

## **Shattered minds: Controlling the body in the lunatic asylums in colonial India (1858-1920)**

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### **Abstract**

*Taming with discipline and confinement the 'mentally ill' was largely a colonial concept. The colonial government particularly after 1857 revolt became more concerned about the insane and in controlling insanity they passed Lunatic Acts and constructed asylums throughout the country. In identifying the lunatics the colonial institution used Victorian morality rather than clinical observation. The vagrants and beggars were the mostly classified as insane by the British which was in contrary to the Indian concept of saints and sages. The ganja smokers, hemp and alcohol addicted men were also identified as lunatics. The Victorian morality recognized 'work' as a therapy and the 'mentally ill' were made to work in the garden, carpentry, grinding wheat and other works leading to monetary gain. The funds were applied to maintain the asylums, sometimes the local jails and led to profit for the British. The paper seeks to look into the colonial policy towards the asylums and the hard work imposed upon the lunatics leading to asylum 'industries' and how it received a new direction of economic gains.*

### **Keywords**

*Unmad, Bimarstan, Revolt of 1857, Lunatic Act XXXIV of 1858, Native –Only Asylums, overcrowding, asylum industries*

### **Introduction**

Lunatic asylums and hospitals directed and controlled by the state authority were introduced in the colonial regime. Mental asylums or confinement to a small cell due to mental illness is largely a colonial concept. The concept of “controlling” the lunatics through confinement and discipline existed in Europe in the early seventeenth century i.e., before the British annexation of India. In England laws were passed to identify and

treat a lunatic. The mentally ill was not considered fit to remain within the society and were to remain to private houses within the care of relatives and friends. The houses of correction and later workhouses were used for this purpose. The Society's tolerance of madness had changed, with far reaching effects and management of madness came to be bound increasingly to confinement. As early as 1750, Bethlem Hospital was constituted as a public institutional provision in England for mentally disordered people. There were more hospitals namely Bethel hospital, St. Luke's Hospital, Manchester Lunatic Hospital, York Asylum<sup>1</sup> and England passed laws namely the Lunatic Acts 1845 and the County Asylum Act 1845 in the nineteenth century. But prior to that the County Asylum Act of 1808 was passed which established institutions to poor and for criminally insane as well as mentally ill people. The paupers and wanderers were thus put in mad houses by the Poor Laws Act(1834)<sup>2</sup>. In India the situation was different, as vagabonds and homeless wanderers were not specifically identified as a threat to the civil society.

After the East India Company expanded their dominance over a large part of India, attention was paid for taming the mentally ill and insane by the Victorian concept of morality and care. While referring to Michel Foucault's *Madness and Civilization* it is considered that the concept of mental illness is largely a western construct. The Victorian concept of a civilized world did not exist in India. Foucauldian model of power, knowledge and discipline is used in the article as to assess the Indian context of colonial policy towards the lunatics. Patients were an object of the asylum care<sup>3</sup>. The main purpose of the article is to give attention to colonial policy towards the Indian lunatics and particularly the change in the policy of confinement towards the wanderers and vagrants after 1857. It looks into the Victorian morality system which imposes the lunatic patients to hard work in order to cure them. Due to the hard work the production in the asylums led to 'industries' and the colonial government received a new direction of economic gains.

### **Pre-colonial treatment of lunatics and mentally ill**

In the ancient India the mentally ill were identified and they were treated with care. In the Hindu tradition, insanity was treated through Vedic prayers and Ayurvedic practices. The

*Atharvaveda Samhita* 6.111 is a charm against insanity. *Sayana* considers it to be among the *matrnamagana* (list of charms having the name mother) and prescribes its use in a rite “for the quieting of pain from the Gandharvas, from the *Raksas*-demons, from the *Apsarases* or from *bhutagraha* (demonic seizure)<sup>4</sup>. The *Atharvaveda* deals with precision and the Hymn CXI (A Charm for Insanity) refers to an offering by the performer in treating mentally ill. It reads:

