



# Mental Disability and the British Raj: Violence with Bodies in Indian Colonial Mental Asylums

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## Abstract

The meaning and understanding of 'disability' changed from time to time. For the colonial government, it was the introduction of legal acts and clauses to deal with the issue of disability in colonial India. Mental health legislations were important to protect the rights of the mentally disabled and mentally ill. Legislation aimed to integrate the mentally ill community. This paper will explore how the odd body became a target for psychiatric treatment in colonial India though for the sake of welfare legislation. It considers the history of psychiatric treatment in India and will focus on the issue of violence in so-called 'therapeutic' regimes.

**Keywords:** Asylum, Disability, Psychiatric, Colonial, India, Foucault, Lunatic

The subject of 'public health has been at the core of the historiography of medicine in India over recent years. Broadly speaking there are two tendencies in the literature to date. The first is the concern with questions of the colonial legacy in public health. At this point, the opinion among the scholars is divided. Public health flourished under colonial agencies that claimed that it was meant to protect only British natives. Some scholars raised questions over the use of the term 'public health and in place they preferred 'state medicine.' The second historiographical tendency is indebted to the writings of French philosopher Michel Foucault, which examined that the colonial system used public health as a means to know and control its subjects.<sup>1</sup> These two tendencies

<sup>1</sup> Arnold, D, *Colonizing the body: State Medicine and Epidemic Disease in Nineteenth-Century India*, OUP, Delhi.

are not necessarily opposed to one another as scholars are suggesting that the notion of 'public health' emerged from a reformist mode of governance which was part and parcel of British imperialism.<sup>2</sup>

Michel Foucault identified the body as central to the system of organization and 'discipline', employed in modern societies. The body was the focus. As it was the source both of the unruliness of desires and drives and the productivity needed in the capitalist system. Bodies were cleaned up and prepared by the technologies of modern medicine, taught the correct way to function in schools, prisons and lunatic asylums and lined up for productive activities. This approach towards the body varies from community to community. In this context, the state has a different attitude towards different types of bodies. The meaning and understanding of 'disability' changed from time to time. For the colonial government, it was the introduction of legal acts and clauses to deal with the issue of disability in colonial India. Mental health legislations were important to protect the rights of the mentally disabled and mentally ill. Legislation aimed to integrate the mentally ill community. This paper will explore how the odd body became a target for psychiatric treatment in colonial India though for the sake of welfare legislation. It considers the history of psychiatric treatment in India and will focus on the issue of violence in so-called 'therapeutic' regimes.

Asylums for the confinement of leprosy afflicted and the mad – European and Indian – have provided historians of British India with fertile subject matter over the last two decades.<sup>3</sup> The British Raj in India started establishing asylums and created related narratives at the end of the 18<sup>th</sup> century. Foucault explored the writings of institutional confinement and postulated that the history of madness shows the "great confinement." *Madness and Civilization: A History of Insanity in the Age of Reason (1973)* begins by describing the exclusion and confinement of lepers. Leprosy and lunatic asylums were among the first medical institutions to receive attention from the historians of India. Walter Ernst shows how the function of colonial asylums shifted markedly over time from the incarceration of violent and intractable persons to more determined attempts at cures.<sup>4</sup> These institutions played important role in the development of western medicine, being important sites of innovation in morbid anatomy and therapeutics. In such hospitals, European practitioners found much more freedom to experiment than they did at home.

<sup>2</sup> Pati and Harrison, *The Social History of Health and Medicine in Colonial India*, Routledge, London, 2009,p.2.

<sup>3</sup> E.g. W. Ernst, 'The establishment of "Native Lunatic Asylums" in Early Nineteenth-Century British India', in G. J. Meulenbeld and D. Wujastyk, eds, *Studies on Indian Medical History*, Groningen: Egbert Forsten, 1987, J. Mills, *Madness, Cannabis and Colonialism: The 'Native- Only' Lunatic Asylums of British India, 1857-1900*, London, Macmillan, 2000.

<sup>4</sup> Pati and Harrison, *The Social History of Health and Medicine in Colonial India*, Routledge, London, 2009,p.5.

