the tension between Government's attempts to guarantee effective control of provisions and to pursue at the same time a policy of non-interference. This situation was aggravated not only by the diverse views on state intervention held by successive Governor-Generals, but also by the various interests involved in the system of asylum provision.

Beardsmore, the private entrepreneur, was thus faced with authorities whose interests were more often in conflict than in line with each other; the Medical Board, the Governor-General and his Council, as well as, less visibly, the Court of Directors. Despite

occasional disputes about the allocation of authority in regard to the internal management of the institution, Beardsmore's private asylum ensured a certain continuity in asylum provisions throughout the four decades of its existence.

Beardsmore, who had come to India as a soldier, served for six years as a keeper in the former Government Asylum and had opened - in collaboration with Assistant Surgeon J. Robinson - a private asylum in 1818. On the basis of numerous references he was judged

> 'trustworthy, and qualified to take charge of the Government Insane Patients' [39].

One main consideration of Government had been the desired permanency of his establishment, which was guaranteed by the fact that Beardsmore had

> 'no other means of subsistence but what he derive[d] from Superintending this Institution' [40].

In response to a query as to whether 'the Patients in the house usually [are] of a respectable class?' Government was referred to a remark by a Surgeon J. Adam:

> 'The more respectable class of Patients at present in the Asylum, live under the same roof with Mr. Beardsmore, and are in all respects treated as Members of his family' [41].

In June 1821, therefore, Government's lunatics were to leave the 'gloomy place' rented from Sawers, to be transferred to Beardsmore's private asylum [42]. This arrangement again contradicted the Court of Directors' previous orders of 1816 in a manner and extent so obvious that one must assume Government's conscious decision to ignore its own regulations.

In his letter to the Medical Board (in fact addressed to Surgeon J. Jameson, Secretary to the Board and a friend of Robinson's, with whom Beardsmore had set up the private asylum), Beardsmore made the following offer:

> 'Sir, Understanding that Government have it in contemplation to do away with the Public Insane Hospital I have the honor to submit (should that be the case) the following proposal...

> Viz, That I will engage to accommodate in my Asylum as many patients as Government should now, or in future may have for the specific sum of 50 Rupees for each individual of common and 100 Rupees per Mensem for those of the rank of Gentlemen, In this engagement I pledge myself to furnish apartments, board, beds with appurtenances thereto, Cloathes, Medicines and Medical Aid, or in fact everything that the judgement of the highest Government Medical authorities may deem necessary, to whose controul I shall most cheerfully bow, and whose advice I shall in all cases most thankfully accept' [43].

His rates and provisions sounded extraordinarily cheap, compared with the expenses hitherto connected with the Government Insane Asylum [44]. Beardsmore's suggestion was seen as advantageous to the authorities (because of expenses saved), to the patients (because of improved accommodation) and to Beardsmore himself. All concerned thus seemed satisfied with the arrangement. Some rare accounts attributed to (higher-class) patients lead one to assume that they, too, had been satisfied by Beardsmore's provisions.

Whilst Beardsmore could refer to a longstanding experience as an attendant/nurse to insane people, he was not a medical professional. He therefore had to employ a surgeon for the administration of patients' medical treatment [45]. Apart from a medical doctor he secured the services of an apothecary, as well as of a steward, a matron and Indian keepers [46]. The fact of Beardsmore's lacking medical qualifications and the consequent necessity to arrange for qualified staff was to lead to some serious conflicts with the Medical Board's officers, who wanted to restrict decision-making in regard to medical institutions' expert staff exclusively to *medicos*.

Until 1836 there is no evidence of any special intervention in the asylum's internal management. Then the Medical Board, with the disgruntled Surgeon J. Sawers as a new member, complained about the number of European servants in the Asylum and about Beardsmore's refusal to provide information about the internal management [47]. Government, to whom Beardsmore finally appealed, backed the private entrepreneur - in gross defiance of all stipulated regulations. Lord

Auckland was then responsible for Government, and his astonishing move in practically removing the Medical Board's authority over the condition of lunatics might be explained by a Whiggish distrust of centralised power and preference for *laissez-faire* [48].

Mrs. Beardsmore-Sims' Private Lunatic Asylum (1840 - 1856)

Beardsmore died in 1840 and his wife took over the management of the asylum. Together with a new husband, Mrs. Beardsmore-Sims was to be in charge of a number of Bengal's European lunatics more or less undisturbed until 1851 - thanks largely to Lord Auckland's earlier insistence on non-interference [49]. In 1850 the attention of Lord Dalhousie's Government was attracted by the inadequate classification of a female patient [50]. In pursuit of his general ambition to reform Government, Lord Dalhousie recommended the establishment of a Government Asylum, with a superintendent from England in charge, so that the most up-to-date approach to treating lunatics could be introduced into Bengal [51]. His Minute, however, left it open when, where and how his suggestions were to be implemented. In the event they were implemented inadequately and only after some delay.

The Government Lunatic Asylum at Bhowanipur (established 1856)

In 1856 the Government bought Mrs. Beardsmore-Sims' house [52], but continued to employ Mrs. Beardsmore-Sims and her husband there as attendants. A medical officer, who was already burdened with other duties as well, was made responsible for the medical treatment. The situation of a personal union of proprietor-superintendent and with it the main basis for allegations of a lucrative private 'trade in European lunacy' came, at least formally, to an end.

Proprietors of the Calcutta Lunatic Asylum for Europeans,

1787 - 1802	W. Dick
1802 - 1821	Government of Bengal (premises rented)
1821 - 1840	Mr. I. Beardsmore
1841 - 1856	Mrs. Beardsmore-Sims
from 1856 onwards	Government of Bengal (premises purchased from Mrs. Beardsmore-Sims)

Provisions for the European Insane, Government Policy, and the Medical Board of Bengal

The Medical Board was the officially acknowledged body of medical experts, vested with the immediate control and responsibility for the Presidency's medical affairs and institutions. Thus it had the potentially important duty of overseeing the Lunatic Asylum's efficient management and of preventing any abuse of its inmates. Formally its task could be compared to that of the Board of Metropolitan Commissioners in Lunacy in England. However, internal discords, managerial incompetence and the various Governor-Generals' diverse understanding of its duty meant that the Board could not exercise any consistent long-term influence on the asylum's internal affairs. Nevertheless it was one crucial factor in the Asylum's development - albeit one of varying and in general declining importance during the first half of the nineteenth century.

The Medical Board of Bengal had been constituted in 1786, when it was called the Hospital Board. In 1796 its sphere of responsibility had expanded beyond the supervision of hospitals and it was re-named the Medical Board. It consisted of three medical officers (between 1796 and 1805 only two) of whom the first was the Physician General, the second the Surgeon General and the third was in charge of the

Presidency General Hospital (established 1708). Membership of the Board was lucrative (salaries were £ 2,500, £ 2,000, £ 1,500 p.m. respectively), prestigious and influential, and was a stepping stone to further potentially lucrative positions [53]. Money seems to have been one reason for tension within the Board and conflicts between Board members and other, less lucky aspirants. Another was that, like the Asylum's proprietor and superintendent, the Board unified the potentially conflicting interest of personal gain and professional duties. The Medical Board's duty was to exercise control and prevent those abuses and irregularities in which the members themselves were *de facto* involved. The integrity of their judgement as to the provisions for the insane must therefore be viewed with some caution.

Prior to 1802 the Board's duty toward the Asylum had been merely to examine and pass the bills, to classify the patients according to their former rank and thus determine the rates to be paid to the Asylum owner as well as to provide Government with regular monthly returns of the patients in hospital [54]. There was at first no specific statutory obligation on the Medical Board to regularly inspect the private establishment.

> 'The Board's authority over Insane Hospitals dates as far back as 1802, when a Government Asylum or "House of Reception" was established ... and they were held responsible for its interior economy and the proper management of the patients' [55].

In 1816, however, it was decreed that the Chief Magistrate had to inspect the Asylum [56]. Only in 1819 were these duties made more explicit in the 'Medical Code' [57]. It was determined

> 'that the Members of the Medical Board in succession and the first Magistrate of Calcutta, shall visit together the House of Reception on the first day of every month, and in those visits they will inspect minutely, and make particular enquiries into the state of each patient' [58].

The main emphasis was put on economy, with only vaguely formulated reference to 'proper management' and 'inquiry into the state of

patients'. The interpretation of these regulations was left to the discretion of the Board and the Magistrate.

In contrast, on occasion of the handing over of Government's patients to the care of Mr. Beardsmore comparatively detailed rules were drawn up - although Beardsmore himself never formally assented to them [59]. These rules were based to a great extent on the recommendations of the 1815/6 Select Committee in England and they formally established the Medical Board's comprehensive control over the private Lunatic Asylum. The regulations were relatively explicit as to the proprietor's duties, but they again failed to prescribe in any detail those of the Medical Board. The members of the Board or their Secretary were merely to 'visit the Asylum as often as they may deem necessary' [60]. Whilst the Board regularly forwarded the Asylum's returns, it seems that their visits and inspections were less systematic [61].

It is difficult to assess the extent to which the Medical Board adhered even to these vaguely formulated rules [62]. It is, however, clear that the Medical Board as a regulatory controlling agency with potential powers of inspection did not work entirely satisfactorily [63]. In many instances the Board showed a propensity to either interfere heavy-handedly in professional medical matters, or to fail to 'exercise the powers vested in them ... sufficiently at the onset', and thus to engender a 'lax system, which then they were unable to improve' [64]. The Government itself did not seem to enforce orders effectively, to pursue a consistent public health policy, nor to be sure to what extent it wanted to endow the Medical Board with discretionary authority [65].

The inability to define the Board's authority and enforce efficient control and supervision without interfering with professional medical judgement was equally characteristic of the medical officers, the Bengal Government and the Court of Directors. This situation was exploited by Beardsmore in his disputes with the Medical Board about the staff to be employed, and about alleged disrespect for members of the Medical Board [66].

The most remarkable illustration of Government's incompetence in failing either to abolish the Board or to vest authoritative powers in it occurred in 1836, before Lord Auckland finally left Calcutta to tour the Presidency. In a letter to the Board - a copy of which was sent to Mr. Beardsmore - Auckland submitted that the Board

> 'should refrain, as far as possible, from Exercising any more minute interference in regard to the details of [Beardsmore's] management than has heretofore been the practice' [67].

This opinion was formed on the basis of the

> 'satisfactory reports ... which have been received from your predecessors in the board for many years'

and the fact of 'pecuniary advantage to the state' [68].

The Board had occasioned this rebuke by finding the fact of an 'unusual number of European patients' and 'an unusual paucity of European attendants' worth criticising, and had asked Beardsmore for more information on his employees [69]. Beardsmore declined to give this information and instead appealed to Government, which in turn 'virtually divested' the Medical Board of any responsible control, and even left it

> 'under the dictation of an individual who should be their subordinate' [70].

In response the Board supplied information on Beardsmore's social position, undermining his authority by describing him as 'an industrious but uneducated man', who came to India as a private soldier, served as a steward and

> 'pretended to no medical knowledge, and has never claimed the merit of originating any sort of improvement' [71].

The Government, however, merely repeated its decree that the Board should refrain from interference with the internal management, and rejected the suggestion that they introduce a 'new arrangement for the Medical Duties and control of the Institution' [72]. The Bengal Government's decision was supported by the Court of Directors on the

ground of the saving of expense which was seen to be occasioned by the contract with Beardsmore [73].

Reflecting this 'hands-off' attitude favoured by Government, the 'Medical Code' of 1838 contained (in contrast to the relatively detailed statements in the 1819 Code) no rules for the inspection of lunatic asylums [74]. The Medical Board henceforth restricted its control of the private institution to

> 'inspecting the accommodation of the patients and assuring themselves in the performance of their duty as visitors that their cleanliness and comfort were duly cared for' [75].

Whether or not this dilution of supervision changed the condition of asylum inmates for better or worse cannot be ascertained. In comparison however to contemporary developments in English lunacy policy, Lord Auckland's refusal to interfere with private enterprise in the health sector could be considered as a retrograde step. After all, it had taken decades of campaigning for lunacy reform and several Select Committees in England to achieve a statutorally enforced system of public inspection, intended to prevent such deplorable states of affairs as had been discovered during the early years of the century [76]. It thus appears that the Government of Bengal as well as the Court of Directors and the parliamentary Board of Control failed to detect not only the potential possibility of abuse occasioned by Auckland's dictate, but also the inopportune nature of such policy in the light of the Court's former adherence to the enlightened and reformed system that prevailed in England.

Further, the reprimand of the Medical Board by Government undermined the standing of the members of the Board in their capacity as medical experts. To divest them of authority to supervise and control an institution within their domain implied that, notwithstanding their convictions as to their own expertise and competence in medical affairs, their expertise and competence were not acknowledged as such by Government. Government's insistence on *laissez-faire* must have appeared as an especially serious defeat for the medical profession at a time when it wanted to improve its social

position and had begun to establish professional bodies in the form of medical societies and the foundation of medical schools and journals.

On the occasion of the general inquiry of 1851/2 into the state of lunatic asylums in Bengal, therefore, the Medical Board was industrious in providing evidence which could prove its effectiveness and competence [77]. Lord Dalhousie did not, however, seem to have been convinced; he disliked what he considered the ineffective rambling of Boards. The dissolution of the Board was recommended and medical responsibility was vested in a Superintending Surgeon [78].

Expenses incurred by the Government of Bengal on behalf of public patients in the Calcutta Lunatic Asylum for Europeans

In 1852 the duty to provide for

> 'destitute Europeans or Country born lunatics [was seen as] binding upon the Government of India' [79],

However, it was not envisaged that Government was

> 'justly subject to it, to the extent or in the manner, in which [it was] shown that the Government is at present [1852] made to bear it' [80],

The expense of asylum provisions had in fact been over-stated since the foundation of the Asylum, to the benefit of the superintendents and/or proprietors. To cut out these individuals' gains therefore, it seems, would have helped to restrict the drain on the public treasury.

Rates in the Government Lunatic Asylum

Prior to 1817 very generous rates had been allowed to the Superintendent of the Governmental Asylum who

> 'enjoyed the exlusive contract for the supply of Lodging, Board and Clothing of all the Patients in the Asylum',

and could draw from the Public Treasury the following rates [81]:

Company's Civilian Servants	first class	Rs, 150 p,m,
Company's Military Servants	first class	Officer's pay and Batta
Company's Military Servants	second class	Non-commissioned Officer's/Soldier's pay and Batta
Gentlemen, unconnected with the Hon,Company	first class	Rs, 100 p,m,
Gentlewomen	first class	Rs, 150 p,m,
Pauper Europeans	second/third class	Rs, 15 p,m,

This elaborate rate-system - in which paupers' needs were ranked at only one tenth of those of higher-class patients - was thought to have been open to corruption. Patients tended to be uniformly classified above what was regarded by senior government officials in India and England to be their proper social position. The Court of Directors expressed its marked disapproval of this practice and directed a revision of the rates [82].

What followed, was characterised as a

> 'more sound, though by no means so economical a system as might have been devised' [83],

Three rate-classes were suggested, being 100, 50 and 25 Rs. respectively. Later it was found, that

> 'the third class need scarcely be named as during 28 1/2 years Government has only paid a little more than Rs, 500 for this class' [84],

From the detailed study of single cases it becomes evident that the rare application of the third class-rate (in 23 out of about 500 cases) was due more to the superintendent's enterprise than to any lack of lower-class lunatics.

Rates in Mr. and Mrs. Beardsmore's private lunatic asylum

Until 1821, the superintendence of the Government Lunatic Asylum had been good business, and not only in respect to the high rates. The superintendent received, apart from the stipulated rates, a personal salary of Rs. 1,200 and a personal house rent of Rs. 245. The expense amounted in total to the huge monthly sum of Rs. 4,200 for, on average, less than 30 patients [85]. In consideration of these unduly high expenses the policy of sending to England all European lunatics was adopted.

At the same time new rates were settled with Mr. Beardsmore which stipulated Rs. 100 p.m. for patients of the rank of gentry and Rs. 50 p.m. for patients of lower rank [86]. In addition to these rates Beardsmore demanded a monthly salary of Rs. 200, to compensate for the loss incurred by the numerous public second class patients for whom a certain number of rooms had to be reserved at any time [87].

Whilst the total expenses incurred by Government for the maintenance of the institution had quadrupled from 4,904 Rs. p.m. in 1822, to 17,563 Rs. p.m. in 1835/6, the number of inmates had also increased, so that the average total cost per patient had decreased steadily during the period, although it was still much higher than in English public asylums [88]. The authorities calculated that even exclusive of apothecary, keepers or servants the average cost for each patient in the Government Hospital before 1821 was Rs. 492. Beardsmore's rates, in contrast, with the addition of his salary were stated to have been no higher than Rs. 105 per patient. By May 1836 the average was as low as Rs. 70 [89].

The Medical Board however seemed to suggest that the increase of expense over the period had been occasioned by Beardsmore's

> 'obtaining admission orders as first class patients, for persons whose station in life gave them no claim to such privelege' [90].

Four cases were quoted by the Medical Board in support of their accusation: two Armenian paupers and two poor East Indians, all of whom were reclassified from first to second class [91]. Despite the evidence of wrongful classification Lord Auckland had the Medical Board reprimanded [92].

In 1847, the Medical Board was strongly criticised by a medical practitioner conversant with modern asylum management in England [93]. The Medical Board had to admit that

> 'the rates in both classes were more liberal, than the occasion requires, or than are necessary to yield the proprietrix a fair renumeration' [94].

The following rates were consequently suggested [95]

first class	90 Rs. p.m.
second class	60 Rs. p.m.
third class	35 Rs. p.m.

The Secretary to Government shrewdly observed that

> 'this can scarcely be called a reduction, because the diminution in the first class is met by a corresponding increase in the second' [96].

He suggested a more drastic reduction of the rates [97], namely

first class	64 Rs. p.m.
second class	32 Rs. p.m.
third class	16 Rs. p.m.

The Secretary to Government further insisted that

> 'special attention should be paid to the previous station and circumstances of the insane when fixing the class to which they shall belong' [98].

Nevertheless the Medical Board's suggestion of three-tier, slightly reduced rates enjoyed Government's approval, probably because of the Board's argument that

> 'even the lowest of the unhappy class of Patients (eligible for this Asylum) could [not] be more economically provided for elsewhere, and even, if that were otherwise, it is possible that some inconvenience might result from insisting on a lower rate, unless it could be clearly demonstrated that such would be sufficiently remunerative, and also that Government were quite prepared to accept the alternative of a refusal to accede to them' [99].

Lord Dalhousie referred the whole matter with some general suggestions to the London authorities.

Cost-Effectiveness *versus* Cure-Efficiency

On the basis of the accounts alone the contracting-out of the system of provision for the mentally ill appeared to have been cost-effective, the 'quadrupling of expenses' (between 1822 and 1836) having been exactly matched by the quadrupling of the number of inmates. In the 1850s both the Bengal Government and the Court of Directors were convinced that a change in the principles on which the institution was to be managed were necessary. The Medical Board informed the Government that

> 'any fundamental change ... could not be introduced within the existing contract with the Proprietors' [100].

It was the private owner's ability to manage the institution on such 'enlightened principles' as were employed in all the 'splendid institutions' in England which was questioned. The late 1840s and early '50s were the heyday of an optimistic belief in cure by experts rather than mere care for the mentally ill by private entrepreneurs. The Medical Board's claim that

> 'a more intimate and more cultivated experience of the varied forms and shades of mental disease as well as a more enlarged philanthropy than appears at present available in the Asylum would be indispensable' [101],

must therefore have sounded convincing to the authorities.

A private entrepreneur in the mad-business had, by definition no interest in benevolent philanthropy and needed to have no professional expertise in the cure of lunacy either. The discussion about the relatively high expense was, therefore, to become entangled in questions of the institution's effectiveness at curing its inmates. To make possible a judgement on the 'general results of the treatment pursued' it was consequently decreed by the London authorities, that the medical staff in India ought to provide detailed data on the 'number admitted, cured, deceased and remaining' [102]. It is to this gradually evolving emphasis on the

> 'main object of a Lunatic Asylum, viz. the restoration of the Patients to soundness of mind' [103]

that we owe more detailed data on the internal composition and management of the Calcutta Asylum for Europeans.

Classification of Patients

The social determination of the race, class and gender system of classification

As is to be expected in the context of the colonisation of an Asian people by Europeans, the racial classification of individuals formed the basis of the organization of lunatic asylums. The practice in Bengal had in fact been to have separate institutions for 'Natives' and for 'Europeans'. From 1802 onwards regular provision was made for insane *sepoys*, 'native stonethrowers' and similar nuisances, which had so often attracted the attention of European civilians, military sergeants and the police [104]. Apart from the European Lunatic Asylum in Calcutta there were to be built 'Native Lunatic Asylums'. By 1855 lunatic asylums for Indians had been established in Benares, Bareilly, Dacca, Delhi, Patna Murshidabad and Rasapagla. These institutions were meant only for the reception of Indians and therefore were built and administered in a style regarded unsuitable for persons with 'European

habits'. For example when in 1820 the Court of Directors suggested that the Medical Board

> 'dispose of the few cases of Insanity [in Europeans] that may occur between one opportunity and another of sending the Patients to England'

by temporarily keeping them in the Native Lunatic Asylum near Calcutta, the authorities in India instantly objected [105]. The Medical Board argued that it was neither 'practical [n]or expedient' to accommodate European lunatics in an establishment meant for Indians. The Board held that

> 'Even were not the propriety of mixing Europeans labouring under mental derangement with natives in the same unfortunate condition, in itself very questionable, the Native [Lunatic] Hospital as it now stands, is in no way fitted for their reception' [106].

It is clear that the mixing of the races was deemed inappropriate and the 'comfort of the European' was not considered to be adequately catered for in an institution for Indians [107].

The propriety and economy of keeping two distinctly separated systems of mental health care was questioned once more in the 1840s, again by an English person who suggested a basic reform [108]. It was rejected on the grounds that he aimed at imitating the English system unmodified and thus neglected the Anglo-Indian aversion to such measures as the establishment of a single public institution for both Indians and Europeans [109].

With the years and thus with the potent consequences of a predominantly male European presence in India, the line of separation between Indians and Europeans became steadily blurred by the increase in the number of people of mixed race - Eurasians. They were to become more and more an unwanted side-effect of British-Indian relations [110]. In particular the poor amongst them were increasingly looked down upon by both Anglo-Indians and Indians [111]. As Eurasians were neither of European nor of Indian race their eligibility to be admitted to the superior European Lunatic Asylum was made crucially dependent on their *class* position. In contrast, lower-class Europeans,

even if paupers, were admitted on the strength of their race into the European Asylum. The Eurasians admitted were only those above the lowest class [112]. Similiar considerations were at work in the case of other groups, such as the Armenians. They were seen as being of 'European habits' and Christians and were thus eligible for admission into the European Asylum - provided they were of a higher class [113].

Towards the 1830s and '40s, consequent upon the influx of European women to British India and the concomitant social and demographic changes, the further classification between 'people of European parentage', and 'Country-born' emerged. More and more white children, the off-spring of Caucasian parents, were born in India. On strict race-lines they were of course fully eligible for admission as Europeans. However, the policy had been to send 'pure' Caucasian lunatics back to England, where either their friends and relations or their former parishes were to take responsibility for them (although some were provided with a Company pension). The country-born Europeans, however, usually had no close family connections in Britain, yet were not supposed to gain any right of residence in India, merely because they had been born there. They were still British and immigration to India was not encouraged [114]. In consequence of these considerations the measures applied towards country-born insane people were made dependent upon the specific financial circumstances of each case.

Along with the increasingly well-formulated, comprehensive and strict regulations, the system of classification became much more complex, shifting from mere racial categories to those which integrated race and class, and finally ended up in a refined classification, with 'race' as one - albeit important - aspect amongst others [115]. A parallel development took place in the classification of mentally ill women. As long as European women had been the exception they could enjoy the Company servants' gentlemanly good will and paternalist attitude, and thus were granted superior treatment - even if their class position had been inferior. Towards the middle of the century, however, there had come to India an increasing number of women, (the forerunners of the 'fishing-fleet'), so that the Company's

accounts could be assisted by taking the women's - often lowly - class position into the account. Here, too, as in the case of people of mixed race, it was not merely the expense which was considered. The general social atmosphere of an increasing class-consciousness within Anglo-Indian society necessitated the classification of lunatics in class-terms.

Whilst segregation within the asylum was based mainly on gender and class, medical consideration concerning the nature of the disease - whether violent or tractable, incurable or curable, physically diseased or 'idiots' - was an additional criterion mainly from the 1850s onwards. For the first four decades of the nineteenth century emphasis was still placed on the adequate transfer of the main characteristics of Anglo-Indian society's social stratification and segregation into the lunatic asylum. The inmates remained what they had been in society outside - members of a certain gender, race and class with the corresponding status to which consideration and comfort was due. They were seen as lunatics merely in the sense that they had a temporary affliction *in addition* to what they *were* as members of civilian and military society.

Once details of the race, gender and class classification system had become codified, emphasis came to be placed on medical questions. This new emphasis was already in the offing during Lord Dalhousie's general inquiry in the 1850s. Questions of curability and specialized medical treatment became a main concern over those of 'institutional management'. The development towards appropriate medical care and psychological treatment in terms of so-called 'modern scientific knowledge' - with the invalid-keeper becoming a qualified and certified psychiatric nurse, the assistant surgeon-*cum*-mad-doctor a specialized psychiatrist or psychologist - meant for the asylum inmate of a specific racial and class-background that whilst institutionalised they came to be acknowledged foremost as mentally ill persons, with special class rights reflected by the comfort of institutional provision and the diagnosis and treatment most likely to be imposed up on them [116].

The classification of lunatics: a question of principle.

Classification according to professional affiliation

Whilst the classification and consequently the quality of care of lunatics was based in India, as in England, on social standing, there existed another more specific factor. This was the persons' relation to the East India Company. The Company had taken charge of European population control, limiting the number of people not in the employ of the Company's military or civil and commercial branches admitted to India.

As early as 1789, when Assistant Surgeon Dick had leased his house as a lunatic asylum to Government's public patients, separate rates had already been stipulated for the few cases of

> 'Persons not in the Service of the Honorable Company who were formerly in the character of Gentlemen'

and for 'poor Europeans not in the Service'. When the Government of Bengal determined that reductions should be made, it had only been the rate for 'Gentlemen not in Company's employ' which was cut [117].

The argument as to the restriction of reductions to people unconnected with the Company reveals a less than welcoming attitude towards outsiders.

The Case of Miss Ross

The recommendation which put non-Company servants on a slightly lower footing than full employees, was still in force in 1850, when 'Persons unconnected with the Service' became again the focus of attention.

> 'In November 1849 the Medical Board recommended that a Miss Ross, a lady who for many years had resided as a first class private patient in the Bhowanipore Asylum, should be transferred to the list of public

> patients of the same class, on the ground that the only relative on whom she depended for support, at whose expense hitherto she had been maintained at the Asylum had died, without leaving any funds for her maintenance' [119].

This woman's case led to the recommendation that the

> 'records of this office be[ing] carefully searched, in order to ascertain the origin of a system under which certain classes of Insane persons who have never been in public employment and have no peculiar claim upon Government are maintained in the Bhowanipore Asylum, at the expense of Government, not as paupers, but on the same footing as that of private patients, whose maintenance is paid from their own means, or from the means of relatives or friends' [120].

This case was raised as an example of the questionable practice of high first class rates for public patients - and Miss Ross' situation was representative of numerous other such cases in many respects. First of all she had been merely the niece of a late Company Servant (a naval storekeeper) and had therefore no close connection to the Service [121]. Further, she was in fact what was called a 'half-caste'. Her mother had been Malay, and Miss Ross' uncle had taken over his deceased brother's responsibilities towards his dependants. As a person of mixed race hers had again not been an isolated case; Eurasians made up the bulk of inmates in the Calcutta Asylum in the 1850s. And lastly, she was, as a female patient, representative of the trend towards increasing numbers of women (though mainly of the lower classes) being admitted into the institution. In Miss Ross' case all the main features of the changing social composition of Asylum inmates were manifest.

In the course of the 'investigation with reference to the General question' the following facts were unearthed: the regulations from 1787 still applied, the maintenance

> 'by Government of "Persons" unconnected with the public service, when they could not be supported by their own funds, or by their relations or friends, was distinctly provided for before Mr. Beardsmore's

> time. But what sort of "persons" were contemplated by the Rules is not so plain' [122].

It was found that

> 'these "persons" were to be placed in the Rs. 100 or Rs. 50 class, according to their station or rank in life. ... This principle remained unchanged ... until now. Nothing more definite has ever been laid down, to this day, respecting what sort of "persons" this principle is to be applied to' [123].

The indefinite way in which the 'principle' could be interpreted would presumably not have constituted any great problem, had not a statistical break-down of the Asylum's population shown that the 'principle' was being applied to the majority of inmates. In 1850, out of 49 public patients, eleven first-class and fifteen second class lunatics were unconnected with Government. These 'persons unconnected with the Service' belonged at the same time to those groups of 'persons of European habits', which were steadily increasing.

> 'And it is evident that as every day adds to the number of persons of European habits in Bengal, if the practice remains as it is, the amount [of money spent for non-European lunatics] must largely and indefinitely increase' [124].

The case of Miss Ross had, on the basis of its representative nature, occasioned elaborate investigation into the principle of admission into and classification within the lunatic asylum in Bengal. More detailed investigation of the wider socio-political context into which the inquiry was embedded is called for.

The socio-political determinants of the 'question of principle'

Despite its restrictive immigration policy and repeated orders to send back to England any 'individuals roaming about in the country' [125], there came to be present in India an increasing number of non-Indian lunatics who had not been in the Company's service. Vagrants of various sorts, ever more Eurasians and unsuccessful planters or petty tradespersons constituted the main groups [126]. In the absence of parish institutions, it was the Company who had to

take responsibility for the control and care of any British individual - whether in direct employ of the Company or not.

Up to the 1830s this had involved only negligible expense to the Company. There were still but a few unauthorized Europeans in India and the Eurasian population was not yet extensive. With the Company's loss of the exclusive Indian trading monopoly in 1813 and the consequent gradual shift from commerce to administration, population control became more difficult, and yet at the same time an aspect of the Company's 'pseudo-state' responsibility towards all of its 'subjects'. This gradually gave rise to explicit 'state' intervention in what is nowadays called 'social welfare'. However, even by the 1850s, when Lord Dalhousie's Government was concerned with the reform of the Indian Medical Service and the lunatic asylum system, the proper extent of the Company's assumption of state-like responsibilities was not undisputed.

Whilst the Government's responsibility for all subjects, regardless of their race was coming to be accepted, the extent to which funds should actually be made available for the various social groups was not yet universally agreed. The social group on which attention focussed most were the Eurasians, who then made up the majority of 'public' Asylum inmates [127]. Consequently the dispute about classification in the 1850s centered around the question of how much money the Government of Bengal should allocate for the upkeep of the non-Company Eurasian insane. The apparently simple question of the extent to which care was to be provided for those not in Company employ once again could not be isolated from racial and socio-political considerations.

It was even suggested by the Deputy Governor, Sir John Hunter Littler, that the practice of admitting other than pure European people should be ended. This must have seemed convincing to the Anglo-Indian civil servants, partly based as it was on the fact of the non-Europeans' lowly social position. A great number of the East Indian inmates were either paupers, petty tradespersons or employees with a monthly income much below the rate on which they could be kept in the

European Asylum. Sir Littler's reason was explicitly that he was doubtful of

> 'the propriety of admitting any persons not Europeans as public patients into this Asylum' [128].

The Secretary to Government used a similar line of argument:

> 'I confess that I cannot understand on what sound and fair principle the present system is to be defended. The Medical Board support it on the ground that the state is bound to protect society from the irresponsible actions of madmen. This may be most freely admitted; moreover it may be admitted that the state may most properly take care of harmless madmen who have no means of existence, and no relatives who can support them. ... But the state is not bound to support individuals of any class of its subjects sane or insane at the rate of Rs. 100 a month. I am myself unable to see how, on general principles, the Government can be justified in doing more than maintaining out of the public funds such insane persons as are paupers; or generally speaking, in doing more for insane East Indians or other Christians, or people of European habits, than it does for its Native Hindoo and Mahommedan subjects when in the same lamentable condition. In the present case, the only speciality that I can see applies to Europeans, and especially to those of the lower ranks, employed in Government Service in India, who for the very short interval that should elapse between their being taken ill and their embarkation for Europe, are just object for consideration by liberal masters. This is the question of principle which is now before His Lordship for decision' [129].

A 'Europeans only' policy of admission would thus have deprived Eurasians and other non-white Christian groups of 'European habits' of their hitherto relatively preferential treatment in comparison to Indians.

The Medical Board in contrast, in its defence of Eurasian eligibility for admission to the European Asylum merely referred to the conventional customary practice, as if 50 years of tradition settled the argument against reform:

> '...there were others as well as Europeans in the old Asylum, and from the first, the present one has been

> considered as open for the accommodation and treatment of East Indians and of the various denominations of Christians of all but the lowest class, who are cared for in the Native Asylum at Russapaglah' [130].

The Medical Board omitted to say by whose authority the European Asylum had been considered open for Eurasians. In fact, whilst the exclusion of 'pure Natives' was agreed upon, it had never been explicitly stated who exactly *was* eligible for admission. It then went on to locate the question squarely within the context of general medical-humanitarian considerations.

> 'We have not thought the fact of an Insane patient being a servant of Government, or connected with a Servant of Government to be deserving of distinct consideration, because unless in cases of claims established by long and faithful servitude, we do not think the case of a Government servant, or any of his connections, has a stronger title than any other class of people to this kind of provision' [131].

The importance of religious faith

However, the Board seems to have been referring not to any egalitarian principle, but to a more spiritual principle which transcended social class, race, gender and professional affiliation, namely 'religious faith'.

The Board asserted that

> 'at first sight it does seem unreasonable that Government should be burdened with the maintenance /some for life/ of so large a proportion as exhibited ... in the tables annexed to [the] report of the Insane Portion of the Christian population of the country, or somewhere about 85 per cent of the admissions, at a cost not much short of Rupees 40,000 per Annum. But it is almost needless to say that it is unavoidable, and we may add simply just, that the power which engrosses the whole revenues of a Country should provide for the safety of its subjects; and it must be admitted to be as much a question of Police to protect society from the irresponsible actions of madmen, as it is to guard it from plunderers and oppressors. This duty is recognised elsewhere, ...

> and in the total absence of Establishments of this nature provided, as in European states, out of municipal or parochial funds, or endowed by private benevolence, the duty of maintaining and providing for the due care and custody of Insane Christians necessarily devolves on the Government' [132].

The original question of whether lunatics not in Company's employ should be provided for by Government was not to be resolved by reference to their race: the preferential treatment of Eurasians as at least potentially faithful Christians was, it seemed, to outweigh the generally racist attitude of Anglo-Indians towards Eurasians [133]. To what extent the Medical Board's official reasoning reflected an authentic religious attitude can hardly be established from the official correspondence. It may however be noted that the distinction between Christians and Heathens was at that time seen as an argument worth employing and one which ensured some success.

The orders eventually issued by Government again failed to stipulate explicit rules as to the professional affiliation, the social standing, the creed, or race of a lunatic. The final Minute, which was drawn up by Lord Dalhousie after reflection on the strongly advocated racist partisanship for 'Europeans only' and the Medical Board's favouring of all 'Christians with European habits', was again ambiguous, leaving ample space for exegesis. It did not explicitly and in principle deal with the question whether the practice of admitting Eurasians was to be continued in future [132a].

Summary

Race, social position, gender, professional affiliation, and religion all played an important role in the classification of patients. It is difficult to rank these various aspects according to their relative importance at any one time during the first five decades of the nineteenth century; and it would probably not do justice to the complexity of actual decision-making to do so. It seems

certain, however, that medical criteria were not exclusively the basis for categorising the lunatics. Whilst Europeans were classified mainly according to previous social standing, in the case of Eurasians the class line was less distinct and thence social position, race, creed, and connection with the reputable service were weighed against each other in each instance. The official guide-lines - drafted in imitation of rules for mad-houses in England - were especially vaguely formulated in regard to the race of people eligible for admission and left it open how to deal with the increasing number of Eurasian lunatics. An ambivalent and inconsistent attitude towards people of Eurasian race becomes evident in a number of cases.

The racial, gender and class composition of the asylum population.

The number of people admitted into the Calcutta Lunatic Asylum

The question of which groups of people were eligible for admission to Bengal's asylums evoked major disputes, and the implementation of existing rules was carried out in an offhand manner during the first half of the century. It may be assumed therefore, that in practice admission was based to a large extent on the superintendents' and Medical Board members' personal preference and special professional preoccupations.

The 'Asylum Rules for 1821' which were formally in force during the relevant period expressly established that
- military patients are not to be admitted until reported insane by a medical committee; civil servants on a certificate from two medical officers; and persons of the marine department on a similar document from the marine surgeon or his assistant;
- public patients to be classed, on admission, by the visiting member of the Medical Board and charged for accordingly;
- private patients to be admitted on the certificate of one respectable practitioner, or two, if possible [134].

As evidenced on several occasions, these rules were followed but casually [135]. It is difficult to judge what impact the lax interpretation of admission rules - however well or badly formulated - and the formal change in admission procedures had on the patients as well as on the statistics.

The number of admissions per year fluctuated between fourteen (during the 1830s) and eighteen (during the 1820s and '40s). The number of women admitted remained at an average of about three per year [136].

The average number of patients in the Calcutta Lunatic Asylum

The annual average number of patients in the asylum gradually increased independently of the more or less fundamental changes in administration and frequent disagreement about expenses and allocation of responsibility: from on average 35 patients during the 1820s to 37 during the 1830s and 58 during the 1840s [137]. Along with this tendency for the annual average number of inmates to rise the asylum population underwent considerable fluctuation during the year [138], the reasons for which are manifold. The steady increase in the number of asylum inmates was not due to new admissions, which remained on average almost constant, but rather to the continued accumulation of Eurasian long-term patients. Europeans who did not recover within the year were sent to England, whilst Eurasians had to stay on. In early spring European insane soldiers were sent to Calcutta in batches, together with the invalids of the season to await embarkation for Europe. The asylum population was thus suddenly increased and decreased again (between October and March).

The previous professional background of patients

Quite a high percentage of the insane people who passed through the asylum belonged to the military. In 1818 the number of former military and naval servants had been twelve out of 34 inmates [139].

In 1841 the number must have been between 83 and 100 out of a total of 142 inmates admitted during that year [140]. In spite of the increase in the civilian population the proportion of military people in the new admissions went up. Inmates other than soldiers and officers were designated as 'mostly East Indians of the lower and middle classes' [141], namely 'petty tradesmen and paupers' [142].

The number of public patients in comparison to private patients

The growing number of patients gave rise to concern on the part of the authorities due to the simultaneously rising expenses. The ratio of private to public inmates especially showed a tendency unfavourable to the public treasury.

In the 1850s the Government of Bengal 'strongly presumed' that the then

> 'existing system is not sound, when we find an institution which formerly had many private patients and few Government ones, now in a reversed condition, full with patients of the Government, and containing hardly any private inmates at all' [143].

From the statistics drawn up for the general inquiry in 1851/2 it can be inferred that the majority of inmates in the Asylum were by then public patients, for whose maintenance Government was responsible [144]. For early spring 1850 the number of public patients in total was given as 47, about eight times as many as private patients (only six). Partly due to the lack of interest in statistics during the very early part of the century, there are no comparable figures for the first two decades of the nineteenth century. According to Government's own estimate (of the 1850s) there were a considerably higher number of private than public patients confined in the Lunatic Asylum during the 1820s, when public patients started to be sent to Mr. Beardsmore's private Asylum.

It was argued that previously there must have been 'enough of insane patients of the classes for whom this Asylum provides' -

namely persons of respectable classes - to induce a private person to keep a private asylum for patients maintained from private sources [145]. This assumption could be supported by the fact that Mr. Beardsmore demanded an additional monthly allowance of Rs. 200 in 1823, on the ground of the loss incurred by Government's numerous second-class public patients [146], which were soon to outnumber the public first-class patients three to two, and for whom Beardsmore had agreed to reserve at all times, and to the detriment of better paying private patients, thirteen rooms in his asylum [147].

There is, however, no evidence available that the absolute figure of private patients had in fact decreased during the relevant three decades. Neither is there any evidence that in the 1850s 'Government maintained nearly all the insane in Calcutta' [148]. The only numerical changes in the 'character of the institution', besides the absolute increase in the number of long-term patients were the relative increase in the number of Eurasian and 'Country Born' insane, as well as the greater number of persons 'unconnected with the public service' (i.e. petty tradespersons, paupers and women). To these changes we now turn.

The number of Eurasian patients

The Eurasian population in Bengal increased rapidly in the course of the nineteenth century, as did the number of Eurasian lunatic patients. This change in the racial composition of the inmates might have contributed, amongst other factors, to a decline in the status of the institution and thence in the propensity of upper-class Anglo-Indians to send their mentally ill relations and friends as private patients to the Government Asylum [149]. Along with the decrease in the number of private patients and the increase in the number of Eurasians went a steady rise in the number of poor second-class patients, especially pauper lunatics, because the majority of Eurasians belonged to the lower middle and lower classes [150].

The number of poor second-class patients

In England the main cause of the extension of the organised state system and the emergence of psychiatry had been the increase in the number of pauper lunatics, rather than in the upper and middle classes' 'English maladies' (such as hysteria and hypochondria) [151]. Basically the same could be argued for British-India, with some modification because of the differing socio-economic constellation. The early asylums in Bengal had been founded for the admission of lunatics who had become conspicuous, ineffective or unmanageable within the military or were threatening the peace and order of the Anglo-Indians' towns. On average about half of new admissions were made up of army officers and soldiers. The rest consisted of civilians with an occasional vagrant or, what was called a 'person of bad character'. The rapid growth of the Eurasian population meant that their lower orders lived in miserable conditions, due to economic and social discrimination. The Eurasian poor became more numerous and visible and so did the Eurasian lunatics, who were frequently confined long-term as paupers.

In fact the designation 'pauper' is misleading here as it was not usually applied in a uniform way and referred to people who would not have been so labelled in England [153]. For the Company a pauper lunatic - for the purposes of institutional provision - was a person eligible for Government financial support on the grounds of these persons' or their friends' and relations' inability to afford the asylum-charges, or of their ineligibility for a pension or other support from the Company. Consequently low-level employees in private enterprises and destitute lower middle-class widows and orphans came to be classified as 'paupers' in addition to European vagrants.

However, on the basis of Eurasian pauper lunatics alone the establishment at Bhowanipur - separated from the Native Lunatic Asylum - would hardly have been considered necessary. Rather, it provided primarily for the temporary reception of Europeans en route to England. During the period from 1824-1850 this group of temporary

inmates amounted to 204 out of a total of 465 admitted into the Calcutta Asylum [152]. In the 1850s the Government had suggested that Eurasians no longer be admitted alongside Europeans into the Asylum. The middle- and lower-class Eurasians should be provided for in the Native Lunatic Asylum which had so far been reserved for Indians and the lowest ranks of Eurasians. This proposal was rejected by the Medical Board on various grounds, so that the pauper population in the European Lunatic Asylum continued its relative increase [154].

The very different standpoints of the Medical Board and of some Government officials exemplifies some main features of the public's and the Government's concerns towards the middle of the century. In the 1850s the Medical Board had strongly objected to Christians of any but the lowest class being confined with Muslims and Hindus, and tended to play down the statistical trend towards an increase in public patients in general and of pauper lunatics in particular [155]. It referred the Government to the point, commonly agreed upon in England, that any progress of a spiritual and economic nature had its cost and had to be borne as an inevitable concomitant to civilization [156]. Whilst the Government admitted responsibility for paupers, they were declared to be eligible only for confinement in the Native Lunatic Asylum if they were anything other than pure European. Here, racial prejudice and the budget constraint seem to have won out over missionary zeal and material support for universal progress.

The removal of Eurasians to the Government Native Lunatic Asylum would have constituted a considerable loss of income for the Asylum proprietor, Mrs. Beardsmore-Sims, because out of a total of 43 patients in 1847 28 were Eurasians. A transfer to the Native Asylum - made notorious by scandals about its inadequacy and miserable conditions - would scarcely have been advantageous for all the Eurasian patients either. In 1847, out of a total of eleven paupers about two thirds, namely eight inmates, were non-Europeans, who had so far been put on the same footing as any other second-class patient. Due to the lack (up the the 1850s) of a separate classification of paupers, both destitute lunatics and other inmates of the second class enjoyed a

> 'degree of ease and luxury, that they never could have expected to procure for themselves in health' [157].

It was even stated by the Medical Board that to most second-class patients the preferential care provided

> 'must at first have been irksome to them from its very novelty' [158].

The Accountant's Office submitted to Government evidence that

> 'If the social position of the unfortunate persons ... is fairly considered there can be no question that Government pay a great deal too much for their support' [159].

A Miss Fitzpatrick, 'an outdoor ward of Kidderpoor school', designated as a Eurasian spinster, had formerly earned Rs. 35 p.m. She had been admitted to the European Asylum as a first-class patient and consequently was looked after on a rate of Rs. 100 p.m. In the case of a Mr. Rozaris - presumably a Christian with Portuguese connections - who had worked as a copyist in the Bengal Office, Government paid for his maintenance as a second-class patient twice as much as he had earned before [160].

These examples of what seemed to be over-generous provision for second-class patients were alarming for the Government. Even more so in the case of destitute people who were in England not only kept on rates barely sufficient to ensure existence, but were in addition to be punished for their misery by legal means such as the Poor Law Act of 1834, which allowed for confinement in jail-like work-houses and forcible splitting-up of families [161].

The calculable facts regarding the up-keep of poor lunatics in Bengal were asserted

> 'to show the extravagance with which the present system of caring for Insanes is conducted' [162].

Finally, therefore, the Medical Board could not help but suggest new, but still 'abundantly liberal' rates, which could, even for

> 'the lowest of the unhappy class of Patients eligible for this Asylum [not] be more economically provided ... elsewhere' [163].

The number of female patients

The proportion of women long-term patients increased during the first five decades of the nineteenth century, reflecting a general trend in Anglo-Indian society. Ever-more European women were coming to India from the late 1830s onwards in the hope of making a good marriage. The paucity of supply of eligible European women meant that initially they succeeded. Often though these marriages were short-lived. Especially in the case of a low-class woman marrying a common soldier, the chance of his untimely death was rather high, and army regulations forbade widows and unmarried European women to stay with the regiment. They either had to leave, or they had to marry again within a few months. In the absence of more stable alternatives women may well have remarried several times [164]. Thus army wives had in pre-Victorian and Victorian middle and upper-class circles the reputation of sharing to a large extent the common soldier's vices.

A number of European women who decided to earn their living through prostitution were picked up by the police sooner or later and sent back to England, being designated as 'women of bad character' [165]. Those women who ended up in the mad-house, of course, belonged both to the upper and lower classes, but in most cases they shared a history of misfortune, economic hardship, the former husband's or family's social decline or death, and abuse. They were, like male first and second class patients to be sent back to England.

The majority of women in the 1840s and '50s, however, belonged mainly to the lower (but not the lowest) strata of Eurasian society. Although the inadequacy of official statistics precludes generalisation it can be assumed that Eurasian pauper women were over-represented in

the lunatic asylum. Given the general background of a race- and class-conscious, and patriarchically structured Anglo-Indian and Eurasian community it could be argued that the high percentage of half-European women confined was due to sexist restrictions on women's behaviour and to the sexist tendency to define a relatively wider range of women's social behaviour as deviant, as well as to women's failure to cope with constraints and demands imposed up on them. Evidence for these assertions can be obtained from a detailed study of a variety of individual cases [166].

The number of lunatics sent to England

The policy of sending to Europe all the European insane had been officially introduced in 1821. The general rule was that

> 'if after six months from his admission a patient shall have shewn no signs of approaching amendment, the propriety of giving him a further chance of recovery by a removal to a colder climate, may become a question of deliberation with the Medical Superintendent and that twelve Months should except under particular and unusual circumstances, be deemed the utmost length of time, during which persons shall be allowed to partake of the benefit of the Institution [167].

It cannot be ascertained with any certainty how effectively the regulations were implemented. That repatriation was not always undertaken is suggested by the allegation that whilst before 1821 the longest period of confinement in the Governmental Asylum had been one year, no time limit had been fixed since [168]. It had been argued that no maximum length of confinement in Calcutta could be fixed because, since the Company ceased to have ships of their own, ships' captains could no longer be obliged to accept 'passengers of any description' [169].

Further, evidence of delays in embarkation indicates that the average length of stay of patients in the Calcutta Asylum was considerably longer than that prescribed by the authorities. One source explicitely mentions

> 'the difficulty of finding Commanders of Vessels who are willing to receive passengers in a state of mental derangement' [170].

Whatever the actual practice may have been, the statistics reveal a high percentage of lunatics (44 % of the total) despatched to England over a period of thirty years [171]. A large number of those despatched to England were military people. It is reported that 91 lunatics had been sent to England from 1841 to 1847. Of this number 92 % (namely 83) belonged to the Army, and had been treated in military hospitals for from three to ten months, prior to their admission into the Asylum [172]. It is noteworthy that only 7 % of women, in contrast to 51 % of men were sent to Europe. The key to this discrepancy lies with eligibility for transfer: it was only Europeans who were routinely despatched. Of the Eurasian and country-born women who together made up the majority of the female population of the asylum, the former were rarely sent to England, and what happened to the latter depended on their individual family and financial circumstances. Women in the asylum were thus unlikely to be transferred. First-class lunatics were also over-represented amongst those repatriated. This was accounted for by the refined upper classes' (including the military officers) greater susceptability to mental derangement. Dr. J. Macpherson, Asylum Superintendent in the 1850s, remarked on

> 'there having been no fewer than 40 officers while there were only 200 soldiers admitted in ... 32 years',

which suggested to him that

> 'the usual rule prevails - that the more educated classes are more prone to such attacks than the less so' [173].

Whilst Macpherson's view was well grounded in one school of contemporary psychiatric theory, an alternative speculation is that soldiers were less likely than officers to be discharged from duty on grounds of insanity. After all, the former were expected to act upon orders, and if they failed to do so, the usual response was to have them court martialled and sent to prison. Non-conformist and insubordinate behaviour in (lower-class) military personnel was most

likely to be interpreted by (middle- and upper-class) officers as wilful obstruction to discipline rather than excused as insanity.

Officers in contrast might have been expected to account for any aspect of their behaviour which was seen as inappropriate. The express demand for intelligible reasons for untoward actions together with the close contact amongst fellow officers might have made it more difficult to ignore signs of mental derangement. Above all, a person of elevated social position, vested with power, was certainly not expected to obstruct the very same power structure to which he owed his status. If he did so, something must certainly have been wrong with him.

The number of patients discharged 'cured' and the number of patients consigned to the care of friends or relations 'uncured'

The total percentage of people discharged as cured from 1824 to 1850, namely 36 % seems unremarkable. It lies but slightly below the rates then common in institutions in England [174]. However, the institution's efficiency in effecting a cure cannot be inferred from these data. Apart from the re-admission rate, we in addition do not know the consistency with which diagnostic assessment was made on admission and discharge, so that we cannot estimate the extent to which actually sane people might have been wrongfully admitted, or insane but influental people discharged, allegedly cured [175]. The study of single cases indicates that the relation between cure rate and discharge rate (cured) would have been less favourable if the re-admission of patients had been taken into acount.

The specification of the percentages according to class and gender deserves some detailed attention. Whilst classification of patients into first and second class does not seem to have had an impact on the overall number of cured discharges (it remained at 36 % or 37 %), the gender of the patients certainly had some impact: female patients were less often discharged as 'cured' than men and much less so if the women happened to be in the first-class category [176]. It might be argued that women had a peculiar tendency towards chronic insanity

and hence a decreased likelihood of discharge once they were admitted into an asylum. Given the distinctly low discharge rate of first-class females, one could assume that upper-class women were doubly prone to such chronic insanity. Both first- and second-class men in contrast shared the same high discharge (cured) rate, i.e. 41 %. However, it must be assumed that diagnostic categories are never value-free, but rather reflect society's norms, which included a bias against women in general and gentlewomen in particular. This would mean that the male diagnostician was on average less likely to accept a woman's deviancy from the desired social behavioural norm than a man's, for whom the range of socially accepted behaviour was much wider. Higher-class women enjoyed a relatively narrow range of permissible self-expression.

A variant of this argument of value-laden assessments could lead to the conclusion that men, due to their former experience of (military) total institutions and their in general greater familiarity with public institutions than the home-and-hearth bound women were more uniformly socialised into showing behaviour properly adapted to the norms prevailing in an institution. It might be that the men in charge inside the Asylum were not particularly ambitious to restore to reason, and to reintegrate into society women who had once been confined.

There may also be other socio-structural factors at work. Whilst men could be sent back on duty after cure, it is less clear what would happen to cured women, if they were not cared for by a husband, a father or some other relative. A single or widowed woman without family connections is 'out of place' in a patriarchically and competitively organised society; whilst she is at least 'in *a* place' when she is confined inside an institution. Last but not least it may have been the case, as in England, that lunatic asylums were seen as a practicable place to dispose of one's unwelcome, demanding or disturbing etc. wife or daughter. One might then have made less effort to get her discharged.

The possibility of getting 'consigned uncured to the care of relatives and friends' was another way of getting discharged [178]. The trend for first-class women was different both from that of men and that of second-class women. Whilst only 11 % of second-class men and 17 % of first-class men were made over to the care of relatives or friends, five out of fourteen, or 36 % of gentlewomen were discharged uncured. The speculations about cured discharges above may also apply here. In addition it may be that the ladies were discharged at the request of their relatives. Such a request might well have been less likely in the case of 'common women' (and men), who very often did not have any relations at all in India, and even if they had, it is doubtful whether those would or could afford to provide for an unproductive family member.

As most common men were unmarried and had to provide for their own livelihood, it seems obvious that their chance of getting handed over to relations or friends uncured was low (only 11 %). The overall number of discharges ('cured' as well as 'uncured') amounts to a total of 51 %. The divergence between men and women in aggregate is less marked (55 and 45 % respectively).

The number of long-term patients and incurable cases

In the late 1840s it was revealed that a comparatively large number of inmates were long-term patients, some of over twenty years standing. In December 1847, for example, when the statistics revealed a total of 43 inmates, sixteen lunatics had been confined for more than seven years [179]. As there are no comparable data for the period prior to the late 1840s, it is not possible to establish for certain any definite statistical trend towards an increase in the number of long-term patients.

Towards the late 1840s and 1850s the over-crowding of English lunatic asylums with incurable cases not only contributed towards a more pessimistic view about the possibility of curing insanity, but also caused the authorities to demand more detailed statistics in

order to establish institutions' cure- and cost-effectiveness. The lenght of stay in the institution then became an object of official interest. It seems clear that the medical authorities in Bengal did not find it easy to meet the demand for such statistics, posing, as it did, the problem of defining constructs such as 'incurability', which at least notionally implied a well-grounded knowledge of the nature of insanity and the susceptibility of diverse forms of mental illness to medical treatment and institutional intervention. Such considerations had not to date preoccupied the medical professionals', let alone the asylum proprietors' minds to any great extent. The problem of missing data regarding the average pronounced 'incurable' was confronted by stating instead

> 'as the nearest approximation to a calculation that those who have been above two years in the Asylum may safely be pronounced incurable' [180].

The data gained on this basis showed some similarities with statistics drawn up in England, where the number of 'incurables' were calculated to have increased steadily [181].