“Unbind and loose for me this man, O *Agni* , who bound and well restrained is chattering folly. Afterward he will offer thee thy portion when he hath been delivered from his madness. Let *Agni* gently soothe they mind when fierce excitement troubles it. Well-skilled I make a medicine thout thou no larger mayst be mad. Insane through sin against the Gods, or maddened by a demon’s power –well skilled I make a medicine to free thee from insanity. May the *Apsarases* release, *Indra* and *Bhaga* let thee go. May all the Gods deliver thee that thou no longer mayst be mad.”<sup>5</sup>

However, it seems that “this fits well with the notion that madness was considered to be characterized by the mind leaving the body; and in order to become sane, it must be returned<sup>6</sup>. Besides the hymns and charms, in Ayurveda the unreasonable and irrational state of mind is referred to as *unmad* like hysteria, *Apasmara* (epilepsy) and others. Ayurvedic science concentrated more on the aspect of mind, body and soul and thus molded the system of Ayurveda a treating process combining both body and mind. *Charaka Samhita*, gives a systematic line of mental diseases and the elimination of the disease through therapy. The *Satvavajaya* or Psychotherapy is based on three principles ie, replacement of emotions, assurances and psycho shock therapy<sup>7</sup>. Furthermore, Patanjali observed too that there is a constant rhythmic interaction between body and mind and to create a harmony of mind one should recognize the psychological self and to cure the mental illness yoga was the only remedy<sup>8</sup>.

In the medieval times the Mughals had established a system of care by creating *bimaristan*, a hospital for the insanes deriving from *bimar* (the Persian word for ‘patient’) and *bimaree* (meaning ‘disease’)<sup>9</sup>. Dominik Wujastyk has revealed that the Mughal

physicians could identify institutions that would cure insanity in the sixteenth century rather than just isolate and confine the mad<sup>10</sup>. Nevertheless, in the pre colonial period there were no institutions governed by the state authority to control the lunatics. One of the reasons behind the non – existence of the lunatic asylums controlled by state was due to the social differences among men in matters of caste which did not permit the treatment of the patients together in the same institution<sup>11</sup>. Therefore, the lunatic asylums in the form of ‘control’ and ‘confinement’ started to develop as a separate institution in the colonial period.

### **Definition of a Lunatic in British Laws**

The British before coming to India passed lunatic laws in England and defined a ‘lunatic’ with the help of western medical science. The Laws of England says that, “A lunatic or non-compos mentis, is one who hath his understanding but by disease, grief or other accident, hath lost the use of his reason”<sup>12</sup>. It further states,

“a lunatic is indeed properly one that hath lucid intervals; sometimes enjoying his senses and sometimes not and that frequently depending on the moon. But under the general name non compos mentis, are composed not only lunatics, but persons under frenzies, or who lose their intellects by disease; those that grow deaf, dumb and blind, not being born so, or such, in short as are judged by the court of chancery incapable of conducting their own affairs”<sup>13</sup>.

The terminology for lunacy was loosely phrased so that it can include all those who were considered to be socially and politically troublesome to the British authority. These laws and sense of Victorian morality were used in the colonies to identify and interpret lunacy and lunatics according to their own requirement.

### **An overview of the history of establishment of lunatic asylums**

Some evidences suggest that Portuguese were the first to introduce modern medicine and hospitals to India during the 17<sup>th</sup> century in Goa<sup>14</sup>. The history of modern psychiatry in the Indian subcontinent starts with the establishment of mental hospital by the British

East India Company in 1600. They were constructed exclusively for the European patients in India. The first asylum was established in Bombay in 1745 and the second at Calcutta in 1784, which were exclusively for Europeans<sup>15</sup>.

