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Racial, Social and Cultural Factors in the Development of a Colonial Institution:
The Bombay Lunatic Asylum (1670-1858)[1]

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"We have our jails, our schools, and our dispensaries in almost every Zillah, and why should we not have our Asylums too?" asked Dr J Macpherson, surgeon in British India and superintendent of the Calcutta lunatic asylum for a time in the 1850s[2]. With the fervour characteristic of early Victorian reformers he voiced the contemporary view that a wide range of British institutions was not only necessary but also beneficial both for "natives" and the small European communities in areas subjected to British colonial rule. In fact, the concept of *Pax Britannica* and of the civilizing mission was legitimated to a large extent by the beneficial effects British culture and public institutions were perceived to possess. If British trade, law and land settlement constituted the foundations of colonial penetration, Western education and medical provision, although initially introduced only in a limited way and euphonically, had by the early nineteenth century become main pillars of British rule and colonial ideology. As recently as 1950, D McDonald repeated the point when he quoted the important French doctor and colonial apologist H Lyautey in his history of the Indian medical service: "The medical doctor is the only excuse for colonialism"[3]. Both McDonald and Lyautey could not but admit to the enforced and aggressive nature of colonial rule, and its

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2 Macpherson, J., 'Report on Insanity among Europeans in Bengal, founded on the experience of the Calcutta Lunatic Asylum', review in *Calcutta Review,* 1856, *26*, 605.

3 McDonald, D., *Surgeons Twoe and a Barber. Being Some Account of the Life and Work of the Indian Medical Service, 1600-1947*, London: Heinemann, 1950.

sometimes disastrous impact on indigenous economies and family life. Yet they also firmly believed that the work of the Western doctor more than compensated for these, and even enobled the civilizing mission.

At least since Foucault we have been alerted to the discipline and control functions of the medical subdiscipline of psychiatry and its fellow psychology. Similarly, the role of Western medicine and medical institutions in the colonial era has recently come under more critical scrutiny. Notwithstanding medical practitioners' claims to scientific impartiality and aloofness from the unsavoury mundane consequences of colonial rule, the role of medical science in the construction and maintenance of Empire has been queried. In consequence, medicine has been described as yet another weapon in the arsenal of colonialism; the abuse of colonies as convenient medical research laboratories and of colonials as subservient guinea pigs for new drugs and treatment methods has been disclosed; and the extent to which Western powers, in general, aimed at transplanting to their colonies European institutions and paraphernalia - from school-uniforms, boarding schools and lunatic asylums to shortbread and afternoon-tea - has been exposed as testifying to cultural insensitivity and arrogance.

However, the critically revisionist accounts of the nature of medicine and empire are based in the main on general assertions and anecdotal evidence. We still lack detailed studies of the way in which medicine and psychiatry became willing and passionate bed-fellows of colonial rule. Headricks *Tools of Empire*, McLeod and Lewis' *Disease, medicine, and empire* and Arnold's *Imperial Medicine and Indigenous Societies* have gone some way towards filling this lacuna[4]. Yet they also reveal that still more in-depth studies from various different colonial and cultural settings are required in order to approach important issues such as the extent to which the preservation of "public health" turned into an ambition to maintain "public control"; how colonial institutions became paragons of progress and civilization; that prejudices of race and social class were an integral part of allegedly neutral medical theories and practices; and the question whether Western medicine was in fact accepted and

4 Headrick, D.R., *Tools of Empire: Technology and European Imperialism in the Nineteenth Century*, New York: 1981, McLeod, R., and Lewis, M. (eds) *Disease, medicine, and empire: perspectives on Western medicine and the experience of European expansion.* London and New York: Routledge, 1988, Arnold, D. (ed), *Imperial Medicine and Indigenous Societies*, Manchester and New York: Manchester University Press, 1988 (Indian edition by Oxford University Press).

adopted by "native" subjects to the extent the rhetoric of their colonial masters would have us believe.

This case-study of the Bombay Lunatic Asylum does, of course, not purport to resolve all these issues. Rather, it is a first attempt to critically assess the way in which institutional policies were redolent with colonial ideology, in particular with racial, social and cultural prejudice. It is further aimed at breaking with the tradition of orthodox medical and colonial histories of the Raj which construe the development of European medicine as a steady progression of evermore enlightened ideas, of accomplished and devoted doctors, and of formidable inventions. The focus of historical inquiry will be relocated to where it rightly belongs in critical social analysis - from a simple series of self-contained events and careers which appear as if devoid of and uncontaminated by the colonial power relationship, to the socially constructed realities of colonial rule and its consequences for social groups such as the mentally ill[5].

Bombay was an early stronghold of British trading activites in the East Indies. The history of its institutional provision for the mentally ill is said to go back as far as 1670[6]. Despite its longstanding, independent tradition, predating those of Madras and Calcutta, the 'Bombay Lunatic Asylum' had in the nineteenth century been increasingly subject to regulations drawn up in the supreme Bengal presidency. Nevertheless, certain idiosyncracies in asylum management and governmental policy are evident in the early decades of the nineteenth century. By the later decades of the century the standardisation of British public institutions in India had, however, progressed considerably.