There are several explanations for the high percentage of inmates designated 'incurable', some of which can be employed only in reference to discharge practice and mortality rates, as well as the nature of disease. It can however be stated here that the questionable criterion of 'time spent inside an institution' as an indicator of 'incurability' does reflect the contemporary belief in the institution as the appropriate measure for the cure of the temporarily insane, and the long-term confinement of hopeless cases. Time spent within the very institution which was formerly designed and meant for the cure and confinement of mental illness had become an allegedly objective criterion for the probability of hopelessness!

Because of the seasonal fluctuation in admissions and the routine transfer to England, the high rate might indeed have reflected the number of lasting cases of mental illness. The Medical Board gave an explanation which pointed at the fact that the majority of inmates who were not eligible for transfer to England were 'Christians born in the

Country', who were described as 'cases of long-standing and confirmed insanity or idiocy' [182].

The rate of mortality

Whilst the first few decades of the century had mainly been characterised by persistent concern about the institution's expense and some disputes on discretionary authority, the English wave of interest in cure-efficiency began to emerge in India also towards the middle of the century. The medical authorities were asked to provide statistics on mortality and cure and were thus led to ambitious attempts to make sense of hitherto carelessly arranged monthly rolls of patients [183]. After this purging of old statistics an average death-rate per year for the period from 1824 to 1850 of about 6 % emerged [184]. Initially this was complacently evaluated as being

> 'little more than half that of Wakefield Asylum which has been set down as 15,7 or that of Lancaster 16,5, per cent' [185].

Unfortunately the Examiner of the Company's Records in London took pains to break down the statistics a little further and arrived at a picture that gave more cause for concern. Not only had the rate of mortality increased steadily over the period, but the death-rate had been on average twice as high for second-class patients [186].

Both disconcerting tendencies were commented on with displeasure by the authorities, who pointed at the

> 'alarming approximation one year with another of the rates of deaths to that of cases cured'

and stated that

> 'The circumstances of the mortality of the second class Patients being nearly double that of the first class Patients is very remarkable' [187].

By 1850 the death-rate had reached an alarming 18 %, with less divergence in the rates for first- and second- class patients (15 % and 19 % respectively). The death-rate was consequently assessed as

being well above the norm for England where 'all large and well conducted asylums together' (such as the 'York Retreat, Bethlem, St. Luke's, Hanwell etc.') were reported to have had an annual mortality-rate of 9 - 10 % [188].

Whilst the mortality rates may sound high by today's standards, within the contemporary English and the Indian context they were in fact not all so alarming. Mortality rates in England during the first half of the century showed a wide range of fluctuation [189]. In India public institutions in general were notorious for high death-rates [190]. Seen within the context of the conditions in Anglo-Indian institutions as well as of a variety of English lunatic asylums the mad-house in Bengal, though not a salubrious place, does not appear to have been anything out of the ordinary.

The rate of cure

The rate of cure decreased steadily over the period. The percentage of cured patients for the period from 1824 to 1850 was calculated to have been on average about 21 % [191]. This average rate was compared by the medical superintendent with the one at the prestigeous York Retreat in England which was (wrongly) [192] stated to have been 26 % [193]. The calculations became even less favourable to the Bengal Asylum when calculation of the average cure rate over ten year periods indicated a tendency for the rate of cure to fall over a period of about three decades [194].

Rate of cure (cures to admissions); 1824 - 1850.

for first period of 10 years	30 %
for second period of 10 years	16 %
for third period of 7 years	12 %

Because of the highly divergent cure rates for various asylums in England it is difficult to establish any reliable standard of

comparison. However, to do some justice to the Calcutta Asylum one should set it against metropolitan, county or military and naval asylums in England and Wales rather than prestigeous and - due to their selective admission policy - special institutions such as the Retreat or Bethlem Hospital. Even the Calcutta Asylum's lowest cure-rate of 12 % (for the 1840s) then bears comparison with a rate of only 11 % in English and Welsh military and naval asylums. The average rate for metropolitan and county asylums were 15 % and 20 % respectively. Whilst better than the rates in Calcutta, they are of the same order. The tendency of the rate of cure to fall with the decades is also on a par with similar developments in England. In 1860 the fluctuation of cure rates amongst various types of asylums was considerably less, with an average rate of 13 % and a steady 11 % for naval and military asylums [195].

Summary

During the period from 1824 to 1850 the average number of patients confined at any time of the year rose steadily. The internal composition of the asylum population itself underwent considerable fluctuation, due to a great extent to the seasonal reception of military lunatics and the periodical deportation of Europeans to England. Military lunatics made up the bulk of asylum inmates; the rest consisted mainly of lower-class Eurasians. Further, the percentage of public patients as opposed to private patients gradually increased, which could be interpreted as a consequence both of the institution's decline in reputation due to its ever-growing Eurasian population, and to the gradual assumption of responsibility for inhabitants of the Bengal Presidency by the Government.

Along with the rising number of Eurasian patients the percentage of poor inmates also increased. On the evidence of alleged over-generous catering for poor patients on second- and first-class rates it was proposed to exclude Eurasians from eligibility for reception into the Calcutta Asylum, and to send them to the 'Native Asylum'

instead. This suggestion was opposed by the Medical Board and finally rejected by Government on various grounds - with particular emphasis on religious considerations.

The percentage of patients discharged as 'cured' or 'uncured' amounted on average to about 50 %; it varied however with the social class and gender of inmates. Nevertheless, despite relatively high discharge rates the number of cases regarded as 'uncurable' rose steadily. This increase has, however, to be set against the background of the race-specific policy of transferring Europeans to England. Similarly the mortality rate was on the increase, though still within the range of similar institutions in England and Wales. Its class-specificity - with a higher death-rate for lower-class inmates - came to be less distinct. Simultaneously the cure-rate decreased with the decades and thus followed a pattern similar to the one prevalent in England.

One important feature of the Calcutta Lunatic Asylum was the practice of transfering Europeans - patients of pure European parentage and family relations in Europe - to England. This policy counteracted to a considerable extent the gradual growth in the asylum population.

In attempting an overall assessment of the Calcutta Asylum's internal institutional statistical tendencies, it should be emphasised that on the whole the numbers involved were not very large. Considering the vast area for which the Asylum was meant to make provisions an overall number of 465 people passing through the institution in the course of about three decades may not yet be seen as indicative of the Bengal equivalent of the 'great confinement' of Western Europe.

From Care to Cure

A shift in institutional paradigm

The British expatriate community's affinity with recent fashions and trends in London and its desire to demonstrate its familiarity with the motherland's progress reflected a general tendency in Europe to take Western social and economic developments as the model of a progressive enlightened civilization [196].The Court of Directors on its part repeatedly referred the authorities in India to currently accepted ideas that prevailed in England.

There was some lag though in the adoption of the 'modern and enlightened' mode in which the insane were said to be disposed of in the most progressive institutions in England. There is also some evidence that the Bengal Medical Board's rhetoric was far ahead of its practice [197]. In order to give some intimation of the way in which the attempt was made to transplant the English *Zeitgeist* and its expression in a new approach towards the insane (namely moral therapy, non-restraint and cure-efficiency) to the colonies, the correspondence between the Medical Board and the Court of Directors will be examined.

The English authorities' demand for more detailed information on admissions, cures and discharges was soon accompanied by expressions of dissatisfaction with what had been revealed by the statistics provided [199]. The authorities in Bengal were strongly advised to reconsider the arrangements made for institutional management, in favour of a more cure-orientated approach.

In 1851, for example, the Court of Directors noted that

> 'it is gratifying to observe the favourable testimony born to the general treatment of patients as well as to the cleanliness and good order maintained in the Bhowanipore Asylum, but the Medical Board appear, at the same time, to admit that adequate attention is not paid to the peculiar malady of the unhappy inmates. We are very desirous

> that those valuable improvements in the treatment of Lunatics which have been introduced into European Asylums should, as far as possible, be made available for the benefit of the same unhappy class in India. It is accordingly our desire that you should at an early period take the subject into your consideration with this view, keeping in mind that the main object of a Lunatic asylum is not so much the maintenance of the inmates in comfort and security, as their restoration to soundness of mind, a consideration, which we fear has been somewhat lost sight of' [200].

The model institution the Court had in mind at that time (1851) was the then much talked of Hanwell Asylum [201]. At this public institution in England a specific attempt at moral therapy and the abolition of mechanical restraint had been made under the superintendence of the medically qualified Doctor J. Conolly. This had caused public attention to focus on the institution's successes in curing mental illness. The general doctrine had been based on an optimistic belief in the virtue of a properly managed asylum as an institution in which specialised treatment could be applied, rather than one in which the patients were merely kept in custody; where the insane could be cured and not merely secured; where no mechanical restraint was to be employed and instead the mind of the patients was to be influenced through behavioural manipulation and medical therapies.

The Bengal Medical Board's response to these pressures may be illustrated by its reply to the Court's demand for reform. The Board appeared to have been drawn between, on the one hand, vindicating the system in Bengal - of which they after all were officially in charge - and, on the other hand, of accepting the criticism of the then privately managed institution, over which the Board had been desirous to gain full authority since the curtailment of its powers by Lord Auckland in the 1830s. Therefore the arguments employed were not altogether convincing - most of them sounding like faint excuses for both seemingly unfavourable mortality and cure rates, and an underlying unwillingnes to subscribe to Conolly's modern methods.

In reference to the unfavourable ratio of deaths to cure the Board argued against the general statistical trend, pointing out that

> 'instances are not wanting, of soldiers and soldiers' wives having rejoined their corps from the Institution perfectly restored to sanity' [202].

As to the accumulation of long-term patients which contributed towards a lowering of the cure-rate, it was held that the patients were 'for the most part made up of cases of long standing and confirmed insanity or Idiocy' due to the - predominantly Eurasian - practice of sending insane relatives to the Asylum only very belatedly. The lunatics were described as having

> 'reach[ed] the Asylum [when] the time has, in most instances, long passed during which advantage of any kind could be expected from appropriate scientific treatment' [203].

The Eurasian public's lack of trust in institutional treatment and lack of enlightenment were identified as playing an important part in the institution's inability to restore their lunatics to sanity. As it was believed in England by some experts that cure could be achieved in 60 % of the cases, provided that early treatment was administered, the reference to the Bengal public's ignorance of the benefit of 'appropriate scientific treatment' was well chosen and must have convinced the authorities of the Board's difficult position.

The Board further maintained that whilst modern asylum management was highly desirable, it was above all the climate of Calcutta which was hostile to the successful working of an asylum conducted on enlightened principles. Without elaborating in more detail on how the climate by itself could lessen the effect of what was obscurely referred to as 'the auxiliary appliances of moral and scientific treatment contemplated by the Honbl. Court' it was suggested that other localities 'can be shewn to be perfectly eligible' [204].

The implicit recommendation of a change in the Asylum's location may have been due to the Board's wish to get official sanction for ridding themselves of the private Asylum which was an obstacle to the

Board's full assumption of discretionary and expert power. Moreover, the adverse effect of the Indian climate on the European constitution was generally agreed upon [205]. It should be noted in passing that whilst the 'change of locality' pressed by the Board was never effected, the private ownerhsip of the Asylum was soon ended and medical experts came finally to be acknowledged in matters of lunacy [206].

The Board gave a wide range of mostly practical reasons for the delay in bringing insane military patients under expert treatment [207], to nearly all of which the Examiner in London made some cutting comment, obviously on the basis of his assumption that early treatment was of paramount importance [208]. The Medical Board's attitude towards the practicability of applying in India the treatment used at Hanwell Asylum and the York Retreat was then less favourable than the Court's. It even went so far as to maintain that there was

> 'no opportunity in the majority of instances, for ascertaining the effect of treatment in the Asylum',

due to the practice of sending to Calcutta the insane only once a year. Such lunatics were

> 'detained in [Regimental] Hospitals whatever may be the date of attack until the season /October/ arrives for sending the European Invalids to the ... Presidency'.

This fact 'should be taken into account in estimating the value of that Institution', the Board argued [209].

Further, the Board pointed out that the unfavourable death and cure rates revealed by the statistics were mainly due to the fact that

> 'the number of cases does not describe the number admitted or treated within the year as the table excludes all those of the first and second class, inclusive European soldiers, who were sent to England or consigned to friends'.

Had they been included 'a ratio preponderating more decidedly over that of the casualties' would have resulted [210].

The only major concessions made to the doctrine of early and cure-orientated treatment to emerge from this correspondence between

the London authorities and the Medical Board in the 1850s, were the aquisition of a new rhetorical paradigm, an emphasis on asylum statistics - especialy on discharge-, mortality- and cure-rates - and the ultimate abolition of the private Asylum in favour of a governmentally administered public institution, under the supervision of a medical expert.

It does not seem that much change was effected in the internal management nor the curative treatment of patients. The Asylum continued to be evaluated as

> 'perfectly effective so far as could be judged from the appearance of the patients, their clothing and accommodations, and the good understanding that exists between the patients and their keepers' [211].

This summary evaluation of the asylum's effectiveness by the Medical Board appears to have been quite accurate. What is more, although the statistical data for the Bengal Asylum compared unfavourably with those of English model institutions like the York Retreat and Hanwell Asylum, they were very comparable with those of average institutions for the insane in England. Nevertheless, moral treatment and early cure were not implemented as routine practice - despite the Court's express wish. They were taken up merely as rhetoric and were soon to be forgotten when in England a more pessimistic, mainly medically orientated strand of psychiatric treatment emerged towards the 1860s. There was further, in contrast to developments in England, very little stress on diagnostic assessment and nosological investigation. The Asylum for the European insane in Bengal thus missed the short interval of reformed asylum management and moral treatment of the mentally ill which prevailed for but a few decades in England. Before the reformers' doctrine could take hold in Bengal, it was to vanish under the growing influence of hereditary and narrowly organic theories which became popular in the England of the late nineteenth century. These theories have, ever since, provided through their assumption of exclusively hereditary and organic causation of and racial predisposition to mental illness an ever-ready means of legitimising race- and class-discriminate measures of social control.

Unsurprisingly, they found an ideal breeding ground within the race- and class-conscious British Raj, especially after the revolt of 1857.

The condition of patients in the Calcutta Lunatic Asylum

The impact of the experts' disputes about the appropriate modes of treatment and of eventual changes in medical paradigms on the actual conditions under which lunatics were secured is, of course, difficult to establish. Apart from second-hand reports about some former patients' satisfaction with their treatment in the Calcutta Asylum there exist no accounts by patients themselves. As the Medical Board's emphasis was upon well-functioning institutional routine and sanitary conditions there exist but scanty references to the way in which the patients' daily life was organised and of what the 'moral treatment' - which was said to have been employed in the Calcutta Asylum from its inception - consisted.

Accommodation

The Calcutta Lunatic Asylum was situated about one mile to the south of Fort William, to the rear of the Presidency's General Hospital. The locality itself was considered sufficiently salubrious in respect to the then most important indicators of a place's healthiness: dryness, air circulation and temperature.

> 'The ground is pretty well drained, the currents of air unobstructed, and during the hottest season the temperature is one to two degrees below that of Calcutta. But to the feeling the difference appears even more considerable' [212].

It was remarked with some concern though that the asylum's situation in the midst of what was considered to be one of Calcutta's most bustling suburbs - with a majority of Indian dwellers and several 'noisy Native temples' - was not sufficiently isolated from the adjoining streets. Patients were able to 'overlook not only the premises but part of the public road'. This was thought of as a most

'serious' and (due to lack of space for new construction) 'irremediable evil'. 'The appearance of a Stranger or a messenger', it was argued, 'is almost certain to create excitement'. Whilst patients' observation of street scenes was regretted on account of its disturbing impact on institutional discipline, it must in fact have constituted a welcome past-time and a source of considerable distraction for the inmates.

By the late 1850s the asylum consisted of 'two divisions': one for male, the other for female patients. In all 63 single rooms were available on the various wards. As the number of patients was by that time on average about 80, some patients had to share a cell. Each cell was provided with a window 'well out of reach' and with 'an iron barred door'. The latter was described as 'preferable to the solid doors with inspection plates'. It was held that 'however useful in Asylums in England, in this country such doors would obstruct the free circulation of Air'. One special Anglo-Indian ventilation device - the man-powered *punkah* - was however absent, due to the cells' insufficient loftiness, it was explained. Presumably the cost involved in the maintenance of an establishment of *punkah-wallahs* was a more important factor, especially when patients could be more easily 'supplied with a palm leaf fan, the expense of which is but one pice a piece'.

The rooms were spartanly furnished, with a wooden bed-stead 'of the description used in European Barracks and Hospitals'. The floors were unmatted, could thus be conveniently cleaned, and admitted of 'baths being applied whenever required'. The only other chattels allowed in the cells were 'bed utensils' in the case of an inmate's physical disease or manic fit. Violent or ill patients were to stay in their cells at all times. For the other inmates the cells were opened up to the adjoining 'common Verandah, screened by venetians and canvass curtains', where they were allowed to spend most of the time during the 'heat of the day and in wet weather'. Tables were spread there for the meals and lamps were lighted at night.

'Want of space and accommodation' was seen as the main obstacle to proper classification of patients. Despite the practice of confining

the sick and violent to their cells, the lack of 'isolated wards for refractory patients' made itself 'continually felt both in the wards for male and female Patients'. 'A single violent patient', it was argued 'is sure to produce a number of imitations and to keep the asylum in an uproar, as long as the paroxysm may last'. Despite this 'absence of effectual means of seclusion' the equipment of each ward with 'an easily accessible and ample privy and bathing room with shower Baths' was considered adequate. Only in the case of first class patients who resided in superior, separated apartments was the fact of missing private toilet and bathing facilities regretted; Ladies and Gentlemen had to share the general conveniences on the wards.

The quarters for first-class patients were considerably more spacious and comfortable than those on the general wards. Ladies and gentlemen were accommodated within the two storied main building which was also shared by some of the subordinate staff. Two double and ten single apartments on the ground floor, all of which were described as 'too small', though furnished with hanging lamps and washing and other utensils in a partitioned corner, were provided for inmates of the better classes. They lived next to the 'antechamber' were 'the dishes are served and carved', the dining hall, which was even provided with *punkahs*, and a side room, used as a 'Steward's Office and Library, with Punkah'. The upper floor contained the Apothecary's, the Matron's (Mrs. Beardsmore-Sims) and the overseer's (Mr. Sims) private lodgings. An adjoining hall and further two rooms were reserved 'whenever required for the use of a convalescent lady or gentleman patient'.

The premises contained its own tank, located in the north-eastern corner, close to the staff quarters and the kitchen. From 1856 onwards the patients were to benefit from the 'remarkably well laid out' garden in which they were allowed to spend a limited time twice a day. It was however admitted that it was of 'too limited extent, particularly considering the number of Patients and the paramount importance of extensive pleasure grounds in all Lunatic Asylums'.

During the Beardsmores' time the asylum building had been similar in layout, though much smaller. It contained thirteen cells for an average of about 40 lunatics. The cells were described by Mr. Beardsmore as 'secure and airy rooms' [213]. Some of these were then located in the main building where the Beardsmore family lived; they were reserved for the use of first-class patients, 'except on occasion when any of them became violent or refractory' [214]. In this latter case even first-class patients were 'removed to secure-and-airy apartments in a separate building', where the second-class patients were housed. Presumably the first-class patients occupied single rooms during their lucid intervals. Under whatever circumstances, a considerable number of second-class patients must have shared the remaining few cells.

The accommodation provided for the inmates in Surgeon Sawers' premises (before 1821) had been described in rather contradictory terms. Sawer maintained that it was a

> 'very dry and comfortable habitation, consisting of six appartments with an enclosed Verandah in front; the wall in rear and front of it being at such a distance as in my opinion not to interrupt the free circulation of air' [215].

In contrast, a member of the Medical Board had, on the occasion of a visit, characterised the place as less comfortable:

> 'a damp, sultry, and gloomy lower Round House, closely surrounded by Offices, Walls and Trees' [216].

Confinement in Beardsmore's 'airy cells' (from 1821 onwards) must therefore have constituted a major improvement. It also saved the lunatics from being accommodated in an alternative new building which had originally been planned as a substitute to the gloomy round-house and was to have been built with material the quality of which was regarded as too inferior to be used for any military buildings [217].

Asylum staff

For both the control and safety of the Asylum, keepers and servants were seen to be not 'less essential than cells' - and there were some occasions when safety was seen to be endangered by a lack of staff [218]. During the time of the old Government Asylum (before 1821) invalid soldiers had been employed as stewards and keepers. For a period shortly before 1819 a European steward and a keeper were employed alongside the Indian servants and cleaners. That the intensity of care shown by the staff had not always been satisfactory may be deduced from complaints by the Medical Board. In 1821, for example, it was wished that

> 'the person holding the situation [of Assistant Steward and Apothecary] were older, steadier and more disposed to remain among the patients' [219].

In 1836, as well, a major complaint was launched. This time against the acute shortage of European staff on the ground that

> 'without the Agency of this class of attendants [namely Europeans] the moral treatment so effectively resorted to in improved practice, cannot even be attempted' [220].

Prior to 1836 the staff - apart from Indian sweepers and servants - had consisted of four employees for an average of 35 patients:

3 Europeans (1 Apothecary, 2 Keepers)

1 East Indian (a 'lad and female superintendent [sic]').

These were 'without reason assigned' abruptly dismissed in 1836, and instead a Matron, a Writer and an Apothecary had been employed so that only 'an experienced European keeper for the Men's Department' was wanting - if one is to rely on the Chief Magistrate's return of May 1836 [221].

The Medical Board - in contrast to the Magistrate who was 'perfectly satisfied' with the institution - found fault with the 'paucity of European attendants' and the lack of regard paid to the 'wants of the inmates'; it further argued that

> 'a sufficiency of Male and Female keepers, not hired by the day or week like common labourers, but permanently engaged and taught by experience and appropriate instruction to manage persons suffering under various forms of mental derangement, is in our opinion indispensable to an Institution worthy of the patronage of Government' [222].

Beardsmore for his part maintained that

> 'it must be a matter of indifference to Government, whether my Establishment is composed of Europeans or Natives, so long as I am Resident on the Spot to supervise and regulate it in my capacity of Superintendent and that my general management and treatment of the unfortunate Insanes under my charge is what it should be' [223].

Whilst Beardsmore was finally exempted from the Medical Board's demand for attendants of European race by Lord Auckland, his widow, Mrs. Beardsmore, was less successful in making her point as regards the race of staff employed. She had - apart from the medical superintendent - to secure the services of

1 Apothecary

1 Steward

1 Matron

1 European Headkeeper

Native Keepers and Assistant Keepers [224].

The number of superior staff employed thus seems to have been inferior in any period to that of private asylums in England - where the average was one attendant per three patients; but on a par with public asylums - for which one attendant per 12 or 17 patients was common [225]. It has, however, to be added that Anglo-Indian institutions were staffed with a considerably larger number of servants than had been usual for private and public establishments in Europe. These servants, exclusively Indians, performed a wide range of menial and service tasks and contributed considerably to the comfort of European and Eurasian lunatics in India.

From 1856, when the Government Asylum was established under the Superintendence of a Surgeon T. Cantor, onwards rules for the guidance of both the superior and 'native Establishment' were drawn up. Cantor

had acquired some experience in the management of an institution for the insane during his superintendence of the Lunatic Asylum of Penang. Shortly after having taken charge of the Government Asylum in Calcutta in January 1856 he submitted two sets of rules for the five subordinate officers and the Indian employees respectively [226]. The first general rule for the guidance of the matron, the apothecary, the steward, and the two overseers related to the tension inherent in the application of therapeutic measures against the will of the patient - namely the possible prevalence of both an aggressive-punitive and a supportive-curative aspect.

> 'Unwearied kindness is under all circumstances to prevail in the treatment of the Patients, and care is to be taken that no curative measure ever is suffered to acquire the appearance of vindictive Spirit or Punishment' [227].

A similar rule - though more specific in its formulation - was drafted for the guidance of the Indian staff:

> 'The native Servants, Male and female, are strictly enjoined invariably to treat the Patients with the greatest kindness to abstain from harsh language, threats, abuse, blows and all other acts of oppression or violence. They are to remember that the Patients are of unsound mind, and not responsible agents' [228].

Further behavioural prescriptions were given to both the European and the Indian employees which referred to the way in which staff was supposed to relate to patients.

> 'The subordinate Officers are enjoined to shew discretion, not to divulge to idle curiosity the extravagances which it may be their painful duty to witness' [299].

In regard to the inferior staff adherence to discretion was demanded by not allowing servants to play an active role in the pursuit of patients' communication with the outside world.

> 'Servants are not secretly to carry letters, Messages or articles to or from the Patients. If they are asked to do such things, they will immediately report the circumstance to the Subordinate Officers' [230].

In fact the duty of Indian servants was strictly restricted to their role in surveilling patients [231], pursuing their task of cleaning, cooking or gardening 'quietly' and 'without talking loudly' [232], and reporting emergencies to the superior staff [233]. The eighteen keepers' main duty was to patrol the wards and premises.

> 'Five Keepers will be on duty from 8 A.M. to 4 P.M. in the Southern and Western Wards, and four keepers in the Eastern and the three Separate Western wards, during the hours specified. The nine keepers of the day watch will be relieved by an equal number, who will be on duty from 4 P.M. to 8 A.M. the following day. During the night watch, one of the keepers and one Durwan, with a lanthern will go round all the wards every quarter of an hour, to ascertain that the Patients are in their rooms. During the day, the keepers on duty will prevent the Patients from leaving the wards between the hours of outdoor exercise' [234].

The superior staff on their part had to report any emergencies to the superintendent [235], were not allowed to admit any unauthorised person to the premises without the Superintendent's permission [236], and were generally to ensure that the Indian employees did their duty and were

> 'readily and cheerfully to render their assistance whenever required ... It being impracticable concisely to define the duties of each individual' [237].

Mechanical restraint

The Court of Directors repeatedly expressed its displeasure with the use of mechanical restraint as early as 1820 (presumably in response to the revelations of the 1815/6 Select Committee on Asylums in England). Despite this *subtle* forms of mechanical restraint, as it was put in honeyed words by the Medical Board, had throughout the first half of the nineteenth century never been done away with. Even during the heyday of the 'non-restraint' movement in England (the 1840s) when G. Hill and J. Conolly had provided statistical evidence

for the success of the 'total abolition of restraint', the Bengal Asylum did not implement any such reform.

The Medical Board, even in the late 1840s, maintained that the

> 'milder species of coercion by seclusion in darkened apartments and by the occasional employment of the strait waist coat can never safely be dispensed with in cases of furious mania' [238].

How often and under whose authority recourse was had to such 'milder species' in the Beardsmores' asylum was not expressly stated. In England any such practice had to be registered in a 'book of mechanical restraint'. No such register existed in Bengal. The Medical Board - comparable in their role as inspecting authority to the 'Commissioners in Lunacy' in England - seemed not to have any information on how exactly the patients under the Beardsmores' guard were being restrained. They merely speculated that there was

> 'no reason to believe that any harsher expedients than these are ever had recourse to in the Calcutta Asylum' [239].

In the event the London authorities confined themselves to occasional verbal outbursts and failed to press for the introduction of non-restraint [240]. It seems that the implementation of discipline and order inside the Asylum had been left largely to the Asylum owners' discretion. In fact it appears that the Medical Board was not really well informed about the specific measures of restraint taken recourse to by the Beardsmores. When in 1856 Government took over the premises, some of the asylum furniture and equipment, strait waistcoats, 'thick leather gloves, without fingers' and a 'Restraint Couch' were transferred as well. And as Surgeon Cantor held that 'it has hitherto been found impossible entirely to dispense with mechanical restraint' [241], these articles were presumably considered as useful for the management of the insane as by the Beardsmores' before him. Surgeon Cantor however emphasised that

> 'none of these means of restraint are applied, until it has been found impossible by Medicine to subdue excitement',

although he added that

> 'It is frequently impossible to get Insane Patients to take repeated doses, even when they are introduced in Beverages',

Cantor entered into the question as to when to apply what sort of restraint in more detail and differentiated the various utensils' specific usages. Whilst the strait waistcoat or the pair of gloves were applied 'in urgent cases', the restraint couch was used in cases of longer-lasting excitement. The couch was constructed 'so as to restrain the arms and legs', was made of wood and 'provided with a soft mattress and pillows'. These mechanical means of restraint were regarded as useful not only because the alternatives available of 'padded rooms, or rooms lined with cork, may be considered as unsuitable to an Indian climate'. Rather it was pointed out that

> 'Without entering upon the vexed question concerning the comparative merits of the agency by which restraint should be applied, whether by persons or by mechanical contrivances, the native Servants of Bengal are found wanting both in physical and moral Courage',

The widespread complementary stereotype images of the people of Bengal being inferior in courage, strength and character to the 'martial races' of North-West India re-appears here in Surgeon Cantor's reasoning about the practicability of restraint exerted by Indian staff [242]. In a similar vein he went on to argue that

> 'Another consideration, which certainly ought not to be lost sight of, is the humiliation or the degradation to a European's feeling in being coerced by Natives'.

On the basis of these racial considerations Cantor advocated the use of mechanical restraint instead of physical coercion.

Arguments from cultural preference and racial propensities were advanced in respect to patients' engagement of work and past-time activities, too. A main means of moral treatment - work - could not be made use of, Cantor argued, due to climatic as well as factors peculiar to the European in India. 'Remedial employments' would be

> 'utterly inapplicable in tropical India, where the climate renders farming, gardening and occupation in the Kitchen, laundry or bakehouse impracticable, if not injurious to Europeans. ... To the Majority of

> the Patients at Bhowanipore, Soldiers, Sailors and Gentlemen, Mechanical labour would be uncongenial, but particularly so to the country born who despise all trades, save that of the desk'.

In this context Cantor recalled his experience in one of the 'Asylums for Native Insanes', in Dullunda, where after 'some five months perseverence' he had succeeded in

> 'introducing a system of moral treatment, not by compulsion, but by persuasion and well timed rewards. The patients, some 300 of the poorer classes of Bengallees, may be seen during regulated hours quietly engaged in their handicraft, the men in plucking hemp or coir, making ropes, Swabs and rugs, the women in spinning wool for blankets. The Kitchens and gardens afford occupation to some'.

This success in engaging Indian lunatics in useful activities was set against Cantor's previous experience in South East Asia, where he found the various native peoples to be much more amenable to such moral treatment.

> 'The introduction of voluntary manual labor, however, was found a task less easy to accomplish at Dullunda than it proved in the Lunatic Asylum at Pinang in 1843. The Patients there Malays, Chinese, Klings, Burmese, Siamese, Cochin-Chinese and Hindostanees, took Kindlier to a variety of light work than has been found the case with the Bengallees'.

In regard to past-times Surgeon Cantor was not faced with much resistance on the part of the European patients in the Calcutta Asylum. He mentions leisure-time activities to have been 'limited to a small library, periodicals /3 journals/ Chess, Draughts, Backgammon, Domino, Caleidoscopes, and in a few instances, to music'. Again he pointed out that a certain group of people pursued exactly such activities in which they were widely expected to engage.

> 'The country born evince their habitual propensity to scribbling, and to save paper and walls, they are supplied with slates'.

Moral treatment

For the whole period of the Beardsmores' superintendence of the asylum no time-table exists which could reveal the 'rather inartificial moral agency' they were said to have employed [243]. The only information available is that first-class patients were - when composed or harmless - encouraged to mix with the Beardsmore family and to amuse themselves with newspapers and books [244]. Surgeon Cantor, in contrast, drew up a sketchy outline of patients' daily routine.

> 'The patients rise at gunfire, and are taken for an hour's walk round the garden. Bath and Toilet over, the Superintendent pays his Morning visit. The Breakfast and Dinner hours are at 8 and 2 o'Clock. About half an hour before sunset, after the evening visit, the Patients take exercise in the garden. Tea is served at 7. At 8 or not later than 9 O'Clock, the Patients are in bed. The hours intervening between the meals, are filled up according to the condition and fancy of each Patient, in reading, games, conversation, or sleep. Quiet patients are admitted in the Steward's Office, which is also made to serve as reading room and library. One if not more spacious halls, are great desirata for religious instruction and also for amusement and Work' [245].

Apart from adherence to strict daily routine Surgeon Cantor emphasised the particular importance of the 'Superintendent's moral power over the Patients'. As one of the conditions of his work contract had been that he lived in the asylum, he felt inclined to elaborate on the consequences of 'immediate contact with the patients' on the 'loss of the Moral influence, the authority, which it is of the utmost importance, that [the Superintendent] should possess over his Patients'. Again he recalled his experience in the Native Lunatic Asylum where he was not resident and stressed, that the 'difference in the superintendent's moral power over the Patients was very remarkable'. Whilst he agreed that it was 'necessary or at any rate desirable, that the Superintendent of a Lunatic Asylum should reside on the premises', 'his moral influence which is of vital importance in the Lunatic Asylum' ought be preserved by 'perfectly isolating' his quarters from the patients. Cantor further stressed the importance he

attributed to hierarchical discipline by pointing out that the Superintendent ought 'at all hours to be able to have access to the Patients, but not vice versa'.

Cantor's advocacy of discipline and hierarchy as a means of moral treatment found the Medical Board's and the Government's approval. Separate living quarters were established for him on the premises, and the quarters previously reserved for him in the central building were occupied by some of the superior staff, whose authority and power over the patients was obviously not seen to suffer from close contact.

Medical treatment

To what extent the administration of medicine constituted a major part of institutional routine and/or treatment cannot be established with any degree of certainty. The case histories which accompanied each patient sent to England, for example, referred in nearly all cases to a wide range of medical measures and remedies for each person such as bleeding, blisters, leeches, setons, showers, baths, douches, purgatives, emetics, opium, calomel etc. In the Medical Board's evaluation of the Bengal Asylum's cure efficiency, in contrast, the Beardsmores' moral treatment was described as having been

> 'unaided and uncontrolled by the ordinary medical attendant who has, we believe, understood his duty mainly to consist in affording his advice and assistance to the bodily ailments of the Insane' [246].

The Assistant Surgeon in medical charge himself had a rather circumscribed view of his duty:

> 'each individual is on admission carefully examined, and if subject for treatment, no time is lost. ... the confirmed cases therefore of many years standing as well as those of fatuity rarely come under [my] observation' [247].

Surgeon Cantor's account of his medical treatment is similarly unilluminating. He merely stated that 'Prescriptions are made up in the

Dispensary on the premises' [248]. What inference one can make about the sum of medical and moral treatment on the basis of such slight - and at times contradictory - evidence, suggests that it was not regarded as necessary or even possible for it to hold a very central and important position in the Asylum's regime. The Medical Board even went so far as to dispute the general amenability of the peculiar classes of lunatics confined in the Asylum to moral or in fact any treatment. In the case of military lunatics any opportunity for treatment was lacking because they were to be sent to England and the remaining cases of Eurasians were judged to be beyond any hope of recovery due to the advanced state of their affliction. Apart from the above mentioned ubiquitous standard remedies (such as bleeding, calomel etc.), no specialised psychiatric treatment appears to have been employed in the Bengal Asylum.

Diet

In regard to the dietary regime there is no information available until the Government took over the Beardsmores' private establishment, and re-established the Government Lunatic Asylum in 1856. The inspecting Board judged the Asylum's proper functioning from the appearance of building and patients. It had in general been satisfied and did not investigate any further into the quality and quantity of food provided [249]. Beardsmore himself once briefly pointed out the differences in treatment between first- and second-class patients:

> 'with respect to the quality of the provisions no difference whatever was made between first and second class patients, Both had the best procurable, but those of the latter were not so varied in description and cookery as for the first class, The latter dined at the public or family table ... and their dress was of a superior description' [250].

From the way Surgeon Cantor commented on the dietary regime followed by his predecessors it can be concluded that the Beardsmores in fact provided relatively large portions for the various classes of patients. Cantor even saw himself called upon to reduce the regime gradually and drastically.

> 'At the period when the asylum became the property of Government it was deemed expedient in the first instance to continue the diet to which the Patients were accustomed. A short trial sufficed to shew that the scale of Diet for the First class /Ladies and Gentlemen/ was unexceptionable. But that of the 2nd Class Patients was found in several respects to be objectionable, and it has therefore cautiously and by degrees been altered. The 2nd Class is composed of Soldiers, Sailors, Writers /East Indians/, and Tradesmen, their Wives and daughters. The "Full Diet" of the Code of Medical Regulations appears most nearly to assimilate with the habitual mode of living of some of these persons, while it may be assumed to be more liberal than that to which sailors and landsmen of small means are accustomed. ... Hitherto the plan has been found to answer in every respect, the introduction of the change was attended with no complaints' [251].

Cantor submitted a table that provided evidence of the reduction in expenditure achieved by the curtailment of the second-class patients' food provision and did not miss the chance to point out how favourably it compared with the rates at Hanwell Asylum in England.

Month 1856	Number of Patients (1st+2nd)	Expenditure per month	Exp. per Patient/month	Remark
January	76	Rs. 1,939	Rs. 25,,8,,3	Original Scale
February	78	Rs. 1,658	Rs. 21,,4,,4	Scale of 2nd Class modified
March	81	Rs. 1,728	Rs. 21,,5,,4	Scale of 2nd Class according to Code of Medical Regulations

The take-over by Government of the former private mad-house did certainly more to economise than to improve the patients' diet. That the reduction of food was 'attended with no complaints', as it was in contrast frequently in the military, may provide more evidence for the superintendent's power over the patients than for the inmates' contentedness with lower rations [250]. As the greater part of their daily routine was orientated around feeding and exercise times, the manipulation of victuals must have had a considerable impact. The Superintendent himself had acknowledged this fact when he stated that

> 'The importance of habitual physical comfort to mental recovery renders the diet in Lunatic Asylums more expensive than in a Hospital',

As in many other instances the comfort seen to be appropriate for the various classes of patients was linked with their former station in life rather than their individual needs.

Summary

Because of the lack of detailed accounts of provisions available to and the treatment imposed on the patients it is possible only to form a general impression of the condition under which lunatics inside the Bengal Asylum can be supposed to have lived. Judging from the class-specific mortality rates, the Medical Board's restriction of control to superficial observations and the lack of ambition to find out details about provisions and services - especially at a period when asylum owners in England as well as the Beardsmores were persistently challenged to explain themselves - one might be in a position to agree with a Government official's sarcastic remark, contrasting the Asylum with Calcutta's distinguished *Spence's Hotel*: The Beardsmores'

> 'charges for a person are the same as Spence's; but there it's to be feared the comparison ends' [253],

That the condition of lower-class patients especially could have made one even think of a comparison with *Spence's* when Government finally took over control in 1856, might be doubted.

3 European Lunacy in Madras

The Madras Lunatic Asylum evolved from a lucrative private enterprise at the turn of the century to a low-budget public institution towards the middle of the century. In stark contrast to Bengal this change was effected within a relatively short period because of the Madras Government's prompt action to curb petty corruption through the clarification of authority structures. Against this background of administrative systematisation are highlighted certain events the handling of which had been made the basis for consequent bureaucratic standardisation. These well-documented events include discussion of the classification of patients and the stipulation of maintenance rates; the shaping of practical arrangements for the transfer of European lunatics and of feeble-minded Indians; and the disposal of criminal cases. Each of these themes exemplifies a major concern in regard to asylum management in India and will therefore be analysed in some detail.

The lengthy debate about the necessity of new asylum premises brought out the tension between the perceived importance of immediate measures, on the one hand, and repeated delays in implementation due to bureaucratic and budget constraints, on the other. The protracted wrangling over the building question, for example, is in sharp contrast to the quick decisions taken by the Governor-in-Council in the early decades. It encapsulates the major theme for asylum management in India during the second half of the nineteenth century, namely the increasing governmental control of institutions for the insane and the concomitant bureaucratisation.

The Madras Lunatic Asylum during the first half of the nineteenth century apparently attracted little attention from the Presidency's authorities, the medical profession or the Madras European public.

There were no calls for an inquiry into the institution's condition - as there were in Bengal during the 1820s and 1850s. Neither was there any recorded conflict of authority or professional recognition between the medical practitioners, the mad-house proprietors and the Presidency Government. The official correspondence for the first two decades of the century provides evidence only of transient petty disputes amongst medical doctors as to what constituted a reasonable level of profit for the mad-house owner. The founder of the Asylum had returned to England with a fortune [1]. However, in the nineteenth century it was no longer regarded as proper for his similarly ambitious successors to become *navabs*. By that time emphasis had shifted to the cost-effective management of the Company's accounts and the attempt to curb petty-corruption by European officials.

The various mad-house owners tried, with varying success, to find lucrative loopholes in the contract with Government who had rented the building from them. As early as 1808 the Government of Madras had, however, imposed comparatively stringent contractual conditions upon the proprietors [2]. This was done against the strong (though in details often divided) opposition of the Medical Board, who as well as their official duties also safeguarded the vested interests of their fellow doctors - just as the Medical Board in Bengal had done [3].

The policy of sending European lunatics to Europe, practised in Bengal and regarded as cost efficient and medically and socially appropriate, was by order of the Court of Directors to be implemented in Madras, as well [4]. The Madras authorities under the Governorship of Sir Thomas Munro (1819-1827) were at that time engaged in experiments with administrative approaches which differed from those pursued in Bengal. When they were instructed to act upon a plan which had been worked out in another presidency, some delay occurred in the measure's execution. This is evidenced by despatches from the Court in London, exhibiting impatience with the Madras authorities' inability to quickly procure passages for the European insane [5]. The policy of transferring European lunatics was, however, finally to become as much a matter of routine as the regular visitation of the institution and the drawing up of returns and short case-histories [6].

The billeting-out to the Indian infirmary of those non-European patients designated as confirmed 'idiots' became similarly routine [7]. This had been seen as necessary due to the Asylum's overcrowding, which had previously been dealt with by inserting partition walls into the cells [8]. The transfer of feebleminded patients to a separate public institution was continued until 1871, when a new asylum was finally erected [9]. The new premises had been seen as necessary from the 1840s onwards, when the old building was described as not only being in a confined and wretched state but also as structurally unsound and dangerous [10]. It took, however, several years until a building site was purchased in 1857 and it was not until 1867 that construction work began [11]. The delay of 25 years in replacing an inadequate building may only have been partly due to the Madras Government's slow administration and faulty coordination of its public, military and judicial departments. To some extent the divergence of opinion between the Governor-General-in-Council and the Governor-in-Council (Madras) on the urgency of improved provisions also impeded the replacement of buildings. The Supreme Government of India, seated in Bengal, and consequently the Court of Directors in London, rejected an earlier proposal for a new asylum in Madras in 1849 [12].

In 1851 a petition by citizens of Madras who felt 'greatly injured' by the prospect of a lunatic asylum being erected in their immediate neighbourhood further delayed the intended purchase of grounds and the start of construction [13]. And last but not least the revolt of 1857 did as much in protracting the administration of the insane as it did to interrupt the Europeans' peace of mind.

Although the development of the Madras Asylum in the early nineteenth century had been relatively free of controversy in comparison to the institutions in Bengal, it also possessed some noteworthy features. First of all, from its foundation in 1794 the asylum provided for the reception of both Europeans and Indians [14]. There existed, of course, separate wards for the different races. The propriety, however, of confining Indian and European lunatics in the same compound was not apparently questioned - as it had so vehemently been in Bengal [15]. Towards the middle of the century the asylum's

reputation as a seemly receptacle for higher-class Europeans had, however, suffered, as ever-more lower-class Europeans and Eurasians were confined, alongside Indians, in derelict premises. Officers and high-class civilians were consequently no longer admitted at all.

Secondly, not only had the asylum been built by a medical practitioner but it was, during its important formative period, owned by *medicos*. It was only in 1823 that the medically unqualified heirs of a deceased medical professional took possession of the building, to the sale of which the Madras Government had previously objected. Although the asylum was not Government property, the authorities had taken early steps towards the clarification of authority structures and were consequently spared from the kind of struggles for authority between the Medical Board on the one hand and the superintending mad-house owner on the other, that had characterized Mr. Beardsmore's Asylum in Calcutta [16].

Thirdly, the policy towards lunatics in the Madras Presidency seems to have put less emphasis on the centralization of provisions and soon excluded patients other than paupers and lower-class people from reception into what was officially the Presidency's sole asylum for Europeans. Up-country European lunatics were at times confined in local jails, garrison hospitals and hospitals or asylums without ever being admitted to the specialized central institution in Madras [17] - a procedure which had caused much correspondence in Bengal due to the authorities' insistence on adherence to a centralized policy of confinement and on strict and discriminating principles of institutional segregation.

Fourthly, whilst details of internal management and death and cure rates were being demanded and commented on by the Court of Directors for Bengal, there was no such request made by the authorities in England in respect of the Madras Asylum. In fact, the few reported data on cure efficiency and mortality exhibit an astonishingly favourable tendency [18]. The death rate was low, within the context of India, and the rate of cure did not fall below an unremarkable average.

As details on medical or moral treatment are however missing, it is not easy to arrive at any definite interpretation of this evidence.

Lastly, in contrast to the absence of medical data, there exists ample evidence of the importance credited to legal questions. The problem of how to proceed in cases of 'criminal insanity' - a condition grounded in the legal distinction between various states of consciousness and the consequent supposed wilfulness and intent of an action - was of particular significance. This predominance of legal questions may however be less related to a special preoccupation of the Madras authorities with law than to the fact that any measure is bound to stand out against the background of the relatively uneventful administrative history of the Madras Asylum.

The mad-house owners

When Valentine Conolly, an Assistant Surgeon, caused to be erected a building for the reception of lunatics in 1793, he was to set in train both a lucrative business and a procedure for the disposal of insane persons, which was regarded as most humane [19]. These two aspects of individual profit and institutional care were to characterize the affairs of the Asylum during the subsequent seven decades. The accounts praising Conolly's achievements are similarly divided between mention of personal profit on the one hand and public benevolence on the other. In the standard history of the Indian Medical Service Conolly is mentioned as the laudable founder of the Madras Asylum [20]. He was referred to in a similar vein by the Medical Board and the authorities of Madras [21]. It was not surprising then, that Conolly was not denied costly concessions by Government (such as the premature extension of the Asylum's lease and the highly over-stated rates granted to him per patient) [22]. By contrast, in the short entry reserved for him in the *Dictionary of National Biography* Conolly's merits are reduced to his achievements in accumulating great wealth. He was merely noted to have been one of those formerly poorish Englishmen who returned from India as wealthy *navabs* - an

increasingly rare and note-worthy occurrence in the nineteenth century [23].

Conolly could, however, claim some curative success. This must have been especially welcomed by the Medical Board who had patronized him and needed to legitimate its suggestion that Government should enter into a highly expensive arrangement with him. Only one year after the opening of the Asylum the first lunatic was reported to have been restored to sanity and Conolly's skill and attention were positively remarked on [24]. The reported cures, Conolly's reputation as the initiator of a benevolent scheme for suffering mankind, and presumably his wealth-based influence contributed to effect the extension of his building's lease years before the contract's official termination. This was done shortly before Conolly's departure to England and presumably was intended to ensure the sale of the premises for a highly advantageous price. The extension of the lease meant that Government had contractually bound itself to stipulated terms of payment [25]. It is unlikely that the proprietor who was to take over the building would have been granted a similarly profitable contract by Government on the lease's original termination, as the authorities were to question the terms of contract. Surgeon J. Goldie, who followed Conolly, must therefore have regarded the purchase as highly advantageous. After all he had paid nearly three times the estimated value of the building alone. His profit arose from the very high rent that Government paid in addition to grossly inflated rates per patient [26].

Goldie sold to another medical practitioner, Surgeon J. Dalton who again bought the premises for three times their estimated value [27]. Soon after Dalton's take-over repairs were carried out [28], and shortly before his retirement Dalton considered selling the building for a price as high as the one he had paid some years previously [29]. This time, the Government of Madras objected to the sale and transfer of the lease. It was held that

> 'the principle of selling not merely the Building, but the charge of the Patients contained in it, to any Individual however qualified, or personally unobjectionable'

could not be sanctioned by Government [30]. Dalton was consequently stuck with an asylum. On retirement to Europe he handed over the medical charge of the institution to a surgeon who was henceforth appointed by Government on recommendation from the Medical Board. With Dalton's death in 1823 his heirs, to whom he had bequeathed the building, engaged an agent to administer the routine affairs of the property and to negotiate with Government [31]. From this time onwards both the medical and property management seems to have run smoothly. This may have been mainly due to the fact that the owners' agent merely acted as an absentee landlord, with no involvement in the day-to-day affairs of the institution. He was not only relieved from responsibility for internal management and medical treatment, but consequently from complying with any instructions by the inspecting Board. In Bengal the union of function of resident proprietor and superintendent in the person of Beardsmore, and the Bengal Government's failure to clarify management and control structures had caused continuous disputes between mad-house owner, medical officers and Government. The Madras authorities, in contrast, took steps towards administrative systematisation as early as 1808. As the debates surrounding the adoption of new measures reveal not only details of the considerable profit that had been made hitherto but also the contemporary criteria for classification of patients and the Madras Government's relatively determined and prompt attempt to rectify highly lucrative petty-corruption, they will now be examined.

The lucrative 'trade in lunacy' and the importance of proper classification

In February 1808 on the occasion of a routine visitation by the Medical Board one of the three members of the Board drew up a note of dissent in addition to the usual joint report [32]. The Board's opinion was divided on Surgeon Dalton's classification of certain asylum inmates. A Mr. Horne, formerly a Ship's Captain, and a Mr. Augun, described as a Gentleman, had both lately arrived from Penang and had suffered loss of fortune and reason on account of a shipwreck. They

had been sent to the General Hospital from where they were soon transferred to the Lunatic Asylum on the request of the Hospital Surgeon who had testified to a certain 'mental imbecility' in the patients [33].

In the opinion of Surgeon J. Callagan, a member of the Medical Board, not only had the prescribed admission procedure been neglected but the confinement of these two gentlemen in itself was in his opinion uncalled for. Callagan argued that Captain Horne and Mr. Augun were not all that mad, if only they could be spared the continual bombardment with questions, and left to rest their minds after a traumatic experience at sea. Consequently he recommended their immediate removal from the asylum and suggested they be provided with separate accommodation in the General Hospital - mentioning in passing that this could be done at nearly half the expense.

Callagan's main line of argument was however not based on financial considerations so much as on his evaluation of the mad-house as being an inappropriate institution for the two men. After all they were Gentlemen and thus should not have to mix with people of lowly rank. Nor did these Gentlemen suffer from any serious common affliction such as mania or idiocy. Rather, it appeared that a temporary 'weakness' of the mind had visited them. Callagan pleaded that he could not,

> 'merely because they seem to have been at once deprived of health, fortune and friends, approve of dooming them to the humiliating scenes of a madhouse where cut off from all intercourse with the rational and instructive part of the world on which the great hopes of their ammindment [sic] must rest, they can have nothing before them but the distracting gestures and clamours of Maniacs of all Countries and of the lowest Ranks in life, altogether calculated to aggravate and confirm rather than to remove the cause of their present Weakness' [34].

Callagan, however, was not only advocating better treatment for members of the upper classes improperly confined in a mad-house along with common soldiers and sailors. He went on to express his dissent

even in respect to lower-class persons' detention in the asylum on the occasion of the Medical Board's meeting a month later. To the repeated irritation of the other members of the Medical Board Callagan brought forward the cases of lunatics whom he regarded as improperly included in a superior class. An argument ensued [35]. Whilst the other Board members had described for example a Mr. S.L. Carapet and a Mr. M. Symons as Armenians of 'respectable families though now in distress', Callagan plainly stated that 'Carapet ... never was in the station of a gentleman' and Symons was described as an 'Armenian boy, a perfect Idiot, and a Pauper'. In Callagan's version the Armenians of respectable families thus turned into deranged paupers who were picked up in a part of Madras that was called the Black Town. Further, a Mr. J. Watts who was entered in the register of admissions as a Eurasian Sub-Assistant Surgeon, was characterized by Callagan in a derogatory fashion: 'this person is a native half cast [of] dark copper Colour'. Callagan demanded the re-classification of these and of some more patients on grounds of their lowly class and inferior race.

The Government of Madras to whom the proceedings were submitted responded promptly. The Governor-in-Council resolved that the Company's solicitor should be furnished with information on the dispute and asked to ascertain details of the contract with the Asylum proprietor [36]. Quite unlike the authorities in Bengal, the Governor-in-Council of Madras had obviously identified a special problem underlying the dispute about classification according to social class and racial background. The hitherto unquestioned practice - as in Bengal - had been that the Asylum Superintendent was allowed to profit from the high rates paid by Government for the upkeep of patients. This fact made the possession of a hospital or asylum contract so desirable that it caused surgeons to pay large sums to gain possession of such lucrative sources of income. Patients of high social standing were especially welcome as the profit margin increased proportionally with the persons' class. It was consequently the Superintendent's endeavour always to classify inmates as belonging to as high a social class as possible, commensurate with the Medical Board's official duty to guarantee the accounts' correctness. The accounts had in fact been made up correctly, and as long as nobody

ever questioned the classification itself, no official repercussions were to be expected.

Callagan's inquiry as to who deserves what was to uproot a hitherto prevailing indifference towards petty corruption by upwardly-mobile men who aimed at making a little fortune: Valentine Conolly was a recent example. Callagan's priorities seem to have lain with dogged adherence to the principle of socially appropriate treatment. However his case certainly appealed to Government: not only did his statements embody suggestions on how to save expenses, but they also effected the curbing of undeserved earnings by medical officers as well as the more discriminating treatment of patients on social grounds.

After legal consultation Government consequently resolved that no longer should all-in class-specific rates be paid to the Superintendent of the Asylum. Instead the Superintendent was to receive a fixed monthly allowance; the expenses for the care and treatment of particular patients being henceforth met against detailed bills of expenses; and last but not least the Medical Board was to be solely empowered to admit patients and recommend their proper classification, as well as their treatment [37]. This administrative measure, backed by legal advice, turned out to be effective not only in saving Government expense, but also in avoiding unpleasant disputes which would in the long run have involved the Asylum superintendent's bitter resistance, because of his vested interest in high rates. Disagreements on patients' classification had in future to be settled at the time of admission and only amongst the members of the Medical Board. The latter's partisanship for or against particular patients would be restricted to personal patronage and class- and race-specific preferences, without any pecuniary gain being directly involved.

The Government was, as a matter of course, in favour of an institutional policy which allowed for separation of patients and discrimination in accordance with class and race. After all the preservation of social distance between various social groups within the colonial society was an important means for the maintenance of the power-structure. Therefore part of Government's resolution

resulting from this dispute was devoted to officially prescribing social differentiation.

> 'Resolved that the Treatment of every Patient be regulated as far as may be prudent with reference to his former condition in Society, and in the event of any of the persons now confined in the Lunatic Hospital having been treated in a manner to which they are not entitled by their birth that the Charges on that account be rendered in future more proportionate to their rank in life [...] it shall not be apprehended on due consideration by the Medical Board that such change of treatment may produce an unfavourable change in the state of their disorder' [38].

The determined way in which the Government of Madras handled this dispute arising from one person's specific queries is impressive as compared with similar proceedings in Bengal at that time. The early abolition of rates and introduction of one-off allowances in 1809; the definite vesting of authority for admission and classification in the Medical Board; and the curtailing of property speculation in regard to the asylum buildings and the Government's lease may have contributed towards the institution's more or less tranquil development during the following five decades. Within the logic of, on the one hand, class- and race-specific segregation and institutional confinement, and on the other restriction of profits of subordinate employees, the Madras Government's procedure was relatively successful. In Bengal, in contrast, such a policy was only introduced following Lord Dalhousie's administrative innovations in the 1850s.

