

## Project Report

# Medicine and British Empire in South India: A Study of Psychiatry and Mental Asylums in Colonial Kerala\*

Santhosh Abraham\*\*

### 1. INTRODUCTION

A lunatic asylum was established in Travancore in Kerala in 1871 to take care of patients with epilepsy, mental retardation and psychiatric conditions of the region. One year following in 1872, another asylum was opened in Calicut to receive civil mental patients from Malabar, South Canara, Coimbatore and Nilgiris. These two mental asylums were under the direct patronage and control, either by the royal power or by the British colonial state to take care of the conditions in these asylums with regard to admissions, treatments, etc. were similar to that of other asylums in India. The asylum, as per Annual Report of the Lunatic Asylums of Madras Presidency for the Year 1879, remains too small for the number of cases seeking admission; there is not sufficient separation of classes of insane; chronic cases and incurables are obliged to live in close daily companionship and in proximity with convalescents and even with sane patients who are awaiting discharge. This was the state of affairs of the Govt. mental health care in the year 1879.

The present research study examines the colonial character of Calicut Lunatic Asylum in Kerala to understand the ways in which institutional psychiatric care was understood, debated and carried out in British India between 1871 and 1947. The later reports however, after

1910 presented the asylums as a more permeable and hybridized spaces with more of indianization and specialized therapies. It further aims to explore the discourses on medicine in the British Empire in India with a special reference to the institutionalization of psychiatry to understand the intricacies involved and changes incurred in the functioning of colonial asylums in Kerala during the colonial period.

The study is based on Colonial Archival records on medicine and psychiatry. The colonial official correspondences on lunatic asylums, the annual and triennial superintendents' reports and monthly statements on the working of Lunatic Asylums in Calicut and Trivandrum have been searched and taken into account.

Apart from these, the census reports, medical journals, colonial official and textbooks were also identified and collected. This project is divided into the following chapters:

1. Introduction
2. Psychiatry, Mental Illness and Institutions in India : Ancient to Colonial
3. Calicut Lunatic Asylum: An Institutional History
4. Treatments in the Calicut Lunatic Asylum: A Permeable Space of Care?

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\*\*Assistant Professor, Department of Humanities and Social Sciences, IIT Madras, Chennai. Email: abraham@iitm.ac.in

5. Asylums as a Hybridised Space: Case of Travancore, Calicut and Cochin
6. Conclusions

## 2. PSYCHIATRY, MENTAL ILLNESS AND INSTITUTIONS IN INDIA: ANCIENT TO COLONIAL

Mental illness and treatments have been mentioned and documented in India since the ancient times. The Vedic texts and various commentaries in ancient India made several references to disordered states of mind and means of coping with them. The ancient Indian texts describe mental illness, ascribed to disregard of God, or inadequate diet, and other psychiatric symptoms to imbalance of bodily fluids. Descriptions of conditions similar to schizophrenia and bipolar disorder also appear in the Vedic texts (Haque and Goyal, 2010). Apart from this, the traditional Indian medical systems such as Ayurveda, Unani and Sidha have also prescribed various forms of care solutions and treatments for mental illness (Sharma, 2006). There are also evidences about the institutional establishments for treating mental illness since the time of King Asoka and also during the period of Mughal rule.<sup>1</sup> However, the general outlook towards mental illness and its treatments in ancient and medieval India was connected with religious spheres and the patients were often kept in a locked sphere restricting their movements as a way of treatment.

It is since enlightenment era in Europe that psychiatry and mental illness and its treatment received much attention in the modern period. However, the early conceptions on madness in European societies were centered on the belief that 'madman as a wild beast required taming or a savage whose excesses had to be forcefully controlled'. According to Michael Foucault, 'psychiatry was purely a western construct and lunatic asylums became sites of disciplining an punishing of the self and for surveillance and

judgment' (Foucault, 2001, p. 248). Foucauldian notions of asylum in Europe were further scrutinized by several scholars and applied in the case of colonial Indian psychiatry recent years. In continuation of Foucauldian lines these studies have reinforced the notion of asylum as an impenetrable and imposing prison in the colonial system (Scull, 1979). Waltraud Ernst has argued that the discourses on insanity in nineteenth century should be understood in the context of society, and the colonial psychiatry utilized social discriminations based on race and class to uphold white supremacy (Ernst, 1991). Ernst has further argued that the early lunatic asylums in British India initially were more like private establishments to treat insane soldiers of EIC and catered mainly for the colonial European community. The mentally ill from the general population was continued to be neglected or attended by the local communities led by traditional Indian medical experts. Soon, the social reform tendencies and humanitarian concerns of early nineteenth century British India resulted in setting up 'government asylums' to provide approved systems of treatment to Indian lunatics. As a result by 1820, colonial state established government asylums in Madras, Bombay and Calcutta for the exclusive reception of Indian patients. However, the character of these lunatic asylums were largely on English model that asylums could only be measures of social control. In a similar tone, James Mills has pointed out that colonial asylums in India were meant to manipulate and regulate vagabonds and dangerous Indians and that in reality; asylums became areas of controversy and resistance to colonial rule (Mills, 2000).

