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A NEW KNOWLEDGE OF MADNESS -- NINETEENTH CENTURY ASYLUM PSYCHIATRY IN BENGAL

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The practice of western medical knowledge on the treatment of 'insane' started way back in mid eighteenth century India and that too for the sepoys and soldiers of British colonialists! It was not that 'mad' individuals were not confined in a house in the pre-colonial period and we have evidences for that. But coming of the asylum as a new concept of western medical science in India was a break from the viewpoint that, pre-colonial practices were not conceptualized on a mind/body divide. Not only that, colonial practices saw their knowledge systems as 'advanced' and branded the indigenous practices as something full of superstitions and 'pre-scientific'! The paper deals with the formation of psychiatric knowledge in colonial India during nineteenth century, when colonial science had already established its dominance in Bengal, and Calcutta became a centre of excellence in western medical system. It is argued in this paper that, the new mental science, though remained confined in the government proceedings, annual reports of the lunatic asylums and the pages of *Indian Medical Gazette,* helped to reconstruct an asylum psychiatry, based on racial and other colonial assumptions. The imported psychiatry changed while negotiating a different and plural culture, giving rise to a hybrid practice. The discourse produced by the asylum psychiatry was not without tensions while bringing in a mode of governance with its new division of sane/insane.

Key words: Asylum psychiatry, Colonial psychiatry, History of psychiatry, Lunatic asylums, Psychiatry in colonial India.

INTRODUCTION

Major C. J. Lodge Patch, Superintendent of the Punjab Mental Hospital, wrote a history spanning ninety years of this hospital. At the end of his lengthy monograph he said:

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> 'In so large a problem as the salvation of the mental health of India, it may appear to some that the Central and Local Governments may well hold their hand until such time as the cry comes from the General Public of India. But all the time, and every year, hundreds of thousands of imbeciles and potential lunatics are being born or made simply because the Indian in his ignorance does not know that insanity is a disease, a curable disease, and a preventable disease. It goes on from one generation to the next in the firm belief that insanity is due to possession by a benign or a malignant spirit, and, as such, that is neither preventable nor amenable to any treatment except exorcism'.[1]

It is not very difficult to understand Lodge Patch's frustration, who despite earning many praise for bringing 'great' changes in the hospital, still could not succeed in his civilizing mission to bring in a rationalist attitude among Indians, who would demand western medical treatment for every 'mad' person of the country! Throughout the monograph he took a critical position that none of the psychiatric theories produced by the Europeans were properly used here and the indigenous concepts also held back the advancement. This was a generally held view of the colonial psychiatrists of that time and in another text we see:

> '[I]nspite of over-crowding, the absence of a definitely expressed public opinion continues to delay improvement under present condition of government and the noisy section of population led by M. K. Gandhi prefers the ayurvedic [sic] and other indigenous systems to our modern methods of treatment'.[2]

Highlighting the "moral treatment" of the insane through much of the nineteenth century in the lunatic asylum reports, colonialists boasted of humanistic values but these were hardly practiced! The extent to which treatment in these lunatic asylums during the eighteenth and nineteenth centuries was able to forcefully displace the indigenous concepts of mental illness that were so widely held by the native insane is no less remarkable.[3] An Indian psychiatrist, writing fifty years before, saw the history of psychiatry in this country as the history of establishment of mental hospitals. High walls around dilapidated buildings like forsaken stables, barracks and prisons were turned into lunatic asylums. He also remarked that the accommodation of a mental hospital was increased just to accommodate the existing population so that by the time the plan was executed the mental hospital remained as overcrowded.[4]

The journey of lunatic asylums started way back in 1740s, when in Bombay (now Mumbai), back of a hospital was converted to a place specified for lunatics at the cost of Rupees 125, Anna 0 and Paisa 45.[5] While these facilities started for soldiers and sepoys, before the turn of a century, by 1820, colonial government has organized many asylums in each of its presidencies at Bengal, Madras and Bombay and that too for criminals and freely wondering insane Indians, and Eurasians of lower rung.[6] We will see that, during its course of journey from 'lunatic asylums' to 'mental hospitals', while treating mentally ill people under colonial order, a kind of knowledge was organized which was different from its origin. This shift occurs in a context where the claimed universal (and superior) knowledge had to negotiate with two different kinds of resistance. One was coming from the encounter with the mad native man/ woman and their culture, and the other was from the culture of colonialism itself. So the knowledge generated in the practices of asylum bears its mark of specificities arising from these two kinds of correspondence

The paper will first focus on a brief, critical review of the histories of lunatic asylums keeping Michel Foucault's work as the pivotal issue. This, I think, will provide a theoretical backdrop to enter the colonial discourse of psychiatry in India. An effort will then be made to map the emergence of asylum psychiatry in India, taking Bengal as the representative case, during the nineteenth century. Next, texts from official colonial records, *Indian Medical Gazette* and few other sources, will be critically analysed to reconstruct a form of knowledge that developed from these various discursive practices, including that of institutions. The psychiatric knowledge thus formed in the asylum practices of nineteenth century in colonial India will be our area of inquiry.

On Lunatic Asylums and its History

History of lunatic asylums never remained the same after Michel Foucault. All the work done before him can be called different kinds of evolutionary histories that described organizing asylum practices and its institutional growth, which was to become the discipline of psychiatry later. These discourses produced narratives that repeatedly informed us about how from magic to contemporary mental health, we have traversed a path of linear 'progress'. Foucault not only raised serious questions toward these kinds of

histories but also opened up possibilities to a new range of studies on mental hospitals and psychiatry. Instead of carving out a 'reality' out of the past, Foucault was more interested to see how discourses in a specific context produce *episteme* that govern our thinking in a particular way. He generated hostility, with his study on madness from the mainstream medical historians, as he was more keen to look at 'insanity in the age of reason', rather than 'a history of psychiatry.' However, he was received positively by a section of social historians who could see how radically he brought the question of power related to a set of discursive practices that anchored on the omnipotence of Enlightenment and Reason. It would be useful then at this moment, to look at the context of the emergence of Foucault's first major work that was on madness.

