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‘They Shall See His Face’: Blindness in British India, 1850–1950

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Abstract: This paper explores the social, medical, institutional and enumerative histories of blindness in British India from 1850 to 1950. It begins by tracing the contours and causes of blindness using census records, and then outlines how colonial physicians and observers ascribed both infectious aetiologies and social pathologies to blindness. Blindness was often interpreted as the inevitable consequence of South Asian ignorance, superstition and backwardness. This paper also explores the social worlds of the Blind, with a particular focus on the figure of the blind beggar. This paper further interrogates missionary discourse on ‘Indian’ blindness and outlines how blindness was a metaphor for the perceived civilisational inferiority and religious failings of South Asian peoples. This paper also describes the introduction of institutions for the Blind in addition to the introduction of Braille and Moon technologies.

Keywords: Blind, Disability, Infirmary, Census, Eye hospitals, Braille

‘They Shall See His Face’:¹ Blindness in British India, 1850–1950

The white man’s chloroform put her to sleep and the white man’s little knife made an opening in one sightless eyeball. When she awoke, a bandage covered her eye and she was told not to touch it for a week, or sight might never come. Trouble had taught Andhi to obey and she did. How we all looked forward for the ‘opening day’. . . the doctor said kindly in Hindustani, ‘Can you see anything?’ . . . Andhi was dazed at the new discovery and her heart was too full to speak but she managed to gurgle out ‘Yes.’

Then the doctor said ‘Can you see my face?’

*Again, the glad, gurgling, ‘Yes’ came from the happy little girl.*²

Told in rather a florid style, the eponymously titled short story *Andhi* (trans: blind person) tells the reader the tale of a young girl whom the British author had stumbled

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¹ Church Missionary Society Archive (hereafter CMS), CEZ/G/EL 1/6/98. S.S. Hewlett, *They Shall See His Face: Stories of God’s Grace in Work among the Blind in India* (London: Bocado Press, 1898).

² British Library (hereafter BL), T39594 (d), W. Rutherford, *Andhi: The Story of a Hindoo Waif* (Delhi: Imperial Book Depot Press, 1900), 9.

across in a Delhi poorhouse.³ Under the care of a ‘one-eyed man’ who fed her on scraps, she was ‘a bright, cheery little creature... absolutely unclad... rolling her sightless eyeballs around and around and groping around the poor house yard for the two little boy paupers who sometimes played with her’.⁴ Andhi was surrounded by other socially liminal figures including the ‘scurvy-stricken Brahmin or the blind Mohammedan fakir... the old man sitting in the mud coughing away with bronchitis... the big monkey on the wall’.⁵ A story of metamorphosis unfolds as the naked, blind ‘Hindoo waif’ Andhi is transformed into the clothed, sighted and newly converted Roshini (trans: light) with biomedicine, Christianity and British philanthropy playing leading roles in this catalysis. Such narratives of the bodies of colonised subjects transformed through biomedicine and Christianity were hardly uncommon in either colonial or missionary discourse; but this is particularly true when we consider blindness in South Asia. Blind Indians were believed to offer a unique opportunity for the enactment of colonial benevolence, biomedical advances and Christian philanthropy.

Colonial observers had often presented this region as uniquely vulnerable to blindness. For instance, as this region fractured painfully into independent nation-states in the 1940s, several reports delineated the magnitude of the ‘problem’ of blindness. Estimates suggested that at least 2.2 million individuals with visual impairments lived in the region out of a total population of 180 million: a figure that surpassed the Blind in Europe and Russia combined.⁶ Others pointed out that if all the Blind scattered throughout South Asia were brought together, they could easily populate a city the size of Hyderabad – then fourth largest in terms of population.⁷ Indeed, things have changed little since: South Asia still has the dubious distinction of being home to more than half the Blind in the world.⁸ Naturally, this population has been the subject of a huge body of biomedical research; but there is little known about the histories of blindness in this region.

Elsewhere in the world, an expanding body of work has centred attention on this particular category of impairment. Much of the focus has been on the ‘Western’ world: for instance, Barasch traced the meanings of blindness particularly within Biblical discourses, as did Koosed and Schumm.⁹ Sutherland–Meier argued that the Blind in Spain had carved spaces for themselves through occupations that were reserved for the community and were protected through powerful brotherhoods.¹⁰ Weygand presented a *longue-durée* narrative of blindness in France, exploring both social attitudes and the genesis of institutional provisions such as the Institute for Blind Youth in Paris.¹¹ Shifting away from the global

³ Little else is revealed to us about the author, aside from the fact that he lived in Delhi and was soliciting money for the Blind through this apparently factual novelette.

⁴ Rutherford, *op. cit.* (note 2), 3.

⁵ *Ibid.*, 3.

⁶ W.M. Yeats, *Census of India, 1941* (Delhi: Government Press, 1943), 5; A.K. Shah, *Six Hundred Thousand* (Calcutta: Calcutta Blind School, 1942), 3. The only region of the world, which was reputed to have a higher prevalence of blindness than South Asia, was Egypt, where blindness was reported at a rate of around 14 000/million.

⁷ Hashim Amir Ali, *Facts and Fancies* (Hyderabad: The Dominion Book Concern, 1947), 2–4.

⁸ G.V. Murthy, S.K. Gupta, D. Bachani, R. Jose and N. Jose, ‘Current Estimates of Blindness in India’, *British Journal of Ophthalmology*, 89 (2005), 257–60.

⁹ Mosche Barasch, *Blindness: The History of a Mental Image in Western Thought* (London: Routledge, 2001); Jennifer L. Koosed and Darla Schumm, ‘Out of the Darkness: Examining the Rhetoric of Blindness in the Gospel of John’, *Disability Studies Quarterly*, 25, 1 (2005).

¹⁰ Madeline Sutherland–Meier, ‘Towards a History of the Blind in Spain’, *Disability Studies Quarterly*, 35, 4 (2015).

¹¹ Zina Weygand, *The Blind in French Society from the Middle Ages to the Century of Louis Braille* (Stanford, CA: Stanford University Press, 2009).

north, both Malti-Douglas’ literary history and Scalenghe’s descriptions of the substantial roles and spaces for the Blind in the Ottoman Arab worlds suggest a considerable lack of stigma around the impairment in the spaces under consideration.¹²

Because of the distinct ‘family resemblances’ between medical history and disability history, disability in general and blindness in particular is occasionally perceptible within the broader historiography of colonial medicine.¹³ The emphasis on (a few) infectious diseases becomes immediately clear when we consider the colonial archive, which teems with narratives of infection, its treatment and containment through public health programmes, quarantines, improved sanitation and maternal and child health policies.¹⁴ Impairment – however defined – is rarely as tangible or ubiquitous in the colonial archives as infection is. For instance, while smallpox and vaccination were enduring preoccupations of the colonial state; blindness – a frequent impairment if one survived this highly infectious disease – was rarely a comparable focus of institutional or medical attention in colonial South Asia. This emphasis is largely reflected in the historiography on colonial medicine, with the exception of a few categories of impairment – primarily leprosy, insanity and, more recently, tuberculosis.¹⁵ Recent work is also beginning to explore the emergence of ophthalmic medicine and surgery at the intersections between colonial and indigenous patronage; but does not engage with blindness as experience.¹⁶ In addition to this scholarship, Chander’s recent work has detailed how schools for the Blind served as key sites for the construction and reinforcement of Blind identity and also explored the histories of the Disability Rights Movement.¹⁷ Miles’ work explored ‘pioneer teachers’ among the Blind in nineteenth-century China and India, as well as select aspects of the

¹² Fedwa Malti-Douglas, ‘Mentalities and marginality: blindness and Mamluk civilisation’, in Clifford E. Bosworth, Roger Savory and Abraham L. Udovitch (eds), *The Islamic World from Classical to Modern Times: Essays in Honor of Bernard Lewis* (Princeton, NJ: Darwin Press, 1988), 211–37; Sara Scalenghe, *Disability in the Ottoman Arab World: 1500–1800* (Cambridge: Cambridge University Press, 2014).

¹³ Beth Linker, ‘On the Borderland of Medical and Disability History: A Survey of the Fields’, *Bulletin of the History of Medicine*, 87, 4 (Winter 2013), 499–535. I use both impairment and disability in this paper; the former refers to physical, mental or psychological conditions, changes or ‘dysfunctions’ while disability refers to the restrictions, disadvantages or limitations imposed on people with impairments because of wider social, institutional, cultural, political and economic structures.

¹⁴ Some select examples of more recent work: Nandini Bhattacharya, *Contagion and Enclaves: Tropical Medicine in Colonial India* (Liverpool: Liverpool University Press, 2012); Narin Hassan, *Diagnosing Empire: Women, Medical Knowledge and Colonial Mobility* (London: Ashgate, 2011); Pratik Chakrabarti, *Medicine and Empire, 1600–1960* (London: Palgrave Macmillan, 2013).

