

British policy towards India the historian Stokes pointed out that

the loose, tolerant attitude of [Company officials such as] Clive and Hastings, their readiness to admire and work through Indian institutions, their practical grasp of the British position, unclouded by sentiments of racial superiority or a sense of mission, were ultimately the reflection of eighteenth-century England. The transformation of the Englishman from nabob to sahib was also fundamentally an English and not an Indian transformation, however much events assisted the process. Indian experience undoubtedly hardened certain traits in the English character, but for their origin one needs to penetrate to the genesis of the nineteenth-century English middle class, and to the hidden springs setting its type.⁴⁵

In fact, the popular contemporary self-perception, too, changed from that of British involvement in the East as a commercial enterprise and lucrative adventure under taxing environmental conditions, to that of the 'white man's burden' amongst alien peoples. It thus expressed and grasped one aspect of changing socio-economic and historical conditions. What both the Georgian merchant-adventurers and the Victorian civil and military servants shared and bore, either with the equanimity or fervid over-statement typical of their respective period, was the burden of their own social culture which they could not but carry along with them.

Made Tales from the Raj The
European Insane in British India,
1800 - 1858. Waltraud Ernst.
London & NY: Routledge, 1991

Madness and the politics of colonial rule

Ideological positions

Writings on the Raj have typically been fuelled by political interests and nearly always served some particular ideological purpose. James Mill's *History of British India* (1817), for example, represents an early attempt by a distinguished protagonist of utilitarianism and advocate of post-Enlightenment values, to provide support for the idea of converting the Indian sub-continent into a nation governed by reason, fed by European knowledge. There were many other accounts, both preceding and following Mill's description of pre-European India as a society characterized by despotic rule and barbarism, and of Europeans' corruption and idle high living, or devotion to duty. Some of these wallowed in a vision of the spirit of enlightenment, or, more militantly, the *pax britannica* dispersing over the Indian peninsula, and advanced gruesome details of violent Indian customs (such as the burning of widows, mutilation of children and strangling of travellers) as evidence for the necessity of westernization. Others (of which there were fewer) attempted to adduce evidence as to why India was no longer 'worth keeping'.

Diversity is however not confined to the realm of fiction and scientific writing. It is in fact liable to characterize any but the most totalitarian political system. Government officials in India, too, espoused a variety of different ideological positions, personal interests, and idiosyncracies. Discussion of any aspect of government is therefore bound to reflect this. Lunacy policy is no exception. Take the example of the Bombay council during Lord Falkland's governorship in the late 1840s and early

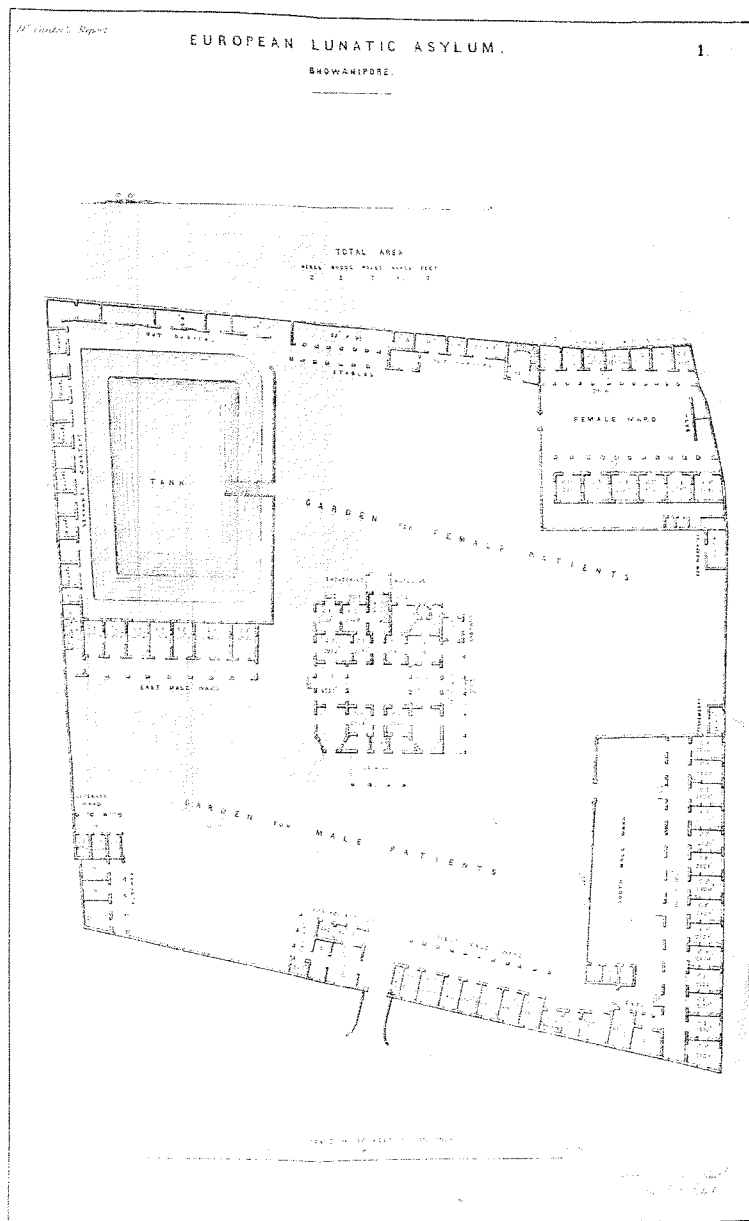


Figure 3 European Lunatic Asylum, Calcutta, early nineteenth century. (Reproduced by permission of the India Office Library and Records and the British Library, London.)

Madness and the politics of colonial rule

1850s. Although unsavoury allusions to officials' private life were then made less frequently than only a few decades earlier, when Bombay society sweltered in a 'continual effervescence of scandal and gossip', tempers were still inflamed by widely different opinions on the province's administration, especially in acerbic discussions of the allocation of public resources.¹ A long dispute ensued, for example, when improved institutional facilities were discussed for the province's chronically insane.

'The subject of lunacy', asserted Falkland finally with fervour in 1850, 'is engaging and will continue to engage my attention'.² The governor, renowned for his humanitarian attitude and benevolent spirit, and very much liked by both the European and Parsi communities, strongly supported a proposal by the medical authorities to provide 'amply' and 'on the most approved system' for the treatment of the province's lunatics. The other council members in contrast, mostly old India-hands of many years standing (unlike Falkland, who had recently arrived from England) found such expense 'quite out of the question'. They held that more important areas needed government's attention, and that 'in this and in many similar cases we have not merely to consider what is *desirable*, but what can be afforded'.³ Consequently the plans for a new asylum in the province were put on ice despite numerous reports of the old premises' overcrowded conditions.

Disagreements between council members, governor, commander-in-chief, and governor-general were reflected in many dissenting minutes sent to England with the request for outside arbitration by the Company's London authorities. The Bombay government in particular appears to have had a long history of disagreement amongst its civil and military servants who were renowned for their 'intractable temper',⁴ and for only slowly developing from parochialists with 'minds of the average country town' to a more cosmopolitan and open-minded species of colonialists.⁵ In some instances personality clashes and the tense atmosphere of a small closely-knit community of expatriates played a crucial role. Tempers were also aroused by ethnic tensions, with Irish, Scottish, Welsh, and English officials accusing each other of jobbery and nepotism.

Henry Dundas, a Scotsman, for example, was influential on account of his position as president of the board of control, a parliamentary body set up in London in 1784 to supervise and direct the Company's civil and military policy in India, and,

under Dundas's firm leadership, the ultimate arbiter of political decisions. He was accused of (and envied for) securing positions in the Company's employ for his favourites – a tendency which some ideologues of British colonialism nevertheless thought 'put India in his debt'.⁶ A certain tension between military and civil servants, too, appears to have been a characteristic prolegomenon to policy making. Lord Dalhousie, governor-general from 1848 to 1856, for example, strongly disapproved of Sir Charles Napier's, (the commander-in-chief), actions in the Punjab, and finally accomplished not only his adversary's resignation, but the establishment of the unequivocal superiority of the governor-general's position over that of the commander-in-chief.

It was not always financial prudence alone which led to antagonism and controversy. Nor was it simply personal grudges and nationalistic or professional chauvinism that could kindle administrators' passion. Some officials were seriously disposed towards the idea of impressing their ideological position on India. This vast area of land, allegedly peopled with inferior races and subjected to despotic tyranny would, (from the point of view of the Benthamite or liberal reformer as much as from the spiritual heights of an evangelical zealot) greatly benefit from the imposition of what some considered to be the most advanced and progressive socio-political regimes. Many ideologues consequently used their prominent position in the Company's administration to pursue their favourite political brainchild.

