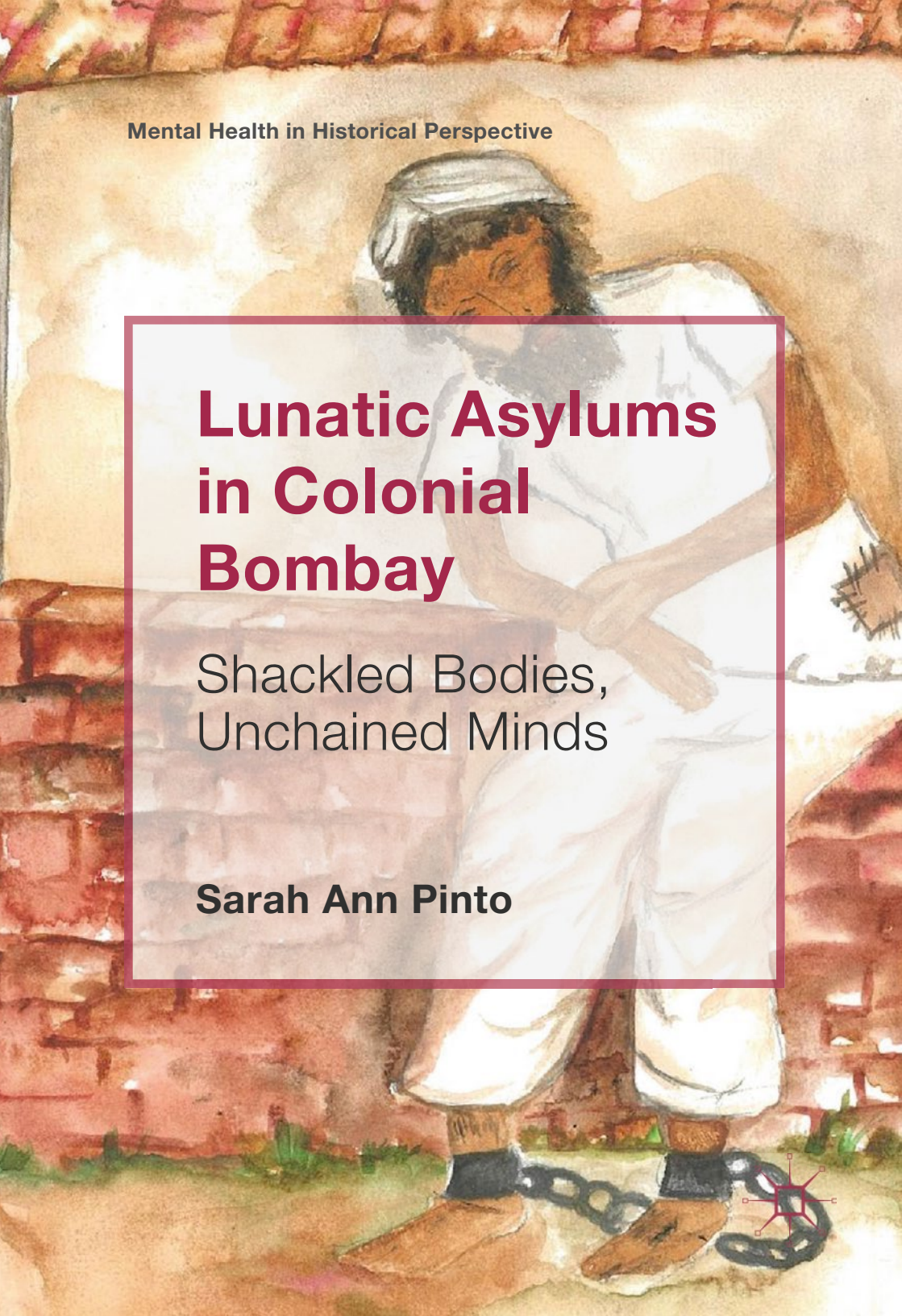

Mental Health in Historical Perspective

Lunatic Asylums in Colonial Bombay

Shackled Bodies, Unchained Minds

Sarah Ann Pinto

Mental Health in Historical Perspective

Series Editors
Catharine Coleborne
School of Humanities and Social Science
University of Newcastle
Callaghan, NSW, Australia

Matthew Smith
Centre for the Social History of Health
and Healthcare
University of Strathclyde
Glasgow, UK

Covering all historical periods and geographical contexts, the series explores how mental illness has been understood, experienced, diagnosed, treated and contested. It will publish works that engage actively with contemporary debates related to mental health and, as such, will be of interest not only to historians, but also mental health professionals, patients and policy makers. With its focus on mental health, rather than just psychiatry, the series will endeavour to provide more patient-centred histories. Although this has long been an aim of health historians, it has not been realised, and this series aims to change that.

