

MORE THAN BRICK AND MORTAR
RECONSTRUCTING
HISTORIES of
MENTAL
HOSPITALS
IN INDIA

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The past, what we have done or not done, slips and flows, like a stream to a carved-out channel, into the things we do years after. It is never safe, or wise, to say that anything is over.

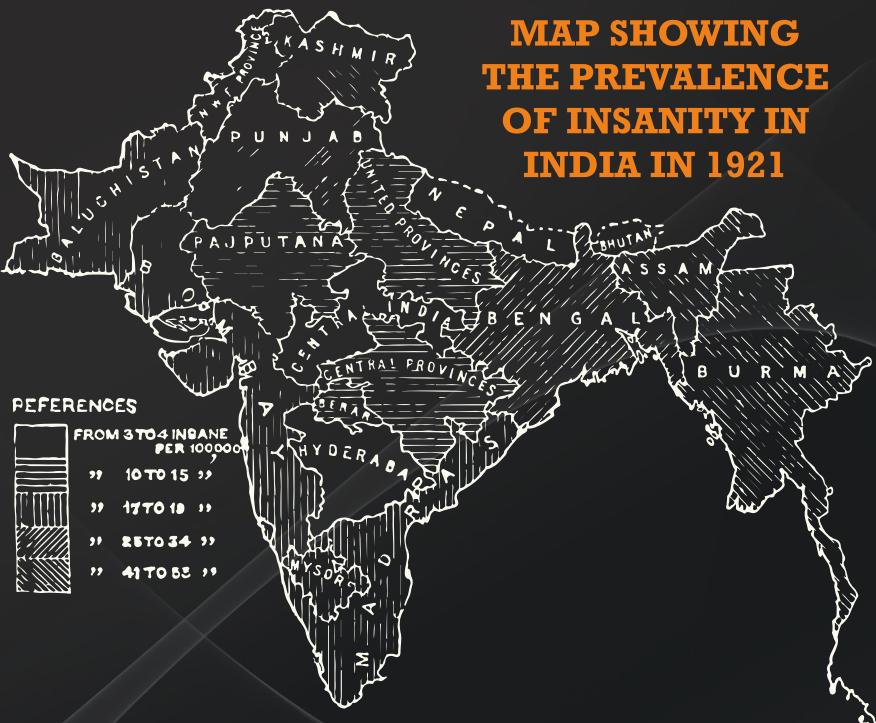
Guy Gavriel Kay, in The Last Light of the Sun.

In any articulation of the state of affairs, it is always wise to keep in mind what it is that has gone before. In India, the engagement of psychiatry as a medical speciality with society has been, until 1947, largely through the mental hospitals, which, at the time of Independence, were about twenty in number for a country the size of India.

The way mental hospitals have been perceived in the West in the last half century has been largely negative; they have come to be seen as "snake-pits of squalor and brutality", which has led to their being closed down in large numbers in the process of what is called 'de-institutionalisation'. So the United States, which at one point had hundreds of mental hospitals, has systematically closed down the majority, with the goals of community care in mind.

The fact remains that the mental hospitals had indeed become places where gross violations of human rights occurred. However, whether the closing down of the institutions has helped ensure better support to and care of people with mental illness, is currently being debated all over the world. The increased number of people with severe mental illness, destitute and homeless on the streets and incarcerated in prisons across America is a stark reminder of the fact that good intention may often be attended to by unintended consequence.

MAP SHOWING THE PREVALENCE OF INSANITY IN INDIA IN 1921



*Census of 1921, showing the disparities in the numbers of mentally ill in India
Marten JT, the Census of India, Vol 1, Part 1. Calcutta: Government Press 1921*

The present work is intended to chronicle the history of the Indian mental hospital. What started as an exploration of history has turned into the learning of fascinating stories of what went on behind the high walls of the asylums, and an examination of the ways in which society has understood madness. While others have indeed told some stories of the hospital, it is wise to remember that there will always be many tellings of each tale, and all tellings will be true. This work is planned as an on-going series both for the student and the practitioner of psychiatry, so that, as we go forward, we do not lose sight of what went before.

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DELHI



Asylum in Delhi

The Delhi Asylum was destroyed on 11 May 1857 (Day 2 of the 'Mutiny'), perhaps the first act of rebellion in Delhi. All 110 inmates escaped. The Asylum was reorganised and reopened in 1861.

The History of the Mental Hospitals which have existed in the Punjab may appropriately be described as a drama which is still in the making

Critical Review of the Punjab Mental Hospitals from 1840 - 1930, Major CJ Lodge Patch

CONDITIONS IN THE ASYLUM BEFORE 1857

Food was diversified, so that those patients who worked got better food than those who did not.

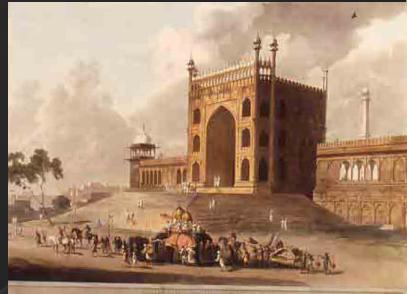
Economic incentives were also offered to patients.