The policy of sending to England lunatics of European descent

In May 1820 the Court of Directors informed the authorities in Madras (and Bombay) of the Bengal Presidency's proceedings in respect to European lunatics. The Court had approved of the Bengal Government's policy of sending European lunatics to England, and decreed that the same arrangements should immediately be made in Madras as well [39]. However, not only did some delay occur but both the Asylum in Madras and the recently established provincial asylums in

Chittur, Tiruchirupalli, Tellicherri and Masulipatam were undergoing some extensive repair, structural improvement and rearrangement [40]. The Court was notified accordingly in March 1822, with the result that the authorities in England re-emphasized that all insane Europeans should immediately be sent to England, and demanded reasons for the construction and reconstruction of asylums under way in the Madras Presidency [41]. The Madras authorities obviously detected within the sober formal understatement the Court's disapproval. Consequently the recently-opened provincial asylums were officially abolished in 1822, and patients were soon afterwards transferred to the Asylum in Madras [42].

Judging from the official correspondence between London and Madras it appears not only that despatches must have crossed, but also that coordination amongst the Madras governmental departments was inadequate. In addition, and in contrast to the previous proceedings on the introduction of regulations, which were referred to by the eminent English asylum reformer Sir Andrew Halliday as 'most Judicious', the official measures during the early 1820s reflect not only some indecisiveness and reluctance to carry into effect the Court's order, but also the Court's fading inclination to pursue a lunacy policy aimed at implementing the 1807 Select Committee's recommendations [43]. Halliday had highly praised the asylum at Madras, stating that it 'surpasses many of the European establishments that have long been considered as the most perfect of this kind'. He further held that British India in respect to the care of lunatics was 'much further advanced than England' [43a]. The Court on its part felt however that the cost of such advance was too much of a burden on the Company's accounts and temporarily withdrew its sanction from provincial lunatic asylums.

However, the policy of sending back to England all lunatics of European descent was eventually to be implemented. After some initial delay passages from India were procured for the first group of European lunatics. Subsequently the annual deportation of Europeans became a matter of routine. The proceedings referring to the first transfer under the newly adopted policy reveal the nature of the

problems encountered by the various Governmental departments and the details of arrangements made right throughout the century. They will be looked at in detail as they provide a representative illustration of a routine procedure.

Practical arrangements for the transfer of European lunatics

First a decision had to be taken on who was eligible for transfer to England. As in Bengal the Madras Medical Board decided that the Court's orders of 1820 were only to apply to pure Europeans. Again Eurasians - in Madras also called 'Indo-Britons' - were exempted from the new procedure. In the case of lunatics who had committed some criminal act under the Criminal Code, the new policy had created a juridical vacuum which was only to be removed some decades later. For the time being criminal lunatics were either to remain in India or were to undergo more vigilant supervision, were to be kept in irons and were designated as criminals in the papers conveyed to England in order to draw the immigration authorities' attention to the need to provide separate confinement. For Government's final decision on eligibility for transfer a return of patients with their European connexions was drawn up by the Medical Board. The list, providing some details on persons' biographical data, was submitted to the Governor-in-Council [44]. In a letter from the Medical Board accompanying the list, certain persons were pointed out as requiring special consideration, namely people of 'Asiatic birth' (marked numbers 18, 19, 20), a criminal lunatic number 15, an American Gentleman number 6 and a lunatic number 17, who had hitherto been supported by private sources [45]. The Governor-in-Council resolved on the basis of this information, and presumably in full knowledge that his decree was to become exemplary, that patients of Asiatic birth - namely Eurasians and Europeans born in Asia, without family connections in Europe - as well as the American Gentleman were to remain in India [46].

The next step to be taken by the authorities was to find a ship in which the lunatics could be deported. This obviously raised a problem for the Marine authorities. The Marine Board's Office

maintained that they had difficulty in procuring passages on ships that merely interrupted briefly in Madras their voyage from Bengal. Not only were these vessels already fully-laden, but their accommodation was

> 'occupied by passengers whose comfort and safety might be greatly endangered by having insane Patients on board' [47].

Keen to be rid of the delicate task of arranging passages for lunatics, against the resistance of the Ship's Captain and passengers, the Marine Board recommended the delegation of the booking of shipboard accommodation to the authorities in Bengal. Even had this suggestion been approved by the Government of Madras, it is to be doubted whether the Marine Board in Bengal would have willingly taken it on. After all, in Bengal, too, some difficulty was experienced in procuring passages for lunatics who were regarded as discomfort by home-bound passengers. In the event, the Council in Madras, under the Governorship of Sir Thomas Munro, did not feel inclined to delegate its administrative affairs to its sister presidency. Accordingly it was resolved that the Marine Board be required to reconsider its suggestion and

> 'state whether it may not be practicable to procure the necessary accommodation in this Presidency before any reference be made to Calcutta' [48].

This was in fact done, and in March 1821 passages on the ship *Agamemnon* were procured. The price to be paid by the Government was high - and of course increased incrementally with the rank of patients [49].

Mrs, Strange	Rs, 3,000
Major Grand	3,000
Mr, Phillips	2,000
J, Horne	2,000
11 Patients at Rs, 500 each	5,500
10 Attendants at Rs 227 each	2,270
The Doctor	2,000
Doubtful 22 Men at 227 each	4,994
1 Officer	2,000
	26,764

In the event the authorities were to be spared neither trouble in details of the arrangement nor inconveniences arising from individuals' special claims and disruption of the procedure. The Medical Board for example had to insist that

> 'the Services of a surgeon will of course be absolutely necessary and should there be no person of that profession belonging to the ship special provision must be made' [50].

The Surgeon consequently appointed then demanded a higher renumeration for his services - which could only be granted after investigations into the pay regulations and lengthy quotation of former exemplary cases [51]. Then a petition on behalf of Mrs. Strange, one of the first-class passengers, arrived. One of her relatives 'decidedly objected' to this lady being sent among the other lunatics. It was wished that she should go 'in a manner more becoming her rank and situation in Life' [52]. The Medical Board however did not want to have its arrangements interrupted again [53]. When it decided not to comply with the request, it found itself being faced with the obligation to find female attendants for both Mrs. Strange and a second-class woman. When those had finally been engaged, one fell sick and the other was discovered to have been a 'bad character' and therefore not deemed proper company for the lady. A replacement was required; preferably a 'respectable, active, steady and well-behaved woman' - not so easily come by in those days of scarcity of women in the East [54]. When finally the wife of a private was engaged, not only had her pay (£ 40) to be agreed upon, but the invalids who had been proposed as attendants also demanded a renumeration for their services (£ 8 each) [55]. Further, the Medical Board demanded that the invalid-attendants be ordered to the Lunatic Asylum so that they could become aquainted with their future duties [56].

Finally, provisions for medicine and food had to be procured from the Commissariat Department, a list of personal property had to be drawn up as well as a list of clothing required during the voyage. The latter sounds impressively generous - even for a five months' journey [57]. Whether the articles, ranging from 234 white shirts to 6 strait waistcoats and 80 lbs. of country soap, were ever to be enjoyed by the patients or were taken as a profitable cargo for the Surgeon

cannot be ascertained. Judging from the fact that some lunatics died during the voyage from want of fresh provisions, it seems unlikely that the patients did benefit much from the listed articles - either dead or alive [58]. In the end the arrangements for the transfer of lunatics were, as usual, recorded meticuously and in full administrative detail. Descriptions of the routine or special treatment of patients were, in contrast, missing. In particular, what happened on the *Agamemnon* when it finally left the shores of Madras Harbour remains obscure. The Madras Government had no responsibility for it after they had finally, with some delay, enormously detailed arrangements and much correspondence across departments, managed to dispose of their European lunatics.

The significance of procedures preceding the sailing of this ship of lunatics from India lies not in the elaborateness with which certain practical difficulties were recorded, but rather, in that the same kind of difficulties were encountered nearly every year thereafter and in all three presidential ports despite attempts at routinizing administrative procedures. The ultimate authority on patients' eligibility for transfer was officially vested in the Government, and apparently narrowly circumscribed in accordance with considerations of race and social standing. Exceptions to the officially stipulated rules were however frequently made because of higher-class patients' relatives' and influental protectors' oft repeated advocacy of special arrangements. The official regulations and prescribed routine measures were thus generally more stringently applied in the case of lower-class patients. At the same time it was consistently more difficult to procure passages for lunatics of the lower classes. A crucial characteristic of arrangements on board ship was the absence of control over the condition of lunatics. Although both the Captain and the Medical Officer were responsible for patients' welfare whilst the ship was under sail, there existed no provision by means of which the fulfilment of their duty could be ensured. Whilst patients' provisions with medicine, food and clothing seemed to be most generous if one is to believe the offical papers drawn up by the presidential authorities, it remains obscure how carefully patients were in fact being attended to during the voyage.

The evidence of patients' death or broken physical health on arrival in England is of a kind to substantiate doubts as to the quality of care bestowed on lunatics on board ship. The routinization of administrative procedures was to guarantee the smooth implementation of the deportation policy in the majority of cases. There however prevailed two potential areas for abuse and corruption. Although meant to apply to all classes of European lunatics the official regulations were persistently interpreted less stringently in the case of high-class patients. Secondly, there was no means of monitoring lunatics' condition on board.

The increase in the number of lunatics confined in the Asylum

Whilst Europeans were sent to institutions in their motherland, Eurasians and Indians almost always remained in the Madras Asylum. Despite the periodic transfer of Europeans from 1821 onwards, the building soon became over-crowded. Partition walls were therefore recessed in the cells and the number of inmates that could be accommodated was nearly doubled. An evaluation of asylum returns for the period from 1799 to 1850 shows a slow but constant increase in the asylum population, despite some considerable seasonal fluctuation [59]. At the beginning of the century only a small number of lunatics were confined in the asylum (between five and ten). During the first two decades of the century the number of Europeans was to rise to about 20. In consequence of the deportation policy the number of Europeans fell again to an average of about ten patients, whilst in contrast the number of Eurasian and Indian patients increased drastically between the 1810s and 1850s (fourfold and sevenfold respectively). By the 1850s first class patients were outnumbered more than ten times by second class inmates of mainly Eurasian and Indian description. This circumstance caused the authorities to make concentrated efforts to avoid having high-class Europeans admitted into the public institution frequented by lower-class patients. The extent to which alternative arrangements in private places or other, less disreputable public institutions were made for European officers and upper class civilians cannot be ascertained because such

arrangements were not officially required and were therefore not recorded.

The intermingling of low-class Europeans with people of allegedly inferior race was not regarded as unseemly. The social distance between the races was maintained only in the case of upper-class Europeans. Further, mad members of the British ruling class were kept at a distance, not only from Indian patients but also from their low-class fellow countrymen. The early racial permissiveness in regard to lunatics in Madras had thus within a few decades given way to a distinctly discriminatory admissions policy in accordance with social class.

The transfer to the Indian Infirmary and the Jail of patients diagnosed as 'idiots'

From 1824 onwards the boarding out of Indian patients to either the Indian Infirmary (the 'Monegar Choultry') or the Jail in the 'Black Town' had become a matter of routine [60]. It can be assumed that those transferred mainly consisted of what were then called either harmless idiots (for the Monegar Choultry) or - at times - mischievous idiots (for the Jail). Those Indians regarded as being afflicted with insanity proper were in contrast fit subjects for the Lunatic Asylum. The number of feeble-minded patients transferred to the Monegar Choultry in the period from 1837 to 1844 was 36 [61]. The transfer of such a large number of asylum inmates took the pressure off the over-crowded institution to a considerable extent in the short run .

Because of the transfer of certain groups of inmates either to England or to other institutions the internal fluctuation of the patient population was relatively high. This is reflected in the annual returns which increasingly came to differentiate not only between the various religious and racial backgrounds of inmates but also between the different modes of discharge from the Asylum [62]. The routine of transferring Europeans to England and feeble-minded Indians to the Monegar Choultry or the Jail seems to have worked well without

attracting adverse attention either from the public or the authorities. Only in 1856/7 did some minor intervention in regard to the patients detained in the Infirmary come to be seen as necessary: the inmates were to wear bracelets so that they could be identified by the *peons* (watchmen) as needing more vigilant observation to prevent them from wandering off [63]. In the long run the boarding-out of patients, however, was not adequate to check the asylum's over-crowding. And what is more, the building, erected some decades earlier by a medical practitioner as a profitable income source, was rapidly decaying.

The poor state of the buildings - first allegations

In February 1846 the Superintending Surgeon of the Presidency's Hospitals had on a routine inspection found that the Asylum building was in a 'highly dangerous state' [64]. As far as cleanliness and institutional management were concerned no causes for complaint were observed. The building, however, was to undergo expert examination by the Military Department's Engineer [65]. This was duly done and under orders from the Military Department repairs were carried out. A few months later, in July, the Surgeon in charge of the Lunatic Asylum reported that the improvements were of a rather superficial nature, mainly consisting of successful attempts at hiding the defects by the application of white-wash. He further pointed out that not only had the Asylum been built 52 years previously with material of very inferior quality but it was 'extremely ill calculated in every way for a Lunatic Asylum' [66].

When the Medical Board - the authority directly responsible for medical institutions - received the Asylum Surgeon's letter it rejected his observations, maintaining that the remarks on the 'wretchedness' of the building were 'highly exaggerated'. In an attempt to save face it expressed especially its disagreement with the Surgeon's statement that

> 'many of the Cells are so inferior in every particular that in England criminals of the worst description would not be confined in them',

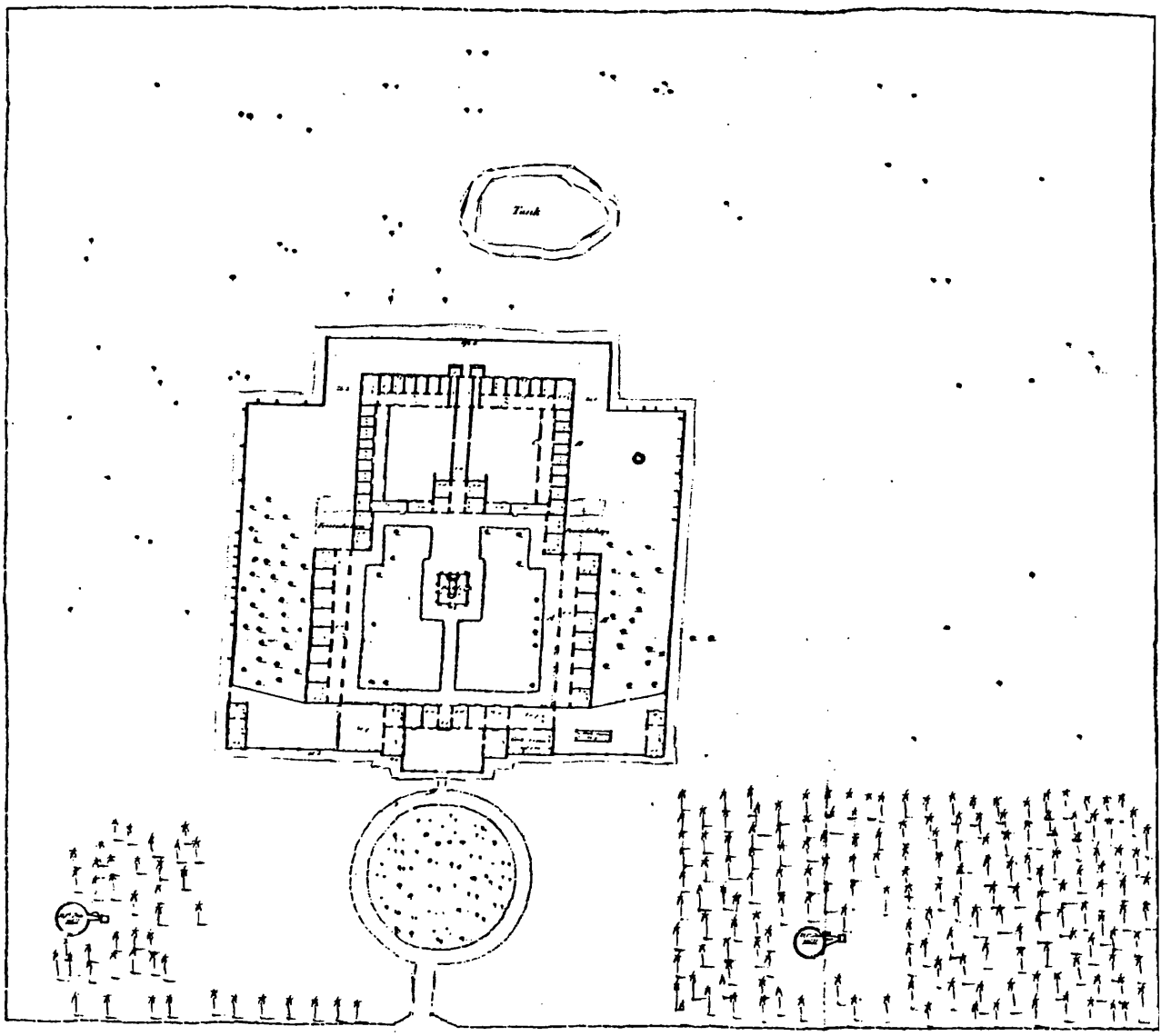
> 'On the contrary', the Board argued,
> 'the Asylum is in many respects a most convenient, well arranged and comfortable Hospital, as will be obvious from the accompanying report' [67].

The report referred to had been published recently, in 1842, in the *Medical Topography* of Madras and in fact provided a description of the premises which gave no evidence of wretchedness. Together with the plan of the Asylum the report provides an aid to visualizing the asylum buildings - at least in their ideal condition [68].

The Lunatic Asylum

> 'The Building, which is constructed of brick and terraced, Consists of three quadrangles of one Story, on the inner side of which are arranged the apartments, or cells for the patients, each having its door opening into the square, and opposite to it a barred window facing outwards' [69].

'The principal Square which was originally intended chiefly for the accommodation of European male patients, has its front to the East; and the two smaller squares, one for female patients, are placed behind it.'



'The whole building is surrounded generally at a distance of about fifty feet, by a curtain wall, nearly six feet high. The Entrance to the great square is on the Eastern face on one of which the Dispensary offices, and Commissariate Hospital Stores, are placed and on the other are apartments for the resident Subordinate Medical Attendants, and cook rooms none of which open into the Square. There are twenty-four cells in the large quadrangle, and in

> the centre of the area, which is about 140 feet square, is a large bath-room, amply supplied with water. In each of the two smaller quadrangles are six single Cells and four double ones and though somewhat smaller than the European cells, they are equally well ventilated. The cells and verandahs of the whole building are floored with Square bricks, and to admit of the more ready purification of the apartments of such patients as are unattentive to cleanliness, the floor of each cell has a slight inclination to one of the angles, on the outward face, where a small circular opening through the wall gives ready exit to the water used in washing the floor, and it is carried off by drains round the building keeping the whole perfectly dry.
> Extent of accommodations: The Asylum contains fifty-six separate apartments for patients; and this accommodation has been found sufficiently extensive although a separate cell is invariably allotted to each individual, the number of patients in the asylum for many years past but rarely amounted to fifty at any one time.
> Long verandahs and shaded walks in the Square afford convenient space for moderate exercises but all patients whose cases admit of it are induced in favourable weather, to take exercise in the outer enclosure every morning and evening, on a circular walk in front of the Asylum.
> Observations on the Sick treated. The site of the Institution is apparently healthy, for during the last fifteen years no disease has prevailed amongst its inmates, which could be fairly attributed to its locality' [69].

This description conveys the impression that the building was well-adapted to what was then considered adequate accommodation for lunatics. Patients were confined in single cells that could be easily cleaned and securely provided exit via verandahs towards the atrium-style inner yards. To outward view the asylum resembled other functional premises in India, such as army barracks and provincial jails. However, the design itself lived up to contemporary British expertise neither in respect to tropical building design nor in respect to functional asylum architecture. Admittedly the house layout itself contained some basic stylistic elements of monotonous Anglo-Indian military barrack and functional bungalow design, namely straight simple lines, verandahs, horizontal extensions, and occasional classicist embellishments in the form of pillars and a triangular roof for the centrally located entrance hall. In regard to the then much

emphasized free circulation of air the asylum layout was however most defective. The best rooms, facing the prevailing wind direction were taken up by resident subordinate staff and stores. Despite unpromising exterior and confined space, inmates' physical health did apparently not suffer vitally - a point which is quite extraordinary within the general context of the usually bad state of health of people institutionalised in India.

The poor state of the buildings - suggestions for reconstruction

The above description of the asylum, published in the *Medical Topography* may have been in accordance with the building's condition some decades previously. By 1846, however, the state of the premises was obviously no longer as sound as suggested by the Medical Board and its report. The Military Board which had been asked by Government to provide an evaluation of the Asylum's present condition (in summer 1846), after the Medical Board had strongly rejected the Asylum Surgeon's statement on the 'wretchedness' of the place, confirmed the Surgeon's revelation [71]. The construction of a new building was strongly recommended and even an early application to the Court of Directors pressed for due to the precariousness of the Asylum. The bad condition was attributed to

> 'the effects of time upon what was originally a structure, insubstantial both as respects foundations and materials and therefore now incapable of restoration, unless by being rebuilt entirely' [72].

Government accordingly resolved that the necessary authority should be solicited from the Court of Directors for the construction of a new lunatic asylum [73]. In the light of the engineer's report Government's decision does not seem unreasonable. In terms of saving of expenses, too, the erection of a public asylum would not have constituted an unworthy effort. After all, already two years previously, in 1844, it had been calculated that during the 50 years of its existence about three and a half *lakh* of Rupees had been paid by Government for the building in rent [74].

The poor state of the buildings - the rejection of the re-construction proposal and the submission of a new plan

The construction cost for the new asylum was estimated at one and a half *lakh* of Rupees. It was planned to provide accommodation for 100 patients (thus including accommodation for feeble-minded Indians hitherto transferred to the Monegar Choultry). When the Court of Directors received the Madras Government's proceedings it decreed that the plan should be submitted for the consideration of the Supreme Government (in Bengal) [75]. This order was given in full awareness of the delay this would entail, and of the danger of such delay of which the Military Board's Engineer had warned. Obviously the Court aimed at delegating decision-making on matters of public health and welfare to the recently installed authority of the Government of India, which was to supervise the subordinate presidencies' affairs.

The Supreme Government in Bengal, for its part was not inclined to recommend immediate action. It disapproved of the Madras Government's proposal - and did not miss the chance of pointing out that the Bengal Government itself did not possess its own European Lunatic Asylum but used a private institution for the temporary accommodation of its insane servants. It was further maintained - and the Court subsequently concurred - that instead of sanctioning a large outlay of the public money the renting of 'more convenient premises' should be considered [76].

The Madras Government however decided on the basis of persistently alarming reports in 1849 and 1850 on the Asylum's dangerous state that a new building had to be obtained after all. The Military Board was once again asked to submit suggestions for more suitable accommodation [77]. Finally, in 1851, the Board was instructed to obtain a new building as soon as possible [78]. When the Court was informed in 1853 about the steps already taken by the Madras Government, it approved of them - on condition that the location chosen should be open and spacious to allow for free air circulation and exercise, and that the Supreme Government was to be contacted

for further information on asylum design and management [79]. This time the Supreme Government neither interrupted nor delayed the Madras authorities' plans. This lack of interference might be connected with the fact that an inquiry had recently taken place in Bengal in consequence of which the system extant had been found objectionable and a 'Governmental Lunatic Asylum' had been suggested. Once official sanction for the Asylum's reconstruction had been obtained, the authorities in Madras however encountered problems emerging from their own community.

The poor state of the building -
delays in the purchase of a new site and building

In November 1851 the Military Board appraised Government of difficulties in procuring a site for the newly planned asylum. The Asylum Surgeon, interested in quick action, suggested the purchase of the present site in Kilpauk. The Military Board, concurring with the Surgeon that the old area would be the most convenient one, contacted the proprietors' agents [80]. Soon afterwards, in December 1851, Government received the petition of house owners of Kilpauk who lived close to the present Asylum. They pleaded that Government reconsider the purchase of the property in Kilpauk. Not only would an enlarged asylum create a nuisance - even 'great injury' - and declining property prices in the vicinity, but also the area was unsuitable as a retreat for the insane. Kilpauk was described as a bustling suburb with the asylum being located close to noisy Indian dwellings, markets and temples [81]. Government resolved that an advertisement be placed in the *Gazette* which was to invite public offers for sites and buildings suitable for a lunatic asylum, thus pre-empting any protest from alarmed citizens [82]. In regard to the erection of the new asylum, it was however to take five more years before a site could be purchased. In 1856/7 Locock's Gardens had been bought [83]. But it was not until long after the revolt of 1857 that construction work finally began in 1867 [84]. In 1871 the new premises were completed and the patients were moved to Locock's Gardens long after some of them had spent years in a dangerous and wretched place.

Criminal Lunacy

It had been observed from experience that European asylum inmates tended to exhibit violent behaviour more often than Indians. It was by no means exceptional for superintendents to have to deal with violent and at times dangerously homicidal patients. A legally and practically more complicated matter was the case of persons who had committed murder - often of an Indian man or woman. If the crime could be attributed to a defendant's at least temporary deluded state of mind, a verdict of not guilty could be passed. Despite increasing routinisation of administrative and transfer procedures occasional problems continued to arise in regard to the proper disposal of so-called criminal lunatics.

Up to the 1840s no comprehensive legal instructions existed to help Magistrates and Judges of the Supreme Court to determine the appropriate procedure in such intricate matters as the overlap of a criminal action with mental derangement. During the early decades of the nineteenth century the Government's obligation to guarantee security and law and order to its Indian subjects within the Company's territory had become increasingly recognized. The prevention of acts of cruelty against Indians by Europeans had been codified in the 1810s and '20s [85]. Physical violence and murder committed whilst insane however posed the most complex problem of weighing the mitigating circumstances of insanity on the one hand and the obligation to maintain public order in the face of threats by the dangerous mentally ill on the other.

The 'Act for the Safe Custody of Criminal Lunatics' (1849) was a first attempt to clarify this situation [86]. It determined that persons who had committed a crime whilst not in full possession of their mental faculties, ought to be confined. The Act was however deficient in two important respects: it made no mention of what should happen in the case of a criminal lunatic's deportation to England, or to any area outside the Presidency where the verdict had been passed; and it stipulated no specific place of detention for criminal lunatics.

The case of a Captain Campbell illustrates the legal and social problems arising from the ensuing legal situation:- In 1850 the murder of an Indian was reported to the Magistrate of Malabar [87]. Eye witnesses held that a John Campbell had shot one out of a group of men fishing on the river bordering on to his estate [88]. None of the fishermen had previously had any contact with Campbell, so the killing appeared to be motiveless. A few months later the prisoner at the bar was excused before the Madras Supreme Court on grounds of unsound mind [89]. Evidence of peculiar behaviour prior to the murder had been brought in order to effect a verdict of not guilty [90].

John Campbell had recently settled down with his wife and family on a hill-estate in Malabar [91]. He had bought himself out from the Madras Infantry, where he had been a junior officer, and planned to set up some lucrative private business instead. He was reported to have been strongly convinced not only of his golden future prospects but also of his own abilities. The Magistrate of Malabar who incidentally had met Captain Campbell immediately after his discharge from the army, reported to have then been

> 'much struck with the extraordinary value which Captain Campbell entertained of himself, indicating as it did, a vanity bordering on disease' [92].

Campbell, however, failed in his various attempts to set up business, losing his initial investments [93]. He subsequently lived in seclusion from society, exhibiting suspicion to, and even making threats against both Indians and Europeans who came in contact with him [94]. On the basis of the Magistrate's assessment, Campbell's subsequent response to failure becomes quite comprehensible: a young man with a somewhat over-blown self-image and the certain expectation of success in the event fails to achieve his goal, leaving him disgruntled with the world around him. He accused prestigious Europeans - including the Magistrate - of plotting against him, and insulted and injured Indians of all social ranks [95]. Despite the general British tolerance of the higher classes' eccentricities, Campbell's antagonistic behaviour was not of a kind to make him popular with the Anglo-Indian community. Such reciprocated distrust

and antipathy may well have nurtured Campbell's suspicions even further. Finally, it would appear, he became so caught up in his fantasies of persecution that he shot a man.

The colonial setting perhaps ensured that his victim should have been Indian rather than European. Most Europeans, of all social classes, entertained a strong belief in their own racial superiority. Limits as to the legitimate way in which this alleged superiority could be expressed, were set by the authorities. Nevertheless the tacit agreement of the European's superiority remained not only unquestioned in principle, but was indeed part and parcel of the continued British presence and assumption of alien rule in India. For Campbell it seems likely that the cathartic release of tension was therefore directed naturally towards the allegedly inferior Indians. Fellow Europeans were of course not exempted from physical violence from their compatriots for whatever reason. There is however evidence that Indians were most frequently victims of Europeans' homicidal actions - as in the case of Captain Campbell.

For the Madras authorities, however, the pressing problem was where to confine a criminal lunatic such as Captain Campbell. The existing legal provisions (Act IV of 1849) merely demanded secure confinement at a place regarded proper by Government. From the time of Captain Campbell's arrival in the Presidency's capital he had been confined in the Madras Jail rather than the Lunatic Asylum. Shortly after Campbell's conviction Government informed the Court of Directors of its intention of sending him to England [96]. The Court however strongly objected to the plan. It held that the Act under which Campbell was detained in Her Majesty's Jail required that he be kept within the territories subject to the Madras Government. The Court further explained that

> 'were the authority assumed of removing this "criminal convict" from the jurisdiction, within which his crime and his trial took place, there would be no authority for retaining him in custody and securing the object of the order for his being so retained after his acquittal by reason of unsoundness of mind. The objection to such a proceeding is the stronger from Captain Campbell's being subject only to a species of monomania, which would probably

> preclude the adoption of any measures for placing him under restraint in England, until after the commission of some other act of the same nature' [97].

It was further decided that Campbell was to be detained in either the Jail or the Lunatic Asylum, and the Madras Government was informed that comprehensive legislation was in preparation [98]. The new Act which was to make special provisions for removing criminal lunatics from India to England was passed in 1851 (14 & 15 Vict., c. 81) [99]. Shortly after the revised legal provisions had become effective, the Madras Government saw its chance to finally dispose of Captain Campbell, whose detention in the capital was not only costly but also constituted some inconvenience to the staff of the Jail. Now that sufficient legal provision existed Captain Campbell could with much benefit and saving of expenses be 'delivered into some person's custody' in England [100]. It was further planned to provide from the public treasury passages for his numerous family because Campbell's wife would otherwise be 'involved in great distress if he were removed from India' [101].

The Court's immediate response was to rebuke the Madras authorities for their generous interpretation of the new Act. It was held that not only was there no sufficient reason to send Campbell to England, but it was merely the object of the Act to make deportation lawful when deemed expedient, rather than imperative. It was further stressed that there was no obligation on the Company to provide passages for families [102]. Whilst the Madras authorities had previously been prevented from disposing of Campbell due to the uncertain legal situation, they were now prohibited from sending him to England because of the Court's financial considerations. It did not take long, however, for the Campbell case to come up again. Immediately after receiving the Court's disapproval of Campbell's deportation, the Madras Government conveyed its latest proceedings to England. The Chief Magistrate had complained about what he considered to be the improper detention of a lunatic. He held that Captain Campbell's presence in the large portion of the jail allocated to him interfered 'most materially' with the discipline in the prison [103]. Firstly, Campbell frequently expressed complaints against the goalers

and behaved in a way so violent and dangerous for the prison staff, that the means and appliances necessary for his restraint were seen to be beyond the prison's capacity [104]. Secondly, he was further allowed to be visited daily by his wife and seven children [105]. These two points together made Campbell's presence in the jail most subversive: he challenged the prison hierarchy and discipline by his obstinate insubordination; and his frequent family visits undermined the isolation of the prison 'total institution' from society at large.

One solution envisaged by the Chief Magistrate was to have Campbell sent, after all, to the Lunatic Asylum [106]. As a matter of fact several other criminal lunatics had been sent to the Madras Asylum and it therefore seems Captain Campbell had only escaped this fate due to some special consideration bestowed on him. What was it then that had called for the special treatment of Captain Campbell on his arrival in Madras? What had made the authorities allocate him a large portion of the overcrowded jail in preference to sending him to the madhouse - which was according to the Magistrate the 'only safe receptacle for this person'? [107]

The answer cannot be that Campbell was not considered to be really insane in the early stages of his confinement. After all his defence laywer had rested the appeal for a verdict of not guilty on his client's deranged state of mind [108]. Further, part of the Chief Magistrate's case against Campbell's continued confinement in the Jail implied his continued mental derangement, manifested in fits of violent behaviour and persistent delusions of persecution [109]. In the face of this legal and other evidence the failure to transfer the deranged patient to the only institution specifically designed for the detention of insane persons, becomes quite incomprehensible, and the Magistrate's decision to have Campbell finally transferred to a madhouse appears somewhat belated. The crux of the matter was that Campbell - albeit formerly merely a junior officer - was regarded to be of a station in life superior enough to make confinement in a public asylum undesirable. Intermingling with lower-class lunatics was deemed to be out of the question - even when Campbell's continued presence in the prison had become seen as most inadvisable. As a way

out of the existing dilemma the Chief Magistrate recommended that Campbell be removed from the Jail - where he had occupied quarters, separate from convicts - and be kept at a distance from other inmates of the Lunatic Asylum [110]. Although it might be argued that the plan of separating Campbell, a criminal lunatic, from non-criminals was quite justifiable and, indeed, was to become the future standard procedure [111], the arguments advanced in favour of his separation were quite different.

The Chief Magistrate held that if removal from the prison was contemplated a special building ought to be erected on the asylum compound because 'it is not practicable to transfer him to the Lunatic Asylum which is unsuited for persons of his class' [112]. The derelict and over-crowded state of the main Asylum building made it unsuitable for a first-class patient. The Chief Magistrate argued further that Campbell's peace of mind would be seriously shaken by the 'occasional noisy disturbances caused by unruly madmen' in the adjoining main Asylum building [113]. This argument exemplifies the authorities' attitude towards mentally ill persons of various social backgrounds. According to the legal evidence Captain Campbell had undoubtedly committed a murder, was mentally deranged and of a most violent and incalculable disposition - still he was regarded as a gentleman who could not be expected to mingle with deranged low-class Europeans and Indians. The maintenance of social distance between British higher-class people and lower-class Europeans and Indians alike was adhered to - even when a person's state of mind was in doubt. The Criminal Lunatics Act was, if not to encourage, then at least to enable local Governments to provide for class-specific confinement.

The Chief Magistrate made a further suggestion. He argued that by far the most appropriate procedure would be to have Campbell deported to England [114]. After all, transfer to Europe had become the standard way of dealing with mentally disturbed Europeans. Like all European lunatics, Campbell, too, would benefit much from a change in surroundings. In his particular case, the Chief Magistrate argued, cost-efficient custody and secure confinement could only be guaranteed in England where Campbell would not have to be looked after by Indian

keepers. If, however, Government was to disapprove of this favoured option of disposing of Captain Campbell, large expenses would have to be met to allow for the erection of a separate building and for a special establishment of European keepers. Government promptly approved of the Magistrate's suggestion to deport Campbell and again reported its intention to the Court [115]. This time the Madras authorities backed up their plan by conveying the expert opinion of a specially installed inquiry committee which consisted of civil, police and medical officers which strongly supported Campbell's deportation [116]. Despite some administrative delay, the Court approved of the Madras Government's proposal and Campbell was finally sent to England [117].

The way in which Campbell's case was handled, from the trial to his deportation illustrated several characteristic features of both the change in legal provisions that occurred towards the middle of the century, and of the authorities' as yet unchallenged use of race- and class- specific treatment. A further dimension of Campbell's case is his family's response to the family head's detention. From the evidence available on that score it can be inferred that Mrs. M.H. Campbell experienced great relief when the mad father of her seven children was officially recognized as being

> 'legally dead as much so though physically dead'

and when the Madras Military Fund acknowledged the pension claims of

> 'Wives and Children of those suffering in God's providence, under that terrible visitation - Insanity' [118].

Summary

The early clarification of authority structures in regard to asylum management and the concomitant curtailment of petty corruption was an important feature in the development of the Madras Lunatic Asylum. The policy of centralizing asylum provisions which had been a

major concern in Bengal was less strictly implemented in the Madras Presidency. In regard to questions of race and class a certain indifference towards racial separation seems discernible at the beginning of the century, as both Indians and Europeans were accommodated within the same building. Despite occasional objections to confining higher-class Europeans in a public asylum, no fundamental doubts as to the propriety of receiving Indians into the European asylum were raised. Towards the middle of the century the principle of maintaining social distance between Europeans and Indians came more to the fore. It was however exclusively members of the upper classes who were exempted from admission into the asylum. In a similar vein the practical arrangements for lunatics of formerly high social standing were frequently based on special requirements of the individuals concerned. This was so despite considerable administrative routinisation. The protracted discussion about the premises' structural and functional inadequacy provides evidence for the low priority attributed to minimal standards in asylum provisions in face of the fact that by the 1840s the Madras Asylum had become a receptacle mainly for pauper and low-class lunatics. The erection of new premises was delayed further by the protest of some Madras citizens who considered such an establishment detrimental to the amenities of their neighbourhood. Their plea to Government is one of the few officially reported responses of the Anglo-Indian public to institutions for the insane which does not glorify the asylum as an enlightened institution representative of the alleged moral superiority and humane spirit of the British. By the middle of the century the Asylum had not only become unwanted by residents of Kilpauk but also dangerously derelict and obsolete in design. The institution that had been established as a private mad-house, originally intended chiefly for the reception of Europeans of all classes, had slowly become predominantly a receptacle for lower-class Europeans and Indians. It was finally closed down almost exactly a century after its inauguration, and its inmates were moved to new premises. Along with administrative consolidation of asylum provisions went legal codification. Clear rules as to the legal and practical procedures in regard to persons who had committed a crime whilst *non compus mentis*, were erected towards the middle century. Despite this the interpretation of the law and the subsequent

practical arrangements were to be made dependant on the particular circumstances of each case. Against the background of administrative formalization, progressive laying down of asylum rules, clarification of authority structures and of legally precarious situations are thus highlighted the complementary processes of official sanction for preferential treatment of higher-class Europeans on the one hand and of the tendency to reserve the public lunatic asylum for lower-class Europeans and Indians on the other.

4 European Lunacy in Bombay

Bombay was an early stronghold of British trading activities in the East Indies. The history of its provisions for lunatics is said to go back as far as 1670 [1]. Despite its long-standing, independent tradition, predating those of Madras and Calcutta, the Bombay Asylum had in the nineteenth century been increasingly subject to regulations drawn up in the Supreme Bengal Presidency. Nevertheless, certain idiosyncracies in asylum management and governmental policy are evident in the early decades of the nineteenth century. By the later decades of the century the standardisztion of British public institutions in India had, however, progressed considerably.

The management of lunatics in early nineteenth-century Bombay seems to reflect a less overtly expressed prejudice towards Indian people than the one prevailing in Bengal. Towards the late 1840s and '50s, however, a more explicitly aggressive approach towards Indians had appeared. Bombay's lunacy policy was also characterized by the dispute over centralization *versus* decentralization of asylum provision. This administrative and political question became significant in the 1840s and '50s when the annexation of Sind and the Panjab had been completed and new and vast areas of land, and peoples with a culture of their own, were to be governed from Bombay. Continued arguments about the efficiency of a single central asylum were to delay improvements in the condition of lunatics which had been advocated by the medical profession.

In the 1840s, the exclusive authority in matters of lunacy was explicitly ceded by the Government authorities to professional medical experts. The extent of the state's responsibility towards its insane Indian and European subjects was, however, much more controversial. This controversy was exacerbated by the Court's restriction of the public works budget on the one hand, and by enactment of the Criminal

Lunatics Act, aimed at separating criminals from the insane, which thence prompted an increased demand for asylum provision, on the other.

Despite the reflection of general social and political trends in asylum provision, and the tendency towards standardization, a variety of approaches towards the management and treatment of lunatics prevailed. This is mainly due to the various asylum superintendents' personal and professional preferences.

Institutional history of the Bombay Lunatic Asylum

Up to the turn of the century the confinement of European and Indian lunatics in specially allocated cells adjoining local jails or regimental hospitals had been thought adequate [2]. In addition there existed one small institution on *Butcher's Island* for the reception of the insane of Bombay Town and Harbour. In the absence of any uniform admission policy for Bombay and its outstations the disposal of lunatics had been the responsibility of the local civil and military authorities [3]. In 1799/1800 the town's lunatics were moved from *Butcher's Island* to a private house, owned by a Surgeon R. Fildes, on the island of Kolaba [4]. About two decades later the Medical Board asked for Government's sanction for new provision because of the 'defective state of the present Lunatic Asylum', which had effected the 'agonizing suffering of some of the patients' due to poor ventilation [5]. The building was characterized as being in 'such a wretched state and so unfit ... that any permanent addition would be misplaced' [6]. The surgeon in charge suggested that the European insane, eight in number, ought to be sent to England, whilst 'some of the most tractable Native Patients' should be removed to the adjacent Hospital of H.M.'s 65th Regiment [7].

These measures and the Government of Bombay's subsequent sanction of a new asylum for lunatics [8] coincided with the Court's order to send insane Europeans back to England as a matter of routine [9]. At the same time the medical regulations of Bengal were to be extended to

Bombay. It was to a great extent this latter circumstance which provided the Medical Board of Bombay with grounds for building a large asylum in a period when the presidential governments were in general expected by the Court to curtail the expense of asylums in India. The Medical Board pointed out that a highly extensive and costly system prevailed in Bengal: several lunatic asylums for Indians existed in different parts of that Presidency in addition to a separate institution for Europeans in the capital [10].

The Board argued against the introduction of a similarly extensive system in Bombay, 'as entailing a heavy public expense that does not appear to them necessary under existing circumstances on this Establishment' [11]. This thrifty line of argument was appreciated by Government and the alternative proposal for one single new asylum was approved. The new building was designed to receive 100 insane persons, 'including Europeans of all ranks and descriptions as well as Natives both male and female' [12]. It was finally to provide less space than originally planned, so that its inadequacy soon became obvious [13]. Several enlargements and improvements, such as the construction of extra walls and verandahs, the deepening of the well, the renewal of floors and the conversion of the galleries into dormitories were carried out in the 1830s and 1840s in order to allow accommodation for from 60 to 70 patients [14]. These alterations could still in the long run not ameliorate the increasing overcrowding [15].

A house, separated from the asylum itself, was consequently constructed for the Superintendent who had hitherto occupied the upper story of the main entrance wing. His former quarters were allocated to the European head keepers and European lunatics of the higher class, and an additional second floor on one of the asylum's side wings provided further accommodation [16]. A restriction of the numbers admitted to Kolaba was nevertheless still seen to be necessary. Circulars were consequently published by authoritiy of Government in 1847 and 1849 which decreed that 'mild cases' of insanity were no longer eligible for admission [17]. The passing of the 'Act for the Safe Custody of Criminal Lunatics' coincided with this restrictive admission policy, so that the asylum population increased despite

efforts to the contrary [18]. As a result new provisions for lunatics were under discussion throughout the 1850s. The Governor and the various Council members could, however, not agree upon the measures to be taken. Only minor alterations in the buildings were endorsed. The Medical Board's suggestion that a new and sufficiently large central asylum be built, was not to be implemented, despite Governor Falkland's strong advocacy and consequent discord with the Council. The Kolaba Asylum was to remain - over-crowded as it was - the main receptacle for insane Europeans in the Presidency of Bombay throughout the nineteenth century.

Institutional segregation in the Kolaba Lunatic Asylum

Indian and European lunatics were confined together within the same or adjoining grounds from the Asylum's foundation, and this practice was continued throughout the nineteenth century, despite the growing Anglo-Indian tendency to restrict social intercourse between Indians and Europeans. Whilst in Bengal the necessity of a separate establishment for Europeans had been unquestioned from the start. The way in which provisions for lunatics were framed in the different p residencies appears to have been qualitatively different at the level of public proclamations, verbal aggressiveness and symbolic measures in regard to racial separation. The Bombay authorities pushed on with the construction of a new asylum for both Indians and Europeans at a time when in Bengal admission restrictions on lunatics of not purely European racial background had become increasingly strict. The apparently more permissive attitude towards racial segregation in Bombay does, however, not withstand closer scrutiny. Within the relatively confined space of the Kolaba Asylum racial prejudice and social distance could even be measured in meters. A refined system of room allocation was based primarily on considerations of race, social standing, and gender, and only secondarily on medical grounds. This may best be evidenced by reference to the Asylum's architectural design and the internal classification of patients in use at different times.

The new asylum at Kolaba had been completed in 1826. The main building was designed to form three sides of a square, with an about 65 m long front and side wings. The front comprised the main entrance and also contained the superior rooms and those for the reception of visitors. The superintendent's apartments were located in the middle on the ground and upper floor. Next to his quarters a large reception hall as well as superior staff quarters and medical care and store rooms were to be found. No patients, apart from high-class Europeans, were accomodated in this front wing [19]. Both two-storey side wings accommodated patients of various descriptions, namely 'females of all castes and color', 'European males' and 'native males'. The Western wing was close to the sea side and allowed therefore for better circulation of fresh air - a very important feature of architectural design in the tropics. It contained the best rooms of the side wings; especially those of the upper floor. European officers were to occupy the two spacious apartments on the western upper floor. No doubt their convalescence was aided by the pleasant views and fresh sea breeze that could be enjoyed from the top floor [20]. It is perhaps not altogether unexpected that the more pleasant western wing should have been allocated to women and European men. That the category 'females' comprised women of any race and social standing seems to imply that their female gender transcended to some extent the otherwise important categories of race and social class. It would in contrast not have been considered seemly to have males of any colour and social class confined on the same ward, and *a fortiori*, to have Indian males in proximity to white females. Whilst the necessity of keeping apart Indian and European men as far as possible was never questioned, racial segregation was more relaxed when the people perceived as inferior were women. The inferiority seen to be inherently part and parcel of the female gender arguably invoked some indifference in regard to racial segregation on the part of the men in charge. Female inferiority was so unquestioned that - apart from the prevention of promiscuity - no special arrangement for establishing social distance and maintaining authority structures was deemed necessary.

A surgeon in charge of the institution depicted the internal arrangement during the asylum's early years as follows:

> 'it was fitted to accommodate from 60 to 70 patients; could all the inmates have been equally distributed over the different parts of the premises, even a larger number perhaps might have been accommodated, but difference of sex, caste, and color, rendered this of course as will presently appear, altogether impossible' [21].

The principle of separating the white from the coloured man, and the women from both, whilst high-class European males were kept away from and high above all of them, was reported to have adversely affected medical and moral treatment in the 1830s and '40s [22]. By 1851 the number of lunatics had risen to 115, as compared to 42 in 1842, and the difficulties with which the surgeon in charge saw himself faced were described as 'insuperable' [23]. Still the huddling together of 80 % of the patients in half the building was not abandoned. Instead chronically insufficient enlargements and additions were made which finally allowed for an accentuated system of classification by gender, race and social standing.

First, the Superintendent was no longer to live in the asylum itself. Instead he had a spacious separate bungalow built close to the beach which was conveniently detached from the institution itself. The social distance beween the medical expert and his numerous clientele thus became visibly manifest in their spatial separation. Part of his former quarters on the ground floor was taken over by the superior European staff and the high-class patients [24]. More rooms were added to the upper floor in the front so that ample space was created for European and female patients on either side of the higher-class apartments. Consequently the *pakka*-built front wing became exclusively reserved for the reception of Europeans of the higher and lower classes, and of women of all descriptions. The two side-wings were reserved for 'native males' only. Each wing contained two wards: one on the ground and one on the upper floor. An economical arrangement of cells had been introduced to allow for the confinement of 25 lunatics per ward. A corridor, 40 m long and 3 m wide ran along the middle of each ward. Six cells of 2 x 3 m each were allocated on both sides of the corridor and each cell provided accommodation for one

lunatic. The corridor was regarded as 'capable of giving sleeping accommodation to 13 persons, which with 12 in the cells gives a total of 25 for each ward and an aggregate of 100 for all four' [25].

In addition, six boarded cells were in use in a far corner of the compound. These detached cells had been built in 1847 for the reception of violent and noisy patients who could not be pacified on the overcrowded wards. The rooms, 3 x 3 m, stood on arches, possessed no windows, were painted black inside and allowed for air circulation through clefts in the floor and wall boards [26]. The erection of these detached cells in 1847 is an indication of the increasing difficulties of keeping control of patients on the highly over-crowded 'native male' wards. The overcrowding, occasioned by adherence to race-specific classification, effected the introduction of further measures of segregation in order to maintain order and control. The isolation of the so-called 'intractables' in blackened, windowless and suffocating cells, which were kept apart from the main building, appears to have been aimed not merely at more convenient segregation but also at punishment for non-submission to the asylum regime. Thus the Indian male patient had doubly to bear the cost of the maintenance of racial segregation by overcrowding in inferior wards, whilst there was ample space available in the front wing, and again by isolation and punishment if he undermined discipline and order under these confined conditions.

The project of a centrally located 'panopticon'

Despite the Bombay authorities' earlier (1820) assessment of the non-necessity of provincial 'Native Lunatic Asylums', the demand for secure accommodation for lunatics in the Presidency had been increasing considerably, notwithstanding restrictions on eligibility for admission [27]. Lunatics in the various - at times remote - parts of the Presidency had generally been admitted into local institutions. These consisted mainly of cells adjoining general hospitals or jails and were run with a view to ensuring secure confinement of people who would otherwise have constituted a threat to public peace and

order [28]. Apart from some single cells in various cantonments and *mufassal* stations, more extensive accommodation for insane people existed during the 1840s and '50s in Pune, Surat, Ahmadabad, Lahore and Karachi [29].

When, in the late 1840s and 1850s, the Kolaba institution was so hopelessly overcrowded that not only harmless but also criminal lunatics were denied admission, new measures for alleviating the pressure on the capital's asylum were discussed [30]. First it had been presumed by medical and governmental authorities that the increase in the number of the insane at the Kolaba Asylum had arisen from the transfer of patients from the provinces and the newly annexed areas [31]. This assumption was, however, not substantiated by more detailed investigation into the number of patients admitted from outstations [32]. The Bombay authorities' suggestion of 1849/50 that enlarged provincial asylums ought to be erected in towns like Karachi, Pune and Dharwar in order to relieve the pressure on Kolaba therefore lacked any statistical support [33]. Before the Bombay Council could rectify its former misjudgement the Commissioner of Sind had already taken up the idea of enlarged quarters for lunatics and submitted a plan and estimate for the erection of small premises in Karachi [34]. A controversy ensued not only between provincial and central authorities but also amongst Bombay Council members, members of the Medical Board and medical officers in the outstations [35]. The crux of the matter was whether one large central asylum ought to be built instead of further maintaining and enlarging several smaller asylums in the various parts of the Presidency. After several years of discussion, fierce dispute and evaluation of statistics the Medical Board and the Council of Bombay finally agreed to submit for the consideration of the Supreme Government of India a comprehensive proposal [36]. This proposal reveals the mainstream ideas about the administration of social services in a region encompassing highly diverse cultural traditions and vested political interests as well as varied attitudes towards Indian and European lunatics.

During the first decades of the century the Bombay authorities had not insisted on their supreme power over the arrangements for the

insane in the various provinces. At a time, however, of financial stringency on account of the Court's special orders, and when a large outlay of money for the excessively overcrowded Asylum at Kolaba was at stake, the Governor-in-Council as well as the Medical Board showed an interest both in putting the capital's claim first and in controlling the provinces' affairs. Therefore, when in 1850 the Commissioner of Sind suggested the erection of moderately enlarged insane quarters at Karachi at the expense of Rs. 17,076, the Bombay authorities were quick to point out that this was not urgent [37]. Further they held that in general the arguments employed by local authorities, such as the Commissioner of Sind, ought not be taken at their face value because provincial authorities were always eager to attract Government provisions on account of the concomitant 'additonal charge with its advantages of pay and establishment, and the small number of patients to be treated' [38]. In addition the Commissioner was quoted as having admitted himself that 'the immediate exigency is not urgent', because the average number of lunatics had been only six [39]. On these various grounds the Government of Bombay succeeded in thwarting the establishment of an enlarged asylum in Karachi. Still the question remained whether the existing local insane hospitals at Pune, Surat and Ahmadabad could not be made available at a small expense for the reception of the criminal and ordinary lunatics of the Presidency. Here, too, the central Government of Bombay argued convincingly against any enlargement of these provincial institutions [40].

The Pune Asylum, built for 65 patients, but confining on average about 84, was described as faulty and defective in many respects. The Engineer of the Division was quoted as having advised against additions to the present building and as having suggested that a new house ought to be built elsewhere, where the asylum site was not surrounded by houses [41].

The Surat Asylum was described as being similarly unamenable to extensions. It consisted of five apartments for fifteen lunatics on the ground floor of the Civil Hospital. The premises were rented and there

were no adjacent grounds which could have allowed for enlargements. The Bombay Medical Board's final judgement was that

> 'to designate a place like this an Insane Hospital is ... a misapplication of language' [42].

The Asylum at Ahmadabad, containing about 30 patients, and being situated in the Court Yard of the Civil Hospital, was characterized in a similar vein to the Pune and Surat Asylums. 'The rooms', it was held,

> 'are gloomy, and ill ventilated, and the roof [is] not sufficiently protected from the rays of the sun during the hot season' [43].

The Bombay Medical Board's stand against the enlargement of provincial asylums was further supported by the Superintending Surgeon's report on inspection of the Surat and Ahmadabad Asylum:

> 'neither the insane Hospital of Surat nor that of Ahmadabad is in any way adapted for the treatment of the disease, both located in crowded and dirty cities, both supplied with indifferent water, and both very considerably confined in the space about them, they offer none of the facilities required by the modern treatment of Insanity' [48].

On the basis of this evidence it was concluded by the Bombay Government that a new asylum in Karachi would not be necessary due to the small number of lunatics; that 'neither the Insane Hospital at Poona nor either of those in Guzerat' could be extended; and that 'insuperable objections exist to any further enlargement of the Kolaba Asylum' [45]. Government, however, simultaneously stated in regard to the increasing number of patients at Kolaba that the results of the Medical Board's investigations

> 'establish beyond the possibility of question that further public provision for the insane in this Presidency is urgently required and that no time should be lost in supplying it' [46].

The next step was that substantial reasons for building one large central asylum were evinced. The Medical Board argued that large asylums were, according to modern science, preferable to small ones. This was so because a medical officer, specialized in the treatment of lunatics and charged with asylum duty only was endowed with far

better expertise in the cure of insanity than the civil surgeon charged with a station's various medical duties. Further, structural factors were pointed out:

> 'the classification of the patients, their amusements, recreations and occupations, and character and number of the attendants and the amount of supervision to be given by the Medical Officer to his charge, must all necessarily be of a less perfect description than in a large asylum' [47].

This type of argument certainly reflected the contemporary belief in the effectiveness of institutions in general and of large institutions in particular, for the confinement, supervision and control of various social groups which had been expressed by J. Bentham. He conceived the 'panopticon' as the ideal institution for the disciplined and economic control of prisoners, vagrants, lunatics or whosoever [48].

It was also held that the probability of recovery from insanity was higher in a large institution due to the beneficial impact of discipline, order and routine on a deranged mind. Thus the Bombay Medical Board summarized its position by maintaining that

> 'more benefit at a moderate cost would be produced on a certain number of Insanes by their being accommodated and treated in large, rather than in small asylums' [49].