The scope of the series is kept as broad as possible to attract good quality proposals about all aspects of the history of mental health from all periods. The series emphasises interdisciplinary approaches to the field of study, and encourages short titles, longer works, collections, and titles which stretch the boundaries of academic publishing in new ways.

More information about this series at
http://www.palgrave.com/gp/series/14806

Sarah Ann Pinto

Lunatic Asylums in Colonial Bombay

Shackled Bodies, Unchained Minds

palgrave
macmillan

Sarah Ann Pinto
Independent Scholar
Wellington, New Zealand

Mental Health in Historical Perspective
ISBN 978-3-319-94243-8 ISBN 978-3-319-94244-5 (eBook)
https://doi.org/10.1007/978-3-319-94244-5

Library of Congress Control Number: 2018947632

© The Editor(s) (if applicable) and The Author(s) 2018
This work is subject to copyright. All rights are solely and exclusively licensed by the Publisher, whether the whole or part of the material is concerned, specifically the rights of translation, reprinting, reuse of illustrations, recitation, broadcasting, reproduction on microfilms or in any other physical way, and transmission or information storage and retrieval, electronic adaptation, computer software, or by similar or dissimilar methodology now known or hereafter developed.
The use of general descriptive names, registered names, trademarks, service marks, etc. in this publication does not imply, even in the absence of a specific statement, that such names are exempt from the relevant protective laws and regulations and therefore free for general use.
The publisher, the authors and the editors are safe to assume that the advice and information in this book are believed to be true and accurate at the date of publication. Neither the publisher nor the authors or the editors give a warranty, express or implied, with respect to the material contained herein or for any errors or omissions that may have been made. The publisher remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Cover illustration: Shackled Male Patient at Thana Lunatic Asylum, 1873-74, Author's illustration of a patient as described in the Annual Presidency Records (APR), 1873-74, p.4, National Library of Scotland

This Palgrave Macmillan imprint is published by the registered company Springer Nature Switzerland AG
The registered company address is: Gewerbestrasse 11, 6330 Cham, Switzerland

For
my parents
Susan Pinto and Julius Pinto
and
grandparents
Eva D'mello and Anthony D'mello
and
in
honour of
Mary

Acknowledgements

It takes a village to raise a child, or to write a book. I have had the support of a very multinational village while writing this book. From Professor Catherine Coleborne in Australia who encouraged me to publish my thesis, to relatives in London who opened their home to me, to my *whānau* in New Zealand and family in India—my village made this book possible. First, I thank Professor Catherine Coleborne for her feedback that has been crucial in editing this book. I thank my PhD supervisors, Professor Sekhar Bandyopadhyay and Dr. Giacomo Lichtner, for their constant support and guidance. Over the years, Dr. Fleur D'souza from my alma mater—St Xavier's College, Mumbai—has advised me in many ways. I thank her for recommending the topic, but most importantly for instilling in me a love for history and teaching.

The staff at the libraries, archives, and mental hospitals assisted me in many ways. These include the staff at the Victoria University of Wellington Library, Mumbai University Library, Heras Institute, Maharashtra State Archives, National Archives of India, British Library, Wellcome Institute, Ratnagiri Regional Mental Hospital, and the Thana Mental Hospital. At the Maharashtra State Archives, I thank Mrs. Swagata Salonke, Mr. D.D. Pawar, and Mrs. Joanna D'souza for the timely arrangement of the documents and assistant photographer Mr. Santosh Dhanawde for undertaking the mammoth task of digitizing the sources for me. I also thank Dr. Shubha Pandya for providing me copies of the *Bombay Gazette* and Mr. Shivade Nitin Mohan for helping me at the Thana Mental Hospital.

The archival and fieldwork was possible because of the hospitality of family and friends. In London, I thank my relatives Norma and Joe

D'mello for opening their home to me. I also thank Sr. Evelyn for providing me accommodation in Delhi. Despite my menial student budget, I could complete my archival and fieldwork because of their kindness.

This book has benefitted from various seminars and presentations. At the University of Mumbai, I thank Professors Manjari Kamat and Ruby Maloni for giving me the opportunity to present my research at the Department of History Research Symposium. I thank Professor Charlotte Macdonald for letting me present my research at the History Staff Seminar at the Victoria University of Wellington and Dr. Steve Behrendt for all the postgraduate seminars that helped me develop the skills I needed for the writing of this book.

The publishing team at Palgrave Macmillan's Mental Health in Historical Perspective Series were phenomenal. Molly Beck and Oliver Dyer made sure a young historian like me never felt like an orphan in the publishing world. The production team shared my vision for the book and swiftly designed and edited the manuscript like magic.