The patients' labour was employed in laying out and maintaining extensive gardens.

Medical treatment consisted of blistering of the head and neck, cold and warm baths, and tonic and aperient medicines (both native and European).

Jama Masjid of Delhi

In 1877, an Irish soldier converted to Islam and announced at the Jama Masjid that the Russians and the Amir of Afghanistan were on their way, and that all Muslims should get ready to help them, and drive the British out.



He was admitted to the asylum, but there was a public outcry, as it was felt that he was being considered insane for converting to Islam, while converts to Christianity were not labeled insane.

He was quickly transferred to England.

CONDITION AT DELHI ASYLUM, C. 1851

Reports of conditions in the asylum are patchy and difficult to come by. Some accounts point to overcrowding and suggest that care leaves much to be desired. Lodge Patch, in his monograph on the Punjab Hospitals, describes the deterioration in care after the mutiny of 1857, which according to him "threw back asylum reform in the North of India by several decades".

CONDITION AT DELHI ASYLUM, C. 1831

This appears to have been a "well managed and flourishing institution, administered as far as circumstances permitted on humanitarian principles". The principles of non-restraint, which were being advocated in the rest of the 'civilised world', were evidently in place here. Reports are "fragmented", and, interestingly, describe the same situation in very different ways.

PLAN TO MERGE DELHI & BAREILLY ASYLUMS, 1848

The Delhi Asylum does not have a linear or continuous history. It has existed in short bursts at the end of the 19th century and then ceased to be until the 1860's. Over this entire period of time, its existence as an institution in Delhi (or possible merger with other institutions in Bareilly or Lahore) has been debated. As it happens, the inmates of the Delhi hospital were transferred, incredibly, not once but twice to Lahore, around the turn of the 19th century.

'Independence' & Delusions, 1861

24 Aug 1861: A soldier's visit to jail/asylum near Benares

“ Among the many idiots there confined was one calling himself a Pundit, who talked so fast and long as to the destruction of the Europeans in India that one would almost credit him with sanity, were he not known to be otherwise; vehement in his manner of delivery as to his determination in regard to all white faces he certainly must have had some knowledge of what had transpired in the mutiny and as we saw that he desired to continue his conversation on that topic the warder cut him short by ordering him into his cell and locking him up.”



Baker at lunatic asylum has run away, the thanadar can't send him [back] again and again

Kotwal to Thanedar, Guzar Qasimjan, 8 August, 1857 Besieged, Mahmood Farooqui (Penguin India, 2010).

Nationalism, Politics and Delusions

A patient wanted to help Queen Victoria by interceding in the North West, and rule Kabul on her behalf. That some of the current rulers of that region have close links with Western powers is, perhaps, a coincidence.



One Mr. I, in the Delhi Asylum in 1883, claimed that he was the descendant of the Sen Dynasty (the erstwhile rulers of Bengal).

He said that he had leased India on contract to the British for 80 years, after which he would divide it between the Russians and the Chinese. That some political parties, even 125 years later, debate about Moscow and Beijing is perhaps just another coincidence.

DELHI: FROM ASYLUM TO INSTITUTE

1857

The hospital is ransacked during the 'Mutiny'.

1860

The Civil Surgeon writes to the Secretary of the Punjab Govt. at Lahore suggesting an amalgamation of Lahore and Delhi Asylums.

1861

The hospital is merged with the Lahore Lunatic Asylum, which had by then been shifted from its location in Anarkali Bazaar to a suburb of Lahore called Lehna Singh ki Chhawni. 61 inmates of the Delhi Asylum are shifted to Lahore, eliciting heartrending leave-takings from family members, as recorded by Dr Penny, the Civil Surgeon of Delhi.

1867

The Delhi Asylum is re-opened, and continues to function until the turn of the century. During this time, there is much debate about the need for opening other, smaller asylums, but opinion veers towards favouring a large, central asylum.

1900

103 male and 35 female patients are again transferred to the newly opened Lahore Lunatic Asylum, and the Delhi Asylum is formally closed.

1949

450 non-Muslim inmates of the Lahore Mental Hospital are shifted to the new Amritsar Hospital in an event strongly reminiscent of Saadat Hasan Manto's 'Toba Tek Singh'. The shifting of 282 Muslim patients from various hospitals in India to the Lahore hospital parallels this move.

1966

The Hospital for Mental Diseases at Shahdara is opened in Delhi.

1993

The Hospital is renamed the Institute of Human Behaviour and Allied Sciences in 1993, and becomes an autonomous institute.

The Asylums of Punjab

In 1931, Major CJ Lodge Patch, as the Superintendent of the Lahore Mental Hospital, brought about many changes in living conditions of the inmates and also produced an excellent monograph titled '*A Critical review of the Punjab Mental Hospitals 1840-1930*', which detailed both the histories and conditions of hospitals across the Punjab.