John Stuart Mill and even more so his father James, for example, both important members of the Company's executive government in England, were in a position to leave a decided utilitarian mark on some relevant matters of policy making. James Mill himself was very much aware of this privileged situation, describing in a somewhat inflated fashion his job as being the 'internal government of 60 millions of people'.⁷ In a similar vein his son, John Stuart Mill, proclaimed that his father had to a great extent been able to 'throw into his draft of despatches, and to carry through the ordeal of the Court of Directors and Board of Control, without having their force much weakened, his real opinions on Indian subjects'.⁸ A Benthamite influence seeped through to India – and not only via despatches from England.

At the Indian end of government, too, utilitarianism had its

advocates. Lord Bentinck, for example, had, on occasion of a farewell dinner with a small though distinguished circle of utilitarians on the eve of his call to India as governor-general, been feasted on 'the pure milk of the Benthamite word', and was, on his arrival in Calcutta, advised by one of Bentham's disciples. Bentham consequently wrote to Bentinck full of joy that he felt as if 'the golden age of British India were lying before me'.⁹ Similarly, Mountstuart Elphinstone, governor of Bombay from 1819 to 1827 (and close friend of Edward Strachey, a 'Utilitarian and Democrat by creed' and along with James Mill employed as assistant examiner in the India Office in London) put a distinct Benthamite mark on the administration of civil affairs in his province.¹⁰ He was also a great advocate of Bentham's 'panopticon' idea and had been responsible for experiments with large-scale public institutions in Bombay nearly two decades before similar plans were considered for the supreme province of Bengal.

Utilitarianism did however not only stand for the support of large institutions, although this was certainly a most important aspect during an era pregnant with what Foucault came to describe as the 'great confinement'. Utilitarians favoured a centralized system of asylum provision in place of patchy measures such as had been implemented on a more or less *ad hoc* and uncoordinated basis and (as Bentham would have seen it) in a dilettante and not always rational way at the local level of colonial administration. Bentham himself did much to spur the lunacy reform movement in England, advocating not only the establishment of large-scale and specialized institutions, managed by experts and subject to regular control and inspection, but also a consolidated national lunacy policy based upon rational principles rather than mere discretionary decisions by non-experts. The system of lunacy provision that was to emerge in British India by the middle of the century owed a great deal to the utilitarians' 'science of government'.

The surprisingly short discussion in 1820 of the erection of the Bombay Lunatic Asylum bears evidence of this.¹¹ The decision to have an institution built that could lodge as many as one hundred patients implied asylum construction on a, for the times, unprecedented scale. Sanction of such an ambitious project by both the Bombay council and the London authorities was remarkable. It was certainly not due to indifference or lack of reflection in a period when the provincial governments in

India were expected by the Company to curtail public expenditure.

The Bombay medical officers who had initiated the proposal argued in terms of long-term cost-effectiveness and service-efficiency, and (obviously to the full satisfaction of both Elphinstone and his council, and the London officials) suggested that a less extensive and expensive system than that in Bengal should be established in Bombay. In Bengal several lunatic asylums for Indians continued to exist in different parts of the province despite the Company Court's orders and in addition to a separate, private institution for Europeans in the capital.¹² Admittedly, other factors than merely a Benthamite disposition were at work here, such as a less forceful inclination in Bombay to separate Indians from Europeans, and reluctance by Bombay officials to simply mimic the supreme province's lunacy policies as had recently been decreed by the Court in London. A certain panopticon-enthusiasm is however easily discernible, despite the fact that the asylum on its completion in 1826 and, incidentally, on the eve of governor Elphinstone's departure from India, provided for only half the number of inmates for which it had originally been planned.¹³

The idea of 'panopticon' and the complementary principles of economies of scale, and centralized and rationalized provision for the mentally ill, was not put to rest though. In 1849/50 the question of whether lunacy provision ought to be decentralized and several small institutions built in the various provinces or whether one single receptacle near Bombay would be more cost-efficient and cure-effective was once again laid before the Bombay council.¹⁴ This administrative and political question had become more pressing since the annexation of Sind and the Punjab, with new and vast areas of land, and peoples with a culture of their own, to be governed from Bombay. The Bombay medical board was still attuned to the 'panopticon' idea and therefore strongly in favour of large institutions, maintaining that 'more benefit at a moderate cost would be produced on a certain number of Insanes by their being accommodated and treated in large, rather than in small asylums'.¹⁵

In the event, and not uncharacteristically, the council failed to arrive at a joint decision and shifted the matter on to London in 1853. The authorities there were strongly in favour of keeping the system – albeit on a more restricted scale – as it had

developed until then, maintaining that financial prudence as much as common sense told against a single new large institution. How could a place possibly be found that would be 'central' enough in an area where transfer from remote districts to Bombay was almost as nonsensical as shifting lunatics all the way from London to St Petersburg?¹⁶ The idea of large-scale or 'mammoth' asylums and of their centralized administration had been bred for western Europe's industrialized centres and its more easily accessible and comparatively small hinterlands. In India, however, distances posed a challenging logistic problem. Too few lunatics of both European and Indian descent seen as fit subjects for institutionalization, were dispersed over too large an area. Thus, unlike in Britain's industrialized urban conglomerates and rural centres, 'panopticon' and with it a system of centralized asylum provision was not yet a practicable solution for colonial India. Consequently, several medium-sized establishments in the main centres of population were kept open, the smallest and most dilapidated ones were discontinued, and the idea of a 'panopticon' was dropped – for the time being.

Utilitarians were not the only political visionaries who strived to realize their aspirations in India. An evangelical strain of thought was being nurtured by Charles Grant, a member of the 'Clapham Sect' who used his influence as director and chairman of the East India Company to ensure that India would be opened up for their civilizing mission. His pressure group succeeded in having India thrown open to the religious zeal of missionaries from 1813 onwards. He was also partially successful in – though not solely responsible for – the restrictions on the number of lower-class Europeans who were permitted to emigrate to or stay on in India. 'Low and licentious' Europeans, if let loose on the 'weak natives', would 'vex, harass and perplex' them, Grant argued, and would be detrimental to the ultimate noble aim of colonial rule of spreading 'our light and knowledge'.¹⁷ Grant's argument appealed in its essence beyond militant evangelicals to many members of the respectable British community in India. They were keen to prevent destitute sailors, vagrants, deserters, lunatics, and such like from becoming a 'threat and nuisance' on every street corner of the trim and neat European parts of their towns.¹⁸ The policy of sending European lunatics back to England, which was made official for all provinces under British rule from 1818 onwards,

owed much to his street- and mind-cleaning mentality (notwithstanding the logistical problems it posed).¹⁹

Less proselytizingly than Grant, but not thereby less effectively, a whiggish mark was left by administrators such as Lord Auckland, who controlled Indian affairs in his capacity as governor-general from 1836 to 1842. In regard to lunacy policy he insisted on as little intervention by the state as possible. He consequently thwarted attempts by the Bengal medical board to get rid of the privately owned and managed European Lunatic Asylum and its stubborn proprietor who continually demanded greater latitude than the province's medical officers were willing to grant. Although the place served only as a temporary receptacle for patients awaiting a passage back to England, it constituted not only an essential part of the city's medical institutions but also a lucrative income source for its owner. At the time private ownership of asylums and instruments to ensure public control of their internal affairs was being heatedly debated in England. Auckland's 'hands-off' policy was therefore somewhat out of step with recent trends in the metropolitan public health sector, where the powers of controlling bodies such as the commissioners in lunacy were in the process of being extended in an attempt to guarantee close surveillance of public institutions as well as of private entrepreneurs in the medical sector.

It took another decade, until 1856, and the more autocratic style of government of Lord Dalhousie, to impart to lunacy policy in Bengal, too, 'those great measures of internal improvement' which he was so 'desirous of promoting' during his term of office in British India.²⁰ In practice, Dalhousie put an end to the previous *laissez-faire* approach in the Bengal 'mad-business'. He established a 'Government Lunatic Asylum' in Calcutta which was to be supervised by an experienced medical officer, regulated by a strict set of rules, and controlled not by a board of medicos (whose rambling discussions Dalhousie loathed and deemed unproductive) but by the province's single director-general.²¹

Bureaucracy, corruption, and public opinion

Different ideologies and styles of leadership resulted in a diverse patchwork of often contrary policies, not only over time

but also – because of the existence of several provincial rather than one central government authority – place. This is evidenced most importantly by diverse approaches towards land taxation and settlement, and the varying extent to which the Indian peasantry was made to suffer the alienation of its means of livelihood. Less drastically the lunacy policies in Madras, Bengal, and Bombay were of different breeds, and subject to continual reorganization. In England, too, the first half of the nineteenth century had yet to produce any unified treatment of the mentally ill. This was still the period of *laissez-faire* with its mixed blessing of experiments and individual initiatives in the absence of restrictions by the state on the one hand, and of rampant abuse of the mentally ill due to lack of public control on the other. Neither in England nor in British India can we therefore assume the existence of a 'policy' in any coherent sense.