On a more personal note, I deeply value the support and prayers of my *whānau*. In Wellington, I thank the faculty and my fellow colleagues at the Victoria University's History Programme. Among my colleagues, Mark Dunick needs special mention for being my grammar guru. During the isolating writing phase, the friendship of Hannah, Chante, Angela, Damon, Eliza, Lucy, Severina and Maxy Vaz, Pexy and Manuel Miranda, Anastasia Rebello, and Fr. Vinay Kamath have been a great consolation. Since I began my research in 2014, Fr. Kevin O'Connors has been both a friend and a counsellor. Over cups of tea, he gave me both life lessons and research advice. I thank Raymond Pinto for mentoring me in matters of faith and social justice. I am also profoundly grateful to my dear friends Janice and Handricks Gayen for all the ways in which they have helped, that are too numerous to mention here.

Finally, I owe the deepest gratitude to my family. I am indebted to my grandparents Eva and Anthony D'mello for their endearing support. I thank my aunt and uncle, Jean and Prakash D'souza and cousin Sean for practically adopting me and for opening their home to me in New Zealand. To an amazing bunch of siblings who are my inspiration—Gerard, Rachel, Naomi, and Joel—thank you. To my parents, Julius and Susan Pinto, this book is the fruit of the numerous sacrifices you have made. Thanks Dad for travelling with me to the archives, libraries, hospitals, and Mum for being my personal manager in many ways. I thank you both for your unconditional love.

I dedicate this work to the people suffering from mental illness, their families, and those who work for their care.

Lunatic Asylums in the Bombay Presidency, 1793–1921. (The map indicates the geographic locations only of the main asylums at Hyderabad, Ahmedabad, Thana, Colaba, Poona, Ratnagiri, and Dharwar [From North to South]. Source: Edmund Cox, *A Short History of the Bombay Presidency* (Bombay: Thacker and Co., 1887))

Contents

Abbreviations

APR	Annual Administration and Progress Report
AR	Annual Report on the Mental Hospitals in the Bombay Presidency
Asst.	Assistant
BL	British Library
GD	General Department
GoB	Government of Bombay
GoI	Government of India
IMD	Indian Medical Department
IMS	Indian Medical Service
IOR	India Office Records
JD	Judicial Department
J–D	January to December
J–J	January to June
Lt. Col.	Lieutenant Colonel
MSA	Maharashtra State Archives, Mumbai
NAI	National Archives of India, New Delhi
NLS	National Library of Scotland, Scotland
NMLA	Narotamdas Madhavdas Lunatic Asylum
Offg.	Officiating
PDD	Public Department Diary
PG	Pages
PWD	Public Works Department
RNP	Reports on Native Newspapers

List of Figures

List of Tables

Check for updates

CHAPTER 1

Introduction

In the early hours of August 2001, the village of Erwadi in Tamil Nadu woke up to shrieks and wails. A freak fire had broken out at a shed on the precincts of the village shrine. The fire trapped 43 mentally ill people whom the shrine committee had chained there. Within minutes, the fire gutted the entire enclosure made of coconut palm branches. The fire killed 25 of the 43 people, including 11 women, that day.[1] After the accident, the government made an investigation into similar shrines that looked after mentally ill people in the State of Tamil Nadu. The government offered families that kept their relatives at such shrines places in mental hospitals. However, these families refused to have their relatives moved, choosing instead to keep them in 'sheds and chains'.[2] Even today, the shrine at Erwadi continues to house mentally ill people. A government-appointed psychiatrist has been visiting since May 2015, to provide medical intervention three times a week to those who were willing to avail of it. The medicines offered are a means to calm patients and to stop the shrine from using chains to restrain them.[3]

[1] *The Hindu*, 7 August 2001; http://www.thehindu.com/2001/08/07/stories/04072231.htm; accessed 21 October 2016.

[2] *The Hindu*, 26 August 2001; http:/www.thehindu.com/2001/08/26/stories/13260611.htm; accessed 21 October 2016.

[3] *The Hindu*, 16 May 2015; http:m.thehindu.com/news/national/tamilnadu/release-from-chains-at-erwadi-dargah-thanks-to-dawaduwa/article7213110.ece; accessed 21 October 2016.

© The Author(s) 2018

S. A. Pinto, *Lunatic Asylums in Colonial Bombay*,
Mental Health in Historical Perspective,
https://doi.org/10.1007/978-3-319-94244-5_1

The incident at Erwadi drew a considerable amount of public attention; the media labelled the local community as 'superstitious' because of its blind faith. The trend of labelling local communities as 'superstitious' is evident even in government mental health policies and programmes. Mental health programmes in India have primarily focused on offering 'scientific' methods of treatment to 'superstitious' families who refuse to have their relatives treated at hospitals and other health care centres.[4] The government and the media have conveniently blamed Indian society's superstitious beliefs for its poor response to mental hospitals; however, post-independence governments have paid little attention to providing effective mental health care to generate people's trust in it. In fact, India launched its first Mental Health Policy only in 2014.[5] Mental health care has remained peripheral to government health care policies and provisions.