¹⁵ For instance, see the explorations of leprosy and insanity in the following: Jane Buckingham, ‘Patient Welfare vs. the Health of the Nation: Governmentality and Sterilisation of Leprosy Sufferers in Early Post-Colonial India’, *Social History of Medicine* 19, 3 (2006): 483–99; Jane Buckingham *Leprosy in Colonial South India: Medicine and Confinement* (London: Palgrave Macmillan, 2002); Waltraud Ernst, *Colonialism and Transnational Psychiatry: The Development of an Indian Mental Hospital in British India, 1925–1940* (London: Anthem Press, 2013); Waltraud Ernst, *Mad Tales from the Raj: Colonial Psychiatry in South Asia: 1800–1858* (London: Anthem Press, 2010); Sanjiv Kakar, ‘Leprosy in British India, 1860–1940: Colonial Politics and Missionary Medicine’, *Medical History*, 40, 2 (1996), 215–30; Sanjiv Kakar, ‘Medical Developments and Patient Unrest in the Leprosy Asylum, 1860–1940’, *Social Scientist*, 24 (1996), 62–81; Niels Brimmes, *Languished Hopes: Tuberculosis, the State and International Assistance in Twentieth-Century India* (New Delhi: Orient Longman, 2016).

¹⁶ Savithri Preetha Nair, ‘Diseases of the Eye: Medical Pluralism at the Tanjore Court in the Early Nineteenth Century’, *Social History of Medicine*, 25, 3 (2012), 573–88.

¹⁷ Jagdish Chander, ‘Self-advocacy and blind activists: the origins of the disability rights movement in twentieth-century India’, in Susan Burch and Michael Rembis (eds), *Disability Histories* (Chicago, IL: University of Illinois Press, 2014), 379–94; Jagdish Chander, ‘The disability rights movement in India: its origin, methods of advocacy, issues and trends’, in Nandini Ghosh (ed.), *Interrogating Disability in India: Theory and Practice* (New Delhi, Springer, 2016), 167–83.

cultural history of blindness in pre-colonial South Asia.¹⁸ Ved Mehta's autobiographical work on living with blindness is also important – his words resonate with his sense of relief at having 'escaped' the Indian experience of disability and what he believed would have been his inevitable lot: a life of poverty and mendicancy.¹⁹ Others have used Mehta's work to explore Blind culture.²⁰

While blindness is central to many of these works, there is relatively little written on the medical, institutional or social histories of blindness. Attempting to fill this lacuna, this paper explores the medical, social and institutional histories of blindness in South Asia.²¹ It begins by tracing the contours and causes of blindness but also explores what life would have meant for people who were blind. Colonial and missionary discourse on 'Indian' blindness is analysed, as are the ways in which blindness came to become a metaphor for the perceived civilisational inferiority of South Asia. Lastly, this paper describes the introduction of institutions for the Blind in addition to the introduction of Braille and Moon technologies through missionary agency.

Enumerating Blindness: Visual Impairment in the Imperial Census

Censuses have been and continue to be institutions through which states' preconceptions and priorities are articulated, reified and negotiated to construct a 'population'.²² As one of the institutions within the apparatus of the colonial state that was employed to generate a body of statistics about the subject population; the colonial census in particular was a part of a process of 'knowing' which employed a 'totalising, classificatory grid' that rendered all inside that grid its own.²³ But the census was more than an instrument of the colonial state; it had profound, enduring consequences for the local population. For instance, the social morphology articulated through the colonial census metastasised caste from what had previously been a complex, fluid and negotiated system of social arrangements, relations, meanings and identities into an administratively defined social system comprising discrete categories possessing circumscribed and exclusionary boundaries.²⁴ Shaped as it was by imperial/metropolitan imperatives, administered by

¹⁸ M. Miles, 'Blind and Sighted Pioneer Teachers in 19th Century China and India', Independent Living Institute, 2011, <http://www.independentliving.org/docs7/miles201104.html>; M. Miles, 'Studying Responses to Disability in South Asian Histories: Approaches Personal, Prakrit and Pragmatical', *Disability and Society*, 16, 1 (2001), 143–60.

¹⁹ Ved Mehta, *Face to Face: An Autobiography, Dark Harbor: Building House and Home on an Enchanted Island* (New York: Thunder's Mouth Press Nation Books, 2003).

²⁰ K. Hemachandran, 'Blindness, Lockean Empiricism and the Continent of Britain: An Examination of the Identities of Mr Spectator and Theseus in the Writings of Ved Mehta', *Journal of Literary and Cultural Disability Studies*, 6, 3 (2012), 259–74.

²¹ This paper does restrict its perspective rather arbitrarily to the colonial period; while I acknowledge both the arbitrariness of the colonial/post-colonial divides as well as the importance of pre-colonial histories of blindness, it is impossible to include an exploration of this period as well here.

²² This is not unique to the colonial census, however. Other work has demonstrated similar uses of the census in Britain, Canada and Germany. See Edward Higgs, 'The linguistic construction of social and medical categories in the work of the English general register office, 1837–1950', in Simon Szreter, Hania Sholkamy and A. Dharmalingam (eds), *Categories and Contexts: Anthropological and Historical Studies in Critical Demography* (Oxford: Oxford University Press, 2004); Bruce Curtis, *The Politics of Population: State Formation, Statistics and the Census of Canada, 1840–1875* (Toronto: University of Toronto Press, 2001); Matthew G. Hannah, *Dark Territory in the Information Age: Learning from the West German Census Controversies of the 1980s* (Aldershot: Ashgate, 2010).

²³ Benedict Anderson, *Imagined Communities* (London: Verso Books, 1983).

²⁴ G.S. Ghurye, *Caste and Class in India* (Bombay: Popular Book Depot, 1957); Bernard Cohn, *An Anthropologist among the Historians and Other Essays* (Oxford: Oxford University Press, 1987), 229–33,

Europeans and conducted by Indian headmen and local luminaries, the colonial census offers the historian one of the richest sources on the experience of disability in general and blindness in particular. Indeed, the census represents the beginning of the legibility of the disabled body within the colonial and the post-colonial Indian states. This legibility, as Scott has argued, is the precondition to state recognition and manipulation while simultaneously marking the disabled body as non-standard, deviant and undesirable.²⁵

The colonial enumerations of disability began with the inclusion of infirmity as a discrete category in nineteenth-century British censuses; which marked the regular, recurrent and consistent attempt to identify and enumerate bodies and minds considered defective, 'unproductive' and subsequently dependent.²⁶ By 1871, infirmity as a census category had extended into the schedules of colonies and settlements ranging from British Canada to Australia, New Zealand and India – where this umbrella category included blindness, deaf-muteness, insanity and leprosy.²⁷ Initially, colonial census administrators had included infirmity to shed light on 'influences unfavourable to health either arising from local causes, or attributable to hereditary or personal habit'.²⁸ In successive decades, however, these statistics were considered a measure of the 'continued progress of the people towards greater immunity from physical defects'.²⁹

Over the decades, administrators issued instructions to enumerators on the physical criteria for each category of infirmity, which became increasingly detailed and nuanced as administrators worked to convey clearly demarcated notions of each infirmity. In the initial years of enumeration, administrators had simply defined blindness as total and absolute loss of vision in both eyes; which was often operationalised in the field by the rough measure of having an individual being 'unable to count the fingers of a hand held up at a yard's distance'.³⁰ Earlier censuses were nonetheless thought to have included individuals who were simply 'dim-sighted' or who had lost the sight in one eye alone.³¹ Enumerators were subsequently ordered to distinguish between complete loss of sight or 'blindness in both eyes' and 'persons blind in only one eye' to qualify for entry in the schedule.³² Administrators also urged the exclusion of individuals who had lost their vision as a result of old age from the returns.

Infirmity in general was consistently presented as being the 'most unsatisfactory and the least important' of all the categories.³³ However, blindness was simultaneously perceived

248–50; Nicholas Dirks, *Castes of Mind: Colonialism and the Making of Modern India* (Princeton, NJ: Princeton University Press, 2001).

²⁵ Sharon L. Snyder and David T. Mitchell, *Cultural Locations of Disability* (Chicago, IL: University of Chicago Press, 2006), 3–5; James C. Scott, *Seeing like a State* (New Haven, CT: Yale University Press, 1998), 183.

²⁶ Kathrin Levitan, *A Cultural History of the British Census: Envisioning the Multitude in the Nineteenth Century* (London: Palgrave Macmillan, 2011).

²⁷ *Ibid.*, 155.