The management of lunatics in early nineteenth-century Bombay seems to reflect a less overtly expressed prejudice towards Indian people than the one prevailing in Bengal. Towards the late 1840s and '50s, however, a more explicitly aggressive approach towards Indians had appeared. Bombay's lunacy policy was also characterized by the dispute over centralization versus decentralization of asylum provision. This administrative and political question became significant in the 1840s and '50s when the annexation of Sind and the Panjab had been completed and new and vast areas of land, and peoples with a culture of their own were to be governed from Bombay. Continued arguments about the

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5 For a wider critical perspective on psychiatry in colonialism see Ernst, W., *Mad Tales from the Raj. The European Insane in British India, 1800-1858*, London and New York: Routledge, 1991.

6 Crawford, C.G., *A History of the Indian Medical Service. 1600-1913*, London: Thacker, 1914, Vol. 2, 400.

efficiency of a single central asylum were to delay improvements in the condition of lunatics which had been advocated by the medical profession.

Institutional History of the Bombay Lunatic Asylum

Up to the late 18th century the confinement of European and Indian lunatics in specially allocated cells adjoining local jails or regimental hospitals had been thought adequate[7]. In addition there existed one small institution on *Butcher's Island* for the reception of the insane of Bombay Town and Harbour. In the absence of any uniform admission policy for Bombay and its outstations the disposal of lunatics had been the responsibility of the local civil and military authorities[8]. In 1799/1800 the town's lunatics were moved from *Butcher's Island* to a private house, owned by a Surgeon R. Fildes, on the island of Kolaba[9]. About two decades later the Medical Board asked for government's sanction for new provision because of the 'defective state of the present Lunatic Asylum', which had effected the 'agonizing suffering of some of the patients' due to poor ventilation[10]. The building was characterized as being in 'such a wretched state and so unfit ... that any permanent addition would be misplaced'[11]. The surgeon in charge suggested that the European insane, eight in number, ought to be sent to England, whilst 'some of the most tractable Native Patients' should be removed to the adjacent hospital of His Majesty's 65th Regiment[12].

These measures and the government of Bombay's subsequent sanction of a new asylum for lunatics[13] coincided with the order of the court

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7 Med. B. to Govt., 19-6-1820; Bm. Pub. Proc., 28-6-1820, n.n., [IOR: p. 3380 f], 31 f.; Med. B. to Govt., 31-1-1825; Bm. Mil. Proc., 16-2-1825, 31, 4. G.O., 11-2-1825; Bm. Mil. Proc., 16-2-1825, 32, n. para.

8 Med. B. to Govt., 31-1-1825; Bm. Mil. Proc., 16-2-1825, 31, 4. G.O., 11-2-1825; Bm. Mil. Proc., 16-2-1825, 32, n. para.

9 Med. B. to Govt., 27-12-1819; Bm. Mil. Proc., 12-1-1820, n.n., [IOR: p. 118].

10 Med. B. to Govt., 19-6-1820; Bm. Mil. Proc., 28-6.1820, n.n., [IOR: p. 3380ff.], 10. Asylum Supt. to Med. B., 30-10-1820; Bm. Mil. Proc., 8-11-1820, n.n., n. para [IOR: p. 588ff.].

11 Med. B. to Govt., 19-6-1820; Bm. Mil. Proc., 28-6.1820, n.n., [IOR: p. 3380ff.] 10.

12 Asylum Supt. to Med.B., 30-10-1820; Bm. Mil. Proc., 8-10-1820, n.n., n. para [IOR; p. 5884ff.].

13 Minute, 13-7-1820; Bm. Mil. Proc., 19-7-1820, n.n. [IOR; p. 3717], Med. B. to Govt., 3-7-1820; Bm. Mil. Proc., 19-7-1820, n.n. [IOR: p. 3715f.].

of directors of the East India Company to send insane Europeans back, to England as a matter of routine[14]. At the same time the medical regulations of Bengal were to be extended to Bombay. It was to a great extent this latter circumstance which provided the medical board of Bombay with grounds for building a large asylum in a period when the presidential governments were in general expected by the court of directors to curtail the expense of asylums in India. The medical board pointed out that an extensive and costly system prevailed in Bengal: several lunatic asylums for Indians existed in different parts of that presidency in addition to a separate institution for Europeans in the capital[15].

The medical board argued against the introduction of a similarly extensive system in Bombay, 'as entailing a heavy public expense that does not appear to them necessary under existing circumstances on this Establishment'[16]. This thrifty line of argument was appreciated by government and the alternative proposal for one single new asylum was approved. The new building was designed to receive 100 insane persons, 'including Europeans of all ranks and descriptions as well as Natives both male and female'[17]. It was finally to provide less space than originally planned, so that its inadequacy soon became obvious[18]. Several

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14 Bm. Pub. D., 18-5.1819, 75.