SOME OBSERVATIONS:

1867: Large central asylums were a mistake. Separation from the family was not good. Admission to an asylum was necessary for a brief period to establish diagnosis, after which patients could be sent back to 'village colonies'.

Saw merit in the Italian reforms of 1905 that mandated the recording of cases of insanity and monitored their care in the community. (This was one of the earliest thoughts about adapting community care for the mentally ill)

Horrified by the design of the Lahore Asylum.

1896: Built 'new' asylum.

DELHI SIKH SOLDIER

A Sikh soldier was admitted in 1883; had been caught eating the dead body of a child. The soldier explained that he belonged to a particular sect (Sirbhangi: head full of bhang), that forbade working or begging for food, instead requiring that one ate whatever Providence brought one's way.

Walking along the riverside he saw some jackals eating the body, and, after chasing them away, he did the same. It was decided that he was not insane, and he was set free. Attention to 'culturally appropriate psychopathology' evident.

DELHI WOLF-CHILD

An account of a wolf-child reported in the Delhi papers; Rudyard Kipling was a reporter in Delhi around that time. Several cases observed, often crawling on all fours, unable to speak or communicate. Later these were identified as children with handicaps who had been left in the jungles (as with Shah Shuja 'choohas' in Lahore, and in Bandipur even now).

From the Annual Reports of Delhi / Punjab

MADRAS



The Beginnings of the Hospital

Its construction was ordered in 1793, for 16 patients and with a generous endowment and land, on the provision that no rent was to be paid as long as the building was devoted to public purposes.

Love HD, Vestiges of old Madras 1640-1800

Factors of caste and race in the inmates were both paid due attention and a separate cook for Brahmins sanctioned.

Dalton's Mad House

As early as 1795 the East India Company, the then administrative authority for Fort St. George and its surrounding area, appointed Surgeon Dr Valentine Connolly, who was the Secretary of the Hospital Board, to be in charge of a "house for accommodating persons of unsound mind".

Subsequently, Surgeon Maurice Fitzgerald and later Dr John Goulde were put in charge, before they were eventually succeeded by Dr Dalton.

Dr Dalton, who was in charge from 1807 to 1815, renovated the premises and the institution, with its 54 inmates locked inside, came to be called "Dalton's Mad House".

Although overcrowding led to the removal of four harmless inmates to a home a few miles away that was amalgamated with Monegar Choultry in Royapuram, they were soon transferred back to the old asylum in Kilpauk, which was expanded by renting two adjacent buildings.

By this time the Government had sanctioned in G.O. No. 20 (Judicial) dated 7th January, 1867, the construction of a lunatic asylum on a 66 1/2 acre site in Lococks Gardens, just outside the then municipal limits.

EXTRACT OF A LETTER FROM FORT ST. GEORGE, 27 MARCH 1797 FROM JOHN UNDERWOOD, as Assistant Surgeon for erecting a hospital for the reception of the Native Poor

Extract of Public Letter from Fort St George, dated 27 March 1797 -
See p. 37. A similar copy of a letter submitted to us by Mr. Colin Underwood an Assistant Surgeon on this Station for erecting a Hospital for the reception of the Native Poor -

From the Hospital Records

Acute mania has an excellent prognosis, with almost a third recovering entirely.
Insanity more arising out of depraved bodily condition, rather than overstrained mind”

Twice as many patients with physical causes were admitted in Madras (289:100), as compared to rates in Europe (129:100)

Asylums should be for cure, and harmless imbeciles and lunatics can be cared for in huts, attached to mofussil dispensaries, and under medical supervision”

ENTERTAINMENT

Fortnightly band, 'open house' cricket twice a week for Europeans and once a week for Indians, and the occasional circus.

Madras V/24/1704/Madras/India Office Library

**...overcrowding led to the removal
of four harmless inmates to a
home a few miles away**

“Criminal” Ward

In 1954, prior to the reorganisation of states along linguistic lines, there were approximately 170 criminal patients in the hospital. This part of the hospital was considered almost an annexe of the Central Prison, Madras, even though manned by the hospital staff.

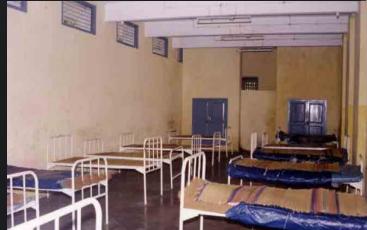
The patients here did not have the privileges of their civil counterparts. With a few exceptions they were not even allowed access to other parts of the hospital.



This section occupied almost 1/10th of the hospital area, including a number of airy blocks, single rooms, and cultivable lands to grow vegetables and fruits that were supplied to the hospital kitchen.

A number of sports like football, ring tennis, kabaddi, and even indoor games such as carrom and chess were encouraged to the inmates of this ward.