²⁸ A. Baines, *Census of 1881: Presidency of Bombay including Sindh*, Vol. I (Bombay: Government Central Press, 1882), 95.

²⁹ R.E. Enthoven, *Census of India, 1901, Bombay*, Part I: *Report* (Bombay: Government Central Press, 1902), 161.

³⁰ Gabriel Farrell, *The Story of Blindness* (Cambridge, MA: Harvard University Press, 1956), 208–9.

³¹ E.A. Gait, *Census of India, 1911*, Vol. I: *India*, Part I – *Report* (Calcutta: Government Printing Press, 1913), 344–5; C.E. Luard, *Census of India 1911*: Vol. XVII: *Central India Agency* (Calcutta: Superintendent Government Press, 1913).

³² V.R. Thygarajaiyar, *Census of India, 1921*, Vol. XXIII, Part I: *Report* (Bangalore: Government Press, 1923), 112.

³³ Murari S. Krishnamurthi Aiyar, *Census of India 1921*, Vol. XXV: *Travancore* (Trivandrum: Government Press, 1922), 92.

to be the most accurate of all categories of infirmity, as it was believed to be easy to diagnose in the field.³⁴ Further, while concealment was believed to render infirmity statistics uniformly unreliable when it came to insanity and leprosy, census reports simultaneously pointed out that concealment was not as much of a problem with either blindness or deaf-muteness. Translating the census definition of blindness into vernacular languages also posed less of a challenge than other categories of infirmity.³⁵ For example, in Kashmir, *kana* was used to designate people who had only lost sight in one eye; while *andha* or *nabina* was used for people totally blind in both eyes.³⁶

The colonial census estimated the average prevalence of blindness at 14/10 000 compared to 8/10 000 in Europe and North America.³⁷ Indeed, more than half of the 'afflicted persons' in the category of infirmity were enumerated under the category of blindness.³⁸ Censuses also disaggregated blindness by age, caste and region. Distinct age patterns to blindness were reported so much that it was seen as a 'senile affliction': with higher prevalence among those aged 55 years and above, despite efforts to eliminate the enumeration of blindness among the elderly (see Figure 1).³⁹ Regional patterns to blindness were also reported – in general, urban areas were considered more prone to blindness than rural. Similarly, a higher prevalence of visual impairment was usually found in certain parts of South Asia such as Punjab, Baluchistan, the United Provinces and Rajputana compared to regions like Assam, Bengal and Madras.⁴⁰ But provincial/regional statistics often obscured more localised intensive spatial patterns of blindness: for instance, the more arid parts of Bihar were known to have a substantially higher number of the Blind relative to the rest of the state.⁴¹ The patterns of blindness by gender are more confused and suggest no clear pattern: while loss of sight through accident or injury was noticed to be higher among males than females in some provinces, in others female blindness overtook male blindness.⁴² Occasional religious patterns to blindness were also observed: in Bombay, for instance, the minority religious group of Parsees had the lowest prevalence of blindness.⁴³

³⁴ Gait, *Census of India, 1911, op. cit.* (note 31), 352. For instance, blindness posed the least difficulty for translators, when compared to insanity or leprosy which were considered more challenging to render accurately into local languages.

³⁵ Luard, *op. cit.* (note 31).

³⁶ Matin-Uz-Zaman Khan, *Census of India 1911, Vol. XX: Kashmir* (Lucknow: Newul Kishore Press, 1912), 189.

³⁷ Gait, *Census of India, 1911, op. cit.* (note 31), 352.

³⁸ *Ibid.*, 345.

³⁹ W.L. Cornish, *Report on the Census of the Madras Presidency, 1871, Vol. I* (Madras: Fort St George Gazette Press, 1873).

⁴⁰ H.H. Risley, *Census of India, 1901, Vol. I, Part I: Report* (Delhi: Office of the Registrar General of India, 1903), 142; Gait, *op. cit.* (note 31), 352; B.L. Cole, *Census of India, 1931, Vol. XXVII: Rajputana Agency* (Meerut: Saraswati Press, 1932), 69.

⁴¹ Regional patterns were often explained by proposing an inverse relationship between rainfall and blindness – drier, more arid areas were prone to higher rates of blindness, while the inverse was true for spaces like Assam, where heavy rainfall was the norm.

⁴² Risley, *op. cit.* (note 40), 142.

⁴³ *Ibid.*, 142; Jesse S. Palsetia, 'Partner in empire: Jamsetjee Jejeebhoy and the public culture of nineteenth-century Bombay', in John Hinnells and Alan Williams (eds), *Parsis in India and the Diaspora* (London: Routledge, 2008), 81–100. Parsees were often considered the model minority and agents of change in colonial South Asia for their literacy, wealth, philanthropy and willingness to embrace 'Western' education and science.

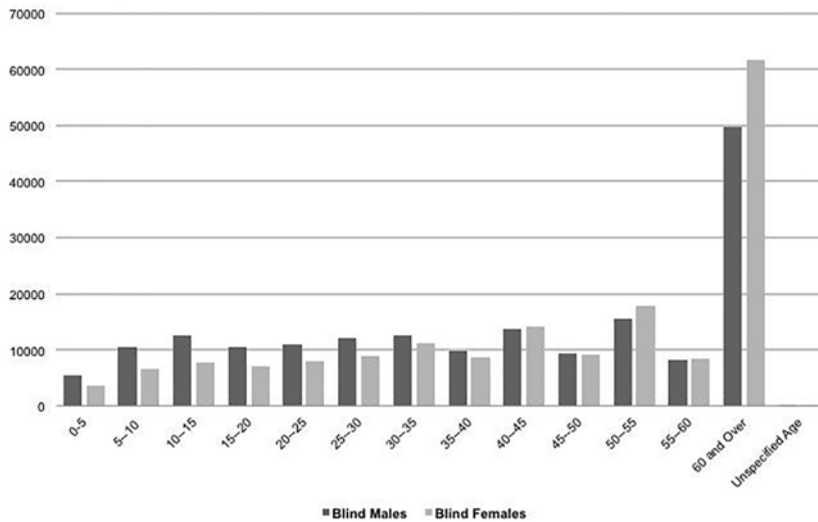


Figure 1: Blindness by age and sex, Census of India, 1901. Source: H.H. Risley and E.A. Gait, *Report on the Census of India, 1901* (Calcutta: Superintendent of Government Printing, 1903).

Infection, Injury and Ageing: Causes of Blindness

Colonial records also presented detailed causal narratives for blindness. The British physician C.G. Henderson, who had worked extensively and had conducted field surveys among the Blind, argued that at least ninety per cent of blindness was a 'preventable affliction' caused by infectious diseases.⁴⁴ Smallpox, which was endemic across much of the region and epidemic in the rest, was certainly one of the most important contagions in the aetiology of blindness.⁴⁵ Those who survived a bout with smallpox were very likely to have been left both blind and scarred.⁴⁶ The other equally ubiquitous infectious cause of blindness was trachoma, which first came to the attention of the British in Egypt at the turn of the century, primarily for its infectious nature and because it could blind soldiers.⁴⁷ A bacterial infection caused by *Chlamydia trachomatis*, the disease caused a granulation of the conjunctiva that subsequently resulted in partial or complete blindness.⁴⁸ Trachoma was more common in dry, desert-like regions of South Asia where it also went by the name of *Kheel* or *Khupri*.⁴⁹ By virtue of its ubiquity, trachoma acquired a dominant place in medical explanations of blindness. In Ambala, for instance, Lt Colonel Lane of the IMS (Indian Medical Service) reported that close to ninety-seven per cent of the blindness in the province was caused by trachoma, and recommended that doctors 'attack' trachoma cases

⁴⁴ BL, C.G. Henderson, *Blindness in India and the Possibility of Its Diminution* (St Leonard-on-Sea: King Bros and Potts, 1917), 7.

⁴⁵ J. Banthia and Tim Dyson, 'Smallpox in Nineteenth Century India', *Population and Development Review*, 25, 4 (1999), 649–80.

⁴⁶ Donald Hopkins, *The Greatest Killer: Smallpox in History* (Chicago, IL: University of Chicago Press, 2002), 153.

⁴⁷ *Amrita Bazar Patrika*, 19/09/1916, 8.

⁴⁸ Matthew J. Burton, '“Trachoma” in Thomas Reinhard and Frank Larkin', *Cornea and External Eye Disease* (London: Springer, 2010), 121–33.