The mental health care system and its clientele face several challenges in India. First, India's psychiatrist/patient ratio stands only at 0.3:100,000.[6] Second, government mental hospitals have frequently made headlines for the abuse of patients. The State of Maharashtra[7] has four government mental hospitals at Thana, Yerawada, Nagpur, and Ratnagiri. The paucity of psychiatrists has left these institutions chiefly under the management of untrained subordinate staff. The only educational qualification required of them is a primary education, and their posts are permanent.[8] In the hospitals at Thana and Yerawada, the media has reported several cases of abuse by subordinate staff. Patients sweep floors and even clean toilets, complying with orders from the staff to avoid abuse.[9] In 2007, a report by the Chief Judicial Magistrate exposed the poor conditions of the four hospitals regarding basic facilities like food, drainage, and water. The Indian

[4] *The Hindu*, 7 August 2001; http://www.thehindu.com/2001/08/07/stories/04072231.htm; accessed 21 October 2016.

[5] *Wall Street Journal*, 14 October 2014; http://blogs.wsj.com/indiarealtime/2014/10/14/indias-new-mental-health-policy-radical-but-tough-to-implement/; *Times of India*, 11 October 2014; http://timesofindia.indiatimes.com/india/Indias-first-mental-health-policy-launched/articleshow/44778494.cms; accessed 21 October 2016.

[6] *The Indian Express*, 20 May 2016; http://indianexpress.com/article/opinion/editorials/mental-illness-india-china-lancet-study-2809626/; accessed 21 October 2016.

[7] Most parts of Maharashtra came under the jurisdiction of the Bombay Presidency under colonial rule.

[8] *The Indian Express*, 23 December 2014; http://indianexpress.com/article/mumbai/in-urgent-need-of-being-human-mental-hospitals/; accessed 21 October 2016.

[9] Ibid.

government in the past has recognized the deplorable conditions within mental institutions. Recognizing that their nature was 'custodial', the government decided to bring them under 'comprehensive management'.[10]

Keeping in line with this vision, the government launched national and district mental health programmes in 1982. However, shortage of staff and resources greatly limited the success of the National Mental Health Programme (NMHP) and District Mental Health Programme (DMHP).[11] Shortage of resources and staff was only part of the problem. NMHP and DMHP aimed to 'modernise' psychiatric practices and create 'awareness' among Indian communities. Modernization implied implementation of western models of psychiatry, and 'awareness' meant making Indian communities accept 'modern' methods of treatment.[12]

Dr. Eduardo Duran, the Director of Health and Wellness for the United Auburn Indian Community in Northern California, has argued that such mental health policies and programmes that undermine indigenous spiritual beliefs, facilitate the continuation of 'neo-colonization' of indigenous peoples.[13] Exclusive western models have been largely unsuccessful in the mental healing process of American Indian communities. In fact, the continuance of such models has only served those in the existing system whose power positions it reinforces. Furthermore, these institutions become avenues for jobs only for those who agree with the continued colonization of indigenous peoples.[14] An examination of the history of these institutions brings to light continuing patterns of abuse within such institutions.

Psychiatric care in government mental institutions in India still bases itself on a colonial model. On my visit to the three hospitals in Maharashtra, the evidence clearly pointed to their custodial character. The colonial government constructed three of the four mental hospitals at Thana, Yerawada, and Ratnagiri. At Ratnagiri, a general physician from the government hospital oversaw the mental hospital. He held additional charge of the hospital,

[10] National Mental Health Programme, India, 1982; http://mohfw.nic.in/WriteReadData/l892s/9903463892NMHP%20detail.pdf; accessed 21 October 2016.

[11] V. Sayee Kumar, 'School Mental Health Practice: Challenges for School Social Work in India', in Abraham P. Francis (ed.), *Social Work in Mental Health: Areas of Practice, Challenges, and Way Forward* (New Delhi, Singapore, London, California: Sage Publications, 2014), pp. 42–43.

[12] National Mental Health Program, India, 1982, pp. 1–2.

[13] Eduardo Duran, *Healing the Soul Wound: Counselling with American Indian and Other Native People* (New York: Teachers College Press, 2006), p. 14.

[14] Ibid., p. 25.

much like in the nineteenth century. The Ratnagiri Mental Hospital had no therapists. The former occupational therapy centre was now an empty locked room. At Ratnagiri and Yerawada, hospital staff employed patients in chores around the asylum. At the Thana Mental Hospital, one method of occupational therapy involved work on a weaving machine installed when the government inaugurated the asylum in 1902. Such conditions provide some obvious explanations why local communities avoid mental hospitals. The situation indicates that the Indian community's aversion to mental hospitals has some historical roots.