Nevertheless, some features were characteristic of all the European asylums in India – most derived from Great Britain, but some were more or less specific to the colonial version of British mental health policy. One such 'typically colonial' feature was the extent to which the colonial state controlled and intervened in the setting up and running of mental institutions. This is not to say that state control was by any means as centrally organized and all-encompassing as in, say, France which has been described as the harbinger of the 'great confinement' in reference to the tendency of the emergent capitalist state to institutionalize the deviant strata of society. What the suggestion of an interventionist stance by the colonial state does imply, though, is that lunacy policy in India, whilst firmly rooted in the more temperate Anglo-Saxon tradition and insular idiosyncrasies, was not simply a poor imitation of English whims and social developments, but rather a colonial hybrid which was allowed to grow somewhat more luxuriant under tropical 'hothouse' conditions.

What then were British officialdom's measures towards the European mentally ill in India? In Madras first attempts towards the clarification of authority structures in the administration of the asylum, and rules about the extent to which it was subject to medical as well as government control, had been made as early as 1808.²² Similarly, the Bombay authorities made provision for the maintenance in the asylum of both military and civil employees of the Company (and even, from 1801 onwards, for

individuals unconnected with it).²³ Rules for the internal management and public control of asylums were drawn up in 1801. In Bengal the situation was less clear – largely due to the fact that here the only asylum for Europeans was left in private hands until almost the time of the Indian revolt of 1857. But even in Bengal the policy of regularly shipping inmates back to Europe was implemented from 1818 onwards, and some control, however restricted, was exercised over the asylum proprietors' regime of management and their admission and discharge practices. Long before that date, from 1788 onwards, lunatics of all sorts – albeit mostly those of purely European origin – were routinely admitted to the province's asylum, and the expense for their maintenance was charged to the exchequer's accounts.²⁴ Moreover, due to the existence of medical boards vested with the immediate responsibility for the provinces' medical affairs and institutions, a system of public inspection had been more or less successfully in place in India from the late eighteenth century onwards, thus preceding the setting up of public watchdogs such as the 'commissioners in lunacy' in England by about half a century.

From today's stand-point it may well be held that measures such as the clarification of authority structures, and the enforcement of rules about the relative place of medical as well as government control in the management of asylums are very mundane and uncontroversial matters which would characterize *any* organization rather than providing evidence of features specific to colonial lunacy policy at the time. After all, it could be argued, the least a state or state-like organization would do, was to provide and enforce the framework of rules within which institutions are to operate. However, if in the particular case of colonial lunacy policy the extent of the state's control is contrasted with policies 'at home' in England, things look quite different. The Company certainly practised interventionism at a time when reformers in England were still unsuccessfully campaigning for it.

The existence of routinized practices, regular inspection and more or less detailed regulations does, of course, not imply that in practice things went according to the book. Rather, mismanagement, corruption, and petty disputes were uncovered on several occasions. Corrupt practices and mediocre performance were, however, typical not only of people involved in lunacy, but of all departments of government. The more

important point here is that, notwithstanding petty scandals, the East India Company officially took charge of insane European subjects in India at a time when in England and Wales the central state's liability for the secure custody and medical treatment of the mentally ill was still under discussion and was not realized until 1845. This important difference certainly owes much to a strong Scottish element amongst colonial administrators which advanced a typical Scottish brand of humanitarianism and state intervention. It is, however, not least due to the peculiar nature of colonial rule in the East Indies itself.

It had been towards the late eighteenth century that the East India Company's administration of Indian affairs was gradually consolidated, and the Company itself subjected to scrutiny by the British parliament through a board of control. Unlike in earlier days there was to be no more trade without complementary civil and military measures. Military supremacy would ensure that British footholds in India could be upheld, by force if necessary. Civil administration would not only be instrumental, as Grant argued, in diffusing 'the light and benign influence of the truth, the blessings of well-regulated society, the improvement and comforts of active industry' among Indian peoples who had 'long sunk in darkness, vice and misery', but it would also guarantee the smooth functioning of small – albeit steadily enlarging – pockets of European settlements under an 'alien sky' and amongst an allegedly backward people.²⁵ With the passing of Pitt's India Act and the Cornwallis Reforms, and finally the abolition of the Company's trade monopolies in the East (in 1813 for China, and in 1833 for India) the shift from commerce to government was nearly accomplished.

Consequently the Company's authorities in India and England gradually assumed the function of a 'pseudo-state' with a retinue of administrators, the forerunners of the 'heaven-born' members of the later civil service. The governors of Madras, Bombay, and Bengal met regularly with their councils to discuss and decide on the various departments' policy matters, and conveyed their minutes to London to await sanction by the court of directors. The court of directors in its function as the Company's governing body in turn despatched its decisions to India, after having them approved by the board of control. These multiple levels of administration resulted in

tenation amongst officials at various points in the hierarchy. The subordination of this administration to the British state proper was maintained by the dependence of the renewal of the Company's royal charter every twenty years on the findings of a select committee specially installed to investigate the administration of East Indian affairs.

Public opinion and parliament's approval were therefore decisive factors for the survival of 'John Company's' rule in India. Areas of public concern such as the fate of lunatics tended to attract attention and criticism. After all, the early nineteenth century was the period of humanitarian campaigns and social reforms, when celebrities such as William Wilberforce and Sir A. Halliday roused middle-class public opinion in support of causes like the plight of slaves and the care for the destitute and mentally ill in Britain and abroad. The Company's court of directors in London therefore was in principle desirous that the local governments in India introduced without delay the recommendations of select committees on lunacy – especially if the envisaged reforms did not constitute any additional major expense.

The 1815/16 select committee on the better regulation of madhouses in England was the most influential in that respect. It had originally been set up with the aim of controlling the infamous practice of private asylum owners of making the most of a 'free market in lunatics' which then flourished mainly on account of the lack of public establishments for pauper lunatics. A pressure group of philanthropists aimed at revealing and preventing gross abuses such as came to light in an inquiry when an emaciated James Norris had been found chained to the wall in a pitiful state in Bethlem Hospital. During the course of the investigation strong evidence was provided of the 'filth, neglect and unthinking brutality' found to be typical of lower-class establishments.²⁶ There was no indication that up-market establishments which provided for a selected number of well-to-do patients suffered from defects even remotely comparable to those endemic to pauper asylums. Abhorrent conditions were the doubtful privilege of the poor, and one that was basically ignored by the wealthy. As Chadwick expressed it, the facts were 'as strange' to the wealthier classes 'as if related to foreigners or the natives of an unknown country'.²⁷

Despite the conclusive evidence which pointed at the necessity for 'better care to be taken of insane persons', the

remedial measures proposed by the committee were not legally enforced.²⁸ The condition of lunatics in England therefore experienced as little improvement as it had following the previous select committee of 1808, when the erection of publicly funded county asylums was advised but not made compulsory. None of the 1815/16 Committee's proposals, such as the creation of especially designed, publicly financed and controlled county asylums, was implemented in England until 1845. In India in contrast, the main core of improvements envisaged by the committees of 1808 and 1815/16 had been realized by the first two decades of the nineteenth century. (The presence at the Company's London end of reformist officials necessarily facilitated this process.)

The abolition in 1817 of the practice of contracting-out the supply of asylum provisions to private entrepreneurs or medical officers is but one example. The advocacy in 1820 of a regime of 'non-restraint' is another. And last but not least, long before the committee of 1808 would recommend the construction of a public asylum in each of England's counties, a government asylum existed in Bengal (albeit only until 1821) that admitted the mentally ill of all social classes. Further government asylums for Europeans in addition to separate public institutions for Indians were opened during the first two decades of the nineteenth century in Bombay and Madras. And what is more, and very much in contrast to asylums in England, both the institutions for Indians and those for Europeans were subject to public control, regardless of whether they were in private hands (like the Calcutta asylum from 1821 to 1856) or state owned (like the asylums in Bombay and Madras). They had in theory to be visited regularly by a board of inspectors, and the superintendent, who had to be a medical professional or at least have routine medical assistance, was obliged to keep registers and case books. On special occasions visitors such as the governor-general, and 'some of the highest authorities of Government'²⁹ would be shown round on the premises, so that the general impression prevailed that the British in India were at least as humanitarian as, if not 'much further advanced than England'.³⁰

In 1851 the London authorities made their wish explicit that 'those valuable improvements in the treatment of Lunatics which have been introduced into European Asylums should, as far as possible, be made available for the benefit of the same

unhappy class in India'. This statement sums up the Company's official stance (and, to a somewhat more limited extent, the prevalent practice) towards European lunatics in the East.³¹ The ruling classes in India, it appears, were eager to convey the image of an elite which was devoted to the welfare of its own and its subject peoples. Such an image was as important for the preservation of the expatriate's self-perception of being a superior and enlightened race amongst 'brutes' as it was for the British public's conviction that British colonial rule was a blessing for alien peoples.