⁴⁹ 'Article on the prevention of blindness', in H.J.M. Desai (ed.), *Report of the First All India Conference for the Blind* (1952), 56.

with chloroform, washes with mercury perchloride and mercury cyanide and surgery to scrape away the granulation of the conjunctiva.⁵⁰ Equally often mentioned in these causal narratives was ophthalmia neonatorum, or neo-natal eye infections.⁵¹ Syphilis and leprosy were both cited as important causes of adult blindness; with many inmates in leper asylums across the region likely to have been blind owing to ocular lesions.⁵² Aside from describing infectious aetiologies for blindness, a whole host of other potential causes of visual impairments found their way into the censuses and medical reports. The wide prevalence of cataracts was observed as one of the primary causes of blindness among older cohorts.⁵³ Injuries and falls resulting in the dislocation of lenses as well as occupational exposures to ocular injury were also discussed.⁵⁴

Environment was often indicted as an important cause of blindness; particularly in arid regions like Rajputana and Sind.⁵⁵ In such spaces, the 'glaring sunshine', excessive heat, dust-laden and excoriating winds, variations in temperature and sandy plains were all thought to contribute both to the 'ulceration of the eyes and permanent injury' and to weaken the structure of the eyes, subsequently rendering individuals more vulnerable to diseases that resulted in blindness.⁵⁶ Populations that resided in very cold and hilly districts such as Ladakh were considered equally vulnerable to blindness because of their exposure to the glare of the sun over the white snow and harsh winds. Equally, however, the populations of such spaces were believed to spend long stretches of time huddling from the cold in cramped, small, unventilated houses which were heated with small, smoky fires and oil lamps.⁵⁷

Aside from environment, colonial narratives pointed to gender norms and practices; proposing, for instance, that females were genetically less able than males to bear the 'heat and dust' while others suggested that women were less likely to resort to medical relief even when available; while still others proposed that females were on the whole more likely to spend their lives exposed to the choking smoke of cooking fires, leaving them vulnerable to 'affections of the eyes'.⁵⁸ Poverty and village life also came under interrogation: in particular, the 'close, smoky air of the huts, the fierce glare of the summer sun, the dust, the flies'.⁵⁹ Here too, the 'pungent smoke of the fires' where poor Indians cooked their food was also blamed for causing blindness, but it was more often the housing of the rural population.⁶⁰ In particular, the common use of mud to build houses

⁵⁰ *The Tribune*, 26/04/1914, p. 7.

⁵¹ J.H. Hutton, *Census of India, 1931*, Vol. I: *Report I* (Delhi: Manager of Publications, 1933), 260, 261.

⁵² M. Hogeweg, 'Cataract: The Main Cause of Blindness in Leprosy', *Leprosy Review*, 72, 2 (2011): 139–42; *Report of the Fifty-Sixth Year's Work in India of the Mission to Lepers, September 1929–August 1930* (Mysore: Wesley Press and Publishing House, 1930), 23.

⁵³ Hutton, *op. cit.* (note 51), 260–1.

⁵⁴ S.E. Maunsell, *Notes on Medical Experiences in India Principally with Reference to Diseases of the Eye* (London: H.K. Lewis, 1885), 21–2. Consider for instance, itinerant grindstone makers, whose work exposed them to bits of flying stone; other similarly vulnerable groups would have included 'tailors', 'glass and lac workers', 'grain parchers', 'rice pounders and servants' and 'oil pressers'.

⁵⁵ *Ibid.*, 21–2; BL, Henderson, *op. cit.* (note 44), 3.

⁵⁶ Gajanan Krishnan Bhatawadekar, *Census of 1881*, Vol. III: *Baroda* (Vadodara: Education Society's Press, 1883); Hutton, *op. cit.* (note 51), 260.

⁵⁷ Matin-Uz-Zaman Khan, *Census of India 1911*, Vol. XX: *Kashmir* (Lucknow: Newul Kishore Press, 1912), 189.

⁵⁸ Risley, *op. cit.* (note 40), 142.

⁵⁹ William Crooke, *The North-Western Provinces of India: Their History, Ethnology and Administration* (London: Methuen and Company, 1897), 159.

⁶⁰ *Ibid.*

was considered particularly detrimental to sight – mud walls were believed to be worse than bamboo and coconut palms.⁶¹ Additionally, British observers blamed the inferior quality of the diet of poor villagers for their propensity towards blindness, malaria and leprosy.⁶²

Social Pathologies of Blindness: Disability as a Measure of Civilization

In addition to describing infectious causes of blindness, European and American observers consistently ascribed social pathologies to the condition. Blindness was constructed as the natural corporeal cost of 'Indian' backwardness, apathy and ignorance'.⁶³ South Asians were a 'race so bigoted, so tied down by caste prejudices, and of habit of body so apathetic', all of which was believed to contribute to blindness by exacerbating existing affections through neglect until irremediable.⁶⁴ British commentators specifically condemned 'parental folly and neglect' as causing childhood blindness by failing in providing proper food and clothing to their children, which was then thought to contribute to the majority of preventable impairment.⁶⁵ Alluding to the purported lack of parental responsibility among colonial subjects, census reports explained infant blindness in terms of resistance to vaccinating female children against smallpox.⁶⁶

Local healing practices, which had considerable social and cultural meanings, were also considered to blame for blindness. For instance, the 'common' practice of applying irritants—'chewed red pepper, tobacco juice, red-hot coals, strong solutions of alum' – to the eyes was believed to result in visual impairment.⁶⁷ Across South Asia, the traditional birth attendant (*dai*), who was the primary source of care during and after delivery for most women was also decried in discussions of blindness.⁶⁸ Demonised for her delivery methods, the *dai* was vilified again for causing infantile blindness through her ignorance, unsanitary habits and being 'primitive in (her) ideas'.⁶⁹ Another figure believed to contribute towards the problem of blindness was the 'native doctor'. Writing in 1927, a British missionary from the Church Missionary Society reported how an infant's infection had been accelerated into complete blindness when a local doctor 'prescribed a remedy which entirely destroyed any remaining vision . . . a calf was to be killed and the blood while still hot to be poured in the child's eyes. The result, needless to say, was blindness'.⁷⁰ For some British commentators, the native oculist was perceived to be as destructive as the 'dai'. In particular, the Indian practice of removing cataracts through 'couching' was specifically blamed for blindness; specifically the use of 'coarse instruments' unsupported

⁶¹ Risley, *op. cit.* (note 40), 142.

⁶² Crooke, *op. cit.* (note 59), 159. Crooke would comment disapprovingly on the widespread consumption of foods high in 'fatty and saline principles'.

⁶³ Henderson, *op. cit.* (note 44), 3.

⁶⁴ Maunsell, *op. cit.* (note 54), 25–6; R. Hughes-Buller, *Census of India 1901: Balochistan* (Bombay: Government Press, 1902), 80.

⁶⁵ Hutton, *op. cit.* (note 51), 261. Yet, there is little engagement with poverty in such narratives.

⁶⁶ *Ibid.*; R.V. Russell, *Census of India, 1901*, Vol. XIII: *Central Provinces*, Part I (Nagpur: Secretariat Press, 1902), 47.

⁶⁷ *Ibid.*

⁶⁸ *Ibid.*

⁶⁹ Henderson, *op. cit.* (note 44), 8; Sean Lang, 'Drop the Demon Dai: Maternal Mortality and the State in Colonial Madras, 1840–1875', *Social History of Medicine*, 18, 3 (2005), 357–78.

⁷⁰ CMS, CEZ/G/EL 1/6/28, M.E. Hume Griffith, *Dust of Gold: An Account of the Work of the C.E.Z.M.S among the Blind and Deaf of India, China and the East* (London: Church of England Zenana Missionary Society, 1927), 5.

by 'scientific knowledge' or 'sanitary precautions'.⁷¹ Although census reports decried the operation, more careful observations by medical professionals would commend the speed and accuracy of these indigenous practitioners and in particular comment on the painlessness of the operation. British doctors who had studied the practice of couching would also underline exactly how inexpensive and safe a service these oculists offered.

Blindness also permitted a critique of the caste system: for instance, census reports credited the relatively higher rates of blindness among Brahmins to their higher literacy rates and habits of reading in dark, cramped rooms; while 'sedentary occupations' among other 'upper' castes such as the *Neygi* in Mysore were blamed for high rates of blindness.⁷² Similarly, the *zenana* system – or the practice prevalent in some Hindu and Muslim communities of isolating all the females in the household and shielding them from the male gaze – was also singled out as contributing to blindness. The women of the *zenana* spent their lives in darkness and solitude, driving them to insanity and blindness. Other cultural practices were also criticised through these causative narratives of infirmity: including, oddly enough, mourning rituals. One of the more unusual explanations for blindness came from the Central Provinces, where female blindness was attributed to funerary rituals, in particular the 'frequent mourning for relatives accompanied by ostentatious squeezing of the eyes and excessive weeping'.⁷³

British physicians also reported disapprovingly that blindness was the natural consequence of superstitions held by the local population – for instance, the supposed belief that visual impairment was caused by demons.⁷⁴ Most missionaries agreed and claimed that Hindu blindness in particular was the result of superstition and prejudice. In particular, missionaries blamed the practice of 'leav(ing) their children exposed to the ravages of smallpox which 'blinds many, deforms more' but was considered by Hindus as a punishment inflicted on them by the goddess Doorga, the wife of Shiva.⁷⁵ Hindus were therefore hesitant to widely accept vaccination, as they were simultaneously fatalists and were cautious about offending the goddess.