15 Med. B. to Govt., 3-7-1820, op. cit.; Med. B. to Govt., 19-6-1820, op. cit., 12ff. See for more detailed references on the Bombay Asylum: Ernst, W., *Psychiatry and Colonialism: The Treatment of European Lunatics in British India, 1800-1858*, London; PhD thesis, 1986. See also on 'native lunacy' Ernst, W., 'The establishment of "Native Lunatic Asylums" in early nineteenth-century British India', in: Meulenbeld, G.J. and Wujastyk, D. (eds) *Studies on Indian Medical History*, Groningen; Egbert Forsten, 1987, 169-204. See on European lunacy: Ernst, W. *Mad Tales from the Raj. The European Insane in British India, 1800-1858*, London and New York; Routledge, 1991. See on case studies of European asylum inmates; Ernst, W. and Kantwosky, D. 'Irre Kolonisatoren: Drei Fälle aus "Pembroke House" und dem "Ealing Lunatic Asylum", 1818-1892', in: Kantowsky, D. *Indien. Gesellschaft und Entwicklung*, Frankfurt/M.: Suhrkamp, 1986, 186-221.

16 Med. B. to Govt., 19-6-1820, op. cit., 15.

17 Ibid., 12.

18 The new asylum was situated at Kolaba, a stretch of land on the island of Salsette, which extended in front of the European harbour and town, being surrounded by the light house, burial grounds and regimental quarters. This site was seen to possess the advantages of being close to, though conveniently separated from, the European civil lines, and of allowing free circulation of air over a dry place as well as 'cheerful and pleasing views [which] are commanded, of the entrance to the Harbour, Bay, Malabar Hill and the adjacent Country'. G.O., 4-9-1827; Bm. Mil. Proc., 5-9-1827, 38, n. para. Quarter Master Gen. to C-i-C, 8-8-1826; Bm. Mil. Proc., 6-9-1826, 65, n. para. Asylum Report, 31-3-1852, in: Med. B to Govt., 24-5-1853; Bm. Pub. Proc., 9-7-1853, 4537,4.

enlargements and improvements, such as the construction of extra walls and verandahs, the deepening of the well, the renewal of floors and the conversion of the galleries into dormitories were carried out in the 1830s and 1840s in order to allow accommodation for from 60 to 70 patients[19]. These alterations could still in the long run not ameliorate the increasing overcrowding[20].

A house, separated from the asylum itself, was consequently constructed for the superintendent who had hitherto occupied the upper story of the main entrance wing. This former quarters were allocated to the European head keepers and European lunatics of the higher class, and an additional second floor on one of the asylum's side wings provided further accommodation[21]. A restriction of the numbers admitted to Kolaba was nevertheless still seen to be necessary. Circulars were consequently published by authority of government in 1847 and 1849 which decreed that 'mild cases' of insanity were no longer eligible for admission[22]. The passing of the 'Act for the Safe Custody of Criminal Lunatics' (1849) coincided with this restrictive admission policy, so that the asylum population increased despite efforts to the contrary[23]. As a result new provisions for lunatics were under discussion throughout the 1850s. The governor and the various council members could, however, not agree upon the measures to be taken. Only minor alterations in the buildings were endorsed. The medical board's suggestion that a new and sufficiently large central asylum be built, was not to be implemented, despite Governor Falkland's strong advocacy and consequent discord with the council. The Kolaba Asylum was to remain - over-crowded as it was - the main receptacle for insane Europeans in the presendency of Bombay throughout the nineteenth century.

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19 Bm. Pub. D., 21-10-1840, 25. Bm. Pub. D., 21-5-1844, 49. Bm. Pub. D., 2-4-1845, 12. Bm. Pub. D., 23-9-1846, 12. Bm. Pub. D., 28-4-1848, 53. Bm. Pub. D., 10-1-1849, 30.

20 Med B. to Govt., 24-5-1853; Bm. Pub. Proc., 9-7-1853, 4536, 15.

21 Asylum Report, 31-3-1852, op. cit., 11.

22 Minute, 7-6-1849; Bm. Pub. Proc., 11-7-1849, 3610. Asylum Report, 31-3-1849, in: Med. B, to Govt, 18-5-1849; Bm. Pub. Proc., 11-7-1849, 3609, 10.

23 Act IV of 1849: 'An Act for the safe Custody of Criminal Lunatics'. Passed 10-2-1849 by the Hon. the President of the Council of India in Council, Bm. Pub. L., 16-4-1851, 1ff.

Institutional Segregation in the Kolaba Lunatic Asylum

Indian and European lunatics were confined together within the same or adjoining grounds from the asylum's foundation. This practice was continued throughout the nineteenth century, despite the growing British tendency to restrict social intercourse between Indians and Europeans. In Bengal, by contrast, the necessity of a separate establishment for Europeans had been unquestioned from the start. The way in which provisions for lunatics were framed in the different presidencies appears to have been qualitatively different at the level of public proclamations, verbal aggressiveness and symbolic measures in regard to racial separation. The Bombay authorities pushed on with the construction of a new asylum for both Indians and Europeans at a time when in Bengal admission restrictions on lunatics of not purely European racial background had become increasingly strict.