Exposure of grievances like those endured by James Norris in London would have been unpalatable to the British and the expatriate community had it occurred in Calcutta. That is not to say that abuse of lunatics did not exist in British India. To the contrary, the government of Bengal, for example, had been alerted by reports of the 'numerous deaths' which occurred in some of the province's asylums due to insufficient institutional provision. It consequently installed a committee to inquire into the 'state and internal management of lunatic asylums'.³² Circumstances very much akin to those in the worst kind of lower-class institutions in England were revealed, and condemned by the authorities.³³ The crucial point was, however, that gross abuse was only detected (and rarely acted upon wholly successfully) in the treatment of *Indians*. Notwithstanding the fact that the mortality of European second-class patients in the Bengal asylum, for example, had been nearly double that of the first class (reflecting the class-specific death-rates of the European community in India as a whole), Europeans seem to have enjoyed throughout the early part of the century conditions very much superior to those prevalent in the various districts' 'native lunatic asylums' and the Bombay and Madras asylums' 'native wings'.³⁴ If the humanitarian image of the British had to suffer somewhat, then it was in regard to the treatment of the Indian rather than the European mentally ill.

Whilst abuse of inmates and mismanagement of asylums was largely confined to the 'native' asylum sector, malpractice was a phenomenon deeply embedded in almost all government departments. Corruptive practices not only had adverse effects on government finances but were in many cases also detrimental to patients' health and welfare. A typical and most consequential case was that of asylum and hospital contracts.

Ever since the establishment of a lunatic asylum in Bengal some time prior to 1787, food provision, clothing, and bedding were supplied by a private contractor, typically the asylum owner or medical officer on duty in the institution. This practice and with it the grounded suspicion of large-scale embezzlement was well known amongst British officialdom in India. In hospitals, too, contractors had for decades made large profits by pocketing money for provision which had never reached patients. It had even been found that 'on some occasions at least the health and life of the Soldier was sacrificed to the avarice of the Surgeon'.³⁵

Despite the authorities' familiarity with such 'very great abuses', not much was done to enforce more stringent regulations. Similarly, for nearly three decades no steps had been taken to change lunatic asylums' supply system. The reason for this omission was partly to be blamed on ignorance or indifference, but it had also a personal dimension that was ever-present among government officials within the restricted circle of polite society in British India. Public servants wined and dined with the very same officers whose source of additional income they would eliminate in case changes in public administration were suggested at council meetings. Even *griffins* or newcomers who may at times have arrived in the East with the best intention at some future point to rectify ills and better the ways in which the Company's affairs were being administered, found it difficult to elevate themselves above the common practice of profiteering and favouritism. They after all had to nurture social contacts if they did not want to risk exclusion from social entertainments and the looming danger of loneliness and depression.

Charles Metcalfe, for example, who, in a romantic fashion regarded politics to be the 'most noble of professions' arrived in Calcutta in 1801.³⁶ Of the few events noteworthy enough to be entered in his diary during the first few weeks in town, were regular visits for dinner at 'Dr Dick's'.³⁷ Dick was the owner of the lunatic asylum and a well-known and influential medical practitioner with extensive private practice. No newcomer, however convinced of the heroic role of colonial politics, would have dined with ease at Dick's, had he contemplated officially raising any serious allusion to the doubtful nature of some of his host's income sources.

There were however also limits to the extent to which malpractice could be condoned by local public servants for

prolonged periods of time. This limit was to a large extent set by the increasing scrutiny of the Company's officials in London. It so happened that in 1816 the examiner in the Company's London office smelt a rat of potential corruption. Being as a Londoner less likely to be involved in Calcutta's life after hours, he demanded a change of system.³⁸ It was recommended that the commissariat was to supply the asylum's necessities against bills countersigned and checked by the medical board. Furthermore, the medical officer in charge of asylum inmates was no longer allowed to pursue additional occupations. Such attentiveness to details of asylum administration had been sparked off partly by public and parliamentary concern for lunatics in England which peaked in 1815. It took however some time before government policy to curb corruptive practices was implemented thoroughly enough at all levels of asylum administration to be beyond public criticism – let alone, to have a positive effect on inmates' daily life. After all, changes in regulations alone could not guarantee improvements.

The extent to which any administrative reform would work on the spot was of course very much dependent on whether officers right down the hierarchy carried out with diligence their superiors' orders and recommendations. The Company's employment practices, however, did not encourage asylum personnel to see their job as a career rather than as an opportunity for additional earnings. Although salaries were kept on a comparatively high level, promotion prospects were erratic and unsatisfying to many. Further, the position of asylum superintendent was usually but one among several charges of a medical officer – and one that did not enjoy any particular kudos. It was only towards the end of the Company's rule, in the late 1850s, that double-incomes, and corruption by government employees more generally, came to an end.

Despite the prevalence of corruption and the deterioration of provision towards the middle of the nineteenth century, the Company could claim that it had developed for its European lunatics a system of care, if not as Sir A. Halliday proclaimed over-enthusiastically, 'much further advanced', at least very much the equal of the more salubrious institutions in the British Isles. It was to a great extent public opinion in England and parliament's scrutiny of civil administration in the East that helped to detect petty embezzlement and spurred reforms in lunacy provision. It remains to be assessed how such reforms

were implemented and tailored to the specific needs of colonial rule. One conspicuous point here is that officials were prepared to pursue interventionist policies in the colony whilst reluctance to promote a centralized and costly public health policy was evident in Britain. Even the great advocates of state intervention, James and John Stuart Mill, were in a critical note characterized by a Calcutta newspaper as 'demagogues at home' and 'despots abroad'.³⁹ It was alleged that they judged 'Indian questions by rules and standards the very opposite of those they employ to decide all other questions whatever'.

What was it that made civil servants opt for an interventionist style of government abroad whilst playing safe and liberal at home even in areas of policy making as marginal as lunacy policy? Officials in India worked, of course, in a completely different setting. The changing emphasis in colonial administration from, say, Hastings' injunction to 'adapt our Regulations to the Manners and Understanding of the People'⁴⁰ to that of a Macaulay who wished to raise 'a class of persons Indian in colour and blood, but English in tastes, in opinions, in morals, and in intellect'⁴¹ accounted to a great extent for strict state control. Such control was to be exerted not only over the Indian subject people but also over the European communities who were after all expected to provide the good example to which Indians were expected to aspire. Further, there was the widespread belief in the civilizing mission which not only justified centralization but also nurtured reformist measures that were as yet unprecedented under the more inert circumstances in England. India appealed to post-Enlightenment ideologues who saw their chance, as Wilberforce succinctly expressed it, 'to strike our roots into the soil by the gradual introduction and establishment of our own principles and opinions; of our laws, institutions, and manners'.⁴² Western vanguard ideologies and political practices were in fact transplanted to the East, but – and here it is important to qualify Wilberforce's emphatic statement somewhat – they were trimmed to better fit the very different conditions in the colony.

The sick, the poor, and the mad

There were yet other characteristics at work, relating to the social make-up of European colonial society itself, which

encouraged, if not necessitated state control. The British – and in particular those of the lower classes – had found a peculiar freedom in India. The freedom from a sense of belonging to the place where they spent a considerable span of time of their working lives, and, in most cases, freedom from family ties and from the guardians of the poor. In the case of military servants, army hierarchy and regimental pride at times helped to create but (because of nationalism and religious quarrels) did not ensure a communal spirit or *esprit de corps*. Among civilians, cohesive tendencies and community spirit were kept alive by the continuous struggle to maintain separation from an unfamiliar Indian environment. Despite the ruling elite's endeavours to recreate English social life in the East and to cling together in small exclusive social circles, the European community was largely devoid, if not of family support, then, in the case of the lower classes certainly of parochial relief. There were no overseers of the poor who were by force of custom or law responsible for the care of European down-and-outs.

Polite society in places like Calcutta, Madras, or Bombay did make some effort to raise money for institutions such as orphanages, sailors' homes and hospitals for the poor. Lushington's account of 1824 of Calcutta's missionary and charitable institutions provides evidence of such private relief initiatives. The European community in Madras, too, had gained fame for its initiation of social relief projects, while Europeans in Bombay were at pains to compete with the local Parsi community, who had a strong tradition of charity.