The argument of economies of scale was, however, not to be applied universally. Rather a large asylum was considered efficient, cost-effective and appropriate only in respect to poor lunatics [50]. The insane who were seen to belong to that category of 'the poor' were mainly Indians. For Europeans of whatever social standing quite different provisions had in contrast been suggested. The suggestion therefore to have one large central asylum purported to be rationally based on material grounds of economy and efficiency. The exception to the allegedly universal superiority of 'panopticon-style' establishments were cases of insanity in Europeans. They were to be accommodated in the comparatively small-scale Kolaba Asylum after the premises were vacated by Indian lunatics [51].

The dispute about a central, large institution *versus* several provincial ones thus reveals a variety of underlying considerations. The at times tense relation between the central Bombay Government and the authorities in newly annexed or remote outstations, tainted by local parochialism and nepotism, was but one facet. The emphasis on the cost-effectiveness and the easily controllable feature of rationalised central institutions was another intelligible aspect, which, however, contained less disinterested assumptions than might be concluded from the seemingly detached line of argument. Considerations of race were the essence of the proposal for the erection of a large central asylum which was advocated on humanitarian-*cum*-economic grounds for

> 'benefitting this unhappy class [of lunatics] by the most efficient treatment and of effecting this good to that class at the least possible cost to the state' [52].

Although segregation according to gender, race and social standing had always been attempted within the Kolaba institution, it was only in the 1850s that Bombay was to suggest a reorganization of its establishments for the insane that was both in its essence and in its form the perfect expression of the submission of Indian lunatics in particular to a perfected British control. The creation of 'a whole village of imbeciles, to be looked after by a few overseers under the supervision of the Medical officer' was envisaged, whilst the small asylums should be closed - with the exception of the Kolaba institution [53]. There Europeans would be accomodated comfortably after some alterations and improvement which would permit for segregation according to gender and social class. Such internal segregation would not constitute any substantial problem once the bulk of Indians were removed.

The reservation of the Kolaba asylum for Europeans was, however, not supported by all the parties involved. The surgeon in charge of Kolaba preferred to have the Asylum

> 'devoted to Criminal Lunatics associated with, if necessary, those from amongst the native soldiery' [54].

The Medical Board in contrast, whilst acknowledging the

> 'necessity that criminal lunatics should be entirely separated from other classes',

maintained that

> 'their moral influence, and contact, would be equally prejudicial to their military, as to their civil fellow sufferers' [55].

The Medical Board was apparently concerned about the effect of the 'bad madperson' on the 'ordinary madperson', and the Board's attitude was indeed in keeping with the contemporary belief in moral treatment and the importance of virtuous models [56]. However, they seem to have avoided any professional discussion with the only acknowledged, practising expert in lunacy in the Bombay Presidency. It was therefore diplomatically argued that

> 'it should be left for after experience to determine the exact or special purpose to which the Colabah Asylum should be devoted' [57].

The discussion about the future destiny of the Kolaba institution was, however, not pursued further at this time. Instead details of the new large asylum were discussed. Although neither the Bombay panopticon nor the separate European convalescent or criminal asylum were to be realized during the nineteenth century, the architectural plans for this project and the medical and disciplinary reasoning underlying them, reveal the core of the 1850s approach towards the confinement of lunatics. First, the separation of lunatics according to their social class, racial background and kind of affliction (whether violent or harmless, dirty or decent) were advocated. Classification was to be ensured by the architectural design which was planned to encompass

> 'a series of buildings in echellon diverging from a point like the letter V and so disposed as to admit a perfect ventilation, and of classification of patients' [58].

The separate houses should be built of different material, thus allowing them to be adapted to the social background and habits of patients:

> 'About 1/3 of these buildings may be pucka built of stone and mortar with wooden floors, and the rest ...

> with wattle and mud walls and Earthen floors, thereby greatly lessening the expense of construction without impairing its efficiency for certain cases of the Insane' [59].

The contemporary preoccupation with climatic influence on disease, ventilation and soil qualities was allowed for by careful choice of the asylum's location. As no site on the Dekkan was found which could meet these requirements, the area around Dapuli, in the Konkans, was selected instead [60]. The place was elevated from the sea, surrounded by hills, with a river nearby, good water and cheap food supply, with a temperature between 72 and 86°F and soil suitable for cultivation [61]. Contemporary science's criteria for asylum sites were fulfilled: they should be in a healthy location, preferably in the countryside where the necessities of life were cheap, where there were no such distracting nuisances as 'noisy trades or offensive manufacturers' nearby [62]. Neither should they be inconvenienced by the 'neighbourhood of public roads or footpaths' [63]. Its position with regard to the surrounding country should be cheerful, the surface undulating, the attached grounds large enough so as to 'afford the patients ample means of exercise and recreation as well as healthful employment out of doors' [64]. Employment of patients in agricultural and horticultural activities which would guarantee self-reliance in material subsistence was envisaged was envisaged. The asylum layout should ensure

> 'adaptation to the peculiarities of climate and appropriateness to the character, habits, pursuits and position of the class for whose use the Asylum is mainly intended' [65].

In practice, the criteria for what constituted 'adaptation' and 'appropriateness' were racial and social separation and economy. The low-cost confinement and the comprehensive control of lunatics of lowly classes and allegedly inferior racial position were expressed in the intriguingly humanitarian and scientific terms of respect for local customs and avoidance of alienation. The use of wattle, dab and cow-dung for construction, 'may be thought peculiar', the Medical Board argued, preempting possible criticism,

> 'but it is made in view not only of pecuniary saving, but also of peculiar adaptation to the people for whose use it is intended' [66].

And in a condescending vein it went on to argue that it was

> 'a well ascertained fact, that there is no kind of occupation to which the insanes in this country will so readily betake themselves, as the erection or repair of dwellings for themselves' [67].

Such paternalist elaborations on the customs attributed to the Indian insane were not dissimilar to the considerations of English County Asylum builders *vis-a-vis* their pauper clientele.

The various detached buildings were to be self-contained and located at a distance from each other, similar to the arrangements 'generally adopted in Regimental lines' [68]. The reference to the military was to the point not merely as to the design of buildings but also in respect of disciplinary regime and standardization of environmental features. The individual space conceded to each person was exactly calculated: 1,000 cubic feet in the dormitary. Further, the architectural design should be simple and without ornament or decoration of any kind' [69]. And even the suggested methods for enlivening the boring monotony were precisely standardized and prescribed:

> 'To take away from the monotonous aspect of Barrack like buildings, each might have three projections in point, one in the centre, and one on either end, either semicircular, angular, or square, as might be deemed best' [70].

The space for creativity was thus restricted to a choice between a few precisely delimited options. The standardization of design was driven to utmost perfection and absurdity by the obliging recommendation that the real purpose of the barred building should be successfully concealed by some pseudo-rural embellishments:

> 'The windows should be large and of iron trellis, and an attempt should be made to give to each the general aspect of a row of Cottages by a flower pot in front or by planting shrubs' [71].

The species of the flowers and whether the shrubs had to be clipped in a special way, were, however, it might be noted with consternation

or perhaps with relief, not laid down. But after all, these suggestions were still in their very early planning stage.

The contemporary belief in the salubrious effects of cleanliness and discipline, and the link between strict surveillance and regimentation on the one hand, and humanity and freedom on the other, were expressed in the Medical Board's final plea for a large asylum:

> 'in such an establishment, there is likely to be a greater degree of order, cleanliness, mildness and humanity, a greater degree of individual attention, and a stricter surveillance over the patients, greater amount of freedom and enjoyment, and by consequence a larger proportion of recoveries (and all this at far less cost) than is attainable in one of small size, and less distinctive character' [77].

Summary

A tendency towards the perfection of internal classification, institutional segregation and cost-effectiveness is discernible during the first five decades of the century. The belief in the superiority of large asylums in terms of control, cure-efficiency and cost-effectiveness owed much to utilitarian philosophy. Some features of the lay-out of the projected Bombay panopticon, though, stemmed as much from British racial prejudice and the endeavour to keep social distance between Indians and Europeans as from the British preoccupation with India's special climatic conditions and the penetration of British military architecture into the sphere of Anglo-Indian social services.

The advocacy of separated asylums for Indians emerged towards the middle of the century - though it was as yet not clear that the projected plan would not in fact be realized in the near future. The dissimilarity from the European Kolaba Asylum would have been very distinct: the Kolaba Asylum was small and owed much to the old-fashioned country mansion style asylum preferred during the early years of lunacy provisions, when the York Retreat in England was seen as the ideal receptacle for lunatics, as well as being reserved for

higher-class patients [73]. The projected central asylum was in contrast a modified version of the County Asylums for the Poor which were to be founded in every county and borough in England and Wales following the Lunatic Asylum Act of 1845. The new central 'mammoth-asylum' [74] for Indian lunatics was, however, not to be built until the beginning of the twentieth century and Europeans and Indians were consequently to go on sharing one institution. But even without institutional separation a distinctly different approach towards European, Eurasian and Indian lunatics prevailed within the asylum and was not to be significantly altered.

The State's responsibility

The increase in the number of lunatics and the consequent overcrowding of the Kolaba institution were largely due to the prevailing admission policy and the extent to which the Presidential Government saw itself as responsible for the treatment of the insane and the prevention of insane individuals from wandering at large.

Restrictions on the admission of 'harmless lunatics'

In 1801 regular provision had been made for the maintenance in the asylum of both military and civil employees of the Company, and even for individuals unconnected with the Company [75]. The government and medical authorities saw the need for an asylum for the large population - Indian and European - of Bombay Harbour and Town [76]. The population of Bombay was growing steadily as the number of its Indian and European inhabitants increased. Further, the area which came under the jurisdiction of the Council of Bombay also increased considerably [77]. The Company was obliged to provide some medical care for Indians and Europeans who served in the military - if only to preserve their fighting power and morale. In the case of European military lunatics this obligation was seen partly as a moral and patriotic one. After all, soldiers and officers in India could -

normally - not rely on family and parochial support whilst on duty, and thus depended on provision made by the Company whenever their bodily or mental health was diminished. Some limited responsibility by the Company for the welfare of its civil and military servants was never really questioned [78].

The Presidential Government's responsibility to individuals in pursuit of independent private trade was not legally prescribed. In the 1830s, when the Kolaba Asylum became over-crowded and the financial burden on the Bombay treasury increased steadily, some reconsideration of the hitherto relaxed admission policy seemed necessary [79]. A restriction of admissions could, however, not easily be effected. The partial responsibility of Government for Europeans of whatever profession, connection and social standing remained. Government had, however, neither legal nor moral obligation for the medical care of non-military Indians. The main reason for having extended costly institutional provisions to Indian civilians in the first place was not any moral or legal obligation towards those suffering from 'the most serious affliction to which mankind is exposed' [80] anyway, but rather the perceived obligation to guarantee security and order for the expanding Anglo-Indian community. It was the European public's peace which was to be ensured by the disposal of some of the worst nuisances in the streets and servants' quarters.

When therefore restrictions on admission were finally regarded as absolutely necessary in the 1840s, Government determined that only those individuals should be admitted who had on grounds of their deranged mind actually committed some violent act and who had thereby proven themselves to be violent and dangerous, and not merely a harmless nuisance [81]. Not all Europeans approved of this limitation of control, as is evidenced by the statement of a senior official who was expected to execute the new admission policy. In 1847 the Senior Magistrate of Police had been informed by Government that they were

> 'pleased to enjoin greater strictness in excluding from the Asylum all who did not absolutely require to be admitted for the sake of the community' [82].

The senior person in charge of public order found this to be an interference with his duty of guaranteeing public safety. He therefore pointed out, amongst other things, that it was

> 'incompatible with the purpose for which [the asylum] was founded and wholy destructive of its utility' [83].

Quite different opinions as to the ultimate destiny of the Asylum at Kolaba became apparent when Government attempted to delimit its purpose, which clearly established what the future purpose of the Kolaba Asylum ought to be and who was to decide on it [84]. This divergence of opinion existed not only between the police representative - charged with keeping law and order - and Government - being pressed to ameliorate the overcrowdedness of a public institution. The general spirit of the time also prescribed that the authorities ought to be guided by humanitarian as much as by political and economic considerations. It was after all the superiority of British civilization and its humanitarian spirit, which were increasingly used to justify the gradual imposition of the *pax britannica* on Indian peoples. Humanitarian reforms were, however, not always easily reconcilable with the economic or political necessity of any period. There was therefore a certain tension inherent in reformist endeavours within the fabric of British colonial society. The restriction of eligibility for admission into the asylum signaled the authorities' refusal to take responsibility for deranged though socially harmless people [85].

Segregation of 'ordinary' from 'criminal' lunatics and from 'harmless idiots'

The tension between Government's humanitarian ambitions and economic expediency arose once again, on the occasion of the Bombay Council's discussion of measures to be taken in respect to the Kolaba Asylum's reportedly wretched condition. Any decrease in admissions to Kolaba effected by the policy of restricted eligibility was expected to be outweighed by an increase, following the 'Act for the safe custody

of Criminal Lunatics', due to come into operation at about the same time (1849).

> '... during the past year the admissions have again increased to 106, and these being all cases of certified insanity some further provision must be made' [86].

Consequently the erection of a new asylum solely for 'criminal lunatics' was proposed [87]; thus allowing for the separate confinement of criminal and ordinary lunatics - a measure much advocated in Victorian times. Such a costly undertaking was, however, turned down on financial grounds [88]. In order to relieve the immediate pressure on the Asylum the medical officer in charge suggested that instead 'the harmless idiots', not being in need of as vigilant a regime as criminal and maniacal lunatics, should be transferred to other, less costly quarters [89]. Concurring with the medical opinion that 'harmless idiots', too, had to be cared for - albeit to a less costly extent than the violent insane - Governor Falkland sanctioned the proposal of a 'Hospital for Imbeciles' at Dapuli [90]. This caused the other Council Members to express their strong disapproval of a measure which they regarded to be too costly at a time when public expense had to be restricted. A long-lasting dispute ensued, during the course of which Governor Falkland repeatedly pointed out the necessity of humane provisions whilst the other Council Members, at times reinforced by the Commander-in-Chief, persistently drew attention to the primary importance of economy [91].

The arguments employed by the two opposing parties point up the existing tension between humanitarian and social reformist ambitions on the one hand and considerations of cost-effectiveness on the other. The alternatives available to the Governor under the circumstances prevailing were either to extend the provisions for lunatics or to 'turn away patients from the doors' [92]. The latter he did not consider proper because

> 'it would be very hard',

he argued,

> 'to debar a friendless lunatic from all professional aid merely because he may be quite inoffensive' [93].

The other Council Members in contrast argued that under the present financial stringency imposed by the Court the establishment of further asylums was not feasible [94]. The two parties compromised for the time being by having some inexpensive alterations carried out in the Kolaba Asylum [95]. These were, however, not sufficient to ameliorate the overcrowding, and only a year later Government was informed that criminal lunatics had to be denied admission to Kolaba by the medical officer, and were causing considerable inconvenience to the officer in charge of the jail who had to put them up [96]. Governor Falkland was alarmed by this situation, and again composed a Minute which was to be heavily opposed by his collegues. He argued presumably not without passion :

> 'The subject ... is engaging and will continue to engage my attention for I cannot but hope that when the state of asylum accommodation at this Presidency is placed before the Honble. Court and the new delegations resulting from the changes in the law are properly explained they will empower us to relax the restrictive measures which present exingencies have rendered imperative and give us the means of providing amply for the reception and treatment on the most approved system of the unfortunate victims of a calamity the heaviest which can well befall a rational and responsible being and the most entitling him to sympathy and assistance from his fellow men.
> These unless they happen to have committed an act which under other circumstances would be criminal we are now compelled to reject because we are unable to accommodate [them] because under the present financial embarrassment before we can attend to the dictates of humanity it becomes our duty to provide for the security of the people' [97].

He made the suggestion that the Kolaba Asylum be, after all, enlarged considerably. To this the other Council Members tentatively agreed [98]. When, however, the bill for these measures 'dictated by humanity' was submitted (Rs. 21,900 for the building site only) the number of dissenting minutes at Council meetings rose abruptly. In one outstanding statement, concurred with by the Commander-in-Chief, it was pointed out that

> 'the outlay under existing circumstances is quite out of the question. In this and many similar cases we have not merely to consider what is desirable, but what can be afforded' [99].

The provision for both imbeciles and lunatic convicts was postponed [100]. When again, in due time, improvements were advocated by the medical officer Governor Falkland summarized a long-winded though committed statement as follows:

> 'Under these circumstances as my colleagues object to our negotiating with the others in the land required to make the necessary addition to the premises of the Colabah Asylum I should feel obliged by their advising me what steps should be taken in this matter for I confess though I see the difficulty I can devise no satisfactory means of meeting it' [101].

A month later he was to give way to the Senior Council Member's cost-saving strategy of delaying the sanction of further public expenditures on behalf of lunatics [102].

Humanitarian ideals and economic expediency

The general significance of this dispute is not merely that a previously reformist Governor, presumably committed to humanitarian improvements, finally gave way to the pervasive power of economic expedience. It is rather the exemplification of the tension between Victorian humanitarian ideals and functional pragmatism, embedded in the colonial context. The squabble over admission restriction illustrates the ease with which the purpose of a public institution would be newly determined whenever economic circumstances were seen to demand some such modification. In both cases so-called 'social desirability' was to give way to what had been defined to be 'economic necessity'.

It should be noted that the senior Council member did only his duty within the logic of contemporay British administration in India [103]. He rightly allocated the priorities for public spending - and provisions for lunatics did not enjoy high priority. Conditions

within the asylums were appalling and therefore improvements certainly appeared to merit a higher priority than they received. However, conditions were appalling in many other areas, too. The living conditions of European soldiers and sailors, for example, who constituted the majority of Europeans in India were not at all salubrious, as amply evidenced by death and medical statistics as well as by personal accounts [104]. The circumstances of lower-class orphans and widows and veterans and vagrants were no better [105]. Further, in absence of a Poor Law system it was the few public institutions such as hospitals, jails and lunatic asylums that were to make intermittent provision for poor people and so-called 'persons of vicious habits' - without having additional funds allocated for so doing [106]. Provisions for the 'punishment of vagrants' were still in an experimental stage, and no general legal provision existed for the erection of the workhouses so admired by the upper classes in England [107]. Charitable institutions such as the 'Sailor's Home' were established on the initiative of private individuals, who appeared to be interested as much in clearing the streets of pauper vagrants and competing with benevolent acts of rich members of the Parsi community, as in contributing towards social welfare [108].

The Court's attitude towards impoverished and mentally and physically debilitated persons was in the last instance determined by economic and political contingency. Government's response to a query from staff at the Hospital at Jannah may point up a highly ambiguous approach and put into perspective the pragmatic attitude towards the conditions in the Kolaba Asylum. Permission had been requested by personnel to be allowed to afford help 'in cases of extreme want to paupers in the hospital'. The hospital staff was duly informed

> 'that the Governmental Hospitals must not be converted into Poor Houses or Mendicant Hospitals, but that in extreme cases such aid might be afforded as the Hospital might offer' [109].

As with the Lunatic Asylum it was the people in charge of a specialized institution who were to decide whether they could financially afford to allocate some part of their usually limited resources to individuals not strictly falling within their

responsibility. After all it was a fairly arbitrary decision whether a debilitated, perhaps violent or indecent, hungry vagrant, suffering from some disease, was a fit subject for reception - if at all - into the madhouse, the jail, the hospital, the Sailor's Home, or rather the House of Correction. The line between disease, crime, insanity, and poverty could not be clearly drawn. The restriction of admission to the Lunatic Asylum to dangerous lunatics therefore occasioned not only moral reservations on the part of some government and medical personnel, but also significant practical repercussions for the few other public institutions which might alternatively have had to serve as a collecting point or dump for disturbing lunatics picked up or chased away by police from the streets.

Socio-economic priorities and medical concepts

The limitation of eligibiltiy for reception into the asylum is an example of the close interdependence between social values and economic expediency extant at the time on the one hand, and the medical conceptualisation of what was seen to constitute insane behaviour, necessitating a certain institutional response on the other: as long as the accommodation available in the asylum had been ample, no discussion occured as to who was eligible for admission and whether all patients confined in the asylum were in fact lunatics. Only when the first reports on the continued overcrowded condition were drawn up and no further internal improvements could easily be implemented, was the question raised as to whether the asylum's purpose had not been misunderstood. It was the asylum superintendent who first expressed doubts as to whether the Magistrate of Police - by whose authority many of the civilian patients had been sent - had fully realized the true purpose of the institution. Dr. W. Arbuckle, a graduate from the highly esteemed Medical College in Edinburgh and superintendent of the Asylum in 1849, clearly described priorities, in response to room constraints and financial stringency, and determined who was not fit subject for the Asylum:

> 'The accommodation of the asylum I beg to recommend should not be occupied with Idiots and harmless Imbeciles' [110].

He regarded them as unamenable to treatment and recommended that they should be kept in a separate building. Dr. Arbuckle even maintained that the Asylum

> 'was never meant for the reception of such patients, but only for those whom it would be dangerous to leave at large' [111].

Although Arbuckle's argument was in accord with the contemporary distinction between idiocy and insanity, it also reflected the social and economic priorities of the time. The ultimate criterion for admission in the face of scarcity of space became the social imperative of protecting the public from violent people by means of institutional segregation. Violent maniacs ought to be isolated from society and to be locked up, whilst 'harmless idiots and imbeciles' ought no longer to be admitted, and those who happened to be there already, should be transferred to a less controlled and less expensive institutional setting. According to Arbuckle's *a posteriori* judgement the Asylum had previously been misused as a receptacle for what he called 'alleged lunatics'. He provided statistical evidence for this assertion, pointing out that with stricter observance of admission rules and regulations the number of persons improperly confined in the Asylum had dropped:

> 'on the issue of such instruction "alleged lunatics" found on the streets of Bombay and brought to the asylum were no longer admitted without a medical Certificate attesting their insanity and the admissions were thereby greatly reduced' [112].

The people whom Dr. Arbuckle described as 'alleged lunatics' may have been Indian fakirs, beggars and 'idiots', or European vagrants who had caused some minor affront to decency and seemly behaviour in public. With Arbuckle's recommendation to Government to repeat and properly enforce the order of admission restriction, the police officers' task of keeping public peace and order may not have been eased. They were now - in the absence of institutional provisions for the mentally debilitated and imbecile - in a position of having either

to find alternative ways of disposing of harmless, though irritating idiots, or of accepting their ubiquitous presence in public contrary to their better judgement and sense of order.

Early treatment of insanity *versus* exclusion of harmless lunatics

Dr. Arbuckle's advocacy of admission restrictions was based on contemporary medical concepts as much as on the pressing problem of overcrowding. He had previously advocated the early institutional treatment of lunatics - prior to their committing any offence. Here, too, he had taken recourse to contemporay medical theories. Insanity was supposed to become chronic if not treated early and could be transmitted to any eventual offspring, thus occasioning genetic degeneration. He argued that insane patients should be brought to the asylum

> 'at the first outset of the disease when treatment is so efficacious and the villages would then be relieved from the many victims to chronic insanity who go about disseminating all the evils of such an hereditary disease, and who are never once brought under the influence of medical treatment until they have committed some criminal offence and are brought before the civil authorities to be consigned to an asylum for the rest of their lives' [113].

This argument in favour of early treatment was not accompanied by any practical recommendation for financial saving. The Government ignored it. Had it reflected upon the argument in more detail in relation to the recommendation to restrict admission to dangerous lunatics only, some ambiguities may have become apparent. Arbuckle had made the two somewhat incompatible recommendations that deranged persons ought to be treated before they had caused offence, and that no other than dangerous lunatics ought to be admitted. Each could be grounded in acknowledged medical reasoning: the former in the belief that early treatment guaranteed cure and the latter in the distinction between incurable idiots and the curable insane. Both were well argued for and equally convincing in themselves.

At the time only one recommendation was however taken up. Consequently the purpose of the Kolaba Asylum was re-defined as providing admission for such persons 'as by their violence would endanger the safety of the community if allowed to go at large' [114]. The fact that early treatment was not enforced as a main objective of the Presidency's lunacy policy, whilst a selective admission policy was, shows that social priorities and economic contingencies determined which medical approach was finally chosen. It is therefore within the context of social preferences and economic constraints that the medical approaches prevalent in the Kolaba Asylum will have to be assessed.

Management of the institution and treatment of patients

Institutional Hierarchy - Personnel

The staff employed in the Ayslum was hierarchically organized and its stratification echoed the race, class, and gender classification imposed on the patients. The most senior position within the Asylum was that of superintendent. It was occupied by a medically qualified person - usually an assistant surgeon or surgeon. As he was in medical and managerial charge of the institution he had to be a European [115]. For European patients the services of European head keepers were available [116]. In the case of the male European head keeper no problem in the recruitment of suitable persons had apparently been encountered. Former soldiers or sailors who prefered employment in India to a doubtful future back in Britain after many years abroad, or who had married Indian women, could easily be found. For the post of female head keeper it seems to have been more difficult to procure the services of a suitable person, because in order to qualify for the post a woman had to be not only European, but also of a respectable class and willing to accept the very low pay of Rs. 8 per month [117]. At times therefore, female patients had to be looked after by a male attendant - a fact which was indignantly pointed out by a superintendent [118]. There seems also to have been a racial qualification for the post of assistant apothecary but not for that of compounder [119]. It may be assumed that this latter position

could be held by an Indian, and that it was he who was in charge of the day-to-day medical affairs of Indian patients.

The remaining employees were regarded as inferiors and in 1850 comprised the cook and his assistant, two sweepers, four watchmen, two watercarriers, two washermen, one barber and several ward attendants [120]. It may be worth noting that the proportion of sweepers to watchmen may have reflected the Asylum's custodial function. After all about 100 lunatics were confined in the Asylum for whom the services of but two cleaners does not seem wholly compatible with the Victorian equation of cleanliness with godliness; especially as it was to be further assumed that these two sweepers spent a good deal of their time keeping the first-class and other European quarters tidy. In respect to menial services such as cleaning, feeding, washing, therefore a very low standard must have prevailed. It may even have declined steadily as the number of personnel recommended in the 1820s remained stagnant whilst the number of patients had by the 1850s increased ten-fold [121].

However, a sliding scale was applied to the number of ward attendants, which might have helped to compensate for the continually decreasing standard of general services [122]. This reflects the similar tendency in European institutions to let the attendants/nursing staff compensate for cuts in the provision of general services. Following the recommendations of the Commmissioners in Lunacy one attendant was employed for every three Europeans, whilst on the 'native wards' one attendant for every seven Indians was deemed adequate [123].

As only the superintendent had to write reports on the Asylum's state and the patients' condition, there exists hardly any evidence on the routine duties of his subordinate staff. From the general spirit of the reports it may however be assumed that it was the ward attendants who had the closest contact with the patients and determined the social atmosphere in the wards.

Advocacy of moral therapy

Reports on the institution had to be submitted to the military and later on to the general and public department. Not much information was provided in them on the medical practitioner's daily routine. As far as the officials in the Presidency's governmental departments were concerned, formal adherence to humane treatment as suggested by English Governmental Select Committees and the Commissioners in Lunacy had to be evidenced by the Superintendent's and the Medical Board's reports, which certainly indicated that compliance with the recommendations drawn up in England were part and parcel of the Presidency's institutional management. To what extent and how these mainstays of early nineteenth-century psychiatric practice in England were actually realized within the Asylum cannot be ascertained for the early decades. It was towards the 1840s and '50s that detailed reports on the treatment of lunatics were drawn up on the occasion of the Bombay authorities' and the Court's enquiry into the state of the Kolaba Asylum, and then only as the result of a certain Superintendent's special commitment [124]. By then the Kolaba Asylum had more patients confined within its walls than had ever been planned, and the Asylum's potential for moral management and therapy were seriously brought into question. Although it was only towards the 1850s that a Superintendent expressly doubted that the modern approach towards the insane could possibly be realized under the confined circumstances on the Indian males' ward, it seems unlikely that it had there ever been practiced to any large extent. From case reports it appears however that a Surgeon W. Campbell showed an exceptionally understanding and respectful attitude towards his patients - at least the Europeans.

Overcrowding in the Asylum and absolute increase in the number of patients

The main limitation to moral treatment was thought to be the institution's over-crowdedness, which had, according to medical

officers, become a grave problem since the 1840s [125]. The constriction of the buildings used as an Asylum had been a source of complaint throughout the first half of the nineteenth century. Towards the middle of the century the Asylum was declared to be too over-crowded to allow for proper moral treatment [126]. The absolute increase in the number of patients was taken as evidence for the decline in Asylum standards and for the necessity of considerably enlarged provision which would allow for proper classification and take into account the anticipated steady increase in the number of Asylum inmates. It should, however, be stressed that the much deplored overcrowding had been occasioned mainly by the system of classification in use. It may further be concluded that the allegedly insuperable problems in effecting moral treatment existed mainly in respect to the situation on the 'male Native wards' where the bulk of patients were huddled together. On the European and female wards in contrast ample space - then assumed to be one decisive factor in moral therapy - was available. This is further evidenced by more detailed statistics which show a considerably higher rate of increase in the number of Indian patients - whilst their accommodation was not extended proportionally [127].

Overcrowding and demands for reform

In February 1850, on the occasion of a murder committted by a patient, Surgeon W. Campbell, the medical officer in charge of the Asylum, described the impediments to curative treatment then prevailing in the institution [128]. By that time the daily average of patients exceeded one hundred, whilst the building was meant for the reception of only 50 persons. Campbell pointed out that although 'these two facts as thus put are startling enough', they were however as mere statistical facts not of a kind to convey

> 'an adequate conception of the real nature and magnitude of the disproportion which actually exists' [129],

He therefore went on to describe the internal room allocation and the consequences this had for cure-orientated treatment. His report reads

like an appeal to medical and governmental officers and was intended as such. It closed with the remark that

> 'the subject is one well fitted to engage the attention and command the interest of every enlightened and benevolent mind' [130].

The Government's benevolence and enlightenment were, however, not noticably stirred by Campbell's representations - it merely conveyed its opinion that the measures already taken by Government (i. e. discussion of plans for enlargements) were enough to improve conditions [131]. Surgeon Campbell's report provides ample evidence for the reformist ambitions of a medical officer on duty in India, his strong advocacy of the very same ideals then extant in England, and the firm conviction inherent in his argument that the supposed high and enlightened standard of European medical science ought to be realized in India as well. It also conveys some idea of how people of various races were accommodated.

Campbell depicted graphically the distribution of the 101 patients then confined at Kolaba over the four available wards, each of which contained twelve cells and two rooms used both as day-rooms and as dormitories. The seventeen female patients were confined on a ward of their own. The European ward provided also ample space for the small number of patients admittted (two Europeans, one Indo-Briton and one Portuguese) [132]. The female and European wards could in the Superintendent's view hardly be considered to have suffered from want of space. Campbell's attention therefore focussed on the condition of the 80 remaining patients who had

> 'to be huddled together into a range of apartments originally built and still adapted for the accommodation of not more than 24' [133],

'But this is not all', he went on to argue,

> 'of these 80 lunatics there are eight whose symptoms and peculiarities are such as to render it absolutely indispensable that they should each be confined in a separate place so that 16 cells only are left for the accommodation of 72 individuals',

Campbell then posed the rhetorical question:

> 'could stronger proof than this be given or required of the necessity which exists for immediately enlarging the Lunatic Asylum?'

And as if he wanted to prevent his superiors from reducing it to a mere problem of room allocation he went on to exploit the authorities' previously-proclaimed intention to provide for the secure incarceration of criminal lunatics:

> 'But it is not to be supposed that these 72 persons are perfectly quiet and harmless, 18 of them, i, e, one fourth of the whole, are criminals - some murderers - some guilty of assault and robbery, all of them the perpetrators of subversion of the peace and welfare of society; all, it may be said, dangerous characters. Suppose we put one of them into each of the 16 remaining cells and there would still be two over to be cooped up with the 54 remaining patients in the corridors or passages. Be it remembered that I describe things as they are this day - eight is but a small proportion of 30 who require to be separately confined. Tomorrow ... I can foretell there may be three times the number labouring under such a degree of excitement as to render it necessary that each should be locked up by himself'.

Campbell then touched upon those major concerns of the Victorians - decency and morality.

> 'But the case is still further aggravated when we consider the total disregard for decency and propriety which those afflicted with insanity so frequently manifest. Their propensities are often filthy and disgusting in the extreme - they go about naked - they obey the calls of nature wherever they are sitting or laying, and I leave it to the imagination of the reader to depict what must be the state of premises so limited, crowded with human beings, many of whom have habits so revolting - surely this requires no comment and surely it cannot excite surprise if I most earnestly, yet most respectfully entrust that no time be lost in doing something to ameliorate the condition of the unhappy wretches who are thus circumstanced'.

It could be assumed that his depiction must indeed have had the expected impact on the officials' imagination and sense of decency and seemliness. Although bad conditions were in practice part and parcel

of institutions, it was certainly discomforting to have such a deplorable state of affairs revealed within public institutions in India. And not just any institution, but one established by Europeans with a view to not merely providing functional premises but of thereby spreading the allegedly humane spirit of English civilization. However, not only the peculiarly aversive Victorian attitude towards some aspects of corporeality and the self-assumed responsibility for spreading Victorian virtues, but also economic expedience contributed to the judgement of institutional provisions.

The belief in cure rather than mere custody of lunatics

Whilst the humane sentiments of Surgeon Campbell's superiors may well have been stirred, their pragmatic insistence on strict economy was not overcome: even not when Campbell went on to challenge the self-understanding of Government as humane and enlightened:

> 'I have hitherto spoken of this Institution as if it were a place only for the confinement of the insane and if it were nothing more I have shown in a manner not to be gainsaid that on its present footing it is utterly inadequate.
> But regarding it in a higher light considering it as a Hospital for the treatment and cure of the most grievous malady to which the human family is subject, and the preceding details acquire a force and significance which must be altogether irresistable. Can there be a more affecting exhibition of suffering than the miserable victim of mental estrangement? And can there be one more deserving the consideration of a humane and enlightened Government?'

In the somewhat exuberant style of his time and with the vigour of a Victorian reformer Campbell argued for special provisions for the improvement of the condition of the mentally deranged, which in his opinion they undoubtedly deserved. He further challenged what he suspected to be the authorities' attempt to appear well-informed about recent developments in modern science. He quoted a case reported by Pinel and compared it with the state of the Kolaba Asylum. He finally concluded:

> 'I ask whether it be not little short of a miracle that a man ever leaves this hospital cured, ... could it, I again ask, be wondered at, had I, 'ere another day has run its course, to report a murder or a suicide within these walls?'

Campbell's line of argument incorporated the contemporary belief that an asylum should aim not only at confining but also at curing. Government's negative response to his moralistic and brilliantly argued plea may again be interpreted as an expression of relative priorities imposed upon Victorian humanitarian ideals by the perceived economic constraints.

Different styles of management

In this particular instance the Superintendent actively favoured modern, reformed approaches towards the insane. Campbell's predecessors had not as a rule been so disposed [134]. They had periodically submitted suggestions for enlargement and minor improvements and at times even recommended some alteration in legal procedure. Although they had also tended to draw up asylum reports which owed much to the language of the Commissioners in Lunacy and other mainstream medical ideas, they conveyed the impression that their rhetoric barely touched their actual practice. With the appointment of Surgeon Campbell as Superintendent considerable change in asylum management appears to have occurred. This can be inferred not only from his occasional pleas to Government, and from his extraordinarily detailed routine reports but also from his most elaborate and comitted studies of case histories and from the gratitude occasionally expressed by European patients [135]. Campbell's approach towards the insane clearly reveals some basic themes of early nineteenth-century discussion on lunacy.

Plans for a separate establishement for feeble-minded persons

By the 1850s the Asylum population had consisted of between 100 and 110 patients, the majority of whom were male Hindus and Muslims [136]. The fact that 80 % of the inmates were confined in two out of four wards had induced Campbell to have submitted to the authorities the above referred to plea. His more famous predecessor, Dr. Arbuckle, had been confronted with a similarly high proportion of male Indian patients and he, too, had considered some immediate measures necessary [137]. His appeal to Government had, however, concluded with a pragmatic and cost-saving suggestion of admission restriction [138]. When Campbell's petition proved to be unsuccessful he took up one of his predecessor's previous recommendations: the institutional separation of feeble-minded from insane patients [139]. As evidenced by statistics, a separate asylum for patients designated as 'imbecile', 'fatuous' or 'idiotic' would indeed have taken the pressure off the Kolaba institution [140]. The majority of patients, on average about 55 %, were seen to suffer from feeblemindedness of various degress rather than insanity [141]. And again most of these belonged to the group of 'native male' patients who were described as being incarcerated under abominable conditions. At first sight it might appear striking that Indians were more frequently diagnosed as idiotic, fatuous or imbecile than Europeans. This might have had much to do with the prevailing admission policy, diagnostic reliability and validity, together with the policy of repatriating Europeans within a year.

Arbuckle had in 1849 argued that the high percentage of feeble-minded patients was closely related to the police practice of picking up 'harmless idiots' from the streets and sending them to the asylum. With Government's restriction on the admission of such persons it was therefore expected that the number of 'idiots, imbeciles and fatuous' patients would decline considerably. In fact the trend was by no means so marked as expected. In 1851/2 the percentage was only slightly lower, namely 52 instead of the previous 58 %. In Campbell's evaluation of the admission restrictions' first results he pointed out that a decrease in the number of admissions had been effected. At the same

time this led to a fall in the cure rate as those who had been admitted were generally 'cases of a worse kind' [142]. He concluded that

> 'in former years many cases of a mild kind came under treatment which under the provision of the new regulation are no longer eligible for admission, and it is obvious, that this must affect the numbers which appear in the different columns of our annual returns' [143].

However, this interdependence between admission policy and cure-rate does not explain why the number of feeble-minded Indian patients did not decrease more markedly. It may well be that the restriction of admission to dangerous lunatics was not adhered to strictly, and that the two doctors employed differing criteria in the classification of mental afflictions.

This raises the question of the objectivity of diagnostic processes, and the validity of diagnostic practices. The decisive point is not so much that Arbuckle and Campbell in fact employed slightly different diagnostic schemes. It is rather that these two doctors presumably had different overall frames of reference within which their emphasis on certain forms of symptomatic behaviour may at times - despite their seemingly similar terminology - have occasioned different diagnoses. The difference in their conceptual frame of reference which may have had an impact on the diagnostic process and consequently on asylum statistics may also be seen in their differing attitudes towards success in the cure of feebleminded patients. The most evident difference of their position was that Arbuckle had basically considered 'Idiots and harmless Imbeciles as not amenable to treatment', thus suggesting they should be confined in a separate place, where they would be looked after, though not necessarily by a specialized medical officer [144]. Campbell in contrast emphasised the rare but possible cure of cases of fatuity and imbecility [145]. His conception of what constituted an imbecile or fatuous person in contrast to a madperson was presumably qualitatively different from Arbuckle's. With explicit reference to Conolly, Campbell believed that 'if few cases admit of cure every case admits of improvement' [146]. He strongly objected to having 'idiots and imbeciles removed and

separated from a curative asylum and put into a custodial establishment. Whilst admitting that idiots and imbeciles were a class of their own, he did not approve of any proposal which would have removed the

> 'helpless imbeciles from the supervision of those whose special vocation it is to watch over the insane' [147].

Certainly this argument was not totally disinterested; it also intimates the mad-doctor's inclination to establish his exclusive expertise. Whatever Campbell's personal motivation may have been, his suggestion in regard to the disposal of feeble-minded persons was tendentially cure-orientated, whilst his predecessor's emphasis lay on custodial provision [148]. Campbell thought of 'something intermediate between an almshouse and an asylum', because the imbeciles stand

> 'in need of more care than the needy, the aged and infirm, the deformed and the diseased, who tho' feeble it may be in body, have yet sense and intelligence enough to minister to their wants, Whilst on the other hand, they want less constant and watchful supervision than the excited maniac or the despondent melancholic' [149].

Campbell, however, also referred to Conolly's identification of idiots with children, who should be

> 'guarded by night and by day, from danger, violence or neglect, until their poor remains ... can be husbanded no longer' [150].

This reference provokes some doubts as to whether his belief in the improvement if not cure of the feeble-minded was compatible with the husbanding approach.

Campbell's frequent reference to Conolly could be seen not as merely signalling their spiritual affinity but also as being symptomatic of the common fate of their approaches at a time when public institutions grew larger and public spending was reduced: Conolly's support for, and successful practice of 'total non-restraint' was finally to be abolished at Hanwell Asylum due to its high demand on costly labour power. The same fate had earlier been shared by Gardiner Hill's regime of 'total non-restraint' at the Lincoln

Asylum [151]. Campbell therefore in his evocation of modern reformist approaches could, even without the special financial stringency imposed on public works in India, have been expected to share sooner or later his mentors' fate. Campbell did not see the practical realization of any of his radical recommendations for reform.

Nosologies

Arbuckle and Campbell employed contemporary diagnostic schemes [152]. Although different in classifactory emphasis, they both referred to a modified version of the basic scheme for delimiting mania, melancholia and dementia.

Arbuckle's nosological scheme

Forms of diseases of patients treated, 1848/9

Chronic Insanity	21
Epilepsia and Imbecility	1
Epilepsia and Mania	1
Fatuity, senile	3
Idiocy	17
Imbecility	44
Mania	62
Melancholia	28
Paralysis, General and Idiocy	2
Puerperal Mania	3

Campbell's nosological scheme

Forms of diseases of patients treated, 1851/2

Mania	84
Melancholia	9
Monomania	2
Imbecility	38
Dementia;	
Fatuity	20
Congenital Idiocy	3

Both Arbuckle and Campbell saw physical disease as an additional complication. Arbuckle's inclusion of epilepsia, general paralysis and puerperal disease into his classification indicates that he might have seen some connection between the various diseases and mental illness [153]. Campbell in contrast concentrated on the mental affliction itself and added a separate analysis of the various physical diseases, thus accentuating the priority given to the mental aspect independently of physical affliction [154].

Complications

Mania with	Apoplexy	2
	Cerebral affection	1
	Dysentery chronic	1
	Epilepsy	2
	Gonorrhoea	1
	Phthisis	1
	Peritonitis, chronic	1
	[...] of the Brain	1
	Scurvy	6
Imbecility with	Atrophy	1
	Cerebral affection	1
	Cutaneous affection	1
	Epilepsy	2
	Paralysis	2
	Phthisis	1
	Scurvy	9
Fatuity with	Atrophy	1
	Cutaneous affections	1
	Paralysis	3
	Scurvy	1
	Syphilis	1
Total		35

Despite the intriguing simplicity of Arbuckle's and Campbell's system of classification it is not at all clear what their practical basis was. In fact contemporary psychiatric medicine in England seemed generally - in contrast to that in Germany and France - to have been less concerned with the conceptualisation of various states

of insanity. Recent publications on early nineteenth-century psychiatry tend to confirm this, pointing out the tendency of English psychiatrists to specialise in 'social work' rather than 'sociology', and in 'improving the conditions and treatment of the insane in Asylums' rather than 'setting the pace of clinical advance', like the French, or 'applying psychology to the understanding of mental illness', like the Germans [155]. The nosologies used by English doctors in asylums in India stand close examination in terms of conceptual clarity as little as those then in use in England itself. Certainly some schools of English psychiatric nosology owed much to the systematic French and German classifications, but it seems as if the systems they suggested had been rather ecclectically modified by practicing doctors [156].

Arbuckle's recourse to the category of 'chronic insanity' may serve as an example lacking conceptual stringency. The designation of 'chronic insanity' was derived from the empirical observation that patients who had spent a considerable time, usually above one or two years, in the asylum were likely to remain there without significant change in their mental state. The diagnosis thus conveyed a prognostic judgement, as long-term patients were believed to be incurable. It therefore seems to be a category mistake to list chronic insanity together with categories such as mania, fatuity, melancholia, which were grounded in other than mainly prognostic criteria. Whilst Arbuckle's nosological scheme should therefore be viewed with conceptual reservation, it should at the same time be pointed out that conceptual incoherency by itself may not necessarily have been detrimental to his practical achievements. In any case even apparently simple schemes like that of Campbell will have been subject to problems of demarcation and socio-cultural variation similar to those faced by psychiatrists and psychologists today.

Patients' professional background and average age

The Kolaba Asylum had never been intended as a receptacle for a cross-section of the Presidency's population. Rather it had been made clear from the Asylum's inauguration that it was to provide for the admission of the Company's and Her Majesty's insane military and civil servants and of insane inhabitants of the Town and Harbour of Bombay [157]. Surgeon Campbell listed 47 different occupations for the 165 patients who had passed through the Asylum during 1851/2 [158]. Amongst them were ten seamen and 21 soldiers as well as three officers, whose certification was the responsibility of the military authorities. These were usually patients whose behaviour had become intolerable for their superiors and unamenable to routine disciplinary actions such as increased physical training, imprisonment and flogging (the latter only in the case of Europeans), or unamenable to standard medical treatment. In respect to such military lunatics their deviancy from the norm can readily be accounted for in terms of the behavioural demands of a total institution such as the military. In the case of civilians, who were normally sent for certification to a medical doctor by the police, it becomes more difficult to account both for their deviancy and the norm that might have determined the context within which they had become conspicuous. Further information would in these cases have to be drawn from individual case studies.

As evidenced by a further statistical account, the majority of European patients were drawn from the military whilst the bulk of Indian inmates had been designated as paupers [159].

Patients' Professions: 1851/2

EUROPEAN	
Commissioned Officers + Covenanted Servants	2
Uncovenanted Servants + Townsmen paying	1
Soldiers of HM's + HC's Army	7
Seamen of Royal + Indian Navy	2
Seamen of Merchant Service	1
Seamen paying	1
Paupers, females	1
INDIAN	
Commissioned Officers	1
Soldiers of Native Army	14
Seamen	5
Townsmen, Ryots and others paying	4
Paupers male	84
Paupers female	21
Criminals male	21
Criminals female	1
TOTAL	166

The tendency with regard to the age of inmates is predictable: the majority of European inmates belonged to the age-group in which people's active working capacity (i.e. in the military) was at its height. Most Europeans were between 20 and 35 years old. In respect to the age of Indian inmates a distinct difference between Buddhists and Hindus (mode 20-35 years) on the one hand and Muslims (mode 35-50 years) on the other prevailed, which cannot easily be accounted for on the basis of the available sources of information [160].

Patients' Caste/Country and Age; 1851/2

	10-20	20-35	35-50	50-65	Total
Europeans	2	8	3	2	15
Indo-Britons		4	1		5
Portuguese	1	4		1	6
Native Christians		1	1	2	4
Bhoodists + Hindoos	4	42	19	11	76
Mussilmen	3	13	12	11	49
Parsees		4	1	2	7
Chinese		2			2
Malays		1			1
Total	10	89	39	29	166

Classification of patients

The homogeneity of patients' professional background had been commented on by Surgeon Campbell. Especially in the case of Europeans he assessed this homogeneity in terms of its positive effect on classification:

> 'Drawn very much from the same class, belonging generally to the same profession and united in a majority of instances by identity of interest, taste and pursuits, there is often a very great similarity in the character of their symptoms and peculiarities, and inadequate though the means of classification may appear, when measured by the standard of modern asylums at home, yet they are found in actual experience to be generally sufficient' [161].

In his evaluation of patients' former background Campbell presumed that both service within the military and prior low-class background of recruits determined their interest in general and the way in which their mental affliction manifested itself in particular. Despite the

subtleness with which he studied the diverging personal life-histories of European patients, he seems to have attributed great importance to the unifying aspect of social class and the all-pervasive effect of military service on people's life. In regard to female patients Campbell made similar connections between class background and mode of life on the one hand, and character of affliction and classification on the other. According to his statistics the majority of female inmates were lower-class women. He said that the same remarks as those made in regard to European inmates

> 'apply though with less force to our female patients. Their number rarely exceeds 20; a majority of these are low caste, most of them have led vicious profligate lives previous to admission, and their symptoms are generally such as might be expected to ensue on a course of dissipation and debauchery, those of weakness, and exhaustion, both of the bodily and mental powers' [162].

Because of this homogeneity amongst women in regard to not only their class and previous daily pursuits but also in their mental derangement, no classification of female inmates was seen to be necessary.

Only in respect to 'native males' was Surgeon Campbell faced with the need of classification due to the heterogeneity of this group of patients. Although the majority were classified as 'paupers' Campbell found it necessary to take recourse to some classificatory system in order to account for the diverse manifestations of Indian males' deranged minds. It seems that it had not so much been the diversity of symptomatic behaviour in Indian men, but rather the ambition to keep control of a great number of patients, that underlay the decision to separate inmates. The chosen categories for classification were closely related to criteria of asylum management (namely submission to discipline and control, cleanliness and seemliness) rather than patients' class and previous life-style - both of which had been so decisive in regard to Europeans and females. Campbell grounded the classification on modern scientific knowledge: the intractable and noisy would interfere with the convalescents' cure process; and the obscene or fatuous would have a bad moral influence on each other as well as on others.

> 'The native males again, as has been before remarked, form the most numerous and therefore the most important class of our patients, and who may be estimated in round numbers, as averaging about 100, are classified as follows. The violent, dangerous and unruly occupy the lower ward in the Eastern wing. To those, whose most prominent characteristics are dirtiness, and indifference to decency, and propriety /and they form I regret to say a formidable proportion of the whole/ the corresponding Ward on the opposite side is assigned; its vicinity to the sea, and its openness to the breeze rendering it the best adapted for this purpose. The upper ward again in the Eastern wing is tenanted by the harmless, imbecile, and fatuous patients, who are cleanly in their habits, and the one opposite is set apart for convalescents' [163].

This classification of Indian males was a system by means of which people of different habits could be kept apart and bad moral influence quarantined. The classification applied to European, female and Indian male patients no doubt facilitated efficient management and inmates' comfort. At the same time the internal arrangements of the institution were organized on the basis of similiar social priorities, preference, prejudices and inequalities as those prevailing in Anglo-Indian society at large. Above all, Europeans of all ranks enjoyed a degree of comfort superior to that of Indians. Even in regard to consideration of social class or caste background the Europeans were treated preferentially to Indians: their sensitivity towards social class was respected and the lower ranks were separated from persons of elevated position. Indians' highly developed and distinct caste and religious prejudices were in contrast neglected. Indian males were not only huddled together, but the classification applied to them took into account only their symptomatic behaviour. From today's point of view the seemingly egalitarian and therapeutically apparently sensible mode of classification applied to Indians might appear preferable to the re-creation within the asylum of social stratification. However the caste-, class- and creed-blind treatment of Indians derived rather from the Anglo-Indians' derogatory perception of Indians of all kinds as 'natives' and as such as people of inferior race whose sensitivities and social prejudices could be ignored.

Discharge rates and long-term confinement

Since its opening the majority of patients of the Kolaba institution were Indians unconnected with the Company's services, although the Asylum's main purpose had been to provide for the reception of persons in the employ of the British. In fact many patients were European soldiers and sailors, but as they were regularly despatched to England they did not accumulate in the Asylum. Thence Indian lunatics tended to become, with the years, over-represented in the Asylum statistics.

As no systematic statistics on the length of stay of various patients were kept at Kolaba it cannot be ascertained with certainty to what extent long-term patients had accumulated in the Asylum and affected its continued over-crowding. It may, however, be presumed - on the basis of the discharge practices and diagnoses - that by the 1850s more than half of the Indian patients were long-term, in other words, patients not discharged within two years. By 1851/2 the discharge rate - that is, the ratio of those discharged to the total number of Indian patients - had fallen to 23 % [164].

Number and percentage of Indians discharged to total number of Indian inmates; 1842-1852.

	1842	1843	1844	1845	1846	1847	1848	1851/2
	67	60	71	72	70	51	53	35
out of								
	118	121	132	143	153	138	165	151
	56 %	49 %	53 %	50 %	45 %	37 %	32 %	23 %

A similar decline in the discharge rate of European inmates had occurred up to Surgeon Campbell's take-over of the institution in 1849, with a sudden rise thereafter [165]:

Number and percentage of Europeans discharged to total number of European inmates: 1842-1852.

	1842	1843	1844	1845	1846	1847	1848	1851/2
	10	9	8	6	6	6	3	6
out of								
	20	23	20	19	28	27	17	15
	50 %	39 %	40 %	31 %	21 %	22 %	17 %	40 %

Since civilian Europeans were only occasionally admitted, whilst the majority of European patients were military, the restrictive admission policy introduced in the late 1840s did not seem to have affected European lunatics as much as Indians. It seems likely that the changes in discharge rates evidenced by these statistics for the 1840s could, to a large extent, be attributed to the Superintendent's therapeutical approach towards his patients. Further, as one available option in the case of Europeans was to have them sent to England, it could also have been the case that Surgeon Campbell's predecessors placed more confidence in patients' early removal from the tropics than in concentrated attempts to have them restored to sanity in India. From Campbell's detailed case-studies it seems that his efforts to cure Europeans had been far more committed than his predecessors', and would consequently be reflected in the discharge ratios.

The value attributed to institutionalisation

Whilst Campbell was very much in favour of early treatment of Europeans and of a patient's early reintegration into normal life, in regard to Indian patients he emphasized consideration of what he called 'the evil consequences of premature dismissal' [166]. According to his experience, he argued, early discharge of Indian patients whose state of mind had improved slightly, frequently showed 'ill effects'. He maintained that most of the Indian patients would be looked after much better within an institution than at home. Even in cases when the inmate's relatives were anxious to get a patient back into the family it could not be taken for granted that proper care and attention would be bestowed on them.

Campbell conceded that in cases where

> 'patients' friends possess the intelligence to manage them judiciously and have the means requisite, to make them comfortable, it may often happen that no harm will result from their removal' [167].

At Kolaba, however,

> 'where most of those who come under treatment belong to the lowest classes, and whose relatives are poor, ignorant, and superstitious, it is in a large proportion of cases inexpedient and improvident to sanction their being withdrawn from the asylum' [168].

From the evidence on the insufficiency of asylum diet and the confined condition on the male Indian wards it can legitimately be concluded that the advantages Campbell thought the Asylum would possess in contrast to provision made by families were only relative. The provision for inmates were certainly better in Campbell's institution than other public establishments such as jails. Jails were reputed to have mortality rates, for example, well above the average for the population at large [169]. However convinced Surgeon Campbell might have been that Kolaba was a better place for lunatics than family homes, it is questionable whether statistical evidence would have supported his view.

Campbell's argument was, however, as so often before, well grounded in contemporary beliefs and theories to the effect that specialized institutions' provisions were superior to informal support networks of the lower classes. Nevertheless, as the 'growing disinclination on [Campbell's] part to let them go' implied an extension of asylum services one might wonder how he could at the time have misinterpreted or ignored the restrictions imposed on public works and asylum admissions [179]. Apart from the Governor himself the Council was opposed to any great outlay of money for the maintenance of the Asylum, and even Governor Falkland acceded to suggestions to have the asylum population restricted by means of a selective admission policy. And this policy had explicitly ruled that the security of the public had priority over institutional care for the mentally ill. In the light of this ruling it seems somewhat out of place that Campbell should argue in favour of keeping patients within the Asylum longer than wished by their families and even when they could have been discharged as 'relieved'.