The new asylum at Kolaba had been completed in 1826. The main building was designed to form three sides of a square, with an about 65 m long front and side wings. The front comprised the main entrance and also contained the superior rooms and those for the reception of visitors. The superintendent's apartments were located in the middle on the ground and upper floor. Next to his quarters a large reception hall as well as superior staff quarters and medical care and store rooms were to be found. No patients, apart from high-class Europeans, were accomodated in this front wing. Both two-storey side wings accommodated patients of various descriptions, namely 'females of all castes and color', 'European males' and 'native males'. The western wing was close to the sea and allowed therefore for better circulation of fresh air - a very important feature of architectural design in the tropics. It contained the best rooms of the side wings; especially those of the upper floor. The ground floor was allocated to women, whilst European officers occupied the two spacious apartments on the western upper floor. No doubt their convalescence was aided by the pleasant views and fresh sea breeeze that could be enjoyed from the top floor[24].

A surgeon in charge of the institution depicted the internal arrangement during the asylum's early years as follows:

> 'It was fitted to accommodate from 60 to 70 patients; could all the inmates have been equally distributed over the different parts of the

24 Asylum Report, 31-3-1852, op. cit., 4, 8f.

> premises, even a larger number perhaps might have been accommodated, but difference of sex, caste, and color, rendered this of course as will presently appear, altogether impossible'[25].

The principle of separating the white from the coloured man, and the women from both, whilst high-class European males were kept away from and high above all of them, was reported to have adversely affected medical and 'moral' treatment in the 1830s and 40s[26]. By 1851 the number of lunatics had risen to 115, as compared to 42 in 1842, and the difficulties with which the surgeon in charge saw himself faced were described as 'insuperable'[27]. Still the huddling together of 80% of the patients in half the building was not abandoned. Instead chronically insufficient enlargements and additions were made which eventually allowed for an accentuated system of classification by gender, race and social standing.

First, the superintendent was no longer to live in the asylum itself. Instead he had a spacious separate bungalow built close to the beach which was conveniently detached from the institution itself. The social distance between the medical expert and his numerous clientele thus became visibly manifest in their spatial separation. Part of his former quarters on the ground floor was taken over by the superior European staff and the high-class patients[28]. More rooms were added to the upper floor in the front so that ample space was created for European and female patients on either side of the higher-class apartments. Consequently the *pakka*-built front wing became exclusively reserved for the reception of Europeans of the higher and lower classes, and of women of all descriptions. The two side-wings were reserved for 'native males' only. Each wing contained two wards: one on the ground and one on the upper floor. An economical arrangement of cells had been introduced to allow for the confinement of 25 lunatics per ward. A corridor, 40m long and 3m wide ran along the middle of each ward. Six cells of 2 x 3 m each were allocated on both sides of the corridor and each cell provided accommodation for one lunatic. The corridor was regarded as 'capable of giving

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25 Ibid., 6.

26 The method of 'moral management' and 'moral therapy' was at the time seen to constitute the most enlightened and humane approach towards the mentally ill. See for conceptual discussions: Bynum, W.F. 'Psychiatry in its historical context', in: Shepherd, M. and Zangwill, O.L., *Handbook of Psychiatry*, Cambridge: Cambridge University Press, 1982, Vol 1, 27.

27 Asylum Report, 31-3-1852, op. cit., 81. Asylum Report, 31-3-1849, op. cit., Table 4.

28 Asylum Report, 31-3-1852, op. cit., 11.

sleeping accommodation to 13 persons, which with 12 in the cells gives a total of 25 for each ward and an aggregate of 100 for all four'[29].

In additon, six boarded cells were in use in a far corner of the compound. These detached cells had been built in 1847 for the reception of violent and noisy patients who could not be pacified on the overcrowded wards. The rooms, 3 x 3 m, stood on arches, possessed no windows, were painted black inside and allowed for air circulation through clefts in the floor and wall boards[30]. The erection of these deteached cells in 1847 is an indication of the increasing difficulties of keeping control of patients on the highly over-crowded 'native male' wards. The overcrowding, occasioned by adherence to race-specific classification, effected the introduction of further measures of segregation in order to maintain order and control. The isolation of the so-called 'intractables' in blackened, windowless and suffocating cells, which were kept apart from the main building, appears to have been aimed not merely at more convenient segregation but also at punishment for non-submission to the asylum regime. Thus the Indian male patient had doubly to bear the cost of the maintenance of racial segregation by overcrowding in inferior wards, whilst there was ample space available in the front wing, and again by isolation and punishment if he undermined discipline and order under these confined conditions.

The Project of a Centrally Located 'Panopticon'

Despite the Bombay authorities' earlier (1820) assessment of the non-necessity of provincial 'Native Lunatic Asylums', the demand for secure accommodation for lunatics in the presidency had been increasing considerably, notwithstanding restrictions on eligibility for admission[31]. Lunatics in the various - at times remote - parts of the presidency had generally been admitted into local institutions. These consisted mainly of cells adjoining general hospitals or jails and were run with a view to ensuring secure confinement of people who would otherwise have constituted a threat to public peace and order[32]. Apart from some single cells in various cantonments and *mufassal* stations, more extensive

29 Ibid., 12 f, 16.
30 Ibid., 17.
31 Med. B. to Govt., 19-6-1820; Bm. Mil. Proc., 28-6-1820, n.n. [IOR: p. 3380 ff.], 15. Minute, 7-6-1849; Bm. Pub. Proc., 11-7-1849, 3610, n. para.
32 Med. B. to Govt., 19-6-1820, op. cit., 4 f.

accommodation for insane people existed during the 1840s and '50s in Pune, Surat, Ahmadabad, Lahore and Karachi[33].