A surgeon named Dr. George M. Kenderline established the hospital in Calcutta, which was initially not recognized by the Medical Board as he was earlier dismissed due to negligence in service in 1777. In 1787, Dr. William Dick, a surgeon, established a private hospital, which was recognized and rented to East India Company. After his retirement in 1818, the hospital gradually deteriorated and was closed in 1821<sup>16</sup>. At that juncture, in 1817, surgeon Beardsmore, the head keeper of the hospital, had opened a private hospital at Bhowanipore, Calcutta. This hospital housed around 50–60 European patients with clean surroundings and a garden. During this period, patients were treated with opium and morphia, were given hot bath, and sometimes leeches were applied to suck blood. It was believed that blisters were useful for controlling excited patients. In 1794, Surgeon Valentine Connolly, who was the first superintendent and proprietor of the hospital, established the first hospital in South India at Kilpauk, Madras, for twenty patients<sup>17</sup>. Later in 1799, the government took it on lease and Surgeon Morris Fitzgerald was appointed as medical superintendent. In 1807, surgeon James Dalton took in charge and expanded the hospital for 54 inpatients. In 1795, another lunatic asylum in Monghyr, Bihar, about 400–500 miles north of Calcutta, was established by the British rulers. During the same period in 1855 in Dacca another lunatic asylum was opened in Murli Bazar. In the state of Bihar which was under the influence of the Englishmen, two hospitals were opened, one at Monghyr started in 1795 for insane soldiers and later in 1821 another lunatic asylum was opened at Patna.<sup>18</sup>

After Lord Cornwallis rule (1786-1793) and until 1857, there was no further growth of any lunatic asylum in other parts of India except in the major cities of Calcutta, Bombay, and Madras. After 1858 numerous asylums were built at Patna, Dacca, Calcutta, Berhampur, Cuttack, Waltair, Trichinapally, Colaba, Poona, Dharwar, Ahmedabad, Ratnagiri, Hyderabad (Sind), Jabalpur, Banaras, Agra, Bareilly, and Lahore. Colaba was mainly meant for Europeans with over 285 beds and Ahmedabad had 180 beds by 1872.

The year 1874 is also important in Indian history as Assam was separated from Bengal and by 1876 a new asylum was opened at Tezpur. The similar expansion was also visible in Central Provinces where asylums were established in 1866 at Jabalpur and in 1866 at Elichpur in Brar. The hospitals at Jabalpur and Brar were constructed in 1912 and 1924, respectively. A hospital in Benaras was started in 1854, and at Agra in 1858 and later at Bareilly in 1862<sup>19</sup>.

In the twentieth century all asylums that were hitherto under the charge of the inspector general of Police were put under the charge of civil surgeons. The second change was in the recognition of specialists in psychiatry to be appointed full-time officers in these hospitals and the third significant addition was the intent of Government to have a central supervision of all lunatic asylums which was contemplated in 1906 and was brought out in the form of India Lunacy Act 1912. Furthermore, specialists in psychiatry were appointed to these hospitals<sup>20</sup>.

Under a new legislation (Indian Lunacy Act, 1912) a central lunatic asylum was established in Berhampur for European patients, which was later closed after the establishment of Central European Hospital at Ranchi in 1918. The year 1918 saw the establishment of a Central European Hospital (now called the Central Institute of Psychiatry) at Ranchi by Col. Berkeley Hill for European mentally ill patients. It was the effort of Berkeley Hill that not only raised the standard of treatment and care in the mental hospital at Ranchi but it was his persuasion with the Government that the names of all mental asylums in India were changed to mental hospitals in 1920<sup>21</sup>.

### **Changing policies in the Lunatic asylums since 1858**

It is true that lunatic asylums were established prior to the Revolt of 1857, though more in numbers for the Europeans than for the native Indians. After 1857 there were more native asylums in India than for Europeans. In India the year of 1858 is very significant as it marked the transfer of power from the East India Company to the Crown and it also marks the end of the Revolt of 1857. Within the year 1858 three lunacy acts were passed to deal with insanity across India: Act XXXIV of 1858 (Lunacy Act Supreme Court), Act XXXV of 1858 (The Lunacy Act District Court) and Act XXXVI of 1858 (Lunatic

Asylum Act).<sup>22</sup> These Acts established Lunatic Asylums for natives, made “provision for better care” of lunatics and codified the procedure for admitting insane to these institutions. In India the “lunatic was meant to every person found by due course of law to be of unsound mind and incapable of managing his affairs”<sup>23</sup>. It is interesting to note that these lunacy acts were part of the acts for the general reorganization of Indian administration after 1858. It is equally notable that the Indian Lunacy Acts were passed in 1858, merely six weeks after the new Government under the Crown had taken its seat. They represented the thirty-fourth, thirty-fifth and thirty-sixth acts of governance under the Crowns Rule<sup>24</sup>.