Living with Blindness: Of Families and Work

Compared to leprosy or insanity, colonial records suggest that blindness appeared to be less stigmatised.⁷⁶ Through the decades when infirmity was enumerated, census reports claimed that this was an infirmity 'of which no one is ashamed, and which there is no desire to conceal'.⁷⁷ In general, blindness may have well have elicited charitable sympathy rather than the revulsion and stigma ascribed to impairments like leprosy; leading to little deliberate concealment of this infirmity or particularly severe abjection with families. However, census enumerators acknowledged that some families nonetheless tended to conceal blindness among young unmarried, female members of the household; suggesting that there was certainly some social undesirability ascribed to blindness.⁷⁸

⁷¹ Hutton, *op. cit.* (note 51), 260–2; Crooke, *op. cit.* (note 59), 159; Maunsell, *op. cit.* (note 54).

⁷² Aiyar, *op. cit.* (note 33), 140.

⁷³ Russell, *op. cit.* (note 66), 47.

⁷⁴ *Madras Mail*, 03/07/1871, 3. This account draws on a speech given by Dr Furnell, a professor at the Madras Medical College, narrating his experience with a patient at the Eye Infirmary.

⁷⁵ CMS, *Dust of Gold*, *op. cit.* (note 70), 5.

⁷⁶ Gait, *op. cit.* (note 31), 352.

⁷⁷ *Ibid.*

⁷⁸ *Ibid.*

The colonial archive consistently underlined the importance of the family and community as lynchpins in the care of the Blind in particular and disabled people in general, so much so that the family was reported as the South Asian alternative to the British poor law system.⁷⁹ Familial support for disabled people was built upon widely prevalent ideas of providing for those unable to look after themselves – whether disabled, indigent or poor. In 1890, the secretary to the government of India observed that blind women were hardly ever allowed by their families to lapse into mendicancy and parents of blind children were thought to be content to ‘bear the burden of supporting them all their lives [rather] than part with them to have to lead them daily any appreciable distance to school’.⁸⁰ This has to be interpreted carefully, as colonial administrators sought to justify the lack of investment and intervention in providing for and educating the ‘defective’ by gesturing to the purported effectiveness of the family systems of care – arguing that introducing any measures could only ‘weaken the existing sense of responsibility’ within the family.⁸¹ Nonetheless, the Blind may well have experienced abjection, discrimination and neglect within their families, although that is harder to assess for the period under consideration.

Moving out of the family and into the labour-force, there is evidence that being blind did not necessarily render individuals economically marginal. Instead, certain occupations attracted a higher concentration of blind individuals. For instance, in Poona, the educational inspector would comment that deaf and dumb people and the Blind tended to be employed in ‘turban-making, tom-tom beating, the mechanical parts of trades’.⁸² Additionally, there were reports of blind individuals working as carpenters, potters, tailors, and bangle-makers.⁸³ As scholars have noted for other spaces, the Blind were popularly believed to have a peculiar affinity for music.⁸⁴ Much the same was true in South Asia too with the blind musician having a purported affinity for particular instruments including the *dilruba*, *sitar*, *sarangi*, harmonium, *tabla* and the flute.⁸⁵ Examples of blind musicians appear in colonial and missionary archives; and Hindu temples as well as all manner of festivals offered blind musicians employment and public spaces.⁸⁶ Some others also made a living by teaching music or by marrying musical abilities with religious teaching and becoming ‘Kirtankars’ and preachers.⁸⁷ But blind individuals were not solely restricted to semi-skilled occupations. By the twentieth century, mentions of blind men working as Vakils and practising law can be found in multiple sources.⁸⁸ In Malegaon, there was an example of a blind teacher, with a prodigious memory for and command of history and politics.⁸⁹

⁷⁹ BL, IOR/L/PJ/6/295, File 202. Letter from W. Lee-Warner, Secretary to Government, Bombay, Educational Department to the Secretary to the Government of India, Home Department, 4th October 1891.

⁸⁰ *Ibid.*

⁸¹ BL, IOR/L/PJ/6/295, File 202. Letter from T.B. Kirkham, Educational Inspector, Central Division to the Director of Public Instruction, Poona, 2nd August, 1890.

⁸² BL, IOR/L/PJ/6/295, File 202. Letter from T.B. Kirkham, Educational Inspector, Central Division to the Director of Public Instruction, Poona, 2nd August, 1890.

⁸³ *Ibid.*

⁸⁴ *Report of the Ninth Indian Industrial Conference held at Karachi on the 25th December 1913* (Amraoti: Indian Industrial Conference, 1914), 342.

⁸⁵ *Ibid.*

⁸⁶ *Ibid.*

⁸⁷ *Ibid.*

⁸⁸ *Ibid.*

⁸⁹ BL, IOR/L/PJ/6/295, File 202. Letter from E. Giles, Educational Inspector, Northern Division to the Director of Public Instruction, Poona, 7th July, 1890.

Muslims who were blind could, and often did, become a Hafiz. These men committed the Quran to memory and would recite it at religious ceremonies. Women also became Hafizas and functioned additionally as teachers for devout females.⁹⁰ The more skilled Hafizs were not only respected but also managed to make a fair living for themselves.⁹¹ This appears to have quite common in South Asia – indeed, the Census of 1901 for Punjab discusses how the word ‘Hafiz’ was equivalent ‘native usage’ for a person with a visual impairment.⁹² Despite the fact that such roles appear to have provided some social spaces for people who were blind in South Asia, European observers derided such occupations as regressive. The blind Hafiz, for instance, was often disparaged as simply parroting the holy book without ‘true understanding’.⁹³

The Blind Beggar: Displaying Disability in Public Spaces

Irrespective of their religious affiliation, most South Asians held that those who were able-bodied were morally bound to provide for the support of those who were less able to do so.⁹⁴ Outside the family, this philanthropy extended to the figure of the mendicant, disabled or able-bodied. Mendicants often migrated to the larger colonial cities: for instance, European observers decried Bombay as being home to ‘lame beggars’ who took ‘especial pride in any joint that has the good fortune to be turned the wrong way, maimed beggars (who) flourish horrible stumps in your eyes . . . blind beggars and their leaders shout at you and follow you as you go by’.⁹⁵ Large numbers of mendicants were also observed in Hindu, Muslim and Christian places of worship and pilgrimage. In Madras, for instance, ‘blind, lame and ill-conditioned beggars’ lived and made a living through the charitable donations of rich and poor at both the Mount of St Thomas, sacred to Catholics in South Asia since the first century and at Pulney, a large Hindu temple town.⁹⁶ Similar sights could be observed all over South Asia. Blindness in particular was considered a unique asset to the urban vagrant: it was thought to take time to demonstrate how a beggar was ‘mad, or deaf or dumb’, but the Blind instead could at once be exhibited to the occupants of a slowly moving tramcar.⁹⁷

However, to the colonial eye, begging represented one among the many social ills that plagued South Asia – this was a ‘country of mendicants’, with some observers suggesting that up to ten percent of the population earned their living through begging.⁹⁸ In the metropole, the blind beggar had historically been the focus of intensely negative stereotypes, ridicule and moral judgment, in part a manifestation of the growing hostility

⁹⁰ *The Tribune*, 13/07/1910, 5.

⁹¹ Shah, *op. cit.* (note 6), 4–5.

⁹² H.A. Rose, *Census of India 1901*, Vol. 17: *Punjab and the Northwestern Provinces*, Part I (Simla: Government Central Printing Press, 1902), 295.

⁹³ *Proceedings of the Church Missionary Society for Africa and the East, Ninety-Eighth Year, 1896–97* (London: Church Missionary House, 1897), 205–6. Curiously, once converted to Christianity, the very same figure of the Hafiz became a figure to be admired. Take this account, for instance, of a debate between a recent convert to Christianity; the blind Maulavi and Hafiz Ahmad Masih, who debated with Muslim maulavis about their respective faiths. Accounts of this debate were circulated in missionary narratives and presented *this* blind Hafiz as staunch, devout, brave and erudite.

⁹⁴ *The Madras Mail*, 28/04/1871, 3.

⁹⁵ *The Pioneer*, 11/10/1872, 3.