When, in the late 1840s and 1850s, the Kolaba institution was so hopelessly overcrowded that not only harmless but also criminal lunatics were denied admission, new measures for alleviating the pressure on the capital's asylum were discussed[34]. First it had been presumed by medical and governmental authorities that the increase in the number of the insane at the Kolaba Asylum had arisen from the transfer of patients from the provinces and the newly annexed areas[35]. This assumption was, however, not substantiated by more detailed investigation into the number of patients admitted from outstations[36]. The Bombay authorities' suggestion of 1849/50 that enlarged provincial asylums ought to be erected in towns like Karachi, Pune and Dharwar in order to relieve the pressure on Kolaba therefore lacked any statistical support[37].

Before the Bombay council could rectify its former misjudgement the commissioner of Sind had already taken up the idea of enlarged quarters for lunatics and submitted a plan and estimate for the erection of small premises in Karachi[38]. A controversy ensued not only between provincial and central authorities but also amongst Bombay council members, members of the medical board and medical officers in the outstations[39]. The crux of the matter was whether one large central asylum ought to be built instead of further maintaining and enlarging several smaller asylums in the various parts of the presidency. After several years of discussion, fierce dispute and evaluation of statistics the medical board and the council of Bombay finally agreed to submit for the consideration of the supreme government of India a comprehensive proposal[40]. This proposal is revealing of the mainstram ideas about the administration of

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33 Med. B. to Govt., 3-9-1853; Bm. Pub. Proc., 30-11-1853, 8549, 13 ff.

34 Presumably in an attempt to persuade government into enlargement of the asylum, admission was refused to two criminal lunatics. They had to be kept in the jail where they caused some considerable irritation to the medical officer and undermined jail discipline. Med. B. to Govt., 24-8-1850; Bm. Pub. Proc., 9-10-1850, 7105, 1.

35 Bm. Pub. L., 16-4-1851, 11.

36 Suptdg. Surgeon, Karachi, to Comissioner in Scinde, 1-2-1850, in: Commissioner in Scinde to Govt., 16-2-1850; Bm. Pub. Proc., 13-4-1850, 1999.

37 Bm. Pub. L., 16-4-1851, 11 f.

38 Minute, 22-3-1850; Bm. Pub. Proc., 13-4-1850, 2001. Commissioner in Scinde to Govt., 12-9-1850; Bm. Pub. Proc., 20-11-1850, 8834. Minute, 14-10-1850; Bm. Pub., Proc., 20-11-1850, 8837.

39 See Pub. and Jud. Proc., 1850 and 1851, on Lunatic Asylums. A selection thereof is contained in B. Coll., 1850, 2450, 135, 465 and 135, 466.

40 Govt. Bm. to Govt. India, 29-11-1853; Bm Pub. Proc., 30-11-1853, 8552.

social services in a region encompassing highly diverse cultural traditions and vested political interests as well as varied attitudes towards Indian and European lunatics.

During the first decades of the century the Bombay authorities had not insisted on their supreme power over the arrangements for the insane in the various provinces. At a time of financial stringency, however, on account of the court of directors' special orders, and when a large outlay of money for the excessively overcrowded asylum at Kolaba was at stake, the governor-in-council as well as the medical board showed an interest both in putting the capital's claim first and in controlling the provinces' affairs. Therefore, when in 1850 the commissioner of Sind suggested the erection of moderately enlarged insane quarters at Karachi at the expense of Rs. 17,076, the Bombay authorities were quick to point out that this was not urgent[41]. Further they held that in general the arguments employed by local authorities, such as the commissioner of Sind, ought not be taken at their face value because provincial authorities were always eager to attract government provisions on account of the concomitant 'additional charge with its advantages of pay and establishment, and the small number of patients to be treated'[42]. In addition the commissioner was quoted as having admitted himself that 'the immediate exigency is not urgent', because the average number of lunatics had been only six[43]. On these various grounds the government of Bombay succeeded in thwarting the establishment of an enlarged asylum in Karachi. Still the question remained whether the existing local insane hospitals at Pune, Surat and Ahmadabad could not be made available at a small expense for the reception of the criminal and ordinary lunatics of the presidency. Here, too, the central government of Bombay argued convincingly against any enlargement of these provincial institutions[44].

The Pune Asylum, built for 65 patients, but confining on average about 84, was described as faulty and defective in many respects. The engineer of the division was quoted as having suggested that a new house ought to be built elsewhere, where the asylum site was not surrounded by houses[45].

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41 Commissioner in Scinde to Govt., 2-9-1850, op. cit. Med. B. to Govt., 3-9-1853, op. cit., 11.