Government Lunatic Asylum to Institute of Mental Health



Two views of the entrance of the Mental Hospital taken more than half a century apart; Inside view of the block.

The asylum started functioning in its new premises on 15th May 1871 with 145 patients. Surgeon John Murray was its Superintendent, and had residential quarters inside the premises.

The buildings were put up in the 'cottage' or 'pavilion' system, with blocks for twelve to fifteen persons in each block.

The wells inside the compound provided water until 1896, when the municipality took over this responsibility. The year 1892 saw the transfer in of all 'criminal lunatics' from the districts. Staff strength was increased to effect this, and additional buildings, including cottages for paying patients, were constructed.

Although a small number of those admitted could be sent back to their homes as 'recovered', the vast majority had to stay on in the asylum for the rest of their lives, and, consequently, the word 'Asylum' came to have negative connotations.

The name of the institution was changed from the 'Government Lunatic Asylum' to 'The Government Mental Hospital' in 1922, before it was rechristened the 'Institute of Mental Health' in 1977.

RANCHI

The city of Ranchi, in the eastern part of India, in the 1930's, was blessed with a salubrious climate and had the unique distinction of having not one but two rather large mental hospitals almost facing each other. The hospital for Europeans, administered by the Imperial Government, was run by Lt. Colonel Owen Berkeley-Hill, and the Indian mental hospital, administered by the Bengal Presidency, by Major Jal Dhunjibhoy, a Parsi from Bombay.



Both men are fascinating, being prolific writers, widely travelled, and strongly opinionated. Their lives and works offer us many insights into the worlds of the two mental hospitals at this time in Ranchi. Both hospitals continue in different avatars today: The European Mental Hospital has become the Central Institute of Psychiatry (CIP) and the Indian Mental Hospital is now known as the Ranchi Institute of Neuro-Psychiatry and Allied Sciences (RINPAS).

MAJOR J.E. DHUNJIBHOY

One of the first Indians in the Indian Medical Service, Dhunjibhoy had trained at Bombay Medical College, and was a Fellow of the College of Physicians and Surgeons (FCPS).

On appointment to the IMS, he had initially been posted to Berhampore Mental Hospital, and was appointed the first Superintendent of the newly-built institution at Kanke in Ranchi.

Dr And Mrs. Dhunjibhoy

*Images Courtesy:
Roshan Dhunjibhoy*



Dhunjibhoy was also the first president of the Indian Psychiatric Society in 1947, but decided to stay in Karachi after Independence.

“ I must say one thing. Young as I was, I realized that my father was very innovative and tried to make life bearable for the patients. He installed a cinema, had sports days, saw that patients had occupational therapy and even work to alleviate the boredom. He introduced many new scientific ideas and was one of the first to try electro shocks (horrible). I think he loved the hospital even more than his family.



Major JE Dhunjibhoy with a young Roshan in the grounds of Lal Kothi, the Director's bungalow of the Indian Mental Hospital

We were made to celebrate every religious feast - whether Muslim, Hindu, Christian, whatever. My sister and I both became good practicing Hindus and refused to read the Parsi (Zoroastrian) scriptures but as we were always sent to Christian schools, Christianity soon flooded over us. A religion with Father Christmas what more could you want....

Roshan Dhunjibhoy (personal communication)

The Indian Mental Hospital, Kanke, Ranchi, 1934

In the mental disorder, it is the patient himself who is being treated and not so much other parts of the body, and that is why the personal factor is so important. It is essential to try and see the world as the patient sees it, to accept for the time being the reality of his abnormal experiences and to stand alongside him in his difficulties.

Major JE Dhunjibhoy, Annual report, 1934



**Patients in various activities at
Occupational Therapy in the 1930's**



The art section of European Mental Hospital, (now Central Institute of Psychiatry (CIP) Occupational Therapy in the 1930's)



**Extra-curricular activities
at Central Institute of Psychiatry:
A skit performed by patients**

THE LIFE AND TIMES OF OWEN BERKELEY-HILL



Lt. Colonel Owen Berkeley-Hill, Superintendent of the European Mental Hospital in Ranchi, came from a long line of distinguished educationists from Britain. He was a prolific writer who had strong opinions on everything ranging from constipation to the role of the saree, and was not reluctant to voice any of them.

OWEN BERKELEY-HILL

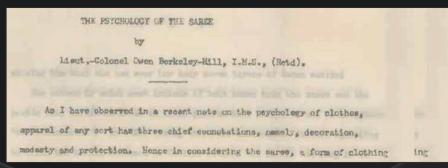
ANTI-CLOCKWISE FROM TOP:

Portrait of his wife, Karimbil Kunhimann from the city of Cannanore from coastal Kerala; his wife with their four children; and Berkeley-Hill with his family on a visit to his mother in England



The Psychology of the Saree

As I have observed in a recent note on the psychology of clothes, apparel of any sort has three chief connotations, namely, decoration, modesty and protection. Hence in considering the saree, a form of clothing...