The 1857 revolt made the British Government aware of their position in India and to strengthen it, they passed the Lunacy acts. Prior to the 1857 Revolt the attitude of the British towards the Indians were different but the uprising of 1857 changed the perspective of the British towards Indians and as Mills stated that, “they were now viewed as a dangerous population that needed to be further subjugated”<sup>25</sup>. This sense of insecurity was felt with the existence of ‘wanderers’ and ‘vagrants’. Mills argued that the British were willing to take preliminary measures in order to protect themselves from any uprisings and revolt by removing the weapons away from Indians and to do away with the unpredictable individuals from the society<sup>26</sup>. The Lunacy Acts in the Clause 4 & 5 stated the collection of insane wanderers and vagrants, with the requirement specifying that a magistrate must deem them legally insane, which would be followed by incarceration in a Native- Only Asylum<sup>27</sup>. This clarifies the fact that these people collected may not be clinically proved to be insane but legally they are to be identified as insane.

After the 1857 revolt and the passing of the Lunacy Acts of 1858, a Committee was appointed in 1888 to bring reforms in the asylums. Within the period between 1858-1913 asylums were built at Patna, Dacca, Calcutta, Berhampore, Trichinopoly, Colaba, Agra, Bareilly, Tezpur, Lahore, Poona, Dharwar, Ahmedabad, Ratnagiri, Hyderabad (Sindh), Jabalpur and Benaras<sup>28</sup>. The British since 1858 were much interested in reforming the Indian and imposed it as a sense of morality on behalf of the colonial masters.

Nevertheless, it is important to study that the statistical data collected by the British in 1856 which shows insanity in India was much lower than compared to England. Yet the British Government gave special attention in identifying the lunatics, collecting and establishing the lunatic asylums since 1858. Dr. MacPherson writes that,

“while speaking high of the white skin superiority of race or racial superiority that we ourselves doubt much whether insanity be actually moiré prevalent among civilized than among uncivilized nations-it doubtless assumes very different forms—highly educated man would probably not be affected in the same way as the ignorant, uneducated and superstitious man—but is it not possible that among the civilized populations, greater notice is taken of those afflicted with lunacy, and thus an apparently higher proportion of insane to the population is made to appear”.<sup>29</sup>

Twelve state funded asylums were established under the new legislation. Six already existed, in various parts of Northern India and under different circumstances: Patna, Dacca, Murshidabad, Benaras, Delhi and Bareilly. The other six –Nagpur, Jubbulpore, Lucknow, Dullunda, Moydapore, and Cuttack- were converted from existing structures, such as large homes and even a dilapidated farm<sup>30</sup>. Within a few months after assuming its control the Crown gave birth to the native asylums in India which was definitely a response by a beleaguered government to control and constrain the leaders of the 1857 uprising. Similar argument has been placed by David Arnold that, the new Government wanted to besmirch the leaders of the Rebellion, punishing them with commitment to a psychiatric institution, rather than a prison, where pathology and stigma would prevent their becoming martyrs for a new wave of uprisings<sup>31</sup>. The Revolt of 1857 thus made it clear to the British that their subjects could organize and react in stark opposition of the British colonial paradigms. The new Government of India under the Crown underwent certain practical transformations in order to rule it's most prized colony more effectively but also it moved to embody a different governing mentality.

The statistical data given in the report by Indian Hemp Drugs Commission, 1893-1894 of the year 1892 regarding asylums of Bengal Province and the occupation of the patients

admitted in the states that there were 98 total patients out of which 5 *fakirs*, 16 beggars, 13 cultivators, 7 shopkeepers, 12 traders, 15 labourers, 6 servant, 4 *sepoys*, 1 panda, 1 student, 1 prostitute, 1 priest, 1 constable, 1 *tehsil jemadar*, 1 *sowar*, and un known 12. Thus the *fakirs* and beggars who are the vagrants and wanderers are 21 in number and are the maximum part of the patients who were admitted in the asylum<sup>32</sup>.