42 Med. B. to Govt., 22-6-1852; Bm. Pub. Proc., 14-7-1852, 5471, 4.

43 Commissioner in Scinde, 9-11-1849; Bm. Pub. Proc., 19-12-1849, 6853, n. para. Med. B. to Govt., 3-9-1853, op. cit., 11.

44 Med. B. to Govt., 3-9-1853, op. cit., 13 ff.

45 Ibid., 14.

The Surat Asylum was described as being similarly unamenable to extensions. It consisted of five apartments for fifteen lunatics on the ground floor of the civil hospital. The premises were rented and there were no adjacent grounds which could have allowed for enlargements. The Bombay medical board's final judgement was that

> 'to designate a place like this an Insane Hospital is ... a misapplication of language'[46].

The asylum at Ahmadabad, containing about 30 patients, and being situated in the court yard of the civil hospital, was characterized in a similar vein to the Pune and Surat Asylums. 'The rooms', it was held,

> 'are gloomy, and ill ventilated, and the roof [is] not sufficiently protected from the rays of the sun during the hot season'[47].

The Bombay medical board's stand against the enlargement of provincial asylums was further supported by the superintending surgeon's report on inspection of the Surat and Ahmadabad Asylum:

> 'neither the insane Hospital of Surat nor that of Ahmadabad is in any way adapted for the treatment of the disease, both located in crowded and dirty cities, both supplied with indifferent water, and both very considerably confined in the space about them, they offer none of the facilities required by the modern treatment of Insanity'[48].

On the basis of this evidence it was concluded by the Bombay government that a new asylum in Karachi would not be necessary due to the small number of lunatics; that 'neither the Insane Hospital at Poona nor either of those in Guzerat' could be extended; and that 'insuperable objections exist to any further enlargement of the Kolaba Asylum'[49]. Government, however, simultaneously stated in regard to the increasing number of patients at Kolaba that the results of the medical board's investigations

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46 Ibid., 15.
47 Ibid., 16.
48 Ibid., 17.
49 Ibid., 21.

'establish beyond the possibility of question that further public provision for the insane in this Presidency is urgently required and that no time should be lost in supplying it'[50].

The next step was that substantial reasons for building one large central asylum were evinced. The medical board argued that large asylums were, according to modern science, preferable to small ones. This was so because a medical officer, specialized in the treatment of lunatics and charged with asylum duty only was endowed with far better expertise in the cure of insanity than the civil surgeon charged with a station's various medical duties. Further, structural factors were pointed out:

'the classification of the patients, their amusements, recreations and occupations, and character and number of the attendants and the amount of supervision to be given by the Medical Officer to his charge, must all necessarily be of a less perfect description than in a large asylum'[51].

This type of argument certainly reflected the contemporary belief in the effectiveness of institutions in general and of large institutions in particular, for the confinement, supervision and control of various social groups which had been expressed by J. Bentham. He conceived the 'panopticon' as the ideal institution for the disciplined and economic control of prisoners, vagrants, lunatics or whomsoever[52].

It was also held that the probability of recovery from insanity was higher in a large institution due to the beneficial impact of discipline, order and routine on a deranged mind. Thus the Bombay medical board summarized its position by 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'[53].

The argument of economies of scale was, however, not to be applied universally. Rather a large asylum was considered efficient, cost-effective

50 Ibid., 22.

51 Med. B. to Govt., 22-6-1852, op. cit., 1.

52 For the discussion about the applicability of Bentham's Panopticon-model in India (in relation to prisons), see Stokes, E. *The English Utilitarians and India*. Delhi: Oxford University Press, 1982 (1959), 150, 247, 325 (Note I).

53 Med.. B. to Govt., 22-6-1852, op. cit., 1.

and appropriate only in respect to poor lunatics[54]. The insane who were seen to belong to that category of 'the poor' were mainly Indians. For Europeans of whatever social standing quite different provision had in contrast been suggested. The option of having one large central asylum purported to be rationally based on material grounds of economy and efficiency. The exception to the allegedly universal superiority of 'panopticon-style' establishments were cases of insanity in Europeans. They were to be accommodated in the comparatively small-scale Kolaba Asylum after the premises were vacated by Indian lunatics[55].

The dispute about a central, large institution *versus* several provincial ones thus reveals a variety of underlying considerations. The at times tense relation between the central Bombay government and the authorities in newly annexed or remote outstations, tainted by local parochialism and nepotism, was but one facet. The emphasis on the cost-effectiveness and the easily controllable feature of rationalised central institutions was another intelligible aspect, which, however, contained less disinterested assumptions than might be concluded from the seemingly detached line of argument. Considerations of race were the essence of the proposal for the erection of a large central asylum which was advocated on humanitarian-*cum*-economic grounds for

> 'benefitting this unhappy class [of lunatics] by the most efficient treatment and of effecting this good to that class at the least possible cost to the state'[56].