The funds raised by subscriptions and collections were, however, never sufficient to provide for the steadily increasing number of poor whites who tended to take to the streets and to begging. Nor could funds invested in poor relief help to clear the European quarters in built-up areas of destitute 'natives', and ameliorate to even the smallest extent the living conditions of the Indian poor. Absence of parish relief and the limitations of private charity left the Company to fill the remaining gap. It certainly did so in the case of the European mentally ill. The provincial governments responded in a less unitary and organized way to other areas of social welfare and public health, in particular to the relief of lower-class Europeans.

The Company's commercially more successful days of penny-pinching budgets had not yet long enough passed to allow it to be indifferent to the cost of social relief measures – in particular

as it became aware of the magnitude of the problem. The number of European vagrants, deserters, prostitutes, and of what would nowadays be labelled the 'unemployed poor', rose steadily during the course of the early nineteenth century. On the Indian side the misery of the peasantry, of landless labourers, and of the Indian version of the 'lumpenproletariat' became more manifest once British rule had been firmly established. Where officials had previously assumed that a few hospitals, dispensaries, asylums, and jails here and there would be enough to provide both Indians and Europeans with the 'blessings of well-regulated society', they gradually came to realise that they had miscalculated.⁴³ The Company consequently emphasized the limitations weighing down upon its public and health departments and tried to shift responsibility for social welfare to the inhabitants of the various municipalities whenever possible. In 1857 the Court of Directors re-asserted that whilst local governments would be authorized to provide medicine and to meet one quarter of the maintenance cost for hospitals and dispensaries, it was the 'wealthier classes' who were 'responsible' for their establishment in the first place.⁴⁴

There was yet one other area for which the Company had customarily assumed responsibility: the medical care of military and naval servants. The upkeep of soldiers and sailors was not only strategically vital but also costly. The royal commission on the sanitary state of the army in India did not beat about the bush in its report of 1863: 'The value of a man who, with all his arms, costs the country £100 a year is considerable, and either the loss of his life, of his health, or of his efficiency, is not to be lightly regarded'.⁴⁵ The preservation of soldiers' health and consequently of their fighting power was an important means of making sure that the cost of their recruitment and outfitting would be redeemed.

Atrocious as the state of the health of the soldiery in the East was during the early part of the nineteenth century (with a mortality rate for the rank and file 82 per cent higher than that for officers), there was at least some medical treatment available.⁴⁶ Once outside the tight net of the military, former soldiers were no longer entitled to any government support. Civilians could usually not count on medical or social relief, unless they constituted an immediate threat or nuisance to the European community (in which case they were most likely to be locked up in jail or, in the case of contagious diseases, subjected

to isolation and in later years inoculation and vaccination). The chronically ill or those suffering from the usual range of tropical diseases, both European and Indian, usually had to fend for themselves. Sickness, the great companion of British daily life in India, was one eventuality for which there was scant and substandard support in the early nineteenth century, if the afflicted happened to be a civilian of Indian or lower-class European extraction.

The European middle-turned-ruling-class was, despite the institutional veneer of Georgian and Victorian humanitarianism, not particularly sensitive to the plight of the unfortunate and sick amongst its own – unless they were of like rank. The Bengal General Hospital, for example, was meant for the reception of Europeans – but only those of the better classes. There was one occasion though on which it would open its doors to the sick poor: when an epidemic struck. Once it had passed, and the authorities were sure that vagabonding Europeans would no longer endanger the community at large, admission to the institution would again be restricted. In 1835, for example, superior medical officers reminded government of the necessity to take steps to prevent municipal authorities from sending paupers into the General Hospital. This institution, they insisted, was never meant for the reception of lower-class Europeans, and only extraordinary circumstances such as those prevailing during the recent plague epidemic would legitimate a diversion from the established rule.⁴⁷

Sick Europeans of the 'lowly' kind had to make do at best with most unimpressive and badly equipped premises: the few small local police hospitals that existed in the major cities. The institutions' name already gives their nature and intent away. They were meant for the reception of the 'plebs' and owed their inmates mainly to the ever-vigilant eyes of the local police who would pick up diseased paupers. However, not every sick or emaciated and destitute European would be allowed to benefit from medicine, and (often more attractive to the patients) rations of alcoholic spirits and free meals – only those who were by virtue of the nature of their disease and behaviour expected to constitute a nuisance if not threat to the general public. In 1839 for example, the government of India insisted that the few pauper hospitals that existed 'must not be converted into Poor Houses or Mendicant Hospitals'.⁴⁸ Only if the hospitals had some spare funds available, could the medical staff at their own

discretion provide some relief 'in extreme cases'. The official aim here was clearly to cut down on government expenditure, and to leave responsibility for poor relief with private initiative.

The local governments' stance also exemplifies the endeavour to differentiate amongst the various groups of the poor and to establish who was to 'deserve' government support and specialized institutional treatment. In so doing it echoed a crucial aspect of the English New Poor Law. Any legal equivalent to the English Poor Law was in fact lacking in the East. Yet the provincial authorities experimented with various different measures, which owed much of their ideological content and practicalities to the English blueprint. The way in which they were implemented, however, was adapted to the specific circumstances of colonial rule. The provincial governments in India did not accept any binding legal responsibility for the care of the sick European poor. Neither did the government back home in England.

However, Europeans in India were meant to be visible in public only as a 'formidable' ruling elite, and therefore not in a state of sickness, destitution, madness, or infirmity. They had to be kept out of sight of not only easily offended well-to-do Europeans but also of higher-caste Indians, many of whom had a sense of social precedence and discrimination which was only equalled by the more opinionated among the British. It was this precept of colonial rule – of the maintenance of social distance not only between the races but also among the various classes of European society – which to a great extent accounted for the number of specialized institutions that were (despite the Indian governments' reluctance to provide in-door-relief) gradually established at an early period on either government or private initiative: for the cities' impressive general hospitals and the more inferior police hospitals, for the well-equipped 'higher' orphanages (for officers' and gentlemen's children) and the less welcoming 'lower' orphanages (for children of soldiers), for the treadmills, workhouses, sailors' homes, lock hospitals, and lunatic asylums.

Institutionalization was one way of making people 'invisible' who would otherwise be 'a nuisance and threat in every avenue'.⁴⁹ Another was to send them to the hills or back to England. Hill-stations in particular had been thought of by medical practitioners as the ideal place for diseased Europeans to recover from the strains of military and civil duty: the climate

and scenic setting were after all said to have resembled parts of Surrey or the Isle of Wight. This expectation proved however to have been ill-conceived, as the hills soon became the exclusive playground of well-to-do civil servants, officers, and businessmen. It was not until the mid-nineteenth century that the government each year packed its books and pencils lock, stock, and barrel and moved to the temperate surroundings of Simla, which were much more congenial to the languid British constitution than Calcutta. But soon after the first roads had been built, investment in bungalow development started. House and land prices soared as the regular exodus of British India's more prosperous classes was anticipated prior to the onset of the hot season. It became therefore evident by mid-century that if any disadvantaged or sick Europeans were to be welcome in this elitist colonial refuge, it was only the man or woman with less serious afflictions, and certainly not the down-and-out or lunatic.

Only selected groups were seen as fit subjects to benefit from the salubrious climate in the hills. Orphans for example were one such group innocent enough to be tolerated. They were brought up behind closed doors and well sheltered from any dreaded and potentially harmful influence such as the Indian environment. Similarly, convalescent soldiers would be sent to sanatoria in the hills where they were restored to their former fighting selves within the confines of rehabilitation centres and well secluded from both the holidaying public and the temptations of the East. This practice was calculated to work out cheaper than the replacement of troops with new recruits from England.

In regard to other groups (such as the mentally ill and the poor), the authorities' and the public's attitude was much less favourable. The plan for a lunatic hill-station had at least been mooted, though of course not realized. But the notion that a treadmill or workhouse could possibly benefit from the climate of Simla's or Darjeeling's slopes had not even been conceived of. In the plains the location for such institutions as jails, lock-hospitals, asylums and workhouses was carefully selected. The general practice of colonial town planning provides evidence for the desire not only to separate the European quarters from 'native' areas, and, if necessary, to demolish or move Indian markets in order to avoid their proximity to public buildings and private bungalows. It also shows that buildings

such as penitentiaries were literally confined to the very margins of the European settlements. In holiday resorts such as the hills, a segregative public works policy could only be expected to be applied even more stringently. Lower-class establishments in the hills would have offended the expatriates' sense of social distance and been contrary to the prevailing attitude towards prowlers and paupers. It was punishment rather than the impact of fresh and salubrious mountain air which was expected to work on people of their kind.