Moral responsibility was an important issue in the Victorian era. Protecting the lunatics who could not protect themselves was the major moral concern of the medical community of British India, especially if the lunatics were categorized as wanderers or vagrants. Laws were passed in England regarding the vagrants and wanderers and they were taken to lunatic asylums. But the cultural philosophy of India was not similar to the British. Nomads and wanderers were a part of Indian religious and spiritual life especially the asceticism. But after the 1857 revolt the wanderers and vagrants were no longer be able to choose their living arrangements because of the British concern for security.

### **Constructing racism in treatment of the lunatics**

In the nineteenth century in British India there was a complex relationship between colonial knowledge of phrenology and race. Scientific examination of the Indian skull was a method of transition from the Indian body to the Indian mind and in doing so they firmly believed in colonial science of race, especially phrenology and the autopsy, that sought to explore, measure and classify the colonized body and that it constructed it as fundamentally different from the body of the colonizer<sup>33</sup>. As Mills demonstrates that the symptoms of “madness” as recorded in the colonial asylum were overwhelmingly physical rather than mental; the asylum doctors chose to focus on the details such as the patients weight, bowel functions and the colour and consistency of the brain upon the inmate’s death and no reference is given about the patients mental condition.<sup>34</sup>

The asylums for Indians and Europeans were separate. The environment and treatment of the European asylums were much better than their Indian counterpart. The medical professionals treating the Europeans had received better training than those serving in Native-Only asylums. Sometimes hospital regulations were altered to favour the mentally ill Europeans in India. Throughout the medical facilities of India, changes were enforced

to give the British the utmost care. Unlike the Indian lunatics, the Europeans were treated with 'great care' and 'attention', whilst institutions for the poor aimed at providing undesirable conditions for its inmates. It is, however, also that the velvet glove of measures was meant for the control and relief of Europeans in India.<sup>35</sup> The concept of Victorian morality, conversely, did not work in identifying racial superiority and subduing the Indian race by the colonial masters.

### **Identifying the native lunatics**

It is true that the term lunatics had been defined in the Lunatic Acts of 1858 but in recognizing 'lunatics' or 'insane' in India, the British confined a wide range of diseased men and with different social behavior. Arthur Payne, the Superintendent of the asylums in the Bengal Presidency gives a report on the Bengal Asylum in 1862 that there were more alcoholics and drug addicts (ganja smokers) than patients with actual mental illness. The Dullunda Asylum in the same year shows that, out of 111 patients, 89 were confined for drug and alcohol intoxication, 8 for epilepsy, 3 for depression, 5 for congenital disease, 2 for old age and 2 for opium use<sup>36</sup>. Considering the statistics 91 patients were kept in confinement due to addiction more precisely for public intoxication. It was argued that once the addiction was out of the patient's system, the patient would be sensible and logical human. But records reveals that even after their addiction to intoxication was removed, they were still made to remain confined. The records also reveal that the epileptics were not provided with anticonvulsive medication during this period<sup>37</sup>.

The patients were mostly brought to the asylum on the charge of public nuisance. When the admission of the patient took place, the case notes shows that there were more cases of vagrants or wanderers than actually mentally sick and nothing was mentioned about the mental state of the patient. Little was known from the case histories except that the patient list gave one word summaries of the disease and its cause for each patient were described as 'unknown'. Out of the patients that had a cause listed, the common 'diseases' included chronic mania and dementia with the most common causes being ganja smoking, use of hemp and addiction to alcohol consumption. The patients who were under intoxication and addiction were kept in confinement for a longer period of

time. An example is available of Randkrist Dennonth who was confined in Dallunda Asylum on October 9, 1861 as a *ganja* smoker and remained in confinement till May 19, 1862.<sup>38</sup>

The asylum was important as it was a site of what will be called the categorization and enumeration of cannabis use as a social problem. The British medical officers and superintendents of the asylums came to believe that cannabis was linked to insanity and violence. Dr. Crombie informed the commission that,

“nearly thirty per cent of the inmates of lunatic asylums in Bengal are persons who have been *ganja* smokers and in a very large proportion of these I believe *ganja* is to be the actual and immediate cause of their insanity”<sup>39</sup>.