Although segregation according to gender, race and social standing had always been attempted within the Kolaba institution, it was only in the 1850s that Bombay was to suggest a reorganization of its establishments for the insane that was both in its essence and in its form the perfect expression of the submission of Indian lunatics in particular to a perfected

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54 The Medical Board came to the following conclusion regarding the question of whether one large or several small asylums ought to be built: 'In conclusion, the Board direct me now respectfully to represent that a due consideration of the means most beneficial to the Insane, most economical to the Government and most accordant to the advanced and advancing knowledge of the medical treatment of Insanes, all seem to them, at least in the case of the poor, to point to large asylums to be superintended by medical officers whose sole duty shall consist in their supervision, and in devising every means in their power for the improvement and benefit of the helpless individuals who are entrusted to their care', ibid., 9.

55 Med. B. to Govt., 21-7-1855; Bm. Pub. Works Proc., 11-10-1855, 5352, 7.

56 Med. B. to Govt., 22-6-1852, op. cit., 8.

British control. The creation of 'a whole village of imbeciles, to be looked after by a few overseers under the supervision of the Medical officer' was envisaged, whilst the small asylums should be closed - with the exception of the Kolaba institution[57]. There Europeans would be accomodated comfortably after some alterations and improvement which would permit for segregation according to gender and social class. Such internal segregation would not constitute any substantial problem once the bulk of Indians were removed.

The reservation of the Kolaba asylum for Europeans was, however, not supported by all the parties involved. The surgeon in charge of Kolaba preferred to have the asylum

> 'devoted to Criminal Lunatics associated with, if necessary, those from amongst the native solidery'[58].

The medical board in contrast, whilst acknowledging the

> 'necessity that criminal lunatics should be entirely separated from other classes',

maintained that

> 'their moral influence, and contact, would be equally prejudicial to their military, as to their civil fellow sufferers'[59].

The medical board was apparently concerned about the effect of the 'bad madperson' on the 'ordinary madperson', and the board's attitude was indeed in keeping with the contemporary belief in moral treatment and the importance of virtuous models[60]. However, they seem to have avoided any professional discussion with the only acknowledged, practising expert in lunacy in the Bombay presidency. It was therefore diplomatically argued that

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57 Ibid. 10.

58 Med. B. to Govt., 21-7-1855, op. cit., 6.

59 Idem.

60 Smith, R. 'Mental disorder, criminal responsibility and the social history of theories of volition', in: *Psychological Medicine*, 1979, 2, 13-9. Thompson, M.S., *The Mad, the Bad, and the Sad: Psychiatric Care at the Royal Edinburgh Asylum (Morningside). 1813-94.* Boston Univ. PhD, 1984.

> 'it should be left for after experience to determine the exact or special purpose to which the Colabah Asylum should be devoted'[61].

The discussion about the future destiny of the Kolaba institution was, however, not pursued further at this time. Instead details of the new large asylum were discussed. Although neither the Bombay panopticon nor the separate European convalescent or criminal asylum were to be realized during the nineteenth century, the architectural plans for this project and the medical and disciplinary reasoning underlying them, reveal the core of the 1850s approach towards the confinement of lunatics. First, the separation of lunatics according to their social class, racial background and kind of affliction (whether violent or harmless, dirty or decent) were advocated. Classification was to be ensured by the architectural design which was planned to encompass

> 'a series of buildings in echellon diverging from a point like the letter V and so disposed as to admit a perfect ventilation, and of classification of patients'[62].

The separate houses should be built of different material, thus allowing them to be adapted to the social background and habits of patients:

> 'About 1/3 of these may be pucka built of stone and mortar with wooden floors, and the rest ... with wattle and mud walls and Earthen floors, thereby greatly lessening the expense of construction without impairing its efficiency for certain cases of the Insane'[63].

The contemporary preoccupation with climatic influence on disease, ventilation and soil qualities was allowed for by careful choice of the asylum's location. As no site on the Dekkan was found which could meet these requirements, the area around Dapuli, in the Konkans, was selected instead[64]. The place was elevated from the sea, surrounded by hills, with a river nearby, good water and cheap food supply, with a temperature between 72 and 86°F and soil suitable for cultivation[65].

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61 Med. B. to Govt., 21-7-1855, op. cit., 7.
62 Med. B. to Govt., 4-12-1855; cf. IOR: B. Coll., 1856, 2673, 179, 770, 3.
63 Idem.
64 Med. B. to Govt., 21-7-1855, op. cit., 13.
65 Committee to examine and report upon Dhapoolie as to its eligibility as a site for a proposed central Lunatic Asylum to Med. B., 3-12-1853, in: Med. B. to Govt., 4-12-1855, op. cit., 1 ff.

Contemporary science's criteria for asylum sites were fulfilled: they should be in a healthy location, preferably in the countryside where the necessities of life were cheap, where there were no such distracting nuisances as 'noisy trades or offensive manufacturers' nearby[66]. Neither should they be inconvenienced by the 'neighbourhood of public roads or footpaths[67]. Its position with regard to the surrounding country should be cheerful, the surface undulating, the attached grounds large enough so as to 'afford the patients ample means of exercise and recreation as well as healthful employment out of doors[68]. Employment of patients in agricultural and horticultural activities which would guarantee self-reliance in material subsistence was envisaged. The asylum layout should ensure

> 'adaptation to the peculiarities of climate and appropriateness to the character, habits, pursuits and position of the class for whose use the Asylum is mainly intended[69].