Foucault first published his doctoral thesis in French with the title *Folie et de raison*: *Histoire de la folie a l'age classique* in 1961, a text of 943 typewritten pages and 40 pages of documenting appendices and bibliography. Georges Canguilhem, the famous historian of science, while assessing this thesis in 1960 wrote:

> 'The originality of this work inheres essentially in its revision at the superior level of philosophical reflection of a matter until now abandoned by the philosophers and the historians of psychology to the sole discretion of those among psychiatrists whom – most often in keeping with fashion or convention – the history or the prehistory of the "specialty" interested ... I do not know whether Mr. Foucault in writing his thesis had the least intention or the least consciousness of contributing to the history of what one would call today "the social psychology of the abnormal". It seems to me that he has done so nevertheless. It seems to me as well that, doing this, he has helped to review a fruitful dialogue between psychology and philosophy at a time when many psychologists are willing to separate their techniques from an interrogation of the origins and meaning of these techniques'.[7]

This thesis was published with the same title from Paris in 1961 with minor revisions constituting a 673-page book. This is the longest book written by Foucault. An abridged version of this in French appeared in 1964 with the title: *Histoire de la folie*. First English version of this work came out in 1965 translated by Richard Howard, with a title: *Madness and Civilization*: *history of insanity in the age of reason*. This translation, however covered about one third of the original with chapters organized by Foucault himself and added some more material with a new chapter titled "Passion and Delirium". In

shortening his English version, Foucault kept 149 footnotes out of more than a thousand of footnotes from the original, with chopping of about 200 primary and secondary sources in the bibliography![8] A second, revised French edition came out in 1972, where Foucault wrote a new preface responding partly to the critiques of both *Histoire de la folie* and *Madness and Civilization*. It also carried an appendix titled "My body, this paper, this fire", which was written as a response to Jacques Derrida's critique "Cogito and the History of Madness." [9] Considering these changes that had gone with such a voluminous text in a decade, *Madness and Civilization* created a wide-ranging impact among the scholarly English readers evoking both criticisms and appraisal. It is interesting to note that Foucault drew critiques both from orthodox, positivist historians to post-structuralist scholars like Derrida![10] What makes Foucault's work on history of madness so crucial? Before getting into this question elaborately let us first have a brief look through some other historical works on asylums first.

I start with Emil Kraepelin's (also known as the 'father of biological psychiatry') work, *A hundred years of psychiatry*. This long essay was originally written in German in 1917 and first translated into English in 1962. This book is not divided into chapters and has no footnotes and references! The reader may have the feeling that s/he is listening to a continuous, long commentary. In the very first paragraph, Kraepelin clearly states his historical objectives.

> '[A]s we look back over the distance that lies between our starting point and our present position , we realize that our striving was not in vain, that we have moved *forward* [emphasis mine] in spite of all impediments and have overcome difficulties once considered insuperable. Psychiatry can look back with pride on the ground already covered and be assured that nothing in the future will impede its progress. Within the span of one century we have made advances comparable in every respect to those scored in other fields of medical science'. [11]

His strategy is to construct a narrative, which would tell us how from the shocking practices of eighteenth century European psychiatry a modern, scientific, and more humane psychiatry has evolved. Starting from eighteenth to early nineteenth century Germany, France and Vienna, he described the miserable conditions in which lunatics were chained. He quoted from Pinel, Frank, Esquirol, Mahir, Miller and others' passages about various forms of restraintment widely practiced throughout Europe and said:

> '[T]he widespread abuse described here owed their origin to two false suppositions, adopted by the public at large as well by many physicians. The first was the notion that mental illness was incurable... According to Damerow, the notion was not reputed until the second decade of the nineteenth century when a distinction was first made between custodial hospital care and active treatment centres ... to the notion that insanity was incurable, added the false supposition that the behaviour of mental patients was an outward manifestation of innate weakness or baseness'.[12]

Kraepelin continued his critical descriptions of early nineteenth century psychiatric theories, which attached evil thoughts as causative agents of insanity. He marked out Jacobi who said that physical processes influence the psyche and vice versa. However, despite a long course of theories that tried to speculate a humoral basis they were never able to decide whether the course of insanity was determined mainly by the basic pattern of the disorder or by external events. He summarized psychiatric practices in the last hundred years and wrote.

> 'The broad outlines of the practice of psychiatry as it existed a century ago have been revealed by our cursory survey: negligent and brutal treatment of the insane; improper living conditions and inadequate medical care; beclouded and false notions concerning the nature and cause of insanity; senseless, haphazard and at times harmful therapeutic measures which aggravated the plight of those afflicted by mental illness'.[13]

He considered the construction of asylums to be a decisive step in the right direction and along with this the development of the psychiatric profession. He specified early nineteenth century for giving rise of separate mental institutions though hospitals for the insane were not unknown in the eighteenth century. Statistics compiled by Lahr reveal that in Germany such institutions had been enacted before 1800 in Rockninkel, Frankfurt, Neuss, Blankenburg Waldherim, Lubeck and Bayreuth. The oldest one in France was in Avignon (1681), in England, Springfield (1741) in Italy, Florence (1645) in Poland, Warsaw (1728) in Austria, Salburg (1772) in Denmark, Kopenhagen (1766) and in Sweden, Upsala (1766). But these institutions were nothing more than dumping grounds for raging incurable derelicts; there was small hope that any of their inmates would ever recover.[14]

Along with the new institutions of nineteenth century, came the German Psychiatric Association in 1842 whose membership grew upto 700 by 1917,

with a demand from the psychiatrists to be having a special feature and character. Kraepelin, though well known for his theory on the concept of schizophrenia where the (supposed) causes lie in the biology, is rather quiet about this in the book![15] Rather it seems that his narrative is targeted to disqualify the various methods of restrainment and establish that, a more humane, rational, and scientific treatment gives better result. So for him, asylums have to be transformed into hospitals and psychiatry considered as a branch of core medical science. The great reformers of nineteenth century psychiatry are his heroes. Control has to shift to the process of thought, not by chains or straitjackets.

In late nineteenth century England Charles Mercier, a doctor enriched with his services of the Leavesden Asylum of London, published a book called *Lunatic Asylums: Their Organization and Management*. In the preface he wrote:

> 'There are few departments of man's labour more completely specialized and more different from the rest than that which deals with the management of Lunatic Asylums. It is therefore somewhat remarkable that no system of instructions on this matter has hitherto been published and that it has been left for the writer of this volume to be the first to treat the subject systematically... The whole tendency of the modern methods of management of the insane has been to approximate their mode of life as far as possible to that of the normal man'.[16]

In the same tune of Enlightenment, he stressed that 'no restriction is justifiable that is not required by the circumstances of the individual case' because the 'wretchedness' of insanes came from their depravation of 'liberty' which is the 'most precious of all possession'. He wrote the book with great care of details and divided it into five parts: housing, food and clothing, occupation and amusement, detention and care, and the staff. In his systematic treatment of the matter of managing a modern asylum, he assimilated ideas of the nineteenth century reformers. Less of history but more of a historicized account, Mercier's text provides the scope to understand how an 'ideal' asylum should function.

