

## BOOK REVIEWS

Waltraud Ernst, *Mad Tales from the Raj: The European Insane in British India, 1800-1858*, Routledge, London, 1991, XI + 195.

The volume is a fine example of the advantages of interdisciplinary research. The author, herself a clinical-cum-cultural psychologist, transports you to a bygone era as a historian would always love to, yet may not always succeed, but also provides insights relevant for social-psychologists and sociologists alike. The volume studies an interesting dimension of the East-West encounter. What psychological consequences follow an exposure to unfamiliar cultural conditions?

*Ex oriente lux* was not always pleasant and luminous to several 'insular' Englishmen who crossed the oceans in the hope to make fortunes. They mostly responded with aggressive hostility to the alien environment. This might be an oversimplification. The author alludes to the different social backgrounds of the colonizers and explores the possibilities of their perceiving the 'aliens' (the colonized) in different ways. It is indeed creditable that she presents her account not 'purely' from the point of view of those 'who ruled India'. How did the subalterns feel? Some felt strangled, some liked India 'amazingly'. Opting for a career in India implied a great variety of individual dreams, expectations, hopes and projections. Against this background, mental illness was more than a mere medical problem. It has to be located in a wider socio-cultural and economic context. This is what the author precisely does with the help of numerous government proceedings, despatches and, hitherto unknown, records of the Pembroke House and Ealing Lunatic Asylum.

During the Company period, the expatriate community gradually developed into a socially stratified society which believed in and practised racial discrimination. The Georgian merchant-adventurer had given way to the Victorian civil and military men who began to think of the Empire as more than a commercial enterprise — a 'white man's burden'. So, any lowering of the prestige of the *Company Bahadur* in the 'native' eyes had to be consciously avoided. European delinquents posed such dangers. Charles Grant argued, 'low and licentious' Europeans, if let loose on the 'weak natives', would vex, harass and perplex them, and would be detrimental to the ultimate noble aim of colonial rule of spreading 'our light and knowledge'. They had to be promptly confined, so you have the 'lock' hospitals and lunatic asylums as early examples of medical intervention in a colonial situation.

This intervention was closely related to and a direct result of the politics of colonial rule. The author shows how the lunacy provision of Victorian India owed a great deal to the evangelical and utilitarians' 'science of government'. But there existed no coherent 'policy'. To expect it, whether in relation to education, health or any other problem, is not fair. A colonial scientist (Robert Kyd while pleading for a botanical garden near Calcutta in 1784) defined policy as 'commonsense of the government' (Kyd Papers, IOL. MSS. Eur. F. 95/1). So, the lunacy policies in the Presidencies of Madras, Bengal and Bombay varied according to the exigencies of time and region. In France, asylums

were under state control, Britain experimented with individual initiatives; in colonial India it was 'typically colonial' — a hybrid which, the author argues, "was allowed to grow somewhat more luxuriant under tropical 'hothouse' conditions". Its chief hallmark was private trade and profiteering in lunacy. This could be curbed only after the arrival of Dalhousie who firmly believed in and practised direct state intervention. Presidency asylums were taken over and later the Indian Lunatic Asylum Act was passed in 1858.

The author next discusses the role and importance of institutionalization. Like schools, dispensaries and jails, asylums were projected as an important element of *pax britannica*, a symbol of British sagacity and care. By the mid-1850s, the private 'mad-business' had virtually been 'nationalised' except for one in Calcutta. Eurasian and Indian insanes were the most neglected. They suffered most on account of race, class and gender-based segregation. White insanes, of course, had the option and opportunity to return home, where the Pembroke House and other asylums were ready to accommodate.

Debates on asylums mostly centred round their management. How did the medicalmen look at it? They were constantly accused of embezzlements and illegal earning from hospital contracts. Professionally also they shared the fate of veterinary doctors. Both were looked down upon by the general practitioners. In early nineteenth century, madness had attracted sufficient medical attention in Europe and was at least on the verge of being 'medicalised'. In the colonies, it was hardly anything more than fortune-seeking. By 1830s, however, the Company began to discourage corruption and mediocre medical practice by putting emphasis on qualification and providing better service conditions. Different medical boards pleaded for medical expertise in the maintenance of asylums.

Another important feature is the total subordination of the indigenous medical systems and practices. The sway of European medicine was important and had to be maintained at all costs, for it symbolised European supremacy. Even within the institutional framework, Indians were denied, what to say of surgeonships, even the jobs of apothecaries, overseers, etc. These went to the Eurasians. Care of the sick in mind and sick in body, particularly for the military and civil personnel, was the exclusive concern of the medical corps, especially the IMS. It was used as 'a proof of the unquestionable superiority of western civilization in general' and as a formidable tool to win consent and legitimacy. The doctor could now be hailed as 'the sole excuse for colonization?'

Insanity was viewed by early medicalmen more in terms of 'moral' causation and 'moral' therapy than physical. But all talk about 'moral' therapy 'non-restraint' remained mostly on paper. What the medical officers routinely did was (1) to check the insane's physical condition, (2) to give medicines in acute cases, and (3) to prepare post-mortem reports. Few clinical investigations were undertaken in the belief that some 'molecular alteration' in the brain was responsible for insanity. One civil surgeon dissected the skulls of 76 of his deceased patients to look for any 'morbid condition but

in vain. Another surgeon made use of the microscope and meticulously prepared medical histories of his patients. This shift in attitude from 'moral management' to dissection and data-gathering certainly points to a more scientific and rational methodology. Prescription and treatment pattern, of course, varied from institution to institution, perhaps doctor to doctor. In fact, as the author argues, a special, colonial brand of medical theory and practice conditioned by tropical climate and racial ideology had emerged.

Here, the author stops short of elaborating 'colonial medicine', its components, evolution and consequences. There is a small section titled 'Medicine and Empire', but it lacks theoretical analysis. Michael Worboys' seminal work on colonial medicine does not figure anywhere in the text. The author, however, like Worboys, makes it very clear that the dominant considerations were colonial not tropical or geographical. This fits in with several works on science and colonization nexus, which, of late, has received considerable attention from scholars all over the world.

One point of difference, however, can be over treating medicine as an effective 'tool of empire'. Excuse certainly it was not, but it did function as an important tool. Control over body (as on mind through education) was part of the imperial agenda.

In this story figure several subalterns. Some biographical details on them would have enriched the account. This might also have thrown light on questions relating to regional variations (for example, the attitude and feelings of the sub-nationalities within British troops and the continental recruits). This, however, does not distract one from the value of the volume. The author has succeeded in providing a succinct and authentic account of 'madness in colonialism'.

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