It may be conceded, however, that what now looks like a misunderstanding may not have appeared so at the time. After all, the Council was divided on the asylum question; there was no coherent lunacy policy, only sporadic and at times contradictory measures; psychiatric care had no priority in public welfare - but might possibly have acquired one as a result of persistent pleas for reforms. All this might have encouraged a person like Campbell, who showed great interest in the reformed treatment of lunatics, to make use of this relatively open situation. He had on many occasions attempted to make his expert opinion known to the Government, but as in most cases his recommendations - usually supported by evidence from England - implied some considerable expense, they were hardly ever taken up.

Diet and Mortality

Surgeon Campbell claimed some success in keeping the mortality rates low by changing the patients' diet. His predecessor, Surgeon

Arbuckle, had applied a low dietary regime, and had considered 'carefully regulated food' as a main constituent of treatment [171]. The then prevailing death rates he attributed to the Asylum's unhealthy location and overcrowding. Arbuckle had noted that 'the most fatal disease ... is scurvy' and explained that

> 'with the damp situation of the asylum during the rains and its inadequate accommodation for the increasing number of patients the liability to this disease is not likely to be removed without the aid of a new asylum' [172].

Arbuckle's assessment of the probable cause of scurvy was in line with contemporary main-stream medical theory [173]. Although a navy doctor had in the late eighteenth century discovered a connection between diet and scurvy, his findings were not taken up until late in the nineteenth century. In Arbuckle's time scurvy was mostly assumed to be related to the environment, to dampness and poor light.

Surgeon Campbell was also in favour of a new asylum that allowed for less crowded conditions, but he did not consider the locality as such to be detrimental to the patients' health. He emphasised the success he had effected by introducing a diversified and more liberal diet, and concluded that mortality 'is in no way referable to place'. Unfortunately he did not see any connection between nutrition and scurvy: sixteen out of 35 patients who suffered from some physical disease were still cases of scurvy [174]. He had obviously just managed to feed them well enough to prevent them from dying. However, the official dietary regime which Campbell had devised was sophisticated and intended to be closely related to the patients' physical and mental state. Manipulation of nutrition played an important role in contemporary curative medicine and was made use of by Campbell, too. Whether the prescription of a certain diet was in fact grounded solely on medical considerations has again to be questioned, because from Campbell's own comments on the various dietary schemes it appeared that patients' race and social standing played a decisive role. Whilst all the physically healthy Europeans were usually on 'full diet' - regardless of the nature of their mental affliction - the majority of Indian lunatics were provided with meals reduced by half, and those

Indian patients who showed some vascular excitement and febrile symptoms were kept on an even more reduced dietary regime [175].

Campbell mentioned that patients were offered the option of providing for themselves. He was, however, neither inclined to speculate on the adequacy of such diet prepared by patients, nor on its possible consequences for the general treatment pursued.

> 'When the prejudices of castes, or the peculiar fancies of a distempered mind indispose any of our insanes to partake of Hospital diet they are allowed an equivalent in money with which they may purchase, what they please. Permission at the same time is given them to cook it at such hours and in such manner as may be most agreeable to their feelings, care of course being taken that the privileges thus accorded to them are not abused' [176].

The extent to which dietary prescriptions and options were observed in practice is not discernible from the Asylum reports. It seems likely that observance of dietary prescriptions for European inmates were practiced to a certain extent, as is evidenced in the case reports.

Moral and medical treatment

As Asylum Superintendent, Campbell understood his task to be two-fold: that of a care-taker and that of a medical expert. In the former capacity he was to ensure that patients would feel at home in the Asylum and secure from any harm and stress. The ideal institution was literally a retreat, being situated - as the Kolaba Asylum was - in a place remote and isolated from the bustle of town-life. The surroundings should be rural and pleasant, which was only partly true of Kolaba, as 'cheerful and pleasing views' of the Harbour, the Malabar Hills and the country could only be commanded from one side of the premises. On the remaining sides a ten feet high wall and steep rocks obstructed the view of an adjoining cemetry, the lighthouse, observatory and military barracks [177]. The encirclement by functional buildings and establishments was to some degree compensated for by the sandy beach and 'ornamental garden with trees, shrubs and flowers,

... intersected with hedge rows and gravel walks' [178]. The Kolaba institution was thus, despite its location on an island not as isolated as desired by asylum reformers, but nevertheless not unpleasant and dull either.

Campbell put a high value on peace and quietness. He once complained about 'the sound of merriment, revelry or debauchery' from the nearby Barracks of Her Majesty's forces. Not without some sarcasm he stated that

> 'it would not perhaps be an unconvenient interference with the liberty of Her Majesty's sane subjects, who dwell within earshot of the Asylum if in consideration of the well-being of her insane ones it were enacted that the peace and quiet should not be disturbed after 9 o'clock' [179].

Whether Campbell's advocacy of the comfort and ease of his protégés was successful in practice may be doubted. He had, however, made the important point that there was more to a lunatic asylum than just buildings. The peculiar malady of his patients had to be countered not merely with medical prescriptions but with careful manipulation of surroundings and moral influence. Although some disorders might be confined to a person's mental rather than moral powers there was always a chance that in both cases good moral influence would greatly contribute towards improvement, if not cure. The din of neighbouring army barracks was therefore not conducive to the Superintendent's aim to

> 'bring the insane out of themselves and into contact with all in nature or art or social arrangements that is pleasurable and pure and good' [180].

Given the restrictive interior asylum arrangements under which the majority of lunatics were kept, Campbell's aim of acquainting his patients with the pleasurable, pure and good was impracticable. He himself pointed out that the obstacles to moral treatment were all but insuperable, except in the treatment of European patients. Indians' asylum careers, he held, should be close to their every day life [181]. This attempt at assimilation attracted some criticism. In response to an accusation expressed in a daily paper that the wards in the 'Colaba Abomination' were 'dungeons' and that the treatment to which its inmates were subjected was a 'disgrace to the British Government and

name' [182], Campbell maintained that despite the 'effervescence of a virtuous but somewhat misapplied indignation' the accusations were unsubstantiated. Not only did he express

> 'as ardent a wish to better the condition of the "poor maniac who had no friends" as this most chivalrous and impetuous philanthropist',

but he justified the Asylum conditions in terms of their superior adaptation to the former mode of life of patients:

> 'I conceive that many of our Patients might be as advantageously treated in a humble tenement of bamboo and clay as amidst what to their unsophisticated minds must appear the oppressive magnificance of mortar and the chilling stateliness of stone' [183],

It may then be concluded that the moral imperative that patients encounter purity, pleasantness and the good was in practice modified by racial considerations. In the case of Indians the principle of assimilating institutional to daily life carried more weight.

Occupations and amusements

Another main constituent of the kind of moral treatment Campbell envisaged was to supply patients with 'occupations which are incompatible with unhealthy mental excitement' [184]. Again some adaptation to the habits and therefore the race and social class of patients was necessary. Campbell maintained that 'occupation and amusement supply our principle instruments of moral treatment', whereby under the former, he went on to state, 'are included various household duties' [185]. As to amusements Campbell mentioned

> 'Catalogue Books, magazines and papers, Backgammon, Bagatelle, Cards and Chess, skittles and other out-of-door games' [186],

He made it clear, however, that these were, like the *Punch* and the *Illustrated News* meant for Europeans only. In the case of Indians amusements were to consist of 'ball, shooting with the Bow, Parhus, and one or two games of a like kind' [187]. In one respect however Indian inmates enjoyed a special privilege - they were allowed to keep pets of different kinds at the institution, including dogs, cats, goats, fowls, pigeons, monkeys and deer. This peculiar practice had according

to Campbell's good-natured explanation been permitted 'with a view to calling out the gentler and kindlier feelings' of patients [188]. The past-times available to patients were very much in keeping with European preconceptions: the Europeans were encouraged to read, or to engage in games which would be acceptable to polite English company; for the cultivation of Indians' feelings and sentiments combative games and animal husbandry were more appropriate. The choice of past-times re-enforced the stereotype ideal of the European - superior in intellect and manners - as opposed to that of the typical Indian - engaged in fighting and dealing with animals. The activities may have been well-chosen in respect to the preferences of the European and Indian patients themselves. The race-conscious ideology behind the attempt to meet patients' diverse tastes was equally present in the ideal racial role expectation.

Campbell, like his predecessor, made use of those medical remedies and appliances then in favour in England. There had occured a slow shift in the 1840s towards what was considered 'milder remedies', instead of the reputedly 'drastic purgatives, Blisters, etc.', which were seen to

> 'too often interfere with the natural tendency which maniacal excitement has to subside in the course of a month' [189].

Emphasis was put on the use of narcotics - mainly acetate or muriate of morphia - and cold showers, as well as salt water baths at the nearby beach. Leeches were occasionally used in cases of cerebral congestion and under every circumstance 'great attention [was] paid to the state of the bowels' [190]. The latter may indeed have been vital in face of the constipating effect of opium and its derivates, and the high incidence rate of scurvy, diarrhoea and dysentery. Attention to air, water and soil - thorough ventilation and fresh air, frequent bathing, hygiene and cleanliness - were also components of medical treatment. Given the premises' structural shortcomings, there was no doubt ample potential for the improvement of these amenities as Campbell had described the situation below the 'native male wards' as resembling

> 'an augean stable of impurity which it would take the efforts of a Hercules to correct or cleanse' [191].

It is evident from Campbell's case studies that regulated diet, withdrawal of overdosage of alcohol and relaxation of body and mind played a key role in the curative process for Europeans. Campbell seems also to have been very open to the patients' problems and made them feel accepted, understood and appreciated. He took an interest in the stories patients had to tell; he had discussions with them about their former life and family background; he took walks with them along the beach; and basically supported any activities which were at the time considered as seemly and constructive [192]. In these respects his approach may well have resembled some of today's psychotherapeutic practices. His medical prescriptions - making use of opium, alcohol, stimulating and soothing tonics, cold douches and leeches - provided an example of the re-orientation in remedial emphasis, away from blood-letting, strong purgatives and emetics, and calomel.

Symptoms and causes of insanity

Campbell had to some extent been aware of the fact that the Asylum and its inmates were not separable from the colonial society's problems and values.

> 'The Records of an Asylum, if rightly read are fitted to teach us many touching, and instructive lessons. They tell us of disappointed love, blighted hope, and crushed ambition; of exhausting labour, distracting care, and corroding sorrow; of time mis-spent, and precious opportunities lost, or mis-applied; of unbridled passion, unresisted temptation; weakness, folly, dissipation, and crime' [193].

Nevertheless he sharply circumscribed his responsibilities as a medial practitioner, concerned only with causes, symptoms and effects of disease, not with related ethical questions:

> 'With the lessons [the records] inculcate, however, or the morale they point, it is not our province to deal. We have to do rather with the causes, symptoms, and results of psychical disturbance and disease' [194].

In the absence of an elaborated taxonomy that could have grasped the diversity of phenomena observable in asylum practice, he merely concluded:

> 'The cases as heretofore have been of many various kinds, In some disorder was confined in a great measure to the mental, and in others to the moral powers, Some were characterized by the morbid development of particular faculties, or feelings; others by their torpor, or extinction, The mood of some was ever cheerful and joyous; the prevailing tone of others sullen, gloomy, and discontented; some laboured under singular delusions, some manifested curious perversitites of feeling and sensation; one never spoke, another was never silent; a third thought himself God; a fourth believed himself to be a horse; if opportunity offered, a fifth would catch rats and greedily devour their flesh; the greatest delight of a sixth, was in filthy abominable smells' [195].

Campbell found himself confronted with a wide variety of what he called 'strange manifestations of diseased intellectual and moral constitution' on the one hand, and restricted nosological and aetiological conceptualisations which were inadequate to grasp them on the other. Like his collegues in England he could only therefore restrict himself to speculations on possible causes:

> 'In a great majority of instances the circumstances under which our Patients are admitted render it impossible for us to acquire anything like accurate information, as to their antecedents, much of what we can glean, regarding them is conjectural, [a] matter of inference rather than positive knowledge; so far however as my investigations go, they lead me to believe, that the principle causes of disease in the cases, which come under treatment at this asylum, are hereditary, predisposition, Intemperance and want' [196].

5 Psychiatry and Colonialism

What then had the colonial context specifically contributed to the smooth and efficient consolidation of lunacy provision in British India? After all, coherent lunacy measures were in the process of being enforced in England, too. There, too, the private mad-business was being gradually curbed; even segregative control was characteristic of European institutional development, not merely of the Company's establishments in India; and neither anywhere in Europe nor in British India was an egalitarian system of classification of patients applied inside the asylum. Furthermore, people went mad in Europe, for a variety of reasons - physical as much as social, psychological or moral. What then, if anything, was different about British India?

These central questions about the effects of British colonialism on European psychiatry in India can of course be approached in different ways. The evidence presented in the previous chapters suggests that the relationship between the state and psychiatry has to be further probed if psychiatry in colonialism is to be grasped adequately. The features of the emergent colonial state which were instrumental in the setting-up of lunacy provisions have to be investigated, to see what this reveals about the nature both of the colonial state and of psychiatry. Such analysis may make it necessary to re-formulate the questions above by putting emphasis not so much on whether or not psychiatry in British India was a simple transfer of European psychiatry to the exotic setting of jungle, desert and palm-trees, heat and dust, imperial warfare and pompous diplomatic receptions; but rather on whether, and if so, how and to what extent psychiatry facilitated the maintenance of colonial rule.

Significantly, the first asylums for Europeans had been initiated in the second half of the eighteenth century by individual Company servants rather than by either the presidential or London authorities. This suggests that on the one hand some - as yet restricted - demand for psychiatric care existed within the Anglo-Indian community, and that the absence of extended and reliable family and traditional, parochial social support networks within an expatriate community had made institutionalised confinement appear as an appropriate alternative for dealing with mentally ill people - especially at a period when the private mad-business had become fashionable in England. On the other hand it implies that the colonial government at that time did not yet perceive lunacy provision as a necessary state responsibility. The question then arises what made the authorities' perception change only a few decades later?

By the 1810s the presidential governments were confronted with an extensive Anglo-Indian civil community's growing demand for hospitals, dispensaries, schools, poor houses and orphanages in general - and with an accumulating number of military and civil lunatics confined at highly costly rates in the presidencies' private asylums, in particular. The authorities then developed a policy that seemed in socio-political and financial terms most acceptable. Whilst it acknowleged that in general government ought to exercise control over institutions established for the public's use, the Company at the same time confined its support of hospitals, schools and other public health or educational institutions to moral encouragement of private subscribers, the provision of building sites and initial financial contributions. The main primary expenditure, and the maintenance cost of such hybrid government/charitable institutions had to be borne mainly by subscriptions raised from the higher classes. This *laissez-faire* approach enabled the emergent colonial state to maintain overall control without bearing the full cost. It also indicates that whilst ever more sections of Anglo-Indian public life became subsumed under a central state authority, the state *in nascendi* was still influenced and marked by - albeit gradually fading - traditional concepts of communal responsibility and a monopolist trading Company's predominantly commercial interests, guided both by a belief

in the strength of private initiative and enterprise on the one hand, and a belief in protectionism and central control on the other. The first two decades or so of nineteenth-century colonial social policy can thus be characterized as follows: first, the presidential governments' involvement in social welfare and control grew generally, concomitant on the extension of British rule up to 1818, and the expansion of the Anglo-Indian community. Military consolidation of British rule in India implied an expansion of state administration, and health and police provision emerged as important factors in Anglo-Indian public life. Secondly, once specialized institutions had been established, the military and civil authorities made increasing use of them. Consequently, not only the number of European inmates but also the maintenance cost soon increased - the latter inevitably drawing the attention of the Company accountants.

The situation in respect to lunatic asylums differed in some respects. The madhouses had been established as private, profit-earning enterprises, and the authorities' involvement had initially been restricted to routine inspection. The majority of inmates were military servants and thus, as public patients, chargeable to government. The introduction of a reformed, state controlled lunacy policy in British India - several decades before such policy was effectively introduced in England and Wales - at first sight appears to have been attributable more to contingent circumstances than to conscious decision by the authorities in London and in India. Once civil and military authorities had established the precedent of sending European lunatics to the existing private establishments as a convenient measure of disposing of unproductive or irritating deviants, the ponderous administrative machine had been started and was unlikely to be stopped or reversed - especially in an area of public administration that was as yet uncontroversial and of very marginal importance. The impetus for the established practice's revision apparently came from outside at a period when the Court was being awakened to the high maintenance cost and details of the institutional management of the Company's lunatics by the discussion of the Select Committees' reports in 1807 and 1815/6. The Select Committees had devised recommendations as to the more efficient and

humane organization of lunacy provisions, suggesting state intervention and control - recommendations which may have appealed to the Court as facilitating control over mainentance costs. The recommendations moreover coincided with the Company's interest in some other crucial points. The Presidential Governments in general were encouraged by the Court not only to exercise control over military and civil affairs, and economize on public expenditure, but also to provide evidence for their implementation of enlightened policies. The latter had gained increasing importance since the Company's administration had had to account to parliament, and since it was obliged to prove during the 20 year period between its charter renewals that it was able to administer and govern the Indian dominions according to what was seen to be civilized principles. The Company's continued existence was therefore no longer dependant merely on the realization of profit from commercial activities and - to an increasing extent - revenue collection, but also on the English parliament's approval of its economic, political and social administration of East Indian affairs, as gradually 'British rule grew from mere collection of *loot* ... into an orderly, if still burdensome, administration' [1]. Although lunacy policy was not an important sector of public administration, control of asylum provision enabled government to affirm its authority as effective even in marginal areas; allowed for the curtailment of expenses; and allowed for humanitarian reformers to gain a favourable view of the Company's - in comparison to the British Isles - apparently more advanced lunacy policy. The beginning of the consolidation of lunacy provision during the first two decades of the nineteenth century, with its emphases on financial economy, state control and enlightened management can be seen as reflecting the emergent colonial state's principal features of civil administration, economy, control and humanitarian mission. The process of policy implementation itself fluctuated and did not preclude corruption, mismanagement and controversies, as is evidenced by the different organizational developments in the three presidential asylums up to the middle of the century. However, the three main themes - albeit with varying accentuation - were maintained over the decades.

Psychiatric institutions in the context of colonial state policy were not merely a convenient way of deposing of unproductive, social misfits. This aspect had in fact been of but minor importance throughout the decades. The asylum was both a costly, and a not particularly convenient way of disciplining such misfits, as compared to other means such as incarceration. As evidenced by the small number of asylum inmates, psychiatric confinement by itself was of little quantitative significance. The fact that, despite the low numbers involved, both the Court and the local authorities attributed great importance to lunacy provision, indicates that psychiatry's relevance within colonial society was not of a quantitative nature. It is true that during the early decades of the century the number of psychiatric institutions for Indians and Europeans by itself was regarded as an index of the humanitarian spirit of British rule. Further, a general conviction prevailed that lunatics could be cured in great numbers if only they were to benefit from institutional treatment. However the authorities were soon to recognize that not only did the number of uncured cases accumulate in the asylum, but that the institutionalisation of all those people at large, of mainly Asiatic or mixed race, who could be considered as potential subjects for psychiatric treatment, was economically infeasible. Just as financial considerations had previously been instrumental in the establishment of regulated institutional provision by the state, so it was again financial reasons that were advanced against an extension of provisions. Whilst emphasis on financial economy had certainly been a main impetus for government's control of institutions and a prominent as well as restrictive factor in the realization of reformed asylum management, it appears that it was state control and the belief in the civilizing mission that constituted the principal ideological pillars of colonial lunacy policy. This becomes evident however only if lunacy policy is looked at not as an isolated measure, but within the wider context of social welfare and social control policy.

The structural significance of lunacy policy arose from the fact that asylum provision for Europeans was part and parcel of an as yet unconsolidated but increasingly important system of population control. As an equivalent to the English Poor Law was missing, whilst

the majority of Europeans in India belonged to the lower classes of society, charitable measures such as the erection of poor houses, sailors' homes, orphanages and hospitals for impoverished and destitute members of the European community - mainly former military or naval servants - were essential means of social relief. At the same time institutionalisation was an effective means of removing such social misfits as European vagrants, beggars, orphans, or lunatics out of sight of Anglo-Indian society. It appears that the occasional European 'going native' and the more frequent one going destitute were similarly unwanted at a period when the Company was in the process of firmly establishing its military and civil rule in India. In the Anglo-Indian self-perception the European administration of India was characterized by an enlightened spirit, so that colonial rule was legitimated by the European's moral and spiritual superiority. Moral superiority, translated into racial superiority was not easily maintained either when the lines drawn between the races were crossed, or when class-division amongst the Europeans became manifest in lower-class destitution. Whilst in regard to the first case social disapproval of Caucasian-Asian liaisons, and economic and political discrimination against their Eurasian offspring were taken recourse to in order to symbolically and materially re-establish social distance between the races, it was either institutionalisation or deportation that was applied in the case of Europeans' failure to live up to the image of a superior people. In the specific case of European lunacy it was a combination of institutional confinement and deportation to Europe that had been instrumental in the policing of European social deviants.

The insane were however social misfits of a special kind. Not all lunatics belonged to the bottom drawer of Anglo-Indian society. Rather, all social classes were afflicted, and represented in the asylum, and lower- as well as higher-class inmates were deported to Europe. Structurally, psychiatry therefore facilitated both the policing of Anglo-Indian lower-class deviancy and the *Ausgrenzung* of unreason in general - regardless of unreason's bearer's social class. In regard to the latter, ideological as well as economic considerations came to the fore, as rationally incomprehensible Europeans could

neither function as adequate representatives of an enlightened, rational and superior people, nor realize their potential labour-power.

It would appear, then, that psychiatry in the early nineteenth century had not only become an integral part of the colonial social welfare and control system because of the state's assumption of supervisory authority over private and public institutions, but that it also fulfilled an important ideological role. This role it possessed despite the restricted use that was made of psychiatric confinement. The contemporary rhetoric of the European lunatic asylum in India as a showpiece of British humanitarian and scientific progress sounds overblown if set against the small scale of the few actually existing establishments. At the same time it is to a great extent exactly this overstatement, and the disproportionate fervour with which the relevance of psychiatry was put forward, that contributed to the maintenance of the self-image of the British as a superior people whose charitable humanitarianism and rational, scientific achievements made colonial rule appear morally beneficial and legitimate. The legitimacy of colonial rule was to remain as fiercely asserted as it was disputed, and similarly psychiatry was to remain an important symbolic marker both for enthusiastic advocates and for opponents of an extended British presence in India. The ideological role of psychiatry outlived the Company's administration of East Indian affairs and persisted up to the heyday of imperial rule, when the confinement of European and Indian lunatics in specialized institutions had been implemented on a greater, though still restricted scale. Then, it appears, asylums were still considered an important enough feature of colonial rule to be made an example of: the liberal member of parliament who - to the consternation of the Anglo-Indian community - visited British India in order to convince himself of the propriety of continued British rule in the East, was reported to 'ask you to take him, as a preliminary canter, to the goal and lunatic asylum; and he will make many interesting suggestions to the civil surgeon as to the management of these institutions, comparing them unfavourably with those he has visited in other stations'. Afterwards, it was held, he 'will probably write his article for the *Twentieth Century*, entitled "Is India worth keeping?"' [2]. Certainly economic and

political arguments rather than such episodical impressions have to be advanced in order to adequately explain colonial rule and the various political positions involved. Nevertheless, colonialism's ideological pillars were essential to the continued preservation of its image, and consequently are relevant for an adequate understanding of alien rule. It is within this context that psychiatry assumed an importance that went far beyond its role in controlling deviant and socially harmful strata of society, and in subjugating unreason.

Footnotes

Chapter 1: Introduction

The theorectical and methodological context

1 Foucault, M, *Madness and Civilization, A History of Insanity in the Age of Reason*, London: Tavistock, 1967 (1961); 13,

2 idem,

3 for criticisms of Foucault see for example:
Midelfort, H,C,E, 'Madness and Civilization in Early Modern Europe: A Reappraisal of Michel Foucault', in: Malament, B,C, (ed) *After the Reformation: Essays in Honor of J,H, Hexter*, Philadelphia: University of Pennsylvania Press, 1980,
Porter, R, 'The History of Institutional Psychiatry in Europe', in: *The Yale Handbook of the History of Psychiatry*, (forthcoming)

Sedgwick, P, *PsychoPolitics*, London: Pluto, 1982,

4 Doerner, K, *Buerger und Irre, Zur Sozialgeschichte und Wissenschaftssoziologie der Psychiatrie*, Frankfurt: Europaeische Verlagsanstalt, 1984 (1969); 24,

5 Jones, K, *Lunacy, Law and Conscience, 1744-1845*, London: Routledge, Kegan and Paul, 1955,
Macalpine, I, and Hunter, R, *George III and the Mad-Business*, London: Allen Lane, 1969,
Hunter, R, and Macalpine, I, *Three Hundred Years of Psychiatry, 1535-1860: A History Presented in Selected English Texts*, London: Oxford University Press, 1963,
Psychiatry for the Poor: 1851 Colney Hatch Asylum, Friern Hospital 1973, A Medical and Social History, London: Dawsons, 1974,

6 Parry-Jones, W,L, *The Trade in Lunacy, A Study of Private Madhouses in England in the Eighteenth and Nineteenth Centuries*, London: Routledge and Kegan Paul, 1972,
Digby, A, *Madness, Morality and Medicine, A Study of the York Retreat, 1796-1914*, Cambridge: Cambridge University Press, 1985,

7 Bynum, W,F, 'Chronic alcoholism in the first half of the nineteenth century', in: *Bulletin of the History of Medicine*, 1968, 42, 160-85,
'Rationales for therapy in British psychiatry, 1780-1835', in: *Medical History*, 1974, 18, 317-34,
'Varieties of Cartesian experience in early nineteenth century neurophysiology', in: Spicker, S, and Engelhardt, H,T, (eds) *Philosophical Dimensions of the Neuro-Medical Sciences*, Dordrecht: Reidel, 1976,
'Themes in British Psychiatry, J,C, Prichard (1786-1848) to Henry Maudsley (1835-1918),' in: Ruse, M, (ed) *Nature Animated*, Dordrecht: Reidel, 1983; 225-42,
'Health, disease and medical care', in: Rousseau, G, and Porter, R,S, *The Ferment of Knowledge*, Cambridge: Cambridge University Press, 1980,

'Psychiatry in its historical context', in; Shepherd, M. and Zangwill, O.L. *Handbook of Psychiatry*, Cambridge; Cambridge University Press, 1982; Vol 1.

Bynum, W.F., Porter, R.S. and Shepherd, M. (eds) *The Anatomy of Madness, Essays on the history of psychiatry*, London; Tavistock, 1985.

Rousseau, G. and Porter, R.S. *The Ferment of Knowledge*, Cambridge; Cambridge University Press, 1980.

Porter, R.S. *English Society in the Eighteenth Century*, Harmondsworth; Penguin, 1982.

'Was there a Moral Therapy in eighteenth century Psychiatry?, in; *Lychnos*, 1981-2, n.n., 12-26.

'In the Eighteenth Century were Lunatic Asylums Total Institutions?', in ; *Ego; Bulletin of the Department of Psychiatry, Guy's Hospital*, 1983, 4, 12-34.

'The History of Institutional Psychiatry in Europe', (forthcoming)

'The Drinking Man's Disease; The "Pre-History" of Alcoholism in Georgian Britain', in; *British Journal of Addiction*, 1985, 80, 385-396.

'The Patient's View; Doing Medical History from Below', in; *Theory and Society*, 1985, ab14, 167-74.

(ed) *Patients and Practitioners*, Cambridge; Cambridge University Press, 1985.

8 Scull, A. 'Madness and Segregative Control; The Rise of the Insane Asylum', in; *Social Problems*, 1967, 24, 337-51.

Cohen, S. and Scull, A. (eds) *Social Control and the State, Historical and Comparative Essays*, Oxford; Basil Blackwell, 1985 (1983).

9 Doerner, K. 1984, op. cit.

Doerner, K. et. al. *Der Krieg gegen die psychisch Kranken*, Rehburg-Loccum; Psychiatrie-Verlag, 1980.

Guese, H.G. and Schmacke, N. *Psychiatrie zwischen buergerlicher Revolution und Faschismus*, Kronberg, 1976.

Koehler, E. *Arme und Irre, Die liberale Fuersorgepolitik des Buergertums*, Berlin; Wagenbach, 1977.

10 Horkheimer, M. und Adorno, T.W. *Dialektik der Aufklaerung*, Frankfurt; Fischer, 1973 (1944).

11 Stokes, E. *The English Utilitarians and India*, Delhi; Oxford University Press, 1982 (1959).

12 'The loose, tolerant attitude of Clive and Hastings, their readiness to admire and work through Indian institutions, their practical grasp of the British position, unclouded by sentiments of racial superiority or a sense of mission, were ultimately the reflection of eighteenth-century England. The transformation of the Englishman from nabob to sahib was also fundamentally an English and not an Indian transformation, however much events assisted the process. ... The fierce, downright exterior, the instinct for his own caste and race, the consciousness of religion, the sense of a moral code and a constant dwelling under an unwritten law of duty, the eager and crude intellectual appetite - all the images the imagination must summon to picture the Englishman of the early Victorian age in India, are really drawn from English social history.
This determining influence of English history extends beyond character to the broad fashioning of British policy. However confused the surface of events, the tide of British policy in India moved in the direction set by the development of the British economy.'

idem, VII f.

13 Blanke, B, et, al, *Kritik der Politischen Wissenschaft 2, Analysen von Politik und Oekonomie in der buergerlichen Gesellschaft*, Frankfurt; Campus, 1975,
Held, D, et, al, *States and Societies*, Oxford; Martin Robertson, 1983,
Horkheimer und Adorno, 1944, op, cit,
Plant, R, 'Hegel on identity and legitimation', in; Pelczynski, Z,A, *The State and Civil Society, Studies in Hegel's Political Philosophy*, Cambridge; Cambridge University Press, 1984; 227 ff,

14 Doerner, 1984, op, cit,, 21 ff,
Foucault, M, 1967, op, cit,
Scull, A, 1967, op, cit,

15 Doerner, 1984, op, cit,, 40 ff,
Koehler, 1977, op, cit,

16 examples thereof;
Scull, A, *Museums of Madness, The Social Organization of Insanity in Nineteenth-Century England*, Harmondsworth; Penguin, 1982 (1979),
Porter, R,S, 'The History of Institutional Psychiatry in Europe' (forthcoming)

17 Blasius, D, *Der verwaltete Wahnsinn, Eine Sozialgeschichte des Irrenhauses*, Frankfurt; Fischer, 1980,
for a case study about the relationship between psychiatry and criminal justice see;
Foucault, M, (ed) *I, Pierre Rivière, having slaughtered my mother, my sister and my brother ,,,A Case of Parricide in the 19th Century*, Harmondsworth; Penguin, 1978 (1973),

18 Bentham, J, *Panopticon; or, the Inspection-House; containing the idea of a new principle of construction applicable to any sort of establishment, in which persons of any description are to be kept under inspection*, London; Payne, 1791,
Jetter, D, 'Ursprung und Gestalt panoptischer Irrenhaeuser in England und Schottland', in; *Sudhoff's Archiv'*, 1962, 46, 27-44,
Battie, *A Treatise on Madness*, London; Whiston and White, 1758,
Porter, forthcoming, op, cit,, 38 f,(c,f, manuscript)
By 1900 the number of 'authorised forms', relating to the confinement of European and Indian lunatics, had been 61,
The Bengal Lunatic Asylum Manual, Calcutta; Bengal Secretariat Book Depôt, 1910, 87,

19 The shift in the ideal model asylum from the York Retreat to the Hanwell Asylum, whereby the first was managed by non-medical people, whilst in the latter the supervision by a medically trained expert was seen to be a *conditio sine qua non* for adequate treatment of insanity, signalled a reorientation in the care of the insane, For a critique of the glorification of medical experts and of the depolitising and decapacicating effect of the delegation of responsibility for people's health to experts see;
Moeller, M,L, *Selbsthilfegruppen, Selbsbehandlung und Selbsterkenntnis in eigenverantwortlichen Kleingruppen*, Hamburg; Rowohlt, 1978,
Schmidbauer, W, *Die hilflosen Helfer, Ueber die seelische Problematik der helfenden Berufe*, Hamburg; Rowohlt, 1977,

20 Halliday, A, (Sir) *A General View of the Present State of Lunatics, and Lunatic Asylums, in Great Britain and Ireland, and in some other Kingdoms*, London; Underwood, 1827,

In 1816 the Court informed the Government of Bengal that 'The subject of the treatment of Insane Persons having recently attracted the attention of the House of Commons, and a Committee of that House having made a Report, in which are to be found some suggestions which may be generally applicable to Institutions for the Custody and management of Lunatics, We send a printed Copy of that report for communication to your Medical Officers',
Bg, Mil, D., 8-4-1816, 12,
C, Min., 6-4-1853, 1045,
India Pub, D., 23-3-1853, 12,

21 The following documents relating to the management of Lunatic Asylums were purchased by the Court's Finance and Home Committee and sent to the Government of India;
'Report of the Select Committee of the House of Lords on the State of the Lunatic Poor in Ireland, 1843,
Acts of Parliament 8 and 9 Chaps; 100 and 126,
Annual General Reports of the Commissioners of Lunacy in England to the Lord Chancellor, from 1846 to 1852,
General Reports of the Inspectors of Lunatic Asylums in Ireland, dated in 1846, 1849 and 1851,
And, with reference to the valuable information contained in the Reports of the County Lunatic Asylums, which do not appear to be laid before Parliament, that the Finance and Home Commission be also requested to obtain, if it shall be practicable, some of such Reports, especially those relating to the state of the Middlesex Asylum in recent years, to accompany the documents abovementioned',
C, Min., 6-4-1853, 1045,

22 India Pub, D., 23-3-1853, 9 f,

23 for lunacy policy in Ireland see;
Finnane, M, *Insanity and the Insane in Post-Famine Ireland*, London; Croom Helm, 1981,

24 India Pub, D., 23-3-1853, 9,

25 see for a discussion of various concepts of 'social control';
Cohen, S, and Scull, A, *Social Control and the State, Historical and Comparative Essays*, Oxford; Blackwell, 1985 (1983); esp, 1-38, 106-140,

26 Porter, forthcoming, op, cit., 24 (cf, manuscript)

27 For the first half of the century there is evidence of only one exception; a Dr, J, Esdaile practised mesmerism successfully in surgery and claimed to have cured Indian mental patients, He was however not given the opportunity to mesmerize the East India Company's European mental patients,
Esdaile, J, *Mesmerism in India, and its practical application in Surgery and Medicine*, London; Longman, 1846,

28 Goffman, E, *Asylums*, Harmondsworth; Penguin, 1968,
Porter, 1981/2, op, cit,

29 Porter, forthcoming, op, cit., 39 (cf, manuscript),
see also Porter's reference to the range of asylums prevalent in England (footnote 88),

30 For an analysis of immigration policy see;
Arnold, D, 'White Colonization and Labour in nineteenth-century British India', in; *Journal of Imperial and Commonwealth History*, 1983, 2, 133-58,

31 Hutchins, F,G, *The Illusion of Permanence, British in India*, Princeton; Princeton University Press, 1967,

32 Embree, A,T, *Charles Grant and British Rule in India*, London; Allen and Unwin, 1962; 169,

33 see for an elaborated account;
Ballhatchet, K, *Race, Sex and Class under the Raj, Imperial Attitudes and Policies and their Critics, 1793-1905*, London; Weidenfeld and Nicolson, 1980,

34 for lock hospitals see Ballhatchet, 1980, op, cit,
for orphans, vagrants, and lunatics see;
Arnold, D, 'European Orphans and Vagrants in India in the Nineteenth Century', in; *Journal of Imperial and Commonwealth History*, 1979, 7, 106-14,

35 Bynum, W,F, 'Psychiatry in its historical context', in; Shepherd, M, and Zangwill, O,L, *Handbook of Psychiatry*, Cambridge; Cambridge University Press, 1982, Vol, 1; 24,

36 for literature on concepts of madness see;
Bynum, 1974, 1976, 1980, 1982, 1983, op, cit,
Hunter, R, and Macalpine, I, 1963, op, cit,
Porter, 1981/2, 1983, forthcoming, op, cit,
Scull, A, 1981, op, cit,
Skultans, V, *Madness and Morals, Ideas on Insanity in the Nineteenth Century*, London; Routledge and Kegan Paul, 1975,
English Madness, Ideas on Insanity, 1580-1890, London; Routledge and Kegan Paul, 1979,
Ray, L,J, 'Models of Madness in Victorian Asylum Practice', in; *European Journal of Sociology*, 1981, 22, 229-63,

37 Conolly, J, *The Treatment of the Insane Without Mechanical Restraints*, London; Dawsons, 1973 (1856),
Hill, R,G, *Total abolition of personal restraint in the treatment of the insane, A lecture on the management of lunatic asylums, and the treatment of the insane*, London; Simpkin, Marshall and Co,, 1838,
Tuke, S, *A Description of the Retreat - an Institution near York for Insane Persons of the Society of Friends*, London; Dawsons, 1964 (1813),

38 Locke, J, *An Essay concerning Humane Understanding*, London; Dover, 1959 (1690),

39 Battie, W, *A Treatise on Madness*, London; Whiston and White, 1758,
Conolly, J, *An Inquiry concerning the Indications of Insanity with Suggestions for the Better Care and Protection of the Insane*, London; Dawsons, 1973 (1830),
The Construction and Government of Lunatic Asylums and Hospitals for the Insane, London; Dawsons, 1968 (1847),
Prichard, J,C, *A Treatise on Insanity and Other Disorders Affecting the Mind*, London ; Sherwood, 1835,

40 Bynum, 1983, op, cit,
Hunter, R, and Macalpine, 1963, op, cit,

41 Ray, 1981, op. cit.

42 The term 'mental illness' has been chosen in preference to expressions such as 'psychiatric disorder', 'mental affliction' or 'psychological problems'.
For conceptual discussions of terminology see;
Sedgwick, P, *PsychoPolitics*, London; Pluto, 1982.
Doerner, K, und Plog, U, *Irren ist menschlich oder Lehrbuch der Psychiatrie, Psychotherapie*, Rehburg-Loccum; Psychiatrie-Verlag, 1980 (1978).

European Lunacy in late 18th century British India

1 Dodwell, H, *The Nabobs of Madras*, London; Williams and Norgate, 1926.
Kincaid, D, C, A, *British social life in India, 1608 - 1937*, London; Routledge, 1938.
Pieper, J, *Die anglo-indische Station oder die Kolonialisierung des Goetterberges, Hindustadtkultur und Kolonialstadtwesen im 19, Jahrhundert als Konfrontation oestlicher und westlicher Geisteswelten*, Bonn; Habelt, 1977.
Spear, P, *The Nabobs; a study of the social life of the English in eighteenth-century India*, London; Oxford University Press, 1932.

2 For example institution of the Calcutta Supreme Court (1773), the 'chief objective of which was to form a strong and solid security for the natives against the wrongs and oppressions of British subjects resident in Bengal'.
Burke, c,f, Stokes, E, *The English Utilitarians and India*, Delhi; Oxford University Press, 1982 (1959).
1786-90 Cornwallis Reforms; for example the subjection of European servants to the rule of English constitutional principles; 'the introduction of a new order of things, which should have for its foundation, the security of individual property, and the administration of justice, criminal and civil, by rules which were to disregard all conditions of persons, and in their operation, be free of influence or control from the government itself'.
The Fifth Report from the Select Committee on the Affairs of the East India Company, 1812, 18; c,f, Stokes, 1982, op,cit., 4.

3 'Would it be wise to fill the armies of our rivals with recruits from Europe?' asked Henry Dundas the House of Commons in 1793.
Parliamentary Debates, House of Commons, 23-4-1793, 30, 676; c,f, Arnold, D, 'White Colonisation and Labour in nineteenth century India'; in; *Journal of Imperial and Commonwealth History*, 1983, 2, 137.

4 'Of the English in the narrower sense, the most numerous were men of the social position of John Shore ...; the Shores had been small landed gentry for two centuries'.
Woodruff, P, *The Men Who Ruled India*, London; Jonathan Cape, 1971 (1953); 153.
Razzell, P,E, 'Social Origins of Officers in the Indian and British Home Army, 1758-1962', in; *British Journal of Sociology*, 1963, 14, 248-60.

5 Cohen, S,P, *The Indian Army, Its Contribution to the Development of a Nation*, Berkeley; University of California Press, 1971.

Mason, P, *A Matter of Honour, An Account of the Indian Army, Its Officers and Men*, London; Jonathan Cape, 1974.
Razzell, 1963, op,cit,
Woodruff, 1953, op, cit,

6 See for example the Court's response to the Bengal authorities' permission given to two privates to remain in India; 'We cannot approve of your proceedings in permitting these persons to remain in India, and we direct that they be sent to England. We desire that you will hereafter abstain from granting permission to Europeans of this class to reside in India, as in every instance in which such permission may be granted you impose upon us the necessity either of doing an act of apparent hardship, or of deviating from an established line of policy',
Bg Jud D, 27-6-1821, 138,
similarly the Court approved of measures 'to prevent discharged or dismissed European soldiers from wandering about the country',
India Pol D, 22-1-1840, 37,
India Pol D, 2-6-1840, 36,

7 Dodwell, 1926, op, cit,
Hutchins, F,G, *The Illusion of Permanence; British Imperialism in India*, Princeton; Princeton University Press, 1967,
Kincaid, 1938, op, cit,
Spear, 1932, op, cit
Woodruff, 1953, op, cit,

8 Woodruff, 1953, op, cit,, Vol, 2, 180,

9 Balihatchet, K, *Race, Sex and Class under the Raj, Imperial Attitudes and Policies and their Critics, 1793 - 1905*, London; Weidenfeld and Nicolson, 1980; Chapter 4,

10 Embree, A,T, *Charles Grant and British Rule in India*, London; Allen and Unwin, 1962; 169,

11 Parliamentary Debates, House of Commons, 23-4-1793, 30, 675 f; c,f, Arnold, 1983, op,cit,, 139,

12 Arnold, D, 'European Orphans and Vagrants in India in the Nineteenth Century', in; *Journal of Imperial and Commonwealth History*, 1979, 7, 106-14,

13 According to Crawford there had existed a Lunatic Asylum in Bombay as early as 1745 and in Calcutta some time prior to 1787, whilst for Madras the erection of a Lunatic Asylum is dated, in concurrence with official records, 1794,
Crawford, D, G, *A History of the Indian Medical Service, 1600 - 1913*, London; Thacker, 1914; Vol, 2, 400, 415, 429,
Crawford's books caused McDonald to claim in 1950 that the history of the Indian Medical Service has been written once and for all by Crawford. Because of the errors in important details which I have been able to detect in both Crawford's and McDonald's work, I doubt the general reliability of these two sources as regards information on mental health,
McDonald, D, (comp,) *Surgeons Twoe and a Barber, Being Some Account of the Life and Work of the Indian Medical Service (1600 - 1947)*, London; Heinemann, 1950; V,

14 Md, Mil, L,, 18-2-1794, 88,

15 The argument that the public should be saved from nuisance, was not only employed in the case of lunatics. In reference to the erection of 'Hospitals for the native Poor' the argument that 'many wretched objects would be restored to health, who now draw on a miserable existence, a Burthen to the Community, and a Nuisance in every avenue' had apparantly been very convincing, too. In addition it also served the purpose of 'obviat[ing] the many inconveniencese to which the public are daily liable from their servants and defendants being placed under the hands of ignorant practitioners in case of sickness or accidents'.
Ass. Surgeon J. Underwood to G-i-C., 6-3-1797; Md. Pub. L., 27-3-1797, 37.
The latter argument also reflects the inferiority attributed to the Muslim and Hindu arts of healing and presumably to the practice of European and Indian 'quacks'.

16 William Dick later became examiner of candidates for the Company's Medical Services in London.
McDonald, op. cit., 79.

17 Hospital B. to Govt., 4-2-1788; Bg. Mil. Proc., 13-2-1788, [IOR: missing]; cf. IOR: B. Coll., 1801, 127, 2343, n.p.

18 idem.

19 idem.
This allowance was to be withdrawn in 1789 in order to save costs.
Hospital B. to Govt., 26-1-1789; Bg. Mil. Proc., 6-2-1789, [IOR: missing]; cf. IOR: B. Coll., 1801, 127, 2343, n.p.

20 Med. B. to Govt., 20-10-1847; Bg. Pub. Proc., 21-6-1848, 6, 10.

21 Both Crawford (op. cit.) and McDonald (op. cit.) give some illustrative, if sometimes too heavily painted examples

22 See Spear (op. cit.) for accounts of Indian careers in many walks of life.
See also: Parry-Jones, W. Ll. *The Trade in Lunacy, A study of Private Madhouses in England in the Eighteenth and Nineteenth Centuries*, London: Routledge & Kegan Paul, 1972.

23 Amendment of the over-stated classification scheme of 1788.
Hospital B. to Govt., 4-2-1788; Bg. Mil. Proc., 13-2-1788, op.cit.
Hospital B. to Govt., 26-1-1789; Bg. Mil. Proc., 6-2-1789, op.cit.

24 idem.

25 Med. B. to Govt., 18-3-1801; Bm. Mil. Proc., 20-3-1801, n.n., 669.

26 idem.

27 Md. Mil. D., 26-8-1801, 69.

28 Md. Mil L., 2-10-1795, 34.

European Lunacy in early 19th century British India

1 Stokes, E, *The English Utilitarians and India*, London; Oxford University Press, 1959; especially pp, 1-47,

Dyson, K, K, *A various universe; a study of the journals and memoirs of British men and women in the Indian subcontinent, 1765-1856*, Delhi; Oxford University Press, 1978,

2 Arnold, D, 'Medical Priorities and Practices in nineteenth-century British India', in; *South Asia Research*, 1985, 5, 167-186,

Royal Commission on the Sanitary State of the Army in India, Vol I, London; Eyre and Spottiswoode for HMSO, 1863,

3 Macalpine, I, and Hunter R, *George III and The Mad-business*, London; Penguin Press, 1969,

Parry-Jones, W, Ll, *The Trade in Lunacy, A Study of Private Madhouses in England in the eighteenth and Nineteenth Centuries*, London; Routledge & Kegan Paul, 1972; especially pp, 20 f, 52, 55,

Foucault, M, *Madness and Civilization, A History of Insanity in the Age of Reason*, London; Tavistock, 1967,

Porter, R, 'The History of Institutional Psychiatry in Europe', forthcoming,

4 Doerner, K, *Buerger und Irre, Zur Sozialgeschichte und Wissenschafts-soziologie der Psychiatrie*, Frankfurt; Europaeische Verlagsanstalt, 1984,

Horkheimer, M, und T, W, Adorno, *Dialektik der Aufklaerung*, Frankfurt; Fischer, 1973 (1944),

5 Esdaile, J, *Mesmerism in India, and its practical application in Surgery and Medicine*, London; Longman, 1846,

For an account of how Esdaile's experiments and successes were received in popular literature see;

Taylor, W, *Thirty-eight years in India*, Vol, 1, London; Allen, 1881; 440 f,

6 The term 'moral' had two meanings;

a, it was used to denote what was seen as right conduct in contrast to wrong conduct

b, it was used to describe the opposite of 'intellectual', namely what was seen to be 'emotional', The methods of treatment derived from this notion take recourse to what would nowadays be called psychological intervention (i,e, behavioural therapy, client-centred therapy, co-counselling); they were meant as an alternative to medical treatment,

However, frequently both meanings of the term were implied simultaneously, The method of 'moral management' and 'moral treatment' was after all at the time seen to constitute the most enlightened, humane and thus the most moral approach towards the mentally ill,

See for conceptual discussions of 'moral';

Bynum, W, F, Psychiatry in its historical context, in; Shepherd, M, and Zangwill, O,L, *Handbook of Psychiatry*, Vol, 1 (General Psychopathology), Cambridge; Cambridge University Press, 1982; 27,

Grange, K, 'Pinel and eighteenth century psychiatry', in; *Bulletin of the History of Medicine*, 1961, 35, 442-53,

Grange, K, 'Pinel or Chiarugi?' in; *Medical History*, 1963, 7, 371-80,

Carlson, E.T. and Dain, N. 'The psychotherapy that was moral treatment', in; *American Journal of Psychiatry*, 1960, 117, 519-24.

For a clinico-conceptual discussion see; Hunter, R. and Macalpine, I. *Psychiatry for the Poor; 1851 Colney Hatch Asylum, Friern Hospital 1973, A Medical and Social History*. London; Dawsons, 1974.

'Breakdown was assigned non-specifically to "moral" causes if there was a history of emotional shock or stress, and to "physical" causes if the patient was ill when it started ..., by "moral cause" they did not mean that the illness was mental or psychological but that an emotional event had so lowered the system as to allow disease to develop' (ibid, 198). Although Hunter and Macalpine are committed to a narrow medical model of psychiatry, the overlap of 'moral as virtuous' and 'moral as affective' can be discerned from their definition.

7 McDonald, D. (comp) *Surgeons Twoe and a Barber, Being Some Account of the Life and Work of the Indian Medical Service (1600-1947)*, London; Heinemann, 1950, titel page.

8 *Royal Commission* ..., 1863, op.cit., XVII

9 ibid, XIII

These diseases were calculated to have been the causes of about 75 % of deaths. Out of every 100 deaths in Bombay, 1830-1846;

Fevers	23
Dysentry and Diarrhoea	32
Diseases of the Liver	10
Cholera	10

ibid, XV

For the meaning of 'fevers' within contemporary medical science, see;

Bynum, W.F. 'Cullen and the Study of Fevers in Britain, 1760-1820'; in; *Medical History*, 1981, Suppl. 1, 135-47.

10 *Royal Commission*, ..., 1863, op.cit., XXX

11 ibid, 7 (Evidence of Sir R. Martin)

12 'We have been long aware of the fact so strongly stated by the Medical Board that a very large proportion of the disease, and mortality of European soldiers in India, arises from their intemperate use of spirituous liquors'.

Bm Mil D, 21-1-1812, 15, in response to Bm Mil L, 15-4-1809, 27 (Report on the State of Health of the European Soldiery)

13 See for example the evidence of Sir J. Lawrence, in; *Royal Commission* ..., op.cit., 1863, 199;

'If you want to improve the condition of the soldier in India, you should bring moral influences to bear upon them. I think that if you could get men into the ranks who had more thought and care for themselves this would influence the mass generally. As the men become more thoughtful and educated they would take more care of themselves by giving them advantages in the shape of pensions when they left the service, and pensions when they were wounded, and that we did everything that would induce the men to look more to the future than to the present I think it would have a good influence upon them and benefit their health. I think also that if more of them were allowed to marry, that would have a good effect. I believe that a great deal of the unhealthiness arises from their being unmarried. I have heard many of the officers and medical men say that an immense amount of the disease in a regiment arose from immoral causes, and I think myself that the married men are more careful men, and more likely to be steady men'.

14 ibid, 25 (PS, Evidence of Sir R. Martin)

15 ibid, XIII

16 The efficiency of the army was calculated in terms of the cost per man per year. It was reported to have amounted to about £ 100 per year.
ibid, XVII
'The value of a man who, with all his arms, costs the country £ 100 a year, reckoned at only a few years' purchase, is considerable, and either the loss of his life, of his health, or of his efficiency, is not to be lightly regarded, especially as it occurs most frequently and inopportunely in the field when his services are required'.
idem.

17 ibid, 576. (Data for Bengal; 1830-45; data for England and Wales; 1815-45)

18 idem

19 ibid, 576 ff.

20 ibid, 580 ff, 592 ff.
increase from 166 in 1847-51 to 302 in 1852-56 in the Bengal Infantry (aggregate strength; 132,643)
increase in mortality from insanity in Bengal; from 35 in 1830-37 to 109 in 1838-45.

21 ibid, 592. (Data apply to Bengal Infantry)

22 Parry, N. and J. *The Rise of the Medical Profession*. London; Croom Helm, 1976.

23 see for examples; McDonald, D., 1950, op.cit.
McDonald, D., The Indian Medical Service. A short account of its achievements, 1600-1947. in; *Proceedings of the Royal Society of Medicine*, 1956, 49, 13-7.

24 Ernst, W. 'The Establishment of "Native Lunatic Asylums" in early nineteenth-century British India,' Contribution to the *International Workshop on the Study of Indian Medicine*, London, 1985.

25 For an account of the Lunatic Asylum in Singapore see;
Lee, Y.K. 'Lunatics and Lunatic Asylums in Early Singapore (1819-1869)'; in; *Medical History*, 1973, 17, 16-36.

26 97 % of the soldiers and officers of the Bengal Infantery who were afflicted with insanity were reported to have returned to their duty again, without having been transferred from their regimental hospital to the lunatic asylum.
(Note that re-admissions were included in regimental reports)
Royal Commission,.., 1863, op.cit., 592.

27 In 1818/19 out of 34 patients nineteen were entered in the records as being of British origin; there were further two Danes, and two private patients as well as four convalescents confined whose nationality was not given.
Committee for reporting on the proposed measure of sending Insane Patients to Europe to Govt, 12-1-1819; Bg. Pub. Proc., 22-1-1819, 31.

28 Reports on the condition in the Insane Hospital, pointing out its unsatisfactory and confined state were received by the Bengal authorities in 1814; in 1815 orders for the erection of a new building were sanctioned by Goverment. In 1818 the plans and estimates were approved of by Governor-General Hastings.
Bg. Pub. L., 28-10-1817, 12 ff.
Minute of Gov-Gen, 6-11-1818; Bg. Pub. Proc., 27-11-1818, 1.
Bg. Pub. L., 26-1-1819, 1 ff.

29 J. Robinson had been nominated an Assistant Surgeon in 1805; he had been in charge of the Native Lunatic Asylum, Benares, for five years. He was appointed Superintendent of the Calcutta Lunatic Asylum in 1817.
Bg. Pub. Proc., 7-11-1817, 1 f; 26-12-1817, 3 f.
Bg. Pub. L., 21-7-1818, 201 ff.

30 Med. B. to Govt., 30-11-1818; Bg. Pub. Proc., 4-12-1818, 18 ff.

31 Committee for reporting ... to Govt, 12-1-1819; op. cit., 31, 4.

32 idem.

33 idem.

34 Bg. Mil. D., 8-4-1816, 6.

35 The Governor-General in Council appointed a Committe to inquire into the details of the proposed plan in December 1818.
Bg Pub Proc., 4-12-1818, 21.
Ass. Surgeon J. Robinson, as well as a friend of his, a Surgeon J. Jameson (Secretary to the Medical Board), were members of this committee, and strongly favoured the new plan suggested by Robinson. The details of the innovation were fully investigated; the emphasis in the reports was, however, put on cost savings and the ease with which the new arrangement could be implemented, rather than on the future consequences. It was further stressed that the plan had to be carried out immediately, without awaiting sanction from the Court of Directors. The patients were due to be embarked in March - only three months after their embarkation had been suggested.
Bg. Pub. L., 26-2-1819, 1.

36 ibid., 4 ff.