Dr. Duran, in his book *Healing the Soul Wounds*, postulated that colonial institutions left indigenous communities in America with historical traumas or 'soul wounds'. In the American Indian worldview, there is a holistic understanding of mental health: the mind, body, and spirit are interlinked. Therefore, colonial institutions, in the experiences of American Indians, affected their physical and psycho-spiritual wellbeing. Moreover, such trauma is intergenerational and has had an increasing negative implication for each subsequent generation.[15] Concerning colonial asylums in Bombay, such 'soul wounding' is evident in examples of the incarceration of Indians because of differences in colonial and Indian worldviews. In 1849, a magistrate in Ahmedabad sent Brahmin Devram to the asylum because he went on a religious fast. The magistrate concluded that the Brahmin's fast was an attempt at suicide and he admitted Devram to the Ahmedabad Asylum.[16] Such a misconstruction was just one example of a 'soul wound'. In addition, colonial asylums were in an appalling condition adding to the trauma of those who experienced life within them.

In 1904, Superintendent J.P. Barry described lunacy administration in India as the 'veritable Cinderella' in the family of colonial institutions.[17] He complained about meagre government funding for asylums. He also petitioned the government to stop the practice of charging fees for first-class paying patients, because: 'The entire building [was] more like a godown or a dilapidated barrack than an asylum. It [was] a shock to one's sense of justice to demand Rs. 4 a day for housing mentally sick people in

[15] Duran, *Healing the Soul Wound*, pp. 15–16.

[16] From the Magistrate of Ahmedabad to the Superintending Surgeon, Ahmedabad, 15 August 1849, Judicial Department (JD), Government of Bombay (GoB), General Department (GD), 1849/ 38, Maharashtra State Archives (MSA), Mumbai.

[17] From Lt. Col. J.P. Barry, Superintendent, Colaba Lunatic Asylum, to the Personal Asst. to the Surgeon General with the Government of Bombay, 25 June 1904, GoB, GD, 1907/81, MSA.

so unsuitable a place'.[18] While superintendents complained of lack of amenities and poor funding, they ironically criticized the reluctance of Indian communities to admit relatives to an asylum. Startling similarities are evident in situations regarding mental health treatment and Indian communities during colonial times and today, both in terms of government neglect and community aversion. There is therefore a need for a 'new narrative' of mental health treatment. Dr. Duran argued dealing with such historical issues was imperative to the writing of new narratives in mental health treatment.[19]

This book, then, is an attempt to deal with the historical issues associated with mental hospitals by bringing to light historical traumas or 'soul wounds' experienced by local communities as they encountered the colonial asylum system in the Bombay Presidency. The use of the term 'soul wound' is intentional. It does not imply a common conception of the 'soul' among communities in India. Rather, the study uses it to be inclusive of the 'sacred' beliefs integral to the understanding of the mind and mental health across various Indian communities.[20] In the experience of Indians, the lunatic asylum had implications on their physical, psychological, and spiritual wellbeing.

While violence and abuse within the asylum was a source of trauma to patients, the undermining of Indian worldviews, cultures, and beliefs further added to their wounding. 'Epistemic violence'[21] was common both within and outside the asylum, as local knowledge concerning mental health and treatment was designated as superstitious—as opposed to colonial knowledge that was deemed modern and scientific. These unresolved historical traumas are intergenerational.[22] Aversion to government mental hospitals or treatment programmes, this study argues, is not merely a result of superstition, but rather a consequence of historical traumas associated with the mental hospital. Dr. Duran has effectively treated his American Indian clientele by using this method, of first dealing with

[18] From Lt. Col. J.P. Barry, Superintendent, Colaba Lunatic Asylum, to the Personal Asst. to the Surgeon General with the Government of Bombay, 20 August 1904, GoB, GD, 1904/57, MSA.

[19] Duran, *Healing the Soul Wound*, p. 27.

[20] Sudhir Kakar, *Shamans, Mystics and Doctors* (Chicago: The University of Chicago Press, 1982), pp. 4–5.

[21] Gayatri Spivak, 'Can the Subaltern Speak?', in Cary Nelson and Lawrence Grossberg (eds.), *Marxism and the Interpretation of Culture* (London: Macmillan, 1988), p. 24.

[22] Duran, *Healing the Soul Wound*, p. 16.

historical issues and second, writing a new narrative in the field of mental health treatment which is inclusive of the indigenous worldview.[23] There is an urgent need for writing a 'new narrative' concerning mental health treatment in India. This book, in dealing with the historical issues, paves the way for that 'new narrative'.