The history of asylums can be traced to 1745 in India with the beginning of a mental hospital in Bombay. Later Dr. George M. Kinderline established the first asylum in Calcutta in 1787. On 17<sup>th</sup> April 1795, the first governmental lunatic asylum was established in Monghyr, Bihar by the British. It was primarily meant for insane soldiers. There was a steady growth of mental asylums after the 1858 Act was introduced in colonial India. In the absence of any set of clear rules or laws related to lunacy in medieval India, the British were free to transport their laws. Indian lunacy laws were heavily influenced by, if not a replica of the English lunacy law. Asylums were opened at Patna, Berampur, Dacca, Madras, Benaras, Agra, Sindh, Tezpur, Lahore etc. This was a time of political unrest and it was important for the British to have something that make people believe that the British government was not here for a military purpose; rather they cared for welfare measures too. In such political circumstances, the Indian Lunacy Act of 1858 was passed. It provides rules and regulations for mental ill. This act was the result of colonial reorganization as well as evolving nature of the discussions on madness and mind. The British Raj perceived mental disability in an absurd manner. The British treated mad people as worthless for the society. According to the Bengal reports, mental disability occurs due to syphilis, masturbation and witchcraft. Asylums marched along with colonialism in India. The insane hospitals were initially opened for the sequestration of insane soldiers but soon the provision was extended to the 'native' insane. The 1858 Act became the legal source for the establishment and management of lunatic asylums in India. The Act stated that mad people are dangerous and the District police officer should catch them to produce before the magistrate. The definition of 'lunacy' remained vague in this period. It was left to the police and the officials to miss its meaning. Mental disability became associated with mania, dementia, melancholia and imbecility until 1912. Later, other categories of mental disability emerged with merging its causes and types such as alcohol and cannabis.

There is enough evidence that the British *raj* was intent on providing institutions in India in which the local population who were mentally ill would receive treatment. According to medical historians, British medical officers targeted the inmate's body using the therapeutic regimes developed in the nineteenth century to assert themselves and their agendas over those in asylums. Colonialism used –or attempted to use – the body as a site for the construction of its authority, legitimacy, and control. Over a long period of British rule in India, the accumulation of medical knowledge about the body contributed to the political evolution and ideological articulation of the colonial system. Bodies were being counted and categorized to evolve as disciplined bodies. In this context, the agenda of the State in the asylum can be understood or explored through two stages: control and reform.

The first task for the medical officer on being confronted with a new inmate was to establish authority over that individual and to ensure that his or her behaviour and the body met a basic norm from which the process of reform could take place. Thus the body was the first site to be prepared. The body was to be ordered and made efficient through the rules, so cleanliness and eating were emphasized and the working of the body

was closely observed. 'Every patient is daily bathed' and the superintendent of Dacca elaborated on the regime of his institution:

The lunatic, both males and females, are bathed daily... The dirty and intractable patients are rubbed with mustard oil made into a thin paste with water and then washed under the shower bath. This cleanses the skin and leaves it soft, and is better than soap which makes the skin dry... one of the day keepers is particularly set apart for the bathing duties.<sup>5</sup>

In the mental asylums, it was ensured that every patient must be fed on time either by choice or force. There were cases of refusal of food and in such cases patients had to be fed with the stomach pump. Sometimes the administration of nutrition could be more violent still: 'Tea was also given by injection through rectum'.<sup>6</sup>

We can conclude that the patients had no control over their diet or intake, and it was decided by the colonial authority and medical officers and sometimes it was administered forcibly if necessary. Vaccination of asylum inmates also seems to have been routine in several cases. As David Arnold has demonstrated that vaccination in the prisons of India was an unashamed assertion of the colonial will as, at a time when vaccination against smallpox still encountered strong resistance and evasion in India, it was compulsory for prisoners.<sup>7</sup> Vaccination has been practised commonly in the asylums of colonial India against the patient's will. In the asylums patient's body was not just subjected to washing, feeding and vaccinating rather it was also deliberately rested too. The medical officers in charge of different asylums in colonial India use certain kinds of the drug to ally undue excitement and procure sleep. Sometimes a little wine at bedtime induces a quiet sleep.<sup>8</sup>

The whole process of treating the body was accompanied by close surveillance of the body to keep track of its progress towards a certain standard. To achieve this system of weighing the patients on monthly basis was introduced. Mills demonstrates that the colonial asylums and doctors treated mental disability as a physical problem not as mental problem; accordingly they focused on the patient's body, weight, temperature, weakness, blood pressure etc. Overall then the policy of medical officers was to tend to the patient's physical state. This could be seen as the only act of benevolence on the part of colonial officers dealing with patients who were often starving or ill. It has been noted in the annual report of the insane asylums in Bengal (1862) that, most of the patients require no other treatment than good feeding. The above-discussed measures are explicitly disciplinary and medical officers assumed control over the cleaning, feeding and sleeping of the asylum patients. In this context, the legitimate use of the disabled Indian's body was decided by the British officers. The

<sup>5</sup> *Annual report of the Insane Asylums in Bengal*, 1862,p.29.