Although they were treated in very different ways, both the destitute and the mentally ill were either to be kept securely within institutions in the plains, or else deported from the colony. Time-expired soldiers as well as people such as European women of 'bad character', vagabonds, and lunatics, were provided with passages back to Europe, where they would be left to their own devices, or in the case of the mentally ill received into 'Pembroke House', the Company's lunatic asylum near London. Deportation was costly, but it guaranteed that social misfits and unproductive elements of society would not only be permanently out of sight but also that they would no longer be a burden on the treasury. Sending the 'rabble' back home to England was more congenial to the social sensitivities of the European community than the establishment of workhouses or sailors' homes in India which would have had an undesirable air of permanency.

As long as the Company's policy of selective immigration control was in force during the earlier decades of the nineteenth century, the number of Europeans of the lower classes could be kept down. So could the cost of repatriation. Times changed however, and so did the social composition of the European community in India. By the 1850s about half of the white population belonged to what could be called 'poor' Europeans. In the face of such large numbers, repatriation was no longer economically viable, nor was the policy of immigration restriction as practicable and successful as originally planned. Deportation of those who were in possession of their wits but of not much else, was consequently carried out in a decreasingly routinized way. The European community was slowly though reluctantly forced to come to terms with the fact that even under the formidable rule of the Raj there could be no European elite without the lower orders of their own kind. The way those higher up the social and racial hierarchy

responded was by increased stringency of social segregation and observance of rules of precedence which startled even class-conscious society in the clubs and tea-rooms in England.

The early nineteenth-century practice of repatriating those among the mentally ill who did not recover within a year in the European asylums in India certainly owed much to the Company's protectionist immigration policy and to a general and widespread distaste for lower-class and socially deviant people. Lunacy policy as a whole was strongly conditioned by the ambition to discipline and control, and to make the lower strata of the European community in particular fit in with the behavioural demands seen to be appropriate to a ruling elite. It was however also – albeit only until the middle of the century – the velvet glove of measures for the control and relief of Europeans in India. Unlike mendicants and vagrants, the mentally ill were not punished for their state. On the contrary, lunatics had to be treated with 'great care and attention', whilst institutions for the poor aimed at providing undesirable conditions for its inmates.⁵⁰

Conditions in the European asylum were certainly not as bad as in the workhouse and jail. This is however not to say that Europeans' madness in India was perceived and treated in an unprejudiced way. The authorities were just as keen to get lunatics off the cities' avenues and off the account books as they were to get rid of the sick and poor. Further, contact with the mad, or even only the knowledge of their presence close by, was not appreciated – as evidenced in the case of Lady Grey, who pressed the Bengal government to disembark a batch of lunatics from the vessel in which she was supposed to sail home in 1833.⁵¹ In a similar vein, distinguished citizens of Madras formed a pressure group in order to petition government to abandon the plan to build an asylum in the midst of a recently 'gentrified' suburb which, they argued, would make the area undesirable for Europeans, bringing property prices down.⁵² In Bombay the authorities had the insane conveniently separated and literally 'insulated' from the general population by allocating them land on the island and later peninsula of Salzette.

Notwithstanding a certain amount of prejudice, what then made government authorities in early nineteenth-century India more inclined to view the plight of the mentally ill in a somewhat less unfavourable light than that of the poor and

destitute generally? Basically, they were disposed to accept the former as an unfortunate mishap rather than as the result of individual malice, self-inflicted misfortune, or simple lack of willpower. Madness was widely seen to be 'a calamity the heaviest which can well befall a rational and responsible being'.⁵³ To a great extent it was the expatriate's problem in coming to grips with life under unfamiliar circumstances, or, as it was then called, with exposure to the Indian environment, to the tropical sun, or indulgence in vice and alcohol, that was blamed for derangement in Europeans. As long as the alien environment and the temptations of the East rather than personal predisposition or lack of self-control were found to be responsible for Europeans' mental state, community and patriotic spirit were revived and sympathy rather than blame was bestowed on the sufferers.

The less censorious attitude towards the mentally ill was to a large extent the result of the fact that madness unlike destitution crossed barriers of social class. It was true that great fortunes could be as easily lost in the East as they were at times gained. But rarely would a gentleman fall victim to destitution and end up in the city's gutters. Madness in contrast could reduce any bright officer's or government servant's intelligent conversation to inchoate babble. Ever since the opening of lunatic asylums in India they had been occupied by inmates of all social classes. As a consequence, the authorities did not measure lunacy against the same yardstick of culpability as destitution and mendicancy. The presence of higher-class patients in the provincial asylums therefore ensured to a great extent that the European asylum sector would (despite its function within colonial society as a whole of ensuring peace and order) not yet be intrinsically linked with the policy towards paupers.

The preferential treatment of European lunatics was however not beyond criticism. Critics had voiced their disapproval of what they considered to be highly exaggerated provision for the mentally ill ever since government had made asylums open their doors and accounts to regular inspection. Every now and then inmates were downgraded from first to second class, or wealthy relatives asked to pay for the maintenance of their family members in the asylum. Criticism, however, focused mainly on the high cost of asylum provision. The more general question of whether the local governments in

India ought to be responsible at all for the maintenance of European lunatics there and on arrival back home in England was not confronted until 1852. Then the sympathetic policy towards the European mentally ill came as close to being questioned in principle as it ever could come under colonial rule. By that time the three asylums for Europeans in India were hopelessly overcrowded, conditions had deteriorated because of the lack of funds available for staffing, refurbishment, and reconstruction, and, what is more, the reorganization of the civil administration's medical department was under way.

It was not merely the principle of segregating the mad from other social groups, such as the sick, the poor, and destitute, and treating them in a comparatively favourable way, that was under scrutiny: the still broader question was raised why government should do more 'for insane East Indians, or other Christians, or people of European habits, than it does for its Native Hindoo and Mahomedan subjects when in the same lamentable condition'.³⁴ The exception, or 'the only speciality', it was argued by Bengal government officials, were Europeans, and in particular 'those of the lower ranks' and in government employ. They should as hitherto be maintained out of public funds. However, whilst it was morally right to assume a certain responsibility for the mentally ill, government was not legally obliged to do so, and in particular not to the extent, nay extravagance, with which it had looked after the European mad.

Such argumentation went down well in the Bengal council chambers which were between 1848 and 1856 presided over by Lord Dalhousie. He was not inclined to make do with minor changes in the supervision of Calcutta's private, and the other two presidencies' public asylums, or with minor cuts in maintenance rates. He had the medical service reorganized in 1856 and put European lunatic asylums on an administrative footing similar to that of county asylums in England, except that they also made separate provision for first-class patients. The period of sporadic measures and of relatively sympathetic government responses towards the lower-class insane had come to an end. The stern spirit of centrally administered public institutions and of clearly circumscribed regulations came to drive out the asylums' hitherto more permissive arrangements.

Administrative reforms and legal provision

Lord Dalhousie's reforms certainly initiated a period of significant change in the policy towards the insane in India. It had been long overdue. In Bengal the medical authorities had already in the 1830s advocated a change in the asylum's system of management. They wanted the then privately owned asylum to be taken over by government and the medical board to be vested with the exclusive authority to manage and control institutional affairs. Further, improvements in asylum conditions had been suggested in Madras and Bombay since the number of institutionalized lunatics there had increased significantly from about the late 1830s and early 1840s onwards. In both places the attempted amelioration of overcrowding by regular extensions and other patching-up efforts was no longer sufficient.

On the grounds of numbers alone then, lunacy provision had necessarily gained a higher profile in the treasury's accounts and was increasingly liable to government scrutiny. Yet neither the Company's court of directors nor the governments in India considered an extension of European asylums and the concomitant increase in funds to be feasible. On the contrary. The authorities were determined to cut down on the expense of the ever-growing 'general department'. Leaving conditions to deteriorate further was however no longer a viable solution, as consequential effects from select committees preceding the passing of the trend-setting lunacy acts of 1842 and 1845 in England were already in the offing. The European public could soon be expected to turn their attention to the plight of the insane in India and to what might well be interpreted as conditions very much inferior to those existing in England.

In fact a Dr G.A. Berwick offered in 1847 his services to the Bengal government in an attempt to improve mental institutions in India and to put them on a footing comparable to what he had seen in the more advanced amongst British asylums. His suggestion contained however not only what the province's medical board called 'the crude and incongruous scheme of assembling Europeans and Natives in one Establishment' for the sake of better surveillance (which was anathema to the Europeans in India as much as to the Hindu and Muslim community), but of making ample provision for the Indian insane, the number of which he anticipated to rise

(which was contrary to the authorities' austere financial policy).⁵⁵ Berwick's plan was consequently shelved.