The book addresses these historical issues by examining, as a case study, the colonial lunatic asylums in the Bombay Presidency. The Presidency presents an interesting case study for analysing the government's attitude towards lunacy administration. Of the three main presidencies—Bombay, Bengal, and Madras—the colonial government considered Bombay's lunatic asylums as least profitable to the state.[24] Moreover, superintendents in Bombay often accused the government of neglecting lunacy administration[25] Superintendents faced a huge challenge in managing such poorly funded asylums. However, Bombay's elite stepped in to fill the gap, donating huge amounts for the establishment of asylums.[26] Such public sponsorship from Bombay's elite towards lunatic asylums is peculiar to the Presidency. Yet, Bombay's elite, much like the other classes, did not use the asylum as a curative institution for their own relatives.

The government constantly highlighted the need 'to induce well-off natives to send their relatives to the asylum'.[27] However, the elite eluded the asylum because it lacked scientific methods of treatment. Besides, the poor segregation between 'criminal lunatics' and other patients at the Colaba Asylum was another factor that dissuaded them from the use of the asylum.[28] Asylum buildings were so poorly maintained that Superintendent J.P. Barry himself called the Colaba Asylum a 'godown or a dilapidated

[23] Duran, *Healing the Soul Wound*.

[24] From the Offg. Secretary to the Government of India to Secretary to the Government of Bombay, 13 August 1894, Government of India (GoI), Home Department, P 4554, India Office Records (IOR), British Library (BL), London.

[25] From Lt. Col. J.P. Barry, Superintendent, Colaba Lunatic Asylum to the Personal Asst. to the Surgeon General with the Government of Bombay, 25 June 1904, GoB, GD, 1907/81, MSA.

[26] Anil Kumar, *Medicine and the Raj: British Medical Policy in India, 1835–1911* (New Delhi: Altamira Press, 1998), p. 41.

[27] Annual Administration and Progress Report on the Lunatic Asylums in the Bombay Presidency (APR) for the Year 1874–1875, p. 15, National Library of Scotland (NLS), Scotland.

[28] Reports on Native Newspapers (RNP), *Jam-e-Jamshed,* 20 April 1889, K 416, January to December (J–D), pages (PG) 1–160, 1889, GoB, MSA. The *Jam-e-Jamshed* was a Gujarati weekly from Bombay.

barrack'.[29] The concerns of Bombay's elite were therefore not ill founded. The elite insisted that the government start 'private asylums'—'first class institution[s]' for 'well to do lunatics'.[30] The elite thus displayed a class bias in asylum matters through abstention from public asylums. The middle class and the poor also avoided the use of the asylum because of the stigma associated with the process of admission and incarceration. Most patients in the asylum were persons 'found committing mischief in the public streets and [were] caught and conveyed [to the asylum] by the police'.[31]

People across all classes in Bombay remained indifferent to the asylum system. As Superintendent J. Shaw explained, in India there was an 'absence of a definitely expressed public opinion' on asylum matters and a preference for 'indigenous systems'.[32] Because families preferred 'indigenous systems', they refused to admit relatives to an asylum despite having easy access to them. Bombay had an excellent transport system, especially in the second half of the nineteenth century. New railways connected the Presidency with its hinterlands.[33] Moreover, many of the asylums, especially in the nineteenth century, were centrally located. Yet, the asylum remained a place for the poor and destitute. Such asylum demographics were not a result of poor families willing to admit relatives. Even poor families refused to accept separation from mentally ill family members.[34]

Families, along with traditional practitioners and caretakers, took primary responsibility for the care of the mentally ill. Such traditional health practitioners and caretakers competed with the newly established asylum system. Bombay presents an interesting case study to analyse the dynamics between such traditional systems and the lunatic asylum. Asylum agencies particularly targeted traditional caretakers of the mentally ill like *fakirs*.[35]

[29] From Lt. Col. J.P. Barry, Superintendent, Colaba Lunatic Asylum to the Personal Asst. to the Surgeon General with the Government of Bombay, 20 August 1904, GoB, GD, 1904/57, MSA.

[30] RNP, *Jam-e-Jamshed*, 20 April 1889, K 416, J–D, PG 1–160, 1889, GoB, MSA. The *Jam-e-Jamshed* was a Gujarati weekly from Bombay.

[31] RNP, *Bombay Chabuk*, 13 July 1870, GD, K404/ 251, J–D, PG 1–543, GoB, MSA.

[32] W.S. Jagoe Shaw, 'The Alienist Department of India', *British Journal of Psychiatry*, Vol. 78, April 1932, p. 339.

[33] Ian J. Kerr, 'Representation and Representations of Railways of Colonial and Post-Colonial South Asia', *Modern Asian Studies*, Vol. 37, No. 2, 2003, p. 289.