<sup>6</sup> Mills and Sen, *Confronting the Body: The Politics of Physicality in Colonial and post-Colonial India*, Anthem Press, London, 2004, p.82.

<sup>7</sup> Arnold, D, *Colonizing the body: State Medicine and Epidemic Disease in Nineteenth-Century India*, OUP, Delhi,p.108.

<sup>8</sup> Mills and Sen 2004: 83.

colonial doctors working inside the asylums had their ideas about what should be done with the body of the Indians whom they considered insane. It was the medical men who were dictating acceptable behaviour and using various means of restraint to restrict the possible modes of expression available to the Indian patient. Some of the colonial medical officers attempted to punish or attack aberrant conduct through a series of shocks. So pain and shame<sup>9</sup> were weapons in the armoury of the asylum to confront the behaviour of the disabled. Colonial asylums aimed to create or produce strong and ordered bodies, which can be achieved by feeding, cleaning and chemical treatment. The medical officers had disciplinary intentions and the net effect of this violent act was to control and punish the behaviour of those whom the British encountered as insane in asylums. Resumption of labour by asylum inmates was equated with the recovery of their minds and bodies.

Diagnosis of the mental disability, as seen in the mental health collection, reflects early and incomplete understandings of mental illness. The asylums records distinguish between moral and physical causes of insanity. J. C. Penny mentioned that doctors mistreat mental patient with intoxicating drugs such as hemp in the mental asylums. Penny was the superintendent of Delhi lunatic asylum which established in 1872. Doctors of the mental asylums believed that the use of narcotic causes mental disease. Later, this doctor's perception proved wrong, which was also stamped by the Indian Hemp Drugs Commission. This misconception created by the police, who are not trained medical professional. The reports indicate that the mental asylum's doctors were using cannabis and opium to calm down mad people even after dismantling this delusion.

After gaining control over the patient's body, doctors aimed for the recovery of the mental disables and make them useful for the society. Work was both the means and the measure of 'recovery' in the patients. The main colonial aim was to cure patients to create a productive labour force. Through exposure to work, it was thought that the Indian inmates would become familiar with the colonial economic system and become ordered and productive individuals. One of the major aims of the medical officers in the asylum was that all the insane are encouraged to engage in work as much as possible. It is the mark of improvement when a patient is rather sitting in an idle, unobservant mood; they indulge themselves in some kind of work. In this way, work was central to the modes of treating the Indian inmates as it became both the means and measure of 'recovery' in the patients. The British wanted patient's to reform into useful and productive bodies. In other words, the patients were expected not to have compelled to work but to wish to work and to learn to want to work, and this was achieved through the tactics of pressure or the offering of incentives. The body at work was a symbol of the colonial civilizing mission through education and discipline. The body at work was a sign of the success of the colonial treatment process through medicine and reform. Michel Foucault in *Discipline and Punish* describes how labour, in particular the naturalization of work habits within the body, became a method of reform in

<sup>9</sup> Enema was administered in public, instead of within the patient's cell or in the hospital.

Europe in the eighteenth century, shifting emphasis away from physical torture to psychological reform through industrious labour. This paper traced the violence that has been a central feature of treatment regimes in the psychiatric system in colonial India. The violence is not in an undirected or casual manner. Rather it involves carefully planned physical assaults on the body that are justified by the way of therapy and cure. The aim underlying this whole process was to control and transform the behaviour of the individual. Thus the body becomes a gateway to the mind of the individual. Gautam Chatterjee has argued, in the case of the institution for juvenile offenders, that it also 'provided an opportunity to intervene and restructure juvenile minds'.<sup>10</sup> In short, the violence of the psychiatric system in India had colonial origins; they impose a new order upon the chaos that they imagined in local society.

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<sup>10</sup> Chatterjee, G, *Child, Criminals and the Raj*, 1955, Akshaya, New Delhi.