

**MENTAL HEALTH SERVICE IN COLONIAL NORTH
EAST INDIA: TEZPUR LUNATIC ASYLUM, 1876-1947**

*A Dissertation Submitted in Partial Fulfilment of the Requirement
for the Degree of Master of Philosophy*

By

Ajanta Sharma

DEPARTMENT OF HISTORY & ETHNOGRAPHY

School of Social Science

Mizoram University

Aizawl, Mizoram

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DEPARTMENT OF HISTORY AND
ETHNOGRAPHY
MIZORAM UNIVERSITY
TANHRIL, AIZAWL
Telephone: 0389-2330410

Khwairakpam Premjit Singh, PhD
Assistant Professor
premjituno@gmail.com
Mobile No.: 08132089197

Dated: 28th July, 2016

Certificate

I hereby certify that the Project work entitled “**Mental Health Service in Colonial North East India: Tezpur Lunatic Asylum. 1876-1947**” submitted by Ajanta Sharma, to the Department of History & Ethnography, School of Social Sciences, MZU in partial fulfillment of requirement for the award of the degree of Master of Philosophy (M.Phil.) is a record of her original bonafide work carried out by her under my guidance and supervision during a period from August 2014 to July 2016. The report has reached the requisite standards for submission as dissertation report.

Moreover, to the best of my knowledge and belief, the data embodied in this final Project Report has not been submitted for any degree or diploma elsewhere.

Signature

Place: MZU, Tanhril

(Khwairakpam Premjit Singh, PhD)

Khwairakpam Premjit Singh, Ph.D.
Assistant Professor
History & Ethnography
Mizoram University
Aizawl.

Declaration

I hereby declare that the dissertation thesis entitled “**Mental Health Service in Colonial North East India: Tezpur Lunatic Asylum. 1876-1947**” submitted to the Department of History & Ethnography, School of Social Sciences, MZU in partial fulfillment of requirement for the award of the degree of Master of Philosophy (M.Phil.) is an authentic record of the work carried out by me under the guidance of **Khwairakpam Premjit Singh, PhD**, faculty, Department of History & Ethnography, MZU and this dissertation has not formed the basis for the award of any Degree/ Diploma/ Associateship/Fellowship or similar title to any candidate of any other university. I will not publish the work without permission of **Khwairakpam Premjit Singh, PhD**, as the intellectual property rights belong to MZU, Tanhril, Aizawl.

Date: 28/7/2016

Place: Aizawl

(Ajanta Sharma)

M.Phil. Scholar

Dept. of History & Ethnography

Mizoram University

Aizawl, Mizoram

(Dr. Lalngurliana Sailo)

Head of the Department

Department of History & Ethnography

Mizoram University

विभागाध्यक्ष

Head

इतिहास एवं नृवंश विभाग

Dept. of History & Ethnography

मिज़ोरम विश्वविद्यालय

Mizoram University

(Khwairakpam Premjit Singh, PhD)

Supervisor

Assistant Professor

Department of History & Ethnography

Mizoram University

Khwairakpam Premjit Singh, Ph.D.
Assistant Professor
History & Ethnography
Mizoram University
Aizawl.

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Source: Baruah, S. L. "A Comprehensive History of Assam"

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CHAPTER-I

INTRODUCTION

Chapter-I: Introduction

1.1 Historical Background

1.1.1 Political History of Assam Province

Even though without referring the past beyond the 19th century, writing or giving description about the political physical boundary of northeast region is quite difficult task. At present all the states of northeast, within or with neighboring states, are having issues on boundary. Many ethnic groups couldn't still satisfy with the sudden stop of state formation just after August 1947, because all was done without their majority's concern. When we talk about who is responsible for this chaos and confusion, naturally the name of British raj and their colonial policies emerge. In fact, based on their political interest and other conveniences the British India government kept changing the boundary of Assam province, Manipur and Tripura states from time to time. Now, when a scholar writes the history of Assam, Tippera or Manipur, etc. from the 19th and 20th century, he or she has to give full/clear description about when and how their political domain kept changing especially under the British colonial period. Of course, we have this confusion because of dealing the past from the present scenario. However, the concept of identity, nation or state could change at any point of time and space; and from where and when you started talking about their history is very important.

Prior to the advent of the British Company the Brahmaputra valley was ruled by the Ahom Dynasty. The Ahom Kingdom was disturbed by the repeated invasions of powerful Avas in the early first half of the 19th century. Not only the Brahmaputra Valley other kingdoms (Cachar, Manipur) and the Jaintia Hills were also destroyed by the Ava emperor. The helpless rulers seek the military assistances from the Company. Thus the Governor General of British India, Lord Amherst declared war against the Avas in 1819 and concluded it with the 'Treaty of Yandaboo' in 1826. Under the terms of the treaty, the king of Ava surrendered his claim over Ahom Kingdom and its neighboring states of Cachar, Manipur and Jaintia Hills. Subsequently, the Ahom king ceded a part of his territory to the British. And thus the first Anglo-Burmese war gave a golden opportunity to the Company to establish their rights and interest in Northeast region.

Gradually they expanded their territorial limit by annexing Khasi and Jaintia hills (1835), the Garo Hill in 1872, the Naga Hills in 1881 (many parts left behind), the Lushai

Hills in 1891 and the North East Frontier Tract¹ and consequently all these areas were incorporated into British India and became the parts of Assam province.

Manipur was a Princely states administered under the supervision of the Chief Commissioner of Assam. Whereas princely state of Tripura, which was known as 'Hill Tipperah' till 1921, was a feudatory of lower province of Bengal. Assam was included in the Bengal Presidency from 1826 to 1873 but to lighten the burden of the Bengal Government, Sir John Lawrence, Governor General of India separated Assam from Bengal Presidency in 1874 and was made a Chief Commissioner's Province with its capital at Shillong. In 1905 Bengal was partitioned and East Bengal was added to the Chief Commissioner's province and thus it was renamed as Eastern Bengal and Assam. This new region was ruled by a Lt. Governor and had its capital at Dacca. But due to the strong protest against the partition, partition was annulled in 1911 and Assam was renamed as 'Assam Province' by then. From 1874 to 1947 there was virtually change in the territorial organization of Assam.

1.1.2 Psychiatry in Pre Colonial India

The occurrence of mental illness has been identified and documented since ancient times. The treatment of mentally ill persons in asylums was started by the Arabs in the ancient city of Baghdad in 705 AD and then at Cairo in 800 AD.² Later in thirteenth century the first modern lunatic asylum was established, the Bethlem hospital in London. Until the emergence of Pinel in the late eighteenth century, the inmates in these institutions were not treated humanely. They were neglected and kept in an unhygienic condition. Moreover chaining of hands and legs were also observed during those days. Pinel revolutionized the care of the mentally ill by propagating a humane approach to care. Pinel was accompanied by William Tuke and Dorothea Dix in his propagation of humanistic approach among the mentally ill in the asylum.

In India though modern science, medicine and psychiatry came to India along with the colonial powers but it does not mean there was no recognition or no methods of treatment and care of the mentally ill in India before that. The traditional Indian medical system, Ayurveda

¹ Barpujari, H.K., "The Comprehensive History of Assam", vol. IV, Publication Board of Assam, Guwahati, 2007, pp. 106- 255.

² Raghavan D. V., et al., 'Treatment of the mentally ill in the Chola Empire in 11th 12th centuries AD: A study of epigraphs', *Indian Journal of Psychiatry* Volume : 56 (2014), p. 202

and Unani recognized various types of mental illness. The Ayurvedic system recognises the forms of madness given the generic term 'unmada'. The ideas within Ayurveda are mingled with those of Indian Philosophy and Psychology, ritual and religion.³ *Caraka-samhita* and *Susrutasamhita* are the two texts which help to know the concept of madness. In India during ancient times, madness was generally viewed as a curse, an infliction as a result of bad deeds either in present life or past life. For example, the fourth part of Yajurveda, "Butavidya" deals with mental diseases supporting the traditional belief in demonic possession.⁴ According to *Caraka- Samhita*, the concept of madness was based on the theory of *dosas* or "humours". The *tridoshic philosophy* is still widely accepted among the patients. According to this philosophy, mental illness was caused by the changes in these humours viz., *Vatta* (wind), *Pitta* (bile), *Kapha* (phlegm). The consequent imbalance, excess increase or decrease of one or other of the humours results in a disturbed mental functioning. *Caraka- Samhita* also emphasised on the concept *tri-guna*. Due to the changes in these *gunas* viz., *sattva*, *rajas* and *tamas*, the psychological condition of a person is afflicted.⁵

The Unani system of medicine propagated by an Indian physician Najabuddin Unhammad (1222 AD). Like the Ayurveda, Unani also recognized different types of mental illness. Both Ayurveda and Unani had extensive discourses on signs and symptoms of various types of mental disorders and their management since ancient times. In pre-colonial India though there were no formal asylums or mental hospitals for the care of seriously mentally ill, but there are records of the mental asylums during the reign of king Asoka. According to the scribes of Asoka Samhita, hospitals were built with separate enclosures for various practices including keeping the patients and dispensing treatments prevailing during those times.⁶ There are reference to some asylums during the reign of Mohammad Khilji (1436- 1469). Moreover there are some historical evidences that the modern medicine and modern hospitals were first brought to India by the Portuguese during the seventeenth century in Goa but their impact was

³ Fernando, Suman, 'Cultural Diversity, Mental Health and Psychiatry: The Struggle against Racism' Brunner-Routledge, New York, 2003. p. 99

⁴ Bilimoria, P., et.al., 'Lost Souls, Troubled Minds : The Medicalization of Madness in Mysore state during the British Raj', in *Traditions of Science : Cross-Cultural Perspectives : Essays in honour of B.V. Subbarayappa*, Munshiram Manoharlal Publishers Pvt. Ltd, New Delhi, p. 136

⁵ Ibid., p. 136

⁶ Nizamie, S. Haque and Goyal, Nishant, 'History of psychiatry in India', *Indian Journal of Psychiatry*. 2010 Jan, 52, Suppl (1). P. 8.

limited.⁷ Even prior to this period mentally ill person have been described as being cared for in various temples and religious institutions in south India. But the segregation of lunatics in lunatic asylum and their supervision were entirely of British origin.

1.1.3 Psychiatry in colonial India

The British East India Company contributed towards the development of Institutions for the mentally ill. It was during Hastings regime when Pitts India Bill was introduced according to which the activities of the Government of East India Company Came under the direction of 'Board of Control' and systematic reforms and welfare measures were undertaken during Lord Cornwallis' rule from 1786 to 1793.⁸ It was during his rule that there is a reference of the first mental hospital in Calcutta established by Surgeon Dr.George M. Kenderline. But this asylum could not be recognized by the British India medical board as Kenderline was dismissed for neglect of his duty in 1777 A.D. Later another asylum was constructed under the charge of surgeon William Dick in Calcutta. In 1700s the development of lunatic asylums in Bengal, Madras, Bombay, Bihar, U.P. and Punjab. In the beginning, asylums were meant for European patients only but in 1795, for the first time, an asylum was opened in Monghyr, Bihar for Indian sepoys.

After 1857 rebellion, the British Crown succeeded the East India Company in India. In 1858 Indian lunacy act was enacted which provided the procedure of the establishment of asylums and the admission of the mentally ill. This resulted in the establishment of more and more lunatic asylums in India. Asylums were built in places located away from the major metropolitan cities in the provinces to cater the needs to the natives. In the eastern part of India which included Bengal, Bihar and Orissa, there were six asylums: Bhowanipore, Patna, Dacca, Berhampur, Dullanda and at Cuttack. But with the separation of Assam from the Bengal Province, a new asylum was built at Tezpur in Assam Province in 1876. During this period new asylums were built at Waltair, Trichinapally, Colaba, Poona, Dharwar, Ahmadabad, Ratnagiri, Hyderabad (Sind), Jabalpur, Banaras, Agra, Bareilly and Lahore. Under the Indian Lunacy Act 1912, a European Lunatic Asylum was established in

⁷ Sharma S., 'Mental Health: The Pre independence Scenario' in Agarwal S.P et al., eds., *Mental Health: An Indian Perspective: 1946–2003*, Directorate General of Health Services Ministry of Health and Family Welfare New Delhi, 2004, P. 25.

⁸ Ibid p. 25.

Bhowanipore for European patients, which later closed down after the establishment of the European Hospital at Ranchi in 1918. Under the efforts of Col. Owen A R Berky- Hill, the European Hospital at Ranchi was considered to be a unique centre in India of that time. His efforts not only helped to raise the standard of the treatment and care but also persuaded the Government to change the term ‘lunatic asylum’ to ‘mental hospital’. In the 1940s, the emphasis was laid more towards improving the condition of existing mental health care and treatment programmes. A health survey and development committee, popularly known as the “Bhore Committee,” was appointed in 1946 which reported that the mental hospitals were outdated and there was inadequacy of medical personnel, trained nursing staff and other attendants in the mental hospitals of India.

1.2 Area of the Study

The present study is historical development of modern mental health service provided by the British India government in present northeastern region of India with the establishment Tezpur Lunatic Asylum since 1878. Apparently, the researcher has been dealing the subject in a broader and fuzzy perspective, ‘without being confined to the parochial defined on the nation-state.’ It doesn’t mean that the researcher kept aside everything, when it comes to geographical/physical area of the study. Whereas when we see the case from public health perspective it is primarily based on mental health services in colonial northeast India. The Tezpur Lunatic Asylum was one and the only mental health service available in colonial northeast India, therefore the researcher tries to analyze the availability of services to the states⁹ and communities from this centre.

1.3 Review of literature:

Until recently, no adequate research has been done on the history of mental health in colonial North east India with special reference to the Tezpur Lunatic Asylum. It is completely a new and virgin field, which needs to be explored. There are number of works done on lunacy and lunatic asylums in global as well as Indian context.

⁹ Arunachal Pradesh, Assam, Meghalaya, Mizoram, Manipur, Nagaland, Tripura

Madness and Civilization: A History of Insanity in the Age of Reason by Michel Foucault is a book on the history of madness. It is a central work in the study of madness. The book is a historical review of the transformation of psychiatric discourses about madness from the Enlightenment to the end of the nineteenth century. Foucault gave a clear picture of the replacement of the 'Ship of Fools' by the Madhouses. Foucault's history of madness shows the 'Great Confinement'. This book focuses on the seventeenth century France and other European states which created a network of workhouses, madhouses and prisons to lock up and put to work the social misfits, the unemployed and the insane. In this book Foucault argues that the conception that madness is defined along scientific terms is mistaken. He describes how madness comes to be recognized as a social problem. Foucault also provides the causes of mental disorders and variety of ways in which doctors of seventeenth and eighteenth centuries attempted to cure the patients. Foucault discusses both physical and psychological treatment. In this book he focuses on the reforms that took place under Samuel Tuke and Philippe Pinel.

In *Discipline and Punish: The Birth of the Prison*, Michel Foucault describes the modern panel system. He analyses the situation before Eighteenth Century, when public execution and corporal punishment were key punishments and torture was part of most criminal investigation. Foucault focuses on the reforms of punishments in the Eighteenth Century. He argues that the reformers were not motivated by a concern for the welfare of prisoners rather, they wanted to make power operate more efficiently. In this book Foucault described the emergence of prison which grew out of the development of discipline in the Eighteenth and Nineteenth Century. He looks at the development of highly refined forms of discipline, of discipline concern with the smallest and most precise aspects of a person's body. He explored that the discipline can be achieved by devices such as time tables and military drills and the process of exercise. Foucault describes that discipline must come through careful observation and for that the Bentham's Panopticon was the ultimate realization of a modern disciplinary institution. This book examines the precise form and functions of prisons in our society. In examining the construction of the prison, as the central means of criminal punishment, Foucault builds a case for the idea that prison became part of large Carceral system. He gave a brief description of perfect prison of the penal institution at Mettray which included the prison, the school, the church and the work-house.

The Confinement of the Insane: International Perspective, 1800-1965 edited by Roy Porter and David Wright is a collection of essays in which Sanjeev Jain contributed his essay

'Psychiatry and Confinement in India'. In this essay he gave a brief description on the history of asylums in India. This paper focuses on the native patients of the asylums of Delhi, Punjab, Madras, Mysore, Bangalore and Bombay. Sanjeev Jain discusses some case histories from Dr Smith's casebook related to Indian asylum patients in his paper. The work also incorporated the reports of the committees like Mapother Report, Bhore Committee and Moore Taylor Report.

In *Madness, Cannabis and Colonialism*, James Mills examines the Lunatic Asylums set up by British in nineteenth century India to house the mad from among the Indians. It traced the growth of asylum system, which was stimulated by the Revolt of 1857 as the British feared the dangerous Indians. Mills exposed the British misconception that Lunatic Asylums in India were filled with 'ganja smokers'. Moreover his book gave a clear picture of the native Indian staff who served in the asylums of India.

Colonialism and Transnational Psychiatry: The Development of an Indian Mental Hospital in British India, c. 1925–1940 by Waltraud Ernst provides a fascinating picture of a mental hospital in India. The book mainly focuses on the Ranchi Indian Mental Hospital, the largest public psychiatric facility in colonial India during 1920's and 1930's. The work also provides a detailed assessment of the role of gender and race in this field. She discussed the outcomes of institutional confinement and treatment. She also gave a clear picture of comparison of the Ranchi mental hospital to those of other institutions in India and Britain.

Another contribution of Waltraud Ernst in this field is *Mad Tales from the Raj: Colonial Psychiatry in South Asia, 1800-58* where she gave a brief description of mental illness within the context of British Colonialism. She also gave an account of official attitude and practices in relation to both Indian and European patients during the dominance of British East India Company. It also provides an account of the colonial psychiatric treatment and colonial policies.

Besides this, there are number of works on lunacy and lunatic asylums in Bengal. Kimberly C. Brumliks's *Lunacy for Profit: The Economic Gains of 'Native-Only' Lunatic Asylums in the Bengal Presidency, 1850s-1870s* demonstrate the profit motive of the British administration in the Lunatic Asylums of Bengal. He explored how the traditional vagrants and wanderers of South Asia especially of Bengal presidency bore the burden of 'work therapy' resulting in financial profit for British Empire.

Amit Ranjan Basu in his paper *A New Knowledge of Nineteenth Century Asylum Psychiatry in Bengal* made a brief review on Michel Foucault's 'Madness and Civilization', Emil Kraepelin's 'A Hundred Years of Psychiatry', Charles Mercier's 'Lunatic Asylums: Their Organization and Management', and Albert Deutsch's 'The Mentally Ill in America: A History of their Care and Treatment from Colonial Times'. He also gave an account of the history of Lunatic Asylums. He made efforts to map the emergence of asylum psychiatry in India with special reference to Bengal during Nineteenth Century in Colonial India. The paper also gives a brief description of the writings of the Indian Medical Gazette which included some abstracted government reports of the lunatic asylums and some case studies. Those case studies mainly focused on the types of insanity, causes and their treatment. It also depicts some problems faced by them.

Anant Kumar in his paper *History of Mental Health Services in India* published in '*Journal of Personality and Clinical Studies*' examined the developments of mental health services in colonial India. In this paper, he traced the growth and development of mental hospitals in India and the problems in the existing mental health services. It also gives a brief description on the policies and programmes in India for the better development on mental health.

Arupjyoti Saikia in his paper *Literary History, Orality and Discourses of Madness: A Note on the Social History of Assam* chapter from 'Folklore as Discourse' edited by M. D. Muthukumaraswamy, focuses on the various Assamese literatures that help to understand madness in the society. He also provides the various causes of insanity associated with the society. His work helps to get the notion of madness and its variants in Assam. He gave a literary review to depict madness in the society.

Carla Yanni's book, *The Architecture of Madness: Insane Asylums in the United States* explores the role that architecture plays in the curative process for mental asylum patients. She discussed the asylum architecture in chronological order, beginning with an introduction of eighteenth-century asylums, such as Bethlem, and then introducing American asylums, particularly focusing on Thomas Kirkbride's architectural plans. She then discusses the gradual break-down of large asylums into cottages and then finally moving into the end of the nineteenth-century by again discussing the larger-scale asylums. She also inserts comparisons of mental asylums with other large-scale public buildings, such as prisons,

colleges, and mental hospitals. Carla Yanni showed how the Freudian psychoanalysis lessened the importance of architecture in the practice of psychiatry.

Mental Health Care in Modern England: The Norfolk Lunatic Asylum / St Andrew's Hospital c.1810–1998 by Steven Cherry is laid out chronologically, with the chapters on the nineteenth century phased according to particular management eras and those on the twentieth divided by war and peace and the development of community care. He demonstrates the building, the rising numbers of patients and consequent overcrowding, changing approaches to therapeutics and patient management and the doctors, managers and attendants or nurses who created and maintained the asylum. It also examines the gradual end of the hospital in the context of the development of community care. As a whole he depicts a picture of the establishment and development of the Norfolk Lunatic Asylum.

1.4 Statement of the problem

The British established lunatic asylums in each province of India by the nineteenth century. In Bengal province, the British confined mostly the unpredictable members of the province and a potential threat to British. Who were the patients in the asylum? What was their background prior to the admission?

In the Tezpur Lunatic Asylum, various therapies were used to cure the patients. Occupational therapy was the popular type of treatment. In this therapy both male and female lunatics were employed in the Asylum. The physical labor of the patients is well documented throughout the asylum records. They were assigned works like cultivation of paddy, tea, vegetables and fruits, paddy husking, cooking, digging drains, weaving clothes and maintaining dairy and poultry farm. In spite of all these productions why the health of the patients were not satisfactory? Did the British made the patients to labor to make the hospital self-sufficient or as a part of their treatment?

In the Annual Reports of the Tezpur lunatic asylum number of escapes and suicides were documented every year. If it was mere a place for the treatment of the mentally ill, what made the patients to escape from the hospital and commit suicides? Moreover the mortality rate from dysentery and tuberculosis was higher. Was there an anti-hygienic environment or defects in the sanitary arrangements in the asylum? Were the patients in the lunatic asylum treated humanely or like the Prisoners?

1.5 Objectives

The objectives of the proposed study will be:

1. To study the establishment and growth of Tezpur Lunatic Asylum.
2. To study the functionalities of the asylum.
3. To analyze the patients profile and their life inside the asylum.
4. To explore the types of disorders and treatments offered to the lunatics.

1.6 The Nature and Scope of the Study:

The work is an analytical study of the mental health service in colonial North East India. The study on the working of the Tezpur Lunatic Asylum forms a part of the study. In the course of the study, we have found that the Tezpur Lunatic Asylum catered the needs of the mentally deranged people of the colonial North east India as well as other parts of India. It is tried to make the study comprehensive to encompass the various facets of the Tezpur Lunatic Asylum like the role of architecture, staffs, escapes of the ‘lunatics’, various diseases prevalent in the asylum, and the classification of the various mental disorders and its treatments. It is expected that this would not be the only work on the reconstruction of the history on the mental health service in colonial North East India, there remains scope for further works on the field.

1.7 Methodology and Sources

The study is basically based on the primary sources while secondary sources are consulted whenever it is found necessary. A detailed list of primary as well as secondary sources is added in the bibliography. The nature of primary sources which have been employed in constructing the history of this asylum were broadly administrative reports, manuals, and proceedings of the concerned department, etc. available in Assam State Archives, Dispur; Digital Archives of National Library of Scotland and West Bengal State Archives, Kolkata. The secondary sources for the study include published and unpublished

works on the related discipline. Journals also contributed towards the study. Qualitative and quantitative content analysis is adopted for the study.

As far as application and method of writing this project is concerned, instead of following the straight-line approach the researcher tries to use the service of quantitative and qualitative approaches as per requirements. In fact it is impossible to use one method in this study as nature data available is mixture by nature. This research also tries to construct history of colonial control of unruly bodies by employing strict system under the purview of lunatic asylum service. Since post 1857, the British Indian government had started a very strong suspicious over unruly bodies roaming around at public domain (like bazaars) as well as colonial economic establishments (like tea estate). The British Indian government wanted these unruly/unproductive (could perhaps spies) bodies to behind certain cages where anybody neither the other nations nor natives could protest on it, because the system categorized them as ill and unhealthy for the public. Public feels that it's good for public. Question on good or bad service is different but public raised question on collection of unruly people, what was behind it? And also, at the same time, tries to deconstruct the tall claims mental health service of colonial state towards poor/ abnormal public of this region. Space, surveillance, suffering, psychological and physical limitation, discrimination, facilities, gender issues, sanitary, methods of treatment, changing definition of insanity, overwhelmed unprofessional deliberately careless collection of case history of patients etc., discrimination of Indian staffs, discrimination of construction compare other lunatic asylums .

1.8 Limitation of the Study

The study is exclusively focused on the Tezpur Lunatic Asylum of Colonial India. Initially that also unexpectedly unable to access the archival sources (as per reliable sources) available at the Lokapriya Gopinath Bordoloi Regional Institute of Mental Health (previous Tezpur Lunatic Asylum, rechristened twice in 1922 and again in 1989) due to avoidable communication gap between the two parties. This was one of the biggest upset cases of this research work because if the researcher could have accessed the files laying here it could give different understanding on this subject. Time constraints also play the role.

1.9 Structure of the Study

Chapter I: Introduction

The first chapter introduces the nature and framework of this dissertation and is divided into nine sections. The first section gives a brief introduction on the political history of the study area and deals with the development of psychiatry in pre colonial and colonial India; the second section gives a brief description on the area of the study; the third section consists of a review of literature on lunacy and lunatic asylums in India as well as global context; the fourth section deals with the statement of the problem; the fifth section consists the objectives of the study; the sixth section focuses on the nature and scope of the study; the seventh section discuss the methodology and sources used in the study; the eighth section focuses on the limitation of the study and the last section introduces the whole structure of the dissertation.

Chapter II: The Tezpur Lunatic Asylum

The second chapter deals with the historical background of the Tezpur Lunatic asylum and the role played by mental health legislations and Acts passed by the British parliament as well as Indian legislatures. The chapter is divided into four sections. The first section gives a brief introduction of the chapter; the second section deals with a brief history on the growth of lunatic asylums and its reformers; the third sections deals with the factors that led to the establishment of the Tezpur Lunatic Asylum in Assam Province; the fourth section focuses on the role of mental health legislations in the development of the lunatic asylums in India with special reference to Tezpur Lunatic Asylum and the last section concludes the chapter.

Chapter III: Infrastructure and Management of the Asylum

The chapter deals with the infrastructure and the role of the inspection committees and nursing and other staffs of the Tezpur Lunatic asylum. The chapter is divided into four sections. The first section gives a description of the infrastructure of the Tezpur Lunatic Asylum which includes building of the asylum, sanitary arrangements and the boundary fencing. The second section discuss on the role of the asylum staffs in the functioning and management of the asylum. The third section stresses on the role of the inspection committees in assessment of the asylum from time to time and the last section summarizes the chapter.

Chapter IV: Patients life in the Asylum

The chapters critically evaluate the socio- demographic characteristics of the patients admitted in the Tezpur Lunatic Asylum. It also deals with the diseases prevalent in the asylum. The chapter is divided into six sections. The first section gives a brief introduction of the chapter; the second section deals with the ‘criminal lunatics’ admitted in the Tezpur Lunatic Asylum; the third section focuses on the patient age and religious background; the fourth section deals with the occupational background of the patient; the fifth section discusses on the prevalent disease and mortality in the asylum at Tezpur and the last section concludes the chapter.

Chapter V: Types of mental illness and Treatment

This chapter examines the types of mental illness and the treatments offered to the lunatics of Tezpur Lunatic Asylum. The chapter is divided into four sections. The first section gives a brief introduction to the chapter. The second section demonstrates the classification system of the types of mental illness in the asylum. This section was further subdivided into six sections viz., Mania and Melancholia; Schizophrenia including ‘Dementia Praecox’; Delusional Insanity; Toxic Insanity; Epilepsy and the last section deals with the Neurosis and Psycho Neurosis. The third section focuses on the various therapeutic measures adopted for the treatment of the lunatics in the Tezpur Lunatic Asylum. This section was further subdivided into seven parts viz., Organotherapy; Hydrotherapy; Occupational therapy; Recreational and Religious therapy; Diet and last section discusses on the use of modern drugs to cure the lunatics. The fourth section summarizes the chapter.