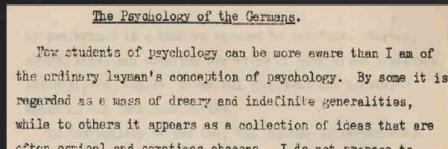
The Psychology of Terrorists

He made a contribution to the problem of the psychology of terrorists and has speculated on how the 'terrorist menace' could be scientifically handled.



The Psychology of the Germans

Few students of psychology can be more aware than I am of the ordinary layman's conception of psychology. By some, it is regarded as a mass of dreary and indefinite generalities, while to others it appears as a collection of ideas that are often comical and sometimes obscene. I do not propose to...





The European Mental Hospital under the leadership of Col. O Berkeley-Hill

Central Institute of Psychiatry

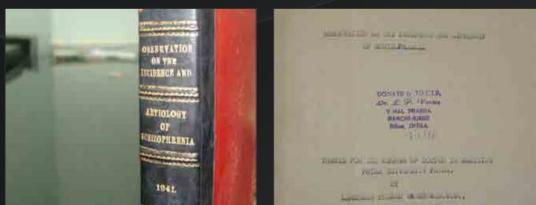
Spread over 210 acres, the European Mental Hospital, became the Inter-Provincial Mental Hospital in 1948 and then the Hospital for Mental Diseases in 1952. In 1977, the administration was taken over by the Government of India and it became the Central Institute of Psychiatry (CIP) as it remains today.

The miserable bear-garden had taken charge of in October, 1919, had become the finest mental hospital in Asia, and a great deal finer than many mental hospitals in Europe."

Owen Berkeley-Hill *All Too Human (An autobiography)*



**DR (MAJOR) R B DAVIS
RECEIVING THE
PADMASHREE FROM THE
PRESIDENT OF INDIA,
DR S RADHAKRISHNAN**



THE FIRST MD PSYCHIATRY THESIS IN INDIA: THESIS BY L P VARMA

BANGALORE

The Lunatic Asylum, Bangalore



CHARLES IRVING SMITH

(1809-1871)

SURGEON OF MYSORE COMMISSION,
BANGALORE



BUILDING OF THE OLD MENTAL HOSPITAL
IN THE PETTA AREA OF BANGALORE.
THE BUILDING STILL STANDS.

BUILDINGS

Accommodation for 260 patients. Buildings are 'simple but airy'.

TREATMENT

(1880) "it is from moral influence rather than the employment of drugs that benefit is likely to be derived"

(1878) "...drugs are rarely administered ...[There is] careful watching. The dreary misery... [is] enlivened by amusements suited to their condition and capacity"

(Extracted from Annual Reports 1877-1883)

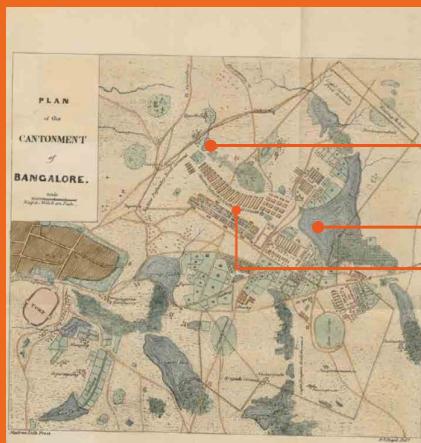
“

SMITH RECORDS: In 1838, with the sanction of Commissioner, I opened a ward for insane native patients (male) and the following year another for females. I had personally treated 30-40 patients all castes and ages. The form of mania most common and the least amenable to treatment, was the (text unclear) and appeared the result of a previous and low inflammation state of brain and not infrequently combined with a partial paralysis... We seldom used personal restraint, the cold Douche was the favorite remedy...The disease was possibly the result of the abuse of stimulants in some form or other, either spirits, Bangh, excess of venery or exposure in the sun. I have met with several instances in which the nervous (system) was fairly discharged.

“services were used by a large cross section of the population, except the rich and influential, who preferred the native healers”

From the Smith Diaries

Hospitals, 1844



Millers Tank

Ulsoor Tank

**Cantonment barracks and hospital complex
(Hospital for Peons, Paupers and Soldiers)**

Cantonment surrounded by lakes and water bodies; highest point given to European troops and hospitals.

Earliest available records of NIMHANS

Pages from the earliest available records of NIMHANS. The first listing is of a patient admitted from 3 August 1893 to 11 November 1893. These



records covered different kinds of parameters such as: name, age, sex, religion, occupation, whether epileptic, dangerous to self and others, duration of attack, supposed cause, family history of mental illness, date of admission and discharge.

Proposed Medical arrangements for Mysore after Rendition

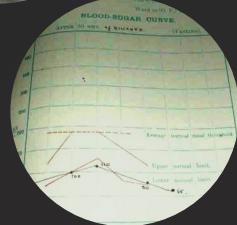
MEMORANDUM DRAWN UP BY DR J HOUSTON, 1880

Dr J Houston had previously been Superintendent of the Asylum and also Adviser to the Census of 1871 and 1881. A new mental hospital was planned, as the population of Bangalore was expected to increase from 100,000 to considerably more (now over 10 million)

The future medical arrangements for Mysore must partake of a European character, because there is no native system to fall back on...