Hemp was too taken as another reason for insanity and men using this was admitted in the asylums as seen in a statistics provided by a Report of the Indian Hemp Drugs Commission, 1893-1894 of the year 1892 regarding Bengal Province:

**TABLE-1**

**PATIENTS ADMITTED IN BENGAL ASYLUM IN 1892**

Asylums	Total admission in 1892	Cases attributed to hemp drugs in 1892	Number of cases accepted			Number of cases rejected
			Due to hemp drugs	As mixed cases	Total	
Dullunda	64	18	5	3	8	10
Patna	38	8	2	1	3	5
Dacca	43	15	4	1	5	10
Berhampur	38	11	3	1	4	7
Cuttack	3	1	---	-	-	1
Total	186	53	14	6	20	33

Marijuana: Report of the Indian Hemp Drugs Commission, 1893-1894, Volume -1, p-238

The management of the native asylums was not properly done and most of the native asylums were overcrowded. MacPherson relates that the asylums could house 750 patients but most of them were overcrowded with as many as 1,041 patients<sup>40</sup>. The overcrowding in the asylums was an issue for the superintendents particularly of Bengal. The annual asylum reports for both 1862 and 1870 points on the problem of overcrowding. Some of the Bombay's asylums were so crowded that staff could not maintain segregation between male and female patients due to spatial constraints<sup>41</sup>.

### **'Work' as a remedy in the asylums**

Similar to the prisons the colonial regime with the Victorian morality of reform and care sought to introduce labour in the asylums as in the prisons. David Arnold mentions the colonial prison as the material adjunct of the colonial system.<sup>42</sup> Employment of the prisoners on outdoor labour helped to reduce overcrowding and allowed the mobilization of scarce labour for tasks such as digging canals, construction of roads and ironically, also building prisons. Regarding asylum labour, there were no clear rules but those who were capable of work were certainly employed in all asylums. Though work was considered as a therapy for the lunatics in asylums but it was applied only for Native – Only asylums while it was considered 'uncongenial' for the European insane of any social class in British India, owing to the warm tropical climate.<sup>43</sup>

The British believed that steady work would result in long lasting cure for the patients in the asylums. The asylums gives a record of rope making, loom working, tin work, gardening, cooking, fetching water, masonry and other ground works. The British categorized the different jobs as "asylum industries". The goals of the medical staff are exhibited in report on Dacca asylum: 'As occupation is so essentially necessary in the treatment of the insane I have to give them occupation without taxing their physical strength, and without using coercion, the great object being to make occupation subservient to health'.<sup>44</sup> The work was not been forced as the British believed that coercion would not lead to habit forming skills which is necessary to get cured. By 1870 the asylum industries started to expand and it gave new occupation for those physically unable or had "lost all muscle for work and all stomach for digestion".<sup>45</sup> The

Superintendent J. Bedford Allen in Lunatic Asylum of Patna states that, "The food is unexpectable in quality and sufficient in quantity. The *atta* is ground in the asylum by the female insanes, who also prepare *soojee* for sale".<sup>46</sup>

The annual reports of 1862 and 1870 shows that the work of the lunatics led to profits in the asylums. Some industries such as asylums garden did benefit the patients. The Annual Report of 1862 shows that the production of the second year were feeding the Native – Only asylums, European asylums as well as some local jails.<sup>47</sup> The British used the garden industries for not only therapy but also to gain profit. In an annual report stated by A. Fleming, Surgeon Major, Superintendent of Moydapore Lunatic asylum for 1867 that "the diet of the asylum were provided by all the vegetables furnished from the Asylum garden worked by the lunatics." While giving the statement of the Cost of Diet Surgeon Major, A. Fleming affirms:

"Exclusive of cost of establishment, the expense of feeding each insane throughout the year has been Rs 15-9-8. After paying all expenses of raw materials purchased for the manufacturers, the clear profits amount to Rs 156-13-10, which gives as the amount earned by each lunatic Rs.9-3-7." But the profit amount was not handed over to the patients but it was for the British Government<sup>48</sup>.