Chapter VI: Conclusion

The last chapter summarizes the major findings of the research.

CHAPTER-II

THE TEZPUR LUNATIC ASYLUM

Chapter-II: The Tezpur Lunatic Asylum

2.1 Introduction

Historical research on established mental asylums (institutes) provides an opportunity to understand and have better knowledge on the spread of ideas about mental illness and notion of care and responsibility for the mentally ill across cultures and time.¹ In India subcontinent the occurrence of mental illness and their treatment has been identified and documented since ancient times. But the history of lunatic asylums in India subcontinent began with the advent of the British East India Company since 18th century. Initially those asylums were meant to cater the need of the mentally deranged Europeans. Since the post Mutiny of 1857 and the first half of the twentieth century witnessed the proliferation of lunatic asylums in each province of British India which served the 'Native Indians'. This chapter discusses the history of the asylums in British India and traces the historical background that led to the establishment of the Tezpur Lunatic Asylum in Assam Province to provide an asylum space to mentally ill patients/Lunatics of the colonial North East India. It will also try to throw some lights on the legal frameworks on Indian psychiatry specially constituted by the British medical practitioners with or without the native understating on mad/madness. The mental health legislations played an important role in implementing effective mental health services in colonial India. With the establishment of new asylums in India, mental health legislations were needed for the proper functioning of the asylum.

2.2 Growth of Lunatic Asylums

There were lunatic asylums in Greece, Jerusalem and Byzantium in the 4th century A.D. but at that time the lunatics were controlled and treated by the religious priests.² During those days mental illness were considered to be incarnation of evil forces and this view reflected on the treatment of the mentally ill persons. The first modern mental asylum was established in London in 1247 A.D, Bethlem hospital. It holds a unique position in the history of care of the mentally ill in England. By then a number of lunatic asylums were established but till the late 18th century, the condition of mentally ill patients was deplorable. Primarily in

¹ Jain, Sanjeev, "Psychiatry and Confinement in India" Cambridge University Press, Cambridge, 2003, p. 273.

²Krishnamurthy, K.*et al.*, 'Mental Hospitals in India', *Indian Journal of Psychiatry*, 2000, 42 (2), p. 125

England mental asylums were built to protect the community from the insane.³ Asylums were built to remove wanderers, criminals, deviants and vagrants from the society and seclude them in a closed building away from the vision of civilized life. They were treated inhumanely in those asylums. Reformers like Phillipe Pinel, Connolly, William Tuke, Dorothea Dix came up in the scenario to revolutionise the care and treatment of the mentally ill by propagating a humane approach for the care of mentally ill. In England the situation was turned around by the efforts of, William Tuke, who was horrified by the terrible conditions in an asylum in York where thirteen naked women were discovered to be confined within a cell measuring eight feet on each side.⁴ His efforts led to the establishment of the ‘York Retreat’ in 1792 where patients were treated humanely and were allowed to work and exercise in the garden.

Mental Hospitals had a long history in the Arab world, and the growing Muslim influence in India lead to the establishment of similar hospitals.⁵ Portuguese physicians provided physician services to the mentally ill patients in asylums established by Allauddin Khilji. Plenty of records are available on health care and daily need services provided by various temples and religious institutions in southern Indian peninsula region that also before the advent of Portuguese particularly. Even though there was no any particular separate institution or asylum for them. In fact, it was just a part of Hindu religious activities. As a matter of fact before the arrival of British Company in Indian subcontinent there was no separate institutional space for the mentally ill patients apart from availability of treatment facilities. The segregation of lunatics and establishment of lunatic asylum was an entire works of British company servants as far as establishment of lunatic asylum in Indian soil is concerned. Not only launching the British model of lunatic asylum the EIC played a significant role in further advancement of psychiatric treatment in India. Therefore the growth of asylums in India during a period from 1793 to 1900 could be viewed simply as a diffusion of ideas from one culture to the other,⁶ which means came from England to India. Beng Ng Yeong in his *‘Till the Break of the Day: A History of Mental Health Service in Singapore’* referred to Kathleen’s view that “sometimes in the eighteenth century in a quarter but harsher

³ Sharma, Sridhar and Varma, L.P. ‘History of Mental Hospital in Indian Sub Continent’, *Indian Journal of Psychiatry* 1984, p. 295.

⁴ Foucault, M. *Madness and Civilization: A History of Insanity in the Age of Reason*, Pantheon Books Publisher, New York, 1965, p 67.

⁵ Jain, Sanjeev. *op.cit.*, p. 273.

⁶ Jain, Sanjeev. “Psychiatry and South Asia”, in Dinesh Bhugra, ed. *Handbook of Psychiatry: A South Asian Perspective*, Byword Viva Publishers, New Delhi, 2005, p 8.

England, the idea began to develop that there was a group of people who needed special protection because of their mental condition.”⁷

In India, the first lunatic asylum was established in Calcutta in 1787 by an English surgeon George M. Kenderline during the reign of Lord Cornwallis. But this asylum could not be recognized by the British India medical board as Kenderline was dismissed for neglect of his duty in 1777 A.D. Later another asylum was constructed under the charge of surgeon William Dick in Calcutta. In 1802 the East India Company decreed to establish asylums for Criminals and insane Indians.⁸ There was a sizeable increase in the number of asylums established after the East India Company's administration was replaced by direct sovereign rule under the British Crown in 1857. There was proliferation of lunatic asylums across the country in the nineteenth and twentieth century. Lunatic asylums were built in different province of India like in Bengal, Bombay, Madras, Central Province and Punjab Province. Since Assam was separated from Bengal Province in 1874, the Tezpur Lunatic Asylum was built in the then newly established province.

2.3 Historical Background of Tezpur Lunatic Asylum

The Tezpur Lunatic Asylum was established in 1st April 1876 in the Province of Assam. Dacca Lunatic Asylum purveyed the needs to the mentally deranged people of the Assam province prior to the establishment of the asylum at Tezpur as the whole area was under Bengal province till 1874. As it was difficult to manage a vast area so the British administration decided to separate the province of Assam from that of Bengal. After its separation the lunatics of the province were still transported to the Dacca lunatic asylum. But various circumstances contributed towards the establishment of the asylum at Tezpur.

Firstly the insufficiency of accommodation in the Dacca lunatic Asylum was one of the significant factors that led to the establishment of an asylum at Tezpur. The Dacca asylum was overcrowded as it confined a number of lunatics from different parts of British India. The

⁷ Yeong, Beng. ‘Till the Break of the Day: A History of Mental Health Service in Singapore’ NUS press, Singapore, P. 177.

⁸ Bilimoria, P., et.al., “Lost Souls, Troubled Minds : The Medicalization of Madness in Mysore state during the British Raj”, in *Traditions of Science : Cross-Cultural Perspectives : Essays in honour of B.V. Subbarayappa*, Munshiram Manoharlal Publishers Pvt. Ltd, New Delhi, p 142.

British administrators of the Assam Province transported the lunatics of the province to the Dacca Lunatic Asylum as that was the only nearest Native- lunatic Asylum which resulted in the overpopulation in the asylum at Dacca. Between 1859- 1865, the admission of the lunatics from the province of Assam only amounted to twenty four but from 1866- 1871 they rose up to sixty two. It can be speculated that the higher proportion of admissions were from the province of Assam. The Dacca Lunatic Asylum from the time of its establishment, 1815 confined the lunatics from Assam province but that was in a meagre percentage. Study of the asylum reports reveals that the percentage of the lunatics from Assam Province rose to a considerable extent during the 1870s. The accommodation facility became insufficient under such circumstance. From the available data's on the Dacca Lunatic Asylum, it is speculated that the percentage of mortality rate was increasing to a considerable extent.

Table 2.1: The admission and mortality figure in the Dacca Lunatic Asylum from 1861-1870.⁹

Year	Total admission	Died
1861	304	13
1862	206	14
1863	322	18
1864	351	23
1865	353	23
1866	306	37
1867	203	35
1868	321	45
1869	312	41
1870	306	41

Source: Asylum Report on the Insane Asylum in Bengal for the Year, 1870

Table 2.1 reveals that the number of deaths and rate of mortality in this native asylum had been increasing to a considerable extent from 1861 to 1868. Dr. Wise the Superintendent of the Dacca Lunatic Asylum, 1871 reported that the higher rate of mortality was due to insufficiency of the accommodation. Secondly, the condition of the asylum at Dacca deteriorated in terms of availability of foods, clothes and daily needs of inmates apart from

⁹ Brown, J. Campbell, *Asylum Report on the Insane Asylum in Bengal for the Year, 1870*, Bengal Secretariat Office, Calcutta, 1871, p. 44.

medical assistance and facilities. There was also prevalence of diseases like Pthisis, Dysentery and fever which were contagious diseases.

Thirdly, transportation of the patient was another factor that led to the establishment of a new asylum at Tezpur in the province of Assam. In nineteenth century, the problems in the transportation system affected the mortality rate of the Dacca Lunatic Asylum. J. Campbell, the superintendant of the Dacca lunatic asylum reported of high mortality rate of 42.3 per cent among the lunatics transported from the Assam Province within a year of their admission.¹⁰ From this it can be assumed that that the health of the lunatics was worsened by the long journey. Moreover there were lunatics of worst condition who were transported to the asylum at Dacca which was not favourable for those lunatics. The Government ordered that the lunatics of worst condition should not be transported to the asylum at Dacca. By then the Civil Surgeon of the respective districts examine the lunatics before their transportation to the Dacca Lunatic Asylum to testify their fitness to travel. But this order has not effected in the reduction of mortality rate of the lunatics. From the examination date of the lunatics by the Civil Surgeon to the arrival date of the lunatics in the asylum at Dacca, several weeks passed. It took a lunatic twenty- eight days river journeys to reach the Dacca Lunatic Asylum from the province of Assam.¹¹ The lunatics had to undergo serious hardships to travel to the Dacca Lunatic Asylum. The routes through which the lunatics were sent to the asylum were deplorable. They were transported by boats or steamers under the charge of the constables. It was a long journey for the mentally deranged patients. On their arrival at the asylum at Dacca the lunatics suffered from various diseases. Under that condition, the necessity for the establishment of a small asylum was felt to cater the needs of the lunatics of the Assam Province.

Assam province was a vast area which encompassed the plain districts and hill districts like the Naga Hills, Garo Hills, Khasi and Jaintia Hills, Lushai Hills and Sadiya Frontier Tract. The lunatics were transported to Dacca Lunatic Asylum as it was the nearest of all the Asylums in Bengal Province. From the asylum reports, it is found that no lunatics were admitted in other asylums of Bengal Province like Bhowanipore Lunatic Asylum, Moydapore Lunatic Asylum, Dullunda Lunatic Asylum, Patna Lunatic Asylum and Cuttack Lunatic

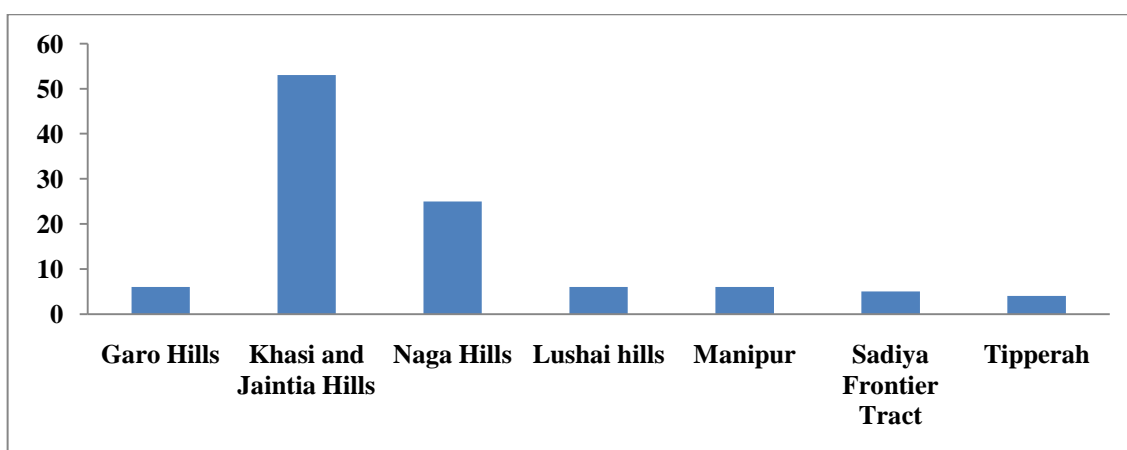
¹⁰ Brown, J. Campbell, op.cit., P. 38

¹¹ Ibid., p. 37.

Asylum. Besides Assam region, the lunatics from the neighbouring province was despatched to the only nearest asylum, at Dacca. Dacca Lunatic Asylum had been facing so many troubles neither they could cater proper health care services to mentally deranged people nor proper management of overcrowded asylum. In the second half of the 1970s reports of the Dacca Lunatic Asylum, the reader will come across so many lines on the problems which had been facing by them in different perspective basically which comes from having a large coverage area.

Under the pressure of such circumstances, the urgent requirement of the establishment of an asylum at Assam Province was recommended by the British Government. The British Government requested for a special report on the issue. The insufficiency of the accommodation and the transportation problem for the lunatics was reported to be the main factor for the establishment of a new asylum. After two years of the separation of the Assam province from Bengal, the Tezpur Lunatic Asylum was established to admit the lunatics of the province as well as neighbouring areas. However, it sufficiently relieved the Dacca Wards. By 1876 lunatics from the Brahmaputra Valley and Hill districts are confined in the Tezpur Lunatic Asylum and the lunatics from the Surma Valley were still sent to the Dacca Asylum. The reports of the Tezpur Lunatic Asylum during the study period substantiated the admissions of mentally deranged patients from the Colonial North East India. In the establishment year, the number of admissions received included old insanes transferred from the Dacca Lunatic Asylum, besides those admitted directly from the different parts of the Province of Assam.

Figure 2.1: The average percentage of admissions from different parts of Colonial North East India (except the plain districts of Assam Province), 1900-1947



Source: Annual reports on Tezpur Mental Hospital (1900- 1947), Assam State Archives, Dispur

2.4 Mental health legislations

Till 18th century, the British Company launched lunatic asylums in Indian subcontinent that also primarily for European patients. The legislations were ditto which came from the British Parliament and apart from this there was no concern about mentally retarded Indians. They focussed on how to meet the needs and demands of the European patients in India. In the late nineteenth and early twentieth century, institutionalization was virtually the sole means of treating and caring for the mentally ill.¹² Initially those asylums were built with a view to protect the community rather than caring for the insanes.¹³ However, marked changes were brought about by the Lunacy Acts in India. The various lunacy acts reflected the legalistic frame for the management of the lunatics. The rules and the laws with respect to the admission care and discharge of the mentally ill have their origin in the English Acts such as Act for Regulating Private Mad Houses, 1774 and Country Asylums Act, 1808.¹⁴

The first legal step towards the development and care of the mentally ill persons began with the 'Bengal Enquiry of 1818'. The inadequacies were observed in various domains like the diet, role of staffs, issues related to unmanageable patients and many other similar aspects. The asylums at Murshidabad, Patna, Bareilly, Benaras and the 'Rasapagala asylum' at Calcutta were described in a worst condition. The second evaluation pertaining to mental health care issues was reportedly the investigation on the state of native lunatics in Bengal in 1840. This investigation emphasised the varying quality of conditions, influence of each superintendent's individual style of functioning, management and their individual commitment to patient care.

Till 1857 the growth of lunatic asylum was restricted to major cities like Calcutta, Bombay and Madras. Subsequently with the suppression of 1857 revolt, the power of East India Company was directly taken over by the British crown on 1st November 1858. This also brought many changes in the administration and healthcare system in India. By then the British Government introduced certain legislations for the procedure of establishing the lunatic asylums and admissions of the insanes. A new phase of mental health was started in

¹² Dhanda, Amita, 'Rights of the Mentally Ill- A Forgotten Domain' *India International Centre Quarterly*, vol.13, no.3/4(December, 1986) p. 150.

¹³ Sharma, Sridhar ,et al., op.cit., p. 295.

¹⁴ Jones, Kathleen, *A history of mental health services*, Rutledge and Kegan Paul. London, 1972, p. 149

India with the introduction of the Lunacy Act of 1912. Prior to 1912 Act came into effect, there were enactment of various Lunacy Acts, which formed the guidelines for controlling the care and treatment of the mentally ill of the then British India. Those Acts were as follows:

- 1. The Lunacy Act, 1858 (Act XXXIV of 1858)**
- 2. The Lunacy Act, 1858 (Act XXXV of 1858)**
- 3. The Indian Lunatic Asylums Act, 1858 (Act XXXVI of 1858)**
- 4. The Military Lunatics Act, 1877 (Act XI of 1877)**
- 5. The Indian Lunatic Asylums (Amendment) Act, 1886 (Act XVIII of 1886)**
- 6. The Indian Lunatic Asylums (Amendment) Act, 1889 (Act XX of 1889)**
- 7. Chapter XXXIV of the Code of Criminal Procedure, 1898**
- 8. Section 30 of the Prisoners' Act, 1900**

The first mental health legislation introduced in India by the British Crown was the Lunacy Act of 1858. The Act set up guidelines for the establishment of lunatic asylums as well as the procedures for the admission of patients. This resulted in the establishment of more lunatic asylums during the next 20 years. During this period, new asylums were built at Patna, Dacca, Calcutta, Berhampur, Cuttack, Waltair, Trichinapally, Colaba, Poona, Dharwar, Ahmedabad, Ratnagiri, Hyderabad, Jabalpur, Banaras, Agra, Bareilly, Lahore and Tezpur. Despite establishing so many asylums, the number of lunatics admitted to these institutions was very large and increased further in the following years.¹⁵ It reveals that there was a very essential condition and demand for the establishment of such health sector for the public, though certain queries lie on the nature of establishment lunatic asylums by imperial power in Indian soil.

The Tezpur Lunatic Asylum established in 1876 began to grow by the end of the nineteenth century with increasing the number of patients in ascending way of growth. The asylum reports gave a detailed account of the increasing admissions in the asylum which

¹⁵ Krishnamurthy, K..., et al., op.cit., p. 298

resulted in overcrowded situation in the asylum. The management and infrastructural arrangements in the asylum was also not in a proper condition, which is discussed in the later chapters. In the nineteenth century the asylum was under the Inspector General of Prisons. Those officers were not from medical background so it was difficult for them to manage the asylum specially designed to treat the mentally deranged people. Moreover there was need for a more humanistic approach in this field. The Act of 1858 was later amended in 1888 providing guidelines for admission and treatment of ‘criminal lunatics’. Prior to the implementation of the legislations, there was no organized thinking about the management and treatment of mentally sick criminals.¹⁶

In the first decade of twentieth century, the growing concern of the public about the poor and unhygienic conditions of mental hospitals and the concern of the Government of India ultimately resulted in some changes.¹⁷ In 1905, at the initiative of Lord Morley, the control of mental hospitals was transferred from the Inspector General of Prisons to the Civil Surgeons. The changes included the appointment of the specialists in psychiatry and medical doctors as full-time officers in these hospitals. The control of all the lunatic asylums in British India including the Tezpur Lunatic Asylum was handed over to the local civil Surgeon. Moreover the British Government felt the necessity for a central supervision by a legislation which led to the enactment of the historic Indian Lunacy Act of 1912.

By the beginning of twentieth century the asylums deteriorated and it became the main concern for the British Government. This concern brought striking changes. A new phase of mental health was started in India with the introduction of the Lunacy Act of 1912. It was a huge step towards the psychiatry law in India. The enactment of the Indian lunacy act in 1912 had probably the most far- reaching consequence and impact on the whole system of mental health service and administration in India. This act came with a racial bias as Separate institutions were established for European and Indian patients. Under the new act, European lunatic asylum was started in Berhampur, which was later shut down in 1918 after the establishment of European hospitals at Ranchi.¹⁸ The centralised supervision of all asylums was planned in 1906 and was implemented formally under the Indian Lunacy Act of 1912. By

¹⁶ Sharma, Sridhar and varma,L.P , op.cit., p. 297

¹⁷ Sharma, S.D., ‘Mental Health: The Pre-independence Scenario’ in Agarwal et al., *Mental Health: An Indian Perspective, 1946–2003*, Elsevier, New Delhi, 2004, p. 27

¹⁸ Sharma, S.D., op.cit., p. 28

then all the mental hospitals were centrally supervised. In 1920, words like “lunatics” was replaced by “patients” and “lunatics asylums” were called “mental hospitals”. As a result of the efforts of Col. Berky Hill, the Superintendent of Central European Asylum at Ranchi, the term ‘Asylum’ was removed from the Government records in 1922 and all asylums of India were renamed as ‘Mental Hospitals’. In 1922 the Tezpur Lunatic Asylum was renamed as Tezpur Mental Hospital and the annual reports of the asylum substantiated the change brought by the enactment of the act of 1912.

Indian Lunacy Act of 1912 could not bring proper development of health care systems in India rather during the following two decades the conditions of the mental hospitals rapidly deteriorated.¹⁹ This led to the formulation of the manual of the superintendants of mental hospitals to describe the procedure of patient care, administration, treatment, role of different staffs. Besides the legislations, various organisations and committees were formed for the better development of the mental health service in India. The most important committees were the Mapother and Bhore committee. These committees inspected the asylums. In 1938 Mapother reported that ‘the asylums in India were overcrowded and so death rate occurred in huge masses.’²⁰ This report advocated a comprehensive programme and reorganised mental health service in India. The re-organisation programme suggested by Mapother comprised the following:

1. Admission Procedures:

- Brief detention exists but no short admission beds;
- Voluntary admission exists but no beds in public wards.
- Every case should be seen by a magistrate before and after admission for detention.
- Certification for detention should be limited to experts with recognised qualifications.

¹⁹ Banerjee, G. “Mental Hospitals and Healing Practices in Colonial India” in ‘*Mental Health Reviews*’ accessed from <http://www.psyplexus.com/excl/mhhp.html> on 8/10/2015

²⁰ ‘*History of Mental Illness: An Overview*’ accessed from: http://ir.inflibnet.ac.in:8080/jspui/bitstream/10603/39127/7/07_chapter%202.pdf on 8/10/2015, p. 63

2. Visiting Committees needed to be set up.

3. Deputy to Public Health Commission with knowledge of psychiatry to be appointed

4. Institutional facilities to include:

- Increase in beds irrespective of all pressures
- Specialised services especially for the criminal, mentally retarded and involuntary patients
- Classes of service to include – psychiatric clinic in Government hospitals and beds for mentally ill persons
- Short treatments lasting for 1 month

5. Improvements of conditions for chronic patients

6. Increase in undergraduate education in mental health

7. Diplomas to be started

8. Teachers / researchers to have a stint of training abroad

9. Well-trained staff and mental health nurses required

10. Need to introduce social workers in mental hospitals

11. Organised occupation of patients and training of those who supervise them is crucial

12. Survey and public propaganda as to the true incidence of mental illness and whether certain illnesses could be prevented.²¹

²¹ Nagaraja, D. and Murthy. P., (ed.), *Mental Health Care and Human Rights*, National Human Rights Commission, New Delhi.2008, p. 43

The reorganisation programme suggested by Mapother was less observed in the Assam Mental Hospital at Tezpur. The annual report on the working of the hospital reported of an overcrowded condition by the 1940s. In 1940 the hospital has accommodation for 690 patients but there were patients waiting for admission. New wards were constructed but still there were problems regarding the accommodation. It was reported that, forty one mental patients from different jails were awaiting admission in different jails of the province.²² However the hospital observes certain programmes like every case was seen by magistrate before and after the admissions of the patients. Visiting committees were appointed to look after the smooth functioning of the hospital. Along with that the new post of Deputy Superintendant was created after the Mapother inspection in 1938. During the period (1876-1947), other programmes suggested by the committee was not well reported in the documents relating to the Mental Hospital. No mention has been made of well- trained staff and mental health nurses and social workers in the mental hospital. Moreover the supervisor of the occupation of the patients in the hospital was not reported though the patients gave their best in their respective occupations assigned to them.

In 1946, the British Government gave the responsibility of surveying the mental hospitals in India to Col. Moore Taylor, the superintendent of the Ranchi European mental Hospital. His observations and recommendation matched with the Mapother recommendations. During the same year, the Government of India announced the appointment of the committee under the chairmanship of Sir Joseph Bhore. The Health Survey and Development Committee popularly known as the 'Bhore Committee' of 1946 included reform of psychiatric services in India. It reported that majority of the asylums were outdated and were designed for detention and custody without regard of curative treatments.²³ In 1936, an Indian division of the Royal Medical Psychological Association was established. The member of the association was the superintendents and the growing number of psychiatrists who contributed towards the mental health development in India.

²² Annual Report on the working of the Assam Mental Hospital, Tezpur, for the year 1940, Assam Government Press, Shillong, 1941 Assam State Archives, Dispur, p. 6

²³ Kumar, Anant, 'History of Mental Health Services in India', *Journal of Personality and Clinical Studies*, Vol. 20, 2004 pg 172.

2.5 Conclusion

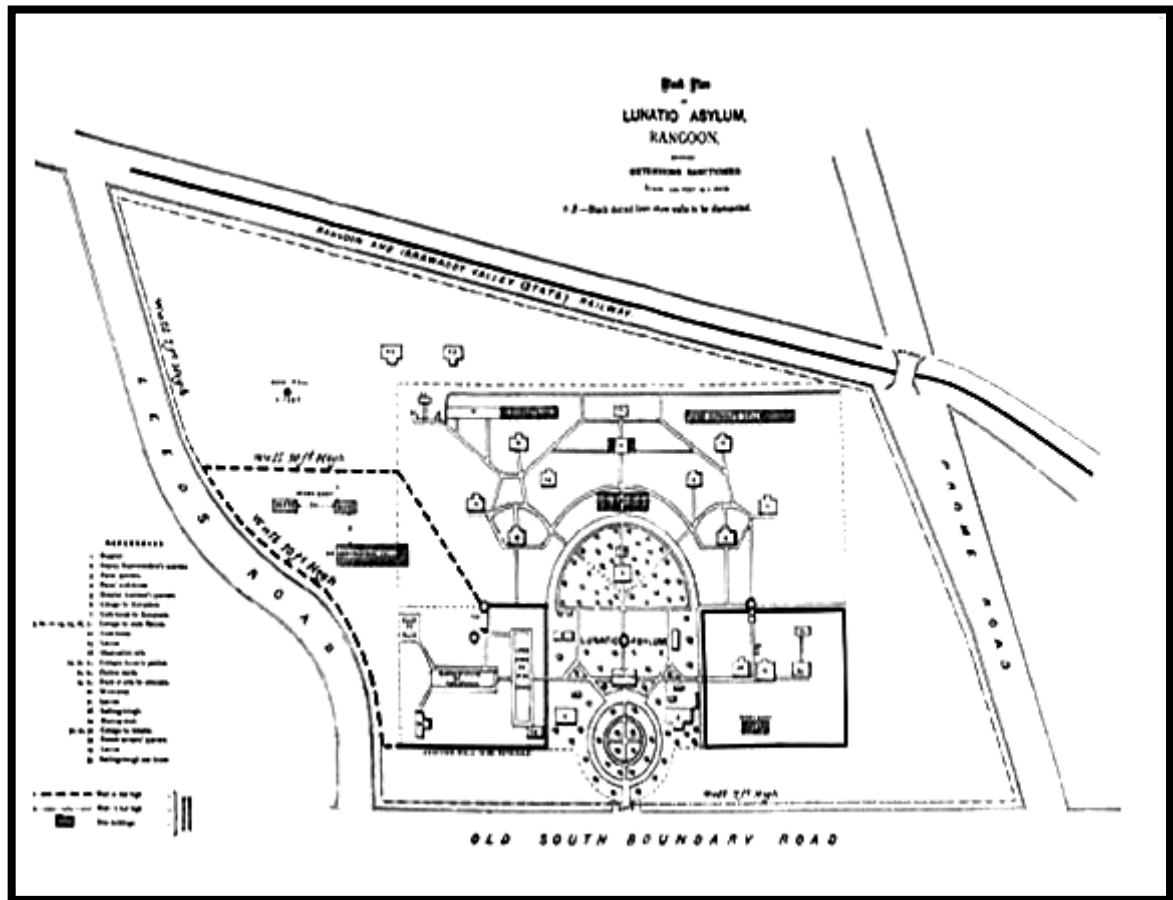
The advent of the British in India brought a new space for the lunatics in India. Mental Health laws were enacted in India which was influenced by the British Lunacy Acts. Under the Indian Lunacy Act of 1858, numerous lunatic asylums were established in every province of British India. It is considered as a significant step in elucidating the needs of the mental hospitals in India. The Tezpur Lunatic asylum was established after eighteen years of the enactment of this act. This was so as the province was under the control of Bengal province till 1874, the need for a separate lunatic asylum was not felt. Prior to 1876, the Dacca Lunatic asylum confined the lunatics of the Assam Province. Certain reasons led to the establishment of a new asylum in the Assam Province like the problem in transportation of inmates and accommodation. Moreover it was impossible to transport each and every serious case to the Dacca lunatic asylum. Thus all these factors contributed towards the establishment of the asylum at Tezpur. The mental health legislations in India helped in the management and proper functioning of the asylum. Undoubtedly, the Tezpur Lunatic Asylum contributed a lot towards the development of mental health in the colonial North East India (Assam Province). It catered the needs of the mental patients of the province as it was the only institute to cure the mental patients.