Despite suggestions, no changes have been made (to improve the quality of medical education)

LEUCOTOMY TABLE AND INSULIN COMA: THE MOST ADVANCED 'BIOLOGICAL' TREATMENTS OF THE 1930'S AND 40'S IN USE AT THE ASYLUM IN BANGALORE



Reasons to make the move

The old Asylum was unserviceable by 1918.

Overcrowded since "a large number of paupers were being admitted for humane reasons." (1872)

In 1914, Dewan Mudaliar stated that no more buildings were possible in the asylum complex.

The present buildings consist of no more than a few stone mantaps, ill adapted for the purpose with no suitable accommodation for staff.

There will have to be specialists in nervous diseases. For the treatment, a quiet healthy place away from the city is necessary... In the next years budget a plan may be prepared

M Kantharaj Urs, 29 Jan 1920; Maharaja's approval on 7 Feb 1920.

DEPUTATION OF DR NORONHA TO LONDON TO TRAIN AT THE MAUDSLEY HOSPITAL



Graduate from the
Madras Medical College

The Move

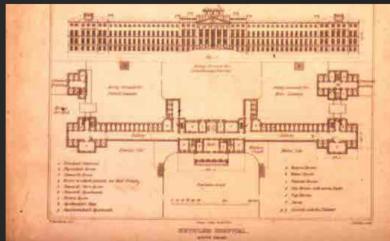


Tower in Lal Bagh New mental hospital road Hosur Road

Second highest hillock in Bangalore, next to the Lal Bagh selected as a site for the new Hospital.

Dewan Sir Mirza Ismail and Prof. Noronha shared a passion for trees and gardens.

**Building design loosely based upon
Bethlem at the Lambeth site**



The lawns of NIMHANS were laid out on advice of Gustav Hermann Krumbiegel, a botanist from Germany, and horticulture adviser to the Maharaja of Mysore, and Dr Noronha, who was a very keen gardener.

Edward Mapother 1881-1940

MAPOTHER REPORT ON PSYCHIATRIC SERVICES IN INDIA, 1936

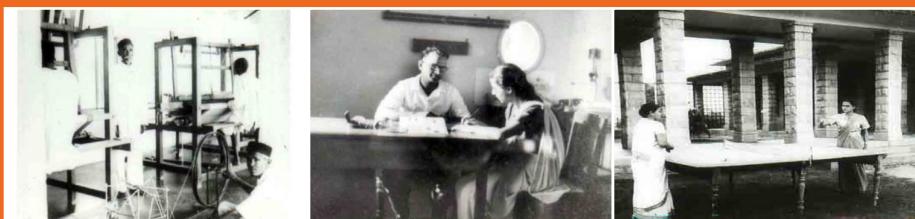
Asylums rated on a scale of badness: Asylum buildings "were a permanent monument to brutal stupidity". Only Ranchi and Bangalore met with approval.

Mapother met Lord Samuel, Cabinet Minister, who tells him that Mysore is ahead of British India and the Bangalore Asylum is one of the best.

Mapother's Suggestions

Urgent need to develop a school in India. Asylum "at Bangalore [was] structurally the only center which [existed that was fit] to house a post-graduate school."

Psychiatric wards be provided in all general hospitals, only chronic cases be sent to the Asylums.





VIEW OF THE MYSORE GOVERNMENT MENTAL HOSPITAL

**Professor MV Govindaswamy &
Professor Wilhelm Mayer-Gross
(1889-1961)**

PROFESSOR MV GOVINDASWAMY

Graduate of the Mysore Medical College.

MV Govindaswamy was trained at the Maudsley in the 1930's, where he became friends with W MAYER-GROSS, a German-Jewish psychiatrist from Heidelberg. Govindaswamy returned to Bangalore and became the Superintendent of the Mysore Mental Hospital.



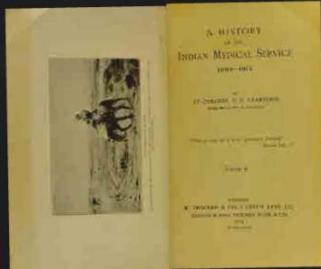
After Independence, Mayer-Gross was a visiting WHO consultant at Bangalore and developed the plans for post-graduate education and set up a teaching and research center, as the first Professor at the Department of Psychiatry, AIIMH, 1954



CALCUTTA

The Lunatic Asylum

Some sort of a Lunatic Asylum was in existence in Calcutta prior to 1787. The Proceedings of the Calcutta Medical Board of 3rd April, 1787, contain a memorial from Surgeon G. M. Kenderdine, in charge of the Insane Asylum. The same Proceedings, for 24th May, 1787, note that Mr. Kenderdine, in charge of the insane Europeans, died on 19th May. The Board recommended to Government, in a letter dated 7th May, 1787, the foundation of a regular asylum, and nominated Assistant Surgeon Willam Dick to its charge. This was approved in a letter from Government, dated 21st May, 1787, signed Jonathan Duncan, Asst.- Secy., Public Department. Dick was appointed on a salary of Rs.200 a month.