A voluminous book of more than five hundred pages by Albert Deutsch tried to capture comprehensively about *The Mentally Ill in America: A History of their Care and Treatment from Colonial Times* in 1937. This book also carries a photograph beside the title page; Robert Fleury's most publicized painting, titled *Dr. Philippe Pinel at the Salpetriere, 1795,* where it is shown that patients are being freed from chains. Starting from 'Prophets, Demons and Witches',

the author constructed an evolutionary history that stops at mental hygiene movement. While describing colonial America, he said:

> 'In the colonies medical practice was on an even lower plane, for several obvious reasons. For one thing, there was little incentive for the skilled European trained physician to chance the practice of his profession in America. The thin, scattered settlements discouraged hopes of a large clientele, while the poverty stricken inhabitants, comprising the great majority of the population, would ill afford the luxury of physicians' fees. Throughout most of the colonial period there existed no opportunity to study medicine in halls of learning: not until 1765 was a medical school established in America. The colonial period rarely earned the academic right to the title, doctor'. [17]

He has painstakingly gone through the medical texts from seventeenth century onwards and observed that by the end of it, confinement of people under charge of *witchcraft mania* also came to an end. With this the most intense phase of the delusion of demonical possession, with its consequent persecution of the insane comes to a halt. The first asylum for the insane in America started two decades after the first general hospital established in 1752. His dense descriptions of colonial period tells a story of 'hopeless confusion prevailing' about mental illness where 'neither the nature nor proper treatment of mental disease was understood'.[18] For Deutsch, coming of lunatic asylums was an important event of reform and advancement of psychiatric thought for the mentally ill who were dumped, tortured, and exploited in the workhouse and almshouses. An institution guided by medical knowledge to care the insane was also a logical conclusion to tackle the bulging numbers of 'paupers' in the emerging, crowded metropolis.

The work by Franz Alexander and Sheldon Selesnick[19] is a typical representative text of medical history being written in the 1960s, comprehensive, factual and a narrative of linear progress. And his history of psychiatric progress thus covered the period from prehistoric times to the present. It is quite natural that he would title his first chapter as 'Psychiatry Comes of Age' and wrote unequivocally:

> 'Because mental illness strikes at the very essence of man's nature, because we are all intimately involved in the problem of mental health and have been so from time immemorial, the struggle to understand and to deal with mental illness has encompassed broad areas of our civilization. The evolution of psychiatry has been a central part of the evolution of *civilization* itself [emphasis mine]'.[20]

Alexander and Selesnick identified three basic trends in psychiatry that operated from the earliest times till date. First is the attempt to explain diseases of the mind in physical terms, second is to find a psychological explanation for mental disturbances. And the third trend is to deal with inexplicable events through magic. The history of lunatic asylums appears as the transforming space in America where significant contributions were made to the organization and administration of mental hospital reform programmes. These reforms were the result of contemporary psychiatric discourse from Pinel, Chiarugi to Benjamin Rush (who is also called the 'father of American psychiatry') influenced by Enlightenment rhetoric and informed by their medical observation. They constructed medical theories where the source of madness lie in the internal functions of mind and not of mysterious outside forces that had entered the body. While summing up, the authors have shown that major developments in the age of Enlightenment were the direct result of the intellectual events of the renaissance and the age of Reason. Empiricism and rationalism along with more sophisticated methods of observation and classification brought the problems of mental illness into sharper focus and enabled men to regard the mentally ill with more comparison.[21]

This brief review of four works taken from the time span of a century starting from late nineteenth century are nothing but sign posts from a lengthy discourse on the history of lunatic asylums that repeatedly reminded us the glorious struggle of psychiatry as an integral part of the narrative of humanism that emerged with enlightenment and rationalism. It was not before Foucault this grand narrative of the history of psychiatry was challenged. Foucault not only posed serious theoretical problems, his work invoked intense debates on the epistemological foundations of psychiatry based on an objective, positivist approach, and on historical narratives in general. As remarked before, social history of madness and psychiatry did not remain the same after Foucault. However, it would be pertinent to point out that another remarkable work in the same period by Thomas Kuhn, titled *The Structure of Scientific Revolutions*,[22] contributed to the critical awareness toward triumphalist histories.

What makes Foucault' work *Madness and Civilization* so crucial to our understanding of contemporary historiography of psychiatry whether we agree to his arguments or.not? Let us now explore this to some extent. I think, the

first point should be his attempt to write the history of both concepts and institutions in a way that blurs the distinction between the two. This is how he is different from Kuhn and others, who have made much of the connection between these two dimensions of history but have retained the distinction. Kuhn's book had opened up possibilities for researchers to look closely at the practices of science and scientific workers, which was hitherto ignored by his contemporaries. Similarly, Foucault encouraged focusing on *what goes on* instead of looking at the rationally conceived object of knowledge.[23] It is worthwhile to bring here what Roland Barthes has said while reviewing the book:

> He has not written the history of madness, as he says, in a style of passivity: from the start he has refused to consider madness as a nosographic reality which has always existed and to which the scientific approach has merely varied from century to century. Indeed Foucault never defines madness; madness is not the *object* of knowledge, whose history must be rediscovered; one might say instead that *madness is nothing but this knowledge itself*: madness is not a disease, it is a variable and perhaps has a heterogeneous meaning, according to the period; Foucault never treats madness except as a functional reality: for him it is the pure function of a couple formed by reason and unreason, observer and observed. And the observer (the man of reason) has no objective privilege over the observed (the madman).[24] [emphases in the original]

One, who is not so familiar with Foucault's work can easily imagine what kind of reactions can be provoked among the scholars who were engaged with the conventional history writing, who assumed the status quo was somehow natural and took for granted slow, fore-ordained, evolutionary change. Foucault introduced new terminologies like *archaeology* (later *genealogy*) to distance himself from history and wanted to 'dig' on texts and trace the branching and network of ideas, concepts in a discourse to lay bare the constructions of seemingly natural categories and de-familiarize them. Social historians accused him of not doing justice with historical evidence and making a rather hasty generalization from the specific case of France.[25] But the problem with *Madness and Civilization* is unique in the sense that many of his critics read the abridged English translation which somewhat jumps between coherent linkages amongst chapters with many notes and references deleted. Nevertheless the central problem remains for the critics with his new historicism, anti-humanism, and an analysis of power which is not necessarily grounded with empirical research.