CHAPTER-III

INFRASTRUCTURE AND

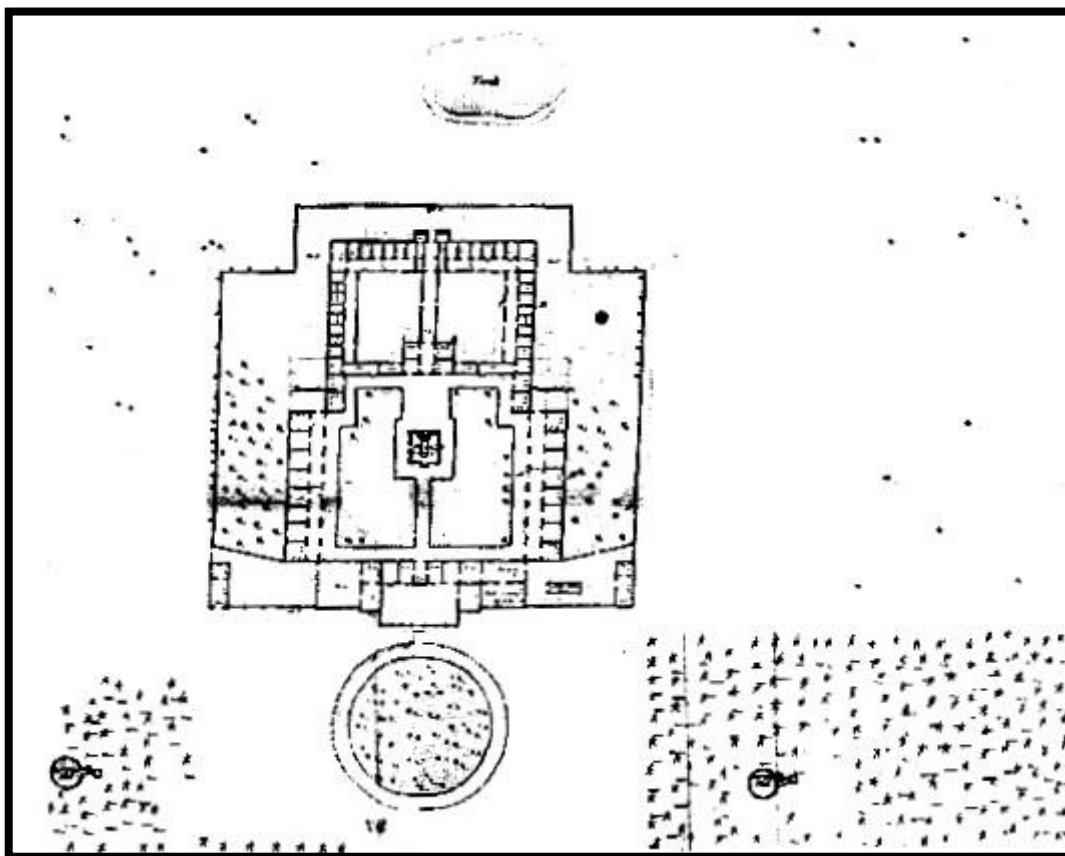
MANAGEMENT OF THE ASYLUM

Block plan of Rangoon Lunatic Asylum, Burma, showing sanctioned extensions to the building, 1897



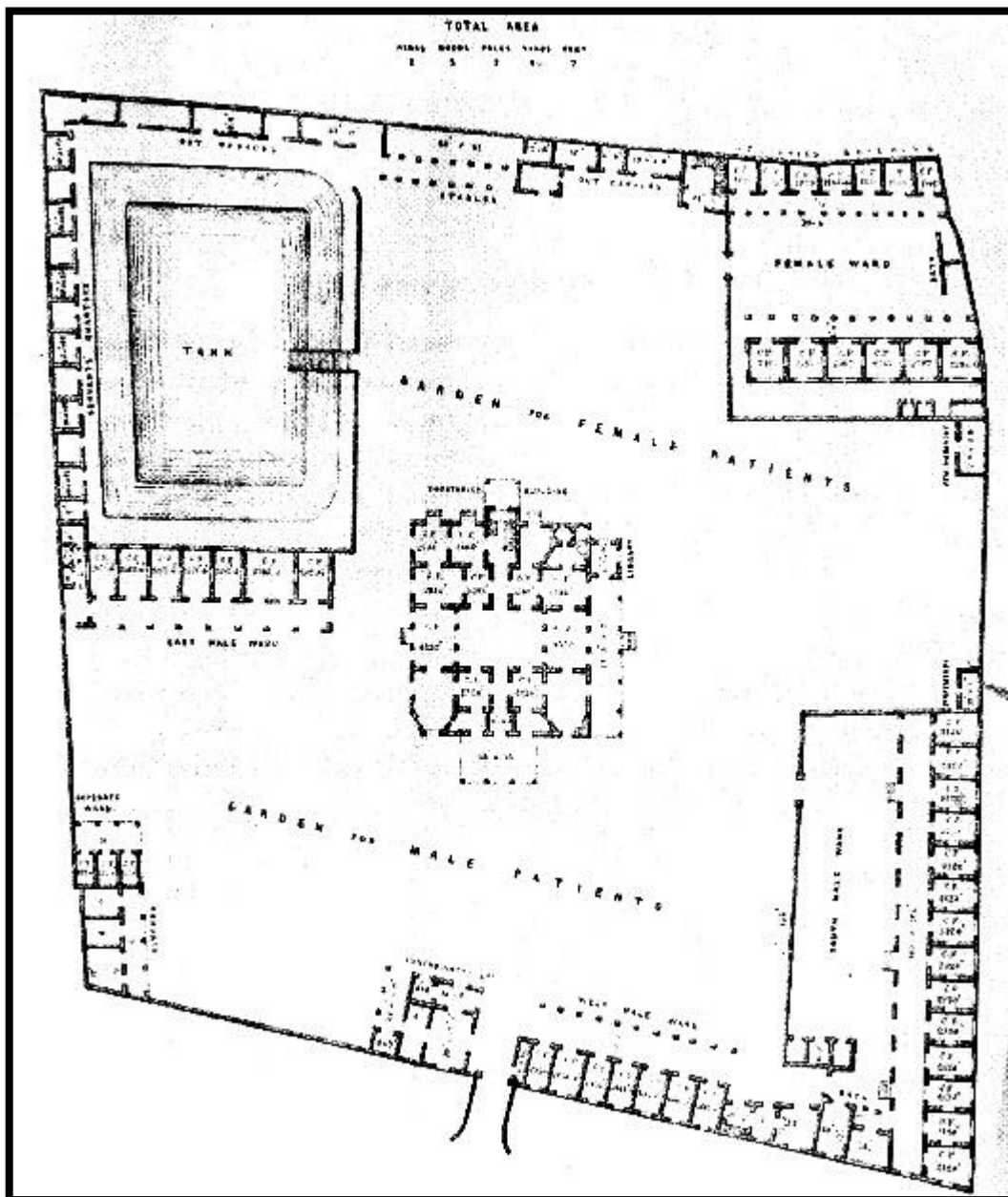
Source: Annual Reports on Rangoon Lunatic Asylum, 1897

Ground plan of Madras Lunatic Asylum, 1852



Source: Ernst, W. 'Mad Tales from the Raj', p.50

European Lunatic Asylum, Bhowanipore, Early Nineteenth Century



Source: Ernst, W. 'Mad Tales from the Raj', p.53

Chapter-III: Infrastructure and Management of the Asylum

3.1. Infrastructure

3.1.1. Building

In the nineteenth century, the primary means of caring for the mentally ill was to place them in a lunatic asylum. Nineteenth century brought the systematic construction of lunatic asylums and it was by then attention was given to the physical design of the asylum. The Lunatic Asylums were not simply a collection of buildings but its shape, the arrangements of its part, the room and the space provided were determined by specific factors that related with the care and cure of the insane person.¹ The structure of the building plays an important role in understanding the life of the lunatics or inmates in the asylum. Most of the nineteenth century, doctors believed that between 70 and 90 percent of insanity cases were curable, but only if patients were treated in specially designed buildings.² Carla Yanni in her *The Architecture of Madness* demonstrated the nineteenth-century view of psychiatrists who considered the architecture of their hospitals, especially the planning, to be one of the most powerful tools for the treatment of the insane.

Jeremy Bentham devised an architectural device he called the Panopticon, which is Greek word for "all-seeing". The panopticon was designed to allow total and constant surveillance of the inmates. A central tower was incorporated into a circular building that was divided into dormitories and wards. This central tower housed the staff and allowed all the arms to be observed at one time. The panoptical idea illustrated an extreme example of how surveillance could be used as a control mechanism. Foucault perceives the asylum as a form of moral imprisonment where patients were controlled by judgement and surveillance.³ Michel Foucault has considered Bentham's panopticon an ideal architectural figure in

¹ Pidcock, Susan, *A Space of Their Own: The Archaeology of Nineteenth Century Lunatic Asylums in Britain, South Australia and Tasmania*, Springer, New York, 2007, p. 1.

² Yanni, Carla, *The Architecture of Madness: Insane Asylums in the United States*, University of Minnesota Press, London, 2007, p. 1

³Hirst Paul 'Foucault and Architecture' in *Architectural Association School of Architecture*, 1993, <http://www.jstor.org/stable/29543867>, P.56

modern society. In his 'Discipline and Punish' he argued that the Panopticon is an ideal architectural figure of modern disciplinary power.

"The Panopticon... must be understood as a generalizable model of functioning; a way of defining power relations in terms of the everyday life of men... Bentham presents it as a particular institution, closed in upon itself... But the Panopticon ... is the diagram of a mechanism of power reduced to its ideal form; its functioning, abstracted from any obstacle, resistance or friction, must be represented as a pure architectural and optical system; it is in fact a figure of political technology that may and must be detached from any specific use."⁴

Foucault introduces the concept of disciplinary power which relies on surveillance, and not on repressive force. The surveillance of subjects is the way in which they are transformed. For proper surveillance of the lunatics physical design of the asylum was considered to be important.

The earliest descriptions of lunatic asylums reflecting the requirements of the new modes of treatment were provided initially by architects rather than those directly involved in the care of the insane.⁵ Among the architects of nineteenth century mention may be made of Samuel Tuke, Robert Gardener Hill, W.A.F Browne, Maxmillian Jacobi and the most influential one, John Conolly. He was the dominant figure in British Psychiatry. John Conolly's book on the construction of lunatic asylums was identified as the most valuable. Conolly's 'ideal' asylum model, as it developed, came to include: location factors; layout features of the buildings; rooms required and the arrangement of these rooms in relation to each other; and sanitation provisions.⁶

In colonial India the asylums were not similar to that of the other European countries. The buildings in colonial India were inadequate and dilapidated.⁷ Moreover they were not isomorphous (having similar appearance but genetically different) as the mass of buildings

⁴ Foucault, Michel, *Discipline and Punish: The Birth of the Prison*, Vintage Books Publisher, New York, 1977 p. 205

⁵ Hirst, Paul, *op.cit.*, P.57.

⁶ Piddock, Susan, *op.cit.*, p. 31.

⁷ Burdett C. Henry, *Hospitals and Asylums of the World*, Scientific Press, Strand, W.C. London, 1873, P.271

were constructed by the architects and engineers of the Public Work Department.⁸Waltraud Ernst in her *'The European Insane in British India 1800- 1858'* argued that neither statistically nor in terms of its visual and symbolic representation the asylums of India in nineteenth century do not evoked any 'Benthamite' vision of the European 'Panopticon'.⁹ Tezpur Lunatic asylum was not an exceptional case. Like the other nineteenth century asylums of India it does not exhibit the panopticon design of Bentham. Moreover the Tezpur Lunatic Asylum lacked some of the charecteristics of an ideal asylum by the colonial architects like W.A.F Browne and John Conolly.

John Conolly's ideal features of an asylum were:

"...the building should be on a healthy site, freely admitting light and air, and drainage. Space should be allowed for summer and winter exercise, for various employments, and for all the purposes of domestic economy. Warmth must be provided for during the winter, light for the winter evenings, coolness and shade in the summer. Separate wards and bed-rooms for the tranquil, for the sick, for the helpless, for the noisy, the unruly, or violent, and the dirty ; a supply of water so copious, and a drainage so complete, that the baths, water-closets, and building in general, may always be kept perfectly clean and free from bad odours. There should be workshops and workrooms, and schoolrooms, separate from the wards, and cheerfully situated ; a chapel, conveniently accessible from both sides of the asylum ; as also a kitchen, a laundry, a bakehouse, a brewhouse, and rooms for stores, and all the requisites for gardening and farming ; and also a surgery, and all that is necessary for the medical staff. All these are indispensable in an asylum."¹⁰

The Tezpur Lunatic Asylum lacked certain features of Conolly's ideal asylum. The Tezpur Lunatic Asylum was situated on an elevated plateau, a quarter mile from the river 'Mora Borelli' (the dry extended branch of Jia Bharali).The lunatic asylum was situated a mile distant from the Tezpur central jail. Gurdeep kaur in her book entitled *'Sarbjit Bahgas Human Architecture: Vidya Sagar Institute of Mental Health'* argued that earlier lunatic asylums were constructed far away from the cities with high enclosures in early dilapidated

⁸ Ernst Waltraud, *Mad Tales from the Raj: Colonial Psychiatry in South Asia, 1800–58*, Anthem Press, London, 2010, p.50

⁹ Ernst Waltraud, 'The European Insane in British India 1800- 1858' in Arnold, David (ed.), *Imperial Medicine and Indigenous Societies*, Manchester University Press, New York, 1988, p28

¹⁰ Conolly, John, *The Construction and Government of Lunatic Asylums and Hospitals for the Insane*, Dawsons of Pall Mall. London, Reprint 1968, P. 8

buildings such as barracks left by the military men.¹¹ The ideal institution was literally a retreat, being situated in a place remote and isolated from the bustle of town life with rural and pleasant surroundings.¹² The asylum at Tezpur was also situated far from the town life with rural surrounding. Conolly in his '*The Construction and Government of Lunatic Asylums and Hospitals for Insane*' gave a detailed specification for the physical environment of the lunatic asylums. He mentioned that the building should be on a healthy site and the best site for an asylum was to be dry and fertile. But in the case of asylum at Tezpur the ground remained damp. The asylum records reported of that the asylum was situated on a damp site which was not at all suitable for the insanes. Moreover the asylum reports of 1877 reported that the asylum was exposed to the prevalent east and north-east winds which affected the health of the inmates. The *Kutch* huts were damaged during the high winds and gales.¹³ In order to prevent the asylum from such high winds a hedge of *Erythina* was planted which also formed part and parcel of the asylum boundary fence. The superintendent of the Tezpur Lunatic Asylum, 1879 encouraged the plantation of a row of bamboo to the south-east of the asylum enclosure which would prevent the asylum from the cold damp winds in the future years. The land was fertile as the garden made the asylum self sufficient in terms of vegetables and fruits. A piece of ground outside the asylum palisade was cultivated. Cultivation of dietary articles was done by the insanes inside the campus as well as the asylum's land outside the asylum that also as a part of their treatment so called 'occupational therapy'.

The Tezpur Lunatic Asylum was established within a square enclosure with a very unpretentious character. According to the Assam administrative report of the year 1876-77, the enclosure was 400 feet long each way. It was divided into three compartments by bamboo fencing. In the first compartment there were ten huts for male insanes; second compartment consisted of three huts for the female insanes and in the third compartment there was the hospital, cookroom and two padded cells. The asylum hardly depicts the characteristics of a lunatic asylum. It was not suitable for keeping insanes so during the initial years of the

¹¹ Kaur Gurdeep, *Sarbjit Bahgas Human Architecture: Vidya Sagar Institute of Mental Health*, Sarbjit Singh Bahga, Amritsar, 2013, p. 7

¹² Yong, Beng Ng, *Till the Break of Day: A History of Mental Health Services in Singapore, 1841-1993* Singapore University Press, Singapore 2001, p33.

¹³ Annual report on the Tezpur Lunatic Asylum for the year 1877, Assam Secretariat Printing Office, 1878, Shillong, p. 3

asylum, insanes of 'not of violent character' were accommodated in the asylum and the violent character insanes were not transferred to the asylum from the jails.¹⁴

Within the square enclosure of the asylum there was a hospital, which was a "chang" bungalow with boarded floors (Chang in the local language means "raised on stilts" and the design served multiple purposes- both to keep the house cool by allowing fresh air to blow underneath and to keep water and animals out). Conolly did not recommended boarded floors as there was tendency of higher bad smells. In the Tezpur lunatic asylum the insanes with bowel complaints were not allowed to stay there and they were kept in the cells. The hospital has two rooms and two closets. One of the rooms was used as the office and the two closets were used by the overseer as his residence. Initially the building was not used as hospital but an ordinary hut was used as the hospital. But during the rainy season the patients were shifted to the hospital building from the huts due to the dampness of the huts. By 1879, the hospital was used as day ward for the insanes who were kept under observation or who required extra care in their diet except those patients who suffered from bowel complaints were not allowed there because it was not possible to clean thoroughly the boarded floor.

The asylum got overcrowded within two years of its establishment. By 1879 there were 14 numbers of huts but these huts were mere bamboo sheds. Gradually there was lots of construction in the asylum. The damp floor was repaired by placing stones under the floor which helped to remove the dampness to some extent. Moreover there was no separate wards or bed-rooms for the tranquil, for the sick, for the helpless, for the noisy, the unruly, or violent, and the dirty. The existing datas on the asylum reported of the 'criminal lunatics' ward and 'non criminal lunatics' ward which were further divided into male and female wards. A gradual increase in the number of patients led to additional wards being constructed. The wards were constructed with thatch and bamboo. Conolly's 'ideal' characteristics of a lunatic asylum were that 'there should be a means of accessing the various wards without passing through each'. The Tezpur lunatic asylum lacked this characteristics. The reports of the Tezpur Lunatic asylum showed that access to the female wards were through the male wards. The yearly inspection of the asylum suggested of individual entrance to different

¹⁴ Report on the administration of the province of Assam for the year 1876- 1877, Assam Secretariat Press, Shillong, 1878, p. 148

wards but this was not given importance and it continued throughout the period of the study. The criminal wards were also not masonry building as a result of which escapes of the ‘criminal lunatics’ were frequently reported. The asylum also lacked another feature of Conolly’s ideal asylum. The buildings lacked verandas and patients probably spent their time in the cells when it rained or was too cold to go outside, as the corridors, where they existed, were too narrow to be used as living space. However the asylum reports did not throw light on the exercise spaces for the insanes because the authority had colonial hegemony over the Indian lunatic patients, they could not see them as patient like European inmates that’s why the authority with such a bias thought they did not mention the basic requirement of proper spaces for inmates in Indian lunatic asylums in their annual reports.

The asylum reports gave an account of a fire accident that damaged the old building and the institution was provided a new building in 1932 with 690 beds. The existing documents on the asylum at Tezpur gave limited information on this accident. So the cause of this accident remained unrevealed. Besides the hospital and male female wards, there were masonry padded cells¹⁵ near the hospital building which were used for treating unruly and violent insane. It was reported that the cells were not well ventilated and were padded with canvas instead of rubber or sponge. The padded cells in the asylum was not suitable for the lunatics as it was reported that the patients amuse themselves by tearing the canvas into pieces.

Another characteristic of the colonial architects were good ventilation in the asylum. Browne’s ideal lunatic asylum features included that accommodation should be in the form of dormitories which aided ventilation and observation. Browne was particularly concerned that the interior climate of the asylum should be healthy, as disease and physical illnesses affected the possible recovery of the patients, and problems of ventilation led to offensive smells and stale air.¹⁶ The works of Maximilian Jacobi and John Conolly provided a much more emphasis on the proper ventilation system in the asylum. But the Tezpur Lunatic Asylum failed to meet these requirements. Ventilators were placed near the roof and the lower part of the cells were completely sealed which restricted the flow of air. Moreover the

¹⁵ A padded cell in an asylum with cushions lining the walls. The padding is an attempt to prevent lunatics from hurting themselves by hitting their head (or other bodily parts) on the hard surface of the walls. It was a cell to bring therapeutic benefit to the lunatics of unmanageable behaviour.

¹⁶ Pidcock, Susan, *op.cit.*, p. 56

cells remained closed with heavy battened doors which prevented the insanes from fresh air and light. The huts had four doors in the front and four windows behind but the two doors were replaced by windows which hampered in the ventilation. Lack of fresh air in an overcrowded asylum gave rise to many air borne diseases among which the most common was the Tuberculosis. The asylum documents of Tezpur reported of high percentage of tuberculosis among the insanes.

3.1.2. Sanitary Arrangements

Apart from the building and site of the asylum, a healthy sanitary arrangement was necessary for a healthy life of the insane. In order to improve the living condition of the inmates, health and hygiene was to be maintained properly. The sanitary condition of the asylums in colonial India in the nineteenth century was unsatisfactory. In the *Mad Tales from the Raj*, Waltraud Ernst illustrated the unsanitary condition prevailed in the asylums in colonial India.

“Sanitation had deteriorated... the drainage and cess-pool system... resembling ‘an augean stable of impurity which it would take the efforts of a Hercules to correct or cleanse’.”¹⁷

From the documentary evidence it appears that there was lack of maintenance of healthy sanitary arrangements in the Tezpur Lunatic Asylum. It lacked proper sanitary provisions such as indoor water closets, lavatories and bathrooms. In the past years the existing documents on the asylum reported of many airborne and waterborne diseases like tuberculosis, malaria, dysentery, diarrhoea, and other bowel complains. The mortality rate in the asylum was closely related to the unsanitary arrangements of the asylum. The asylum report of 1877 reported of a swamp asylum compound at Tezpur. There were drains for the prevention of the swamp condition but the floors of the huts remained damp. The inspection on the Tezpur Lunatic Asylum by Surgeon Col. W.P. Warburton reported of the damp condition of the asylum which gave rise to diseases like bowel and lung complaints in cold weather while in rainy season it increased the liability to malarial fever. The floor of the

¹⁷ Ernst Waltraud, *op.cit.*, p.51

asylum huts were in the same level with the outside ground which contributed to the damp ground. The *kutchra* drains were not covered which was unhealthy for the insanes. There were 2 ft deep drains inside the enclosure which collected the waste water from different channels. There were also drains inside the cells as it was dug for convenience of the lunatics and for cleaning. This waste water was passed into the big drains of 3 ft depth outside the enclosure. But this was not at all hygienic for the lunatics as a result of which they suffered from many airborne as well as waterborne diseases. The drains inside the asylum were not so deep in order to prevent accident of the lunatic patients due to which the asylum ground remained swampy. In the last decade of the nineteenth century the sanitary commissioner of Assam W.P Warburton suggested that to remove the damp condition ground should be gently sloped about 10 ft and a drain should be dug at the edge of the slope connected with the general drainage of the place.¹⁸ Disinfectants were used in the drains. Hycol, lime and crude oil were mainly used for disinfecting the drains. Kerosene's were used in the asylum drains to prevent mosquito breeding throughout the year. One of the most important measures carried out in the last decade of nineteenth century was the reconstruction of the drainage system of the asylum. The system of draining by boulder drains was introduced which helped to prevent the dampness of ground to some extent. But the drainage system was unsatisfactory throughout the period of the study. During the 1930's the most prevalent diseases was dysentery, tuberculosis and malaria.

The sanitation was moreover deteriorated with the conservancy system in the asylum. During the nineteenth century the asylums in the colonial India had cess-pool system¹⁹ which was unhygienic. There was sanitary defects like open sewage and cess- pool in the British colonies like West Indian Colonies, North American Colonies, Mediterranean and African Colonies and Australian and Eastern Colonies.²⁰ But later in the last part of the nineteenth century the cess- pool system was replaced by the 'pail system' which was removed on daily basis. Conolly's ideal asylum characteristics included healthy sanitary arrangements. According to him each ward should have access to a bathroom, lavatory and water closets. But this was not found in the Tezpur Lunatic asylum. Existence of separate bathroom, lavatory and water closets was not reported in the asylum. In the lunatic asylum at Tezpur the

¹⁸ Annual Reports on the Tezpur Lunatic asylum for the year 1893, Assam Secretariat Printing Office, shillong, 1894, p. 1

¹⁹ Cess pool is a covered hole or pit for receiving drainage or sewage, as from a house.

²⁰ Burdett C. Henry, op.cit., p.79

‘dry earth system’ was prevalent. The existing documents on the asylum reported that the floors of the sleeping wards and toilets (lavatories) were covered with dry soil which was changed on a daily basis. The night soil was buried in trenches in a plot in the east side of the asylum. The trenches were reported as one foot wide and one foot deep. The asylum inspection reports of 1877 reported that trenches were dug 100 ft from the fence in the first two years of the asylums existence but in 1877 it was dug around 200 yards off the fence.²¹ By the first decade of the twentieth century the infectious stools were destroyed in an incinerator (it is a waste treatment process which converts the waste materials to ash, flugs and heat). The ‘dry earth’ conservancy system was prevalent till the 1940s. In the last two decades of the nineteenth century the asylum had four latrines which were built of thatch and reed walls. It was reported that there though there were latrines but the insanes seldom used it. This system was unsuitable for the insanes as they were mostly filthy and thus it required great attention and care. In other asylums like the Dacca Lunatic asylum night soil was not trenched but it was removed by the Dacca municipality.

In the nineteenth century architects like Browne, Jacobi, Conolly, gave detailed characteristics of an ideal asylum. Those architects gave importance to the need of good and sufficient water supply in an asylum. The lunatic asylum at Tezpur lacked this feature as it was noted in the annual reports that water supply was insufficient during the period of the study. The Tezpur Lunatic Asylum was established with two wells in the enclosure and one well outside the enclosure.²² It was reported that in 1893 surgeon Major Borah, superintendent of the asylum sent samples of water for analysis to the chemical examiner at Calcutta. A rough analysis was done which confirmed the purity of the water. Since 1888 it was reported that water was filtered through *gharrahs* of charcoal and sand. Water was drawn from the wells by a rope and a bucket which was considered to be unsatisfactory arrangement in an asylum by the superintendent J.W. Macnamara. There was no lift pump in the asylum like that of the Tezpur Jail. Moreover the wells were not covered and it was reported that there was a masonry platform round the wells where the insanes took bath. According to the sanitary officer W. P Warburton, it was liable to contamination of water from the articles

²¹ Annual Reports on the Tezpur Lunatic asylum for the year 1877, Assam Secretariat Printing Office, shillong, 1878, p. 4

²² Ibid., p. 4

thrown and suggested to cover the wells completely and provide iron pumps.²³ The well water was usually contaminated which led to the increasing percentage of diseases like dysentery, diarrhoea and cholera. So insanes were sent to river to take bath. The supply of water from Mora Borelli, Brahmaputra and the tank was not reported to be contaminated as that of the well water.²⁴ The old wells inside the asylum enclosure were used for washing and watering whereas the well outside the enclosure facilitated for the drinking purpose. As the water was insufficient a tank was dug to supplement the supply of water.