By 1870, the gardens throughout Bengal's asylums were flourishing. The Dallunda asylum had converted a swamp into "an ornamental and productive garden, which furnishes vegetables in abundance, and has commenced to produce the best kinds of fruit, both for use and for sale"<sup>49</sup>. Almost every page of the asylum reports spoke of the profits that were earned from the gardening. The patients completed the excavation and draining of the swamps. There is never an explanation as to why or how laboring in the gardens helped the patients; this seemed of very little concern in the reports. The superintendents did say that garden work was used as a treatment in passing remarks, but the level of detail about the patient history and diagnosis is nowhere comparable to that of profit margins.

Besides gardening there were carpentry as another source of income and it was taken as a method of treatment. A Simpson, the Superintendent of the Dacca asylum, wrote a lengthy description of the goals of using carpentry as a treatment. He mentions that carpentry was a profitable labour work and he also says that,

“necessary tools have now been supplied from the profits of the labour, and I am endeavouring gradually to increase the number of men; at present there are seven lunatics at this work, and as many of the tractable as can be spared from the other duties I will instruct carpentry. A good carpenter here can earn Rs15-20 per mensem on monthly wages of Rupees 10. A carpenter will only work five hours and takes other work for the remainder of the day”.<sup>50</sup>

It should be noted that there is no mention of the care and treatment of the patients in the passage. Unfortunately, the report seemed to be a profit plan for the British government. The asylum industries also manufactured products in looms and spinning devices. The main manufacturing consisted of spinning cotton yarn and flax twine, weaving cloth and *tant* and the making of bamboo *morahs* and chairs<sup>51</sup>.

The question thus arises that how it would be possible for the mentally incapacitated patients to be able to work in a loom, or to make cloth and ropes or to work with knives and scissors. It is to be noticed again that the large portion of the patients in the asylum were vagrants and wanderers. In the mid –nineteenth and twentieth century when medical science of psychiatry flourished and treatments were being developed, the focus of the Native Only asylums concentrated on employment and profits. Throughout the annual reports a mention of the work profit is continuously referred.

### **Conclusion**

The British lunatic asylums in India posed a sense of Victorian morals but actually manipulated in diagnoses of patients. The concept of ‘lunatics’ was more a political and legal construct rather arising from the sense of insecurity due to the revolt of 1857. As a result of which the British filled the lunatic asylums with patients who were mostly beggars, vagrants and wanderers. The confinement in the cell would discipline them. They would be ‘civilised’ and ‘cured’ by the high morality of Europe. Racial segregation

was observed in the asylums and the superiority of the European race was preserved. The European patients were given the best treatments, better medical assistants and with rest in their well maintained asylums. Work as a medicine was used in the Native –Only asylums and industries grew up with gardening, carpentry and even loom manufactures. Such method of cure was not applied for the European patients and the rationale illustrated was the tropical climate of the country with which the European was not habituated. Industries and manufactures brought profit to the British Government and the cost of food, building and cloth of a lunatic patient was made by the profit. As Foucault analyses that, “In the asylum work, stripped of any production value; it was imposed as a moral value. It was a limitation of liberty, submission to order, an engagement to responsibility, of which the only goal was the tethering of a spirit that roamed too freely in the excess of a liberty which physical constraints only limited in appearance”<sup>52</sup>. The colonial masters applied the same motive towards the lunatics in restricting their freedom by imposing discipline, order and work and justified it through morality. The work, however, brought profit for the British Government. But the funds raised by the patients were not reinvested for the benefit of the asylums in repair, maintenance and medical facility of the native patients.

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