I am not going into the details of these debates, which is well documented now,[26] rather, I would like to say something about how I have received Foucault in relation to my thesis.

Indeed, it is only after reading Foucault's *Madness and Civilization,* a self-critical observation toward psychiatric practice, led me to formulate the research questions that I have discussed before. When I say this, I also make a distinction between the anti-psychiatry movement[27] and Foucault's work. The impact of anti-psychiatry moment created a sharp dividing line by seeing psychiatric power as an extension of the state and fighting it out for a radically reformed psychiatry (and society). In many ways the anti-psychiatry movement too proposed a development by correcting the errors of coercion to make it more humane. For them history and sociology were political tools in unearthing the capitalist ideology which has to be fought out with a new psychiatric activism. As if, the problems of psychiatry, when resolved in a developed, modern society, could be modelled and then disseminated. Though the movement drew considerable theoretical support from the contemporary existentialist work, yet both Laing and Cooper were fast to appropriate Foucault claiming his work to be akin to their own![28] When it reflects the great impact of Foucault's work on them, it is wrong to club Foucault's work in the anti-psychiatry movement as it asked questions very different from them and is not teleological. Instead of producing a disciplinary history of how specially trained professionals dealt with mental illness as a perennial problem, Foucault was studying how madness was experienced and what is the history of significance of madness. Foucault did not see power as something negative, which had to be exposed from the hidden and centralized site of the modern state, and then demolished. Though we see his elaborate analysis of power, which came in his later works after *Madness and Civilization*, still it gives the reader a brilliant exposition how in modern times the power of Reason becomes the central criteria to re-order the society.

This is where, my questioning start on how this power of Reason were deployed in a colonial modernity operating in a space called India. How would it be to dig up the discourses that formed the knowledge of psychiatry which eventually created a new division of sane and insane in a society, that did not emerge from (or 'evolved' as the scientific historian would say!) witchcraft and

magic here? The coming of psychiatry in India as a modern, rational and Eurocentric set of knowledge did not happen in a space full of magic, witchcraft and the like. It will be argued later, how these concepts of 'magic', 'witchcraft' and various superstitions were prejudiced. Medical systems like Ayurveda and Unani were being practiced along with numerous, localized, but *systematic practices* that dealt problems of mind. So unlike the European case, psychiatry here neither evolved from a *naturally* growing medical knowledge nor it followed a similar Foucauldian course that happened with enlightenment. Its special character is marked with its coloniality in our case. Our modernity is from the very beginning deferred and different.[29] The struggle of western rationalism in India was more insidious, complex and incomplete, more so in the case of psychiatry.

When Foucault provided a tool to explore the formation of a discourse on psychiatry that brings in new codes of normativity, at the same time while exploring was also noticed Foucault's silence on colonialism and colonial power! The way conflicts occur in western epistemology to construct the hegemony of Reason in a post-Enlightenment modern society is different from ours as the knowledge of western psychiatry was not only a colonial import but also had to negotiate a range of epistemological systems and cultural practices that were operating in India. This I think created a unique relationship with western medical science where the imported knowledge had to undergo many revisions.

So the coming of psychiatry in colonial India is a disjuncture from the continuity, in the sense that it brought in a new concept where the *mind and body is divided.* The scholarly practices of indigenous medicine, in spite of its rich heterogeneity shared a common concept where the dividing line between mind and body is absent. Even the *Nyāya* dualist tradition is not a Cartesian dualism. It does not operate on similar logical grounds.[30] Same thing happens with Unani medicine, which draws from *Koran* and thinks that body divorced from soul or mind is against the very spirit of *Koran.*[31] Unlike Foucault's mad men who were driven out from the towns and villages and to the uncertain voyages of ship of fools; mad men could find a place in our society and largely were not given similar hostile treatments that we find in pages of Foucault's book. So history of insanity in the age of colonial modernity is quite different

as its theoretical challenge lies in its explaining the *hybridity* which is produced from the impact of colonialism. Also following Foucault if we agree that reason created its *other* in exclusion then in colonial modernity its *other,* the colonized, can be considered as unreasoned! In this way a plural civilization gets homogenized as 'unreasoned!' I think I differed from Foucault when I wanted to explore how an alien knowledge was able to establish its hegemony in colonial India by making various negotiations with established systems of knowledge both by exclusion and appropriation. But I rely on Foucault to treat the history of psychiatry in colonial India as a form of reality, which I have accessed, from discourses and practices. I am influenced by him to explore how a new knowledge of mental science becomes an important tool of power for colonial governance. But unlike him I want to deploy my narrative as an intervention into the discourse of contemporary main stream psychiatric knowledge in India. In redefining the perpetual 'lack' that our psychiatry suffer from, in becoming a fully westernized and developed knowledge, I have tried to read this 'lack' *inversely* as our attributes for the reason that, this is where the politics of knowledge took place. In order to relativize psychiatry in the Indian context I tried to locate discursive spaces where two incommensurable cultures met and a complex process of contest and consent was released.One of such discursive sites, as mentioned before, is the narrative of asylum practices in colonial India. Discourses on colonialism, in spite of its wide differentiation also display some similar features when the relationship between colonized and colonizer is scrutinized. A recent volume called *Colonialism and Psychiatry*,[32] which attempted to map the experiences from India, Africa, New Zealand, Australia, Ireland, Wales and Latvia, showed the shared features of deploying western psychiatry in establishing colonial hegemony. It is an interesting collection of studies that not only draw from different colonial experiences but also look at internal colonialism and provide anthropological and sociological analysis other than historical.

Colonial discourses on asylums for lunatics in British India as a part of the new discipline of mental science took prominence in mid nineteenth century. Formation of the new act on lunacy in 1858 reflects governmental thinking in establishing a systematic way to deal with mentally disturbed people. In the next section, the effort will be made to look at the discourses that constituted the knowledge of asylum psychiatry till the end of nineteenth century in India.