During the year 1917, there were significant changes in the supply of the water in the asylum. By then water was supplied by the municipal main but the supply was reported to be inadequate and the well water supplemented it. It was only in the year 1928 that filtered water was supplied from the 'Tezpur Water Works'. But this was too insufficient to fulfil the needs of the asylum population. However the female wards got sufficient water supply from the Tezpur Municipality by extra pumping since 1928. By the 1930s the insufficient supply of water became a serious problem. The superintendents reported the situation to the government but no sanction was made. It was only in 1938 that sanction was made for a tube well. L.A.P Anderson, the Inspector General of Civil Hospitals, Assam reported that:

“in 1939 two and half inch tubewell was completed. The completion ...eased the situation somewhat...the total available water per day for 700 patients and 300 staff ... about 6,500 gallons which cannot be considered adequate. The municipal water supply... high tax charged...insufficient which brings the inevitable sequel of dirt and disease...important to guard against these in a community full of mental patients.”²⁵

In the asylum at Tezpur the dearth of good and sufficient water supply led to many diseases among which the most common was the dysentery. Throughout the period of the study the asylum statistics revealed the high number of mortality rate due to dysentery which was a waterborne disease. From 1938 to 1940 the deaths due to dysentery was numbered to seventy three which revealed the poor water supply in the asylum.

²³ Annual Reports on the Tezpur Lunatic asylum for the year 1879, Assam Secretariat Printing Office, shillong, 1880, p. 4

²⁴ Annual Reports on the Tezpur Lunatic asylum for the year 1887, Assam Secretariat Printing Office, shillong, 1888, p. 1

²⁵ Annual Reports on the Working of the Assam Mental Hospital, Tezpur for the year 1939, Assam Government Press, Shillong, 1940, p. 6

3.1.3. Boundary Fencing and Escapes

Boundary walls were another important physical feature of an ideal lunatic asylum architecture. Maximilian Jacobi in his *On the Construction and Management of Hospitals for the Insane* suggested of 8 to 10 ft high boundary walls in lunatic asylums to prevent escape.²⁶ The lunatic asylums in England like Hanwell, Wakefield, York retreat, had Ha-Ha²⁷ walls which to allowed an unobstructed view. Beyond these walls tress and hedges were planted to disguise the confining nature of the asylums. Conolly recommended that plants were planted to cover the walls if they were to be higher than the ha-ha ditch, to disguise their confining nature, but for the 'more mischievous' patients believed that shrubs and trees were 'not so useful and are sometimes inconvenient'. This seems to have referred to their being damaged and possibly somewhere for these patients to hide and commit antisocial acts, an example of the landscape design being manipulated to reconcile therapeutic demands.²⁸ Bethlehem Hospital in England holds a unique position in the history of care of the mentally ill in England. England's first hospital for the mentally ill, Bedlam Asylum was surrounded by the 14 ft high wall, topped with a “coping- intended to prevent the escape of the lunatickes”²⁹.

“...the asylums in England like the York Retreat had no high walls which separated the retreat from the roads...no barriers was imposed between the inmates and countryside...in fact a hidden ditch and wall(ha- ha) concealed the constraint that remained...”³⁰

In South Australia the Parkside lunatic asylum had no boundary walls but Adelaide asylum was enclosed by the Ha-Ha walls. The British colonies in Australia imported the architecture of the lunatic asylums from England. In Australia ha-has were also used at Victorian-Era lunatic asylums such as Yarra Bend Asylum, Beechworth Asylum and Kew Lunatic Asylum. From the inside, the walls presented a tall face to patients, preventing them from escaping, while from outside they looked low so as not to suggest imprisonment. In

²⁶ Piddock, Susan, *op.cit.*, p. 94

²⁷ Ha- Ha walls consisted of a trench, one side of which was vertical and faced with stone or bricks, the other side sloped and turfed. From the inside, the walls presented a tall face to patients, preventing them from escaping, while from outside, the walls looked low so as not to suggest imprisonment.

²⁸ Rutherford, Sarah, *The Landscapes of Public Lunatic Asylums in England, 1808-1914*, unpublished PhD thesis De Montfort University Leicester, 2003, P. 186

²⁹ Trainor, T. *Bedlam. St. Mary of Bethlehem*, Lulu.com publisher, London, 2012. P. 56.

³⁰ Scull, Andrew, *The Place of Insanity: Essays on the History of Psychiatry*, Routledge, 2006 P. 20

Adelaide lunatic asylum, the boundary walls lower down the rise so that the inmates would be able to see over the walls.³¹

However the British in India gave very less importance to the boundary walls of the lunatic asylums. Surgeon General G. Smith of Madras Lunatic asylum gave the description of an aloe fence of the madras lunatic asylum in the nineteenth century. Valentine Conolly gave the description of the boundary fence of enclosed with a deep ditch and planted a strong fence of 'thorns and milk hedge' round it.³² There was no specific mention of any concrete wall enclosing the lunatic asylum. In India the boundary fences were of Palmyra leaf, bamboo fencing, castor oil plant hedges, erythrina hedges, cactus, milk hedge, aloe etc. It is found that Palmyra trees fan shaped leaves were used as fencing in the native asylums of the Bengal province. These type of fencings were thorny and spiky which were planted with the motive to prevent the patients from absconding. Preventing the inmates from absconding was seemed to be a difficult task for the attendants.

Lunatic asylums at Tezpur for the 'native lunatics' lacked a high masonry wall. Initially the asylum was enclosed with bamboo fencing which was not at all safe for an institution for mentally disabled people. This fencing has to be repaired yearly which was done by the patients. In the establishment year a hedge of Erythrina³³ was planted beyond the bamboo palisading which formed a part of the boundary fence of the asylum. The bamboo palisading was reported to be done by the lunatics of the asylum but as the cost was higher it was supplemented by hedge in 1879. The bamboo palisade surrounding the asylum was renewed It was not as expensive as the bamboo fencing. The bamboo fencing was kept at an average annual cost of Rs. 300 while the hedge which had ditches on either side was constructed at the cost of Rs. 50 including planting.³⁴ Cactus hedge and castor oil plant was planted in 1880 enclosing the asylum area. The asylum was enclosed by bamboo fences with pointed ends but it was found unsuitable by Surgeon Major General Rice and W.P. Warburton who inspected the asylum in 1893. By then the pointed bamboo ends were cut with blunt ends

³¹ Paddock Susan, *op.cit.*, p. 108

³² Davidson, Henry, *Indian Records Series Vestings of Old Madras (1640- 1800)*, Mital publication, vol. 3, New Delhi, p. 414

³³ Erythrina is a medium-sized, spiny, deciduous tree normally growing to 6-9 m tall .Young stems and branches are thickly armed with stout conical spines up to 8 mm long

³⁴ Annual report on the Tezpur Lunatic Asylum for the year 1880, Assam Secretariat Printing Office, 1881, shillong, p. 3

for the safety and security of the lunatics. Moreover the gates were made of bamboos which were not high and strong enough to resist the absconding of the lunatics.

The faulty character of the boundary fence was mainly responsible for the large number of escapes in the Tezpur Lunatic Asylum in 1876. Moreover there were only 3 male and 2 female ‘keepers’ in the establishment year against 64 insanes which resulted in the improper surveillance.

Table 3.1: Number of escapes of the lunatics

Year	No. of Escapes
1877	5
1879	No escape
1880	1
1886	2
1887	1
1888	3
1889	3
1891	2
1893	2
1895	No Escape
1900	3
1903-1905	4
1907	3
1909-1911	8
1912	2
1915-1917	63
1919	26
1918-1920	69
1921-1923	29
1927	8
1928	2
1930	6
1932-1934	8
1937	3
1938	2
1939	1

Source: Annual reports on Tezpur Lunatic Asylum (1877-1939), Assam State Archives, Dispur

For the convenience in understanding the causes of the escapes of the lunatics, the study period is divided into four phases i.e., first phase from 1876- 1878, the second phase from 1879- 1914, the third phase from 1915- 1923 and the fourth phase from 1924- 1940 . ‘In the first phase the number of escapes was higher as there were only two keepers appointed against 71 inmates. The average ratio of the keeper and inmate was 2: 35. In the second phase the less number of escapes was reported less as the security was tightened and number of attendants was increased to 23 against 299 insanes. In the third phase (1915- 1923) it was reported that 187 lunatics escaped from the Tezpur Lunatic asylum.’³⁵The inferior attendants and significantly weak boundary fencing which was mainly of bamboo and hedges were considered as the reason behind the escape. Superintendent G.A. Warburton reported of an escape in his report as:

“one man a sepoy (non criminal), Nepali, from the 42nd regiment, escaped during the year 1880...circumstance of his escape was that in a stormy night in the absence of the keeper of his ward he climbed... partition separating the ward from the warders room and escaped by pushing aside some of the bamboos forming the palisade....”³⁶

This revealed that mostly the escapes of the inmates were reported during night hours which were due to the weak boundary fencing as well as negligence of the duty of the keepers of the asylum. Adequate punishments were imposed on the keepers responsible for the escape. Colonel H.E. Banatvala, Inspector General of Civil Hospitals, Assam reported that the large number of escapes was probably due to an inferior keeper establishment, ‘good- up countrymen not being available for service and to the fact that certain amount of latitude must be given to the inmates inside the enclosure’.³⁷ Surgeon-General G. Smith, superintendent of Madras lunatic asylum remarked that that the difficulty of preventing escapes in India is due to the untrustworthiness of Native Warders, on very few of whom the slightest dependence can be placed. Besides the negligence of the duty of the attendants the architecture of the asylum at Tezpur was also responsible for the escapes. Surgeon-General G. Smith, superintendent of Madras lunatic asylum, remarked that ‘nothing but a wall completely

³⁵ Annual reports on Tezpur Lunatic Asylum for the Year 1876- 1900. Assam Secretariat Printing Office, Assam State Archive, Dispur, p. 3

³⁶ Annual report on the Tezpur Lunatic Asylum for the year 1880, Assam Secretariat Printing Office, 1881, Assam State Archive, Dispur, p. 4

³⁷ Triennial Report on the Provincial Lunatic Asylum for the year 1915, 1916 and 1917, Assam Secretariat Printing Office, Shillong, 1918, p. 1

enclosing the whole of the Asylum grounds will effectually prevent all future escapes.³⁸ By 1924 'pucca' barracks replaced the old 'kutcha' one which helped to check in the number of escapes. Moreover the number of attendants rose up to 88 against 781 mental patients by 1940³⁹ which helped in checking the number of escapes of the mental patients. The appointment of steward and matron to supervise and inspect the Keepers also helped in checking the numbers of escapes in the asylum at Tezpur.

3.2 Asylum Staff

Asylum Staff played an important role in disciplining the inmates. Under the watchful eye of the asylum staff, diverse activities were carried out in the asylum from therapeutic, to social, to recreational. Generally, Indians formed the bulk of the asylum staff while the medical officers were the Europeans. The medical superintendants hold the superior rank in the lunatic asylum. Whereas in the British lunatic asylums Superintendent (of the asylum) was in charge of the day to day management of the asylum but the ultimate power rested with the visiting committees. Peter Nolan pointed out that the work of the superintendent was more administrative than clinical.⁴⁰ The medical superintendants were responsible not only for his own action but also those of attendants. He had the authority to appoint and dismiss the junior staff. He had to supervise the asylum for the attainment of perfect discipline in the asylum.

The British asylums had the superintendants residence in the centre of the asylum for the convenience of supervision of the asylum staff and inmates. For example at Hanwell the medical superintendants garden was between male and female airing courts.⁴¹ Likewise in the Tezpur Lunatic Asylum the medical superintendent was the supreme head of the asylum. Watchful and intelligent care over all the details of the management of the asylum was exercised by the superintendent. In the Assam administrative reports the description of the architecture of the Tezpur lunatic asylum does not include the residence of the superintendent. There is no evidence about the location of their offices, however, and it is difficult to judge

³⁸ Dargeviciute, Trudy, *The Role of Warders in the Madras Lunacy Asylum in British India c. 1870-1890*, unpublished dissertation, University of Bristol, 2014, P 18

³⁹ Annual Reports on the Working of the Assam Mental Hospital, Tezpur, for the year 1940, Assam Government Press, Shillong 1941

⁴⁰ Nolan, P and McCrae N, *The Story of Nursing in British Mental Hospitals: Echoes from the Corridors*, Routledge, New York, 2016, p. 16

⁴¹ Nolan, P and McCrae N, *op.cit.*, p 16

how this affected the supervision of both staff and patients. Certainly the arrangement of the buildings, both externally and internally, did not allow ease of supervision. Superintendent Surgeon Major A. Garden was the founder of the asylum.

The annual reports prepared by the superintendent were submitted to the chief commissioner of the province through the Deputy Surgeon General. But from 1903, the asylum annual reports were maintained by the Inspector General of Civil Hospitals, Assam. The superintendants ranked the highest position in the asylum with a salary of Rs. 550 in the 1940s. The British Medical Officers were appointed as superintendent in the asylum whereas the subordinate staffs were merely Indians.

By 1880 the Indian staffs of the Tezpur lunatic asylum was considerable. The staff performed their duties under the supervision of the British medical officer. At Tezpur lunatic asylum the staffs were very less as compared to the inmates in the nineteenth century. In 1880, it was reported that there were sixty six insanes in the asylum against twenty one staffs.⁴²

Table 3.2: Staffs of the Tezpur Lunatic Asylum in 1880.

Staffs	Number
Overseer	1
Jemadar	1
Male Keepers	10
Female Keepers	2
Chaukidars	2
Sweepers	3
Barber	1
Gardener	1

Source: Annual reports on Tezpur Lunatic Asylum for the Year 1880, Assam Secretariat Printing Office, 1881, Assam State Archive, Dispur. P. 14

The reports did not show other staffs like the cooks and dhobis. Besides them, the staff in this asylum numbered 21 against 66 inmates in the asylum. Like the other lunatic asylums

⁴² Annual reports on Tezpur Lunatic Asylum for the Year 1880, Assam Secretariat Printing Office, 1881, Assam State Archive, Dispur. P. 14

in India, the insanes to staff ratio was about 3:1 at Tezpur. For example James H. Mills observed that the patient to staff ratio in Delhi lunatic asylum in 1880 was also 3: 1. (p 152 james mills) Thus it is observed that the entire responsibility of running the asylum rested in the hands of the Indians. In the twentieth century the asylum staffs was considerably increased with the increase in the number of admissions.

Table 3.3: Staffs of the Tezpur Lunatic Asylum in 1934

Staffs	Numbers
Deputy Superintendant	1
Second sub assistant surgeon	1
Third sub assistant surgeon	1
Steward	1
Assistant steward	1
Matron	1
Assistant matron	1
Compounders	2
Jemadar	6
Male keepers	71
Female keepers	17
Sweepers	16
Barber ⁴³	1

Source: Annual Reports on the Working of the Assam Mental Hospital, Tezpur for the year 1933, P.10. Assam State Archives

In the year 1933 this staff had to attend to a daily average of about 648 patients. However from the year 1933 besides the asylum staff, Indian medical officers were appointed as the medical superintendants of the asylum at Tezpur. The Indian medical officers appointed as medical superintendants at Tezpur were Lt. Col. H.L. Batra, Dr. S.N. Choudhury, Dr. Hem Chandra Barua, and Khan Sahib Dr. Mokhtar Hussain. The name of the first grade hospital assistant Girish Chandra Das deserves to be mentioned as he was conferred the title ‘Rai Sahib’ in appreciation of his work.

During the study period, the designations were changed and new posts were included. The post of Overseer was changed to deputy superintendant and by the 1930s there were

⁴³ Annual Reports on the Working of the Assam Mental Hospital, Tezpur for the year 1933, Assam Government Press, Shillong, 1934, P. 10

inclusion of new posts like the assistant surgeon, Steward and Matron. Assistant surgeons were appointed for the treatment of the insanes whereas the stewards and matrons were appointed to inspect the wards and the 'keepers'. In the British asylums the appointment of steward was introduced in the nineteenth century but in case of Tezpur lunatic asylum the post was included in 1933. The steward was to ensure that the superintendants directives were carried out properly in the asylum. He was responsible to the male patients in every aspect- fooding, clothing, bedding and overall cleanliness of the patients. He was also responsible to the keepers or attendants.

Like the steward, the matron had responsibility and authority towards the female patients. She was responsible for the 'housekeeping' of the hospital, patient's cleanliness, asylum sanitation and proper preparation and delivery of meals. The steward and the matron can dismiss the keepers and attendants in conjunction with the commissioner of the province and the superintendent. There were also *Jemadars* who were the head of the keepers. A *jemadar* was a rank used by the British Indian Army to describe men who assisted their British commander. Those *jemadars* instruct the male keepers in the asylum. As there were no female *jamadarni*, the female keepers were instructed and inspected by the matron. The post of matron and steward was sanctioned in 1917 but due to the absence of quarters they were not appointment. It was only in 1930 the appointment of matron and steward started with the pay of Rs. 50 and Rs. 99 respectively.⁴⁴

Below these high ranking officials were the attendants or 'keepers'. During the eighteenth and nineteenth century the term 'keeper' was applied to those entrusted with the care of the mentally ill but with the emergence of asylum system after 1845 the term 'attendant' was preferred and then to 'nurse' as indicating a more humanitarian approach to care and.⁴⁵ But the term 'keeper' was prevalent in the Tezpur lunatic asylum during the whole period of the study (1876- 1947). This shows that they were not given importance among the asylum staff and were considered inferior to that of the medical staff. But they were mainly responsible for maintaining discipline by controlling the inmates. James H. Mills clarified that the attendants and wardens as the protagonist rather than the medical men who were given the

⁴⁴ Annual Reports on the Working of the Assam Mental Hospital, Tezpur for the year 1933, Assam Government Press, Shillong, 1934, P. 10

⁴⁵ Nolan, P, *History of Mental Health Nursing*, Nelson Thornes, London, 2000, P. 6

charge of the asylum but rarely visited or chose to organise from distance. Mills also pointed out the view of Richard Russell that:

“...in Great Britain the nursing staff were the backbone of the asylum...during latter part of nineteenth century...nursing staff were the vital part of the whole asylum business...”⁴⁶

Attendants had to deal with the insanes directly and intimately. As Indian Asylums were considered as the replica of the lunatic asylums at ‘mother country’, the appointment pattern of the attendants in India were similar to the British asylums. In the ‘native lunatic asylums’ the attendants were appointed from the country itself and that too from the lower social class who were entrusted with the day-to-day care of Indian mental patients. The attendants were local men (and sometimes women) recruited from nearby towns and villages.⁴⁷ In the Tezpur lunatic asylum the ‘Keepers’ were assigned their task on gendered basis. Female servants were put to work in the female department under the authority of a matron and male servants worked in the male department supervised by the steward. The keepers were given no trainings as a result of which escapes were reported yearly.

As per A. Garden’s report in 1876 there were 5 incidents of inmate escapes from asylum premises because of poor vigilance and unprofessional way of duty performance of keepers but another big possible reason for escape was inferior boundary fencing, he excluded this causation. We came across in some cases the keepers were punished and fined for their ‘neglect of duty’. In the nineteenth century the keepers of the Tezpur lunatic asylum were not treated properly. The attendants and patients shared common spaces of sleeping, living, and eating, and a joint work routine. There is no substantiation of their quarters in asylum in the nineteenth century. It was only in 1917 the asylum documents reported on the construction of quarters for the keepers. Prior to that the ‘keepers’ shared the daily routine with the inmates- getting up, taking meals, cleaning wards, and keeping the place in order was the joint responsibility of attendants and patients alike. The voices of ‘native keepers’ were unheard and deliberately put behind the curtain, nevertheless by mistake or by default they, on and off,

⁴⁶ Mills H. James, *Madness, Cannabis and Colonialism: The Native- Only Lunatic Asylums of British India, 1857- 1900*, Macmillan press, London, 2000,P. 149

⁴⁷ Bhattacharya, A. *Indian Insanes: Lunacy in the 'Native' Asylums of Colonial India, 1858-1912*, unpublished dissertation, Harvard University, Cambridge 2013, P. 136

used to appear in colonial official accounts and reports. In the process of deconstruction of colonial writings especially primary records, we found so many untold discrimination and atrocities over 'native keepers'. This low rung class of working staff in the asylum was responsible for the discipline in the asylum but they were not paid monthly. In an inspection report made by C.P. Costello Deputy Surgeon General and Sanitary Commissioner of Assam it was stated that the warders were not armed with '*batons*'.⁴⁸ We can interpret it in two different ways; firstly the authority did not like to spend money on buying self-defence arms (*batons*) for 'Keepers', or considering the welfare and mental health care of the inmates they might not have issued the *batons* to the Keepers.

The other inferior staffs in the asylum were the sweeper, gardener and barber. Sweeper was termed as '*Mehter*' and this post was open since 1877. Prior to the appointment of the 'mehter' this job was carried out inefficiently by the insanes, though it was unethical and not suitable work for mentally ill patients. The number of *Mehter* was increased from 3 in 1900 to 16 in 1940. They were doing laborious and filthy job but paid the least. The post of *Gardener* was there since the beginning (i.e. 1876) but it was abolished in 1912. Why this post was abolished in the second decade of the nineteenth century was because of 'occupational therapy'. The medical practitioners of lunatic asylums started giving much more importance on therapeutic measures considering the direct physical involvement in works such as cultivation, carpentry, masonry works, cleaning the campus, etc. could bring a better change in their (mentally ill patients) life. Thus the Superintendent, in conjunction with the Commissioner, decided to remove this post forever.

3.3 Inspection Committees

The inspection committee played an important role in the proper functioning of the lunatic asylum. Inspection Committees were progressive forces to maintain the standard of existing lunatic asylums. The committee always kept priority over safeguard of inmates from any kind of physical and mental abuses. In the nineteenth century, lunatic asylums in England were inspected by the 'visitors committee'. Asylums were inspected in order to ensure the proper working of the lunatic asylum. It was in 1763 that House of Commons select

⁴⁸ Annual Report on the Tezpur Lunatic Asylum for the year 1888, Assam Secretariat Press, Shillong, 1889, p.1

committee first recommended the licensing and inspection of private madhouses and it was since then the inspection of the lunatic asylum came up to oversee the care of insanes in both private and public institutions.⁴⁹

Under the Lunatics Act and Regulation of Asylum Act a board of Commissioners was established in 1845 to inspect and supervise the lunatic asylums in India.⁵⁰ Thus the lunatic asylums were inspected by 'Visitor Committees' from time to time. On special occasions visitors such as Governor General and some of the high government officials inspected the asylums. The Tezpur Lunatic asylum was inspected monthly by the committee of visitors, and once or twice a year by the Chief Commissioner, Deputy- Surgeon- General, Deputy Commissioner of Darrang, Inspector General of Prison, Inspector General of Hospital and other government officers. The remarks made by the visitors committee were duly submitted through the Deputy Surgeon General to the Chief Commissioner of Assam. Prior to the 1930s the male and female wards were inspected by the male visitor committees but it was reported that from 1930s the female ward was inspected by a lady visitor, Sreejukta Hirabati Gohain Baruani.⁵¹ Many visitor committees visited, inspected, and submitted reports to the higher concern authority but very few committees made thorough inspections and gave critical comments beyond cleanliness, order and comparative comforts. Under the British superintendants the asylum was reported as "clean, neat and in good order". The wards, food, water, clothing and bedding were also reported to be sufficient and in good order. The inspection committees normally reported that the asylum's system and work was satisfactory.

It shows that the submitted reports of inspection committees were unfair, bias and deliberately concealed so many facts that show careless, racial discrimination against the native patients. In fact majority of these committee members were British Crown representatives so they didn't like to give any negative comments on colonial health programmes of the Crown. In the nineteenth century the Tezpur Lunatic Asylum was inspected by the British medical and administrative officers but all their submitted reports neither criticised the working styles of this asylum nor suggested how to improve the

⁴⁹ Sandford, J, "Healthcare Inspectorate", in James Adrian et al., (eds.), *Clinical Governance in Mental Health and Learning Disability Services: A Practical Guide*, Gaskell, London, 2005 , P. 56

⁵⁰ Ibid p. 58

⁵¹ Annual Reports on the Working of the Assam Mental Hospital, Tezpur for the year 1933, Assam Government Press, Shillong, 1934, Assam State Archives, Dispur, p.5

condition of this asylum. Accidentally in the year 1891 one visitor committee which was led by a fair colonial officer strong criticised the asylum on every sphere. That team was led by a native officer i.e. Superintendent Major S. Borah.

“Insufficiency in water supply... weak boundary fencing... no single bed for the inmates and deficient mattress ... one wooden plank frame for sleeping... bad condition of male and female wards...no verandah in the sleeping wards... clothing insufficient for the inmates...”⁵²

Major S. Borah

After 1891 incident, the British India government unofficially decided not to include any natives in visitor committee therefore there were no native medical officers assigned as the Superintendent of Tezpur Lunatic Asylum. It was only in the 1930s the trend of assigning Superintendent-ship to the Indian medical officers was started. Since 1933 the visitor committee and the medical officers had stopped giving a monotonous view which was always in favour of British colonial systems.

3.4 Conclusion

Infrastructure of the Asylum plays a vital role in the treatment and proper management of the inmates. In the nineteenth century the colonial architects of the asylum focussed mainly on the location factors, layout features of the buildings, rooms required and the arrangement of these rooms and sanitary provisions. The deal features of the lunatic asylum by those architects were not found in the Tezpur Lunatic Asylum. The infrastructure of the asylum at Tezpur was not suitable for the inmates. It was located in a damp site and was mere huts made of bamboo and thatch. The accommodation facility was also very limited to serve the mentally deranged population of the colonial Assam. The Tezpur Lunatic Asylum gave less importance on the boundary fencing. In the Tezpur Lunatic Asylum, initially asylum was enclosed with bamboo fencing but later it was replaced with the hedges, as the cost of bamboo fencing was higher. This was also responsible for number of escapes in the asylum.

⁵² Annual Report on the Tezpur Lunatic Asylum for the year 1891, Assam Secretariat Printing office, Shillong 1892, Assam State Archives, Dispur, p.1

Besides the infrastructure, there was lack of maintenance of healthy sanitary arrangements in the Tezpur Lunatic Asylum. It lacked proper sanitary provisions such as indoor water closets, lavatories and bathrooms. There was inadequate supply of pure drinking water which resulted in the outbreak of many diseases, most popularly, dysentery and diarrhoea. It was only in the year 1928 that filtered water was supplied from the 'Tezpur Water Works'. But this was too insufficient to fulfil the needs of the asylum population. The sanitation was further deteriorated with the 'dry earth conservancy system' in the asylum and the uncovered '*kutchha*' drainage system.

Asylum staff has played a vital role in the proper functioning of the asylum. During the study period many designations were changed and new posts were included. Moreover the number of staff was increased who performed their duties under the supervision of the British medical officer. Besides the Superintendent the asylum staffs were appointed from the country itself. Due to neglect of the duty of the attendants many escapes and accidental death was reported but the percentage of escapes and accidents decreased as 'matron' and 'steward' was appointed to supervise the attendants.

For proper functioning of the asylum, Inspection Committees were appointed. These committees were formed to raise the standard of the working of the lunatic asylums. The male and female wards were inspected by the male visitor committees but it was reported that from 1930s the female ward was inspected by a lady visitor.