⁹⁶ *Madras Mail*, 19/12/1877, 3; *The Madras Mail*, 19/02/1872, 2.

⁹⁷ L.J. Sedgwick, *Census of India 1921*, Vol. IX: *Cities of the Bombay Presidency*, Part I (Poona: Yervada Prison Press, 1922), 32.

⁹⁸ *The Madras Mail*, 19/02/1872, 2.

towards the poor.⁹⁹ Their spatial liminality was thought to render them uniquely vulnerable to vice and sin; they were seen as burdens on society and blind beggars in particular were suspected of faking their disability and thus being undeserving of charity.¹⁰⁰ Unsurprisingly, when confronted with the widely prevalent South Asian tolerance of mendicancy and of charitable giving to beggars, the reactions of colonial and missionary observers were almost universally one of disgust, suspicion and condemnation, which often worked its way into legislation and policy.¹⁰¹ Their disapproval did not change when the mendicant was disabled and their infirmities were then drafted into their performance.¹⁰² The colonial state saw mendicancy as the primary disincentive for the disabled to earn their livelihood through any more 'worthy' means.¹⁰³ Further, begging was thought to be so lucrative that it rendered any provisions made towards educating the 'defective' superfluous.¹⁰⁴

In colonial cities in particular, European observers were deeply dismayed by the thronging, unabashed and transient masses of disabled beggars, and commented that the considerable numbers of infirm beggars who would have been a 'blot on the civilization of a European town'.¹⁰⁵ Disabled mendicants were perceived as an aesthetic blight on the spaces of the colonial city as well as proving to be a substantive challenge to the powers of the colonial state because of their mobile nature. Further, disabled beggars were decried for their supposed calculation in exhibiting 'the foulest diseases on their persons proceeding more or less from a syphilitic source'.¹⁰⁶ Observers further disapproved of the institutionalised nature of begging. The disabled beggar's very impairment was called into question as the fear that the beggar was only assuming the guise of 'loathsomeness' and disability to trick gullible passers-by into making charitable donations was far from uncommon.¹⁰⁷ The blind beggar in particular was indeed depicted as being so rapacious for alms that they were supposed to organise themselves into roaming groups who migrated from the princely states to British territories that had 'more efficient arrangements for relief'.¹⁰⁸ While Europeans and Americans in South Asia universally and often publicly abhorred the social acceptability of begging as a livelihood for people with impairments,

⁹⁹ Weygand, *op. cit.* (note 11), 15.

¹⁰⁰ James Brodman, *Charity and Religion in Medieval Europe* (Washington DC: CUA Press, 2009); Mark P. O'Tool, 'Disability and the suppression of historical identity: rediscovering the professional backgrounds of the blind residents at the Hôpital des Quinze-Vingts' in Joshua R. Eyler (ed.), *Disability in the Middle Ages: Reconsiderations and Reverberations* (London: Ashgate, 2010), 12.

¹⁰¹ John Forbes Watson and William Kaye, *The People of India: A Series of Photographic Illustrations, with Descriptive Letterpress of the Races and Tribes of Hindus*, Vol. 3 (London: India Museum, 1868); Herbert Risley and William Crooke, *The People of India* (New Delhi: Asian Educational Services, 1999), Reissue, 143. Mendicancy, and religious mendicancy in particular, of course have a very long history in South Asia. For a discussion of vagrancy and the colonial state, see David Arnold, 'Vagrant India: famine, poverty and welfare under colonial rule', in A.L. Beier and Paul Ocobock (eds), *Cast Out: Vagrancy and Homelessness in Global and Historical Perspective* (Athens, OH: Ohio University Press, 2008), 67–79.

¹⁰² BL, IOR/L/PJ/6/295, File 202. Letter from H.P. Jacob, Educational Inspector in Sind to the Director of Public Instruction, Bombay, 17th July, 1890.

¹⁰³ *Report on Public Instruction, Bombay, 1938–39* (Bombay: Education Department, Government of Bombay, 1939), 163.

¹⁰⁴ *Ibid.*

¹⁰⁵ W.H. Thompson *Census of India 1921*, Vol. VI: *City of Calcutta*, Part I (Calcutta: Bengal Secretariat Book Depot, 1923), 96.

¹⁰⁶ *The Madras Mail*, 28/04/1871, 3.

¹⁰⁷ William Ramsey, *Journal of Missionary Tour in India, Performed by the Reverend Messers Read and Ramsey* (Philadelphia, PA: J. Whetham, 1836), 296.

¹⁰⁸ Russell, *op. cit.* (note 66), 47.

they often failed to understand the economic pull of begging. As A.K. Shah, the principal of the Calcutta Blind School put it, ‘unless you can provide the Indian blind with the necessities of life, you cannot get them to come to an institution to learn . . . the parents often object to a child going to a school as he or she is perhaps the only bread-winner of the whole family, bringing in fresh money daily by begging’.¹⁰⁹ Aside from this, begging also may have offered people with disabilities some degree of community and protection; particularly when we consider stigmatised groups like people with leprosy.

Condemnation aside, the blind beggar occupied complicated spaces within South Asian societies, which are encapsulated in the following two newspaper stories from different corners of South Asia. In 1865, a case was moved against three people in the District Court of Caltura in Ceylon for taking over the house and land of Happootantrigey Baba Appoo, a blind beggar who had bought his property on his earnings as a mendicant.¹¹⁰ Nearly fifty years later, a ‘blind beggar’ in the city of Calcutta, Chintamani, donated one rupee and four *annas* towards the Calcutta Orphanage.¹¹¹ The newspaper reporting the latter incident did not provide any additional reasons as to why she made the donation, but it is nonetheless striking that the entry for Chintamani was listed cheek by jowl with contributions by doctors, teachers and other donors from the city – presumably classes whom the British would perceive as more ‘natural’ philanthropists. These two newspaper reports underline exactly how troubling the figure of the blind Indian beggar – which to all intents and purposes was supposedly a liminal social figure – could be to established European notions of disability and charitable giving. Indeed, these two examples suggest that the blind beggar had not only managed to carve out a particular space for her/himself in wider society but could also manage to amass money enough through mendicancy to acquire property despite their impairment. Further, blind beggars apparently also sought inclusion in broader society through the legal system and through their own charitable acts.

Responding to the Blind Colonial Subject: Of Blind Asylums and Eye Hospitals

By the mid-nineteenth century, the colonial state would institute a few dedicated eye infirmaries and ophthalmic hospitals in the major presidency cities of Bombay, Madras and Calcutta, impelled by the high prevalence of ophthalmic infections particularly among soldiers and the potential for subsequent impairments.¹¹² In Bombay, Parsee philanthropy would also contribute to the opening of an ophthalmic hospital, which was open to the general public.¹¹³ Such hospitals were intended to treat ophthalmic conditions in addition to serve as training sites to instruct native oculists in ‘Western’ ways of treating conditions of the eye.¹¹⁴ Among the other colonial policies, which may have impacted blindness, was vaccination; which had an erratic record until the 1930s and was met with limited success.¹¹⁵ Sporadic efforts were made to control ophthalmia neonatorum by paying *dais* into reporting ophthalmia to the local health officers, although such efforts were largely

¹⁰⁹ Shah, *op. cit.* (note 6), 4–5.

¹¹⁰ *The Ceylon Observer*, 16/10/1865, 2. Unfortunately it was not possible to trace the outcome of the case.

¹¹¹ *Amrita Bazar Patrika*, 24/09/1913, 8.

¹¹² Nair, *op. cit.* (note 16); Joseph Fayrer, ‘Some Ophthalmic Notes’, *Indian Medical Gazette*, 36 (1901), 234–5.

¹¹³ *The Madras Mail*, 01/05/1869, 2.

¹¹⁴ Nair, *op. cit.* (note 16).

¹¹⁵ Sanjoy Bhattacharya, Mark Harrison and Michael Worboys, *Fractured States: Smallpox, Public Health and Vaccination Policy* (London: Orient Blackswan, 2005).

restricted to some large cities.¹¹⁶ Despite these initiatives, many of the infectious causes of blindness remained largely uncontrolled and unmanaged through biomedicine for much of the nineteenth century. Indeed, conditions like blindness only limned the limits of biomedicine in South Asia; with respect to its reach and effectiveness. Aside from the measures listed above, the colonial state was largely hesitant to invest in other forms of provision for the Blind in South Asia.