Since 1858, with the change of colonial control from East India Company to British crown, the colonial outlook towards medicine and medical institutions had changed. The character of British rule in India changed from a commercial to more

<sup>1</sup> Lyons AS, Petrucelli RJ. *Ancient India. In: Medicine: An illustrated History*, New York, 1997.

‘responsible’ one.<sup>2</sup> In the realm of psychiatric governance, new asylums were built at Patna, Dacca, Calcutta, Berhampur, Waltair, Trichinapally, Colaba, Poona, Dharwar, Ahmedabad, Ratnagiri, Hyderabad (Sind), Calicut, Travancore, Jabalpur, Banaras, Agra, Bareilly, Tezpur and Lahore. While examining the post 1858 development of psychiatry in colonial India, many scholars have taken the case beyond the racism formula and saw this period as a phase of more of professionalization not only in the psychiatric services but also in the general medical regime in British India. According to David Arnold, medical and sanitary systems, during the post 1858 act moved beyond colonial enclaves, which had profound impact on Indian society (Arnold, 1993). This period also marked the increasing Indian acceptance of colonial public health measures and more Indian participation in the field of medical profession (Harrison, 1994). However, in the case of colonial psychiatry, insanity became a site through which colonial state continued to express its ideology of discipline and asylums continued as enclaves despite more professionalization and indianisation. However, it appears from the official sources that regime of psychiatry in the early years of twentieth century has become more accommodative to Indian conditions as scholars identified more of official indianization tendencies in the form of incorporating Indians into the structures of British government. However, the reason for indianisation was also identified as due to the contemporary decolonization tendencies as well as due to the press for self- government in India

### 3. CALICUT LUNATIC ASYLUM: AN INSTITUTIONAL HISTORY

Colonial medical policies and practices in British India are often combined with the

characteristics of both the police state and a liberal state in the colony. As part of the making of psychiatry in colonial India, the British enumerative practices in the lunatic asylum led to the classification, categorization, and construction of a different and peculiar image of the colonial subject in the colony. This form of colonial state in India could be studied deploying Michael Foucault’s conception of ‘governmentality’ and the notion of power and knowledge’.<sup>3</sup> In the context of the emergence of the modern state, Foucauldian analysis identified that the ‘population often emerged as a field of intervention and as an objective of governmental apparatuses’.<sup>4</sup> Similarly, this chapter argues that ever since the establishment of the lunatic asylums in British India, there started several process of classification of inmates very early from the admission itself. Various institutional reports and correspondences of the colonial lunatic asylums in India provided statistical and qualitative information on insane.

While classifications of patients’ gender, age, sex, etc., were in tone with the institutional base of asylums, the categories of caste, occupation, religion and most importantly the ‘criminal lunatics’ were more problematic. In accordance with the Foucauldian thinking, these categories were new structures of social control and I would like to argue that through these types of classification, the colonial psychiatry created the knowledge of the other, mostly for its scientific credentials and for justification. James Mills, in his study of colonial lunatic asylums in north India has pointed out the ‘disciplinary functions of the asylums’ and argued that ‘medicine functioned to drill and produce bodies that could prove useful in a colonial system’ (Mills, 2000, p.112). It is in this juncture; this study brings, first, the importance of the new scribal practices in the

<sup>2</sup> For more details of this transition, see Thomad Metcalf, *The Aftermath of Revolt: India, 1857-1880*, Princeton, 1965.

<sup>3</sup> Michael Foucault, ‘Governmentality’ in *The Foucault Effect: Studies in Governmentality*, eds. Graham Burchell, Colin Gordon and Pete Miller, London: 1991.

<sup>4</sup> Ibid, p.219.