[34] From the Civil Surgeon Dharwar to the Commissioner of Bombay, 3 August 1844, GoB, GD, 1844/34/380, MSA.

[35] A *Faqueer/Fakir* is an ascetic or a religious mendicant.

In Bombay's asylums, *fakirs* along with beggars and religious mendicants formed the largest patient population in lunatic asylums.[36] Even though the government discouraged the use of traditional methods, local communities preferred going to local doctors and healers. Several archival files contained government proceedings initiated by family members petitioning for either the release or transfer of their relatives.

Among colonial observers, Bombay was a socio-cultural middle ground.[37] Bombay, unlike the other presidencies of Madras and Bengal, had a common asylum at Colaba for Europeans and Indians for the whole of the nineteenth century.[38] All these positive factors had no significant impact on the response of Indian communities to the asylum. Bombay had all the necessary ingredients for colonial psychiatry and the asylum system to flourish. Yet, the asylum received a poor local response. Thus, the Bombay Presidency presents a unique case to explore the factors that caused the western asylum system to fail in a colonial context.

As a regional history of the asylum system in the Bombay Presidency, this book will be the first to construct a chronological history of lunatic asylums in that part of British India. It examines the history of asylums from 1793—when the government sanctioned the building of the first lunatic asylum in Bombay—up to 1921, after which the government changed the designation 'lunatic asylum' to 'mental hospital'.[39] In examining this period, the book argues that the asylum system failed to assimilate itself into Indian society and remained a failed colonial medical enterprise, despite the efforts of the government to propagate its use. Inmate numbers are a clear indication of both the failure of the system as well as Indian aversion towards the asylum. At the end of 1865, there were 353 inmates in the asylums of the Presidency. In 1880, the total asylum population stood at 646. However, in the closing years of the nineteenth century, asylum population rose only by about 10 per cent. By 1900, the

[36] The Annual Report in 1876 stated, 'Many fakirs and sepoys have been admitted'. APR, 1876, p. 26, NLS; Also see Table 2.1.

[37] Sir Wilson William Hunter, *Bombay 1885–1890: A Study in Indian Administration:* (London: H. Frowde; Bombay, B.M. Malabari, 1892), p. 14.

[38] Waltraud Ernst, 'Colonial Policies, Racial Politics and the Development of Psychiatric Institutions in the Early Nineteenth-Century British India', in Waltraud Ernst and Bernard Harris (eds.), *Race, Science and Medicine, 1700–1960* (London: Routledge, Taylor and Francis Group, 1999), pp. 88–89.

[39] W.S. Jagoe Shaw, 'The Alienist Department of India', *British Journal of Psychiatry,* Vol. 78, April 1932, p. 339.

number of inmates stood at just 759.[40] Most of these patients were 'wanderers with no friends'.[41] Families were rarely willing to admit relatives to the asylum, and it became an institution for the 'lowest of the low'.[42]

Literature Review

Over the centuries, a society's understanding of insanity has determined its response to people who were deemed mentally ill. This understanding, in turn, determined the management of mental illness and attitudes towards the mentally ill. The closing decades of the eighteenth century in Britain marked a significant development in society's perception of insanity and its response to the 'insane' persons. The establishment of asylums in Britain reflected the ideological change regarding mental illness in Victorian society. This change was rooted in the growing secularization of the seventeenth and eighteenth century. Victorian society, influenced by secular ideals, dissociated madness from original sin and perceived madness as treatable. The notion that madness was treatable eventually led to the starting of institutions for curing and managing madness. Eighteenth-century madhouses were precursors of Victorian asylums.[43]

The rise of the lunatic asylum in Victorian Britain aroused the curiosity of several historians and social scientists. Michel Foucault attributed the rise of asylums to society's need to organize madness and hide unreason.[44] He traced the development of institutional confinement to the seventeenth century when European societies incarcerated significant groups of the population whom they deemed as deviant[45]; he called this the 'great confinement'. Eventually, society segregated the mad from other deviants, leading to the creation of asylums. Asylums served to organize madness by reinforcing morality and 'ethical uniformity' on the patients.[46] Foucault

[40] James Mills, 'The History of Modern Psychiatry in India, 1858–1947', *History of Psychiatry,* Vol. 12, 2001, pp. 434–435.

[41] Report of the Indian Hemp Drugs Commission, 1894–1895, Vol. 1, p. 231, NLS.

[42] Asst. Surgeon Lunatic Asylum, Colaba, to the Secretary of the Medical Board, 21 February 1847, GoB, GD, 1847/41, MSA.

[43] Roy Porter, *Mind-Forg'd Menacles: A History of Madness in England from Restoration to the Regency* (London: Althone Press, 1987), pp. 277–279.