When we consider the European metropole, the trends of contemporaneous state policies tailored for the Blind, 'the deaf and dumb, and the educable class of imbeciles' were vastly different and reflected an exigency that was entirely missing in the colony. Both England and France, for instance, had begun to push for institutionalisation, a shift that reflected powerful anxieties over the perceived incremental sedimentation of the disabled into a largely 'unproductive' class of dependents who drew heavily on the state exchequer.¹¹⁷ Specially designed educational policies and systems, were intended as a panacea to the 'problem' of this distinct group becoming a 'weighty burden' not just to themselves but also to the state.¹¹⁸ Residential schools for blind and deaf children were established in increasing numbers across Britain at the end of the eighteenth century. Run as philanthropic endeavours, these schools often took in the poor and rich alike.¹¹⁹ However, in the colonies, the British had markedly different attitudes towards the substantial blind population.

While the British colonial state in South Asia claimed that providing for the 'sick, the maimed, the blind, the leper and the lunatic' was a monument to both British rule and 'Christian civilization', policy often took a different turn.¹²⁰ Indeed, when called upon to extend the findings of the Royal Commission on the Blind, Deaf and Dumb to South Asia, both the government of India and the provincial administrations chorused in agreement that the circumstances and experiences of disability in the colonies were vastly dissimilar to Britain and therefore should not be compared.¹²¹ Further, they added that the claims on the colonial state for the 'education of the sighted' in the colony were more pressing than those of the disabled; and underlined that the state's efforts were far better reserved for the able-bodied.¹²²

Despite the colonial state's general lack of interest, many local elites, notably the rulers of the princely states, routinely provided charitable donations to feed and house the poor, primarily to bolster their status as benevolent rulers; and blind and infirm people were often the recipients of this native philanthropy.¹²³ As early as 1826, the Hindu ruler of the kingdom of Banaras had established an asylum for the Blind for the blind and indigent

¹¹⁶ Henderson, *op. cit.* (note 44), 9.

¹¹⁷ Jameel Hampton, *Disability and the Welfare State in Britain: Changes in Perception and Policy, 1948–79* (London: Policy Press, 2015).

¹¹⁸ BL, OP-RC/17, v.1, v.2, *Report of the Royal Commission on the Blind, the Deaf and Dumb of the United Kingdom*, 1889.

¹¹⁹ Jan Branson and Don Miller, *Damned for Their Difference: The Cultural Construction of Deaf People as Disabled, A Sociological History* (Washington DC: Gallaudet University Press, 2002), 121–47; Weygand, *op. cit.* (note 11), 15.

¹²⁰ *The Ceylon Observer*, 22/11/1879, 19.

¹²¹ BL, IOR/L/PJ/6/295, File 202, 'Education and Training of the Blind, Deaf and Dumb and Idiots and Imbeciles in India', 14 January 1891.

¹²² *Ibid.*

¹²³ *The Madras Mail*, 14/01/1871, 2. For instance, in 1871, the Maharajah of Scindia gave 1,25,000 rupees towards the purchase of food and blankets for the poor and blind in and about the capital city of Gwalior. The British resident would however condemn the Maharajah's donations went largely towards enriching his own agents rather than to its intended targets.

poor.¹²⁴ Intended for local residents who through impairment or age had become unable to look after themselves and were destitute, this institution had more in common with leper and insane asylums, in that they both existed to keep the Blind within and restrict their movements.¹²⁵ By 1854, Allahabad had established a charitable association for a Leper and Blind Asylum, funded largely through voluntary contributions together with a monthly government grant.¹²⁶ The Allahabad Asylum was administered by missionaries and was nominally aided by the state.¹²⁷ However, these asylums for the Blind were very limited in their capacity: the Allahabad asylum could not support more than 50 inmates; and the Banaras Asylum for the Blind and Destitute was only a little larger, supporting 113 inmates.¹²⁸ Aside from these ‘dedicated’ institutions, blind Indians were often to be found in poor houses and other institutions intended to provide for the destitute and the indigent.¹²⁹

Missionaries, Braille and Blind Schools

*In passing a door this evening, I saw an old blind man with a string of beads in his hand, counting them and repeating his prayers. Poor man, he is blind, spiritually as well as bodily.*¹³⁰

Although they shared the colonial state’s sense of South Asian blindness as representative of the moral, physical and social decrepitude at the heart of the region, missionary narratives did veer slightly away from the colonial stand on visual impairment.¹³¹ Missionary narratives clearly and naturally demonstrate a connection to narratives of visual impairment in the Bible, where blindness was featured in one of the stories that cement Jesus’ role as the Great Physician.¹³² The Blind were thought to have a particular claim on Christian sympathies. Take the book *Dust of Gold*, which valorised the work of the Church of England Zenana Mission Society (CEZMS) among blind and deaf people, which begins by invoking the Biblical story of blind Bartimaeus.¹³³ As Bartimaeus sat by the highway begging, he entreated Jesus for mercy. Jesus responded by calling out to Bartimaeus and granting the latter his desire to have his sight restored. This Biblical account of a blind man whose faith had made him ‘whole’ encapsulates the centrality of blindness to Christian ideas of philanthropy, and also underlines the discursive and narrative importance of blindness to Christian missionaries in South Asia. Much like

¹²⁴ BL, IOR/Z/E/4/23/K14, ‘The Management of Benares Blind Asylum, 1852–1853’.

¹²⁵ BL, IOR/Z/E/4/19/B556, ‘Reports for the Asylum for the Blind and Destitute at Benares, 1846–49’; Report of the Administration of the Northwest Provinces for the Year 1867–8 (Allahabad: Government Press, 1868), 103.

¹²⁶ *The Pioneer*, 19/08/1870, 2.

¹²⁷ *Ibid.*

¹²⁸ Winfield Dudgeon, ‘The Care of the Blind’, *Pioneer Mail and Indian Weekly News*, Vol. 47, December 17, 1920, 43–4.

¹²⁹ Rutherford, *op. cit.* (note 2). Take for instance, the story of Andhi, the young girl in the Madras Poor house.

¹³⁰ Ramsey, *op. cit.* (note 107), 206–7.

¹³¹ For a discussion of the Christian missionary presence in colonial South Asia and the relationships between missionary and colonial actors, see Jeffrey Cox, *Imperial Fault Lines: Christianity and Colonial Power in India, 1818–1940* (Stanford, CA: Stanford University Press, 2002); and for explorations of missionary medicine: David Hardiman (ed.), *Healing Bodies, Saving Souls: Medical Missions in Asia and Africa* (London: Rodopi, 2006); Esme Cleall, *Missionary Discourses of Difference: Negotiating Otherness in the British Empire, 1840–1900* (London: Palgrave Macmillan, 2012).

¹³² Barasch, *op. cit.* (note 9).

¹³³ Griffith *op. cit.* (note 70).

leprosy, the Biblical associations of blindness lent a peculiar emotional and ideological weight to the 'problem' of visual impairment, particularly in colonial spaces.¹³⁴ As one missionary described the Blind in South Asia: this was a population comprising souls that lived: 'not only in the blackness of heathendom, but also in the blackness of physical blindness'.¹³⁵ The corporeal weakness of the Blind was also thought to render them uniquely open to and suitable for proselytisation. Indeed, proselytisation was often seen as the act of restoring 'inner sight' to the Blind, which was believed to compensate for and possibly even ameliorate their actual loss of sight.¹³⁶ Blind converts served as an important narrative device in missionary reports, capturing both the perceived potential of both Western science and the power of Christian faith.¹³⁷

Impressed and overwhelmed by the ubiquity of blindness in South Asia, missionaries often iterated that the needs of the Blind were very pressing. Some of the early missionary entrants contributed to the creation of a 'weekly dole' for the 'blind and the deaf, the maimed and the halt, the diseased and the dying'.¹³⁸ Such approaches were short-lived and missionaries soon shifted towards a longer-term solution: the creation of institutions that could both house and train the Blind.¹³⁹ Unlike schools for the Blind in the European metropole, these mission-run schools were not built on the rationale of transforming impaired bodies into self-sufficient citizens in order to reduce the social and economic 'burdens' of blindness to the state. Although outwardly secular in mission, schools for the Blind first served as centres for proselytisation: as a CMS missionary put it, 'every child, whether Hindu, Mohammedan, or Christian, is expected to attend morning and evening prayers, and the daily Bible cases – the *raison d'être* of the school being that children may learn of a Saviour Who loves them'.¹⁴⁰

Typically residential, such schools usually had a limited capacity of between fifty to a hundred pupils, often orphans. The typical mission-run school for the Blind housed both males and females in hostels and sometimes maintained a family system within the schools.¹⁴¹ These mission-run schools provided education in the 'three Rs' (Reading, Writing and Recitation) as well in more practical skills intended to provide a living for their students.¹⁴² These included wool knitting, making coir mats, basketry, rope-making,

¹³⁴ J. Knowles and L. Garthwaithe, *Oriental Braille: One Alphabet for the Blind for All Oriental Languages* (London: British and Foreign Bible Society, 1902), 56.