CHAPTER-IV

PATIENTS LIFE IN THE ASYLUM

Chapter-IV: Patients Life in the Asylum

4.1 Introduction

In an asylum inmates were the main population. The Tezpur Lunatic Asylum admitted a large number of inmates as it was the only psychiatric institution in colonial North East India (colonial Assam). This was the only way for the treatment of lunatic inmates of the province in the nineteenth century. In the establishment year 64 inmates were admitted in the asylum.¹ The numbers of the inmates was increasing year by year as a result of which the Tezpur Lunatic Asylum became overcrowded. The admissions in the asylum were mostly the poor and homeless insanes. Those insanes were disowned by both their relatives and societies and thus they enter the asylum as wandering lunatics via criminal justice system. These persons were arrested by the police and produced before the Magistrates whose powers were limited to granting or refusing admissions to mental hospitals.² There were separate wards for males and females which were separated by a bamboo 'palisading'. The preponderance of male inmates was reported higher in the Tezpur lunatic asylum during the period of the study. The accommodation available at the end of 1940 was 356 for males and 124 for females which clearly reflects the minimum admission of females in the asylum.³ The statistical data of the Tezpur Lunatic Asylum reveals that female lunatic inmates constituted about one-fourth population of the asylum. This was quite same in the other psychiatric institutions of India during the period of study. The admission in the Tezpur lunatic asylum, like the other asylums in India, in nineteenth century was through the magistrate and jail officials. As reported in the annual reports of the asylum the insanes were divided into various classes:

- (a) Criminal
 - (b) Quiet non- criminal
 - (c) Violent non- criminal
-

¹ Annual report on the Tezpur Lunatic Asylum, 1876 Assam Secretariat Printing Office 1877, Shillong, Assam State Archive, Dispur. p.5

² Dhanda, Amita, "Rights of the Mentally Ill- A Forgotten Domain" in *India International Centre Quarterly*, vol.13,no ¾, 1986. Accessed <http://www.jstor.org/stable/23001442> on 18/02/2015

³ Annual Reports on the Working of the Assam Mental Hospital, Tezpur, for the year 1939, Assam Government Press, Shillong, 1940, Assam State Archive, Dispur. p. 6

(d) Dirty non- criminal⁴

It is clear that throughout the period of the study (1876- 1947) inmates in the asylum were labelled as ‘Criminal lunatics’ and ‘non- criminal lunatics’ for the proper functioning and administration in the asylum.

4.2 ‘Criminal lunatics’

In western world some notion of criminal insanity has been recognised since thirteenth century but Criminal lunatics became to be recognized as a unique group only in the 19th century.⁵ Many laws were introduced for the criminal lunatics the first law on the criminal lunatics was the English Criminal Lunatic Act, enacted in 1800. In 1800 king George III was shot at in London by an ex- army officer, James Hadfield. Hadfield had been discharged from the service in terms of insanity but was not executed as his lawyer won the case. Thus it created a new rule for pleading not guilty on grounds of insanity. According to the English Criminal Lunatic Act, 1800, “if a person indicated for any offence is insane, and is found upon arraignment to be so by a jury lawfully empanelled for that purpose, so that he cannot be tried upon such indictment or if upon the trial of any person so indicted he shall appear to the jury to be insane, it shall be lawful for the court before whom he is brought to direct such finding to be recorded thereupon to order him to be kept in strict custody until His Majesty’s pleasure is known” .⁶

But this act did not mention on the separate institutionalisation of the lunatics. Prior to the nineteenth century, the criminals, the insane and debtors were all confined together in jails.⁷ The term ‘criminal lunatic’ was usually limited in application to those who have committed major crimes and whose continued existence constitutes a more or less permanent danger to the society. It was conceptualised as medical problem which requires a specialised psychiatric care. In the European countries, there were separate asylums for the ‘criminal

⁴ Annual report on the Tezpur Lunatic Asylum, 1876 Assam Secretariat Printing Office 1877, Shillong, Assam State Archive, Dispur. p. 4

⁵ Prior, Pauline, *Gender and Mental Health*, NYU Press, New York, 1999, p. 140

⁶ Beng Ng Yeong, *Till the Break of the Day: A History of Mental Health Service in Singapore*, NUS Press, Singapore, p.168

⁷ Kendall, Kathleen A. “Criminal Lunatic Women in 19th century Canada.” in *Forum on Corrections Research* 11:3 (1999), p. 46

lunatics'. The first asylum catering primary for the '*criminal lunatics*' were those built in Australia, settled as a penal colony for the U.K'S most undesirable and dangerous offenders.⁸

The Tezpur Lunatic Asylum accommodated '*criminal lunatics*' and '*non- criminal lunatics*'. '*Criminal lunatics*' were those amongst the mentally ill who had committed a violent act that would under ordinary circumstances have been punishable under the penal law. As there was no other lunatic asylum in the province so these mentally deranged persons charged with crime were forwarded by the magistrates and jail officers to the Tezpur lunatic asylum. '*Criminal lunatics*' had been subject to greater public apprehension than the mentally ill in general. This was not only due to the often reasonable fear that they might repeat a violent action, but also because it was frequently in question whether a verdict of 'unsoundness of mind' was legitimate.⁹ Besides the '*Criminal lunatics*' there were '*non-criminal lunatics*' who were identified as those who have committed no crime but were sent to the jails for their medical observation under the provision of the Indian Lunacy Act, 1912.¹⁰

There was poor evidence of special treatment for the treatment of 'criminal lunatics' however separate ward for this special group of inmates was provided in Tezpur Lunatic Asylum. From 1876 to 1900 the accommodation facility in the asylum was only for 90 males and 30 females and under such condition it was impossible to give admission to a large number of 'criminal lunatics'. As a result of this many 'criminal lunatics' and 'non- criminal lunatics' has to remain in the jails deprived of psychiatric treatments. There was shortage of accommodation and when there was vacancy preference was given to the 'criminal lunatics'. The Tezpur Lunatic asylum was reported to have overcrowded within few years of its establishment. In the context of the overcrowded nature of the asylums in Bengal, Henry C. Burdett pointed out that:

“...to check this disposition to overcrowd the institutions, the Inspector General of Civil Hospitals in Bengal suggested that the attention of magistrates and civil surgeons should again be drawn to Home Department Circular No. 179, dated the 28th of March 1876, which enjoins that quiet and inoffensive inmates should not be sent to asylums unless there

⁸ Barker, Phil, *Psychiatric and Mental Health Nursing: The Craft of Caring*, Taylor & Francis, London, 2003 p. 464

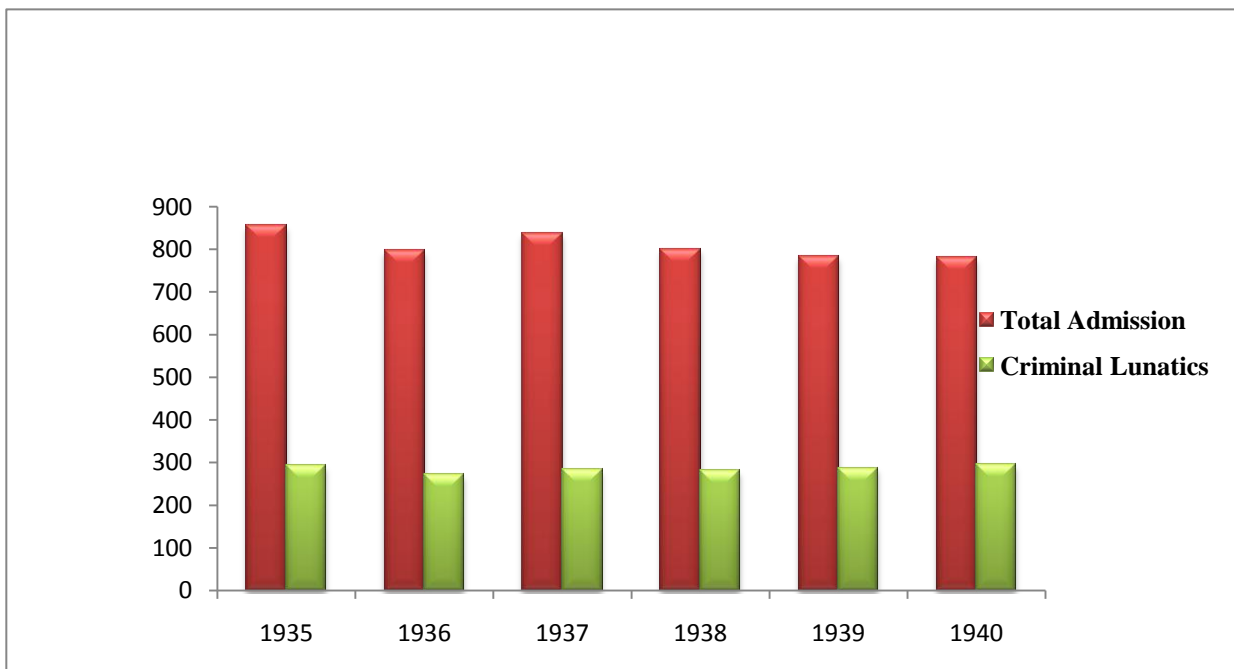
⁹ Ernst, Waltraud, *op.cit.*, p. 33

¹⁰ Manaworkar, Madhavrao, *Prison Management: Problems and Solution*, Kalpaz Publication, Delhi, 2006, p. 153

was some very good reason for doing so, and he further drew attention to a tendency of the magistrates of those localities in which the asylums are situated to confine lunatics in much larger numbers than was done in outlying districts...”¹¹

In the lunatic asylum at Tezpur the quiet and inoffensive inmates were not given preference in their admission. Only the most serious and chronic cases were give preference in the admission. The Inspector General of Civil Hospital, Assam A.M.V Hesterlow provided information that in 1940 there were forty one inmates who were waiting in different jails of the province for admission in the Tezpur Mental Hospital.

Figure 4.1: Percentage of ‘criminal lunatics’ against the total admissions in Assam Mental Hospital, Tezpur. (1935-1940)



Source: Annual reports on Assam Mental Hospital, (1935- 1940), Assam State Archives, Dispur

From 1851 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

¹¹ Burdett C. Henry, *Hospitals and Asylums of the World*, Scientific Press, Strand, W.C. London, 1873 P. 273

end of their term.¹² It was reported that the ‘criminal lunatics’ in this asylum were handed over to the magistrates for their trial if they recovered before their term. In the reports of Tezpur Lunatic Asylum of 1879 it was mentioned:

“...at the beginning of the year there were 14 ‘criminal lunatics’ (male 10, female 4), constituting 30.4 per cent of the entire population. There were no admissions or re-admissions in 1879 against 6.6 and 8 for the three preceding years. Two males were discharged and one died; of those discharged one, a kacharee was tried by jury for having killed his wife, but was set free on the grounds of insanity and sent to this asylum, where he remained for two and half years without showing any sign of derangement; the other, having six months under treatment, recovered his reason and was made over to the magistrate at Jorhat to stand his trial....”¹³

However there were some ‘criminal lunatics’ who were perfectly sane since the time of their admission. The magistrate and the jail officials forwarded those criminal lunatics in the asylum. In 1877 a male criminal lunatic was sent to the asylum but he was perfectly sane. Although he was kept for three years in the asylum but no symptoms of mental illness was observed in him. So in 1879 after three years he was recommended to be sent for trial by the asylum authority. In colonial Assam there were lunatics found to be unsound mind at the time of the alleged offence. The ‘criminal lunatics’ admitted mostly committed crimes like murder, arson, and grievous hurt. They were mainly natives of the province.

4.3 Inmate Age and Religion

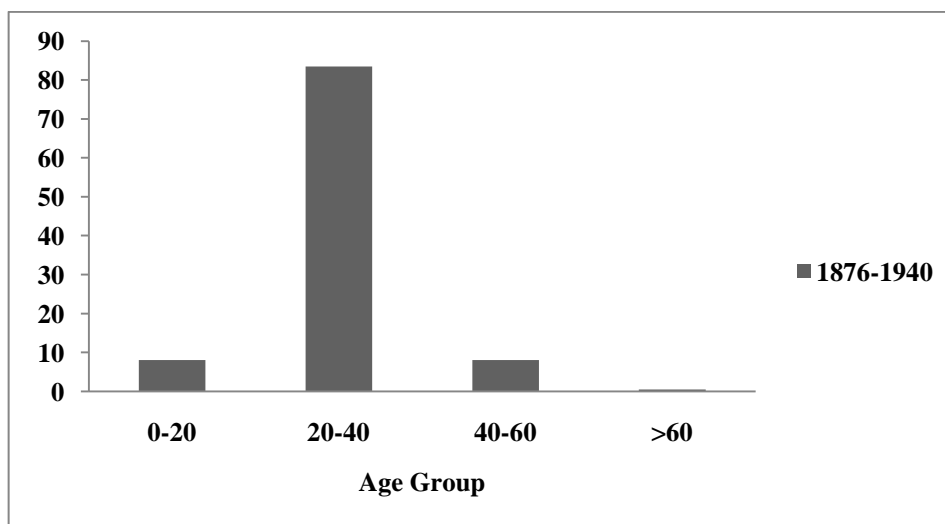
The distribution of the age group among the inmates of the Tezpur Lunatic Asylum reflects that majority of inmate belonged to the age group 20-40 years. Around 81 per cent of the total population was from this age group. The preponderance of this group was also observed in other asylums of India. During the entire period under study it is revealed that there was a pattern of male predominance in this age group. Statistics of the asylum shows that average ratio was 84 per cent in case of males and 16 per cent in case of females. Age was a defining characteristic of mental disorders like mania, dementia and dementia praecox

¹² Ernst, Waltraud, *Mad Tales from the Raj: Colonial Psychiatry in South Asia, 1800–58*, Anthem Press, London, 2010, p. 34

¹³ Annual report on the Tezpur Lunatic Asylum for the year 1879, Assam Secretariat Printing Office, 1880, Shillong, Assam State Archive, Dispur. p. 5

(schizophrenia), which were still regarded as a disorder of adolescences and early adulthood. The second largest group from which inmate at Tezpur were drawn was the age group from 40-60 years. From the data's of the Tezpur mental hospital, it can be said that around 13per cent of the total population of the Tezpur mental hospital inmate belonged to this cohort. Here male was predominant. From the total population of this group of inmate around 86 per cent were male and 14 per cent females. Very few inmates were admitted in the age cohort under 20 years. Around 5per cent of the total population of the inmate remained under this cohort. The numbers of inmate over 60 years admitted in the Tezpur mental hospital were too small. A fraction of percent of the total lunatic's population admitted belonged to this age cohort.

Figure 4.2: Age Group of inmates admitted to the Tezpur Lunatic Asylum (1876- 1880)



Source: Annual reports on Assam Mental Hospital, (1876-1880), Assam State Archives, Dispur

As shown in Figure 4.2, the highest percentage of inmates was under 20- 40 age group. Apart from this age group the figure also mirror the prevalence of under 20 age group and 40- 60 age group during the period of the study. The age group above 60 years was considerably less. The trend observed in the Tezpur Lunatic Asylum was as a result of the mental disorders which were mainly observed among the adolescences and early adulthood. Moreover another factor of the frequent admissions of this age group 20- 40 was the preference of the criminal lunatics in the asylum. Besides this the asylum engaged the inmates in the asylum works like cultivation and manufacturing products to promote self sufficiency

of the asylum. The asylum authority preferred in the admission of inmates who can contribute in the self sufficiency of the asylum.

Tezpur lunatic asylum encompassed inmate from different regions of colonial Assam¹⁴. People from other province were also admitted but in less numbers. As colonial Assam covered a vast area, the inmate belonged to different religious and ethnic groups. The preponderance of the inmate from the Brahmaputra valley gave rise in the numbers of Hindu inmate. Majority of the inmate were from Kamrup, Darrang, Nagaon, and Sibsagar. The inmate from these districts was mainly Hindus. According to the available statistics, Hindus constituted majority of the inmates with an average of 70 per cent of admission to the Tezpur Lunatic asylum from 1916-1920. The second frequently admitted group were the Muhammadans. An average of 18 per cent of inmates from 1916-1920 were Muhammadans. Most of the Muhammadans were natives of other provinces.

Table 4.1: Number of admissions of Muhammadan inmates from other provinces in the Provincial Lunatic Asylum Assam

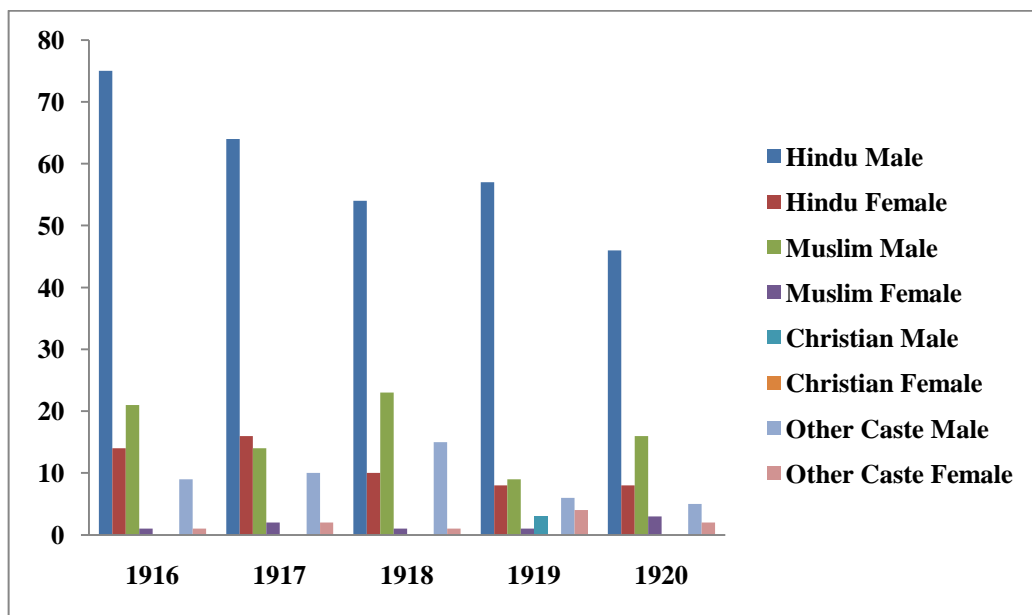
Province	Number Of Inmates
Sylhet	7
Ranchi	2
Orissa	1
Nepal	3
Midnapur	2
Hazaribagh	3
Cuttack	3
Kanpur	1
Ghazipur	1
Manbhum	1

Source: Triennial Report on the Provincial Lunatic Asylum for the year 1915- 1917, Assam State Archives, Dispur

¹⁴ Colonial Assam (1826–1947) refers to the period of History of Assam between the signing of the Treaty of Yandaboo and Independence of India when Assam was under the British colonial rule. Assam included all those areas which were included in the colonial Assam, i.e., the present states of Meghalaya, Arunachal Pradesh, Nagaland and Mizoram. The tribal areas of Garo, Khasi and Jayantia Hills, Naga hills, Lushai hills was under the British Assam and with capital situated in Shillong.

According to the statistics, ‘twenty four Hindu inmates were admitted from the other province in the year 1917 and eight Muhammadans inmates in the Tezpur Lunatic Asylum.’¹⁵ In the hospital statistics the third major group was the ‘other caste’. It seems that the ‘other caste’ category in the annual reports were mainly the tribal beliefs. The natives of the hill districts of the Colonial North East India mostly followed ‘tribal belief’. They were of tribal origin. Very few were Christianised during the Nineteenth century. According to the asylum statistics majority of the ‘other caste’ inmates were from Lushai Hills, Garo Hills, Khasi and Jaintia Hills, Naga Hills and Sadiya frontier tracts. These hill districts are now the present states of the North East India. According to the statistics from 1916-1920 about 11 per cent of the total inmates were of ‘other castes’. A very low proportion of native Christians were admitted in the asylum. From 1916-1920 the native Christians made up about 1 per cent of admission on average.

Figure 4.3: Religious distributions of inmates in Provincial Lunatic Asylum Assam. (1916-1920)



Source: Annual reports on Tezpur Lunatic Asylum (1916- 1920), Assam State Archives, Dispur

¹⁵ Triennial Report on the Provincial Lunatic Asylum for the year 1915, 1916 and 1917, Assam Secretariat Printing Office, Shillong, 1918, Assam State Archive, Dispur. p. iv.

4.4 Occupational Background of the Inmate

The Tezpur Lunatic asylum maintained records of the social background of the lunatics prior to the admission in the asylum. There were only ten occupational categories in the last two decades of nineteenth century in the Tezpur Lunatic Asylum, but later in nineteenth century it raised up to thirty two occupational categories. Mostly the information gathered from these occupational statistics was insufficient to know the past history of the inmates and it was an exaggerated one. Therefore it was officially decided to do away with the statistics on inmate's occupational background.¹⁶ In 1862, A. Fleming, the Official Civil Surgeon of the Moorshedabad Lunatic Asylum, stated the institutionalised lunatics mostly belonged to the poorer classes of the community.¹⁷

It is known from the statistics that majority of the inmates were agriculturist and tea garden labourers prior to their admission. From 1876 to 1900 there were 272 cultivators and 306 tea garden 'coolies' admitted in the Tezpur Lunatic asylum. Cultivators were less admitted in the Tezpur as there was low female admission of this occupation whereas female ratio was more among the tea garden coolies. The female tea garden coolies constituted about half of the population of the garden coolies. The cultivators were natives of the province mostly from Kamrup, Darrang, Nagaon, Sibsagar, Khasi and Jaintia Hills, Goalpara. In *Social and Economic History of Assam* Rajen Saikia depicts that Goalpara, kamrup, Nagaon, Darrang, Sibsagar and Lakhimpur were chief cultivated districts in the province.¹⁸ Agriculture was the main source of their livelihood. Saikia also pointed out that these districts were prone to flood and drought which resulted in great economic loss of the cultivators. Loss of property paved the way of the cultivators towards the asylum in the province. Another reason for the majority of cultivators admitted in this asylum might be the excessive use of 'ganja' by this category. In the *Insane Asylums in Bengal for the year 1870*, J Campbell Brown states that cultivators insanity was mostly occasioned by *Ganja*.¹⁹ During the period under review we have found that asylums were self sufficient as they produced products and cultivated large

¹⁶ Ernst, Waltraud, *op.cit.*, p-48

¹⁷ Das, Debajani, "Is Insanity a 'Female Malady'? Lunatic Women in the Asylums of Bengal in the Nineteenth Century", in *Social Scientist*, vol. 39,(5/6), 2011, p. 24.

¹⁸ Saikia, Rajen, *Social and Economic History of Assam(1853- 1921)*, Manohar Publisher, New Delhi, 2001, pp. 84- 88

¹⁹ Annual Report on the Insane Asylums in Bengal for the year 1870, Bengal Secretariat Office, Calcutta, 1871, p. 113

plots. This task was done by patients of the asylum as a therapeutic measure. The asylums admitted majority of the inmates from the agriculturist and 'coolie' group in order to increase the asylum profits.

At Tezpur the most frequently admitted group were the Tea garden '*coolies*'. *Coolies*, were the imported labour category who were considered ideal for plantation and other laborious works in assam.²⁰ In Assam tea gardens '*coolies*' were recruited on indentured contracts. They were mostly imported from Central India constituting both males and females. In Tezpur, the category *coolie* was most frequently employed than the cultivators. The label *Coolies* encompassed the imported workers in the tea gardens, railway companies and inroad construction. In the reports two types of coolies were shown- tea *coolies* and other *coolies*. Tea *coolies* were the most frequently admitted category in the asylum during the period under review. They were the worst victims of racial hatred and downright economic exploitation by the European tea planters. The post war economic depression resulted in the payment of their extremely low wages and inhuman treatment.²¹ This could be the reason of their high admissions in the asylum. Given the earlier occupation of these people as peasants in forested tracts, they were highly experienced in doing laborious physical work which contributed towards their preference in admission in the asylum.

The ratio of male and female under this category was noticeable. Statistical records illustrate that females constituted 50 percent of the total coolie admission. Female percentage under this category was higher in contrast to female cultivators. The ratio of male and female recruitment of tea garden labourers was same. The superintendent of the Tezpur Asylum Major A. Leventon reported that managers of the tea gardens of Assam paid for the tea garden *coolies* who were admitted in the asylum at Tezpur. Those recovered coolies were returned to their gardens after recovery.²² It seems that the enormous admission of the '*tea coolies*' was due to the payment of those category of inmates. *Coolies* were thus given priority in the admission procedure as the manager remitted amounts to the treasury of the asylum.

²⁰ Varma, Nitin, *Producing tea coolies? : Work, life and protest in the colonial tea plantations of Assam, 1830s-1920s*, unpublished thesis, p. 16

²¹ Barpujari H.K., *Political History of Assam*, vol. II, Publication Board of Assam, Dispur, 1991, P.26.

²² Triennial Report on the lunatic asylums in the province of eastern Bengal and assam for the years 1909, 1910 and 1911, Assam State Archive, Dispur, p.4

'Unknown' category in the asylum reports represented a higher rate of admission. Statistical records of the Tezpur Mental Hospital illustrates that there was 17 per cent inmates admitted of the unknown occupational background during the period of the study. In the admission procedure of the mental hospital the magistrate and the jail official forwarded the inmates with details. Mills argues that after 1857 revolt the British perspective on Indians has changed. Their sense of insecurity was particularly aimed at the wanderers and to protect themselves against that class of people certain preliminary measures were taken which included 'doing anything from taking away the weapons from Indians to actually removing potentially dangerous and unpredictable individuals from the society'.²³ Moreover the clauses 4 and 5 of the Indian Lunacy Act of 1858 specifically addressed the collection of the insane, wanderers and vagrants with the requirement of the magistrates approval that those were insane which would be followed by admitting them in the 'Native- Only Asylum' in India.²⁴ The asylum reports of Tezpur showed a high percentage of the 'unknown category' which suggests that the inmates were classified under this category were mostly the wanderer, vagrants or of unpredictable identity. Nationalism was at its highest peak in the Province during the study period. So the colonial officers of the province admitted those classes of people in the Tezpur Lunatic Asylum, under the 'unknown' category to ensure some kind of confidentiality. Mills argument ensured that those were admitted to protect the colonialist from the unwanted attacks and to have a sense of security.

The category 'dependent' was mainly dominated by females. Statistical data from 1921 to 1927 shows that there were 22 per cent females and 3 per cent males admitted in the asylum. In case of females such 'dependents' could be the married women section who were dependent on their husbands and in laws. Older people who were dependent on their relatives too could be labelled as 'dependents'. The inmate of the asylum also came from other occupational background.

Girhusty was another category in the Tezpur lunatic asylum. The inmates of this category were mostly females. The label *girhusty* continued to exist from 1876 to 1900 which was late modified as 'domestic life' in the twentieth century. Household workers were

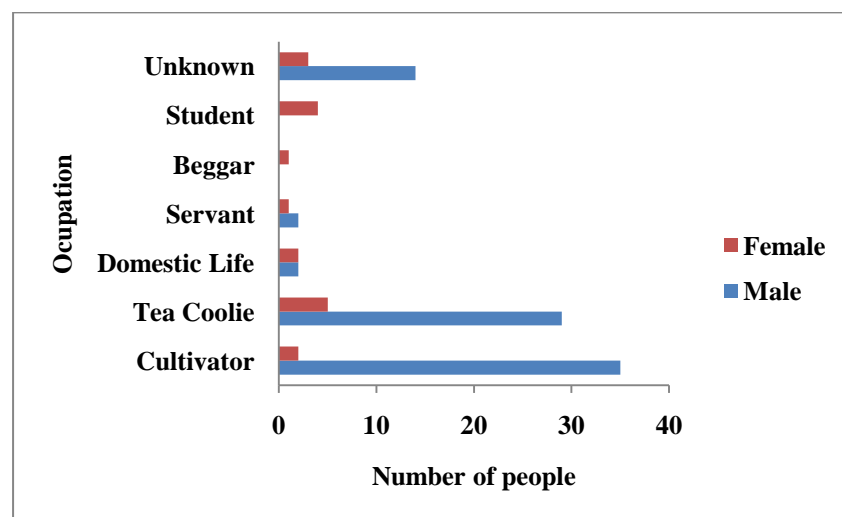
²³ Brumlik, K., "Lunacy for Profit: The Economic Gains of „Native-Only“ Lunatic Asylums in the Bengal Presidency, 1850s-1870." 2014, in *Journal of South Asian Studies*, 2014. P. 3, available on <http://www.esajournals.net/JSAS>.

²⁴ Ibid p.3

labelled as *girhusty*. In Assamese society the household work has been carried out by the female section and from this the predominance of females in this category could be justified. Besides this females were also admitted under the other categories like ‘*domestic servant*’ and ‘*ayah*’.