In practice, the criteria for what constituted 'adaptation' and 'appropriateness' were racial and social separation and economy. The low-cost confinement and the comprehensive control of lunatics of lowly classes and allegedly inferior racial position were expressed in the intriguingly humanitarian and scientific terms of respect for local customs and avoidance of alienation. The use of wattle, dab and cow-dung for construction, 'may be thought peculiar', the medical board argued, preempting possible criticism,

> 'but it is made in view not only of pecuniary saving, but also of peculiar adaptation to the people for whose use it is intended'[70].

And in a condescending vein it went on to argue that it was

> 'a well ascertained fact, that there is no kind of occupation to which the insanes in this country will so readily betake themselves, as the erection or repair of dwellings for themselves'[71].

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66 Med. B. to Govt., 3-9-1853, op. cit., 25.
67 Idem.
68 Idem.
69 Ibid., 26.
70 Ibid, 27.
71 Idem.

Such paternalist elaborations on the customs attributed to the Indian insane were not dissimilar to the considerations of English county asylum builders *vis-a-vis* their pauper clientele.

The various detached buildings were to be self-contained and located at a distance from each other, similar to the arrangements 'generally adopted in Regimental lines'[72]. The reference to the military was to the point not merely as to the design of buildings but also in respect of disciplinary regime and standardization of environmental features. The individual space conceded to each person was exactly calculated: 1,000 cubic feet in the dormitary. Further, the architectural design should be simple and without ornament or decoration of any kind'[73]. And even the suggested methods for enlivening the boring monotony were precisely standardized and prescribed:

> 'To take away the monotonous aspect of Barrack like buildings, each might have three projections in point, one in the centre, and one on either end, either semicircular, angular, or square, as might be deemed best'[74].

The space for creativity was thus restricted to a choice between a few precisely delimited options. The standardization of design was driven to utmost perfection and absurdity by the obliging recommendation that the real purpose of the barred building should be successfully concealed by some pseudo-rural embellishments:

> 'The windows should be large and of iron trellis, and an attempt should be made to give to each the general aspect of a row of Cottages by a flower pot in front or by planting shrubs'[75]

The species of the flowers and whether the shrubs had to be clipped in a special way, were, however, it might be noted with consternation or perhaps with relief, not laid down. But after all, these suggestions were still in their very early planning stage.

The contemporary belief in the salubrious effects of cleanliness and discipline, and the link between strict surveillance and regimentation on

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72 Ibid., 26.
73 Ibid., 27.
74 Idem.
75 Idem.

the one hand, and humanity and freedom on the other, were expressed in the medical board's final plea for a large asylum:

> 'in such an establishment, there is likely to be a greater degree of order, cleanliness, mildness and humanity, a greater degree of individual attention, and a stricter surveillance over the patients, greater amount of freedom and enjoyment, and by consequence a larger proportion of recoveries (and all this at far less cost) than is attainable in one of small size, and less distinctive character'[76].

Conclusion

A tendency towards the perfection of internal classification, institutional segregation and cost-effectiveness is discernible during the first five decades of the century. The belief in the superiority of large asylums in terms of control, cure-efficiency and cost-effectiveness owed much to utilitarian philosophy. Some features of the lay-out of the projected Bombay panopticon, as though, stemmed as much from British racial prejudice, cultural ignorance and the endeavour to keep social distance between Indians and Europeans as from the British preoccupation with India's special climatic conditions and the penetration of British military architecture into the sphere of Britisch-Indian social services.

The advocacy of separated asylums for Indians emerged towards the middle of the century - though it was as yet not clear that the projected plan would not in fact be realized in the near future. The dissimilarity from the European Kolaba Asylum would have been very distinct: the Kolaba Asylum was small and owed much to the old-fashioned country mansion style asylum preferred during the early years of lunacy provisions, when the York Retreat in England was seen as the ideal receptacle for lunatics, as well as being reserved for higher-class patients[77]. The projected central asylum was in contrast a modified version of the county asylums for the poor which were to be founded in every county and borough in England and Wales following the Lunatic Asylum Act of

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76 Ibid., 23.

77 Tuke, S. *Description of the Retreat, an institution near York, for insane persons of the Society of Friends.* York: Alexander, 1813, (new edition: London: Dawsons, 1964). Digby, A., *Madness, Morality and Medicine: A Study of the York Retreat, 1794-1914*, Cambridge: Cambridge University Press, 1985.

1845. The new central 'mammoth-asylum'[78] for Indian lunatics was, however, not to be built until the beginning of the twentieth century and Europeans and Indians were consequently to go on sharing one institution. But even without institutional separation a distinctly different approach towards European, Eurasian and Indian lunatics prevailed within the asylum and this was not to be significantly altered.

78 For a description of the large asylums which were in the process of being erected in consequence of the 1845 Act in England and Wales, see Scull, A.T. *Museums of Madness. The Social Organization of Insanity in Nineteenth-Century England*, Harmondsworth: Penguin, 1982 (1979); especially pp. 194-198 ('Mammoth Asylums').