¹³⁵ Griffith, *op. cit.* (note 70), 14.

¹³⁶ *Memorial papers of the American Marathi Mission, 1813–1881* (Bombay: Education Society's Press, 1882), 6–7.

¹³⁷ *Ibid.*, T.S. Wynkoop, 'Two More Blind Christians in India', *Gleanings for the Young*, March 1, 1900, 15. Take the case of Reverend Hollis Read of the American Marathi Mission in Ahmednagar. In 1833, he recounted how a resident of the mission asylum, who had been blind from birth, claimed to his parents that he could now see after his conversion, resulting in an outpouring of 'inquiry' from the poor residents of the neighbourhood about 'the new way'.

¹³⁸ Miles, *op. cit.* (note 18).

¹³⁹ *The Pioneer*, 28/12/1901, 4. Missionaries were not the only extra-state actors who were involved in the education of the Blind. Often interested parties would, often for personal reasons, set up basic structures for the specialised education of children who were blind. In British Burma, for instance, Maung Po Gyi, a teacher who had lost his sight late in his life set up a small school to teach 'sufferers like himself' how to read and to do cane and basket work.

¹⁴⁰ CMS, CMS/B/OMS/C I2 O69, Miles, *op. cit.* (note 18). Take the instance of William Cruickshanks, one of the earliest pioneers in educating the Blind in India. Cruickshank's evangelical fervour was so marked that he 'traded on his blindness, by ignoring boys' efforts to take their leave when he was preaching'.

¹⁴¹ Griffith, *op. cit.* (note 70).

¹⁴² Anna Milliard, 'American Mission School for the Blind in Bombay', *Outlook for the Blind*, Vols 11–12 (Boston, MA: Massachusetts Association for Promoting the Interests of the Blind, 1917), 159–60.

gardening, cane and bamboo work, sewing, and tape weaving.¹⁴³ Music, believed to be the 'Light of the Blind', was a part of the curriculum in many schools for the Blind, with blind children being taught both vocal and instrumental forms of music.¹⁴⁴ Frames with holes into which pegs were inserted were utilised to teach arithmetic, although subjects like mathematics and geography were not taught universally as the maps and technologies were expensive to produce.¹⁴⁵ Schools for the Blind employed exercises to 'correct the functional and transitional physical defects' of blind children.¹⁴⁶ Some schools had 'normal' departments intended to produce 'special teachers of the blind'. All education was usually in local languages, although English was sometimes taught to some of the older pupils who had already acquired familiarity with the scripts for the Blind.¹⁴⁷

Of the educational contributions made by missionary schools for the Blind, among the most important is the introduction of various scripts for the Blind into the region, including Moon script and various iterations of Braille, including Oriental Braille.¹⁴⁸ This latter was adapted into Indian languages by a missionary and an employee of the British colonial state. Despite the fact that missionary schools employed various forms of scripts for the Blind to teach their students, it is debatable how much influence Oriental Braille or Moon had on the lives of South Asian people who were blind and on their experience of their impairment. First, the number of schools in existence that catered exclusively to the Blind was not particularly high – at by 1938, around twenty such schools were known to exist across the region and would have housed around 1200 students, mostly male.¹⁴⁹ The multiple iterations of Braille that existed across South Asia were not often entirely comprehensible to each other and this raises questions about how much Braille could have contributed either to the integration of the Blind as a community. Indeed, it was the introduction of the uniform Braille code in independent India that would be crucial towards facilitating both cohesive identities and towards facilitating political activism among the Blind community.¹⁵⁰ This uniform, universally taught Hindustani Braille had important discursive effects – the creation of such a system was believed crucial to the 'uniting the blind of the whole world who are divided from their fellow sufferers by prejudices of caste, religious customs and manners'.¹⁵¹

Beset by funding problems, these schools often teetered from one financial year to another; hampered by the fact that educating blind children was inevitably more expensive than educating sighted children.¹⁵² Missionary administrators in Britain held to the same rationale as the colonial state and argued that the meagre resources of the missions were better spent on the able-bodied. Revealingly, they argued that blind converts could only

¹⁴³ *Ibid.*; *RPI, op. cit.* (note 103), 164.

¹⁴⁴ *RPI, op. cit.* (note 103), 164.

¹⁴⁵ *Progress of Education in India*, Vol. 1, 395.

¹⁴⁶ *Report of Public Instruction, Bombay, 1935–36* (Bombay: Educational Department of Bombay, 1936), 153.

¹⁴⁷ *RPI, op. cit.* (note 103), 164; *Progress of Education in India*, Vol. I, 395–6.

¹⁴⁸ BL, IOR/L/PJ/6/295, File 202, 'Education and Training of the Blind, Deaf and Dumb and Idiots and Imbeciles in India', 14 Jan 1891; William Moon, *Light for the Blind: A History of the Origin and Success of Moon's System of Reading, Embossed in Various Languages for the Blind* (London: Longmans and Company, 1873); Knowles and Garthwaite, *op. cit.* (note 134), 47. A region-wide survey of the status and education of the 'defectives' attempted in 1889 revealed that there were no indigenous equivalents to Braille or Moon languages in operation in South Asia, although there were reports of several types of sign languages in use across the region.

¹⁴⁹ Kalidas Bhattacharya, *A Statistical Survey of the Present Educational Condition of the Infirm: The Deaf-Mutes, the Blind and the Feeble-Minded in India* (Calcutta: Calcutta University Press, 1938), 41–3.

¹⁵⁰ Chander, *op. cit.* (note 17).

¹⁵¹ Clutha Mackenzie, 'Reminiscences of days in India', in Desai, *op. cit.* (note 49).

¹⁵² Desai, *op. cit.* (note 48), 83.

ever convert other Blind colonial subjects; and therefore funding their education or training was not sound financial wisdom. For instance, in 1899, the CMS acknowledged the mission of mercy that underlay efforts to educate and convert Indian people who were blind, but pointed out that evangelisation among the Blind could actually militate against the 'evangelistic power' of converts in general.¹⁵³

Conclusions

Narrowing the focus to the Blind historical subject in the colonial pasts of South Asia, this paper is as much an effort at medical history from below as it is an attempt to marry disability history and the histories of colonial medicine. It is also an effort to explore the genealogies of disability within the state. For instance, the enumerative logic employed in describing the Blind colonial subject and the ethnographic text accompanying the census become important in understanding how the colonial state enumerated impairment and constructed 'infirmity'. The census was imperative in rendering disability legible in the colonial state although the enumerative anxieties around infirmity would continue to infect post-colonial perceptions of the place of disability in the census.¹⁵⁴ Explanatory narratives of blindness in colonial discourse centred as much on the pathological as on the social, and were inextricable from the Orientalism that shaped the perception of the body of the colonial subject. Blindness like most other categories of disability was explicitly linked to the social ills that were thought to plague India: superstition, caste, and 'resistance' to 'Western' science and medicine. Impairment in general and blindness in particular pose even more challenges to any remaining claims about the effectiveness and reach of colonial medicine. Although biomedicine may have been practised in enclaves such as the colonial city and the tea plantation; when we consider the medical response to and management of impairments like blindness, even this limited impact is moot. Despite some motivated individuals working and writing on blindness, impairment was not a priority in the discourses and policies of the colonial state relative to the urgency surrounding infection, sanitation and maternal health.

The lives and roles played by the Blind in South Asian society investigated here underscore the sense that there was little impediment to social participation, and significantly less stigma relative to impairments like leprosy. While the paper does discuss the blind beggar, it is worth mentioning that this figure occupied a complicated position in South Asian pasts. What is clear is that the colonial state interpreted mendicancy universally as a route to laziness, charlatanry and criminal behaviour among the Blind; and saw blind beggars as blots upon the landscapes of their colonial cities. I also argue that there may well have been some distinctions as well as overlaps in the way that the colonial state perceived the Blind colonial subject and the way in which the European/American missionary perceived blindness in South Asia. For the missionaries, blindness presented an opportunity as well as epitomising the spiritual darkness of the subcontinent; a darkness that missions sought to dispel through conversion in schools. Ultimately, it is clear that despite the *Sturm und Drang* of the story of Andhi and her metamorphosis, neither colonial medicine nor missionary schools had a significant impact on the quotidian lives of the Blind in South Asia.

¹⁵³ CMS, Letter to Miss Sharpe from S.F. Baylis, Secretary, CMS, London, 17th March 1899.

¹⁵⁴ Roger Jeffery and Nidhi Singhal, 'Measuring Disability in India', *Economic and Political Weekly*, 43, 12/13 (March 22–April 4, 2008), 22–4; Anita Ghai, *(Dis)embodied Form: Issues of Disabled Women* (New Delhi: Har-Anand Publications, 2003), 33.