Students were also admitted in the Tezpur Mental Hospital, during the period under review. The label ‘student’ was introduced in the reports only in the twentieth century. In the nineteenth century students were not included in the occupational background list. The reason behind the inclusion of this group was the active participation of the students in the national movement. S.L Baruah, highlighted that the student community came to the forefront of the national movement in twentieth century and many students in this province were convicted and arrested.²⁵ The significantly higher rate of male students in the Tezpur Mental Hospital may be indicative of a greater tendency of school and college boys’ participation in the nationalist movement. Besides this there were beggars, shopkeepers, servants, policemen, sweeper, milkman, and inmates of forty other occupations.

Figure 4.4: Occupational categories assigned as percentage of average total admission, 1929-1933



Source: Annual reports on Tezpur Mental Hospital (1929- 1933), Assam State Archives, Dispur

²⁵ Barua, S.L., *A Comprehensive History of Assam*, Munshilal Manoharlal Publishes Pvt. Ltd., New Delhi, 1985, pp. 536- 537.

4.5 Diseases Prevalent in the Tezpur Lunatic Asylum and Mortality

Innumerable diseases were common in the Tezpur Lunatic Asylum, particularly, fever (malaria), Kala-azar, bowel-complaint (dysentery and diarrhea), influenza, cholera and tuberculosis. These diseases contributed towards the increasing mortality rate yearly during the study period. But very little information is available on these diseases. In Assam kala-azar broke out in epidemic form, at intervals of 15–20 years, each episode lasting three to four years.²⁶ It became a serious menace to the province. Kala-azar was a fatal disease occurred during the colonial period caused by a protozoan parasite which was transmitted through a bite of sand fly. During those waves of Kala-azar, the Tezpur lunatic asylum data's reported a very low percentage of this disease in the asylum. Prior to 1903, the aetiology of kala-azar was unknown in the medical world and the medical practitioners generally misdiagnosed as a 'bad form of malaria'.²⁷ It can be speculated that the high percentage of malaria inmates in the asylum at Tezpur pointed towards the presence of the Kala-azar which was often confused with the malarial fever.

A high prevalence of malaria among the inmate and outinmate was observed at Tezpur. According to the hospital statistical record from 1928 to 1936 there were 329 inmates who suffered from malarial fever.²⁸ There was high percentage of asylum inmates admitted on account of malarial fever in the infirmaries. The cause of malaria remained subtle until Ross's research in the mid 1890s revealed the link between the malaria parasite, mosquitoes and human infection.²⁹ The main cause of the outbreak of malaria among the asylum population was the unsatisfactory drainage system. The *kutchas* drains were not deep enough and that too uncovered. During rainy season water stagnates which promoted in mosquito breeding in the asylum compound. The annual reports of the Tezpur Lunatic Asylum highlight the issue of Prophylactic quinine yearly from the month of May to November. This indicated that special preventive measures were taken in the hospital during this rainy season. There was decrease in the malarial fever admission from 1915 to 1917 as five grains of quinine was daily issued

²⁶ Dutta, Achintya Kumar, "Medical research and control of disease: Kala-azar in British India" in Pati, Biswamoy and Harrison, Mark, eds., *The Social History of Health and Medicine in Colonial India*, Routledge, London and New York, 2009, p. 96

²⁷ *Ibid.*, p 97

²⁸ Report on the Statistical Returns on the Lunatic Asylum in Assam for the year 1928- 1936, Assam Secretariat Press, Shillong, Assam State Archive, Dispur.

²⁹ Arnold, David, *Science, Technology and Medicine in Colonial India*, Cambridge University Press, Cambridge, 2004, p. 90

to the inmates from the month of April to November.³⁰ Statistical report focussed on the higher rate of admission to the infirmaries on account of malaria from 1932- 1938. However, there was improvement in the drainage system of the asylum and by 1940s the number of admission under this category was decreased considerably. The asylum took the necessary steps to prevent the asylum from malarial fever. It was reported that Kerosene was used to prevent mosquito breeding in the '*kutcha*' drains of the asylum.

The next frequently occurred disease in the Tezpur Lunatic Asylum was influenza. The hospital witnessed number of inmates who suffered from this disease. Influenza had in its pandemic form been considered to have originated in Spain and was, in its annual non-pandemic manifestation, part of the usual range of infections such as measles, chickenpox and scarlet fever, contracted by people in western, temperate climate.³¹ Influenza epidemics were reported in a high proportion at the Tezpur lunatic asylum in 1928. However, it was present during the most years from 1918 to 1938. From 1928 to 1936 there were 309 inmates who suffered from this disease. This was next prominent disease prevalent in the asylum after Malaria. Drainage and water supply had been a constant problem which contributed to the outbreak of the influenza epidemic. Till 1940 there was unhygienic drainage system and dearth of an adequate water supply at Tezpur. Moreover the hospital was overcrowded and influenza thrives in an overcrowded situation. Though the hospital admissions on account of influenza were higher but the mortality rate was extremely low.

The asylum statistics substantiate that Inmates with bowel complaints were highly admitted in the hospital. The waterborne diseases like Dysentery and Diarrhoea was highly prominent among the inmate population of the asylum. Dysentery and diarrhoea can result in long term deterioration of health and eventual death. In colonial India, dysentery, diarrhoea and other bowel complaints were frequently occurred diseases in the lunatic asylums. These diseases were easier to prevent through proper sanitation but were fatal if ignored. High prevalence of dysentery among the inmates was an indicative towards the unhygienic condition prevailed in the Tezpur Lunatic Asylum (later termed as mental hospital). Since the establishment of the asylum at Tezpur, dysentery was prominently occurred disease. A. Garden superintendent of the asylum, 1876 reported that 11 cases of dysentery and diarrhoea

³⁰ Triennial Report on the Provincial Lunatic Asylum for the year 1915, 1916 and 1917, Assam Secretariat Printing Office, Shillong, 1918, Assam State Archive, Dispur. p. 3

³¹ Ernst, Waltraud, *op.cit.*, p.81

attended with 5 deaths.³²This was an enormous proportion of that class of disease in a small population and that too within six months of the establishment of the asylum. The main cause of the disease may be attributed to the damp floor and unhygienic sanitary condition that prevailed during the period. Moreover A. Garden reported that the drainage passes down the steining of the well and surrounding soil without undergoing any efficient filtration. As drinking water was collected from that well, it was unhygienic for the inmates health. In 1879 there was considerable decrease in the admissions for dysentery. Dysentery was checked through improved drainage system and observance and extra care of inmates in the matter of diet. But it the percentage of admissions of this disease rose up again in the last decade of the nineteenth century which continued up to the 1940s. Statistics from 1928 to 1936 shows that the highest number of inmates suffered from the waterborne disease, dysentery. J.P Cameron reported in 1934 that encouraging results were obtained by the use of prophylactic Dysentery bili vaccine which was administered to all inmates.³³

Diarrhoea also came under the category of disease prevalent in the asylum statistics. It was waterborne disease which was mainly caused by bacterial infection and parasites. Severe stages of diarrhoea leads to dysentery and this was the cause of increasing number of inmates under the label dysentery than diarrhoea. From 1928 to 1936 there were 75 inmates who suffered from diarrhoea. There is correlation between the intestinal disease and diarrhoea as it was caused by the infection in the intestine. This is due to the fact that the category diarrhoea was removed from 1934 and new category was included 'disease of digestive system'. Inmates suffered from the disease of the digestive system due to the contaminated water supply in the asylum. Moreover there was no proper sanitary facility as a result of which the inmate suffered. The inspection committee of the asylum often reported of the improper fecal disposal. In 1893 the sanitary officer reported of the liability of contamination of water from the sewage disposal. The mortality percentage due to dysentery and diarrhoea was considerably high. The high death rate may be accounted for that many of the inmates were admitted in the hospital in a moribund state. Owing to the overcrowded condition of the asylum diarrhoea and dysentery was more prevalent. Dysentery in contrast to diarrhoea was

³² Annual report on the Tezpur Lunatic Asylum for the year 1877, Assam Secretariat Printing Office 1878, Shillong, Assam State Archive, Dispur, p. 9

³³ Annual Reports on the Working of the Assam Mental Hospital, Tezpur for the year 1934, Assam Government Press, Shillong, 1935, Assam State Archive, Dispur, p. 3

serious disease. Mortality rate in this disease was also higher than diarrhoea. In the last two decades of nineteenth century mortality rate was mostly contributed by this disease.

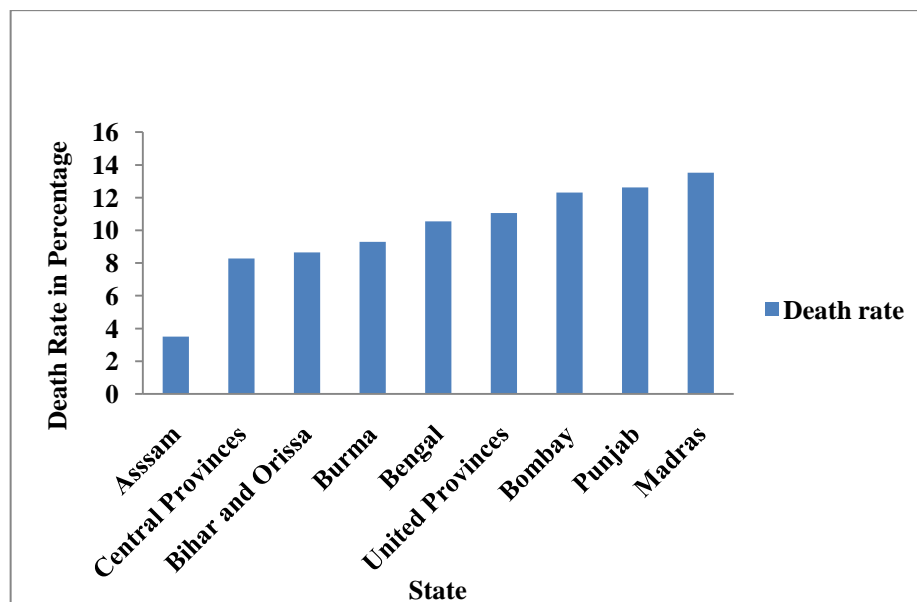
The higher prevalence of tuberculosis was reported in the annual reports of the Tezpur Lunatic Asylum. Till 1900 the label 'tuberculosis' was used under the disease 'lung affection' and 'pthisis'. It was a contagious airborne disease and as there was no means of segregation of the tubercle inmates in the nineteenth century, the rate of this disease was considerably increasing. New barracks to segregate the tuberculosis inmates were only built from the second decade of the twentieth century. According to the reports of the asylum there were 79 tubercle inmates for the year 1912-1914 but this statistics was changed and it was reduced to 40 for the year 1915-1917. The decrease in the admission of the tuberculosis in 1917 indicated the extent to which overcrowding was responsible for the prevalence of this disease. The construction of new barracks for male and female tubercle inmate and increasing ventilation have reduced the number of admission from 22 in 1916 to 8 in 1917. Tuberculosis accounted for the high mortality rates in the asylum. In 1912 the heavy death rate was due to the increased mortality from tubercle of lungs and intestine which caused nearly half the number the deaths. Deaths from tuberculosis represented 25 per cent of the total deaths for the triennium 1915-1917 against 50 per cent in the previous one.³⁴ Tuberculosis and dysentery were the chief causes of the mortality statistics. Preventive measures were taken under the advice of the superintendents to control the disease. Special accommodation of the tubercle inmates was given outside the asylum compound to ensure the complete segregation of these inmates. Moreover great emphasis was laid on the laboratory testing by 1920s. The number of blood, urine and stool samples especially for the new admissions were sent to the Pasteur institute, Shillong for examination. In connection with the heavy mortality from tubercle disease Major E.C. Leod the superintendent of the Tezpur Lunatic asylum remarked that the spread of the tuberculosis was a cause of considerable anxiety and with the provision of ample air space and segregation sheds the mortality from this disease will rapidly decrease.³⁵

³⁴ Triennial Report on the Provincial Lunatic Asylum for the year 1915- 1917, Assam Secretariat Printing Office, Shillong, 1918, Assam State Archive, Dispur, p. 3

³⁵ Triennial Report on the Provincial Lunatic Asylum for the year 1915- 1917, Assam Secretariat Printing Office, Shillong, 1918, Assam State Archive, Dispur, p. 3

The Tezpur asylum records reported a very insufficient data on the disease ‘anaemia’. Anaemia was due to the blood sucking parasites ‘hookworm’. Existing data reported of 1 anaemia inmate in the year of its establishment but this figure was increased to 12 in four years of the asylums existence. This is an indicative of the unhygienic condition in the asylum. The inmates mostly were of filthy habits and as most of the inmates were employed in the cultivation and other construction works their skin easily got exposed to larvae of the hookworm in soil that was contaminated by human feces. Moreover the causes included inadequate access to clean water and sanitation. The symptoms of hookworm disease were not recognised in an earlier stage which substantially contributed to the incidence of anaemia. Hookworm was the paramount cause for anaemia. In the asylum, vermifuges and vermicides for hook worm and other intestinal parasites were given for the prevention of this disease. But there was no record of giving iron supplements in the last two decades of the nineteenth century. The rise in the statistics of anaemia may suggest the malnourishment of the inmates. However there was few mortality from anaemia but it was not reported on a yearly basis.

Figure 4.5: Average percentage of death to daily average strength of inmates in different lunatic asylums of India, 1920³⁶



Source: Annual reports on Tezpur Mental Hospital 1920, Assam State Archives, Dispur

³⁶ Triennial Report on the Provincial Lunatic Asylum for the year 1918, 1919 and 1920, Assam Secretariat Printing Office, Shillong, 1921, Assam State Archive, Dispur, p. 3

Figure 4.5 shows that, the mortality in Tezpur lunatic asylum was considerably lower in contrast to the other lunatic asylums of India. An average death percentage of about 3.51 in the Tezpur Lunatic Asylum of colonial Assam were considerably low. Figures in Tezpur fluctuated year by year as for example in 1919 the death percentage was 5.21 which was decreased to 3.51 in 1920. The mortality rate was higher in the first 44 years of the asylum but it began to decrease in the 1920s. It is likely that the lower percentage of diseases among the inmates in 1920 may ensure a low mortality rate. For example no cases of influenza were recorded in 1920.

Accidents and injuries were frequently occurred in the asylum compound which included mostly self afflicted wounds and assaults by others. There were also cases of suicides in a low proportion. Most of the accidents were occurred while they were escaping from the asylum. Statistical data from 1915 to 1940 reported of only 13 accident cases and 3 suicidal cases in the asylum. Anne Shepherd and David Wright's article 'Madness, Suicide and the Victorian Asylum: Attempted Self-Murder in the Age of Non-Restraint' deals directly with the asylum's suicidal population. They pointed out the role of the asylum staff in minimising the statistics of suicidal cases. Three suicidal cases were reported in the Tezpur Lunatic Asylum from the period 1915 to 1940. One suicide case was reported in 1919 by a criminal lunatic who was found hanged in the night latrine. It made it possible to determine that there was lack of Surveillance during the night by the asylum staff. Moreover there was small number of attendant in comparison to the inmates. (51 male keepers and 13 female keepers against 582 inmates 1940) It could be possible that most of the hours were passed in sleep. According to Anderson it would be 'ungenerous to deny that the contribution to suicide prevention made by asylum staff was more tangible and direct' than that of prison medical officers or general practitioners.³⁷ Attempted suicide cases were not recorded in the asylum reports which resulted in a vague assumption of the suicidal percentage in the asylum.

Besides the suicidal death there was frequent accidents and injuries in the asylum, the most common being the assaults of the inmates by one another. From 1915 to 1940 there were thirteen cases of accidental deaths which justified the asylum staffs failure in surveillance. In 1919 two cases were reported of accidental death. In the first case a criminal lunatic killed a

³⁷ York, H. Sarah, "Suicide, Lunacy and the Asylum in Nineteenth-Century England", unpublished thesis, The University of Birmingham, December 2009, p.21

non criminal at night. This case clearly reflected the negligence of the warders and the lack of separation of wards 'criminal' and 'non criminal' lunatics. In the second case a 'criminal lunatic' while escaping fell from the window sill of the cell and died as a result of fracture of skull. Asylum reports pointed out some accidental death cases which are demonstrated as:

1928- one old criminal lunatic fell down in bathroom while taking bath and got intra capsular fracture of femur . He was died after a month.

1930- 1 criminal mental inmate died. It was reported during a maniacle outburst at night, climbed to the upper cross iron bar of night latrine . he accidently fell and his lower end of left libra was fracture. Due to his maniacal outburst proper treatment could not be carried out.

1933- 2 female inmate suffered from fractures due to their epileptic seizure. 1 inmate died after few months due to 'softening of brain'

1936- a case of assault where the assaulted died. Remained unconscious for 6 days and suffered from pneumonia.

1937- Death of a criminal mental inmate. Got injured in head from a fall caused by a quarrel. Death was due to compression of the brain caused by effusion of blood as a result of the injury³⁸

The number of deaths due to the accident and assaults of the inmates were much higher than the suicidal cases in the Tezpur Lunatic Asylum in the twentieth century. Very little has been written on this category in the nineteenth century. So it is difficult to know the situation at Tezpur during that period of time. However the cases reported in the twentieth century clearly focussed on the small number of the asylum staff who neglected their duty which resulted in the increase of the accidental death and number of assaults.

4.6 Conclusion

The Tezpur Lunatic Asylum housed two types of inmates during the period of the study- Criminal ad Non Criminal lunatics. These inmates were the main population in the asylum. There were no voluntary admissions in the asylum and the inmate in the asylum has to be forwarded by the magistrates and the jail officers of the respective districts. It was clear

³⁸ Annual Reports on the Working of the Assam Mental Hospital, Tezpur for the year, 1928, 1930, 1933, 1936, 1937. Assam Government Press, Shillong, Assam State Archive, Dispur.

that the Criminal lunatics were given the preference in the admission. Moreover this chapter helps to know the social background of the inmates. Agriculturists and tea garden labourers were the main past occupation of the inmates who were mostly between the age group 20– 40 years. this chapter highlighted that this group of inmates were highly experienced in doing laborious physical work which contributed towards the self sufficiency of the lunatic asylum at Tezpur. Besides these groups, the ‘unknown category’ is mention worthy as it also contributed a high number of inmates. There were some inmates whom the authority wanted to conceal the identity. The social background of the inmates helped in the treatment of the inmates in the asylum. Moreover this chapter demonstrated the prevalent diseases in the Tezpur Lunatic Asylum. Inmates’ life in the asylum was further deteriorated by the diseases like Tuberculosis, Malaria, Bowel complaints, Influenza and Cholera. Though preventive measures were adopted to get rid from these diseases but it contributed towards the mortality rate in the Tezpur Lunatic Asylum. apart from these diseases the mortality rate was further increased by the suicidal and accidental deaths. Accidental deaths were reported to more. The asylum staffs had no formal trainings which aggravated the situation in the asylum.

CHAPTER-V

TYPES OF MENTAL ILLNESS AND

TREATMENT

Chapter-V: Types of mental illness and Treatment

5.1 Introduction

The occurrence of mental illness and their treatment has been identified and documented since ancient times. The first classification of mental disorders was proposed by Hippocrates. He set the stepping stones for the foundations of the guidelines for the classification of diseases, which are considered the gold standards for the diagnosis, management and prevention of diseases. The classification of mental disorders, also known as psychiatric nosology or taxonomy, is a key aspect of psychiatry and other mental health professions and an important issue for people who may be diagnosed.¹ In the later part of eighteenth century, nosological system organised disease and described in details.² Sigmund Freud and Emil Kraepelin made significant contributions to the classification of psychiatric disorder. But their views did not agree on the cause of mental illness. Kraepelin developed categorical approach to mental disorders that was in contrast to Freud's process model based on series of person's life events. Freud's influence has diminished over decades.³ Emil Kraepelin developed the first widely accepted classification of mental disorders and is considered the founder of modern psychiatric nosology.⁴ Kraepelin systematically collected and described facts, on the basis of which he classified types of severe mental disorder. He studied illnesses not only according to their appearances at a given time, but also according to their characteristic courses over periods of time.⁵ In this chapter the classification of the mental disorders and the treatments offered in the Tezpur Lunatic Asylum in the study period will be discussed.

¹ George Henry savage and Edwin Goodall, *Insanity and Allied Neuroses: A Practical and Clinical Manual Clinical manuals for practitioners and students of medicine*, Cassell, London, 1907, 4th edition p.151

² Maher B. Winifred and Maher A. Brendan, "Abnormal Psychology" in Freedheim K. Donald, (ed.), *Handbook of Psychology*, John Wiley & Sons, Canada, 2003, p. 315

³ Munson E. Carlton, *The mental Health Dignostic Desk Reference: Visual Guides and More for Learning to Use the Diagnostic and Statistical Manual*, Haworth Press, Inc., New York, 2001, p. 12

⁴ Maher B. Winifred and Maher A. Brendan, *op.cit.*, p. 316

⁵ Alistair Munro, *Delusional Disorder: Paranoia and Related Illness*, Cambridge university press, Cambridge, 2003 p.11

5.2 Types of mental illness in the Tezpur Lunatic Asylum

The classification of different types of mental illness during the late nineteenth and twentieth century has been well documented in the institutional reports. In the Tezpur Lunatic Asylum, the types of mental illness as documented in the reports 1876 to 1890 were: mania which was sub divided into acute and chronic; melancholia; dementia subdivided into acute and chronic; monomania and idiocy. There was another category named as '*Not insane*'. This category mostly consisted of the criminal lunatics and beggars. No symptoms of insanity were found among the patient of this category. it was reported in the asylum reports that:

“As regards those said to be “not insane” three were not criminal lunatics...fourth was mistaken identity... a beggar supposed unsound intellect, was considered to answer to the descriptive role of an escaped lunatic...consequently sent in by the civil authorities, on the discovery of the mistake and determination of his sanity, he was set at large...”⁶

By 1891 the institutional reports introduced five new categories of insanity- epileptic insanity; toxic insanity; insanity associated with obvious morbid change or changes in the brain; consecutive insanity from fevers, visceral inflammation etc., and lastly '*not yet diagnosed*'. From 1891 the '*not insane*' category was changed to '*not yet diagnosed*' and then to '*declared to have recovered or not yet diagnosed*' by 1900. Many of the men who were admitted in a 'good' or 'fair' bodily condition were, in fact, diagnosed under this category. This included inmates who were admitted in the Tezpur Lunatic Asylum as a mystery. The information sent with those inmates was insufficient to diagnose their mental state of condition. In order to diagnose the disorder the underlying cause should be detected, but it was impossible for these category inmates. So in the institutional report the inmates with no valuable information of their past were put under this category.

⁶ Annual report on the Tezpur Lunatic Asylum for the year 1877, Assam Secretariat Printing Office 1878, shillong, Assam State Archive, Dispur. p. 8

Table 5.1: Types of insanity and the number of admissions in the Tezpur Lunatic Asylum, 1891

Types of Insanity		Number of admissions
Mania		48
Melancholia		42
Dementia including acquired imbecility		9
Idiocy		2
Epileptic insanity		9
Toxic Insanity	Charas smoking	--
	Ganja smoking	28
	Use of Bhang	4
	Opium eating	1
	Opium smoking	11
	Spirit drinking	12
Insanity associated with obvious morbid change or changes in the brain		-
Consecutive insanity from fever, visceral inflammation		-
Other forms of insanity to be specified in foot notes		-
Not yet diagnosed		1

Source: Annual report on the Tezpur Lunatic Asylum for the year 1891, Assam State Archive, Dispur. p. 10

In 1934 the new report form was used at Tezpur mental hospital. Instead of the earlier forms title of ‘Types of Insanity’ the new heading referred to ‘Form of Mental disorder’. This change of nomenclature had been mooted by psychiatrists for a long time and was finally enshrined in the Mental Treatment Act in Britain in 1930.⁷

5.2.1 Mania and melancholia

The word mania was derived from the same root as the term *Mainomai*, to be mad, deranged. In Latin it was called *Insania* in Hindi *Unmada*. Kraepelin noted that since the time of Ancient Greeks, physicians have recognized certain connection between the mental states

⁷Ernst, Waltraud, *Colonialism and Transnational Psychiatry: The Development of an Indian Mental Hospital in British India, C. 1925-1940*, Anthem Press, London, 2013, p. 109

of depression and mania. Hippocrates was the first who put mania and melancholia on cultural basis. Mania was a vague category. In Greek antiquity and for centuries afterwards it was conceived of in terms of humoral theory, being characterised by a host of leading complaints in absence of fever.⁸

The concept of mania underwent a radical transformation between 1800 and 1900.⁹ At the end of eighteenth century, it was tantamount to insanity or madness but by the end of nineteenth century it was used to refer elated hyperactivity with or without psychiatric symptoms.¹⁰ Pinel classified mania characterised by disorder associated with sad, gay, extravagant or raging effects free from disordered thought but always blind aggression. The view of Pinel on mania differed from Mendel who was considered to be the great specialist on mania in the late nineteenth century. Between Mendel and Pinel the term mania became narrower and historical analysis shows that the word ‘mania’ almost dropped out of the circulation around the 1830’s when some of the clinical function was taken by ‘monomania’.¹¹ Esquirol elaborated the concept of monomania, a type of insanity that does not involve loss of reason, to designate an abnormally active, talkative individual with disturbed thought process confined to a fairly limited cluster of ideas or interests. The condition sometimes appears abruptly and abruptly ceases, and often does not necessitate hospitalization. The word ‘monomania’ had a very low popularity and its decline brought back the word ‘mania’ with a new meaning in the later part of the nineteenth century. By then the description of ‘mania’ became more specific as the alienist created stable definitions of the basic symptoms associated with the inmates.

Mania was the chief form of insanity. Women were more likely to be diagnosed with mania than melancholia and the two sexes were diagnosed in roughly similar ways during the period as a whole. On the other hand melancholia formed the next large group. In 1907, the asylums at eastern Bengal and Assam (Dacca and Tezpur) constituted 73.08 per cent under the category mania while melancholia accounted for 15.38 per cent.¹² Judging from the

⁸ Ernst W., op.cit., p. 112

⁹ Berrios, G, “The Two Manias” in *British Journal of Psychiatry*, vol.139, 1981. p. 258

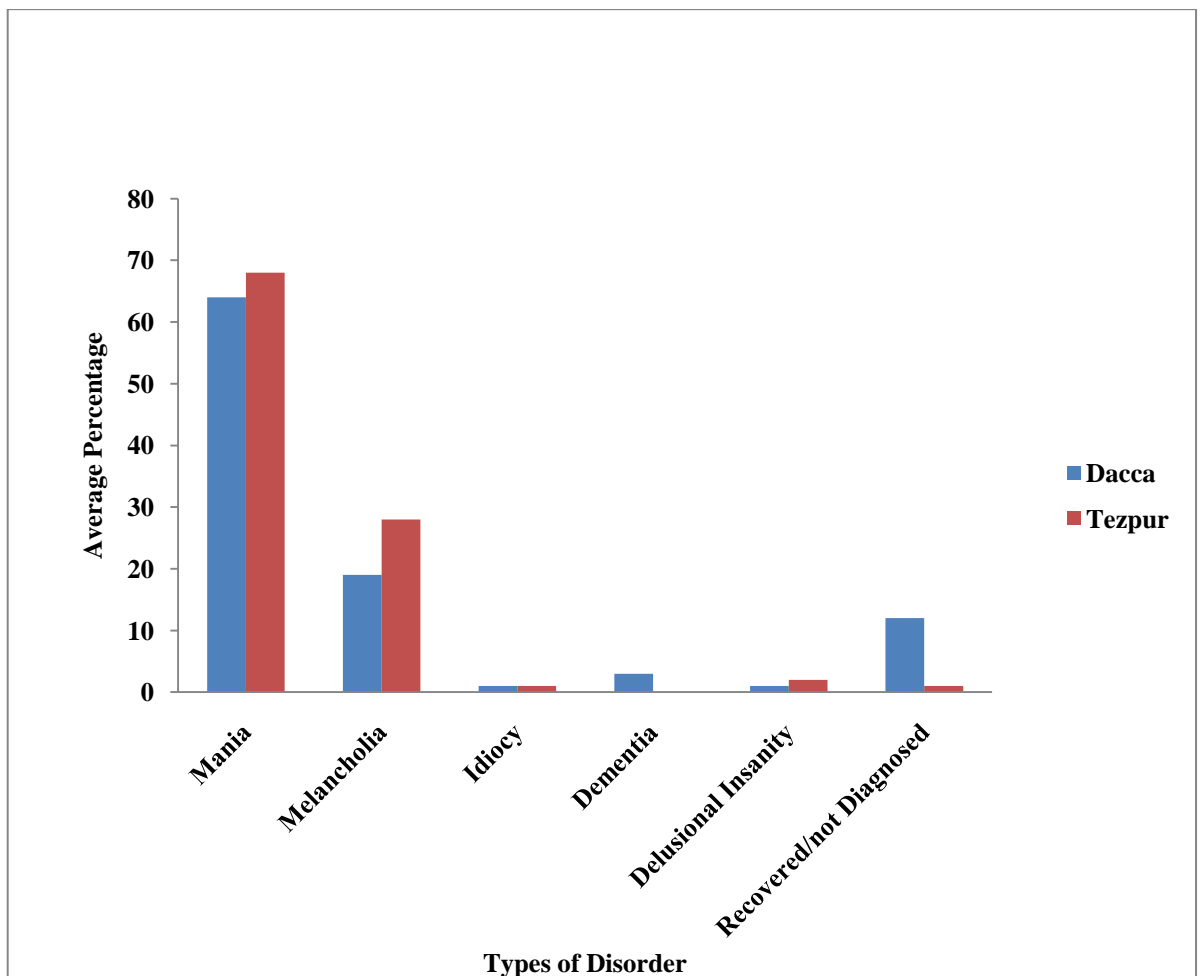
¹⁰ Henn, Fritz et.al., *Contemporary Psychiatry*, Spinger science and Business Media, New York, 2013, p. 16

¹¹ *Ibid.*, p. 17

¹² Statistical Returns of the Lunatic Asylums in Eastern Bengal and Assam for the year 1907, Assam Secretariat Printing Office, 1908, Shillong, Assam State Archive, Dispur. p. 10

material that is currently available, in the institutions like the Tezpur Lunatic Asylum and Dacca lunatic asylum, mania and melancholia formed a large part of the admitted inmates. At Dacca lunatic asylum a majority of the inmates were under the category of mania, melancholia and dementia. The data's between the Dacca lunatic Asylum and Tezpur Lunatic asylum was quite similar as shown in Figure 5.1.