A Bengal Mili. Letter, dated 16th Aug., 1787, reports in para. 108 "Have accepted the proposals of Mr. Dick, an Asst Surgeon, for the erection of one. The House is to be built at his Expence, and rented by the Company at 400 Rupees p. Month."

Medical Board's observation regarding European inmates at the Government Insane Hospital for Europeans at Calcutta

“ The inmates of the Insane Hospital at this place are generally individuals taken from the lower classes of society, none of whom at any time enjoyed the luxuries and comforts usually possessed by better persons in the better ranks of life. To such individuals while under confinement all that are requisite by way of maintenance is that they should be treated with humanity and kindness due to their deplorable condition.”



LUNATIC ASYLUM, CALCUTTA - BRITISH LIBRARY

A hand-coloured print of the mental asylum, Calcutta, from the Fiebig Collection, 1851



SUPERINTENDENT'S RESIDENCE AT THE LUNATIC ASYLUM [CALCUTTA]

A hand-coloured print of the Superintendent's residence of the mental asylum, Calcutta, from the Fiebig Collection, 1851

Fading boundaries between Race and Class

“ They are not from education or habit fitted to enjoy pleasures or distinction of a higher sort and to give them a seat at the table of the surgeon and show them the attention and difference usually paid to persons in the rank of gentlemen would probably rather tend further to unhinge their minds than to lessen their malady. This remark is particularly applicable to the patients in the hospital, not one of whom is of better condition than that of the soldier in the rank.”

- *Home Dept. Medical Board Proceedings, No. 16, National Archive of India (NAI). Letter sent to Charles Lushington, Secretary to the Govt., General Dept., from James Jameson, Secretary Medical Board, dated 21 Sept 1819.*

Mid-19th c: TA Wise, Superintendent of the Dacca Asylum

Also a surgeon who learnt from a local physician to design trusses for strangulated hernia, a Sanskrit scholar, and author of an Indian pharmacopeia. He used the returns of his Asylum to compare rates on Insanity in South Asia and England & Wales (1852)

Admission, Discharge, &c. of Lunatics									
Date	Name	Sex	Age	Condition	Treatment	Length of Illness	Population	Unsound	Probable
1852									
Gorey	1,000,000				150-1	450			
India	0,901,484				150-1	2,000			
England & Wales	134,099 1				134,099 1	13,610			

AS IT OCCURS AMONG THE INHABITANTS OF									
BY DR. T. A. WISE.									
Dr. Wise shows by the following table that with									
we find an increased prevalence of Insanity.									
Population.	Unsound.	Probable	Per cent						
Gorey	1,000,000	150-1	450						
India	0,901,484	150-1	2,000						
England & Wales	134,099 1	134,099 1	13,610						

A General Letter from Bengal dated 6th Nov., 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.

A history of the Indian Medical Service, 1600-1913

Concern for inmates after discharge

It would be highly interesting could we ascertain what becomes of the discharged cured and relieved. Do these recovered and improved lunatics return to their occupations? How many die at their homes, and what time elapses between the dates of discharge and the fatal issue in each case?

Home, Medical, Number 100, September 1885, 'Report on the Lunatic Asylums of Bengal for 1884' J Ware Edgar, Officiating Secretary to the Secretary of Bengal.

TEZPUR



The Tezpur Lunatic Asylum

The Tezpur Lunatic Asylum was set up under the British Government in 1876 soon after the creation of a separate administrative arrangement for Assam and the North East. In 1922 it was renamed the 'Tezpur Mental Hospital', and in 1989 eventually became the 'Lokopriya Gopinath Bordoloi Institute of Mental Health'.

21 'old insanies' were transferred from the Dacca Asylum to Tezpur in 1876

A private firm, Zardine Menezes Co., was hired from Calcutta to improve its facilities. By the end of 1932 the hospital could accommodate upto 700 patients.