Nevertheless, public opinion was in the process of changing – shifting from the early enthusiasm of a Sir A. Halliday who considered asylums in India as superior to English institutions, to the more gloomy picture of colonial institutions as dank 'dungeons' towards the middle of the century. In Bombay the asylum superintendent had to firmly refute allegations in 1852 by an anonymous writer in one of the town's newsletters that the asylum was a 'disgrace to the British government and name'.⁵⁶ And in 1854 Dr J. Macpherson complained that 'the Asylums now in existence in India . . . have, some of them at least, all the appearance of jails'.⁵⁷ This significant change of opinion on the state of India's asylums certainly owed much to earlier naive overstatement and the ambition to play off policy makers and philanthropists in the British Isles against the Company's administrators in order to speed up reforms. It is however also indicative of an actual worsening of asylum conditions in India because of the governments' restrictions on public spending in a period of continual increase in patients' numbers. As governor Falkland expressed it: 'under the present financial embarrassment before we can attend to the dictates of humanity it becomes our duty to provide for the security of the people'.⁵⁸

What then *were* the options open to the Company and the executive governments in India in the 1850s? They could either maintain the status quo (thereby risking accusations of neglect and mismanagement), or extend existing provision (bringing on the auditor-general's disapproval), or else they could re-organize the whole system from its roots. The latter was exactly what was achieved during Dalhousie's term of office and the remaining two years before the Company ceased to be in charge of the administration of British India. To begin with, the private trade in lunacy and consequently the potential for financial extravagance and corruption that persisted in Bengal until 1856 was done away with, and government took over the management of the province's lunatics. At the same time any significant future increase in the cost of asylum provision arising from an increase in the number of inmates was pre-empted by a drastic reduction in all but first-class patients' maintenance rates. And last but not least the decision-making process was considerably simplified and the potential for

friction among government servants reduced by investing a single superintending surgeon with the control of each province's medical institutions.

Most significantly, however, a package of new laws was devised that aimed at unifying lunacy provision in India, and at integrating English and Indian regulations. The Indian Lunatic Asylum Act, for example, was one of three acts passed by the legislative council of India in 1858 with the explicit aim of bringing the legal situation in India in line with that in Britain. It provided a uniform legal basis for the establishment of public lunatic asylums by the executive governments of each province, and aimed at preventing one of the threats most dreaded by the Victorians: wrongful confinement. At the same time it allowed for the maintenance within public institutions of lunatics who were neglected or treated cruelly by their relatives or friends.

The act's main purpose was certainly (like its English model) to facilitate the growth of publicly funded and controlled asylums in place of privately owned institutions – an important step in that it accorded well with the general tendency towards the consolidation and centralization of the colonial state. Special concessions were however made to Indian circumstances. The most important was that the erection of asylums was made optional rather than compulsory. In so doing the act reflected the authorities' general conviction that whilst intervention by the colonial state in civil affairs was seen as necessary, the *specifica differentia* of colonial administration in the various parts of British India was bound to impede any imposition of uniform requirements.

The Indian Lunatic Asylum Act also empowered the executive governments to grant licences for private asylums. This provision may at first sight appear contrary to the tendency in England and the very intent of the act to restrict the private 'trade in lunacy' in favour of public institutions. Previous experience in Bengal, too, had shown that confining public patients in a private asylum was bound to lead to sometimes irreconcilable conflict between proprietor and medical authorities. The key to the act's seemingly incongruent provision lies with the fact that both in England and India public institutions possessed an ambivalent image. Persons of all ranks and walks of life were to be admitted into public asylums. In the language of the law this meant that 'every darogah or district police officer' had to send to the magistrate 'all persons found

wandering at large . . . who are deemed to be lunatics, and all persons believed to be dangerous by reason of lunacy'.⁵⁹ What in fact the Indian act provided for was the possibility of two separate types of institution: one (public) for paupers and lower-class people, and one (private) for upper class lunatics. In so doing it reflected (if only as an option) the tendency of English developments in consequence of the passing of the Lunatics Act – namely the retention of private houses for the rich.

The acts of 1858 contained material that had in England been considered as most controversial. The concern about the prevention of wrongful confinement and the preservation of individual freedom, for example, which had been occasioned by the concomitant demand for the state to evolve an interventionist stance, had been a typical matter of contention for many decades. Despite this, the discussion preceding the passing of the Indian acts was short and uncontroversial. After all, recourse was had to laws which had already been enforced in England, and which were at the time of their application in India considered to be sufficiently comprehensive and humanitarian.⁶⁰ At the same time the new regulations were open to interpretation within the various conditions in which administrators found themselves. With the enactments of 1858 (which were in slightly amended forms to be in force until 1912), the period of patchy legal provision and relative variety of approaches towards the management of the mad came to an end. From this time on one can speak of a 'system' of asylum provision in British India. What the law provided for was basically a system that was structurally akin to that extant in the British Isles, adapted to Indian circumstances.

Prior to the momentous enactments of 1858, legal provision had been made in 1849 and 1851 for a special group among the insane – 'criminal' lunatics: those amongst the mentally ill who had committed a violent act that would under ordinary circumstances have been punishable under the penal law. The association between states of 'unsoundness of mind' and the law was not peculiar to colonial rule alone, nor was it typical only of Anglo-Saxon legislation. Irrespective of the state of the law, criminal lunatics had been subject to greater public apprehension than the mentally ill in general. This was not so much because of the often reasonable fear that they might

repeat a violent action, but because it was frequently in question whether a verdict of 'unsoundness of mind' was legitimate. Shamming was after all suspected to be common practice among military servants. Insanity in particular was feigned as a last recourse by many a soldier tired of military duty in the East and unable to buy himself out of the service. The common view was that lunatics could not be held responsible for their actions, and that they should be released once their mental derangement had subsided. From 1849 onwards and even more so from 1851 when the legal situation was clearly circumscribed, early discharge would however no longer be guaranteed, as criminal lunatics had to be transferred to the jail in order to serve the full sentence in case they recovered from the mental affliction prior to the end of their term.

There were however quite a few cases, particularly in the military and navy in which a verdict of 'unsoundness of mind' was considered (mistakenly or not) a softer option than the usual disciplinary punishment for insubordination, desertion, or violence. The first half of the nineteenth century was after all the period when discipline among European troops and sailors was frequently enforced by means of the loathed cat-o'-nine-tails and by execution. 'I saw so many flogged', wrote a grenadier after about a decade's service in the East, 'that I was heartily tired of soldiering'.⁶¹ Witnessing for example within one month the execution of a comrade who had been found guilty of 'striking the Surgeon . . . with his shut fist' and of two others from similar offences, he concluded that 'such scenes . . . only tend to make the soldier loathe instead of honouring his profession'.

Being declared insane was also perceived by some desperate to see the last of soldiering as a way out of life-long military service that was only reduced to between seven and twenty-one years during times of war in order to attract a greater number of recruits. Service in the Victorian army was generally acknowledged to be an extremely stressful trade. The recommendation, published in *The Times* in 1858, that 'if a man is anxious to get rid of his life without having recourse to measures of direct suicide, the most honourable way to obtain this desirable end is to enter as a private' in a British regiment, was a sarcastic expression of this. Given the unsalubrious aspects of military life, lunacy appealed to quite a few as an alternative to the

madness of service in the East. Not only simple soldiers or sailors resorted to working their ticket in this way. Officers, too, sometimes made the most of the law's insanity clause.

The verdict of 'unsoundness of mind' and its medico-legal implications had in England been subject to controversy throughout the century. Similarly, when the legislative council of India was in the process of framing the new 1849 act aimed at integrating English with Indian rules, and in particular at ensuring that a defendant could no longer 'on a Medical Officer's opinion differing from that recorded on the trial be let loose on society', arguments against the insanity clause were advanced.⁶² Drinkwater Bethune, the president of the Indian law commission, for example, believed that the plea of lunacy should be disallowed and that it should be left to the 'prerogative of mercy' to pardon those few 'unhappy persons' who were really free from guilt. He was against framing the law in India in accordance with English law as he considered the latter in its practical application 'far from being in a clear and satisfactory state'.