For a close in depth reading I have chosen the Bengal Presidency as a case study, which was considered best in the colony for having established medical institutions of various kinds. This is where much of the experimentation with policy and practice took place in relation to lunatic asylums, as Calcutta remained the colonial capital.

Asylum and its Psychiatry in Nineteenth Century Bengal

It is mentioned before that the arrival of Psychiatry in India was a disjuncture from the practices that existed for mental healing. Not only these practices were based on concepts that did not follow the Cartesian mind/body binary, but also it is considered inappropriate to call those practices *psychiatry* as many historians of medicine in India did. To use 'mental health' or 'psychiatry' or 'psychology' interchangeably as a rhetoric while elaborating on indigenous systems in English is one thing, but to reduce different culturally saturated practices with their own terminologies to the all engulfing western word *psychiatry* is another. When applied, this tends to produce a narrative that simplistically brings *psychiatry* in a line where pre-colonial systems at once loose their characteristics and an autonomous domain.

It was not that mad persons were not confined in houses before the colonialists came. A brief historical overview on Indian Lunacy Act, 1912 mentioned Mahmood Khilji (1436-1469) who established a 'mental hospital' at Dhar, near Mandu in Madhya Pradesh and Maulana Fazular Lah Hakim was appointed as the physician.[33] In fact, the concept of hospitals were first conceived and practiced in Arabian medicine in all the countries ruled by Muslims and served as a model for the European hospital. First such hospital was founded by Walid b. Abdal Malik in 707 AD. Two types of hospitals came. One was the "fixed hospitals" located in particular places and the "mobile" one used to move from place to place and stopped as long as it was necessary. Insanes were kept locked up and chained in hospitals specified for them under regular supervision. Firuz Shah, successor of Mohmmad b. Tuglak, added several hospitals in Delhi to a list of 70 hospitals ran by his predecessor. Firuz shah had ordered that every one suffering from insanity should be captured, chained and kept in the hospital and treated with medicine prescribed by him which were found "useful". Not just that, he also provided "special diet" for them.[34] Whatever could be the

case, it is not very difficult to imagine that wandering violent people were kept in custody and not many insane hospitals came up. Whereas the British colonialists who brought in a rational system of western medicine fostered a growth of institutions by mid eighteenth century.

Arrangements for keeping lunatics under private care but with East India Company's patronage had started by late eighteenth century Calcutta and the first recorded evidence of such existence happened in 1787. Many made their fortunes in this trade of lunacy.[35] D.G. Crawford, who wrote in two volumes *A History of the Indian Medical Service, 1600-1913*, gave a brief summary about coming of this lunatic asylum in Calcutta:

> 'The proceedings of the Calcutta Medical Board of 3rd April, 1887, contain a memorial from surgeon G.M. Kenderdine in charge of the Insane Asylum... [t]he Board recommended to Government, in a letter dated 7th May, 1787 the foundation of a regular asylum and nominated Assistant Surgeon William Dick to its charge ... Dick was appointed on a salary of Rs. 200 per month. A Bengal Military letter dated 16th august, 1787, reports in para 108 – 'Lunatic Hospital. Have accepted the proposals of Mr. Dick, an Asstt. Surgeon for the erection of one. The House (sic) is to be built at his Expense (sic) and rented by the company at Rs. 400 per month. A General letter from Bengal dated 6th November 1788, reports in para 98 that sanction has been given to the erection of a Lunatic Hospital for females, for which a rent of 200 rupees a month will be paid'.[36]

Close to this came up the next Asylum in Calcutta in 1817 exclusively for Luropeans. Unlike the previous one, which had to close down, this asylum still exists in the city as the Institute of Psychiatry, today. Let us look at little closely of its emergence narrated by an Indian psychiatrist fifty years ago:

> '[I]n 1817, Surgeon Mr. Beardsmore who was superintendent of a Govt.Lunatic Asylum found that the conditions in the lunatic hospital were not congenial for the patients and so he decided to erect a lunatic asylum at the outskirts of Calcutta immediately behind the Presidency. This was solely due to the enterprise and enthusiasm of Mr. Beardsmore and the hospital was a private property. It was meant exclusively for Europeans. Government contributed five-sixth of its expenses while one sixth was met by the contributions of the private patients themselves. When the hospital was started Mr. Beardsmore had hardly half a dozen patients but soon they increased to 50-60 in number. The asylum had a central house surrounded by several ranges of barracks, which were thrown together in no very definite plan but were added from time to time to suit the needs of the public. Every

> visitor was pleased with the cleanliness of the apartments and ventilation of the rooms. The gardens were beautiful and had a pleasing and refreshing appearance. Patients looked happy, cheerful and comfortable. The asylum was managed by a European superintendent and a steward. There was an Apothecary to look after the male patients and a Matron to watch the female patients. Restraint was in use but it was in extreme moderation. Excited patients were treated with morphia, opium and hot baths. Sometimes leeches had to be applied to such patients in order to alloy their excitements but venesection was never done. Blisters were found useful in chronic patients as it helped them to shorten the duration of their periodic excitements'. [37]

By early nineteenth century the Court of Directors of East India Company decided to build lunatic asylums for native criminal and freely wandering insanes in Bengal. Govt. records show that in 24-parganas near the jail at Russapuglah, a plan is being sanctioned in 1804 to build an asylum for receiving 50-60 native insanes within a budget of Rs.7500. One native doctor, one *jamādār*, eight peons, two cooks, two *matores* and two *bhisties* totaling a cost of Rs. 84 per month manned it.[38] However, by next two decades the situation at Russapuglah asylum deteriorated and patients started dying frequently. A member from the Medical Board, Mr. Gillman visited the place and reported:

> 'The site of it is very bad being surrounded by jungle, swamps, jeels, pools from earth has been excavated for making bricks etc. In short, I believe a worse situation could not be found. The buildings are low and damp and not half large enough for the number of patients, to which must be attributed the numerous deaths which occur there'.[39]

The Dacca (now Dhaka, capital of Bangladesh) asylum was opened in 1819 at Murli Bazar and adjacent to the central jail. It had two tile sheds and three single story buildings. A statistics of this asylum from 1827-37 shows that a total of 757 patients were admitted in this period and 652 of them were "Ghushtas or agricultural labourers". [40] The Russapuglah asylum continued to be crowded and a report on the year 1834 showed 267 patients with an expense of Rs. 8011, Anna 0 and Paisa 9. Though numbers of staff were increased to 44, there still remained only one native doctor and a *jamādār*![41]