Figure 5.1: Average Percentage of the types of insanity attributed on admission at Dacca Lunatic Asylum and Tezpur Lunatic Asylum, 1907



Source: Annual reports on Tezpur Lunatic Asylum (1907), Assam State Archives, Dispur

The data's were quite similar but there was difference in the percentage of the category "recovered or not yet diagnosed". Mania was the highest in both the asylum constituting more than half of the total admitted in 1907. Melancholia was also constituted a

great bulk of the admitted inmates. Melancholy can be traced back to the ancient Greek origins of humoral medicine, explained by an accumulation of black bile.¹³ Foucault observed that all the physicians of the eighteenth century acknowledged the proximity of mania and melancholia and often refused to call them two manifestation of the same disease.¹⁴ Foucault justified the relation between mania and melancholia as:

“For Joseph Lieutaud, a melancholia that lasts a long time... assumes a strong resemblance to mania...the last stage of melancholia has many affinities with mania. For Boerhaave mania formed the highest degree of melancholia...mania is differentiated from melancholia only by a difference of degree...results from the same causes and is ordinarily treated by the same remedies...”¹⁵

According to the nineteenth-century diagnostic classification melancholia was regarded as a form of insanity characterised by depression and an intensity of ideas. The patient unceasingly pondered his own desperate condition and was gradually consumed by feelings of self-abasement.¹⁶ Tezpur lunatic asylum showed more ‘melancholic’ inmates than in Dacca Lunatic Asylum. There was difference of nine per cent between these two asylums. It seems this difference is due to the variation in the total number of admitted inmates in these asylums in the year 1907. The number of lunatics in Dacca lunatic asylum in 1917 was 346 and Tezpur lunatic asylum was 230.¹⁷ Other categories were similar except the category ‘recovered or not yet diagnosed’ which was 12 per cent in the Dacca Lunatic Asylum and 1 per cent in Tezpur Lunatic Asylum respectively. This was due to admission and discharge procedure in the asylums.

From the existing data’s it is reported that the inmates diagnosed under mania and melancholia were not dangerous but were of short-tempered, talkative, and confused character. ‘Ganja’ smoking is the alleged cause of this type of insanity. Cultivators and tea

¹³ Heather Munsche and Harry Whitaker, “Eighteenth Century Classification of Mental Illness: Linnaeus, de Sauvages, Vogel, and Cullen” in *Cognitive and Behavioural Neurology*, Vol. 25, Number 4, December 2012, p. 237

¹⁴ Foucault, M., *Madness and Civilisation: A History of Insanity in the age of Reason*, Pantheon Books Publisher, New York, 1965, p. 132

¹⁵ *Ibid* p. 132

¹⁶ York, H. Sarah, *Suicide, Lunacy and the Asylum in Nineteenth-Century England*, unpublished thesis, The University of Birmingham, December 2009 p. 63

¹⁷ Triennial Report on the Provincial Lunatic Asylum for the year 1915, 1916 and 1917, Assam Secretariat Printing Office, Shillong, 1918, Assam State Archive, Dispur. p. 1

garden coolies furnished the largest number of admission under this two category. It seems that most of the inmates belonged to the age group 20-40 years.

5.2.2 Schizophrenia including ‘Dementia Praecox’

Schizophrenia is the category which has survived till present day. Bleuler (1908), a Swiss psychiatrist, introduced the term schizophrenia. “Schizophrenia” is the new name Eugen Bleuler gave to Emil Kraepelin’s “dementia praecox” in 1908. He was influenced by Wundt, Freud and Jung in his understanding of mental illness. Bleuler had intended the term to refer to the dissociation or ‘loosening’ of thoughts and feelings that he had found to be a prominent feature of the illness.¹⁸ Various series of definition of schizophrenia can be accepted over time and at different localities. American psychiatry is understood to have followed the conceptual framework of Adolf Meyer and Eugen Bleuler, while kraepelin is believed to have been more influential in Europe. But Kraepelin’s dementia praecox concept wasn’t accepted all at once. Conolly Norman of the Richmond Asylum in Dublin was the most influential critique. His views published in the British Medical Journal in 1904 were almost completely negative about the dementia praecox division of Kraepelin’s classificatory system. He not only stated that the illness was neither necessarily a “dementia” nor a “praecox”, but went further to ask if there even was such an illness.¹⁹ But it was kraepelin’s dementia praecox which became a key in the evolution of Bleuler’s schizophrenia.

Dementia praecox was another category dating from the 1920’s in the Tezpur Lunatic Asylum. There was a decreased rate of admission under this category till 1930 but from 1932 to 1933 there was sudden increase in the admission of the inmates in this category. In 1934 under Dr. S.N. Chowdhury, the classification pattern was changed and dementia praecox was placed under the label ‘*schizophrenia including dementia praecox*’. The new phrasing indicates that the two terms were not considered equivalent and that a compromise was negotiated between those preferring schizophrenia and others who favoured the old, more narrowly defined the term.²⁰ Current research seems to suggest that there was considerable

¹⁸ Adityanjee, et.al., “Dementia Praecox to Schizophrenia: The first 100 years’ in *Psychiatry and Clinical Neurosciences*, Vol. 53, Issue 4, pages 1999 , p.437

¹⁹ Dalzell Tom, “Schizophrenia in Freud and Lacan: No Return to pre-Kraepelinian Bewilderment” in *The Letter* (40), 2009, p.17

²⁰ Ernst, Waltraud, *op.cit.*, p. 124

increase in the figure under this new category which is probably be due to the introduction of the new category ‘*schizophrenia including dementia praecox*’ . From 1936 to 1940, 85 per cent male and 15 per cent female was admitted under the category ‘*schizophrenia including dementia praecox*’.

5.2.3 Delusional insanity

Delusional insanity was an important diagnosis in the late nineteenth and early Twentieth Century. It was called as *paranoia* earlier. The terms *delusional insanity* and *paranoia* was embedded in different national histories of conceptualisation as Lewis, kendler, Dowbiggin have shown for Germany, Austria, England, France and the United States.²¹ Hallucinations may occur but are usually less prominent than in schizophrenia: when they are present their themes tend to be compatible with the delusional belief. The illness is chronic, often infact lifelong. Kraepelin noticed that paranoia was different from *dementia praecox* at all times by insisting that delusions in paranoia were systematized and relatively consistent, nonbizarre, and often related – though pathologically – to real-life events.²² The mood in *paranoia* can be fairly normal when the patient is not thinking about his delusional ideas, but becomes very intense when he is preoccupied with them. He described the illness was largely one of middle and older age, the most common onset being between 30 and 40. Bleuler also recognized *paranoia* as a separate disorder and, in fact, allowed the presence of hallucinations in the diagnosis. Psychoanalysts believe that the contribution of Sigmund Freud (1856– 1939) to the understanding of the paranoid or delusional disorders is basic. While the Kraepelinian view of paranoid disorder has proved the most enduring one, it has not necessarily been accepted everywhere. As Fish pointed out, many European psychiatrists did not accept paranoid disorders as separate illnesses but instead regarded paranoid conditions as expressions of other mental illnesses such as schizophrenia, affective disorder, organic brain disorder or as psychogenic reactions secondary to environmental stress acting upon an abnormal personality.²³

²¹ *Ibid.*, p. 120

²² Munro, Alistair, *op.cit.*, p.15

²³ *Ibid.*, p15

In the Tezpur Lunatic Asylum the term *delusional insanity* (acute or chronic paranoia) was formally incorporated in 1999-1900 but there was not a single patient diagnosed under this group. The term *delusional insanity* was renamed as *paranoia and paranoid states* in 1934. In the period of our study there was not a single women admitted under this category. As Alistair Munro states that the illness seems to affect males and females approximately equally. She also added that there is some evidence that males may be at risk of earlier initiation, and that in advanced old age female cases predominate.²⁴ But according to the existing reports, in case of Tezpur the number of females in advanced old age was minimum. So it can be said that there was no females diagnosed under this group.

5.2.4 Toxic insanity

Within the wider concept of toxic insanity cannabis insanity, opium insanity and alcohol insanity was included. In Indian lunatic asylums cannabis was the most occupied category of the cause in the 'physical cause' column in India throughout the last half of the nineteenth century. The asylum records distinguish between moral and physical causes of insanity. The most frequently listed physical cause was the abuse of intoxicating drugs – specifically hemp, as J C Penny, Superintendent of the Delhi lunatic asylum, stated in 1872: 'Insanity or permanent disorder of the mind is a result of the evil habit of overindulgence in this narcotic.'²⁵

Cannabis indica psychosis was the category under which most of the inmates were diagnosed. Overbeck-wright pointed out that cannabis indica has been said to be one of the greatest factors which swell the asylum population in India.²⁶ Debajani Das pointed out that 'until the establishment of the Indian Hemp Drug Commission in 1893, the medical officers were in doubt about the relationship between 'ganja' and insanity. An interesting conundrum about the 'ganja' smoking was that whether it was reasonable to suppose that excessive 'ganja' smoking was due to insanity or insanity was due to excessive use of 'ganja'.²⁷ It was well documented in the reports of the Tezpur Asylum that there was male predominance in

²⁴ Munro, Alistair, *op.cit.*, p.15

²⁵ <http://digital.nls.uk/indiapapers/mentalhealth>. retrieved on 06/02/2016

²⁶ Wright, Overbeck, *Lunacy in India*, Bailliere, Tindall and Cox, London, 1921, p.130

²⁷ Das, Debajani, "Is Insanity a 'Female Malady'? Lunatic Women in the Asylums of Bengal in the Nineteenth Century", in *Social Scientist*, vol. 39,(5/6), 2011, p. 31.

the category of toxic insanity. Ewens suggested that 'the practice of using cannabis was practically unknown among women and therefore they escaped this disease'.²⁸ He added that he had never heard of women addicted of it.²⁹ In Indian societies women were prohibited from using such type of intoxicants as it affected their social status. Assam was not a case of exception. During those days Women in this province have to live under societal margins which restricted them from consuming such intoxicants in any form. It was a social taboo for a woman to consume such substances. The superintendent of the asylum assumed that since women were less addicted to 'ganja' smoking than males, the numbers were fewer. However Cannabis is most closely associated with magical, medical, religious, and social customs in India. Still today it is associated with the worship of Shiva, Hindu God. Waltraud Ernst in *colonialism and transnational psychiatry* depicted a picture of male predominance in this type of insanity in Ranchi mental hospital. Drs J wise and J. Coats, the two superintendants of Dacca and Moydapore Asylums respectively stated that the proportion of 'ganja', resulting in insanity among the criminal lunatics was lower among the non criminal lunatics.³⁰ Very often thieves and murderers smoked 'ganja' to encourage themselves for criminal deeds. Therefore it would be simple to say that the high proportion of 'ganja' smokers were mostly 'criminal lunatics'.

Alcohol insanity was not so common form of insanity in Assam province as that of cannabis insanity. As cannabis was available in huge amount, the natives were not so addicted to alcohol. Mostly male inmates were admitted under this category of insanity and majority was tea garden 'coolies'. Alcohol played an important role in the tea plantation of Assam. The planters often rewarded the labourer's alcohol for extra labour. In the last decade of nineteenth century around 20 per cent of the cause of insanity was assigned to spirit drinking. This was so as there were no regulations for the control of alcohol consumption. Moreover tea planters encouraged them for this to enhance the production of tea. But from the existing records it is noted that the diagnosis under alcohol insanity was very few in the first half of the twentieth century. A fraction of percent was assigned for this type of insanity. It might be due to the excise committee which was formed in 1905-06. This committee helped in checking the evils of drinking in tea gardens of Assam. By then the government controlled

²⁸ Ewens, G.F.W. *Insanity in India*, , Thacker, Calcutta, 1908, p. 23

²⁹ *Ibid.*,128

³⁰ Das, Debajani, *op. cit.*, p. 32.

over the manufacture, supply and selling of liquor. The tightening of uncontrolled drinking was an important factor of the low rate of alcoholic insanity. In Assam province practice of home- brewing was prevalent and is still in practice. Mostly this activity was done by the females. Rice beer was prepared for religious and cultural occasions. Besides men, there were also women who were indulged in this drinking habit. But the statistical data represents no women in this category in Tezpur. The women may not have been alert of the insanity symptoms caused by consumption of alcohol. As Ernst suggested in case of cannabis insanity in female that “they may not have been alert to what were considered the tell tale signs of cannabis use, particularly in those cases where the symptoms women presented could be classified by means of categories considered to be characteristics of female insanity, such as mania and dementia praecox.”³¹ In the Tezpur lunatic asylum the female population women were mostly diagnosed under the label mania, melancholia and dementia praecox rather than alcoholic insanity.

5.2.5 Epilepsy

Epilepsy has been recognized since the earliest medical writings. The Greek physician Hippocrates wrote the first book on epilepsy, *On the Sacred Disease*, around 400 BC. He was the first who attempted a scientific approach toward the study of epilepsy by suggesting possible aetiology and therapy for the disease. He recognized that epilepsy was a brain dysfunction and argued against the ideas that seizures were a curse from the gods and that people with epilepsy could predict the future.³² Hippocrates, *Charaka Samhita* and later Galen provided the less spiritualized understanding but the prevailing view until the 17th and 18th centuries remained that of demonic possession. The perception that epilepsy was a brain disorder did not begin to take root until the 18th and 19th Centuries AD.³³ From 19th century epilepsy has been related with the discipline of neurology and psychiatry. From these gradually emerged the early concepts of neuropsychiatry. Till the middle of the twentieth century epilepsy remained to some extent in both the discipline of psychiatry and neurology. It was only in the middle of the 20th century with the development of electromagnetic

³¹ Ernst, Waltraud, *op.cit.*, p.144

³² Devinsky, Orrin. “The woman with Epilepsy: A Historical Perspective” in Morrell, Martha J. and Flynn, Kerry L. (eds.), *Women with Epilepsy: A Handbook of Health and Treatment Issues*, Cambridge University Press, Cambridge 2003 p. 18.

³³ http://www.allcountries.org/health/epilepsy_historical_overview.html, retrieved on 8/02/2016

theories of epilepsy that the concept of epilepsy as a neurological disorder was finally adopted in international classifications of disease.³⁴ In India there was no separate institution for the epileptic inmates in the nineteenth century. So they were mostly treated in the psychiatric institutions. The majority of inmates classified as epileptic belonged to those who had shown threatening behaviour and committed a violent crime.³⁵

From the Annual Reports of Tezpur Lunatic Asylum, it was evident that epilepsy was not an independent category of insanity. Ewens suggested that epilepsy presented frequently in juxtaposition with other forms of insanity. In the Tezpur lunatic asylum, from the last decade of the nineteenth century the category epilepsy was changed to mania associated with epilepsy, melancholia associated with epilepsy and dementia associated with epilepsy. Among these three categories, mania from epilepsy and melancholia from epilepsy brought few admissions in the Tezpur Lunatic Asylum but less than a percent was diagnosed under the category dementia from epilepsy. Classification was further changed in 1934 and it was renamed as 'epilepsy and epileptic insanity'. The distribution of epilepsy in men and women has been shown to vary across countries. This can be mostly explained by the factors discussed with incidence. These include differences in genetic background, the prevalence of the commonest risk factors, and the concealment of the disease by women for socio-cultural reasons.³⁶ It seems that women with epilepsy have experienced the brunt of social and institutional stigmatization and discrimination. In Tezpur there was very low percentage of female diagnosed under this category. From 1936 to 1940 no female got diagnosed under this category. The reason might be social. In order to get the girls and women's married off, this type of insanity was concealed to prevent their hospitalisation. Prior to 1936 there was only a fraction of percent of females diagnosed under this category. In Assam province there was no hospitals specialised for neurological disorder during the period of the study. Therefore it seems that the most serious cases were admitted in the lunatic asylum at Tezpur. Those inmates were admitted in the Tezpur Lunatic Asylum but there were no separate wards for the epileptic inmates like that of Ranchi mental hospital.

³⁴ Edward H. Reynolds and Michael R. Trimble, "Epilepsy, psychiatry, and neurology," in *Epilepsia*, 50 (suppl. 3), 2009, p. 50

³⁵ Earnst, Waltraud, *op.cit.*, p. 146

³⁶ Harden, Cynthia, et.al., *Epilepsy in women*, John Wiley & Sons, 2013, Chichester, p. 3

5.2.6 Neurosis and Psycho Neurosis

The category ‘neurosis and psycho neurosis’ was included in the new classification introduced in the Annual reports of the Tezpur Mental Hospital of 1934. The term neurosis was formally introduced by the Edinburgh physician William Cullen in 1785. Cullen defined the neuroses as disorders that involved disturbances of nervous functioning, without any obvious injury or inflammation of the nerves (neuritis) being apparent at postmortem.³⁷ For Cullen, who was a medical classifier like Sydenham, hysteria was one subdivision of the spasmodic neuroses—all of which involved abnormal movement of muscles or muscle fibers. As late as 1899, Kraepelin still classified epilepsy, cholera, tetanus, and migraine along with hysteria as neuroses.³⁸ The category ‘Neurosis and Psycho Neurosis’ relates to hysteria. The word ‘hysteria’ is derived from the Greek word ‘hysteron’ which means womb. According to Elaine Showalter the term ‘hysterical’ and ‘feminine’ was interchangeable. Hysteria has been closely linked with women and their reproductive organs and this tendency to associate hysteria with the gynaecology of women continued into the nineteenth century³⁹ Although by the late nineteenth century gynaecological cause became neurological and later psychological interpretation, hysteria continued to be ‘the quintessential female malady’.⁴⁰

A very low percentage of inmates were reported to have admitted under the category of Neurosis and Psycho Neurosis in the Tezpur lunatic asylum. This category was included in the classification of mental disorder from 1932. From 1934 to 1940 there was no males diagnosed for ‘neurosis or psycho-neurosis’. Only two females were reported to have admitted in the asylum during the period of the study. According to Elaine Showalter, throughout its history “hysteria has always been constructed as a ‘woman’s disease’, a feminine disorder or a disturbance of femininity. It seems that the Asylum report justifies this as only females were admitted that too in a very small percentage. Hiranya kumar Goswami and Deepali Dutta in *‘Phenomenological study of ‘hysterical neurosis’ in Lower Assam’* reported of unmarried female preponderance of the disorder. It was also pointed out that mostly the inmates were housewives, agriculturist and unemployed. It seems that the low

³⁷ Healy, David, *Mania : A Short History of Bipolar Disorder*, Johns Hopkins University Press, Baltimore, 2008, p.32

³⁸ Healy, David, *op.cit.*, p. 32

³⁹ Rachele Chandwick, “Pathological Wombs and Ranging Hormones: Psychology, Reproduction and the Female Body” in Shefer, Tamara et.al., *The Gender of Psychology*, UCT Press, Cape Town, 2006, P. 226

⁴⁰ *Ibid* p. 226

percentage of admission in this category was due to social factors. Parents tend to hide the symptoms of their unmarried daughters to maintain the respect of the family. Moreover in most serious cases those inmates were treated by indigenous faith healers or other means.

5.3 Treatments

The treatment of the lunatics was not well documented in the existing records related to the Tezpur Lunatic Asylum. Though there is existence of some records with which it is possible to trace the treatment of the lunatics in the asylum. Overbeck- wright pointed out that the ideal treatment of insanity lies in the early recognition of the physical symptoms which precede the mental manifestation in many cases.⁴¹ Dr. H.C Baruah, superintendent of the Tezpur Mental Hospital, 1939 made the following remarks, “To obtain the full benefit of the modern treatment of the psychosis, the problem of mental disease ought to be tackled at the pre-certification period.”⁴² Various methods were adopted for the treatment of the lunatics in Tezpur Lunatic Asylum. There were cases of treatment under solitary confinement and mechanical restraints. Restless and violent cases were often forced to adopt such means of restraint. The reports of the Tezpur lunatic asylum focussed on the padded cells. The existence of the padded cells was reported since the establishment of the asylum. In Tezpur lunatic asylum these cells were badly ventilated. The padding was made of canvas which was often torn by the lunatics. It was one of the form of restraint in the Asylum. It was a small cell where the violent cases were treated. Placing a patient in a darkened room was intended to bring therapeutic benefit and act as a containing mechanism for unmanageable behaviour. Seclusion was intended to reduce a patient’s scope for destructive or violent behaviour. Besides these treatments there were other types of therapeutic measures adopted for the treatment of the lunatics.

⁴¹ Wright, Overbeck, *op,cit.*, p. 362

⁴² Annual Reports on the Working of the Assam Mental Hospital, Tezpur, for the year 1939, Assam Government Press, 1940, Assam State Archive, Dispur. p. 7

5.3.1 Organotherapy

One of the most widely used treatments in the asylums was Organotherapy. In this therapy animal organs were used to treat the lunatics. Hippocrates, Celsus and Pliny the elder advocated this type of treatment. Pliny the elder prescribed the testicles of a beer to ameliorate the seizure of Epilepsy.⁴³ It came to be widely practiced in the field of psychiatry from the last decade of the nineteenth century to the first of the twentieth century. It was developed by the physiologist and neurologist Charles Edward Brown- Sequard. In 1893 *The New York Therapeutic Review* published a series of articles that urged the use of organ extracts for the treatment of a variety of not just physical but mental illness.⁴⁴ The annual reports of Tezpur Lunatic asylum shows that this therapy was used in melancholia cases. It seems that the asylum hurted the religious sentiments of the people. The majority of the inmates in the asylum were Hindus and the Muslims. Certain foods were restricted to those section of people based on their religion. In spite of those restriction the asylum cooks mixed the extracts of organs with the food and this was done to conceal the use of such extracts. But this therapy did not give satisfactory results and this treatment was given up by the 1930s. By then there was advance in the medicine branch. Many food supplements and vitamin tablets came up in the market.

5.3.2 Hydrotherapy

Hydrotherapy was a popular method of treatment for mental illness in the nineteenth century in India. It had a long history in Europe and had been raised from heterodox to mainstream and scientific status in Germany in particular.⁴⁵ Water was thought to be an effective treatment because it could be heated or cooled to different temperatures. Hydrotherapy could be accomplished with baths, packs, or sprays. The term hydrotherapy was used in 1933 mental hospital reports which signify the use of this therapy by that point of time. In Tezpur Lunatic Asylum the common form of hydrotherapy was bath. Warm continuous baths were used to treat inmates suffering from insomnia, those considered to be suicidal and assaultive, and calmed excited and agitated behaviour. Cold water was used to

⁴³ Young, Mary, *Encyclopedia of Asylum Therapeutics 1750-1950s*, McFarland, North Carolina, 2015. p. 254

⁴⁴ Young, Mary, *op.cit.*, p. 255

⁴⁵ Ernst Waltraud, *op.cit.*, p.189

treat inmates diagnosed with manic-depressive psychoses, and those showing signs of excitement. Maniacal outbursts were treated by hydro therapy. Application of cold water slowed down blood flow to the brain, decreasing mental and physical activity. In Tezpur Lunatic Asylum hydrotherapy was used to treat the highly excited lunatics. Treatment could last several hours, so attendants constantly supervised inmates and provided food and drink at regular intervals. This therapy gave relaxation and sound sleep to the lunatics. From the existing record it is clear that there was no special ward to conduct this therapy. It was perhaps carried out in the cells of the asylum. Though it was practiced in the asylum but as the supply of water in this asylum was very insufficient it was not widely used.

5.3.4 Occupational therapy

Occupational therapy continues to occupy an important place in the treatment of the lunatics in the asylums. It was also known as Ergotherapy. Devon Mental Hospital at Exminster was a good example in this type of treatment. The British believed that honest work was the only cure. In Tezpur Lunatic Asylum it can be considered to be the main stand in mental treatment. It keeps the patient in good physical health, ensures sleep and helps in remission of mental symptoms. It has valuable psychological effect on introverts of minor degree. The inmates' labour also contributed to the self-sufficiency of the asylum, reducing costs. From the available records related to Tezpur Lunatic Asylum it was observed that the work was segregated by gender: men worked on the asylum farm or garden, in the workshops or helped to maintain the fabric of the institution, while women worked in the laundry, kitchens, and sewing rooms or did cleaning. In this therapy, lunatics were employed in the cultivation of vegetables, sugarcane, jute, manufacture of 'gur', fencing of garden, bamboo works, carpentry, masonry, tailoring, daily work, daily routine of cleaning and disinfecting of clothes, cooking of food etc. In Occupational therapy fairly rational lunatics were trained and employed in hand sewing, machine sewing and repairing clothes.

More than fifty percent of the total population was employed in these activities. Only the old, sick and unruly lunatics were exempted from it. In the asylum plots there were cultivation of paddy, *kaghazi* lime plants, plantain, pineapple, jackfruit, orange, litchi, tamarind, onion, matikalai, and betel nuts. The colonial alienists see the gardens as a way to give the inmates an outdoor job which will normalise the life of the inmates in the asylum.

Not only this, they sold those articles for profit. Besides there were poultry farm, dairies and fisheries maintained by the lunatics. The lunatic asylum garden brought good profit and it helps the government in the matter of diet. In 1888 the value of the garden produce was Rs. 1,0219 and from this the value of the insane labour was Rs. 197 which was annually divided among the hard working inmates.⁴⁶ The inmates were given a very less proportion of the profits gained in the asylum. The vegetables and other manufactured products were sold out at the market value. Besides the cultivation work, at Tezpur well behaved male inmates were also employed in brick moulding and in repairing buildings. In 1939 the total profit of the manufactory department was reported to Rs. 6,356.⁴⁷ It seems that the asylum profit was contributed mainly by the garden produce and the other manufactory products produced by the inmates of the Tezpur Mental Hospital.