37 The summer heat often had fatal consequences for the ordinary soldier whose living circumstances, duties and habits aggravated the impact of the sun. In a grenadier's diary, personal experience of the heat was described as follows;
'It was very hot the summer through, and we lost some of the finest looking men we had. I and brother Edward have had good health ever since we landed but the oft-repeated visit to the Grave Yard to Inter some old acquaintance became sickening. This world has certainly been aptly compared to a Treadmill. Were it not for a future existence, and the fear of transgressing the Divine Will, who would not gladly escape from such a scene of torment as this [subliminary] life presents, by some placid manner of self destruction.' (26 July 1846)
'Route from Umballa to Ferozepore, in 1848. General Beat at one o'clock a.m. We marched to Cannanore, 15 ½ miles. The heat was nearly suffocating, and it was as dark as it possible could be. The Grenadier Company, to which I belonged, was on the advance Guard this morning, the road was bad and ankle deep in dust. The cry for water commenced, not a Bhestie was with our Company, and in the darkness of the night we knew not where to seek for that best of God's Gifts - namely, a drop of

clean water. A great many fell from the ranks for the want of water, but with the Column it was much closer, and the men fell out of the ranks in dozens. We were glad to drink of the muddy and stagnant water, which we found in the pools by the wayside. The greater part of the men had made too free with the Rum Bottle the day previous which made them suffer more from thirst than they otherwise would have done. I suffered less than many of my Comrades, for I had some Grog diluted with cold tea, which I applied often, but sparingly to my lips', (15 May 1848)
Photo Eur 97

39 Bynum, 1981, op. cit.

40 Med. B. to Govt., 30-11-1818; Bg. Pub. Proc., 5-12-1818, 18.

41 idem.

42 Pembroke House, Medical Certificates, 1852; Case of H. Strauch.

43 *Committee* ... to Govt., 12-1-1819; Bg. Pub. Proc., 22-1-1819, 31.
In 1854 Dr. J. Macpherson maintained that whilst asylums in England were managed with 'much kindness and skill' and 'the well earned and well merited fame of a Conolly, or of a Winslow' were 'honorable to science, to humanity and to England', the situation in India was 'much below par in our treatment of the insane'.
'Lunatic Asylums in Bengal', in; *Calcutta Review*, 1856, 26, 594.

44 There also existed the chance of death. For example out of the 21 patients deported to England in 1819 three died on the passage
Bg Pub. D.,28-6-1820, 96.

45 Bg. Pub. Proc., 13-2-1817, 31; Bg. Pub. Proc., 5-9-1817, 16.
Bg. Pub. L., 28-10-1817, 13.

46 Committee to Govt., 12-1-1819, op.cit.
Bg. Pub. L., 26-2-1819, 6 ff.

47 The lower estimate for the expected savings is based on my own calculations, and includes costs not considered by the Committee.

48 Bm/Md. Mil. D., 24-5-1820, 12 f.

49 Bg. Mil. D., 2-6-1830, 7.

50 Pieper, J. *Die anglo-indische Station oder die Kolonisierung des Goetterberges. Hindustadtkultur und Kolonialstadtwesen im 19. Jahrhundert als Konfrontation oestlicher und westlicher Geisteswelten*, Bonn; Habelt-Verlag, 1977.
especially pages 183-98; 'The Hill Station - An Anglo-Indian Dreamland'.

51 Experimental sanatoria that provided for convalescent British soldiers had in fact been established in the early 1830s.
see for example; Bg. Mil. L., 14-10-1830, 156. ('Experimental Sanatoria at Churrah Pungi, Cossiah Hills')
IOR; B.Coll., 1829/30, 1116, 29,947, 259 pages; B.Coll., 1829/30, 1117, 29,948, 31 pages ('Convalescent Establishment on Neilgheery Hills, Mahabuleshwar and Beema Hills recommended as Convalescent Stations')

52 '...take into consideration and report to us for Our ultimate Decision, whether Insane European Officers and Soldiers might not be sent to the Neilgherry Hills instead of Europe, with equal advantage to their health, and with a considerable aminimation of expense',
Bg, Mil, D., 2-6-1830, 7,

53 Bg, Mil, L., 14-10-1830, 156,
Bg, Mil, D., 12-12-1832, 7,

55 Bg, Mil, D, 12-12-1832, 7,

56 Parkes, F, (Anon,) *Wanderings of a Pilgrim in Search of the Picturesque*, London, 1852,

57 '...that our orders issued in 1820 for sending insane European soldiers to England might advantageously be reconsidered with reference to the diversity of climate now available within the limits of the Bengal Presidency',
Bg, Pub, D., 5-2-1851, 18,

58 India Public Works D., 20-8-1856, 16,
'The European hospitals at Kussolie, Dugshai, Landour and the new one to be built at Darjeeling would answer with some additions to the buildings, for experimental purposes; but the objections to a journey would in part remain, Patients are now embarked at the nearest Ghaut on the Ganges or Jumma, and travel much at their ease; the Railway will afford another facility for reaching Calcutta, Those who are acquainted with our mountain ranges can speak as to the fervor of the sun's rays during half the year, at elevations even of 8000 feet; not unsafe certainly where there is no cerebral disease, but too much so, it is to be feared, to admit of outdoor occupation for Insanes, The Board's records ought to show whether permanent benefit has been derived from the Hill climate in some of the cases in which it has been tried, It failed in Dr, Newmarch's case, relapses having taken place on each occasion of his return to the plains, as soon as the hot weather set in, On the score of economy it is known, that the Hill Stations are more expensive, than those in the plains,'
Summary of Correspondence relative to the Calcutta Asylum for Insane Persons, Undersecretary to Govt., 30-12-1847; B, Coll, 1852, 2494, 141,296, Note to § 14,

59 ibid., 14,
see also; *Royal Commission,...*, 1863, op,cit., 38,

60 India Public Works D., 20-8-1856, 16,

61 idem,

62 Lunacy legislation for British India drew on English law, for a study of which see the work of Kathleen Jones, who has provided a comprehensive analysis of the relationship between 'Law and Conscience' in late eighteenth and early nineteenth-century England, -
Jones, K, *Lunacy, Law and Conscience, 1744-1845*, London; Routledge, Kegan and Paul, 1955,

63 The statute of 1851 was in force throughout the nineteenth century, It was found to be 'general in terms', In 1866 the Secretary of State for India more clearly circumscribed under what circumstances insane persons ought to be removed from India,

Galletti, A, (comp) *The Madras Lunacy Manual for Magistrates*, Madras; Government Press, 1906; 4f,

64 14 & 15 Vict., c, 81, Sections 3, 4,
PP (HC), 4, 139, 581,

65 on legal provisions in regard to lunatics and lunatic asylums in England;
Jones, 1955, op,cit,
see also for a broader discussion of the socio-political rôle of the law and institutional psychiatry; Szasz, Th, *Law, Liberty and Psychiatry; An Inquiry into the Social Uses of Mental Health Practices*, London; Routledge, Kegan and Paul, 1974,

66 Act XXXVI of 1858, Section 4,
India Acts, 1858,

67 see for England;
'Asylums which were subject to visitation by the local magistrates were clearly unpopular with the upper classes, E,J, Seymour (1859), M,D,, F,R,S,, observed that the families of some lunatics would even send the patients abroad to avoid such inspection and the consequent risks of local publicity, Public opinion was, therefore, strongly in favour of separate institutions for the educated and for the uneducated classes, In some districts, the magistrates even considered plans for the establishment of a separate asylum to meet the needs of this section of the community, but no such institutions ever came into being',
Parry-Jones, 1972, op, cit,, 22 f,

68 Act IV of 1849 was modelled on;
39 & 40 Geo III,, c, 94
1 & 2 Vic,, c, 14
3 & 4 Vic,, c, 54

Acts XXXIV, XXXV, XXXVI of 1858 were modelled on;
16 & 17 Vict,, c, 70, 96, 97

Act 14 & 15 Vict,, c, 81 integrated;
39 & 40 Geo III, c, 94

69 The Bill passed both houses of parliament without debate at any stage of the measure,
Hansard's Parliamentary Debates (3rd series), 1851,
HC; 1°, 23-7-1851,
2°, 28-7-1851,
3°, 1-8-1851,
HL; 1°, 1-8-1851,
2°, 2-8-1851,
Rep,, 4-8-1851,
3°, 5-8-1851,
Royal Assent; 7-8-1851,

70 Rev,, Jud,, Leg, Comm,, 25-6-1851, 211; Misc, Jud,, 1851, 211,
see also; Chapter 3, Section 'Criminal Lunacy'
Even after legal consolidation, exemption from legal prosecution on alleged insanity could still occur,
see for an example; footnote 103

71 India Leg. L., 15-9-1849, 13,
Nizamat Adalat (L.P.) to Govt. Bg., 11-7-1845; India Leg. Proc., 10-2-1849, 20, 1.

72 Nizamat Adalat (L.P.) to Govt. Bg., 11-7-1845, op. cit., 2.

73 Bombay Fazdari Adalat to Govt. Bg., 3-12-1847; India Leg. Proc., 10-2-1849, 22, 2.
Register Agra, to Nizamat Adalat L.P., 14-4-1845; India Leg. Proc., 10-2-1849, 20 (Encl.), 2.
The regulations then in force were Circular Orders 6-1-1801, 24; 11-2-1825, 307; 4-5-1827, 325; 4-9-1840, 62.

74 Bombay Fazdari Adalat to Govt. Bg., 3-12-1847, op.cit., 2.

75 idem.

76 ibid., 3.

77 Register Agra to Nizamat Adalat L.P., 14-4-1845, op. cit. 2.

78 idem.

79 Minute, I.E.Drinkwater Bethune, 10-6-1848; India Leg. Proc., 10-2-1849, 29, n.para.

80 idem.
the following quotations stem from the same source, unless otherwise indicated.

81 Minute, G-G (Dalhousie), 16-6-1848; India Leg. Proc., 10-2-1849, 29, n.para.
the following quotations stem from the same source, unless otherwise indicated.

82 Bethune modelled the draft act - against his personal opinion - 'in a great degree' on the law in England.
Minute, Bethune, 30-6-1848; India Leg. Proc., 10-2-1848, 30, n.para.

83 Minute, Bethune, 10-6-1848, op.cit., n.para.

84 idem.

85 idem.

86 Only minor stylistic changes were made in sections 1 and 6.
see; First reading of draft of proposed act for the safe custody of criminal lunatics, 29-7-1848; India Leg. Proc., 10-2-1849, 31.
Assent by G-G (Dalhousie), 26-12-1848; India Leg. Proc., 10-2-1849, 52, n.para.

87 Neither during the period of the preparation of Act IV of 1849 nor immediately afterwards, when the Act of Parliament (Criminal Lunatics Act of 1851) was in preparation were attempts made by officials in India to express some specific opinion on that matter by corresponding with the President of the Board of Control.
see; MSS.Eur.F.213 (Broughton Collection), 23 - 28.

Similarly, no attempts were made in correspondence with Lord Dalhousie by individuals in India or Europe to express any specific opinion either on lunacy legislation or the condition of the European insane in British India,
see; Dalhousie Papers, 6, 55, 56, 59-62, 65-66, 67-69, 78, 79-82, 89-90, 101.

88 Mag., 24 Parganas, to Govt., 30-11-1855; Bg. Pub. Proc., 24-1-1856, 46,
Attorney at Law to Asy. Supt., 8-1-1856; Bg. Pub. Proc., 14-2-1856, 123,
Leg. C. I. Proc., 14-11-1857, 488.

89 Mag., 24 Parganas, to Govt., 30-11-1855; Bg. Pub. Proc., 24-1-1856, 46, 4.

90 Asy Supt. to Suptg. Surg. Pres., 14-1-1856; Bg. Pub. Proc., 14-2-1856, 122,
Asy Supt. to Mag., 24 Parganas, 18-1-1856; Bg. Pub. Proc., 24-1-1856, 50, 2,
Leg. C. I. Proc., 14-11-1857, 488.

91 Leg. C. I. Proc., 14-11-1857, 488.

92 idem.

93 Asy Supt. to Mag., 24 Parganas, 18-1-1856, op.cit., 3.

94 Mag., 24 Parganas to Govt., 30-11-1855, op.cit., 3.

95 Leg. C. I. Proc., 14-11-1857, 488,
see also;
Bg. Govt to Leg. C. Bg., 12-2-1856; Bg. Pub. Proc., 14-2-1856, 124, 4,
'some steps appear to the Lieutenant Governor to be necessary towards obtaining a Law sanctioning the Legal detention of Insanes, British subjects, in the Bhowanipore and other asylums',

96 Leg. C. I. Proc., 14-11-1857, 489.

97 'The Advocate General ,,, indicated the course of procedure which it would be expedient to adopt and the particular portions of the English Lunacy Regulation Act which might be advantageously imported into a local law',
Leg. C. I. Proc., 14-11-1857, 489,
Provisions of the Lunacy Regulation Act of 1853, introduced to India;
Sections 38 to 54 (inquisitions)
Sections 55 to 97 (proceedings after inquisition)
Sections 108 to 129 (management and administration of estates)
Sections 148 to 151 (traverse)
Section 152 (supersedeas)

98 Leg. C. I. Proc., 28-8-1858, 488, 487,
Leg. C. I. Proc., 4-9-1858, 507,
Leg. C. I. Proc., 25-9-1858, 565,
India Acts, 1858/9, Acts Nos. XXXIV to XXXVI of 1858.

99 Leg. C. I. Proc., 28-8-1858, 487.

100 It was however decided to insert a new section; Section XVI;
'No person shall be received into a Lunatic Asylum in any place not within the Presidency Town except under an order of a Judge or Magistrate made in pursuance of this Act',

101 Mag., 24 Parganas, to Govt., 30-11-1855, op.cit., 3.

102 Asy Report, 14-6-1856; Bg, Pub, Proc., 52, n,para,

103 See for example the correspondence relating to the case of J,D, Ouseley, formerly Assistant Magistrate and Collector at Murshidabad, He had 'stabbed a Native', He had been pronounced insane in India; was transferred to England; was said to have recovered, and consequently exempted from either confinement in jail or asylum, His father, a lecturer at the Company's Haileybury College had procured a medical certificate from the renowned Dr, J,R, Martin, and achieved his son's liberty,

'As there appears however to be reasonable ground for supposing that the act of violence committed by Mr, Ousely was the result of temporary insanity, from which he has now recovered, Sir George Grey does not propose advising the Crown to take any proceedings against him in this country, and he will consequently be at liberty either to return to India, or to remain here unmolested according to his own discretion',

Rev,, Jud,, Leg, Comm,, Whitehall to India Board, 22-11-1856; Misc, Jud,, 1856, 370,

Rev,, Jud,, Leg, Comm,, 14-2-1855; Misc, Jud,, 1855, 107 f,

Rev,, Jud,, Leg, Comm,, 18-7-1855; Misc, Jud,, 1855, 198,

Rev,, Jud,, Leg, Comm,, 22-9-1855; Misc, Jud,, 1855, 203,

Rev,, Jud,, Leg, Comm,, 6-8-1856; Misc, Jud,, 1856, 345

Rev,, Jud,, Leg, Comm,, 25-3-1857; Misc, Jud,, 1857, 406,

104 Act XXXVI of 1858, Section 4,

India Acts, 1858

105 For the Victorians' fear of wrongful confinement see;

McCandless, P, 'Liberty and Lunacy; the Victorians and Wrongful Confinement', in; Scull, A,T, (ed) *Madhouses, Mad-Doctors, And Madmen, The Social History of Psychiatry in the Victorian Era*, Philadelphia; University of Pennsylvania Press, 1981,

106 Commissioners in Lunacy to India House, 24-11-1857; RJL, 1857, 704/5, 3,

Chapter 2: European Lunacy in Bengal

1 Crawford, C,G, *A History of the Indian Medical Service, 1600 - 1913*, London; Thacker, 1914, Vol 2, 400.

2 Bg, Mil, D., 8-4-1817, 6.

3 Bg, Pub, L., 28-10-1817, 9, 28.

4 ibid., 12 ff.

5 Minute by G-G, 6-11-1818; Bg, Pub, Proc., 27-11-1818, 6.
Committee for reporting on the proposed measure of sending Insane Patients to Europe, 12-1-1819; Bg, Pub, Proc., 22-1-1819, 31.

6 Bg, Pub, D., 28-6-1820, 91 ff.
Mr, I, Beardsmore to Med, B., 16-2-1821; Bg, Pub, Proc., 20-2-1821, 33.
Med, B, to Govt., 5-3-1821; Bg, Pub, Proc., 1-6-1821, 39.
Med, B, to Govt., 16-2-1821; Bg, Pub, Proc., 22-6-1821, 42.
Bg, Pub, L., 2-7-1821, 58 f.

7 Minute by G-G (Lord Dalhousie), 14-6-1852; Bg, Pub, Proc., 24-6-1852, 10, 7.
Bg, Pub, L., 9-7-1852, n, para.

8 India Pub, Works D., 20-8-1856, 16 f.

9 Med, B, to Govt., 5-3-1821; Bg, Pub, Proc., 1-6-1821, 39.

10 Med, B, to Govt., 27-3-1851; Bg, Pub, Proc., 24-6-1852, 8, 4.

11 Macpherson, J, 'Report on Insanity among Europeans in Bengal, founded on the experience of the Calcutta Lunatic Asylum', in; *Calcutta Review*, 1856, 26, 592-608.

12 Eurasians, Armenian and Christian Indians of the 'lowest classes' were sent to the 'Native Lunatic Asylum Russapaglah'.
Committee ..., 12-1-1819; Bg, Pub, Proc., 22-1-1819, 31.
Med, B, to Govt., 10-3-1851; Bg, Pub, Proc., 24-6-1852, 6.
Ernst,W, 'The Establishment of 'Native Lunatic Asylums' in early nineteenth-century British India,' Contribution to the *International Workshop on the Study of Indian Medicine*, London, 1985.

13 Macpherson, 1856, op, cit.
Royal Commission on the Sanitary State of the Army in India, London; Eyre & Spottiswoode for HMSO, 1863; Vol, 1, 592.
Med, B, to Govt., 20-10-1847; Bg, Pub, Proc., 21-6-1848, 6, 36.

14 see for example the variety of accounts from regimental hospitals on occasion of the investigation into the state of health of the army in India.
Royal Commission ..., 1863, op, cit., Vol, 1.

see also; Proceedings of Special Committee; Measures for the better preservation of Health of European Soldiery, 10-10-1827, IOR; B, Coll., 1829, 1079, 29,310, 178 pages,
Bg, Mil, L., 26-4-1828, 53-71,

15 Macpherson, 1856, op, cit., 603,

16 ibid., 603, footnote,

17 Mad, B, to Govt., 10-3-1851; Bg, Pub, Proc., 24-6-1852, 6, 5,

18 Number of English and Eurasian inhabitants, Calcutta; 1837,

English	3,138	
Eurasian	4,746	(incl, suburbs; 5,981)

Royal Commission ,,,, 1863, op, cit., XXV,

19 The theme 'progress breeds evil' is certainly not specific to Victorian England and its propagation through romantic and evangelical writings, Rather it has strong roots in Locke's image of man as a *tabula rasa* susceptible to experience, and his notion of the ambiguity inherent in progress; 'man' is able to dominate the environment through technology and thereby creates progress; at the same time more wealth, more luxury implies more illness, more restraint,

This view was also advanced by Cheney, who directly linked the hectic, business, money worries, anxieties and luxuries of urban life to the English' peculiar propensity towards illness, Although the ideal is the pastoral model *à la* Rousseau, Cheney saw nervous conditions as the mark of superior people, His writings became very popular amongst the better classes of society, Despite the class-specificity of Cheney's observations, later writers draw on him and explain the perceived increase in madness in terms of increased luxury and progress,

Cheyne, G, *The English Malady or a Treatise on Nervous Diseases of all kinds*, London; Strahan and Leake, 1734,

20 Bg, Mil, D., 8-4-1816, 3,

21 see for impressive examples;
McDonald, D, (comp,) *Surgeons Twoe and a Barber, Being Some Account of the Life and Work of the Indian Medical Service, 1600 - 1947*, London; Heinemann, 1950; especially; 80, 87 ff,

'The Philosophic Surgeon, who on his way to his indigo factory, would enquire of the native doctor - "Any thing to-day" - and ,upon receiving the ready answer, "All's well, Lord of the world, only five men dead", would exclaim cheerfully - "good, very good" - and canter gaily about his business',
ibid., 89,

22 Bg, Mil, D., 8-4-1816, 3 f,

23 ibid., 2, 12,

24 Bg, Pub, L., 28-10-1817, 5,
Bg, Pub, Proc., 18-2-1817, 31,

25 Bg, Mil, D., 8-4-1816, 4,

26 ibid., 6,

27 Bg, Pub, Proc., 5-7-1817, 3 f,
Bg, Pub, Proc., 30-8-1817, 36 f,

28 Bg, Pub, L., 28-10-1817, 6,

29 Bg, Pub, Proc., 5-7-1817, 4,
Bg, Pub, Proc., 30-8-1817, 37,

30 Bg, Pub, L., 28-10-1817, 23 f,

31 ibid., 22,

32 ibid., 3,

33 The Medical Board was 'doubtful whether it would be an economical arrangement to have a Government Lunatic Asylum supplied by the Commissariat, judging from its management in the supply of regimental Hospitals. At any "rate ... if supplied by the Commissariat, the fitness and quality of the supplies and the cleanliness, comfort and bodily health of the patients could only be secured by a watchfulness as strict as that officially exercised over the existing Asylum"',
Note by Sec. to Govt., 9-6-1852; Bg, Pub, Proc., 24-6-1852, 9, n, para,

34 Bg, Pub, L., 28-10-1817, 12 ff,

35 Bg, Pub, L., 2-4-1821, 25,
Med, B, to Govt., 5-2-1821; Bg, Pub, Proc., 20-2-1821, 32, 3,

36 Mr, I, Beardsmore to Govt., 5-5-1836; Bg, Pub, Proc., 18-5-1836,17,
Summary of Correspondence relative to the Calcutta Asylum for Insane Persons, Undersecretary to Govt., 30-12-1847; B, Coll., 1852, 2494, 141,296, 77 ff, 7ff,

37 Med, B, to Govt., 1-7-1820; Bg, Pub, Proc., 14-7-1820, 62,

38 Med, B, to Govt., 5-2-1821; Bg, Pub, Proc., 20-2-1821, 32,

39 Med, B, to Govt., 5-3-1821; Bg, Pub, Proc., 1-6-1821, 39, 2,

40 Reference of Ass, Surgeon Adam; in; Med, B, to Govt., 5-3-1821; Bg, Pub., Proc., 1-6-1821, 39, Enclosure,
Med, B, to Govt., 5-3-1821; Bg, Pub, Proc., 1-6-1821, 39, 3,

41 idem,

42 Med, B, to Govt., 16-6-1821; Bg, Pub, Proc., 22-6-1821, 42,

43 Mr, I, Beardsmore to Med, B., 16-2-1821; Bg, Pub, Proc., 20-2-1821, 33,

44 The latter system was 'on a scale of liberty to all connected with the Institution which those accustomed to the more exact and healthier administration of the Public resources of the present day can scarcely contemplate without astonishment',
Med, B, to Govt., 20-10-1847; Bg, Pub, Proc., 21-6-1848, 6, 10,

45 Med, B, to Mr, Beardsmore, 30-6-1821; Bg, Pub, Proc., 18-5-1836, 18 (Enclosure, 4, Rule 10 f),

46 Med. B. to Govt., 31-5-1836; Bg. Pub. Proc., 13-7-1836, 19.

47 idem.
Mr. I. Beardsmore to Med. B., 2-5-1836; Bg. Pub. Proc., 18-5-1836, 16.

48 Govt. to Med. B., 18-5-1836; Bg. Pub. Proc., 18-5-1836, 17, 2 ff.
Govt. to Med. B., 13-7-1836; Bg. Pub. Proc., 13-7-1836, 24.
Summary of Correspondence ..., 30-12-1847, op. cit., 31 f.

49 Summary of Correspondence ..., 30-12-1847, op. cit., 33.

50 Med. B. to Govt., 26-11-1849; Bg. Pub. Proc., 16-1-1850, 20.
Med. B. to Govt., 29-4-1850; Bg. Pub. Proc., 28-8-1850, 17.
Govt. to Med. B., 26-8-1850; Bg. Pub. Proc., 28-8-1850, 19.
Lord Dalhousie was about to reform the Indian Medical Service.
see his Minute of February 1856.

51 Minute by G-G (Lord Dalhousie), 14-6-1852; Bg. Pub. Proc., 24-6-1852, 10, 7.

52 India Pub. Works D., 20-8-1856, 16 f.

53 McDonald, 1950,op. cit., 72 ff.

54 Hospital B. to Govt., 11-2-1788; Bg. Mil. Proc., 13-2-1788, [IOR: missing]; cf. B. Coll., 1801, 127, 2,343, n. p.
Minute by Hospital B., concerning objections to Regulations of 13-2-1788; Bg. Mil. Proc., 14-4-1788, [IOR: missing]; cf. B. Coll., 1801, 127, 2,343, n. p.
Hospital B. to Govt., 26-1-1789; Bg. Mil. Proc., 6-2-1789, [IOR: missing]; cf. B. Coll., 1801, 127, 2,343, n.p.

55 Summary of Correspondence ..., 30-12-1847, op. cit., 16.

56 idem.

57 idem.

58 idem.

59 Extract of European Asylum Rules (1821)

1 Military patients not to be admitted until reported insane by a Medical Committee, Civil Servants on a Certificate from two Medical Officers, and persons of the Marine Department on a similar document from the Marine Surgeon or his Assistant.
2 The Reports and Certificates to be registered by the Proprietor, and attested as correct by the House Surgeon.
3 Public patients to be classed, on admission, by the visiting member of the Board and charged for accordingly.
4 All bills for the maintenance, +ca of the patients, to be countersigned by the visiting member before presentation for payment.
5 Private patients to be admitted on the Certificate of one respectable practitioner, or two if possible. Documents to be registered +ca as in Rule 2 .
6 All patients, public or private, to be examined when admitted and reported on in writing by the visiting Member. No person to be detained contrary to the opinion then given. Such documents to be recorded +ca. as in Rule 2.

7 Public patients not to be discharged without a written order from the visiting member, vouching for the propriety and safety of the measure, and those documents to be registered +ca as in Rule 2,
8 The discharge of private patients not considered advisable without the previous opinion and sanction of the visiting member, and House Surgeon,
10 A case book to be kept by the Medical Officer, shewing name, age, country, treatment +ca+ca of each patient, with date of admission, discharge or decease,
11 The foregoing rule to be imperative with respect to public patients, and the book to be produced at the official visits,
12 Weekly returns (form laid down) of public patients, bearing the House Surgeon's countersignature, to be forwarded by the Proprietor to the Medical Board Office, as well as Reports of all circumstances requiring notice,
13 Monthly Returns of Private patients to be also forwarded to the Medical Board,
14 Notifies, that the periodical visit will be paid on the 1st of each month, when a minute inspection and inquiries will be made, and the proprietor will be expected to attend to all remarks and suggestions of the visitors regarding the management of the establishment, and welfare of the patients,
15 The Members of the Board or their Secretary to visit the Asylum as often as they may deem necessary, to control and direct its management generally; to superintend the professional treatment of the patients; and to see that they are duly cared for and attended to, as respects accommodation, separation, diet, clothing, cleanliness, morals, and humane management, Further that no deficiency is permitted in regard to any object that may be conclusive either to their welfare, comfort, or ultimate recovery,
16 The Superintendent to apply in all cases of difficulty to the visiting Member, and in important matters to the Board through their Secretary,

ibid., 21 f.,

60 ibid., 21 (rule 15),

61 see for example the statement of Surgeon Rankin about his duty as Surgeon to the Lunatic Asylum,

Ass, Surgeon G,C, Rankin to Superintg, Surgeon, Pres, Hosp,, 18-9-1847, in; Med, B, to Govt,, 20-10-1847, op, cit,, 25,

The Visiting Board judged the adequacy of provision and medical treatment from the 'general appearance' of the patients and the weekly returns, It appears from their omission of comments on individual long-term patients that they shared the House Surgeon's practice of investigating into the state of new admissions only,

The proceedings of 1836 provide evidence for the restrictive way in which the Inspecting Board interpreted its duty, On the only occasion when it actually demanded more information on details of asylum management and did not content itself with registering patients' and asylum records' external appearance it was to occasion the asylum owners decided aversive response and subsequent resistance to provide the demanded information,

On the same occasion Beardsmore related a former House Surgeon's failure to attend to the needs of his patients, whilst at the time no such violation of regulations had been reported,

I, Beardsmore to Govt,, 2-5-1836; Bg, Pub, Proc,, 18-5-1836, 16,
I, Beardsmore to Govt,, 5-5-1836; Bg, Pub, Proc,, 18-5-1836, 17,

62 Med, B, to Govt,, 20-10-1847; Bg, Pub, Proc,, 21-6-1848, 6, 13, 27,

63 idem,

64 Summary of Correspondence ...,, 30-12-1847, op, cit,, 15,

see for an example of interference; Bg, Mil, D,, 13-9-1822, 16 ff,

65 Bg, Pub, Proc,, 13-7-1836, 23,
The 'Medical Code' of 1838 contained 'no orders on the subject of insane hospitals' in contrast to the Code of 1819,
Summary of Correspondence ,,,, 30-12-1822, op, cit,, 16,

66 As in the case of a Dr, Langstaff, who again happened to be in the fortunate situation of being both medical attendant to the Asylum *and* member of the Medical Board,
Bg, Pub, D,, 30-1-1839, 18,

67 Govt, to Med, B,, 13-7-1836; Bg, Pub, Proc,, 13-7-1836, 24, 3,

68 idem,

69 Med, B, to Mr, Beardsmore, 19-4-1836; Bg, Pub, Proc,, 18-5-1836, 18,
Med, B, to Govt,, 31-5-1836; Bg, Pub, Proc,, 21-6-1848, 6 (Enclosure)

70 Summary of Correspondence ,,,, 30-12-1847, op, cit,, 33,

71 Med, B, to Govt,, 31-5-1836; Bg, Pub, Proc,, 21-6-1848, 6 (Enclosure),

72 Summary of Correspondence ,,,, 30-12-1847, op, cit,, 33,

73 India Pub, D,, 18-9-1839, 58 f,

74 Summary of Correspondence ,,,, 30-12-1847, op, cit,, 16,

75 Med, B, to Govt,, 20-10-1847, op, cit,, 27,

76 Report from the Select Committee on the better regulation of madhouses in England, July 1815,
Reports from the Select Committee on the better regulation of madhouses in England, April-June 1816,
In 1828 the 'Madhouse Act' (9 Geo, IV, c, 41, Treatment of Insane Persons Act) was passed; inspection was however restricted to Metropolitan Asylums,

77 Med, B, to Govt,, 26-11-1849; Bg, Pub, Proc,, 16-1-1850, 20,
Med, B, to Govt,, 29-4-1850; Bg, Pub, Proc,, 28-8-1850, 17
Med, B, to Govt,, 10-3-1851; Bg, Pub, Proc,, 24-6-1852, 6,
Med, B, to Govt,, 27-3-1851; Bg, Pub, Proc,, 24-6-1852, 8,
Bg, Pub, L,, 30-6-1851, 16,
Bg, Pub D,, 3-11-1852, 65,
Bg, Pub, L,, 9-7-1852, n,para,
India Pub, D,, 23-3-1853, 1,

78 In 1856 a consequential Minute on the organisation of the Indian Medical Service was drawn up by Lord Dahousie, With effect from 1857 the Medical Boards in each Presidency were to be abolished and one Director General per Presidency was to be appointed, As this change happened towards the end of the relevant period for this work, it will suffice to describe the Medical Board's function in relation to the Bengal Lunatic Asylum,
McDonald, 1950, op, cit,, 108, 134,

79 Minute by G-G (Lord Dalhousie), 14-6-1852, op, cit,, 1,

80 ibid, 3,

81 Med, B, to Govt,, 20-10-1847; Bg, Pub, Proc,, 21-6-1848, 6, 16,

82 Bg, Mil, D,, 8-4-1817, 6,,

83 Med, B, to Govt,, 20-10-1847; Bg, Pub, Proc,, 21-6-1848, 6, 16,

84 Accountant Gen, to Govt,, 21-3-1850; Bg, Pub, Proc,, 28-8-1850, 13, 1,

85 Med, B, to Govt,, 20-10-1847, op, cit,, 17,
Statement Shewing the Expenses of the Lunatic Asylum at Bhowanipore from June 1821 to Dec, 1849, Office Accountant Gen,, 20-3-1850; Bg, Pub, Proc,, 28-8-1850, 14,

86 Note by Sec, to Govt,, 9-6-1852; Bg, Pub, Proc,, 24-6-1852, 9, n, para,

87 Summary of Correspondence ,,,, 30-12-1847, op, cit,, 23 f,

88 ibid,, 37,

89 ibid,, 24,

90 ibid,, 38,

91 idem,

92 ibid,, 42,

93 G, A, Berwick, M,D, to Govt,, 5-3-1847; Bg, Pub, Proc,, 26-5-1847, 12,

94 Med, B, to Govt,, 20-10-1847; Bg, Pub, Proc,, 21-6-1848, 6, 43,

95 idem,

96 Note by Sec, to Govt,, 9-6-1852; Bg, Pub, Proc,, 24-6-1852, 9, n, para,

97 Note on Bhowanipur Asylum, n,d,; B, Coll,, 1852, op, cit,, 112ff, n, para,

98 ibid,

99 Med, B, to Govt,, 10-3-1851; Bg, Pub, Proc,, 24-6-1852, 6, 8,

100 Med, B, to Govt,, 20-10-1847; Bg, Pub, Proc,, 21-6-1848, 6, 25,

101 idem,

102 Bg, Pub, D,, 20-8-1851, 5,

103 India Pub, D,, 23-3-1853, 1,

104 Ernst, 1985, op, cit,

105 Bg, Pub, D,, 28-6-1820, 94,

106 Med, B, to Govt,, 5-2-1821; Bg, Pub, Proc,, 20-2-1821, 32, n, para,

107 Ernst, 1985, op. cit.

108 G.A. Berwick, M.D. to Govt., 5-3-1847; Bg. Pub. Proc., 26-5-1847, 12.

109 '...both facts and figures are opposed to the wholesale transplantation of the Native Lunatics of all the Provinces of Lower Bengal to Calcutta as well as the crude and incongrous scheme of assembling Europeans and Natives in one Establishment, to be situated in a climate remarkably unhealthy, and one too which would be found to be foreign to and therefore more or less inimical to the health of not only the unfortunate European inmates, but to at least five sevenths of the native patients.'
Med. B. to Govt., 20-10-1847; Bg. Pub., Proc., 21-6-1848, 6, 41.

110 Ballhatchet, K. *Race, Sex and Class, Imperial Attitudes and Policies and their Critics, 1793-1905*, London; Weidenfeld and Nicolson, 1980.

111 Arnold, D. 'European Orphans and Vagrants in India in the Nineteenth Century', in; *Journal of Imperial and Commonwealth History*, 1979, 7, 106-14.

112 Med. B. to Govt., 10-3-1851; Bg. Pub. Proc., 24-6-1852, 6, 5.

113 idem.
The Anglo-Indian attitude towards Armenians must have been more complex though. Differences in dress may serve as an illustrative example. Whilst the English in Bengal did in the nineteenth century no longer wear the comfortable Indian-style dresses as they were quite often wont to before, the Armenians were 'going native' as regards dress much longer. The style of dress became an important issue; in 1831 it was decreed that European servants of the Company should abstain from wearing Indian costume, which might well be taken as an indicator of the English ambition to distance themselves - not only in appearances - from the Indian population.
'... some gentlemen of the Civil Service, holding offices, of responsibility and trust, were occasionally in the habit of adopting the Native style of dress, and such a practice appearing to us on many accounts objectionable, and to derogate from the Official character and importance which it is desirable should attach to the Public Officer, in responsible situations, we deemed it proper by General Order ... to insist on its discontinuance'. (General Order sent to several departments; general, territorial, political, persian, military).
Bg. Civil Jud. L. (L.P.), 30-8-1827, 281.
Bg. Civil Jud. Proc. (L.P.), 12-1-1826, 8.

114 for immigration to India see;Arnold, D. 'White Colonization and Labour in Nineteenth-Century India', in; *Journal of Imperial and Commonwealth History*, 1983, 11, 133-58.
The term 'country-born' was not used consistently. In some cases it was applied to people of mixed race.

115 Even 'natives' were confined in the European Asylum, if they were of such high social standing that their race could be neglected; as in the case of the Begum of Mysore.
India Pol. D., 19-8-1857, 54.

116 see for the interrelatedness of social class and mental illness/psychological assessment;

Dain, N, and Carlson, E,T, 'Social Class and Psychological Medicine in the United States, 1789-1824', in; *Bulletin of the History of Medicine*, 1945, 18, 139ff,

Dohrenwend, B,P, and Dohrenwend, B,S, *Social status and psychological disorder; A causal inquiry*, New York; Wiley, 1969,

Gleiss, I, 'Probleme und Perspektiven der sozialen Epidemiology psychischer Stoerungen', in; Keupp, H, und Zaumseil, M, (ed) *Die gesellschaftliche Organisierung psychischen Leidens, Zum Arbeitsfeld klinischer Psychologen*, Frankfurt; Suhrkamp, 1978,

Hollingshead, A,A, Redlich, F,G, *Social Class and Mental Illness*, New York; 1958,

Kardoff, E,v., 'Modellvorstellungen ueber psychische Stoerungen; gesellschaftliche Entstehung, Auswirkungen, Probleme', in; Keupp und Zaumseil, 1978, op, cit,

Rosenhan, D,L, 'The Contextual Nature of Psychiatric Diagnosis', in; *Journal of Abnormal Psychology*, 1975, 54, 462-74,

117 Hospital B, to Govt,, 26-1-1789; Bg, Mil, Proc,, 6-2-1789, [IOR; missing] cf, B, Coll,, 1801, 127, 2,343, n,p,

119 Note by Sec, to Govt,, 9-6-1852; Bg, Pub, Proc,, 24-6-1852, 9, n, para,

120 idem,

121 Capt, R, S, Ross to Med, B,, 23-11-1849; Bg, Pub, Proc,, 16-1-1850, 21,
Note on the Bhowanipur Asylum, n,d,; B, Coll,, 1852, op, cit,, 112ff, n, para,
Note by Sec, to Govt,, 9-6-1852; Bg, Pub, Proc,, 24-6-1852, 9, n, para,

122 Note by Sec,to Govt,, 9-6-1852; Bg, Pub, Proc,, 24-6-1852, 9, n, para,

123 idem,

124 idem,

125 see for example the Court's measures to 'prevent discharged or dismissed European soldiers from wandering about in the country';
India Pol, D,, 22-1-1840, 37,
India Pol, D,, 2-6-1840, 36,
Arnold, 1979, op, cit,

126 Arnold, 1979, 1983, op, cit,

127 The time of enforced railway construction and extension of primary education for which the Eurasians could provide a ready and numerous work-force, had not yet come, Thus income-earning opportunities were restricted and Eurasians at times had to have recourse to welfare provision,

128 Note by Sec, to Govt,, 9-6-1852, op, cit,, n, para,

129 idem,

130 idem,
Med, B, to Govt,, 10-3-1851; Bg, Pub, Proc,, 24-6-1852, 6, 5,

131 Note by Sec, to Govt,, 9-6-1852, op, cit,, n, para,

132 idem,

132a In the light of Dalhousie's well known clarity of style and interest in social reform in general, this ambiguous minute invites further investigation. However, a search of his private papers sheds no light on the problem. One is led to conclude that Dalhousie had a limited interest in the problem of lunacy in India.
Dalhousie Papers, 6, 55, 56, 59-62, 65-66, 67-69, 78, 79-82, 89-90, 101.

133 Bolt, C. *Victorian Attitudes to Race*, London; Routledge and Kegan Paul, 1971.

134 Summary of Correspondence ..., 30-12-1847, op. cit., 21.

135 Note on Bhowanipur Asylum, n.d.; B. Coll., 1852, op. cit., 112 ff, n. para.
It was mainly in the case of the ever-increasing number of 'public patients' - lunatics who had to be provided for by Government either because they were Company servants or wanting means from private sources - that more definite rules were finally enforced. Until the 1840s 'insane persons of these classes have usually been admitted on the authority of the Medical Board or Chief Magistrate without reference to Government'. On occasion of the general inquiry in 1851/2, it was suggested that 'insane of the above class shall [not] be admitted without reference by the Board to Government or without a statement of the reasons of recommendation, although the Board might still admit insanes, being Government Servants, without any such reference under the usual rules and formalities'.
idem,

136 As there was one coherent table drawn up for this particular period, which encompasses to a great extent the here relevant decades, it will be referred to exclusively in the following sections on statistical trends. It should be stressed that the admission rate reflects neither an 'incidence rate' of lunacy, nor may any sensible conclusion be drawn without reference to discharge, death and transfer rates as well as to changing admission practice.
Table shewing the number of public patients treated in the Lunatic Asylum at Bhowanipore, and the results from 1 January,1824 to 30 December 1850, 10-3-1851; Bg. Pub. Proc., 24-6-1852, 7.

137 Note by Sec. to Govt., 9-6-1852, op. cit., n. para.
Med. B. to Govt., 20-10-1847, op. cit., 17, 42.
Summary of Correspondence ..., 30-12-1847, op. cit., 12, 28.
Table shewing the number of public patients treated ..., 10-3-1851, op. cit.

138 Mrs. Beardsmore-Sims to Med. B., March 1850, in; Accountant Gen. to Govt., 21-3-1850, op. cit.

139 Asylum Return, Sept. 1818; Bg. Pub. L., 26-2-1819, Enclosure.

140 Table shewing the number of public patients treated ..., 10-3-1851, op. cit.

141 Med. B. to Govt., 20-10-1847, op. cit., 35.

142 Note, Accountant's Office, n.d.; B. Coll., 1852, op. cit., 127 f, n. para.

143 Minute by G-G (Lord Dalhousie), 14-6-1852, op. cit., 5.

144 idem,
Note by Sec. to Govt., 9-6-1852, op. cit., n. para.

Table shewing the number of public patients treated ..., 10-3-1851, op. cit.

145 Note by Sec. to Govt., 9-6-1852, op. cit., n. para.

146 idem.
Summary of Correspondence ..., 30-12-1847, op. cit., 23.
Mr. I. Beardsmore to Govt., 23-8-1820; Bg. Pub. Proc., 18-5-1836, 18, n. para.

147 Summary of Correspondence ..., 30-12-1847, op. cit., 24 f.
Mr. I. Beardsmore to Govt., 23-8-1820, op. cit., n. para.

148 Note by Sec. to Govt., 9-6-1852, op. cit., n. para.

149 Mr. Beardsmore had been able to run his private asylum due to the fact that some people wished 'to avoid public Exposure of a family misfortune' and 'to afford many other Comforts, and Conveniences which cannot be well Expected or had at the public Hospital for Insanes'. Similar reasoning may have been prevalent some decades later, when the 'public Hospital for Insanes' received ever more people of the lower classes.
Mr. I. Beardsmore to Govt., 23-8-1820, op. cit., n. para.

150 Note by Sec. to Govt., 9-6-1852, op. cit., n. para.
Med. B. to Govt. , 20-10-1847, op. cit., 17, 42.
Summary of Correspondence ..., 30-12-1847, op. cit., 12, 28.
Table Shewing the number of public patients treated ..., 10-3-1851, op. cit.

151 '...die Konstituierung einer eigenstaendigen Psychiatrie ...[machte es moeglich] zu einer Differenzierung und Entmythologisierung der klassischen Unvernunft zu kommen, d.h. dem "harten Kern" der Unvernunft, dem Irresein als Krankheit eine rationale Institution zuzuweisen, um der grossen Mehrheit der Unvernuenftigen - den Armen - viel von der in ihr gefuerchteten Gefaehrlichkeit zu nehmen und sie umso reibungsloser in die neue Vernuenftigkeit, die der Oekonomie, eingliedern zu koennen. Denn umgekehrt war es so, dass nicht so sehr die philosophische Deduktion der Unvernunft, nicht ihre buergerliche Form, die Hysterie, zur Psychiatrie fuehrten, auch nicht die Existenz der privaten Mad-Houses und die Sorge, die Defoe sich um dorthin exilierte buergerliche Ehefrauen machte, sondern das gesellschaftliche Sichtbarwerden der Unvernunft, d.h. der Irren als "arme Irre".
Doerner, K. *Buerger und Irre. Zur Sozialgeschichte und Wissenschaftssoziologie der Psychiatrie*, Frankfurt: Europaeische Verlagsanstalt, 1984 (1969'); 43.
Doerner's statement - which encapsulated an evaluation of a qualitative tendency rather than of a mere numerical trend - is here seen to be adequate within its explicitely stipulated aim; es 'wird die Dialektik aller modernen Wissenschaft verfolgt, die Dialektik zwischen ihrem Anspruch of Emanzipation des Menschen als Einloesung des Versprechens der Aufklaerung einerseits und ihrer oft entgegengesetzten Wirkung der Rationalisierung, Integration und Kontrollierbarkeit des je bestehenden Gesellschaftssystems andererseits', (ibid., 10).
see also: Koehler, E. *Arme und Irre. Die liberale Fuersorgepolitik des Buergertums*, Berlin: Wagenbach, 1977.

152 Table Shewing the number of public patients treated ..., 10-3-1851, op. cit.

153 Hobsbawm, E. J. *Industry and Empire. From 1750 to the Present Day*, Middlesex: Penguin, 1981 (1969'); 89.

154 Med. B. to Govt., 10-3-1851, op. cit., 5 f.

155 idem,

156 Hobsbawn, op, cit., 86,

157 Med, B, to Govt., 10-3-1851, op, cit., 8,

158 idem,

159 Accountant Gen, to Govt., 21-3-1850, op, cit., n, para,

160 idem,

161 Hobsbawn, op, cit., 89,

162 Accountant Gen, to Govt., 21-3-1850, op, cit., n, para,

163 Med, B, to Govt., 10-3-1851, op, cit., 8,

164 see; Evidence of Sir J, Lawrence, in; *Royal Commission on the sanitary state ... ,* 1863, op, cit., 199,

165 for an account of the authorities' response to European prostitutes during the nineteenth century see;
Ballhatchet, K, *Race, Sex and Class under the Raj, Imperial Attitudes and Policies and their Critics, 1793-1905,* London; Weidenfeld and Nicolson, 1980; 129 ff,
Showalter, E, 'Victorian women and insanity', in; Scull, A, (ed) *Madhouses, Mad-Doctors, And Madmen, The Social History of Psychiatry in the Victorian Era,* Philadelphia; University of Pennsylvania Press, 1981,
Walkowitz, J,R, *Prostitution and Victorian Society, Women, Class, and the State,* Cambridge; Cambridge University Press, 1980,

166 *Pembroke House,* Case Books, Medical Certificates,

167 Med, B, to Govt., 20-10-1847, op, cit., 21,

168 Summary of Correspondence ..., 30-12-1847, op, cit., 4,

169 idem,
Med, B, to Govt., 20-10-1847, op, cit., 5,

170 Summary of Correspondence ..., 30-12-1847, op, cit., 4,
Med, B, to Govt., 20-10-1847, op, cit., 34 f,

171 Table shewing the number of public patients treated ..., 10-3-1851, op, cit.,

172 Summary of Correspondence ... , 30-12-1847, op, cit., 4,
Med, B, to Govt., 20-10-1847, op, cit., 34, 36 f,

173 MacPherson, 1856, op, cit., 605,

174 For data on lunacy in England and Wales, see; Parry-Jones, W, Ll, *The Trade in Lunacy, A Study of Private Madhouses in England in the Eighteenth and Nineteenth Centuries,* London; Routledge & Kegan Paul, 1972,
especially; p, 329, Table XIV; p, 324, Table II; p, 327, Table X,
For data on discharge rates in the Bengal Lunatic Asylum see;

Table shewing the number of public patients treated ..., 10-3-1851, op. cit.

175 The fear of 'wrongful confinement' seems to have been widespread in contemporary England. The 'Alleged Lunatics' Friends Society' had been founded in 1845 by John Perceval, who had written on his personal experience of what he considered to be his wrongful confinement in a Quaker-run Asylum (the prestigious Brislington House). (John Perceval was the son of Spencer Perceval, a former Prime Minister. Incidentally another member of the Perceval family, Mrs. Spencer Perceval, was to sell some twenty-five years later a substantial property in Ealing, the Elm Grove Estate, which was converted into one of John Perceval's hated institutions, namely a Lunatic Asylum, the 'Royal India Asylum').

John Perceval was not the only campaigner against wrongful confinement and the infringement of civil liberty through institutionalisation. About a decade previously to the 'Alleged Lunatics' Friends Society's' foundation John Conolly had warned against defining ever more behaviour as 'insanity'.

Conolly, J. *An Inquiry Concerning the Indications of Insanity with Suggestions for the Better Care and Protection of the Insane*, 1830, (reprint; London; Dawsons, 1973).

The Governmental Proceedings on occasion of the various Select Committees, especially those of 1807 and 1815/6 provide - apart from an indication of miserable conditions in some asylums - evidence for reformers' stand against wrongful admission and protracted confinement. Public inspection of private asylums and state legislation for the standardisation of admission procedures was demanded with a view to making impossible wrongful confinement.

The reformist attempt to protect civil liberty, most eloquently formulated in Mill's 'On Liberty', had its forerunners in the previous century; Daniel Defoe, for example, had towards the end of the seventeenth century campaigned against private mad-houses and demanded parliament to protect women especially against being forcefully locked up.

see also;
McCandless, P. 'Liberty and Lunacy; the Victorians and wrongful confinement', in; Scull, 1981, op. cit.

No direct evidence of wrongful confinement is available for India; neither were any campaigns initiated for the protection of individuals against institutionalisation. However, in some cases the basis for a person's confinement does not always appear to have been purely medical. The case of Miss Ross, for example, which led to the inquiry of 1851/2 - albeit on the adequacy of rates rather than suspicion of wrongful admission - appears to have been rather obscure. An assessment of these matters does however necessarily imply a value judgement.

See also the proceedings in regard to a Bengal attorneys claim that an asylum inmate, a Mr. W. Knox, was of sound mind and confined against his will. The Asylum Superintendent and the Magistrate gave evidence against this claim. As an immediate outcome of the allegation of wrongful confinement the Lunacy Acts of 1858 were passed. (Chapter 1, Section; 'Legal Provisions').

176 In strict terms of statistical significance one has to abstain from interpretation, as the total number of the female first class-patients was merely 14 and the number of cases cured too low (N = 2) for proof of *statistical* significance.

178 Table Shewing the number of public patients treated ..., 10-3-1851, op. cit.

179 Summary of Correspondence ..., 30-12-1847, op. cit., 55 ff.

180 Note by Sec. to Govt., 9-6-1852, op. cit., n. para.

A similar approximation was used in England, see; Parry-Jones, 1972, op. cit., 198 ff.

181 Med. B. to Govt., 10-3-1851, op. cit., 9 ff.

182 Med. B. to Govt., 27-3-1851, op. cit., 4.

183 Govt. to Med. B., 22-5-1847; Bg. Pub. Proc., 26-5-1847, 13.
Govt. to Med. B., 28-6-1847; Bg. Pub. Proc., 21-6-1848, 5.
Med. B. to Govt., 20-10-1847; Bg. Pub. Proc., 21-6-1848, 6, + Enclosures:
Table Shewing the advantage of Exercise to Insane Patients and the Number of cures and discharges produced thereby, as also the saving effected in the Bengal Presidency Native Insane Hospital at Russa in the 24 Pergunnahs during 20 years commencing 1821; Comparative Table of Mortality among Insane Patients; Account of Patients in Lunatic Asylum /Bhowanipore/ from 1 Jan. 1841 to 19 Sept. 1847.
Table Shewing the number of public patients treated ..., 10-3-1851, op. cit.

184 Note by Sec. to Govt., 9-6-1852, op. cit., n. para.
Table Shewing the number of public patients treated ..., 10-3-1851, op. cit.

185 Summary of Correspondence ..., 30-12-1847, op. cit., 12 f.
Med. B. to Govt., 10-3-1851, op. cit., 11.

186 Note by Sec. to Govt., 9-6-1852, op. cit., n. para.
Med. B. to Govt., 10-3-1851, op. cit., 9.
Table Shewing the number of public patients treated ..., 10-3-1851, op. cit.

187 Med. B., to Govt., 10-3-1851, op. cit., 9.
Note by Sec. to Govt., 9-6-1852, op. cit., n. para.

188 Med. B. to Govt., 10-3-1851, op. cit., 11.
Note that Bethlem, St. Luke's and the York Retreat employed at times selective admission criteria.

189 Parry-Jones, 1972, op. cit., 212 ff.

190 For example in the 'Tirhoot Jail' the mortality rate was calculated to have been between 18 and 20 % in 1851. Dampness, bad ventilation, over-crowding, and bad and/or insufficient food supply had been identified as being directly related causes.
Bg. Jud. D., 4-2-1852, 124.

191 Note by Sec. to Govt., 9-6-1852, op. cit., n. para.
Table Shewing the number of public patients treated ..., 10-3-1851, op. cit.

192 Summary of Correspondence ..., 30-12-1847, op. cit., 13.

193 idem.
Cure rates in England and Wales varied from about 11 % (in military and naval asylums) to 69 % (in Bethlem Hospital, where a selective admission policy was practiced.
Parry-Jones, 1972, op. cit., 198.

194 Examiner's pencil note on the margin of the statistics provided for 1824-1850.
Table shewing the number of public patients treated ..., 10-3-1851, op. cit.

195 Parry-Jones, 1972, op. cit., 200 f, Table 28 f.

196 It seems that somebody or other in India was frequently in touch with recent medical developments. For example; Ass. Surgeon Robinson in regard to 'private asylums with family atmosphere'; Mr. Beardsmore in regard to 'moral management' and 'asylum with family atmosphere'; Dr. Berwick in regard to the cost- and cure-efficiency of panopticon-style establishments.

197 Nevertheless, it is not at all clear whether or not in England, too, the reformers' and the psychiatric avantgarde's rhetoric was not more idyllic than the institutional routine.

see for example for a critical appraisal of the York Retreat; Digby, A. *Madness, Morality and Medicine, A Study of the York Retreat, 1796-1914*, Cambridge; Cambridge University Press, 1985.

for a short assessment of the data collected by the Commissioners in Lunacy see; Hunter, R. and Macalpine, I. *Three Hundred Years of Psychiatry, 1535-1860, A History Presented in Selected English Texts*, London; Oxford University Press, 1963; 957.

199 Bg. Pub. D., 20-8-1851, 5.

200 Bg. Pub. D., 5-2-1851, 14 ff.

201 see remarks in proceedings margin.
Summary of Correspondence..., 30-12-1847, op. cit., 10, 26 (margin).
Bg. Pub. D., 5-2-1851, 14 ff.

202 Med. B. to Govt., 27-3-1851, op. cit., 3.

203 ibid, 4.

204 ibid., 5.

205 Fayrer, J. B. (Sir) *Clinical and Pathological Observations in India*, London; Churchill, 1873.

Martin, J. R. (Sir), *Notes on the Medical Topography of Calcutta*, [subsequently republished as 'Official Report on the Medical Topography and Climate of Calcutta'], 1837.

Martin, J. R. (Sir), *The influence of Tropical Climate on European Constitutions*, A new edition, London, 1856.

Martin, J. R. (Sir), *Influence of Tropical Climates in producing the acute endemic diseases of Europeans*, London; John Churchill, 1861.

206 From these proceedings it appears as if the Medical Board had merely been ambitious to gain more discretionary power and thus consciously employed arguments either as more or less well-selected excuses or as legitimation for contemplated measures. To do some justice to the Board it should also be mentioned that they basically played fair towards their opponent, the Asylum proprietrix, in testifying to her adherence to 'a plan of moral treatment, which would appear to have obtained for more than seven and twenty years under the conduct of the Proprietor and his (sic) assistants'.

Med. B. to Govt., 20-10-1847, op. cit., 25.

Apart from favourable testimony as regards cleanliness and comfort of patients and building, it was, however, not stated more explicitly of what exactly 'moral treatment' in the Bhowanipur Asylum had consisted.