Till mid nineteenth century, most of the official records did not reflect any discussion on their medical observations apart from nominal counts of

patients and their occupations. Most of it was related to the issue of establishment and expenses. But the population distribution of the patients admitted show that they were also coming from the adjacent districts apart from the city where these asylums were located, and these admissions were influenced by the policing of wandering lunatics in the streets. Nevertheless, the overwhelming number of persons from poorer classes also indicates that the reason of marking abnormality by the asylum discourse was gaining ground. After the revolt of 1857 when the colonial power transferred from East India Company to the Queen in 1858, along with the Penal and Criminal Procedure code came the Act. No. 36 of 1858, which provided better control and management of lunatics. Actually three Acts came together with Queen's proclamation. First, the Lunacy (Supreme Courts) Act, 1858 (Act XXXIV of 1858); second, the Lunacy (Districts Courts) Act, 1858 (Act XXXV) of 1858 and third, the Indian Lunatic Asylums Act, 1858 (Act XXXVI of 1858). The racial and class prejudice that were hallmark of colonial governance took effect in the colonial policy where poor people (read lower class and caste) were provided bad quality service compared to the white, rich man. While reviewing the reports on lunatic asylums in Bengal Presidency, T. Hastings said:

> 'Cruel as the natives of India *naturally* [emphasis mine] are both to man and to beast, cruelty to lunatics is not one of their characteristics; and in a subsequent page we shall propose to use the feeling of compassion which possesses them, in a plan we have to offer for the future advantage of the Hindustan'.[42]

Hastings seems to be quite amazed that how a naturally cruel people can have such compassion for lunatics which Europeans do not have! The new law provided power to the Magistrates to detain any person suffering from insanity after proper certification by a medical practitioner. More than dealing with the subject, the law provided in detail on both regulating reception and their administrative management. Patched up with phrases borrowed from the European asylum reformers it claimed to further the concept of non-restraintment in the Indian asylums using chains and strait jackets only in exceptional cases! However, it also created new administrative problems when superintends of the asylums started complaining against the Magistrates about not only their incapacity to judge insanity but also remaining open to any certification of lunacy, and dumped individuals in the asylum. Interesting enough to note that,

superintendents complained under the rhetoric of human rights that they were being forced to illegally detain person who were not insane![43]

Annual reports on lunatic asylums started being written in great detail with statistical tables. A report on the European patients at Bhowanipore and Native patients at Dullunda for 1856 and 1857 were divided into sections like: general description, expenditure, dietary and clothing, non-restraint system, occupation and amusement, subordinate establishment, and medical records. The native asylum was made for 150 patients but by 1857 the daily average number rose to 288! Theodore Cantor, the reporting surgeon said that 'want of accommodation precludes pathological classification. Sexes and creeds are at present the only practicable lines of demarcation.' The medical records of 1856 showed a 16.08% of mortality among males and 26.05% among females, when the percentage of total "cures" was only 12.83% and 32.26% and transferred to friends". Only five disease categories were used viz. Mania, Dementia, Amentia, Melancholia and Idiocy. Majority was diagnosed with Mania (411 in 1856) and next came Dementia (59 in 1856).[44]

In 1868, Sir James Clerk, by the order of the Secretary of State for India in England designed a questionnaire on the status of asylums in India and distributed it among the asylum heads. It asked questions on following topics: Building, Medical Care, Ordinary Attendants, Treatment (general, medical & dietetic), Forms of Insanity and Complications, and General Queries. The responses from Bengal presidency revealed 'overcrowding', 'poor data keeping and management to calculate proper prevalence rate' and a marked variance among the diagnostic categories. From 1863 to 1867, 858 were discharged 'cured' out of 2274 admissions in all five asylums of Bengal and 514 patients died. The treatment mainly consisted of what they called "moral treatment" which included 'unceasing watching, and providing occupation and pleasurable amusement, such as gardening and articles work. Wholesome bodily exercise, good nutritious food, dry air dormitories with good sanitation, cleanliness and cold bathing. Among medicines hypodermic injections of Morphia, and tincture digitalis were used for maniacal exacerbations, bromides of potassium, narcotic and anodynes were used frequently.'[45] This survey report also documented difficulties when westernized understanding came into conflict with the local culture. The Patna asylum superintendent wrote:

> 'Where indulgence in drug or spirit is apparent, Natives freely allow it as an exciting cause of insanity, otherwise they attribute the attack to the anger or other influence of their gods. A favourite cause assigned is the unfortunate impact upon an unfortunate individual of the shadow of some god or other journeying through the air. The idea is remarkable as being so opposed to our notions of the care and projection we receive under the shadow of almighty wings'.[46]

Another important practice that emerged is what we now call "occupational therapy". Making lunatics work in the asylum becomes a profit-earning venture when different products made at cheap or without any cost, had a ready market. Apart from profit it also brought 'improvement' among patients. In each report a full section was devoted to display figures that showed the amount of profit from various kinds of labours performed. In his annual report for 1862 Arthur Payne, Superintendent of Asylums of the Presidency who looked up the Dullanda asylum for natives said:

> 'But the point of greatest interest and importance, the question which has engaged my most jealous (sic) attention, has been to ascertain whether the great increase of labor has had any influence on the mortality of the insanes, and the experience of the year will, I think, be acknowledged to have set this question most satisfactory at rest...the fatality among non-working men is, beyond all proportion, greater than among the working class...the number of non-working men includes many who are physically weak and unable to work, and are, therefore, from their condition, irrespective of idleness, the more liable to die'.[47]

It is noteworthy that Dr. Payne was trying to explain the increase in number of deaths and used the plea of 'idleness' for which feeble and weak were quickly dying! So the point to make patients' work is of 'greatest interest and importance' which will not only prevent the patients from dying but also increase the income of the asylum. And one should not forget that the asylum services were not free. On the issue of income he showed a good amount of profit from these activities. This practice, appreciated by the authorities for an obvious cause of running the asylum with this money added with patient's fees. In the same institution during 1871 total profit from lunatic labor reached Rupees 9,956, Annas 8 and Paisa 4! The profit came from following kinds of work: garden produce, castor oil manufacturing, mustard oil manufacturing, soorkee manufacturing, gunny weaving, coir weaving, dusootie weaving, blanket

weaving, wheat grinding, grain parching, road making and building compound wall to Native Doctor's house, and workshops of blacksmith, tinsmiths and carpenters.[48] None of these works could be said 'light' and the most profit producing labor were castor oil making and wheat grinding. Though the regulations did say that this work is 'voluntary', still it is not very difficult to guess that inmates were forced to work.