[44] Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*, trans. Richard Howard (New York: Vintage Books, 2003).

[45] Foucault, *Madness and Civilization,* pp. 38–39.

[46] Ibid., pp. 251, 257.

postulated that the increasing use of asylums resulted from the spread of market principles, which deemed unproductive individuals dispensable. European asylums then functioned as a system of social control for such unproductive individuals.[47]

In a similar vein, Andrew Scull postulated that asylums served a disciplinary function. He argued that the segregation of those labelled as mentally ill in asylums was not a result of urbanization and industrialization. Instead, he argued that during the nineteenth century the influence of capitalist ideals led to the restructuring of societies and asylums were an outcome of that restructuring.[48] Asylums facilitated the internalization of self-discipline to create productive individuals within a society organized on such ideals.[49] Asylums also gave psychiatrists their legitimacy as professionals and experts of mental illness.[50] Several historians have, however, disagreed with Foucault and Scull's proposition that asylums merely functioned to discipline and control deviance.

Many scholars have instead proposed that the asylum had a curative purpose. Roy Porter argued that while treatment practices involved 'repressive control', experiences of patients varied according to their personal circumstances and class. Many of these 'strategies of control' played an important role in the emergence of modern psychiatry in England. For many, private asylums or madhouses provided medical care and an additional option for families to manage mental illness. He argued that asylums in England were ideally set up to help cure the mentally ill. He challenged the Foucauldian idea of the 'great confinement' in England in the eighteenth century.[51] Historian Petteri Pietikainen concurred with Porter on the idea of 'great confinement'. He also argued that asylums were well-intentioned for the treatment of the mentally ill. However, its advocates could not foresee the negative implications of such a system.[52]

[47] Michel Foucault, *History of Madness*, trans. Jonathan Murphy and Jean Khalifa (London: Routledge Taylor and Francis Group, 2006), p. 259; Foucault, *Madness and Civilization,* pp. 253–256.

[48] Andrew Scull, *Museums of Madness: The Social Organization of Insanity in Nineteenth-Century England* (London: Trinity Press, 1979), pp. 15, 48.

[49] Ibid., p. 113.

[50] Andrew Scull, 'From Madness to Mental Illness: Medical Men as Moral Entrepreneurs', *European Journal of Sociology*, Vol. 16, No. 2, 1975, p. 254.

[51] Porter, *Mind Forg'd*, pp. 277–281.

[52] Petteri Pietikainen, *Madness: A History* (London and New York: Routledge Taylor and Francis Group, 2015), pp. 89, 156.

William Parry-Jones and Leonard Smith's scholarship corresponds with the views of Porter and Pietikainen. Jones' research focused exclusively on private madhouses, which he argued were 'indispensable' to managing mental illness in the eighteenth and early nineteenth centuries. During this period, private madhouses made 'good provisions' especially for mentally ill persons from the upper and middle classes.[53] While Jones' work focused on private madhouses, Len Smith analysed public asylums. Smith contended that there was a growing awareness that 'madness' was not merely deviance; it constituted 'suffering' that affected persons experiencing it and their families. He added that the lunatic asylum was a form of treatment that combined 'care and custody' and the asylum was a place of constant 'tension' between the two principles.[54] The analysis of the nature of asylums as a curative or custodial institution has been an overarching theme in the historiography of asylums. As David Wright argued, most of the existing scholarship on British asylums centres on the history of psychiatry and therefore provides only a partial understanding of the character of the asylum.

Instead, he argued that an analysis of non-medical and government agencies was crucial to a better understanding of asylums. Wright has argued that families played a pivotal role in shaping the character of nineteenth-century asylums. He postulated that confinement was a long-term phenomenon related to changes in the rise of an industrial society and the paucity of informal caring networks. The use of the asylum was a 'strategic response of households to the stresses of industrialization'. The demand for asylum committals from families propelled the expansion of the asylum system in the nineteenth century.[55] Unlike the scholarship on British asylums, the historiography of colonial psychiatry in India fails to elaborate on the pivotal role of families in asylum confinement. Rather, the agency of family remains a parenthesis to the discussion of colonial knowledge and psychiatry. This book deviates from this historiographical trend by centring its discussion around the agency of the family and community.

[53] William Ll. Parry-Jones, *The Trade in Lunacy: A study of Private Madhouses in England in the Eighteenth and Nineteenth Centuries* (London: Routledge and Keenan Paul, 1972), pp. 283, 291.

[54] Leonard Smith, *Cure Comfort and Safe Custody* (London, New York: Leicester University Press, 1999), p. 5.

[55] David Wright, 'Getting Out of the Asylum: Understanding the Confinement of the Insane in the Nineteenth Century', *Social History of Medicine*, Vol. 10, No. 1, 1997, pp. 137, 143, 155.