207 Med, B, to Govt,, 20-10-1847, op, cit,, 36,

208 The Board argued that 'there can be no safe travelling for Insane Europeans from the beginning of the Hot to the close of the rainy season, or from 1st March to the 1st October'; the Examiner cynically asked 'suppose the attack take place in November?', The Medical Board went on to argue that 'by sending all the Insane patients to the Presidency with the Invalids of the season they enjoy the advantage of comfortable conveyance'; the Examiner responded that 'early cure is more important', The Board asserted that Hospital accommodation and Medical attendance could be provided 'without extra expense'; the Examiner held that 'even this might be doubted, if the asylum was a good one, as early removal to it might save the support of a Lunatic for life', It was mentioned by the Board that there would not occur any 'inconvenience to the public service, which in other cases would be considerable', This statement was not challenged by the Examiner, whilst the Medical Board's consideration, that 'these unfortunate patients have the advantage of early treatment in the Regimental Hospital' was again strongly questioned,
Med, B, to Govt,, 27-3-1851; B, Coll,, 1852, op, cit,, 141 ff,

209 Med, B, to Govt,, 20-10-1847, op, cit,, 36,

210 Med, B, to Govt,, 10-3-1851, op, cit,, 9,

211 Note by Sec, to Govt,, 9-6-1852, op, cit,, n, para,
Med, B, to Govt,, 27-3-1851, op, cit,, 8,

212 Unless otherwise stated, the following quotes are all taken from;
Asy Report, 14-6-1856; Bg, Pub, Proc,, 24-6-1856, 52, n,para,

213 Summary of Correspondence ,,,, 30-12-1847, op, cit,, 24,

214 ibid,, 40,

215 J, Sawers to Med, B,, 25-7-1820; Bg, Pub, Proc,, 25-8-1820,51,

216 Med, B, to Govt,, 1-7-1820; Bg, Pub, Proc,, 14-7-1820, 62,

217 Mil, B, to Govt,, 12-12-1820; Bg, Pub, Proc,, 15-12-1820, 16,
The Round House was finally made available for occupation by the 'Military Orphan Institution', in which Ophtalmia had affected the inmates and separate premises became necessary, The place was obviously regarded as good enough for orphans,
See; Arnold,1979, op,cit,

218 Med, B, to Govt,, 31-5-1836; Bg, Pub, Proc,, 13-7-1836, 19,

219 Bg, Pub, L,, 4-1-1821, 245,

220 Med, B, to Govt,, 31-5-1836; Bg, Pub, Proc,, 13-7-1836, 19, n, para,

221 Chief Mag,, Med, B, to Govt,, 1-6-1836; Bg, Pub, Proc,, 13-7-1836, 20,
Mr, Beardsmore to Govt,, 3-6-1836; Bg, Pub, Proc,, 13-7-1836, 21,

222 Chief Mag, , Med, B, to Govt,, 4-5-1836; Bg, Pub, Proc,, 18-5-1836, 12,
Med, B, to Govt,, 7-5-1836; Bg, Pub, Proc,, 18-5-1836, 15, n, para,

223 Mr. I. Beardsmore to to Govt., 6-5-1836; Bg. Pub. Proc., 8-5-1836, 14, n. para.

224 idem.

225 Parry-Jones, 1972, op. cit., 154, 186.

226 Asy Report, 14-6-1856, op.cit.

227 ibid., Rule 1 (Subordinate Officers)

228 ibid., Rule 1 (Native Establishment)

229 ibid., Rule 11 (Subordinate Officers)

230 ibid., Rule 6 (Native Establishment)

231 ibid., Rule 4 (Native Establishment)

232 ibid., Rule 3 (Native Establishment)

233 ibid., Rule 5 (Native Establishment)

234 ibid., Rule 4 (Native Establishment)

235 ibid., Rule 2 (Subordinate Officers)

236 ibid., Rule 3 (Subordinate Officers)

237 ibid., Rule 2 (Native Establishment), Rule 4 (Subordinate Officers)

238 Med. B. to Govt., 20-10-1847, op. cit., 30.

239 idem.

240 'coercive measures entirely abandoned at best Asylums in England at Lincoln and Hanwell on which see Dr. Conolly's answer 786 Lord Committee Report July 43. Lunatic Asylums in Ireland'.
Summary of Correspondence ..., 30-12-1847, op. cit., 10 (Examiner's pencil note in margin, sentence underlined four times).

241 Unless otherwise stated, the following quotes are all taken from;
Asy Report, 14-6-1856, op.cit.

242 See for an analysis of the concept of 'martial race';
Arnold, D. '"Criminal Tribes" and "Martial Races"; Crime and Social Control in Colonial India', Discussion Paper Presented at the *Postgraduate Seminar, Institute of Commonwealth Studies, London*, 1984.

243 Summary of Correspondence ...,30-12-1847, op. cit., 9.

244 ibid., 40.

245 Unless otherwise stated, the following quotes are all taken from;
Asy Report, 14-6-1856, op.cit.

246 Med. B,to Govt., 20-10-1847, op. cit., 25.

247 Ass. Surgeon G.C. Rankin to Superintg. Surgeon, Pres. Hosp., 18-9-1847, in: Med. B., to Govt., 20-10-1847, op. cit.

248 Asy Report, 14-6-1856, op.cit.

249 Med. B. to Govt., 20-10-1847, op. cit., 27.

250 Summary of Correspondence ..., 30-12-1847, op. cit., 40.

251 Unless otherwise stated, the following quotes are all taken from:
Asy Report, 14-6-1856, op.cit.

252 See for an example of a mutiny amongst European troops due to the reduction in food provision:
Lieut. Col. Company at Agra to Major of Brigade, Agra Frontier, 20-2-1828; B. Coll., 1830, 1078, 29,309, 3, 2.

253 Accountant Gen. to Govt., 21-3-1850, op. cit., n. para.

Chapter 3: European Lunacy in Madras

1 *Dictionary of National Biography*, 1887, 12, 24,
Holzman, J. M. *The Nabobs in England; a study of the returned Anglo-Indian, 1760 - 1785*, New York; privately printed, 1926,

2 Resolution of G-i-C, 13-12-1808; Md. Mil. Proc., 13-12-1808, 11517,

3 See for an example;
Report of Med. B., 15-2-1808; Md. Mil. Proc., 4-3-1808, 153-183, 2400-2424,

4 Md. Mil. D., 24-5-1820, 12 f.

5 Md. Mil. D., 13-3-1822, 107,
Md. Mil. D., 13-5-1823, 18,
Md. Mil. D., 20-8-1823, 43 f,
Md. Mil. D., 24-8-1825, 106,

6 Md. Pub. D., 7-8-1833, 42,
Md. Mil. D., 24-8-1825, 68 f,

7 Md. Pub. D., 26-5-1824, 46,
Crawford, wrongly quotes this procedure as having been practiced from 1841 onwards,
Crawford, D. G. *A History of the Indian Medical Service, 1600 - 1913*, London; Thacker, 1914; Vol 2, 415 f,

8 Madras Citizens to Govt., 28-11-1851; Md. Mil. Proc., 16-12-1851, 3702,
Md. Pub. D., 26-5-1824, 46,

9 Mil.B. to G-i-C, 28-8-1846; Md. Mil. Proc., 29-9-1846, 441, 5,
Crawford, 1914, op.cit., ibid,

10 Suptdg. Surgeon to Med. B., 23-1-1846; Md. Mil. Proc., 10-2-1846, 17,
Md. Mil. L., 6-10-1846, 82,

11 Md. Pub. D., 14-7-1857, 21,
Crawford, op. cit., ibid

12 Md. Pub. D., 31-12-1847, 39,
Bg. Mil. L., 14-6-1847, 1 f,
India Fin. D., 18-12-1849, 23,

13 Madras Citizens to Govt., 28.11.1851; Md. Mil. Proc., 16-12-1851, 3702,

14 The Asylum Returns of 1808 mention the names of seven Indian patients,
Md. Mil. Proc., 4-3-1808, 153-183,

15 Some arguments between surgeons in the early years centred on proper classification of patients. The propriety of confining lower-class Europeans and Indians together in the same public institution was however not questioned,

16 Resolution of G-i-C, 13-12-1808; Md. Mil. Proc., 13-12-1808, 11517,

17 Md, Pub, D,, 26-5-1824, 46,
Md, Jud, D,, 8-9-1824, 44,
Md, Mil, D,, 24-8-1825, 69,

18 Mad, B, to Govt,, 17-3-1852; Md, Mil, Proc,, 6-4-1852, 62,

19 Md, Mil, L,, 18-2-1794, 88,
Md, Mil, D,, 6-5-1795, 72,
Md, Mil, L,, 16-10-1794, 3,

20 Crawford, 1914, op, cit,, ibid,

21 Md, Mil, L,, 18-2-1794, 88,
Md, Mil, D,, 6-5-1795, 72,

22 Md, Mil, L,, 19-1-1821, 22-30, 276,
Md, Mil, L,, 23-3-1802, 38,

The terms of Government's contract with Conolly were very favourable for him,
- He had initially been granted a ten years lease, which was on his departure from India extended to 21 years, This ensured that Conolly would face no difficulty in selling the asylum at a good price, as the long lease guaranteed an advantageous arrangement for any prospective buyer, The extension had been granted 'as an act of accommodation to that Gentleman by whom the humane Institution of the Lunatic Hospital had been founded' (Md, Mil, L,, 23-3-1802, 38),
- The Government had provided the land on which the building was to be erected (Md, Mil, Proc,, 12-11-1793, 4),
- The accommodation had to be constructed at Conolly's expense, but he was indemnified for the actual cost, in case that the Court of Directors would not approve of the arrangement (ibid, 5),
- The rate for the lease was fixed 'proportionate to the Expense that may be incurred in building it, and the probable expense of repairs during that period' (ibid, 6),
- The European staff was paid by Government (ibid,, 7),
- Conolly could charge fixed rates per patient and it was understood that these did not merely cover the actual expense for patients' maintenance and clothing, but that the house owner would 'derive a pecuniary advantage from the established rates of allowance for the patients as a Compensation for his care of them' (Md, Mil, L,, 24-10-1808, 275) - in addition to the monthly rent that amounted to the tidy sum of 250 Pagodas,

23 *Dictionary of National Biography*, 1887, op, cit,, ibid,

24 Md, Mil, L,, 2-10-1795, 34,

25 Md, Mil, L,, 19-1-1821, 22-30, 276,
Md, Mil, L,, 23-3-1802, 38,

26 Md, Mil, L,, 17-2-1802, 182,
Md, Mil, L,, 19-1-1821, 22, 30,
Md, Mil, D,, 20-8-1823, 40,
Surgeon Goldie had not only bought the asylum but was put in medical charge as well, He followed Surgeon Maurice Fitzgerald in this latter duty, Fitzgerald had been appointed in 1800 and had been granted certain special allowances of which the Court finally however did not approve,
Md, Mil, L,, 22-1-1800, 140,

Md, Mil, D., 26-8-1801, 69 f,
When Fitzgerald became ill and would no longer execute the medical charge of the Asylum, Conolly sold to Goldie,
Md, Mil, Proc., 20-2-1802, 3;

27 Md, Mil, L., 19-1-1821, 22 f,
Md, Mil, D., 20-8-1823, 40 f,

28 Crawford maintains that 'Dalton rebuilt the whole asylum in Kilpauk', known in Madras as Dalton's Madhouse (op,cit., ibid,),
I was however not able to trace this claim that the asylum was built anew, There is mention only of repairs which had become necessary in 1808,
Md, Mil, Proc., 20-5-1808, 3414,

29 Surgeon Dalton had bought the Asylum for Rs, 91,000, The building itself had been valued by Government at only Rs, 39,756, In 1815 Dalton wished to dispose of it by selling for the same sum to a Dr, Macleod, Government objected to this transaction,
Md, Mil, D., 20-8-1823, 40 f,

30 idem,

31 According to Crawford Dalton died in 1823 whilst on furlough, He is stated to have been a prominent Madras citizen who had been linked with lunatics not merely in a professional way, He was known as the husband of a Catherine Augusta Ritso, who was said to have been the daughter of George III by Hannah Lightfoot - a quite unlikely family connection though, given the ages of parties involved (op, cit., 416 f),
Dalton's heirs handed over the administration of the property to agents,
Md, Mil, Proc., 29-9-1846, 441,

32 Report of Med, B., 15-2-1808, Minute of Second Member of Med, B.; Md, Mil, Proc., 4-3-1808, 153-183,

33 Surgeon of Gen, Hospital to Town Major, 13-1-1808; Md, Mil, Proc., 4-3-1808, 153 f,

34 Minute of Second Member of Med,B., Md, Mil, Proc., 4-3-1808, 153-183,

35 Report of Med, B., 14-3-1808, Minute of Second Member of Med, B.; Md, Mil, Proc., 26-4-1808, 2401,

36 Govt, to Solicitor of the Hon, Company, 27-4-1808, Resolution of G-i-C; Md, Mil, Proc., 26-4-1808, 2401,

37 Resolution of G-i-C, 13-12-1808; Md, Mil, Proc., 13-12-1808, 11517,

38 idem,

39 Md, Mil, D., 24-5-1820, 12 f,

40 Md, Jud, L., 11-3-1820, 117,

41 Md, Mil, D., 13-3-1822, 107,
Court of Fascari Adalat to Govt., 5-3-1817; Md, Jud, Proc., 17-3-1817, 8,

42 'The several provincial Lunatic Asylums abolished and all Patients who after three months treatment by the Officer on the spot shall be deemed fit subject for a Lunatic Asylum to be removed for the Presidency',
Md, Mil, L., 25-2-1822, 31 f,

43 The Judicial, Military and Public as well as the Financial Departments had to coordinate their actions and views, Further, despite the fact that the Court demanded the discontinuation of provincial lunatic asylums, it proudly conveyed a few years later, in 1828/9, the article of Sir Andrew Halliday on lunatic asylums, where especially the asylums in the Madras Presidency were highly praised and with them the Court of Directors 'for their attention to the subject', In fact, Halliday had examined records of 1818/9, shortly before the asylums had to be closed by order of the Court,
Md, Mil, D., 26-11-1828, 2,

43a Halliday, Andrew (Sir) *A general view of the present State of Lunatics, and Lunatic Asylums, in Great Britain and Ireland, and in some other Kingdoms*, London: Underwood, 1828; 68, 65,

44 Extract from Asylum Return:

first class
1 W, Phillips, Surgeon, of the Nabob's service, 49 ys,
2 J, Horne, Captain, 46 ys,
3 R, Metcalfe, Master at Arms, 47 ys,
4 G,R, Grand, Brevet Major and Captain, 'His Mother is said to be the present Princess Taleyrand in France', 28 ys,
5 Mrs, E,M, Strange, widow of Colonel Strange, 46 ys,
6 Charles Newton, Trader, American, 30 ys,
second class
7 Mrs, C, Donovan, widow of a Private, 28 ys,
8 J, Freeborn, Sergeant, 54 ys,
9 M, [Sicksey], Private, German, 45 ys,
10 J, Mayhall, Private, 40 ys., father a dyer [deceased]
11 A, Baillie, Matross, 36 ys., father a woolen weaver, Yorkshire
12 Cunningham, Matross, 30 ys,
13 J, Sharp, Private, 30 ys., father bricklayer, Henley-on-Thames
14 J, Flanelly, Private, 32 ys., father labourer
15 J, Bently, Matross, 42 ys., Criminal, shot a cook-boy
16 Ch, Usher, Gunner, 28 ys., mother and sisters in Hartly Row
first class
17 J, Greaves, Purser, 25 ys,
18 I, Gaudvin, Office Clerk, 30 ys., brother the Superintendent of the Monigar Choultry, Madras,
19 R, Young, Office Clerk, Government of Penang, 34 ys., father formerly a Lieutenant in Bengal, brother in Java,
20 W, M, [Salson], Examiner in Secretariate's Office, 34 ys., Brother Captain [Salson], Criminal

Asylum Return, 21-12-1820; B, Coll.,1822, 664, 18485,

45 Med, B, to G-i-C (Sir Thomas Munro), 9-2-1821; Md, Mil, Proc., 9-2-1821, 27,

46 Resolution of G-i-C, 9-2-1821; Md, Mil, Proc., 9-2-1821, 28,

47 Marine B, to Govt,, December 1820; Md, Mil, Proc,, 9-2-1821, archived under No, 27,

48 Govt, to Marine Board, 16-1-1821; Md, Mil,Proc,, 9-2-1821, archived under No, 27,

49 Master Attendant's Office to Marine B,, 21-2-1821; Md, Mil, Proc,, 2-3-1821, 59,
The 'doubtful 22 men' included in the bill consisted of time-expired and discharged soldiers, whom Government desired to sail on the *Agamemnon*. They had been designated as 'doubtful' because at least nine of them had applied to the Governor to be allowed to join the Company's veteran establishment in India,
Md, Mil, Proc,, 2-3-1821, 59; 13-3-1821, 71 ff; 23-3-1821, 73 ff; 30-3-1821, 92 ff,

50 Med, B, to Marine B,, n,d,; Md, Mil, Proc,, 2-3-1821, 15,

51 Mil, Auditor Gen, to G-i-C (Sir Thomas Munro), 20-3-1821; Md, Mil, Proc,, 23-3-1821, 91,

52 Mr, E,R, Hargrave, Civil Servant, to Surgeon of the Lunatic Asylum, 17-3-1821, in; Med, B, to Govt,, 22-3-1821; Md, Mil, Proc,, 23-3-1821, 12,

53 The Medical Board maintained that 'they see no good reason why they should now be interrupted by Mr, Hargrave's interference',
Med, B, to Govt,, 22-3-1821; Md, Mil, Proc,, 23-3-1821, 12,

54 Mr, J,A, Allardyce, in charge of insane, to Med, B,, 20-3-1821, in; Med, B, to Govt,, 22-3-1821; Md, Mil, Proc,, 23-3-1821, 14,

55 ibid,

56 Med, B, to Govt,, 12-3-1821; Md, Mil, Proc,, 13-3-1821, 71,

57 Med, B, to Marine B,, 12-3-1821; Md, Mil, Proc,, 13-3-1821, 72,
Med, B, to Govt,, 29-3-1821; Md, Mil, Proc,, 30-3-1821, 92,

58 According to the arrangements of the Madras authorities it was determined that the 'arrangement of Diet be left to Mr, Allardyce, in conjunction with the commander of the Ship',
Med, B, to Marine B,, 12-3-1821; Md, Mil, Proc,, 13-3-1821, 72,
After the voyage Surgeon Allardyce complained to Government that lunatics had died under his care,
Md, Mil, D,, 24-8-1825, 70,

59 Report of Med, B,, 15-2-1808; Md, Mil, Proc,, 4-3-1808, 153 ff, 2400 ff,
Med, B, to G-i-C, 9-2-1821; Md, Mil, Proc,, 9-2-1821, 12,
Mil, B, to G-i-C, 28-8-1846; Md, Mil, Proc,, 29-9-1846, 441,
Med, B, to Govt,, 10-1-1852; Md, Mil, Proc,, 23-1-1852, 10,

60 Md, Pub, D,, 26-5-1824, 46,

61 Mil, B, to G-i-C, 28-8-1846; Md, Mil, Proc,, 29-9-1846, 441,

62

Return for the Madras Lunatic Asylum; 1.1. - 31.12.1851.

Europeans and Eurasians			Natives		
remaining	15		remaining	29	
admitted	13		admitted	16	
treated, total	28		treated, total	45	
discharged cured (Eurasians)		2	discharged cured		3
to friends (Eurasian)		1	to friends		5
to England (European)		3	to Monegar Choultry		2
died*		1	died*		4
remained		21	remained		31
* cause; old age and [...]			*causes;		
			lung disease and worms		2
			chronical cerebral disease and paralysis		1
			G.P.		1

compiled from; Med. B. to Govt., 17-3-1852; Md. Mil. Proc., 6-4-1852, 62.
In 1833 the Court demanded that the 'caste, or class, of each Patient, whether European, Indo Briton, Mahomedan, or Hindoo' should be inserted in annual returns and reports.
Md. Pub. D., 7-8-1833, 44.

63 Md. Pub. D., 12-8-1857, 68.

64 Suptdg. Surgeon Presidency to Med. B., 23-1-1846; Md. Mil. Proc., 10-2-1846, 705.

65 Med. B. to Govt., 29-1-1846; Md. Mil. Proc., 10-2-1846, 17.
Resolution of G-i-C, 29-1-1846; ibid.

66 Surgeon J. Lawdres, Lunatic Asylum, to Suptdg. Surgeon, Presidency, 15-7-1846, in; Med. B. to Govt., 23-7-1846; Md. Mil. Proc., 28-7-1846, 118.

67 Med. B. to Govt., 23-7-1846; Md. Mil. Proc., 28-7-1846, 118.

68 Med. B. to Govt., 23-7-1846; Md. Mil. Proc., 28-7-1846, 118
Med. B. to Govt., 10-1-1852; Md. Mil. Proc., 23-1-1852, 10.

69 Med. B. to Govt., 10-1-1852; Md. Mil. Proc., 23-1-1852, 10.

70 idem.

71 Mil. B. to G-i-C, 28-8-1846; Md. Mil. Proc., 29-9-1846, 441.

72 idem.

73 Resolution of G-i-C, 29-9-1846; Md, Mil, Proc., 29-9-1846, 4215,
Md, Mil, L., 6-10-1846, 3,

74 Mil, B, to Govt., 16-7-1844; Md, Mil, Proc., 16-7-1844, 309,
Md, Jud, L., 3-1-1845, 23,
On the basis of this revelation, the monthly rent had in 1845 been reduced from 875 to 250 Pagodas, In addition, plans and estimates had consequently been submitted for accommodating the Presidency's lunatics in a building that had formerly belonged to the Red Hill Rail Road Department, The building's distance from Madras and the calculated high expenses for providing extra servants' quarters and a house for the visiting medical officer, led to the refusal of this plan,
Mil, B, to G-i-C, 28-8-1846; Md, Mil, Proc., 29-9-1846, 441,

75 Md, Pub, D., 31-12-1847, 39,

76 India Fin, D., 18-12-1849, 23,

77 Md, Mil, D., 11-9-1850, 55,
Md, Mil, D., 20-8-1851, 46,

78 Md, Mil, D., 31-3-1852, 3,

79 Md, Pub, D., 14-9-1853, 34 f,

80 Mil, B, to G-i-C, 18-11-1851; Md, Mil, Proc., 2-12-1851, 509,

81 Madras Citizens to Govt., 28-11-1851; Md, Mil, Proc., 16-12-1851,3702,

82 Md, Mil, L., 24-4-1852, 10,

83 Md, Pub, D., 14-7-1857, 21,

84 Crawford, 1914, op, cit., ibid,

85 53 Geo, III, c, 155, Clause 36,
However, different codes of regulation existed in the different presidencies,

86 Act IV of 1849, passed by the Legislative Council of India; Assent by G-G (Lord Dalhousie) in Dec, 1848,
G-G's Assent to Draft Act, 26-12-1848; India Leg, Proc., 10-2-1849, 52, n,para,

87 Mag, Malabar to Govt., n,d,; Md, Leg, Proc., 7-5-1850, 29,

88 Examination of witnesses, 6-5-1850; Md, Leg, Proc., 21-5-1850, 10 f,

89 Clerk to the Crown to Govt., 11-10-1850; Md, Leg, Proc., 22-10-1850, 58,

90 Md, Jud, Proc., 17-9-1850, 30 f,

91 Mag, Malabar to Govt., 10-9-1850; Md, Jud, Proc., 17-9-1850, 31,

92 Mag, Malabar to Govt., n,d,; Md, Jud, Proc., 18-6-1850, 30,

93 Mag, Malabar to Govt., 10-9-1850; Md, Jud, Proc., 17-9-1850, 31,

94 idem,

95 Mag, Malabar to Govt,, n,d,; Md, Leg, Proc,, 7-5-1850, 29,

96 Md, Jud, L,, 12-11-1850, 26,

97 Md, Jud, D,, 5-3-1851, 3,

98 ibid, 3 f,

99 Md, Leg, D,, 20-8-1851, 643,

100 Md, Law L,, 9-1-1852, 1,

101 ibid, 2,

102 Md, Jud, D,, 10-3-1852, 3,

103 Chief Mag,and Supt, Police to Mil, B,, 21-8-1852; Md, Jud, L,, 30-10-1852, 2,

104 idem,

105 idem,

106 idem,

107 In the same year a John Bentley who had committed murder, had been sent to the Lunatic Asylum and was subsequently transferred to England,
Md, Jud, L,, 22-11-1850, 1 f,

108 Attorney for Captain J, Campbell to Govt,, 6-8-1850; Md, Leg, Proc,, 16-8-1850, 11,

109 Chief Mag,and Supt, Police to Mil, B,, 21-8-1852; Md, Jud, L,, 30-10-1852, 2,

110 idem,

111 see, for example, the minutae of inner-institutional segregation in the second half of the nineteenth century as evidenced in;
Manual containing Rules for the Management and Superintendence of the Punjab Lunatic Asylum, Lahore, Also Punjab Government consolidated Circular, No, 15, and Laws and Military Regulations relating to Lunatics, Lahore; Punjab Government Press, 1901,

112 Chief Mag, and Supt, Police to Mil, B,, 21-8-1852; Md, Jud, L,, 30-10-1852, 2,
Med, B,, Suptdg, Surgeon, Chief Mag,, Med, Officer in Charge to Govt,, n,d,; Md, Jud, L,, 30-10-1852, 3,
Md, Jud, L,, 12-11-1850, 1 f,

113 Med, B,, Suptdg, Surgeon, Chief Mag,, Med, Officer in Charge to Govt,, n,d,; Md, Jud, L,, 30-10-1852, 3,

114 idem,

115 ibid,, 1 ff,

116 Med. B., Suptdg. Surgeon, Chief Mag., Med. Officer in Charge to Govt., n.d.; ibid., 3,
Chief Mag. and Supt. Police to Mil.B., 21-8-1852; ibid., 2

117 Captain Campbell was embarked to Europe on the 3 August 1852. It was suggested that he be 'conveyed to the Millbank Prison immediately on his arrival in England', subsequently a warrant was issued by the Home Office and Campbell was conveyed to Bethlem Hospital,
Rev. Jud. Leg. Committee, 28-9-1853; Misc. Jud., 1853, 485 and 499,

118 Mr. Simpson's Minute, Md. Mil. Fund, n.d.; Md. Jud. Proc., 21-9-1852, 257,

Chapter 4: European Lunacy in Bombay

1 Crawford points out that institutional provision for lunatics in Bombay had been under discussion in 1670. No reference to records is however provided.
Crawford, C.G. *A History of the Indian Medical Service, 1600-1913*, London: Thacker, 1914, Vol. 2, 400.

2 Prior to the erection of the Kolaba institution lunatics were confined in outstations.
Med. B. to Govt., 19-6-1820; Bm. Pub. Proc., 28-6-1820, n. n., [IOR: p. 3380 ff], 31 f.
Med. B. to Govt., 31-1-1825; Bm. Mil. Proc., 16-2-1825, 31, 4.
G.O., 11-2-1825; Bm. Mil. Proc., 16-2-1825, 32, n. para.

3 Med. B. to Govt., 31-1-1825; Bm. Mil. Proc., 16-2-1825, 31, 4.
G.O., 11-2-1825; Bm. Mil. Proc., 16-2-1825, 32, n. para.

4 In October 1799 the Hospital Board recommended that the Lunatic Asylum should be removed from Butcher's Island, and a house owned by a Surgeon R.. Fildes at Kolaba should be rented instead.
Med. B. to Govt., 27-12-1819; Bm. Mil. Proc., 12-1-1820, n. n., n. para [IOR: p. 118]..
Fildes received a rent of Rs. 100 p.m. for a building valued at Rs. 8,000 and later described as providing suitable accommodation for not more than three gentlemen of the higher classes if used as private quarters.
Major of Brigade, King's Troops to Govt., 20-8-1826; Bm. Mil. Proc., 6-9-1826, 65, n. para..
Bm. Mil. L., 15-4-1809, 45 f.
Med. B. to Govt., 27-12-1819; Bm. Mil. Proc., 12-1-1820, n. n.. n. para.. [IOR: p. 118]..

5 Med. B. to Govt., 19-6-1820; Bm. Mil. Proc., 28-6-1820, n. n., [IOR: p. 3380 ff], 10.
Asylum Supt. to Med. B., 30-10-1820; Bm. Mil. Proc., 8-11-1820, n. n., n. para, [IOR: p. 5884 ff]..

6 Med. B. to Govt., 19-6-1820; Bm. Mil. Proc., 28-6-1820, n. n., [IOR: p. 3380 ff], 10.

7 Asylum Supt. to Med. B., 30-10-1820; Bm. Mil. Proc., 8-11-1820, n. n., n. para, [IOR: p. 5884 ff]..

8 The suitability of a building known as the 'Mahun College' was investigated. As the necessary repairs and alterations would, however, have cost Rs. 3,000, it was decided by Government to have a new building erected in the near future.
Minute, 13-7-1820; Bm. Mil. Proc., 19-7-1820, n. n., [IOR: p. 3717].
Med. B. to Govt., 3-7-1820; Bm. Mil. Proc., 19-7-1820, n. n., [IOR: p. 3715 f].
Med. B. to Govt., 3-8-1820; Bm. Mil. Proc., 9-8-1820, n. n., [IOR: p. 4172 ff].

9 Bm, Pub, D., 18-5-1819, 75.

10 Med, B, to Govt., 3-7-1820, op, cit.
Med, B, to Govt., 19-6-1820, op, cit., 12 ff.

11 Med, B, to Govt., 19-6-1820, op, cit., 15.

12 ibid., 12.

13 A general order, issued in 1825, which decreed that civil and military insane patients ought to be kept in hospitals and asylums in the outstations, was superseded by a new order in 1827 which ruled that all lunatics should be sent to the Presidency. The new asylum, henceforth to be called the Kolaba Asylum, had been completed in August 1826 and was meant for the reception of 50 patients only. It could not possibly cope adequately with the increased number of lunatics who were to be sent to Bombay during the decades following its erection.

The new asylum was situated at Kolaba, a stretch of land on the island of Salsette, which extended in front of the European harbour and town, being surrounded by the light house, burial grounds and regimental quarters. This site was seen to possess the advantages of being close to, though conveniently separated from, the European civil lines, and of allowing free circulation of air over a dry place as well as 'cheerful and pleasing views [which] are commanded, of the entrance to the Harbour, Bay, Malabar Hill and the adjacent Country'.

G.O., 4-9-1827; Bm, Mil, Proc., 5-9-1827, 38, n, para.
Quarter Master Gen, to C-i-C, 8-8-1826; Bm, Mil, Proc., 6-9-1826, 65, n, para.
Asylum Report, 31-3-1852, in; Med, B, to Govt., 24-5-1853; Bm, Pub, Proc., 9-7-1853, 4537, 4.

14 Bm, Pub, D., 21-10-1840, 25.
Bm, Pub, D., 21-5-1844, 49.
Bm, Pub, D., 2-4-1845, 12.
Bm, Pub, D., 23-9-1846, 12.
Bm, Pub, D., 28-4-1848, 53.
Bm, Pub, D., 10-1-1849, 30.

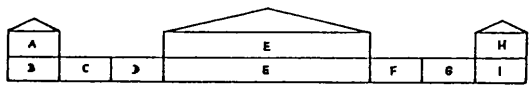
15 Med, B, to Govt., 24-5-1853; Bm, Pub, Proc., 9-7-1853, 4536, 15.

16 Asylum Report, 31-3-1852, op, cit., 11.

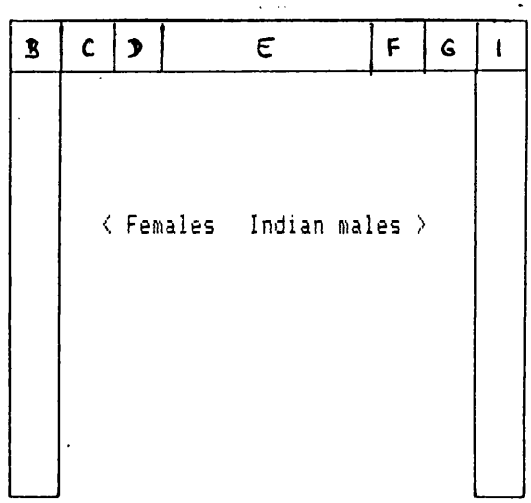
17 Minute, 7-6-1849; Bm, Pub, Proc., 11-7-1849, 3610.
Asylum Report, 31-3-1849, in ; Med, B, to Govt., 18-5-1849; Bm, Pub, Proc., 11-7-1849, 3609, 10.

18 Act IV of 1849; 'An Act for the safe Custody of Criminal Lunatics'.
Passed 10-2-1849 by the Hon, the President of the Council of India in Council.
Bm, Pub, L., 16-4-1851, 1 ff.

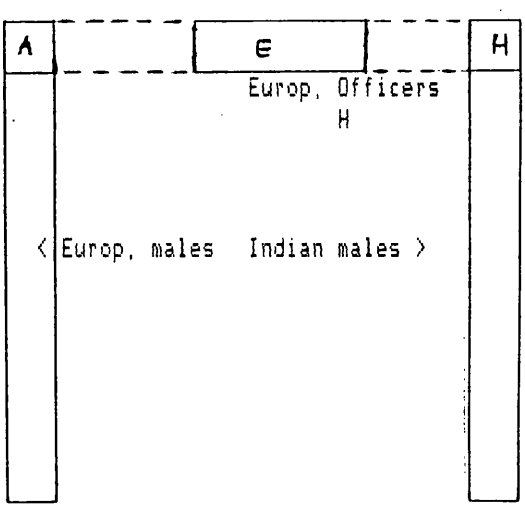
19 Reconstruction of plans on the basis of the Asylum Report of 31 March 1852 by W. Ernst.



A Lumber Room, B Matron's Quarter, C Hospital Stores, D Superintendent's Quarters, F Reception Hall, G Dispensary, H Insane Officers, I Apothecary's Quarters.



GROUND FLOOR



UPPER FLOOR

20 Asylum Report, 31-3-1852, op. cit., 4, 8 f.

21 Asylum Report, 31-3-1852, op. cit., 6.

22 'Treatment, whether moral, medical, or hygienic was surrounded by difficulties all but insuperable', stated Surgeon W. Campbell, Superintendant of the Kolaba Asylum in 1852, when describing the Asylum's state in previous decades and at the time of his charge.
ibid. 10.

23 ibid., 81.
Asylum Report, 31-3-1849, op. cit., Table 4.

24 Asylum Report, 31-3-1852, op. cit., 11.

25 ibid., 12 f, 16.

26 ibid., 17.

27 'The whole of the Regulations respecting the Insane Hospitals at substations [i.e. Native Lunatic Asylums] the Board therefore propose to omit as entailing a heavy public expense that does not appear to them necessary under existing circumstances on this Establishment'.
Med. B. to Govt., 19-6-1820; Bm. Mil. Proc., 28-6-1820, n. n., [IOR; p. 3380 ff], 15.
Minute, 7-6-1849; Bm. Pub. Proc., 11-7-1849, 3610, n. para.

28 Med. B. to Govt., 19-6-1820, op. cit., 4 f.

29 Med. B. to Govt., 3-9-1853; Bm. Pub. Proc., 30-11-1853, 8549, 13 ff.

30 Presumably in an attempt to persuade Government into enlargement of the asylum, admission was refused to two criminal lunatics. They had to be kept in the jail where they caused some irritation to the medical officer.
Med. B. to Govt., 24-8-1850; Bm. Pub. Proc., 9-10-1850, 7105, 1.

31 Bm. Pub. L., 16-4-1851, 11.

32 Suptdg. Surgeon, Karachi, to Comissioner in Scinde, 1-2-1850, in; Commissioner in Scinde to Govt., 16-2-1850; Bm. Pub. Proc., 13-4-1850, 1999.
The exact number of criminal lunatics in the various jails was provided; it was evidenced that their number was not as high as had been thought;

TABLE: Number of criminal lunatics in the several jails under this Presidency; 30 November 1849 and 30 November 1850.

Zillah	1849	1850
Ahmedabad	2	-
Broach	2	-
Jannah	4	4
Poonah	2	-
Khandesh	-	2
Gholapoor	1	1
Dharwar	1	2

Memorandum, Register of the Sadr Fazdari Adalat, 25-1-1851, in: Bm. Pub. Proc., 4-4-1851, 2274.

33 Bm. Pub. L., 16-4-1851, 11 f.

34 Minute, 22-3-1850; Bm. Pub. Proc., 13-4-1850, 2001.
Commissioner in Scinde to Govt., 12-9-1850; Bm. Pub. Proc., 20-11-1850, 8834.
Minute, 14-10-1850; Bm. Pub., Proc., 20-11-1850, 8837.

35 See Pub. and Jud. Proc., 1850 and 1851, on Lunatic Asylums.
A selection thereof is contained in B. Coll., 1850, 2450, 135,465 and 135,466.

36 Govt. Bm. to Govt. India, 29-11-1853; Bm. Pub. Proc., 30-11-1853, 8552.

37 Commissioner in Scinde to Govt., 2-9-1850, op. cit.
Med. B. to Govt., 3-9-1853, op. cit., 11.

38 Med. B. to Govt., 22-6-1852; Bm. Pub. Proc., 14-7-1852, 5471, 4.

39 Commissioner in Scinde, 9-11-1849; Bm. Pub. Proc., 19-12-1849, 6853, n. para.
Med. B. to Govt., 3-9-1853, op. cit., 11.

40 Med. B. to Govt., 3-9-1853, op. cit., 13 ff.

41 ibid., 14.

42 ibid., 15.

43 ibid., 16.

44 ibid., 17.

45 ibid., 21.

46 ibid., 22.

47 Med. B. to Govt., 22-6-1852, op. cit., 1.

48 For the discussion about the applicability of Bentham's Panopticon-model in India (in relation to prisons), see;
Stokes, E. *The English Utilitarians and India*, Delhi; Oxford University Press, 1982 (1959),
'...the prisons constructed at Poona and Ratnagiri, together with the introduction of an improved system of prison discipline, were symbolic of the new current of ideas which the Utilitarians were directing upon Indian administration'
ibid., 150,
Elphinstone had proposed to build a panopticon-type penitentiary on Bombay Island,
ibid., 325, Note I,
for a description of the Lahore prison and references to the Multan, Rawalpindi and Ambala jails which had been modelled on Bentham's panopticon ideas, see; Stokes, op. cit., 247,
see also; map of Lahore Prison and Lunatic Asylum,
Goulding, H.R. *Old Lahore, Reminiscences of a Resident*, Lahore; Universal Books, 197- (1924'),

49 Med. B. to Govt., 22-6-1852, op. cit., 1.

50 The Medical Board came to the following conclusion regarding the question of whether one large or several small asylums ought to be built;
'In conclusion, the Board direct me now respectfully to represent that a due consideration of the means most beneficial to the Insane, most economical to the Government and most accordant to the advanced and advancing knowledge of the medical treatment of Insanes, all seem to them, at least in the case of the poor, to point to large asylums to be superintended by medical officers whose sole duty shall consist in their supervision, and in devising every means in their power for the improvement and benefit of the helpless individuals who are entrusted to their care',
ibid., 9,

51 In fact various options concerning the purpose of the Kolaba institution were discussed. The suggestion to maintain it as a 'temporary place of sojourn for European lunatics of Her Majesty's and the Company's army' was however distinctly favoured by the Medical Board and the Government. The subsequent history of Kolaba goes to confirm that Kolaba remained the place seen as most proper and convenient for the confinement of Europeans,
Med. B. to Govt., 21-7-1855; Bm. Pub. Works Proc., 11-10-1855, 5352, 7.

52 Med. B. to Govt., 22-6-1852, op. cit., 8.

53 ibid, 10.

54 Med. B. to Govt., 21-7-1855, op. cit., 6.

55 idem.

56 Smith, R. 'Mental disorder, criminal responsibility and the social history of theories of volition', in; *Psychological Medicine*, 1979, 2, 13-9,
Thompson, M.S. *The Mad, the Bad, and the Sad; Psychiatric Care at the Royal Edinburgh Asylum (Morningside), 1813-94*, Boston Univ. PHD, 1984,

57 Med. B. to Govt., 21-7-1855, op. cit., 7.

58 Med. B. to Govt., 4-12-1855; cf. IOR; B. Coll., 1856, 2673, 179,770, 3.

59 idem.

60 Med. B. to Govt., 21-7-1855, op. cit., 13.

61 Committee to examine and report upon Dhapoolie as to its eligibility as a site for a proposed central Lunatic Asylum to Med. B., 3-12-1853, in: Med. B. to Govt., 4-12-1855, op. cit., 1 ff.

62 Med. B. to Govt., 3-9-1853, op. cit., 25.

63 idem.

64 idem.

65 ibid., 26.

66 ibid., 27.

67 idem.

68 ibid, 26.

69 ibid., 27.

70 idem.

71 idem.

72 ibid., 23.

73 The York Retreat, as described by Samuel Tuke (1784-1857), grandson of the Retreat's founder, William Tuke (1732-1822).

Tuke, S, *Description of the Retreat, an institution near York, for insane persons of the Society of Friends*, York; Alexander, 1813, (new edition; London; Dawsons, 1964).

see for a detailed institutional history of the Retreat;

Digby, A, *Madness, Morality and Medicine; A Study of the York Retreat, 1794-1914*, Cambridge; Cambridge University Press, 1985.

Macalpine and Hunter evaluate the Tukes' work as having 'opened a new chapter in the history of the insane because of the avowed aim to accord them the dignity and status of sick human beings, and to substitute self-restraint based on self-esteem induced by a mild system of management for the debasing and brutalising coercion and restraint of "the terrific system", in short "to excite as much as possible, the operation of superior motives".'

Hunter, R, and Macalpine, I, *Three Hundred Years of Psychiatry, 1535-1860; A History Presented in Selected English Texts*, London; Oxford University Press, 1963.

74 For a description of the large asylums which were in the process of being erected in consequence of the 1845 Act in England and Wales, see;

Scull, A.T, *Museums of Madness, The Social Organization of Insanity in Nineteenth-Century England*, Harmondsworth; Penguin, 1982 (1979); especially pp. 194-198 ('Mammoth Asylums').

75 Med. B. to Govt., 18-3-1801; Bm. Mil. Proc., 20-3-1801, n. n.

76 Examples of the perceived necessity of keeping an asylum are the retention of an establishment for the Insane although the Court had pressed upon the several presidencies the need to discontinue the maintenance of such institutions; and the Medical Board's assessment of the situation in Bombay in the 1850s; 'it has never appeared to [the Board] that on however large a Scale it might be erected, it could ever render unnecessary or cause to be much diminished the usefulness of the Asylum at Colaba which seems to them to be absolutely requisite for the army of the Presidency, European and Native, and for the large population of the Town and Island of Bombay and Salzette',

Med. B. to Govt., 24-5-1853; Bm. Pub. Proc., 9-7-1853, 4536, 15.

Bm. Mil. D., 5-2-1823, 16 f, 32.

77 The large areas of Scinde and the Panjab, for example, were annexed during the 1840s.

Data on population numbers for the first half of the century are rare and unreliable. 'A Census, taken in 1814-15, of which the record is imperfect, ... [stated that] the British [population], Military, Marine and Civil [amounted to] 4,300 persons'.

According to a census taken in 1864, the number of Europeans present in Bombay on the night of the 1 February 1864 was 8,415. The same day/night 19,903 'Indo-Europeans' were counted.

Census of the Island of Bombay, Bombay; Education Society's Press, 1864; I f.

The same source mentions unsuccessful attempts at taking censusses during the 1830s, '40s and '50s;

'In the year 1833-34 another numbering of the people was undertaken; but after it had continued nearly twelve months, the only result reported was that during that time 117,016 adults had been counted' (II).

'Between the years 1844 and 1848 Government had several times under consideration how to obtain an accurate return of the population and in 1849 accepted the offer of the Superintendent of Police to furnish it. The money and establishment at the disposal of that officer were altogether inadequate, and his attempt ended in failure .... Two more attempts were made in the year 1851, but with no better success' (II).

78 The notion that the European administrators ought to look after and morally guide Indian subjects stemmed largely, though not exclusively, from Evangelical ideas of moral and spiritual guidance of what they perceived as spiritual inferiors. This 'moral obligation ' became crystallized in the concept of the 'white man's duty' and the 'white man's burden' in the East.

see also;

Kiernan, V.G. *The Lords of Human Kind, European attitudes to the outside world in the imperial age*, Harmondsworth; Penguin, 1972 (1969).

79 Financial stringency and the necessity of cuts in public spending are of course relative and depend on governmental priorities. The period during military campaigns was regarded as one requiring restrictions on public spending in all but the military budget.

80 Med. B. to Govt., 22-7-1818; Bg. Jud. Proc., 28-8-1818, 53, 5.

81 The measure to restrict admission had first been implemented in 1847.

Govt. to Med. B., 1847, cf. Med. B. to Govt., 18-5-1849; Bm. Pub. Proc., 11-7-1849, 3608, 2.

The instruction to the Magistrate was repeated in 1849, according to the Governor-in-Council's resolution of 7,6,1849 (Bm, Pub, Proc., 11-7-1849, 3610).
The medical officers were instructed 'that they should in future in recommending the admission of lunatics into the asylum of Colaba distinguish between violent and dangerous cases and such as are not so'.
Minute, 26-7-1849; Bm, Pub, Proc., 8-8-1849, 4318.

82 Govt. to Med. B., 1847, op. cit., 2.

83 Senior Mag. of Police to Govt., 3-7-1849; Bm, Pub, Proc., 8-8-1849, 4317, 2.

84 Minute, 26-7-1849, op. cit.

85 In other areas of Anglo-Indian public life in contrast humanitarian reformers were very quick to campaign for government intervention in social affairs; for example in regard to human sacrifice, school education for girls, *sati*, infanticide and slavery.

86 Asylum Report, 31-3-1849, op. cit., 5.

87 Minute (Govr. Falkland), 7-9-1850; Bm, Pub, Proc., 9-10-1850, 7655, n.para.

88 Separate Minute (Govr. Falkland) 28-2-1851; Bm, Pub, Proc., 4-4-1851, 2281.
Separate Minute 1-3-1851; Bm, Pub, Proc., 4-4-1851, 2280.

89 Asy Supt. to Med. B., 28-1-1851; Bm, Pub, Proc., 4-4-1851, 2278, n.para.

90 Minute (Gov. Falkland) 28-2-1851; Bm, Pub, Proc., 4-4-1851, 2279.
Based on previous recommendation; Med. B. to Govt., 18-5-1849; Bm, Pub, Proc., 11-7-1849, 3608, 4.
Minute, 22-10-1849; Bm, Pub, Proc., 14-11-1849, 6285; and Separate Minutes of 25-10-1849; Bm, Pub, Proc., 14-11-1849, 6286 and 6287.

91 examples of various lines of argument;
Separate Minute, 1-3-1851, op. cit., 2280.
Further Minute (Gov. Falkland), 28-2-1851, op. cit., 2281.
Separate Minute, 1-3-1851, op. cit., 2282.
Separate Minute, 3-3-1851, op. cit., 2283.

92 Further Minute (Gov. Falkland), 2-11-1849; Bm, Pub, Proc., 14-11-1849, 6288, 3.

93 ibid., 9.

94 Separate Minute, 25-10-1849; Bm, Pub, Proc., 14-11-1849, 6286 and 6287.

95 Minute, 21-12-1849; Bm, Pub, Proc., 4-1-1850, 54.
for nature of changes; Med. B. to Govt., 8-4-1850; Bm, Pub, Proc., 12-6-1850, 3810.

96 Med. B. to Govt., 22-8-1850, op. cit.

97 Minute (Gov. Falkland), 7-9-1850; Bm, Pub, Proc., 9-10-1850, 7655.,

98 Separate Minute, 13-9-1850; Bm, Pub, Proc., 9-10-1850, 7656.

99 Separate Minute, concurred in by C-i-C, 7-12-1850; Bm, Pub, Proc., 4-4-1851, 2269.

100 Separate Minute, 7-12-1850; Bm, Pub, Proc., 4-4-1851, 2270.

101 Asylum Suptd, to Med, B., 28-1-1851; Bm, Pub, Proc., 4-4-1851, 2278, n, para.
Further Minute (Gov, Falkland), 28-2-1851; Bm, Pub, Proc., 4-4-1851, 2279.

102 Minute, 4-3-1851; Bm, Pub, Proc., 4-4-1851, 2284.

103 The Senior Council Member who had consistently been opposed to Governor Falkland's suggestions was John Pollard Willoughby. He had been member of the Council since 28 April 1846, whilst Governor (Viscount) Falkland presided over the Council from 1 May 1848 onwards. The third Council Member was David Anderson Blane (since 1 March 1849); the provisional member was Alexander Bell (since 14 March 1849).
The East India Register and Army List, London; Allen and Co., 1849, 1850.

104 See for official account;
Royal Commission on the Sanitary State of the Army in India, London; Eyre and Spottiswoode for HMSO, 1863, 2 Vols.
see for personal accounts;
Eur A88; Eur A127/1-5; Eur B277; Eur B296/1-4; Eur C243; Eur D854; Eur D941; Eur E339; Eur F133/34; Photo Eur 97.

105 Arnold, D, 'European Orphans and Vagrants in India in the Nineteenth Century', in; *Journal of Imperial and Commonwealth History*, 1979, 7, 106-14.

106 As a matter of routine 'soldiers of incorrigibly vicious habits' were to be sent to Europe.
Bm, Mil, D., 3-4-1822, 55f.
Bg, Mil, D., 31-7-1822, 104.

107 The Act of 1840, for the punishment of vagrants within the towns of Calcutta, Madras and the Islands of Bombay and Kolaba, was passed as an experiment (Act XXII of 1840).
see for the Court's evaluation;
India Leg, D., 3-8-1842, 4.

108 The 'Sailor's Home' in Bombay had been founded in 1836 after sailors roamed the streets in consequence of a shipwreck. Some 25 years later the 'Strangers' Friend Society Home' was founded; again with the express wish to relieve European Vagrancy.
City of Bombay Gazetteer, Bombay; Times Press, 1910; Vol III.

109 India Pub, D., 18-9-1839, 31.

110 Asylum Report, 31-3-1849, op, cit., 10.
William Arbuckle; born 7 February 1808, M.D. (Edinburgh) 1831, Ass. Surgeon in East India Company's Service from 1836 onwards.

111 ibid., 11.

112 ibid., 5.

113 ibid., 11.

114 Bm, Pub, L., 16-4-1851, 10,

115 G,D., Medical Department; 'Half castes and other natives to be confined to subordinate offices',
Bm, Mil, D., 8-2-1826, 52,

116 Asylum Report, 31-3-1852, op, cit., 46,

117 Asylum Report, 31-3-1850, in; Med, B, to Govt., 23-8-1850; Bm, Pub, Proc., 9-10-1850, 7654A,

118 idem,

119 Asylum Report, 31-3-1852, op, cit., 46,

120 idem,

121 In 1850 the new superintendent in fact complained about the small number of staff, and suggested employing one more person,
Asylum Report, 31-3-1850, op, cit., 24,

122 Asylum Report, 31-3-1852, op, cit., 46,
Asylum Report, 31-3-1850, op, cit., 24 ff,

123 Asylum Report, 31-3-1850, op, cit., 25 ff,

124 see for example the Board's Collection 'Respecting the Treatment of Lunatics', 1852, 2450, op, cit.,
Said committed superintendent was Surgeon W, Campbell, M,D., born 1818, in East India Company's Service since 1842,

125 TABLE; Number of patients confined in the Kolaba institution (all races); 1822-1851,

Jan, 1822	17
Jan, 1842	44
Jan, 1848	80
March 1851	166

compiled from; Asylum Reports for 1822, 1848/9, 1851/2,

126 see footnotes 5 and 14 for alterations and information of the premises' confined condition,
Asylum Report, 31-3-1852, op, cit., 10,

127 TABLE; Number of asylum inmates, European and Indian; 1822 - 1851,

	European		Indian	
	number	prop,increase since 1822	number	prop,increase since 1822
Jan, 1822	5	-	12	-
Jan, 1842	5	0	39	3,3
Jan, 1846	11	2,2	57	4,8
Dec, 1850	18	3,6	89	7,4
March 1851	15	3,0	151	12,6

compiled from; Asylum Reports for 1822, 1848/9, 1851/2,

128 Asylum Supt, to Med, B., 28-2-1850, op, cit., n, para,

129 ibid, n, para,

130 idem,

131 Minute, 7-5-1850; Bm, Pub, Proc., 12-6-1850, 3816.,

132 It will only be noted in passing that the failure to designate Portuguese as 'European' may be of a kind to reveal British prejudice towards southern-European people and a missing clarity and conciseness in the concepts of 'nation-state', and 'citizenship' and 'nationality',
see also;
Kiernan, 1972, op,cit., 29,

133 the following quotes in this section all refer to this same source - unless otherwise noted,
Asylum Supt, to Med, B., 28-2-1850, op, cit., n, para,

134 W, Campbell's predecessors during the 1840s were Surgeons F,J,M, Mosgrove, W, Arbuckle, D, Grierson,

135 examples of grateful patients were Lieut, Zouch ('The Artichoke') and Private Harvey ('Lord Byron'), see; Ernst, W, and Kantowsky, D., *Mad Tales from the Raj, The Records of Pembroke House and Ealing Lunatic Asylum, 1818-1892*, Contribution to the Eighth European Conference on Modern South Asian Studies, Sweden, 1983,

136 TABLE; Nationality of lunatics in the Kolaba Asylum, December 1850,

	male		female	
	N	%	N	%
European	8	9	1	6
Indo-Britons	3	3	2	13
Portuguese	3	3	1	6
Native Christians	1	1	2	13
Hindus	46	51	7	44
Muslims	25	27	2	13
Parsis	3	3	1	6
Chinese	2	2	-	-
Total	91		16	

Memorandum by Med, B., 18-2-1851; Bm, Pub, Proc., 4-4-1851, 2272,

137 W, Arbuckle also became a distinguished member of the Medical and Physical Society of Bombay,

138 Asylum Report, 31-3-1849, op, cit., 10 f,

139 ibid,
Asylum Supt, to Med, B., 28-2-1851, op, cit., n, para,

140 TABLE; Number of patients designated as feeble-minded and otherwise, 1848/9 and 1851/2.

	1848/9*		1851/2**
	Europ, +Indian	*Europ,*	*Indian*
Lunatics (various diagnoses)	46	16	35
imbecile, fatuous idiotic patients	63 (=58%)	1	55 (=52%)
total in Asylum	109		107

* before admission restriction
** after admission restriction

Asylum Report, 31-3-1849, op. cit.
Asylum Report, 31-3-1852, op. cit.

141 Nowadays feeblemindedness is referred to as mental retardation, mental deficiency and mental subnormality. In line with present authorative WHO definitions it is determined in relation to IQ scales, whereby a mental level below a certain standard (usually an IQ of 70) is taken as deserving the label 'feeblemindedness'. Various sub-groups are differentiated:
IQ 70-80 (borderline)
IQ 50-70 (slight; 'moron')
IQ 50-20 (moderate; 'imbecile')
IQ 20-0 (grave; 'idiot')

In accordance with Doerner and Plog (286 f) the term 'mental disability' is seen as more appropriate for todays' usage. The underlying assumption is that a person is disabled only in respect to their specific social situation and their age - not in an absolute or objective sense. Somebody is mentally disabled only in respect to the expectations, demands, values and norms of a specific environment.