To make his point, Bethune cited the anecdote of the 'notorious Jonathan Martin' who had set fire to York Cathedral, suggesting that the plea of insanity was then widely discussed by patients in the asylums and that the saying was much in their mouths 'You know they cannot hang him for he is mad'.⁶³ Basically his Honour considered English law to be too 'tender', pointing at 'the shocking acquittals which have been multiplied lately in England'. He believed that it was preferable by far to deter people from giving 'free vent to their passions' than doing justice to what he considered to be a merely theoretical legal objection: the alleged danger of making those very few who were not able to control their actions accountable for them. In this he was supported by Lord Dalhousie, who shared the opinion that the plea of insanity served in the majority of cases those who knew that they would from their supposed or actual lunacy escape punishment. The governor-general succinctly summarized his point: 'As long as he knows he is doing a wrong, no matter whether he is urged to do it by [diseased] workings of his brain or not, he should in my opinion suffer the penalty of that wrong'.⁶⁴

Despite such strong objection at the highest level of government in India, provisions for the criminal insane were finally made. The draft act was (with but few formal changes)

assented to by the governor-general in December 1848. Both he and the law commissioner were very well aware that although criminal lunacy constituted a difficult medico-legal problem, their view was not consistent with 'general opinion' in England and would therefore be 'shared by very few'.⁶⁵ Bethune rightly assumed that even if deterrent regulations were passed by the council in India (which he very much doubted), they would be vetoed by the Company's court in England. What is more, it was not considered right that, as Dalhousie put it, the local government should legislate 'in principles which are so much beyond the present standard of the law at home'.⁶⁶ To that judgement Bethune could not but agree, as he also maintained – albeit less successfully – in regard to the Indian penal code in general a rather orthodox position that closely followed English enactments. And last but not least lunacy provision had not a high enough profile for government in India to induce authorities such as the law commissioner and the governor-general to go against 'general opinion' in pursuit of measures they would personally have preferred.

Though Bethune and Dalhousie considered the criminal lunatics law as too 'tender', the practical consequences for the insane themselves were anything but a reason for rejoicing. Together with Dalhousie's other reforms of the asylum sector, the criminal lunacy legislation helped to enforce a strict system of segregation and discrimination. Criminal lunatics were kept separate from other asylum inmates and were not usually allowed to partake in the few amusements and privileges granted to them. It is true that the verdict of 'not guilty on account of unsoundness of mind' could be abused. Conversely, the fate of a person who was detained for life in the asylum or jail 'even though there be a restoration to reason' could by the standards of neither liberal nor conservative opinion really be considered fortunate when the ever more parsimonious institutional conditions that were enforced towards the middle of the century for all but first-class patients are taken into account.

The enactments of 1849 and 1851 were considered by district judges in India to be most important milestones in the consolidation of an hitherto open legal situation. With the act of 1849 the authority in the criminal courts necessary for the detention of persons who had been acquitted on grounds of insanity had been established. Until that date the 'prevention of

danger to the community' could not be ensured, as criminal courts had not been vested with legal authority to attach any conditions to the liberation of a person who had been found *non compos mentis*. The more comprehensive regulation came however into force in 1851. The Criminal Lunatics Act gave authorities other than those who had passed the original verdict, the power to keep a criminal lunatic confined. Thus a person who had been tried by, say, the Bengal court and was subsequently transferred to Bombay, could be kept in detention. The act also guaranteed that criminal lunatics of European descent would not accumulate in institutions in India, but would instead be sent to England. There they were received into jails (and from 1863 into the State Criminal Asylum at Broadmoor) rather than Pembroke House, where the Company's lunatics would under ordinary circumstances be accommodated.⁶⁷

The consequences of the Criminal Lunatics Acts were not only of a long-term medico-legal, but also of a short-term practical nature. By the 1840s the European asylums in the three main centres were sufficiently overcrowded to make any increase in admission rates (as was to be expected as a direct result of the new legislation) the last straw that would threaten the institutions' capacity to cope. As no funds for the extension of asylum provision had been allocated by the provincial governments, a more restrictive admission policy appeared to be the only way of dealing with the growth in patient numbers. The problem was most pressing in Bombay and Madras where, unlike in Calcutta, Europeans and Eurasians were admitted alongside Indians. The question was who among the insane should in future be excluded? If criminal lunatics had by force of the law to be admitted, it was other inmates who had to go. Priorities had to be set, and the obvious choice was to prevent local authorities from certifying those among the Indian insane who were considered 'harmless' or merely 'idiotic'.

The basic criteria for the admission of Indians was to become their danger to the community at large rather than their state of mind. The criminal lunacy laws therefore did much to bring out into the open one major aspect inherent in lunacy policy towards Indians, namely its double function as a means of guaranteeing public peace and order, and of controlling and disciplining socially harmful misfits. The oft-proclaimed humanitarian ambition of governments in India to provide a

refuge or retreat for those amongst its subjects who were afflicted by insanity and idiocy (regardless of whether they be violent) had fallen prey to the necessities of cost-effective institutional management and considerations for the safety of the expatriate community alone. Dr J. Macpherson, temporarily in charge of the Calcutta Asylum, could thus pointedly summarize the Indian governments' lunacy policy by contrasting the situation in England where 'we provide for our poor, for our sick, and for our insane' with that in India where 'we exhibit an utter disregard of all except criminal lunatics'.⁶⁸

In the case of European lunatics the situation was again evaluated differently from that of Indians. Both the violent and the harmless amongst them were to be regarded as fit subjects for institutionalization and subsequent transfer to England. This does not however imply that the authorities were guided only by the ambition to provide, if not for Indians, at least for Europeans 'for the reception and treatment on the most approved system' (although officials such as governor Falkland may genuinely have interpreted their office to be that of an agent for humanitarian measures).⁶⁹ Nor could the tendency amongst the British to 'cling together' and to support their fellow expatriates on patriotic grounds sufficiently account for the preferential confinement of Europeans of all sorts. Patriotism and a sense of togetherness could after all easily be undermined by observance of rules of social precedence, feelings of social superiority, and the omnipresent Victorian aspiration to show kindness only to those who were seen to be 'deserving'. A large proportion of the insane were in fact lower-class soldiers. (In 1850, the Bengal Asylum for example confined fifty-five patients of 'European habits', of whom thirty-three or 60 per cent were in the second class. In Bombay, in 1851/52, twelve out of a total of fifteen Europeans belonged to the lower classes, with all but one, a female pauper, having previously served in the army and navy.⁷⁰) Many of these had, as the Victorians would have put it, indulged in vice and alcohol, had not been able to control their willpower, and could consequently not easily be categorized as belonging to the 'deserving poor'.

If humanitarian and patriotic grounds alone could not easily account for the policy of attaching no conditions to Europeans' admission to the asylum, and in particular for the neglect of the (at other times) so prevalent factors of social background and

previous life-habits, what then were the reasons behind it? To a large extent it was of course a result of the authorities' less benign endeavour to leave no white person at large whose behaviour could endanger public safety or military discipline, or which could be considered to adversely affect the prestige of the European community by exhibiting uncontrollably irrational or indecent behaviour unbecoming to a ruling elite. Moreover, in the face of overcrowded institutions and financial prudence, European lunatics could in general not easily have been made the prime target for admission restrictions and cost-cutting exercises. Compared with the steadily growing number of institutionalized Eurasian and Indian lunatics, the number of Europeans in institutions in India was negligible. This was of course largely due to the established practice of sending them back to Europe at regular intervals – towards the middle of the century as often as twice a year. European lunacy consequently became less and less visible both within and without institutions in India. The European mentally ill could therefore not possibly be perceived to be the cause of crowding in institutions in India, and even had the Company been alarmed by the high cost of repatriating Europeans certified insane, they would hardly have been willing to revert to a policy which would have made European lunatics objects for public comment because of their visible presence in the community.

It appears then that the consolidation of lunacy policy in the three provinces and the ultimate legal provisions for British India's European mentally ill had been effected towards the end of the Company's administration of East Indian affairs – despite sometimes conflicting ideological aspirations. Measures were executed by a local administration not always free from corruption, and always with one eye on public opinion in both England and India as to the appropriate treatment of the sick, the poor, and the mad in a colonial context which demanded racial and social segregation, economy of public expenditure and the separation of violent lunatics from the socially harmless insane.

2

The institutions

The role of institutionalization

When, in 1858, the Crown took over the political administration of British India, it was also to take charge of public institutions previously established by the East India Company. The Company's legacy of jails, penitentiaries, hospitals, and dispensaries (and to a lesser extent of orphanages, workhouses and schools) was impressive. There existed also several lunatic asylums. The provinces of Bengal, Bombay, and Madras each boasted an asylum for the reception of Europeans, whilst nearly every district had its own 'native lunatic asylum'. Further institutions for the mentally ill had been established in more recently annexed areas, such as Burma, the Punjab, and Sind, as well as in the coastal centre of Sri Lanka, and in such remote territorial acquisitions as Penang and Singapore. In addition to these specialized receptacles, lunatics 'up-country' in inaccessible and desolate areas could be locked up for shorter periods in the more ubiquitous local jails and in cells adjoining dispensaries and regimental hospitals. The British Empire of the mid-nineteenth century was thus, it would appear, well provided with institutions for the confinement of deranged Europeans and Asians.

The Company's provision for European lunatics extended back into the colonial motherland itself. In England, Pembroke House, a privately managed madhouse, specialized in the treatment of insane Europeans sent home from India by the East India Company. This was not the only institution in England for returned lunatics. Distinguished places such as Ticehurst Asylum also received many a mad officer and