**Table 1.** Average number of Criminal Lunatics in Madras, Waltair and Calicut (After 1890, the Criminal Lunatics from Waltair and Calicut were sent to Madras)<sup>4</sup>

Years→	1870	1880	1890	1900	1910	1920	1930	1940
Madras	18	37	78	118	149	148	150	274
Waltair	15	22	31	34	38	43	65	87
Calicut	6	6	30	36	43	68	72	102

**Table 2.** Average number of Men patients in Madras, Waltair and Calicut<sup>5</sup>

Years→	1870	1880	1890	1900	1910	1920	1930	1940
Madras	137	179	329	312	381	454	695	1152
Waltair	26	31	44	55	55	71	93	182
Calicut	15	34	106	56	85	125	219	345

**Table 3.** Average number of Women patients in Madras, Waltair and Calicut<sup>6</sup>

Years→	1872	1880	1890	1900	1910	1920	1930	1940
Madras	44	67	106	92	137	160	248	388
Waltair	4	6	13	15	10	13	18	33
Calicut	12	18	34	24	32	63	82	120

institutional history of colonial medicine, more particularly in the case of psychiatry in India. The second focus emerged is the evidence of deeper colonial observation of the demographic trends from these quantitative notes. In this context, this study argues that the making and institutionalization of psychiatry and the colonial governmentality in India are inseparable. Many of the colonial scribal practices in Indian asylums particularly, the day – to day activities and routines in the asylums, procedures of admission of patients, introduction and prescription of medicines and the appointment of staff and nursing, etc., were always linked to the larger ideological, surveillance and law and order terrain of colonial governance in India.

Focusing on the case of Calicut lunatic asylum, this chapter comprehensively have dealt with a full range of institutional data of the mental asylum to understand the demographic trends,

such as gender, age, locality, occupation, caste, religion and more importantly the criminal lunatics in the asylum (Tables 1, 2 & 3). While attempting to understand the demographic trends in asylum from the medical reports, this chapter focused primarily on the case of criminal lunatics to bring forth the argument of psychiatric subjectivities in British India, as this demographic knowledge was colonial attempt to classify and segregate the mentally ill. The evidences from the lunatic asylum at Calicut between 1872 and 1947 provided the production of several varieties of documents such as case diaries, doctors' notes, handbooks, and reports of superintends and annual reports of the asylums, etc. While locating the institutional context of Calicut lunatic asylum, I would like to argue that the asylum reports and medical notes were seen as techniques of medical governance with a special objective of governing and controlling the 'insane' in a colonial setting.

<sup>5</sup> Annual Report of the Lunatic Asylums of Madras Presidency, Madras (Various Years)

<sup>6</sup> Annual Report of the Lunatic Asylums of Madras Presidency, Madras (Various Years)

<sup>7</sup> Annual Report of the Lunatic Asylums of Madras Presidency, Madras (Various Years)

In this way, there established a direct correlation between the notions of governmentality and objectification of colonial subjects in India. Statistical representations of the lunatic patients were indeed an attempt to construct a suitable ground for enacting interventions in social, physical and natural processes.

#### 4. TREATMENTS IN THE CALICUT LUNATIC ASYLUM: A PERMEABLE SPACE OF CARE?

The treatments provided in the native asylums in India were connected with various legislations and lunacy acts since 1858. Generally the treatments in the colonial lunatic asylum in India can be divided into mechanical, medical and moral categories. During the early period of the growth of colonial asylums, various types of mechanical shackles, which was considered as coercive such as chains, waistcoats were used on patients restricting their movements and freedom. Colonial authorities justified the practice of mechanical restraint in certain cases, particularly while dealing with violent and maniac patients. Using mechanical method of treating the insane was considered easier than medical or moral therapies. It is only during the later years of colonialism that proper medical therapies and the moral therapies like recreational and occupational therapies were introduced into the asylum regime in India.

It was after the Indian Lunacy Act of 1912, the Calicut lunatic asylum has developed into a permeable space with transparent avenues of care. 1912 act opened the asylum doors to the public, for a wide range of actors to cross the asylum walls. In this context one can argue that by the act of 1912, psychiatry had been subsumed to by the mainstream medicine as a respected profession. The change of terminology of the asylum from Lunatic asylum to Mental hospital soon after the Indian Lunacy Act 1912, also indicated the clear

shift towards professional and scientific psychiatry in 20<sup>th</sup> century. It is noted in the British colonial medical reports that both medical and moral treatments and therapies were practiced in Calicut Lunatic Asylum. Ever since the establishment of Calicut Lunatic Asylum in 1872, there were attempts to implement more humane treatments to the patients. Since 1877, it is reported that European doctors made an effort to put an end to the use of chains, waistcoats and jackets on the patients, instead preference was given to moral and occupational therapies. The Superintendent of Lunatic Asylum has reported in the year 1880 that, 'the greatest reliance must be placed on moral and hygienic measures and drugs used sparingly'.<sup>4</sup> Doctors in the asylum used purgatives, sedatives and tonics to control at the initial level of treatment. However, soon the other options included engagement in various types of asylum labour and certain kinds of amusements were also used. It is reported that since 1920, occupational therapy had become a standard term for patient work in the asylums. The range of activities were: weaving, carpentry, book binding, brickworks, rope making, tailoring, mattress making, etc. Similarly, sports and leisure activities were also offered. Along with moral therapies, the Calicut Lunatic asylum also reported to engage the patients in various kinds of games as part of their recreational therapy. Patients frequently amused themselves with games that involved light physical exertions. Other activities like singing competition, listening to radio, badminton, dancing, card games and use of native musical instruments were used to amuse patients as part of recreational therapy.