Causes of insanity were many but almost all the tables show that '*gāñjā* smoking' and 'causes unknown' always had higher percentages! Whoever had a history of *gāñjā* smoking quickly came under this column and swelled the numbers. This was doubted many times by the authorities who received these reports and corrections in tabulations were suggested but without any significant decrease. It appears that the culture of *cannabis* was taken as itself pathological! James Mills has studied the *cannabis* induced madness in British colonial records in some detail and said:

> 'Indians used hemp narcotics for a variety of reasons and it is entirely possible that its use at certain times disagreed with certain individuals to the extent that they became muddled or even murderous...From this, colonial government developed an image of all Indian users of hemp narcotics as dangerous, lunatic and potentially violent. The reason that this image developed in the imagination of so many in the British administration was that the fantasies of those filling in the documents at the asylums were not dismissed as such'.[49]

I think it more than a colonial fantasy! It was possibly a governmental enterprise to strategically construct an order of knowledge that had a significant impact on the knowledge of psychiatry to give rise to a category, called *cannabis psychosis* today. We would see this reflected in their massive study called Indian Hemp Drugs Commission in 1894-95.[50]

However, recovery was better in India! In the resolution on the annual reports for the year 1876, Surgeon General Beatson compared results with the Middlesex and Surrey public asylums and found their recovery rate to be much lower. He said, 'the comparison is interesting, but it does not appear to be of any practical value'. Because the English population is 'exposed to very difficult mental conditions from those which are produced by the everyday life of the native of Bengal. The stimulus to mental activity is greater and more sustained,

and the strain on the faculties is more severe'![51] This is a crucial point because colonial theories claimed that people from less civilized countries had brains less developed, so they are less afflicted with mental illness. We would see this point reflected in the Bengali writings on psychiatry in a different way when the modern, urban culture brought by colonialism were criticised for an increase in mental illnesses.

Who came to these asylums? Documenting people's livelihood was problematic too. When some categories were clear, others not so. Yet an effort is there to discriminate between different occupations but the troubles came translating those. For example, the previous report listed following categories: Barbers, Beggars, Boatmen, Constables, Coolies, Cultivators, Confectioners, Cowherds, Doctors, Fishermen, Goldsmiths, Housewives, Milk sellers, Merchants, Labourers, Oil sellers, Priests, Prostitutes, Students, Soldiers, Servants (domestic), Shopkeepers, Singers, Tailors, Talookdars, Writers, Weavers, and Washermen. In those days, understanding and constructing the category 'caste' was in an amorphous state and the tables from asylum reports documented 'caste' as Hindus, Mussalmans/Muslims, Christians etc.! On this, Inspector General of Civil Hospitals, Bengal, A. J. Cowie remarked in his annual report for 1886 that:

> 'In former reports I have shown that this table has no statistical value. It simply sets forth the prevalence of mental diseases among the several classes from which our insanes come. The admissions are classified according to religions. The totals of the respective communities are not given. All data needful to render the table of any special value are obviously wanting. For instance, the populations are not defined, the classes are not equally addicted to the use of intoxicants, and the proportion of persons admitted into the asylums to the total number of lunatics in the country is no where ascertainable'.[52]

Nineteenth century asylum psychiatry in Bengal, though amassed a huge volume of statistics, still bulk of its discussions were related to administrative procedures of reception laws, repairing or constructing new buildings, transfers and pays of various staff and a continuous pestering to keep the expenses as low as possible. There were hardly any narratives on the systematic study of diseases, in the line of what were being written in the textbooks or other scholastic journals from Europe! The exercises of knowledge though in a limited

form were to be found in the official medical journal *Indian Medical Gazette,* and now let us have a look at those.

Psychiatry in the Indian Medical Gazette

Indian Medical Gazette came out in January 1866 under the editorship of D. B. Smith who joined the Indian Medical Service in 1855, and served in Delhi, Mussoorie, Patna, Dacca and Howrah as a civil surgeon and finally became the principal of the Medical College, Calcutta. In the title page of its first number it was called "A Monthly Record of Medicine, Surgery, Obstetrics, Jurisprudence, and the Collateral Sciences; and of General Medical Intelligence, Indian and European"! However, under the editorship of W. J. Simpson during 1889-97 it gave more attention to public health.[53] Considering the marginal status of psychiatry in the discipline of medicine it carried more than forty texts related to the subject during nineteenth century. Apart from abstracted government reports of the lunatic asylums, it also carried editorial comments, case studies and few lengthy articles. The first editor, who wrote the annual report of Dacca asylum for 1875, made an observation on 'insane delusions' from the cases selected from that year. He gave a summary of 41 cases (35 males and 6 females) with two-three lines each for the case describing only the content of various delusions. He too found some cases where he thought *gāñjā* was the cause of this form of insanity! There is an interesting case of an *Ooma Baiji,* who was,

> '[A] Mahomedan dancing girl, asserts that at the beginning of the world, Allah, Chandra, Buxi and herself were the only beings created. She never had a mother; she is very anxious to get out of the asylum, as her house is being plundered by her neighbours. Formerly this young woman was one of the most celebrated of the dancing girls in Dacca. She accumulated wealth in the shape of golden ornaments; these were stolen from her; her lover deserted her, and she took to spirit drinking and *gāñjā*; thus her condition became more and more wretched and insanity followed'.[54]

He was somewhat confused about what to make out of these cases as 'it would be almost as hopeless to expect uniformity or similarity in the delusions of the insane as to expect the patterns of a kaleidoscope to repeat themselves'. Though from the theoretical point of view, this problem still persists in psychiatry

whenever one delves into the phenomenology of delusions, what is noteworthy is Smith's colonial gaze on the issues of race, religion and stereotyping of dancing girls who are always prone to such disorder for their amoral lifestyle.

Another extract from the report on Dacca lunatic asylum form (1878) talked about a recovery from insanity which was 'most remarkable cases of recovery in the annals of lunacy and seem to defy rational explanation'. But the treatment method is not mentioned!