R. Neil Campbell, Inspector General of Civil Hospitals, Eastern Bengal and Assam, in an inspection report revealed that the lunatics were often given *pan*, tobacco and cigarettes for their hard work. This reflects that to increase the asylum profits the lunatics were used by any means. Major A. Leventon remarked that the lunatics looked forward to the ultimate result of their hard work which helped them in their fast recovery. The focus of the 'Native- Only' Asylums concentrated more on the employments and profits.⁴⁸

5.3.5 Recreational and Religious therapy

Recreational activities were encouraged in the asylums as a form of moral treatment. A wide range of recreational activities was included in the Tezpur Lunatic Asylum like listening music, watching theatrical performance, playing games, reading magazines and newspapers and many more. In this asylum there were recreational sheds where the lunatics were entertained. In these sheds the lunatics kept themselves amused with music and games. A gramophone with records of English and Hindustani music was purchased for the entertainment of the lunatics in the year 1900. Musical instruments were also provided. They

⁴⁶Annual Reports on Tezpur Lunatic Asylum for the year 1888, Assam Secretariat Press, Shillong, 1889, Assam State Archives, Dispur, p. 13

⁴⁷ Annual Reports on the Working of the Assam Mental Hospital, Tezpur, for the year 1939, Assam Government Press, 1940, Assam State Archives, Dispur, p. 4

⁴⁸ Brumlik, K., "Lunacy for Profit: The Economic Gains of „Native-Only“ Lunatic Asylums in the Bengal Presidency, 1850s-1870" in 'Journal of South Asian Studies', 2014. P. 7, available on <http://www.escijournals.net/JSAS>,

were periodically entertained with magic lantern⁴⁹ exhibitions. The inmates took part in the dramas staged in the asylum.

Literate lunatics were provided books and newspapers. Pictorial magazines and novels were supplied for the entertainment of inmates. All this was donated by the publishers, gentlemen of the locality. The kindness of H.R Reed, Esq., and Lieutenant- Colonel H.L Batra, M.C, I.M.S. was noteworthy during 1930s. Lunatics were also encouraged to play various games including cards, chess, ludo. They were also allowed to play outdoor games under proper supervision of the attendants. Racing competitions were carried out in certain occasions. Selected inmates were sent to the race-course when races took place.

In India the asylums respected the religious sentiments of the lunatics. Lunatics were allowed to participate in the regional religious festivals. Hindu, Muhammadan and Christian lunatics were given feasts in the asylum during their respective festivals. Sweetmeats and fruits were distributed on festivals to the inmates. In the Tezpur Lunatic Asylum the lunatics were allowed to attend the Durga Puja under proper escort. They were taken to the river ghats to observe the 'vashan' ceremony which was the immersion of the goddess Durga in the river. Local festivals like 'Bihu' and Holi was also celebrated by the lunatics in the asylum. Through the celebration and participation of lunatics in their respective festivals, the process of socialisation among the lunatics was developed. On the basis of the reports of Ranchi mental hospital Waltraud Ernst illustrated that religious expression had become an important aspect of hospital life and it was from 1937 that it was styled as 'religious therapy'. In the asylum reports of Tezpur, the term 'religious therapy' was not used. Undoubtedly, there were activities carried out related to the religions in the asylum but it was after 1937 that religion gained importance as a way to treat the mentally disturbed inmates.

5.3.6 Diet

In the nineteenth-century asylum life, a connection was developed between dietary intake and mental disorder. This was because many psychiatrists conceptualized mental illness as a condition with physical, rather than mental, origins. In an 1864 Medical Times and

⁴⁹ The "magic lantern" was essentially an early form of the slide projector in, many ways similar to the slide projectors that we use today

Gazette editorial which it was announced that the insane were really the subjects of disease, whose general character was depression of vital energy, weakness or imperfect nutrition. Hence it was that the inmates of an asylum must be supplied nutritious and abundant food.⁵⁰ Dhunjibhoy⁵¹, superintendent of the Ranchi Mental Hospital argued that diet was one of the most important methods of mental treatment.

In Tezpur Lunatic Asylum special care was given to good and adequate diet. Healthy diet were paramount to the inmates' treatment. There were plenty of fresh vegetable obtained from the asylum garden. The diet in the asylum was liberal and nutritious with adequate vitamin, proteins, carbohydrates and caloric value. Steps were taken in every case to ensure that each patient eats the full quantity of food supplied to them. Attendants were there to check whether the lunatics ate their food. Natural vitamins have been reinforced by Maramite⁵² where necessary. Fresh fishes has been obtained to special arrangement with the contractors through the kind offices of the Deputy Commissioners. Milk and dahi were given almost daily. Milk, *dahi*(curd), rum, egg, fruits and mustard oil were provided to the lunatics in poor health. Fresh eggs when available were issued to inmates. Those who lose weight and cases of anorexia (eating disorder) were specially treated. The lunatics were weighed monthly to check malnutrition. The reports revealed that the lunatics maintained a fairly average normal weight during the years under review. From the available datas it is noticed that there was an increase in the expenditure on diet of the inmates. The datas mentioned below thus substantiate it.

Table 5.2: Expenditure on diet of the inmates in the Mental Hospital at Tezpur, 1879, 1900, 1926, 1940

Year	Yearly charge of diet
1879	Rs. 2,724
1900	Rs.6,089
1926	Rs.49,582
1940	Rs.55,588

Source: Annual Reports on Assam Mental Hospital, Tezpur (1879, 1900, 1926 and 1940), Assam State Archives, Dispur

⁵⁰ Miller, I., "Food, Medicine and Institutional Life in the British Isles c. 1790- 1900" in Helstosky, Carol (ed.), *The Routledge History of Food*, Rutledge London 2015. P. 204

⁵¹ Ernst, Waltraud, *op.cit.*, p. 198

⁵² Marmite is a British product that is a concentrated yeast paste. Marmite has a distinctive savory taste, unlike anything else.

The table 5.2 gives a clear picture of the care taken in the diet of the inmates. It shows the detail account of hospital expenditures on diet of patients. In the asylum reports it was mentioned that there was a special dieting which included artificial feeding in cases where lunatics exhibited active refusal of food. Some of the inmates were spoon fed and those who refused such dieting were given the ultimate method of providing nutrition which was by tube through nose, mouth or rectum. Food and medicines were also given by 'enema' which is a fluid injected into the lower bowel by way of the rectum. The amount of this type of feeding was not revealed in the existing records of the asylum.

5.3.7 Modern drugs/ 'Bazar' Medicine

Besides the therapies applied on the lunatics of Tezpur Lunatic Asylum, modern drug also made a vast contribution to the lunatics. A wide range of drugs were used to bring the lunatics in normal condition. It was impossible to depend solely on the moral therapies so drugs were introduced in those days Asylums for the better treatment of the Lunatics. The Bromides were of great use in cases where there is marked depression and restlessness. Sir Charles Locock introduced Bromides in the second half of the 19th century, either as sedatives or for the treatment of epilepsy. From that time on, bromides were widely introduced in asylums and similar institutions throughout Europe, given their sedative and antiepileptic properties, the relevant function in the latter case being to reduce the expression of the epileptic inmates' sexuality.⁵³ For Epilepsy adequate doses of bromide was used in the Tezpur Lunatic Asylum. In Agra Mental Hospital, Overbeck wright observed that bromides can diminish the number and severity of the fits in epilepsy. It was further reinforced where necessary with luminal. Luminal was marketed in 1912 and was a popularly prescribed sedative-hypnotic. This was found to be satisfactory. Mercury iodide pills were also tried in selected cases. The use of mercury iodide pills against epilepsy was referred by L.J.J. Muskens in his book *Epilepsy*. This was tried on special cases of epilepsy where other treatment tuned out to be failed.

⁵³ López-Muñoz, Francisco, et al., "The History of Barbiturates a Century after their Clinical Introduction" in *Neuropsychiatric Disease and Treatment*, 2005 Dec. p.330

In the Tezpur Lunatic Asylum, number of drugs was used among which Paraldehyde was used to cure Insomnia. Paraldehyde in addition to hydrotherapy supplemented by physical exercise in suitable form was prescribed for those group of inmates. It was one of the most reliable hypnotics used for the lunatics who lacks sleep. Paraldehyde was introduced into clinical practice in the United Kingdom in 1882 by the Sicilian physician Vincenzo Cervello (1854-1919). It was soon found to be an effective anticonvulsant, hypnotic (sleep-inducing) and sedative drug. It was one of the safer drugs given to inmates in mental hospitals at bedtime to induce sleep. Other substances used as hypnotics and sedatives and eventually as anticonvulsants were also introduced in the 19th century and the early decades of the 20th century.

Another widely used drug in the asylum at Tezpur was Sulfosin which was first introduced in 1929 by Schroder, in order to replace the previously, potentially more dangerous methods in the treatment of General Paralysis of insane and other syphilitic infection of nervous system. Sulphosin injections were given to maniacle outburst inmates but the result was not satisfactory. The use of sulfosin was extended to the treatment of schizophrenia.

Routine duties were followed up in the asylum yearly. This included the systematic disinfectant of the wards. The whole hospital was treated with vermifuges and vermicides for hook worm and other intestinal parasites. There was Prophylactic issue of cinchona yearly from May to October. At the time of admission lunatics were vaccinated and treated with chenopodium or carbon tetrachloride. Moreover freshly admitted lunatics were given anti-septic bath and clean clothing's before entering the enclosure.

The 'modern drug' in the Tezpur Lunatic Asylum was termed as 'Bazaar medicine' or 'European medicine' in its annual reports submitted to the chief commissioner of the province. From the cash accounts in the asylum report it is clear that the amount used for the modern drug was quite less in proportion to the total credits of the asylum.

Table 5.3: Total credit in the asylum and the amount debited for medicines

Year	Total credit	Expenditure on ‘bazaar medicine’
1900	Rs.14,105	Rs. 77
1923	Rs.84,031	Rs. 130
1939	Rs.1,11,650	Rs. 186

Source: Annual reports on Assam Mental Hospital, Tezpur (1900-1939), Assam State Archives, Dispur

When we checked the percentage of expenditure on ‘bazaar medicine’ against the total expenditure it was very less. It seems that the high price of the European medicine was hardly used for the treatment of patients as it was expensive. The colonial ruler did not spend extra money on this sector that’s why the authority offered occupational therapy to inmates. Moreover the ‘Work Therapy’ which can be substantiated by the success achieved in the garden (vegetable and fruits) and other manufactures in the asylum.

5.4 Conclusion

The chapter gave a description of the types of mental illness that the inmates suffered and the causes attributed to it. It is clear from the reports that most of the admissions in the asylum at Tezpur were due to Mania and melancholia. Most of the insanity among the inmates was caused by the use of ‘ganja’. A gendered pattern was observed in the admission of the inmates where a decreased percentage of females were admitted in the asylum. This was due to the taboo associated with ‘madness’ in the asylum. Moreover in the contemporary society the position of the women was conserved and least exposed to the outer world. The chapter also focussed on the various methods of treatments to cure the inmates. Moral treatment was widely practiced in the Tezpur Lunatic Asylum among which occupational therapy was widely practiced. This engaged the inmates in physical laborious work which was thought to be a way of curing inmates during the period of the study. Not only that, this therapy brought asylum profits from which the asylum became self sufficient. Under this therapy agriculture, horticulture and various works like construction works and other productive works were carried. Besides this therapy there was religious and recreational therapy which helped the inmates to develop their social relationship among themselves.

Besides this it was found that the inmates were entertained in the asylums through various means. This chapter mainly focussed on the diet of the inmates as an important way of treatment. Full care and supervision on diet of the patient was carried out. The inmates were weighed monthly to check malnutrition. Besides this there were treatments like Organotherapy and Hydrotherapy. This chapter shows that these therapies were supplemented by the 'modern drug'. But it is observed that very less amount was used in the modern drugs. The alienist in the asylum gave more importance to the moral therapies.

CHAPTER-VI

CONCLUSION

Chapter-VI: Conclusion

The period from 1857 to 1947 is a period of development of lunatic asylums in India. Until 1857 no further development was made in the growth of lunatic asylums in India except the major cities of Calcutta, Bombay and Madras. With the succession of the British Crown considerable changes were brought in the administration and health care system. Significant development was witnessed in the field of establishment of asylums for the confinement of whom the British considered as 'lunatics'. During this period many lunacy acts were enacted which not only provided guidelines for the establishment of the lunatic asylums but also set the procedure to admit the mental inmate. Within few years lunatic asylums were established in every provinces of India.

In 1876 a new lunatic asylum was established at Tezpur in Assam Province. Many factors led to the growth of the asylum at this province. One of the significant reasons behind the growth of the asylum was the separation of the Assam province from the Bengal province. Prior to the separation of the province the mental patients of the Assam province were transported to Dacca Lunatic asylum. It was a long distance and took nearly twenty eight days river journey by boats or steamers, to reach the asylum at Dacca. The patients had to go through a serious hardship which resulted in the occurrence of many diseases. The health of those patients deteriorated after the long journey and they were admitted in a moribund state. This contributed in the growth of the mortality rate in the Dacca Lunatic Asylum. Moreover the province of Assam is a vast region with various ethnic groups. The establishment of a lunatic asylum in the province was felt of an utmost necessity. It was difficult for the British government to manage the province without a lunatic asylum for the confinement of, whom the British called as 'lunatic' and it was impossible to transport all the 'lunatics' to the Dacca Lunatic Asylum. Under such circumstances the Tezpur Lunatic Asylum was established in the year 1876. The asylum followed the admission procedure of the inmates under the act of 1858 which was to be through a magistrate and the jail officer of the respective districts of the inmates.

The mental health legislations in the twentieth century brought a humanistic approach in the asylums in India. Tezpur Lunatic asylum underwent several changes under the legislations. The charge of the asylum was given to officers of medical backgrounds. It was

transferred from the Inspector General of Prisons to the Civil Surgeon of Hospitals. Moreover Act of 1912 encouraged for a centralised supervision of the asylum at Tezpur. By then various committees sprang up to supervise the working of the mental hospital. Mapother and Bhore Committees were noteworthy. Though the recommendations of those committees were less observed in the Assam Mental Hospital but certain changes were brought in the Mental Hospital. The post of Deputy Superintendant was created in the Mental hospital at Tezpur as suggested by the Mapother Committee. Moreover programmes suggested by the central supervision committees were less reported in the official documents of the Assam Mental Hospital. A most significant change was that the Tezpur Lunatic Asylum was renamed as Assam Mental Hospital.

The infrastructure of an asylum plays a vital role in the care and cure of the inmates. The asylum architects of the nineteenth century gave ideal models of asylum which included location factors, layout features of the buildings, rooms required and the arrangement of these rooms and sanitary provisions. Michel Foucault has considered Bentham's panopticon an ideal architectural figure in modern society. In India these ideal models of asylum was not followed as Ernst argued that neither statistically nor in terms of its visual and symbolic representation the asylums of India in nineteenth century do not evoked any 'Benthamite' vision of the European 'Panopticon'. The Tezpur lunatic asylum did not exhibit the character of the European ideal model of asylum. The Tezpur asylum enclosure was divided into three compartments: first compartment for male with ten huts, second compartment for females with three huts and the third was for the hospital, cook room and two padded cells.

Within few years of its establishment the asylum became overcrowded. The lack of accommodation and growing inmates multiplied the occurrence of diseases like tuberculosis. Therefore in the in the first decade of the twentieth century the asylum was provided with separate tuberculosis wards for both male and females. Moreover great emphasis was laid on the laboratory testing by 1920s. The number of blood, urine and stool samples especially for the new admissions were sent to the Pasteur institute, Shillong for examination. The asylum building was constructed of bamboo sheds and thatch and it remained damp during the rainy seasons. Besides the asylum lacked healthy sanitary arrangements which contributed in the outbreak of many diseases among the inmates. This also resulted in the high mortality rate in the asylum. Surgeon Col. W.P. Warburton reported of the damp condition of the asylum

which raises the liability to malarial fever. The sanitation was moreover deteriorated with the 'dry earth' conservancy system. The drainage system also promoted to the outbreak of many diseases in the asylum. The '*kutchha*' uncovered drains promotes many air borne and water borne diseases. During the rainy season, water stagnates in these drains which created an unhealthy environment for the inmates. Malarial fever was common during this season. But the asylum authority took the necessary steps, from the issue of Prophylactic quinine to the use of Kerosene in the '*kutchha*' drains, to prevent the asylum from malarial fever. By 1940's the malarial fever among the inmates in the Assam mental hospital was decreased to a considerable rate.

Drainage and water supply had been a constant problem in the asylum. Water supply in the Tezpur Lunatic Asylum was facilitated by the wells, tanks and the river near the asylum. Water was filtered through *gharrahs* of charcoal and sand. There were no lift pump but water was drawn from the wells with rope and buckets. Significant changes were brought in the water supply of the asylum. By 1917, water was supplied by the municipal main of Tezpur but it was reported to be inadequate and impure. In 1928 the mental hospital was supplied with filtered water by the 'Tezpur Water Works'. But it was too reported to be insufficient to cater the needs of the asylum population. The dearth of good and sufficient water supply led to the outbreak of many diseases like diarrhoea, dysentery and other bowel complaints. Throughout the period of the study the asylum statistics revealed the high number of mortality rate due to dysentery which was a waterborne disease. The waterborne diseases like Dysentery and Diarrhoea was highly prominent among the patient population of the asylum. Dysentery and diarrhoea can result in long term deterioration of health and eventual death. These diseases were mainly caused by the contamination of water. The inmates in the nineteenth century took bath besides the wells which contaminated the water. Moreover the sanitary officer W. P Warburton reported the liability of contamination of water from the articles thrown and suggested to cover the wells completely and provide iron pumps. High prevalence of dysentery and diarrhoea among the patients was an indicative towards the unhygienic condition prevailed in the Tezpur Lunatic Asylum. Preventive measures like prophylactic Dysentery bili vaccine was used to overcome the disease. The 'dry earth' conservancy system further deteriorated the situation. The conservancy was mainly the 'dry earth system' which means dry soil was spread over the floors of sleeping wards and toilets and this soil was trenched outside the asylum enclosure. This contributed in the prevalence of

Anaemia among the inmates which was caused by hookworm. The inmates were mostly of filthy habits and as most of the patients were employed in the cultivation and other construction works their skin easily got exposed to larvae of the hookworm in soil that was contaminated by human excreta. Moreover the causes included inadequate access to clean water and sanitation.

The statistical analysis of institutional data highlighted on the mortality rates of the Tezpur Lunatic Asylum. It was considerably lower than the asylums of other provinces. The death rate of the mental hospital was multiplied by the diseases, accidents and suicides. The main life threatening diseases were the air borne and the water borne diseases. Airborne diseases figured more in mortality and parasitic and water borne diseases were more prevalent in morbidity. Tuberculosis and dysentery were reported to have led many deaths. Suicidal cases were very less reported in the official documents of the mental hospital. There were considerable accidental deaths in the asylum which pointed to the asylum staffs that were less in proportion to the inmates and the asylum structure which does not allow proper surveillance of the inmates. The asylum at Tezpur was not part of a system akin to Bentham's panopticon structure, nor was any asylum in India during the nineteenth century.

From the available information on the asylum staffs it is clear that the asylum appointed the natives as their staffs under the supervision of British medical officer. The trend of assigning the Indian medical officers as the superintendant of the Assam Mental Hospital began from the 1930's. Asylum staffs played a vital role in the working and proper functioning of the asylum. A number of staff was appointed as male keepers and female keepers. Besides the keepers, there were also Deputy Superintendent, Second sub assistant surgeon, Third sub assistant surgeon, Overseer, Steward, Assistant steward, Matron, Assistant matron, Chaukidar, Sweepers, Barber and Gardener. But these staffs were less as compared to the inmates. The keepers were not trained properly to control and manage the inmates in the asylum. The escape of the inmates was reported higher from 1915 to 1923, for which the asylum superintendant blamed the attendants or keepers for the negligence of their duty. But the escapes of the inmates were decreased by the 1930s. From 1930's new post of steward and matron was created who was to look after the working of the male and female keepers. Moreover the number of male and female keepers was increased drastically by then. The inspection committees also checked the escapes of the inmates by frequent inspections of the

asylum. The Tezpur Lunatic asylum was inspected monthly by the committee of visitors, and once or twice a year by the Chief Commissioner, Deputy- Surgeon- General, Deputy Commissioner of Darrang, Inspector General of Prison, Inspector General of Hospital and other government officers. The Remarks made by the visitors committee were duly submitted through the Deputy Surgeon General to the chief commissioner of Assam. Prior to the 1930s the male and female wards were inspected by the male visitor committees but from 1930s the female ward was inspected by a female visitor. The asylum reported of lady visitor, Sreejukta Hirabati Gohain Baruani.

During the period of study, the reports highlighted on two types of lunatics- *Criminal* and *Non Criminal* Lunatics. There were no voluntary admissions in the asylum and the in the asylum *Criminal* and *Non Criminal* Lunatics has to be forwarded by the magistrates and the jail officers of the respective districts. *Criminal lunatics* were given preference in their admissions to the asylum. No special facility for the treatment of the ‘*criminal lunatics*’ was reported but there was separate ward for these groups of patients in the Tezpur Lunatic Asylum. It was the only asylum in the Province and it was to accommodate as much possible lunatics from the province. Priority was given to the reception of the violent and those who had criminal acts. As a result, many mentally deranged lunatics waited in the district jails for their admission in the asylum.

The available information on inmates sheds light on their socio- economic background. Inmates in the Tezpur Lunatic Asylum came from a range of communities from the native province as well as from other provinces. Majority of the inmates were from the Assam province itself mainly from Kamrup, Darrang, Nagaon, Sibsagar and Lakhimpur. Besides this inmates from the hill districts like Khasi and Jaintia Hills, Garo Hills, Lushai Hills and Naga Hills constituted a part of the asylum population. It is clear from the records that most of the inmates were Hindus mainly from the province itself. The next frequent category was the Muhammadans, who were mainly from the other province. Then comes the inmates from ‘other caste’. The ‘other caste’ category was mainly the tribal religious group as it can be said from the provinces they belonged. Most of the inmates under this category came from the hill districts of Assam Province- Khasi and Jaintia Hills, Garo Hills, Lushai Hills and Naga Hills. A very low proportion of native Christians were admitted in the asylum which constitutes about a percent of the total inmates.

In terms of occupational background of the inmates it is reported that majority of the inmates were cultivators and tea garden *coolies*. Given the earlier occupation of these people as peasants in forested tracts, they were highly experienced in doing laborious physical work which contributed towards their preference in admission in the asylum. The managers of the tea gardens of Assam province paid for the admissions of those tea garden *coolies* in the Asylum at Tezpur. The third highest group of admissions in the asylum was categorised under the 'unknown group'. The information related to this group was insufficient. The study period is a period of high colonial rule in India. Many national movements and agitations were reported during this period. The British officials admitted those inmates of some suspicious character and there was a possibility that the British categorised them under the 'unknown group' to ensure some kind of confidentiality. Moreover there were inmates who were students, beggars, servants, housewives prior to their admission in the asylum. During the period of the study, most of the inmates were of the age cohort 20- 40 years. The next frequent age cohort was 40- 60 years. The admission of 20- 40 age cohort was popular not only in the Tezpur Lunatic Asylum but also at other asylums of the period of the study. Age was a defining characteristic of certain mental disorders like mania, senile dementia and dementia praecox which were the most frequent types of insanity in the asylum. These types of insanity were regarded as disorder of adolescences and adulthood. Moreover it was multiplied by other factors like preference in the admission of the 'criminal lunatics', and the occupational therapy where inmates were engaged in certain laborious works which also contributed towards the self sufficiency of the asylum.

The institutional reports of the Tezpur lunatic asylum documented the nomenclature of the insanity and the presumed aetiology of the different types of insanity. It was reported that the most frequent types of insanity was mania and melancholia. By 1930s the classification pattern was changed and many new types of insanity were included in it. Majority of the inmates were admitted under the new category '*schizophrenia including dementia praecox*'. Toxic insanity was another category of insanity. Within the wider concept of toxic insanity cannabis insanity, opium insanity and alcohol insanity was included. In Tezpur lunatic asylums cannabis insanity was the most occupied category. As cannabis was produced locally in the province and was related to magical, medical, religious, and social customs, the local inhabitants had the habit of it. Females were under represented under this category as they were prohibited from using such type of intoxicants as it affected their social status.

Moreover, it was a social taboo for a woman to consume such substances. Male preponderance in this category was reported to be higher. Toxic insanity also includes alcohol insanity which was reported to be very less as compared to cannabis insanity in Tezpur Lunatic Asylum. As the inhabitants of the province produced cannabis, they were more habituated to it rather alcohol. Besides this epilepsy was another type of insanity. it was not an independent category. The category epilepsy known as 'mania associated with epilepsy', 'melancholia associated with epilepsy' and 'dementia associated with epilepsy'. Among these three categories, mania from epilepsy and melancholia from epilepsy brought few admissions in the Tezpur Lunatic Asylum but less than a percent was diagnosed under the category dementia from epilepsy. With the change of classification in 1930's the incorporation of epilepsy in mania, melancholia and dementia was removed. By then, epilepsy was identified as an independent category under the label 'epilepsy and epileptic insanity'. During the period of the study, epilepsy has been related with the discipline of neurology and psychiatry. It was only by the middle of the twentieth century that the concept of epilepsy as a neurological disorder was finally adopted in international classifications of disease. There were no separate wards for the epileptic inmates in the Tezpur Lunatic Asylum like that of Ranchi mental hospital. In Tezpur there was very low percentage of female diagnosed under this category. Epilepsy among the females was concealed among the females in order to get them married. Besides this types of insanity, there were also other types of insanity under which very low proportion of inmates were diagnosed. The category 'neurosis and psycho neurosis' most commonly associated with hysteria was frequently occurred among the females. No males were reported to have admitted under this category. Only a fraction of per cent of female inmates was admitted under this category. Parents tend to hide the symptoms of their unmarried daughters to maintain the respect of the family. Therefore a very less percentage of inmates were admitted under this category. Moreover they were mostly treated by the indigenous faith healers. Except mania and melancholia very low proportion of female was admitted in the Tezpur Lunatic asylum.

In the process of treatment in the Tezpur Lunatic Asylum, Occupational therapy was widely practiced in the asylum to cure the inmates. This engaged the inmates in physical laborious work which was thought to be a way of curing inmates during the period of the study. The work was divided on the basis of gender. Men worked on the asylum farm or garden, in the workshops or helped to maintain the fabric of the institution, while women

worked in the laundry, kitchens, and sewing rooms or did cleaning. Except the old sick and unruly inmates, more than half of the population were engaged in it. It not only ensures sleep and helps in remission of mental symptoms but the gainful employment of the inmates also led to significant avenues of profit for the asylums. In order to increase the asylum profit the inmates were encouraged by rewards like *pan*, *tobacco* and cigarettes for their hard work. Besides the occupational therapy there were other types of treatments like the hydrotherapy, organotherapy, recreational and religious therapy. Hydrotherapy was used to treat highly excited inmates but this was not possible to carry out efficiently as water supply at Tezpur Lunatic Asylum was reported to be insufficient throughout the period of the study. It was less documented on the organotherapy in the asylum reports. In this therapy the extracts of the organs of animals were mixed with food to cure the inmates. But this therapy was removed from the 1930s as it hurted the religious sentiments of the inmates. Moreover by that time many food supplements and vitamin tablets rose up in the market to cure the inmates. Besides all the treatments the most influential was the recreational therapy. Inmates were engaged in a wide range of recreational activities which included listening music, watching theatrical performance, playing games, reading magazines and newspapers and many more. Apart from this the inmates were allowed to attend and celebrate festivals with proper escort.

The most important method of the treatment of the inmates was the diet. The asylum reported of a liberal and nutritious diet of the inmates. Special care was taken of the inmates of poor health. Weight was measured monthly to check the malnutrition of the inmates. The statistical analysis of institutional data highlighted that considerable amount was spent on the diet of the inmates. However despite the emphasis on these therapies, modern drugs were used as supplements to cure the inmates. The statistical data's in the asylum reports shows that of all the expenditures the expenditure made on the 'bazaar medicine' was less. It seems that the high price of the European medicine was a factor for the low expenditure on this category. Therefore much emphasis was laid on the occupational therapies to cure the inmates.

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