#### 5. ASYLUMS AS A HYBRIDIZED SPACE: CASE OF TRAVANCORE, CALICUT AND COCHIN

Histories of colonial psychiatry have largely placed the cases of lunatic asylums as archetypes of colonial power with strict doctrines

<sup>8</sup> Annual Report of the Lunatic Asylums of Madras Presidency for the Year 1879, Madras, 1880.

that went beyond the 'medical gaze' to 'discipline' natives in the imperial world. An attempt is made here to examine the specific case of Calicut lunatic asylum as a 'hybridized' psychiatric space where a variety of actors interacted and negotiated the meaning of insanity and also a medical setting which showcased the presence of a hybridized system of treatment that borrowed from local, religious, state, colonial and European beliefs about madness. The term 'hybridized' is used here in a similar sense as 'the creation of new transcultural forms within the contact zone produced by colonialism' (Ashcroft, 2013) which I observe further as the result of the interaction between both top-down and bottom-up processes in a colonial setting.

This study situates the cases of three native lunatic asylums in the regions of Travancore, Cochin and Calicut in British colonial Kerala, during the nineteenth and twentieth centuries. These geographically connected, but administratively different institutions for insane in a single vernacular region in Kerala is significant in this research because of the similarities in the medical practices during the colonial period. More particularly, these regions can be connected together with the case of similar care for the insanity in the lunatic asylums where a new 'hybrid modernity' was visible by progressively adapting and blending of local practices with those of the West. By focusing on the case of psychiatry in these regions, this research aims to suggest a very different 'hybrid' nature of lunatic asylum practices in colonial India, compared to other British asylums in India, which was exemplified as a heterogeneous place of care and treatment for the insane. This study used the colonial medical reports to examine the hybrid psychiatric space particularly to understand the everyday life of the asylum. It is found that psychiatric care in Travancore and Cochin have been shaped and reformed by local and foreign actors around the asylums and also by successfully

blending the local belief systems that were specific to the regions with that modern biomedical practices. In the case of Calicut asylum the superintendents, doctors, nurses and asylum administrators were English up to 1912 and medical reports have noted the recruitment of native doctors and nurses after 19120 due to increased indianisation in the colonial provinces. Apart from these, most of the other staffs employed in the asylum were recruited from the local community, like hospital assistants, attenders, cooks and other servants. The daily care of the patients were managed and carried out by local attendants and they have exercised a significant influence over the patients. This study argues that the lunatic asylums in British colonial Kerala did not exist, as it had done in many places in Europe and India, as an isolated and impenetrable monolith of western psychiatry, but was fully integrated into the social, political and economic world.

## 6. CONCLUDING REMARKS

The study identified that prior to 1920, the patients in the asylums were categorized according to their caste, religion, private and public and also within the colonial judicial sphere of criminal lunacy. This early colonial attitude towards insanity was also explicit in the ways in which treatments were offered in the asylum. More often-severe mechanical treatments and drugs were used to manage the patients. However, towards the end of nineteenth century, though the location of the asylum was not changed, the attitude towards the insanity and treatment was changing in the case of Calicut Lunatic asylum. This showed that insanity was beginning to be considered as a medically curable disease. At this stage, what is noted in the case of Calicut Lunatic Asylum is the aspect of moral, occupational and amusement therapies. It replaced the old horror tales of the asylum as a place of severe torture and physical coercion to as a place where the humane treatment

of mentally ill persons took place with care and patience. The asylum reports by the superintendents of Calicut Lunatic Asylum after 1920 stated that the patients were provided with all types of benefits and cures inside the asylum. Moral and occupational and amusement therapies were considered as a successful way of treating the patients.

Psychiatric institutions and treatments continued in India after the independence. The name of Calicut Lunatic Asylum had been changed to Calicut Mental Asylum and the name had been again changed to Government Mental Health Centre in the contemporary period. Although the post-colonial governments tried to address the issue of mental illness and provide funding for its support, the mental care still revolves around the margins. It is, as pointed out by the former District Collector of Calicut as part of state-citizen initiative of Compassionate Kozhikode, regarding the current status of the Calicut Mental health center, 'I saw people in a pathetic situation, the building itself was set up long back (1872); it was like a jail cell'. Nothing changed much and these spaces of care still found in a hopeless condition where the disorderly mind continues to exist in its own world of orderliness.

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