'A case of acute mania' was reported by P. W. O'Gorman in a day-to-day description of the symptoms and management. Treatment included Chloral Hydrate, Bromide and Morphia (once) and constant vigil with cold and hot baths. It is clear that he took enough custodial care and the patient calmed down on his own. The case study also elaborated how medical attention was given constantly, and before the report a quotation from a T. H. Tanner was used where Esquirol's comment about the 'impossibility of describing all the symptoms of mania' is included.[55]

An interesting case of insanity due to round worms was reported by Dr C. K. Swaminath Iyer, B.A., M.B., in the March 1884 issue. A goldsmith was brought to this general practitioner who was aged about 20 and only after the 'recourse to mantrams' which did not work. He was restless and 'all kinds of delusions and hallucinations were present,. The usual treatment with draught of chloral hydrate and bromide did not work but after two doses of castor oil, the patient passed stool with three round worms and in the evening all the symptoms of insanity were gone!

A letter by an Indian Taroknath Ganguly was published in 1888 August issue:

> Sir,
>
> Are there any specific tests by which a medical man can detect the existence of insanity for certain anymore than an intelligent layman can do? In works of medical jurisprudence there is nothing mentioned as a guide to medical men, which a layman can resort to. Why then should medical men be obliged to give evidence before law courts in cases of this kind? A man said to be insane might be placed under the observation of a Magistrate with as much advantage as under that of a medical man.

> The conformation of the head goes for nothing. With exactly the same conformation one may be a lunatic, and the other a very intelligent student of mathematics. I should feel very obliged if you would be so good as to make the detection of insanity a subject for one of your editorials, or offer a few useful remarks upon my letter in case you think it worthwhile publishing it in your periodical

The letter actually posed a philosophical question through a practical problem and the editor's response is to be noted for its vagueness:

> 'The diagnosis of insanity as of any other disease rests on evidence, and those most conversant with the phenomenon, physiognomical, physical and mental, which characterize the various descriptions of insanity are necessarily most competent to draw conclusions regarding these' — Editor, I. M. J.

Hysteria, typified mainly as a disorder of women is reinforced by illustrating a case in a *boy*. The exception proved the rule. This case, a boy of fifteen years came with excruciating pain in the legs. The doctor, Chetan Shah, officiating civil surgeon of Jhang, who reported the case said how tricky it was to diagnose hysteria and that too in a boy! But to fit the gender stereotype Dr. Shah wrote:

> 'The feminine look, the nervous appearance, the physical weakness, the shedding of large tears, and the history of the case made me diagnose it as one of hysteria'.[56]

Mental illness was also being noted as a co-morbid status with other diseases. In a case of ischio-rectal abscess, mental symptoms were discovered. This was a case of a Goorkha documented over a month in the military hospital. The diary entry showed that the mental symptoms are overlapped with the painful ischio-rectal abscess, which was also incised upon. As the abscess got healed the mental symptoms too subsided in a week. Patient could not recall what happened to him and while answering to a committee appointed to assess his mental condition he said:

> 'I believed that I was possessed by a devil, and I had offended the deity'.[57]

'The Treatment of the Morphia Disease' is a long article by an American who was specializing on addictions and a member of the American Association for the Cure of Inebriates. This article described the treatment procedures and showed how rampant injecting morphia had become in America during late nineteenth century.[58]

Nundo Lall Ghosh, Asstt. Surgeon, who was teaching medicine and midwifery in Dacca Medical School, talked about a new therapeutic technique where electricity was applied to treat various conditions like stricture of urethra, hydrocele, dysmenorrhoea, paralysis, hysteria, neuralgia, prolapsus uteri, habitual constipation and amenorrhoea. It is interesting to note that two cases of hysteria being treated by this and the author claimed to have treated twelve cases of hysteria successfully! The narrative is typical and the association with uterus was repeatedly mentioned.

Writings in the *Indian Medical Gazette* showed the emergence of psychiatry in the Indian asylums and native doctor's participation is also noticed. But being an official journal it hardly carried any material that looked critically at the new subject and most of the case studies done by the colonial doctors also had the slant of racial prejudice. It constantly tried to pose this new knowledge as an objective science, which has a long way to go in a society where people are superstitious, and backward! It also showed marginal interest in the subject compared to other specialities of medicine.

The nineteenth century discourse of asylum psychiatry and its reflections in the govt. journal were mainly concerned about developing new regulations of controlling the insane and the treatment done in arbitrary ways. The asylums were organized borrowing the same concepts of non-restraintment and the law claimed only to incarcerate those certified 'insane' from a court and by a doctor. But in many instances use of chains and straitjackets were used in slightest provocation. However, the tension generated from a high rate of reception due to execution of capturing 'wandering lunatics' was a matter of constant dissatisfaction of the superintendents and the asylum visitors. Reports of the asylums reflected contradiction between the claims of superintendents for being humanitarian and a low quality service for the native lunatics. Statistics showed that people died mostly because of unhygienic condition leading to diarrhoea and other infections not treated properly. Treatment mainly centred around custodial care and sedating the insane from time to time. Making the patients to produce various things actually brought money to raise a good amount of running cost of the asylum though it was claimed as a therapeutic measure! No effort of systematic training of native doctors or staff is noticed and their work is only cursorily mentioned in some reports. Disease categories were few but problems

of recording hardly allowed any scientific generalisation. It won't be a wild speculation to say that columns in the tables of the reports were not always filled up properly. As majority of the asylum population came from poorer classes and lower castes it probably also functioned as a cheap shelter for petty criminals and other homeless people growing with colonial urbanisation. Causes of insanity constantly remained controversial with history of *cannabis* use becoming a key issue to implicate. Much of the statistics remain unexplained and problematic for abstraction of knowledge. Reports hardly discussed conceptual issues and gave any importance to the cultural factors by sweepingly generalising it as uncivilized, bizarre, and an impediment to modern medicine. Confined to the four walls of asylum, its psychiatry hardly became a matter of public knowledge yet the formation of a new code of sanity/insanity is seen to gain consent from the colonized if increasing admission rates are considered. This, however, would change, and not only conceptual issues will enter the discourse, the problems and complexities of dealing the cultural issues will come into focus in the early twentieth century and nineteenth century asylum psychiatry provided the ground for it.

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New York Review of Books, Vol:29, 1982, Foucault's response, and Stones reply thereof (Section 1, No. 11, pp.134-155) which centre around *Madness and Civilization.* Critique and appraisals on Foucault's philosophical oeuvre is well captured in Arnold I. Davidson (ed), *Foucault and his Interlotutors.* Chicago, University of Chicago Press, 1997.

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