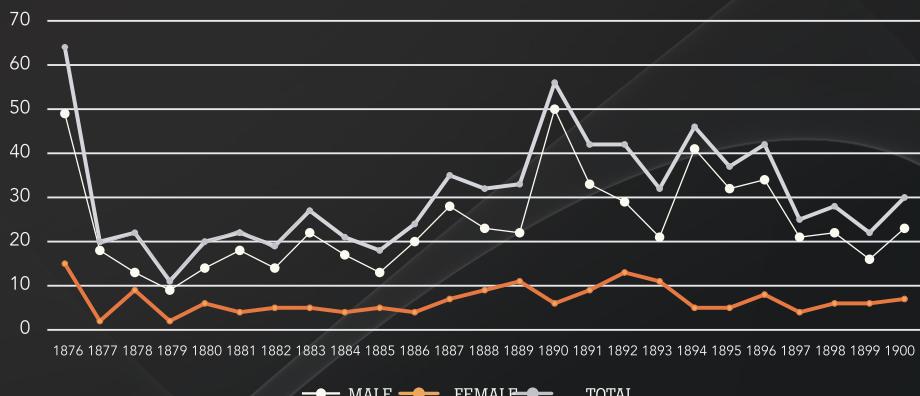
TEZPUR 1860

Case Notes from the Tezpur Archives

Mr. D admitted in 1912 was kept under observation by order of the Magistrate of Darang. He is talkative, incoherent, sleepless, quarrelsome.

He escaped from the custody of male keeper. He was being taken out to work in the paddy field when he suddenly made a dash for the jungle near Morabharali. He was immediately followed / hunted by the keeper but no trace could be found. The matter has been reported to D.O.

Graph showing admission data of patients for the years 1876-1990



The Asylum was initially populated by transfer of patients from other asylums in Bengal, and then 30-50 admissions occurred every year. Admission for males fluctuated significantly (migrant workers moved to the region to work in the tea gardens).

ONE OF THE SHORTEST STAY CASES

Mr. S, 28 year old, diagnosed with Mania. He was admitted in December 1915. He was in a bad state of health. He could not stand. He was too weak on arrival to speak. He was not subject to epilepsy but was subject to Chronic Diarrhoea. He died 10 days later of Tuberculosis.

OLDEST REGISTER AVAILABLE: 1897-1936

These records covered different parameters such as: name, age, sex, religion, occupation, alleged cause of insanity, date of admission, discharge, outcomes etc.



The point which usually seems to strike visitors to this Asylum is the apparent harmlessness of the great majority the patients. I can scarcely believe that this is due to any great difference in the cases, but rather to the absence of all appearance of restraint.

JW Macnamara, 1897

Dr Bordoloi

Dr Bordoloi was awarded the Padmashree in 1963, by the then President of India, Dr S.Radhakrishnan. The real-life story goes this way....with the Chinese aggressors knocking at the doors in 1961, Dr Bordoloi requested the Governmental authority to deport the inmates to safer places fearing harm to them. It was a time when the whole area and its people had panicked and there was practically nobody left in and around Tezpur. With no positive response from the government, Dr Bordoloi is reported to have taken things in his own hands.. He shifted enmass the staff, their families and his wife, in a hired bus, to Guwahati. Dr Bordoloi stayed back at the hospital, along with the patients to face the onslaught of the Chinese aggression. Rest is all history - His sense of dedication, conviction and oneness, stood out at times of stress. In recognition of his yeoman service for the psychiatrically ill, the Govt. of India awarded Dr Bordoloi with the Padmashree. It was the first time a Psychiatrist had been awarded such an honour.

The Vanda blooms, A tribute to Padmashree Awardee, Late Dr Noni Bordoloi, by Dr Sonia Pereira Deuri

The deer in the lawns

A distinctive feature of the Tezpur mental hospital has been the large, sprawling lawns and the sense of calm that has permeated the institution. This has been heightened by the presence of many deer that have lived on the grounds for generations. Although their numbers have now dwindled, they have endowed the grounds with tranquility, and the sight of the patients of the hospital, leaning on sitting deer on the lawns is quite common.

The Tezpur hospital is now in the process of modernisation, with many of the old buildings being replaced by new structures.



Pictures of the Tezpur Asylum - Present Day



"In following unfamiliar trails leading to distant goals, we may well pause from time to time and take a backward glance"

Emil Kraepelin,

One Hundred Years of Psychiatry, Philosophical Library, New York. 1917

(More than a hundred years ago, while opening the psychiatric institute at Munich)

This work is meant as an exploration of the space of the mental hospital in India. While it is neither detailed nor comprehensive, it provides a window to peek into the mental hospitals of India. It should be remembered that the history of pre-independence psychiatry in India is essentially the history of the mental hospital, but the fact is that this history goes way beyond the mental hospital merely being a provider of custodial care. While much has been written about all that was wrong with the mental hospital, or the 'lunatic asylum', and much of it is undoubtedly true, there remain many more stories to be told about the way that society and state understood mental illness, and planned for its care.

What happened within the closed worlds of the hospitals sheds much light on the way that mental illness was understood and dealt with.

As these stories show, while many things were happening in the hospitals, there was also conversations happening about other aspects like the prevalence and causation of illness, the role of families, the needs for support, explorations of community care models, the roles of restraint and questions regarding duration of stay. The mental hospital, in many ways, viewed itself as an integral part of the community.

There remain many lessons we can still learn from the history of the asylums in India and enlarge our perspectives beyond just what was wrong. By understanding what went before, we can plan better for times ahead.

In that sense, this work has been planned as one of a series of such works to better understand the multiple histories of psychiatry in India.

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