Doerner, K. and Plog, U. *Irren ist menschlich, oder; Lehrbuch der Psychiatrie/Psychotherapie*. Rehburg-Loccum; Psychiatrie-Verlag, 1980 (1978').

In the early nineteenth century the terms fatuity, imbecility and idiocy were used to circumscribe various degrees of mental disability.

The distinction between 'idiocy' and 'madness', and advocacy of the separate confinement of 'fools' and 'insane people' is rather longstanding. Daniel Defoe, for example, proposed to have a special 'Fool-House' built for what he called 'Naturals'.

Defoe, D. *An essay upon projects*, London; Cockerill, 1697.

The first specialized 'idiot asylum' was however built only in the 1840s, when an institution in Highgate was opened.

In the realm of science and philosophy John Locke made in his essay on 'human understanding' the distinction between 'idiots and madmen'; the former lack the 'Faculty of Reasoning', or are at least endowed with a weak such faculty, whilst the mad have not lost this faculty, but merely linked together Ideas, which they take for Truths, wrongly.

Locke, J, *An essay concerning humane understanding*, London; Churchill and Manship, 1700 (1690),

Nosological systems were drawn up which delimited various forms of impaired judgement from insanity, William Cullen, for example, differentiated four orders of what he called 'Neuroses' (namely 'Comata', 'Adynamiae', 'Spasmi', 'Vesaniae'), of which the last was further subdivided into 'Amentia' (congenita, senilis, acquisita), 'Melancholia' (various forms, dependent on causing agent), 'Mania' 'mentalis, corporea, obscura) and 'Oneirodynia' (activa, gravans),

Cullen, W, *Nosology; or, a systematic arrangement of diseases, by classes, orders, genera, and species; with the distinguishing characters of each, and outlines of the systems of Sauvages, Linnaeus, Vogel, Sagar, and Macbride*, Edinburgh; Creech, 1800,

Prichard's 'Treatise', which was a standard psychiatric text book until 1858 (when Bucknill and Tuke's 'Manual' was published), contains within the class of diseases of the intellect the separate categories of 'Incoherency or Dementia' (subdivided into three stages) as distinct from 'Monomania' and 'Mania',

Prichard, J, C, *A treatise on insanity and other disorders affecting the mind*, London; Sherwood, Golbert, and Piper, 1835,

142 Asylum Report, 31-3-1852, op, cit., 58,

143 idem,

144 Asylum Report, 31-3-1849, op, cit,

145 TABLE; Indian male patients, cured; 1851/2,

Mania	19
Monomania	1
Imbecility	3
Fatuity	1

Asylum Report, 31-3-1852, op, cit., Appendix, Table 2,

146 Asylum Supt, to Med, B., 28-2-1851, op, cit., n, para,

147 idem,

148 It is tendential only, as Arbuckle reported in fact some cures of feeble-minded persons (designated as imbeciles) - despite his belief that generally they would not be amenable to cure,

149 Asylum Supt, to Med, B., 28-2-1851, op, cit., n, para,

150 idem,

151 Gardiner Hill and John Conolly were advocates of non-restraint and provided evidence for the success they had in realizing it in the Lincoln, and the Hanwell Asylum,

Hill, R, G, *Total abolition of personal restraint in the treatment of the insane, A lecture on the management of lunatic asylums, and the treatment of the insane; delivered at the Mechanics' Institution, Lincoln, on the 21st of June, 1838; with statistical tables, illustrative of the complete practicability of the system advocated in the lecture'*, London; Simpkin, Marshall and Co., 1838,

Conolly, J, *The Treatment of the Insane without Mechanical Restraints*, London; Smith, Elder and Co., 1856,

An essential precondition for the practicability of 'non-restraint' was the employment of an adequate number of staff. This fact made Hill's and Conolly's system expensive and it had not much chance of adoption in the 'mammoth asylums' of the later nineteenth century,

'...in a properly constructed building, with a sufficient number of suitable attendants, restraint is never necessary, never justifiable, and always injurious, in all cases of Lunacy whatever' (Hill),

152 Asylum Report, 31-3-1852, op, cit., 58, Appendix,
Asylum Report, 31-3-1849, op, cit., Appendix,

153 A description of GPI had been given by G, M, Burrows in his 'commentaries on the causes, forms, symptoms, and treatment, moral and medical, of insanity' (1828), He drew on the discoveries made by French doctors (A,L,J, Bayle and L,F, Calmeil), Although the etiological connection between GPI and syphilis had not yet been shown, Burrows' work established within British medicine for the first time GP as a disease on its own, and not as a mere complicaiton of insanity, However, the extent to which Surgeon Arbuckle and Surgeon Campbell had been familiar with these conceptualisations cannot easily be established, From the way in which they drew up their tables it could be inferred that Arbuckle had been more inclined to the view of Esquirol (i,e, that insanity could or could not be complicated by GP or epilepsia and in the latter cases thus reduce the chances of recovery),

Burrows, G, M, *Commentaries on the causes, forms, symptoms, and treatment, moral and medical, of insanity*, London; T, and G, Underwood, 1828,

154 Asylum Report, 31-3-1852, op, cit., Appendix, Table 2,

155 ibid., Appendix, Table 8,

156 Bynum, W,F, 'Themes in British Psychiatry, J,C, Prichard (1786-1848) to Henry Maudsley (1835-1918)', in; Ruse, M, (ed) *Nature Animated,* Dordrecht; D, Reidel, 1983; 225 f,
Hunter and Macalpine, 1963, op, cit., 837,

157 Bm, Mil, D., 5-2-1823, 16 f.,

158 Asylum Report, 31-3-1852, op, cit., Appendix,

159 ibid., Appendix,

160 ibid., Appendix,

161 ibid., 19,

162 ibid., 20,

163 ibid., 21,

164 compiled from; Asylum Reports for 1822, 1848/9, 1851/2,

165 compiled from; Asylum Reports for 1822, 1848/9, 1851/2,

166 Asylum Report, 31-3-1852, op, cit., 59,

167 idem,

168 idem,

169 The mortality in the Delhi Jail, for example, had been calculated at 11 1/2 % in contrast to 2 3/4 % amongst the town population,
Bg, Pub, D,, 29-12-1854, 18,
The mortality rates in various other jails in the Bengal Presidency, which were on average 20 %, had been described as 'extraordinary' by the Court of Directors to whom reports were submitted, Individual Cases like the one of a man who had been confined for 35 years without trial or sentence and who had been described as having been 'confined till a body was found' aroused special concern,
India Jud, D,, 19-1-1848, 84,
Bg, Jud, D,, 20-9-1848, 10,
Bg, Jud, D,, 4-2-1852, 10 ff, 15,

170 Asylum Report, 31-3-1849, op, cit,, n, para,

171 idem,
This view was in fact very much in line with contemporary scientific knowledge,
It had already been advocated for by George Cheney,
Cheyne, G, *The English Malady; or, a treatise of nervous diseases of all kinds, as spleen, vapours, lowness of spirits, hypochondriacal, and hysterical distempers, &c,,, With the author's own case at large*, London; Strahan and Leake, 1733,
Many practictioners in the early nineteenth century recommended a 'reducing system', or 'anti-phlogistic' system, for which a low dietary regime was very essential, However, the alternative suggestion of feeding patients well existed simultaneously, Samual Tuke, for example, mentioned the positive effect of a liberal diet in his description of the Retreat,

172 Asylum Report, 31-3-1849, op, cit,, n, para,

173 Watt, J,, Freeman, E,J,, Bynum, W,F, (eds), *Starving Sailors, The influence of nutrition upon naval and maritime history*, Bristol; National Maritime Museum, 1981,

174 see table in section on 'Nosologies'

175 Asylum Report, 31-3-1852, op, cit,, Appendix,

176 ibid,, 43,

177 ibid,, 4 f,

178 idem,

179 Asylum Supt, to Med, B,, 7-5-1853, in; Med, B, to Govt,, 24-5-1853; Bm, Pub, Proc,, 9-7-1853, 4540, 10,

180 Asylum Report, 31-3-1852, op, cit,, 73,

181 idem,

182 ibid,, 36,

183 idem,

184 ibid,, 73,

185 ibid,, 74,

196 ibid, 75,

187 ibid,, 76,

188 idem,

189 Asylum Report, 31-3-1849, op, cit,

190 idem,
Asylum Report, 31-3-1852, op, cit,, 73,

191 Asylum Report, 31-3-1852, op, cit,, 37,

192 see case studies in; Ernst and Kantowsky, 1983, op, cit,

193 Asylum Report, 31-3-1852, op, cit,, 69,

194 idem,

195 idem,

196 idem,

Chapter 5: Psychiatry and Colonialism

1 Kiernan, V.G, *The Lords of Human Kind, European attitudes to the outside world in the imperial age*, Harmondsworth: Penguin, 1972 (1969); 37,
'India itself ... was acquired by a stoint-stock company, whose morals before it was gradually brought under public control were not much better than the vagrant trader's with his glass beads and gun',
ibid, 25,

2 Aberigh-Mackay, G, *Twenty-one days in India, Being the tour of Sir Ali Baba, K.C.B*, London: Thacker, 1902 (1880); 184 f,

SOURCE CITATIONS

Official archives in the India Office Library and Records

Despatches from London

Bg, Mil, D,	Military Despatches to Bengal
Bm, Mil, D,	Military Despatches to Bombay
India Mil, D,	Military Despatches to India
Md, Mil, D,	Military Despatches to Madras
Bg, Pub, D,	Public Despatches to Bengal
Bm, Pub, D,	Public Despatches to Bombay
India Pub, D,	Public Despatches to India
Md, Pub, D,	Public Despatches to Madras
India Fin, D,	Financial Despatches to India
Md, Leg, D,	Legislative Despatches to Madras
India Leg, D,	Legislative Despatches to India
Bg, Jud, D,	Judicial Despatches to Bengal
India Pol, D,	Political Despatches to India
India Pub, Works D,	Public Works Despatches to India

Letters (Despatches) to London

Bg, Mil, L,	Military Letters received from Bengal
Bm, Mil, L,	Military Letters received from Bombay
India Mil, L,	Military Letters received from India
Md, Mil, L,	Military Letters received from Madras
Bg, Pub, L,	Public Letters received from Bengal
Bm, Pub, L,	Public Letters received from Bombay
India Pub, L,	Public Letters received from India
Md, Pub, L,	Public Letters received from Madras
Md, Jud, L,	Judicial Letters received from Madras
Bg, Civil Jud, L, (L,P,)	Civil Judicial Letters to Bengal (Lower Provinces)
India Leg, L,	Legislative Letters received from India

Government Proceedings/Consultations

Bg, Mil, Proc,	Bengal Military Proceedings
Bm, Mil, Proc,	Bombay Military Proceedings
India Mil, Proc,	India Military Proceedings
Md, Mil, Proc,	Madras Military Proceedings
Bg, Pub, Proc,	Bengal Public Proceedings
Bm, Pub, Proc,	Bombay Public Proceedings
India Pub, Proc,	India Public Proceedings
Md, Pub, Proc,	Madras Public Proceedings
Md, Jud, Proc,	Madras Judicial Proceedings
Md, Leg, Proc,	Madras Legislative Proceedings
India Leg, Proc,	India Legislative Proceedings
Bg, Civil Jud, Proc, (L,P,)	Bengal (Lower Provinc,) Civil Judicial Proceedings
Bm, Pub, Works Proc,	Bombay Public Works Proceedings
Leg, C,I, Proc,	Proceedings of the Legislative Council of India

India Office Files / Selected Material

B, Coll,	Board's Collections
C, Min,	Court's Minutes
Misc,	Miscellaneous Letters, received
Misc, Jud,	Miscellaneous Judicial Letters, received and sent
Pembroke House	The Records of Pembroke House and Ealing Lunatic Asylum, 1818-1892,
RJL	Revenue, Judicial and Legislative References

Private Papers/Demi-Official Correspondence

India Office Library and Records; MSS

Eur A 88	Nicholas Duffy
Eur A 127, 1-5	W.A, Davidson, Surgeon
Eur B 277	Anonymous account by an officer, 78th Highland Regiment
Eur B 296/1-4	Samual Hickson
Eur C 243	Richard Compton
Eur D 854	John Box
Eur D 941	James Malcolm, Surgeon
Eur E 339	John Luck
Eur F 133/34	John J, Redmond
Photo Eur 97	A Grenadier's Diary
Eur F 213/23-28	Broughton Collection

Scottish Records Office, Edinburgh

Dalhousie Papers

Official Publications,Governmental Reports/Commissions;

The British Library, London

Report from the Select Committee on the state of criminal and pauper lunatics and the laws relating thereto, 1807,
Reports from the Select Committee on the better regulation of madhouses in England, July 1815, April-June 1816,
Reports of the Metropolitan Commissioners in Lunacy
Hansard's Parliamentary Debates
Parliamentary Papers, House of Commons
Parliamentary Papers, House of Lords

Wellcome Institute for the History of Medicine Library, London

Royal Commission on the Sanitary State of the Army in India, London; Eyre and Spottiswoode for HMSO, 1863, 2 Vols,

BIBLIOGRAPHY

Abel-Smith, B, *The Hospitals (1800-1948), A Study in Social Administration in England and Wales*, Cambridge, Mass,; Harvard University Press, 1964,

Aberigh-Mackay, G, *Twenty-one days in India, Being the tour of Sir Ali Baba, K,C,B,* London; Thacker, 1902 (1880),

Ackerknecht, E,H, *A Short History of Psychiatry*, New York; Hafner, 1968 ²,

Ahrenfeldt, R,H, *Psychiatry in the British Army in the Second World War*, New York; Columbia University Press, 1958,

Allderidge, P,H, 'Criminal insanity; Bethlem to Broadmoor', in; *Proceedings of the Royal Society of Medicine*, 1974, 67, 897-904,

Annesley, J, (Sir) *Diseases of India*, London; Underwood, 1825,

Researches into the causes, nature and treatment of the more prevalent diseases of India, etc, London, 1828,

Ardlidge, J, T, *On the State of Lunacy and the Legal Provision for the Insane, with Observations on the Construction and Organisation of Asylums*, London; Churchill, 1859,

Arieti, S, (ed) *American Handbook of Psychiatry*, New York; Basic Books, 1974²,

Arnold, D, 'European Orphans and Vagrants in India in the Nineteenth Century', in; *Journal of Imperial and Commonwealth History*, 1979, 7, 106-14,

'White Colonization and Labour in nineteenth-century India', in; *Journal of Imperial and Commonwealth History*, 1983, 2, 133-58,

'"Criminal Tribes" and "Martial Races"; Crime and Social Control in Colonial India', Discussion Paper Presented at the Postgraduate Seminar, Institute of Commonwealth Studies, London, 1984,

'Medical Priorities and Practices in nineteenth-century British India', in; *South Asia Research*, 1985, 5, 167-86,

Aspinall, A, *Cornwallis in Bengal; the administrative and judical reforms of Lord Cornwallis in Bengal*, Manchester; Manchester University Press, 1931,

Baird, J,G, (ed) *Private Letters of the Marquess of Dalhousie*, Shannon; Irish University Press, 1972 (1910),

Ballhatchet, K, *Social Policy and Social Change in Western India, 1817-1830,London; Oxford University Press, 1957*,

Race, Sex and Class under the Raj, Imperial Attitudes and Policies and their Critics, 1793-1905, London; Weidenfeld and Nicolson, 1980,

Battie, W, *A Treatise on Madness*, London; Whiston and White, 1758,

Becker, H,S, (ed) *The other side, Perspectives on deviance*, New York; The Free Press, 1964,

Bellasis, M, *Honourable Company*, London; Hollis and Carter, 1952,

The Bengal Lunatic Asylum Manual, Calcutta; Bengal Secretariat Book Depôt, 1910,

Bentham, J, *Panopticon; or, the Inspection-House; containing the idea of a new principle of construction applicable to any sort of establishment, in which persons of any description are to be kept under inspection*, London; Payne, 1791,

Beveridge, W,H, (Lord) *India called them*, London; Allen and Unwin, 1947,

Blanke, B, et, al, *Kritik der Politischen Wissenschaft 2, Analysen von Politik und Oekonomie in der buergerlichen Gesellschaft*, Frankfurt; Campus, 1975,

Blasius, D, *Der verwaltete Wahnsinn, Eine Sozialgeschichte des Irrenhauses*, Frankfurt; Fischer, 1980,

Blunt E,A, (ed) *Social Service in India*, London; H,M,S,O,, 1938,

Bolt, C, *Victorian Attitudes to Race*, London; Routledge, Kegan and Paul, 1971,

Bowley, A,L, *Wages in the UK in the Nineteenth Century*, Cambridge; University Press, 1972,

Brand, J,L, *Doctors and the State*, Baltimore; Hopkins Press, 1965,

Brecht, B, *Glueckliche Begegnung*,

An den Junisonntagen im Junggehoelz
Hoeren die Himbeersucher im Dorfe
Lernende Frauen und Maedchen der Fachschule
Aus ihren Lehrbuechern laut Saetze lesen
Ueber Dialektik und Kinderpflege,

Von den Lehrbuechern aufblickend
Sehen die Schuelerinnen die Doerfler
Von den Straeuchern die Beeren lesen,

1952,

Briggs, A, and Saville, J, (eds) *Essays in Labour History, in memory of G,D,H, Cole*, London, 1960,

Brody, B,A, and Engelhardt, H,T, *Mental Illness; Law and Public Policy*, Dordrecht; Reidel, 1980,

Browne, W,A,F, *What Asylums Were, Are and Ought to Be*, Edinburgh; Black, 1837,

Bruckshaw, S, *One more Proof of the Iniquitous Abuse of Private Madhouses*, London; private, 1774,

Bucknill, J.C. and Tuke, D.H. (eds) *A Manual of Psychological Medicine*, London; Harper, 1968, (1858).

Bucknill, J.C. *The Care of the Insane and their Legal Control*, London; MacMillan, 1880.

Burdett, H.C. (Sir) *Hospitals and Asylums of the World; Their Origin, History, Construction, Administration, Management, and Legislation*, London; Churchill, 1891-3, 4 Vols.

Burrows, G.M. *An Inquiry into Certain Errors relative to Insanity; and their Consequences; Physical, Moral and Civil*, London; Underwood, 1820.

Commentaries on the causes, forms, symptoms, and treatment, moral and medical, of insanity, London; Underwood, 1828.

Bynum, W.F. 'Chronic alcoholism in the first half of the nineteenth century', in; *Bulletin of the History of Medicine*, 1968, 42, 160-85.

'Rationales for therapy in British psychiatry, 1780-1835,' in; *Medical History*, 1974, 18, 317-34.

'Cullen and the Study of Fevers in Britain, 1760-1820', in; *Medical History*, 1981, Suppl. 1, 135-47.

Bynum, W.F., Porter, R.S. and Shepherd, M. (eds) *The Anatomy of Madness, Essays in the history of psychiatry*, London; Tavistock, 1985, 2 Vols.

Campbell, G. (Sir) *Modern India, A Sketch of the System of Civil Government*, London; J. Murray, 1852.

Carey, W.H. *The good old days of Honourable John Company; being curious reminiscenses illustrating manners and customs of the British in India during the rule of the East India Company, from 1600 to 1858*, Calcutta; Cambray, 1906-7, 2 Vols. (1882-87)

Carlson, E.T. and Dain, N. 'The psychotherapy that was moral treatment', in; *American Journal of Psychiatry*, 1960, 117, 519-24.

Carrol, L. 'The Temperance Movement in India; Politics and Social Reform,' in; *Modern Asian Studies*, 1976, 10, 417-80.

Caudill, W. et. al. 'Social structure and interaction process on a psychiatric ward,' in; *American Journal of Orthopsychiatry*, 1952, 22, 314-34.

Census of the Island of Bombay, Bombay; Eduction Society's Press, 1864.

Checkland, S.G. and Checkland, E.O.A. (eds) *The Poor Law Report of 1834*, Harmondsworth; Penguin, 1974.

Chevers, N. *A manual of medical jurisprudence for Bengal and the North-Western Provinces*, Calcutta; Bengal Military Orphan Press, 1856.

Cheyne, G. *The English Malady; Or, a Treatise of Nervous Diseases of All Kinds*, London; Strahan and Leake, 1734.

City of Bombay Gazetteer, Bombay; Times Press, 1910,

Clark, J, *Observations on fevers*, London; Cadell, 1780,

Clarke, B, *Mental Disorders in Earlier Britain*, Cardiff; University of Wales Press, 1975,

Clarke, R, *The regulations of the Government of Fort William in Bengal in force at the end of 1853*, London; Cox, 1854,

Cohen, S,P, *The Indian Army, Its Contribution to the Development of a Nation*, Berkeley; University of California Press, 1971,

Cohen, S, and Scull, A, *Social Control and the State, Historical and Comparative Essays*, Oxford; Blackwell, 1985 (1983),

Cohn, B,S, *The development and impact of British administration in India; a bibliographical essay*, New Delhi; Indian Institute of Public Administration, 1961,

Conolly, J, *An Inquiry Concerning the Indications of Insanity with Suggestions for the Better Care and Protection of the Insane*, London; Dawsons, 1973, (1830),

The Construction and Government of Lunatic Asylums and Hospitals for the Insane, London; Dawsons, 1968, (1847),

The Treatment of the Insane Without Mechanical Restraints, London; Dawsons, 1973, (1856),

Crowdy, J,P, 'The soldier's food, (With historical introduction),' in; *Practitioner*, 1974, 212, 560-9,

Crawford, D,G, *A History of the Indian Medical Service, 1600-1913*, London; Thacker, 1914, 2 Vols,

Cullen, W, *Nosology; or, a systematic arrangement of diseases, by classes, orders, genera, and species; with the distinguishing characters of each, and outlines of the systems of Sauvages, Linnaeus, Vogel, Sagar, and Macbride*, Edinburgh; Creech, 1800,

Dain, N, and Carlson, E,T, 'Social Class and Psychological Medicine in the United States, 1789-1824,' in; *Bulletin of the History of Medicine*, 1945, 18, 139ff,

Davies, M,M, 'Fort Pitt (Chatham)', in; *Journal of the Royal Army Medical Corps*, 1962, 108, 39-40,

Dean, C,G,T, *The Royal Hospital Chelsea*, London; Hutchinson, 1950,

Defoe, D, *An essay upon projects*, London; Cockerill, 1697,

Descriptive Guide Book to Calcutta and its Environs, Calcutta; 15th Session of the Indian Science Congress, 1928,

Devereux, G, *Normal und anormal, Aufsaetze zur allgemeinen Ethnopsychiatrie*, Frankfurt; Suhrkamp, 1982 (1970),

Angst und Methode in den Verhaltenswissenschaften, Frankfurt; Suhrkamp, 1984,

Diefenbacher, A, *Psychiatrie und Kolonialismus, Zur 'Irrenfuersorge' in der Kolonie Deutsch-Ostafrika*, Frankfurt; Campus, 1985,

Digby, A, *Pauper Palaces*, London; Routledge and Kegan Paul, 1978,

The Poor Low in nineteenth-century England and Wales, London; Historical Association, 1982,

Madness, Morality and Medicine, A Study of the York Retreat, 1796-1914, Cambridge; Cambridge University Press, 1985,

Dodwell, E, and Miles, J,S, *Alphabetical List of the Medical Officers of the Indian Army, 1764-1838*, London; Longman, 1839,

review in; *Calcutta Review*, 1854, 23, 217-54, ('Surgeons in India - Past and Present'),

Dodwell, H,H, *The Nabobs of Madras*, London; Williams and Norgate, 1926,

(ed) *Cambridge History of India*, Cambridge; Cambridge University Press, 1929, Vol, 5,

Dohrenwend, B,P, and Dohrenwend, B,S, *Social Status and psychological disorder; A causal inquiry*, New York; Wiley, 1969,

Donelly, M, *Managing the Mind, A study of the development of medical psychology in early nineteenth-century Britain*, London; Tavistock, 1983,

Doerner, K, und Plog, U, *Irren ist menschlich oder Lehrbuch der Psychiatrie, Psychotherapie; fuer alle, die sich in der Ausbildung befinden zum Arzt, zur Krankenschwester, Pfleger, zum Sozialarbeiter, zum Psychologen, Zum Arbeits-und Beschaeftigungstherapeuten, zum Krankengymnasten; fuer alle, die in der Psychiatrie arbeiten; fuer alle, die sich betroffen fuehlen*, Rehburg-Loccum; Psychiatrie-Verlag, 1980 (1978),

Doerner, K, et, al, *Der Krieg gegen die psychisch Kranken*, Rehburg-Loccum; Psychiatrie Verlag, 1980,

Doerner, K, *Diagnosen der Psychiatrie, Ueber die Vermeidungen der Psychiatrie und Medizin*, Frankfurt; Campus, 1981,

Buerger und Irre, Zur Sozialgeschichte und Wissenschaftssoziologie der Psychiatrie, Frankfurt; Europaeische Verlagsanstalt, 1984,

Douglas, W, *Soldiering in Sunshine and Storm*, Edinburgh; Black, 1865,

Dyson, K,K, *A various universe; a study of the journals and memoirs of British men and women in the Indian subcontinent, 1765-1856*, Delhi; Oxford University Press, 1978,

The East India Register and Army List, London; Allen,

Eden, E. *Up the Country*, London; Curzon, 1978 (1866),

Edwardes, M. *British Rule 1772-1947; A survey of the nature and effects of alien rule*, London; Sidgwick, 1967,

Glorious Sahibs; the romantic as empire builder, 1799-1838, London; Eyre & Spottiswoode, 1968,

Bound to Exile, The Victorians in India, London; Sidgwick and Jackson, 1969,

Embree, A.T, *Charles Grant and British Rule in India*, London; Allen and Unwin, 1962,

Ernst, W. and Kantowsky, D, 'Mad Tales from the Raj, Case Studies from Pembroke House and Ealing Lunatic Asylum, 1818-1892'; Contribution to the *Eighth European Conference on Modern South Asian Studies*, Taellberg, Sweden, 1983,

'Mad Tales from the Raj', in; *Transaction/SOCIETY*, 1985, 3, 31-8,

Ernst, W. 'The Establishment of "Native Lunatic Asylums" in early nineteenth-century British India', Contribution to the *International Workshop on the Study of Indian Medicine*, London, 1985,

Esdaile, J, *Mesmerism in India, and its practical application in Surgery and Medicine*, London; Longman, 1846,

Evatt, G.J.H, 'Short Service for the English Soldier in India', in; *Qayum Buksh Parkes Pamphlets* (Royal Army Medical College Millbank), 7, 1876,

Ewens, G.F.W, *Insanity in India; Its Symptoms and Diagnosis with Reference to the Relation of Crime and Insanity*, Calcutta; Thacker, Spink and Co., 1908,

Farrington, A.J, 'Ealing Lunatic Asylum', in; *Local Historian* (Ealing Local History Society), 1965, Part I, 15-17,

Faughan, T, *Stirring Incidents in the Life of a British Soldier*, Picton, Ontario; Faughan, 1888,

Favazza, A.R, and Oman, M, *Anthropological and Cross-Cultural Themes in Mental Health; an Annotated Bibliography, 1925-1974*, Columbia; University of Missouri Press, 1977,

Fayrer, J.B, (Sir) *Clinical and Pathological Observations in India*, London; Churchill, 1873,

On the Climate and Fevers of India, London; Churchill, 1882,

Preservation of Health in India, London; MacMillan, 1894,

Fine, B.J. 'The comparative effectiveness of some psychological and physiological measures in ranking the impact of diverse environmental conditions', in; *Journal of Applied Psychology*, 1958, 42, 353-6.

Finnane, M. *Insanity and the Insane in Post-Famine Ireland*, London; Croom Helm, 1981.

'Asylums, Families and the State', in; *History Workshop*, 1985, 20, 134-8.

Ford, P. and Ford, G. *Guide to Parliamentary Papers*, Oxford; Blackwell, 1972.

Fortescue, J.W. (Sir) *A History of the British Army*, London; Macmillan, 1910-1930.

Foster, W. (Sir) *The East India House, its history and association*, London; Lane, 1924.

John Company, London; Lane, 1926.

Foucault, M. *Madness and Civilization, A History of Insanity in the Age of Reason*, London; Tavistock, 1967 (1961).

(ed) *I, Pierre Rivière, having slaughtered my mother, my sister and my brother ,,, A Case of Parricide in the 19th Century*, Harmondsworth; Penguin, 1978 (1973).

Psychologie und Geisteskrankheit, Frankfurt; Suhrkamp, 1980 (1954).

Franks, C. (ed) *Assessment and status of the behavior therapies and associated developments*, New York; McGraw-Hill, 1968.

Furber, H. *Dundas' administration of British India*, London; Oxford University Press, 1931.

Gaikwad, V.R. *The Anglo-Indians, A Study in the Problems and Processes Involved in Emotional and Cultural Integration*, London; Asia Publishing House, 1967.

Ghosh, S.C. *The Social Condition of the British Community in Bengal, 1757-1800*, Leiden; Brill, 1970.

Dalhousie in India, 1848-56, A Study of his Social Policy as Governor-General, New Delhi; Munshiram Manoharlal Publishers, 1975.

Gilbert, A.N. 'Doctor, patient, and onanist diseases in the nineteenth century', in; *Journal of the History of Medicine and Allied Sciences*, 1975, 30, 217-34.

Giles, G.M. *Climate and Health in Hot Countries and the Outlines of Tropical Climatology, A Popular Treatise on Personal Hygiene in the Hotter Parts of the World, and on the Climates that will be met within them*, London; Bale, Sons and Danielsson, 1904.

Ginzberg, E. et. al. *The ineffective soldier; Lessons for management and the nation*, New York; Columbia University Press, 1959, 3 Vols.

Goffman, E. *Asylums*, Harmondsworth; Penguin, 1968.

Goode, S.W. (comp) *Municipal Calcutta, Its Institutions in their Origin and Growth*, Edinburgh; Constable, 1916.

Gough, I. *The Political Economy of the Welfare State*, London; Macmillan, 1979.

Goulding, H.R. *Old Lahore, Reminiscence of a Resident*, Lahore; Universal Books, 197- (1924).

Gowing, T. *A Soldier's Experience, or a Voice from the Ranks*, Nottingham; Forman, 1885.

Grange, K. 'Pinel and eighteenth century psychiatry', in; *Bulletin of the History of Medicine*, 1961, 35, 442-53.

'Pinel or Chiarugi?', in; *Medical History*, 1963, 7, 371-80.

Grant, C. *Anglo-Indian Domestic Life; a letter from an artist in India to his Mother in England by the author of 'Rural life in Bengal'*, Calcutta; Thacker, Spink, 1862 (1849).

Green, W.A. 'Contributions towards the Pathology of Insanity in India', in; *Indian Annals of Medical Science*, 1857, 4, 374-435.

Griesinger, W. *Mental Pathology and Therapeutics*, New York; Hafner, 1965 (engl; 1867).

Grinker, R.R. and Spiegel, J. P. *War Neuroses*, Philadelphia; Blakiston, 1945.

Guese, H.G. and Schmacke, N. *Psychiatrie zwischen buergerlicher Revolution und Faschismus*, Kronberg, 1976.

Habermas, J. *Strukturwandel der Oeffentlichkeit, Untersuchungen zu einer Kategorie der buergerlichen Gesellschaft*, Darmstadt, Neuwied; Luchterhand, 1984 (1962).

Legitimationsprobleme im Spaetkapitalismus, Frankfurt; Suhrkamp, 1973.

Hacker, I.H. *A Hundred Years in Travancore, 1806-1906*, London; Allenson, 1908.

Halévy, E. *A History of the English People in the Nineteenth Century*, London; Benn, 1961, 2 Vols.

Hall, J.H.W. *Scenes in a Soldier's Life*, Montreal; Chalmers, 1848.

Halliday, A. (Sir) *A General View of the Present State of Lunatics, and Lunatic Asylums, in Great Britain and Ireland, and in some other Kingdoms*, London; Underwood, 1827.

Hare, E.H. 'Masturbational insanity; the history of an idea', in; *Journal of Mental Science*, 1962, 108, 1-25.

Harries-Jenkyns, G. *The Army in Victorian Society*, London; Routledge, Kegan Paul,1977.

Harrison, B, *Drink and the Victorians, The Temperance Question in England, 1815-1872*,, London; Faber, 1971,

Harrison, F, *The Dark Angel, Aspects of Victorian Sexuality*, London; Sheldon Press, 1977,

Hartwell, R,M, et, al, (eds) *The long debate on poverty*, London; The Institute of Economic Affairs, 1972,

Heathcote, T,A, *The Indian Army, The Garrison of British Imperial India, 1822-1922*, Newton Abbott; David and Charles, 1974,

Held, D, et, al, *States and Societies*, Oxford; Martin Robertson, 1983,

Herbert, S, (Lord) *The sanitary conditions of the Army*, London; Chapman, 1859,

Hill, R, G, *Total abolition of personal restraint in the treatment of the insane, A lecture on the management of lunatic asylums, and the treatment of the insane*, London; Simpkin, Marshall and Co., 1838,

Hobsbawn, E,J, *Industry and Empire, From 1750 to the Present Day*, Middlesex; Penguin, 1981 (1968),

Hodgkinson, R,G, *The Origins of the National Health Service*, London; Wellcome, 1967,

Hollingshead, A,A, and Redlich, F,G, *Social Class and Mental Illness*, New York, 1958,

Holloway, S,W,F, 'Medical Education in England', in; *History*, 1964, 49, 299-324,

Holt, H, and Toufar, F, *Elm Grove*, Ealing [Ealing Public Library, Walpole Park], 1962,

Holzman, J,M, *The Nabobs in England; a study of the returned Anglo-Indian, 1760-1785*, New York; privately printed, 1926,

Honigberger, J,M, *Thirty-Five Years in the East, Adventures, Discoveries, Experiments and Historical Sketches, Relating to the Punjab and Cashmere; In Connection with Medicine, Botany, Pharmacy &ca, Together with an Original Materia Medica; and A Medical Vocabulary, in Four European and Five Eastern Languages*, London; Bailliere, 1852,

Horkheimer, M, und Adorno, T,W, *Dialektik der Aufklaerung*, Frankfurt; Fischer, 1973 (1944),

Howells, J,G, (ed) *World History of Psychiatry*, London; Bailliere Tindall, 1975,

Hunter, R,A, 'Psychiatric History; Some Notes on the Importance of Manuscript Records for Psychiatric History', in; *Archives*, 1959, 4, 9-11,

Hunter, R, and Macalpine, I, 'John Thomas Perceval (1803-1876), Patient and Reformer', in; *Medical History*, 1962, 6, 391-5,

Three Hundred Years of Psychiatry, 1535-1860; A History Presented in Selected English Texts, London; Oxford University Press, 1963.

Psychiatry for the Poor; 1851 Colney Hatch Asylum, Friern Hospital 1973, A Medical and Social History, London; Dawsons, 1974.

Hunter, W.W. (comp) *A Statistical Account of Bengal*, London; Truebner, 1875.

Imperial Gazetteer of India, Oxford; Oxford University Press, 1907-9.

Hutchins, F.G. *The Illusion of Permanence, British Imperialism in India*, Princeton; Princeton University Press, 1967.

Ignatieff, M. *A Just Measure of Pain, The Penitentiary in the Industrial Revolution, 1750-1850*, London; Macmillan, 1978.

Jarcho, S. 'The India Office Records; a source for historians of psychiatry', in; *Bulletin of the Academy of Medicine, New York*, 1970, 46, 124-7.

Jetter, D. 'Ursprung und Gestalt panoptischer Irrenhaeuser in England und Schottland', in; *Sudhoff's Archiv*, 1962, 46, 27-44.

Johnson, J. *The Influence of Tropical Climates on European Constitutions*, London, 1827.

Jolly, J. *Medicin*, Strassburg; Truebner, 1901.

Jones, K. *Lunacy, Law and Conscience, 1744-1845*, London; Routledge, Kegan & Paul, 1955.

A History of the Mental Health Services, London; Routledge, Kegan Paul, 1972.

Jordanova, L.J. and Porter, R.S. (eds) *Images of the Earth*, Chalfont St. Giles; British Society for the History of Science, 1979.

Kardiner, A. and Spiegel, H. *War Stress and Neurotic Illness*, New York; Hoeber, 1954.

Keupp, H. Zaumseil, M. *Die gesellschaftliche Organisierung psychischen Leidens, Zum Arbeitsfeld Klinischer Psychologen*, Frankfurt; Sunrkamp, 1978.

Kiernan, V.G. *The Lords of Human Kind, European attitudes to the outside world in the imperial age*, Harmondsworth; Penguin,1972 (1969).

Marxism and Imperialism, London; Arnold, 1974.

European Empires from Conquest to Collapse, 1815-1960, Leicester; Leicester University Press, 1982.

Kiev, A. *Transcultural Psychiatry*, Harmondsworth; Penguin, 1972.

Kincaid, D.C.A. *British social life in India, 1608-1937*, London; Routledge, 1938.

Koehler, E, *Arme und Irre, Die liberale Fuersorgepolitik des Buergertums*, Berlin; Wagenbach, 1977,

Lawrence, W, R, *The India we served*, London; Cassell, 1928,

Lee, S, (Sir) and Leslie, S, (Sir) (eds) *The Dictionary of National Biography*, London; Oxford University Press, 1885-1901,

Lee, Y,K, 'Lunatics and Lunatic Asylums in Early Singapore (1819-1869),' In; *Medical History*, 1973, 17, 16-36,

Leslie, C, (ed) *Asian Medical Systems; A Comparative Study*, Berkeley; University of California Press, 1976,

Letchworth, W, P, *The insane in foreign countries*, New York; Putnam, 1889,

Lewin, K, *Resolving Social Conflicts*, New York; Harper, 1948,

Lind, J, *Essay on Diseases Indicental to Europeans in Hot Climates*, London; Becket, 1768,

Littlewood, R, and Lipsedge, M, *Aliens and Alienists, Ethnic Minorities and Psychiatry*, Harmondsworth; Penguin, 1982,

Locke, J, *An Essay Concerning Humane Understanding*, London; Dover, 1959 (1690),

Macalpine, I, and Hunter, R, *George III and the Mad-Business*, London; Allen Lane, 1969,

MacDonald, D, (comp,) *Surgeons Twoe and a Barber, Being Some Account of the Life and Work of the Indian Medical Service (1600-1947)*, London; Heinemann, 1950,

'The Indian Medical Service, A short account of its achievements, 1600-1947', in; *Proceedings of the Royal Society of Medicine*, 1956, 49, 13-7,

MacPherson, J, 'Report on Insanity among Europeans in Bengal, founded on the experience of the Calcutta Lunatic Asylum', review in; *Calcutta Review*, 1986, 26, 592-608,

Malament, B,C, (ed) *After the Reformation; Essays in Honor of J,H, Hexter*, Philadelphia; University of Pennsylvania Press, 1980,

Malchow, H,L, *Population Pressures; Emigration and Government in Late Nineteenth-Century Britain*, Palo Alto; The Society for the Promotion of Science and Scholarship, 1979,

Manning, F,N, *Report on Lunatic Asylums*, Sydney; Richards, 1868,

Manual Containing Rules for the Management and Superintendence of the Punjab Lunatic Asylum, Lahore, Also Punjab Government consolidated Circular, No, 15, and Laws and Military Regulations relating to Lunatics, Lahore; Punjab Government Press, 1901,

Marsella, A.J. et. al. (eds) *Culture and Self*, London; Tavistock, 1985.

Martin, J.R. (Sir) *Notes on the Medical Topography of Calcutta*, [subsequently republised as 'Official Report on the Medical Topography and Climate of Calcutta'], 1837.

The influence of Tropical Climate on European Constitutions, London, 1856.

Influence of Tropical Climates in producing the acute endemic diseases of Europeans, London; John Churchill, 1861.

Mathews, W. *British authobiographies; an annotated bibliography*, Berkeley; University of California Press, 1955.

Marx, O.M. 'Descriptions of psychiatric care in some hospitals during the first half of the nineteenth century', in; *Bulletin of the History of Medicine*, 1967, 41, 208-14.

Mason, P. *A Matter of Honour, An Account of the Indian Army, Its Officers and Men*, London; Jonathan Cape, 1974.

Mellett, D.J. 'Bureaucracy and Mental Illness; The Commissioners in Lunacy, 1845-90', in; *Medical History*, 1981, 25, 221-50.

Mill, J. *The History of British India*, New Delhi; Associated Publishing House, 1972 (1817'; 1820[2] reprint), 2 Vols.

Misra, B.B. *The Central Administration of the East India Company, 1773-1834*, Manchester; Manchester University Press, 1959.

Moeller, M.L. *Selbsthilfegruppen, Selbstbehandlung und Selbsterkenntnis in eigenverantwortlichen Kleingruppen*, Hamburg; Rowohlt, 1978.

Monro, J. *Remarks on Dr. Battie's Treatise on Madness*, London; Dawson, 1962 (1758).

Moon, P. (Sir) *Strangers in India*, London; Faber, 1944.

Mora, G. and Brand, J.L. (eds) *Psychiatry and its History, Methodological Problems in Research*, Springfield; Thomas, 1970.

Morehead, C. *Clinical research on disease in India*, London; Longman, 1860 (1856).

O'Flaherty, W. D., Derrett, J.D.M. (eds) *The Concept of Duty in South Asia*, n.p. Vikas and SOAS, 1978.

O'Shaughnessy, W.B. (ed) *The Bengal Pharmacopoeia and General Conspectus of Medical Plants*, Calcutta, Bishop's College Press, 1844

Overbeck-Wright, A. W. *Mental Derangements in India; their Symptoms and Treatment*, Calcutta; Thacker, Spink and Co., 1912.

Parkes, F. *Wanderings of a Pilgrim in Search of the Picturesque*, London, 1852.

Parry, B, *Delusions and discoveries; studies on India in the British imagination, 1880-1930*, London; Allen Lane, 1972,

Parry, N, and J, *The Rise of the Medical Profession*, London; Croom Helm, 1976,

Parry-Jones, W,Ll, *The Trade in Lunacy, A study of Private Madhouses in England in the Eighteenth and Nineteenth Centuries*, London; Routledge & Kegan Paul, 1972,

Pearsall, R, *The Worm in the Bud, The World of Victorian Sexuality*, London; Weidenfeld and Nicolson, 1969,

Pelczynski, Z,A, *The State and Civil Society, Studies in Hegel's Political Philosophy*, Cambridge; Cambridge University Press, 1984,

Pelling, M, *Cholera, fever and English Medicine, 1825-1865*, Oxford; Oxford University Press, 1978,

Fetterson, D, (ed) *A Mad People's History of Madness*, Pittsburgh; University of Pittsburgh Press, 1982,

Philips, C,H, *The East India Company, 1784-1834*, Manchester; Manchester University Press, 1940,

(ed) *Historians of India, Pakistan and Ceylon*, London; Oxford University Press, 1968,

Pieper, J, *Die anglo-indische Station oder die Kolonialisierung des Goetterberges, Hindustadtkultur und Kolonialstadtwesen im 19, Jahrhundert als Konfrontation oestlicher und westlicher Geisteswelten*, Bonn; Habelt, 1977,

Pinel, P, *A Treatise on Insanity, in which are contained the Principles of a New and more Practical Nosology of Maniacal Disorders than has yet been offered to the Public*, New York; Hafner, 1962 (engl, 1806),

Porter, R,S, 'Was there a Moral Therapy in eighteenth century Psychiatry?' in; *Lychnos*, 1981-2, n,n,, 12-26,

English Society in the Eighteenth Century, Harmondsworth; Penguin, 1982,

'In the Eighteenth Century were Lunatic Asylums Total Institutions?' in; *Ego; Bulletin of the Department of Psychiatry, Guy's Hospital*, 1983, 4, 12-34,

'The Drinking Man's Disease; The "Pre-History" of Alcoholism in Georgian Britain', in; *British Journal of Addiction*, 1985, 80, 385-96,

'The Patient's View; Doing Medical History from Below', in; *Theory and Society*, 1985, 14, 167-74,

(ed) *Patients and Practitioners*, Cambridge; Cambridge University Press, 1985,

'The History of Institutional Psychiatry in Europe', in; *The Yale Yearbook on the History of Psychiatry* (forthcoming).

Powell, R. 'Observations upon the Comparative Prevalence of Insanity at Different Periods,' in; *Medical Transactions*, 1813, 4, 131-59.

Poynter, F.N.L. *The Evolution of Medical Education in Britain*, London; Pitman, 1966.

Prichard, J.C. *A Treatise on Insanity and Other Disorders Affecting the Mind*, London; Sherwood, 1835.

Ray, L.J. 'Models of Madness in Victorian Asylum Practice', in; *European Journal of Sociology*, 1981, 22, 229-63.

Razzell, P.E. 'Social Origins of Officers in the Indian and British Home Army, 1758-1962', in; *British Journal of Sociology*, 1963, 14, 248-60.

Redford, A. *Labour Migration in England (1800-1850)*, Manchester; Manchester University Press, 1964.

Reid, J. 'Report of Diseases', in; *The Monthly Magazine*, 1809, 25, 166-7, 374-5.

Renbourn, E.T. 'The Knapsack and pack; an historical and physiological survey, with particular reference to the British soldier', in; *Journal of the Royal Army Medical Corps*, 1954, 100, 1-15.

Reynolds, D.K. *Morita Psychotherapy*, Berkeley; University of California Press, 1976.

Richards, F. *Old Soldier Sahib*, London; Faber, 1936.

Roberts, P.E. *India under Wellesley*, London; Bell and Sons, 1929.

Robertson, C.L. 'The Military Lunatic Hospital', in; *Asylum Journal of Mental Science*, 1856, 2, 31-40.

'The Military Lunatic Hospital', in; *Asylum Journal of Mental Science*, 1857, 3, 271-6.

Rohles, F.H. 'Construction and validation of a test battery as determinant of overseas adjustment potential', in; *Arctic Aeromedical Laboratory, Ladd AFB, Alaska, Research Report*, 1953, 1.

Romano, J. 'Early contributions to the study of delirium tremens', in; *Annals of Medical History*, 1941, 3, 128-39.

Rosen, G. 'Social attitudes to Irrationality and Madness in seventeenth and eighteenth century Europe', in; *Medical History*, 1963, 18, 220-40.

'Emotion and Sensibility in Ages of Anxiety; A Comparative Historical Review', in; *American Journal of Psychiatry*, 1967, 124, 771-84.

Madness in Society, Chapters in the Historical Sociology of Mental Illness, London; Routledge, Kegan Paul, 1968.

'Nostalgia; a "forgotten" psychological disorder', in; *Psychological Medicine*, 1975, 5, 340-50.

Rosenhan, D.L. 'On Being Sane in Insane Places', in; *Science*, 1973, 179, 250-8.

'The Contextual Nature of Psychiatric Diagnosis', in; *Journal of Abnormal Psychology*, 1975, 54, 462-74.

Rosselli, J. *Lord William Bentinck, The Making of a Liberal Imperialist, 1774-1839*, London; Chatto and Windus, 1974.

Rothman, D.J. *The Discovery of the Asylum*, Boston; Little, Brown and Co., 1971.

Rousseau, G. and Porter, R.S. (eds) *The Ferment of Knowledge*, Cambridge; Cambridge University Press, 1980.

Routledge, J. *English Rule and Native Opinion in India, from Notes taken 1870-74*, London; Truebner, 1878.

Ruse, M. (ed) *Nature Animated*, Dordrecht; Reidel, 1983.

Rush, B. *Medical Inquiries and Observations upon diseases of the Mind*, New York; Hafner, 1962 (1812).

Ryder, J. *Four Years' Service in India*, Leicester; Burton, 1853.

Schmidbauer, W. *Die hilflosen Helfer, Ueber die seelische Problematik der helfenden Berufe*, Hamburg; Rowohlt, 1977.

Scull, A.T. 'Madness and Segregative Control; The Rise of the Insane Asylum', in; *Social Problems*, 1967, 24, 337-51.

'From Madness to Mental Illness; Medical Men as Moral Entrepreneurs', in; *European Journal of Sociology*, 1975, 16, 218-51.

'Mad-Doctors and Magistrates; English Psychiatry's Struggle for Professional Autonomy in the Nineteenth Century,' in; *European Journal of Sociology*, 1976, 17, 279-305.

(ed) *Madhouses, Mad-Doctors, And Madmen, The Social History of Psychiatry in the Victorian Era*, Philadelphia; University of Pennsylvania Press, 1981.

Museums of Madness, The Social Organization of Insanity in Nineteenth-Century England, Harmondsworth; Penguin, 1982 (1979).

Sedgwick, P. *PsychoPolitics*, London; Pluto, 1982.

Seton, M.C. *The India Office*, London; Putnam's, 1926.

Shaw, W.S.J. 'The Alienist Department of India', in; *Journal of Mental Science*, 1932, 78, 331-41.

Shepherd, M, and Zangwill, O,L, *Handbook of Psychiatry*, Cambridge; University Press, 1982, Vol, 1,

Shipp, J, *The Path of Glory, Being the Memoirs of the Extraordinary Military Career of John Shipp written by himself*, London; Chalto and Windus, 1969 (1829),

Sinclair, K, (ed) *A Soldier's View of Empire, The Reminiscences of James Bodell, 1831-92*, London; Bodley Head, 1982,

Singh, S,N, *The Secretary of State for India and His Council (1858-1919)*, Delhi; Munshi Ram Manohar Lal, 1962,

Skelley, A,R, *The Victorian Army at Home, The Recruitment and Terms and Conditions of the British Regular, 1859-1899*, Montreal; McGill-Queen's, University Press, 1977,

Skultans, V, *Madness and Morals, Ideas on Insanity in the Nineteenth Century*, London; Routledge and Kegan Paul, 1975,

English Madness, Ideas on Insanity, 1580-1890, London; Routledge and Kegan Paul, 1979,

Smith, R, 'Mental Disorder, Criminal Responsibility and the Social History of Theories of Volition,' in; *Psychological Medicine*, 1979, 2, 13-9,

Trial by Medicine; Insanity and Responsibility in Victorian Trials, Edinburgh; Edinburgh University Press, 1981,

Smith, V,A, *The Oxford History of India, From the Earliest Time to the End of 1911*, Oxford; Clarendon Press, 1919,

Spear, P, *The Nabobs; a study of the social life of the English in eighteenth-century India*, London; Oxford University Press, 1932,

The Oxford History of Modern India, 1740-1975, Delhi; Oxford University Press, 1984 (1965),

Spengler, L, 'Ueber die Geisteskrankheiten im Orient', in; *Allgemeine Zeitschrift fuer Psychiatrie*, 1848, 5, 605-21,

Spicker, S, and Engelhardt, H,T, (eds) *Philosophical Dimensions of the Neuro-medical Sciences*, Dordrecht; Reidel, 1976,

Spiers, E,M, *The Army and Society*, London; Longman, 1980,

Stokes, E, *The English Utilitarians and India*, Delhi; Oxford University Press, 1982 (1959),

Sutherland, L, *The East India Company in Eighteenth Century Politics*, Oxford; Oxford University Press, 1952,

Szasz, Th, *Law, Liberty and Psychiatry; An Inquiry into the Social Uses of Mental Health Practices*, London; Routledge, Kegan & Paul, 1974,

Ideology and Insanity, Essays on the Psychiatric Dehumanization of Man, Harmondsworth; Penguin, 1974 (1970),

Die Fabrikation des Wahnsinns, Gegen Macht und Allmacht der Psychiatrie, Frankfurt; Fischer, 1976 (1970),

Taylor, F,K, *The Concepts of Illness, Disease and Morbus*, Cambridge; Cambridge University Press, 1979,

Taylor, W, *Thirty-Eight Years in India*, London; Allen, 1881, 2 Vols,

Thompson, E,P, *The Making of the English Working Class*, Harmondsworth; Penguin, 1982 (1963),

Thompson, M,S, *The Mad, the Bad and the Sad; Psychiatric Care at the Royal Edinburgh Asylum (Morningside), 1813-94*, Boston University, PhD, 1984,

Thornton, T, *The East Indian Calculator*, London; Kingsburg, Parburg and Allen, 1823,

Thornton, T,H, and Kipling, J,L, *Lahore*, Lahore; Government Civil Secretariat Press, 1876,

Treves, F, (Sir) and Goodchild, G, *Made in the trenches, Composed entirely from articles and sketches contributed by soldiers*, London; Allen and Unwin, 1916,

Trevelyan, G,M, *English Social History, A Survey of Six Centuries, Chaucer to Queen Victoria*, Harmondsworth; Penguin, 1982 (1942),

Trotter, T, *An Essay, Medical, Philosophical, and Chemical, on Drunkenness, and its Effects on the Human Body*, London; Longman, 1804,

Tuke, D,H, *Chapters in the History of the Insane in the British Isles*, London; Kegan Paul, Trench and Co,, 1882,

Tuke, S, *A Description of the Retreat - an Institution near York for Insane Persons of the Society of Friends*, London; Dawsons, 1964 (1813),

Turner, M,B, *An alien in his own country (the European of India)*, London, 191-, (n,d,)

Ullmann, L,P, and Krasner, L, *A psychological approach to abnormal behavior*, New Jersey; Prentice Hall, 1969,

Varma, L,P, 'History of Psychiatry in India and Pakistan', in; *Indian Journal of Neurology and Psychiatry*, 1953, 4, No 1/2, 26-53, and No 3/4, 138-164,

Walk, A, 'Some aspects of the "moral treatment" of the insane up to 1854', in; *Journal of mental Science*, 1954, 100, 807-37,

'On the state of lunacy, 1859-1959', in: *Journal of mental Science*, 1959, 105, 879-92.

Walker, N. *Crime and Insanity in England*, Edinburgh: Edinburgh University Press, 1968, Vol. 1.

Walkowitz, J.R. *Prostitution and Victorian Society, Women, Class, and the State*, Cambridge: Cambridge University Press, 1980.

Wallis, R. (ed) *On the Margins of Science: the Social Construction of Rejected Knowledge*, Keele: University of Keele, 1979.

Walton, J.K. 'Lunacy in the Industrial Revolution: a study of asylum admissions in Lancashire, 1848-50', in: *Journal of Social History*, 1979, 13, 1-22.

Watt, J. et. al. (eds) *Starving Sailors, The influence of nutrition upon naval and maritime history*, Bristol: National Maritime Museum, 1981.

Weiss, M.G. 'History of Psychiatry in India: The Encounter between Indigenous and Western Traditions', Paper presented to the *Eighth European Conference on Modern South Asian Studies*, Taellberg, Sweden, 1983.

Wilkinson, R.H. *The Prefects, British Leadership and the Public School Tradition*, London, 1964.

Winter, J.M. (ed) *War and economic development*, Cambridge: Cambridge University Press, 1975.

Wonl, A. (ed) *The Victorian Family, Structure and Stresses*, New York: St. Martin's Press, 1978.

Woodruff, P. *The Men Who Ruled India*, London: Jonathan Cape, 1971 (1953), 2 Vols.

Woodward, J. *To Do The Sick No Harm, A Study of the British Voluntary Hospital System to 1875*, London: Routledge and Kegan Paul, 1974.

Woodward, J. and Richards, D. (eds) *Health Care and Popular Medicine in nineteenth-century England*, London: Croom Helm, 1977.

Wrigley, E.A. (ed) *Nineteenth-century Society, Essays in the Use of Quantitative Methods for the Study of Social Data*, Cambridge: Cambridge University Press, 1972.

Wulff, E. (ed) *Ethnopsychiatrie/Seelische Krankheit - ein Spiegel der Kultur?* Wiesbaden: Adademische Verlagsanstalt, 1978.