Madness, Architecture and the Built Environment

Psychiatric Spaces in Historical Context

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Waltraud Ernst

> A man should, whatever happens, keep to his own caste, race and breed.
>
> —Rudyard Kipling, 'Beyond the Pale', *Plain Tales from the Hills* (1888)

The creation of physical and social distance between ruler and ruled has been identified as a pillar of colonial power relations in British India. As the historian Kenneth Ballhatchet explained:

> The official elite lived like an aristocracy. They were often so described, and they so regarded themselves. Not merely were they mainly recruited from a middle class, which admired the lifestyle of the landed aristocracy in England. They themselves had an analogous function in the imperial structure, dominating the administrative and military systems, deriving their incomes from a predominantly agrarian economy and playing a paternalistic role among respectful peasants. So they saw themselves, and social distance seemed essential to their authority: because they were remote they would be feared as alien and trusted as incorruptible.[1]

In her book on *Imperial Bodies*, E.M. Cunningham reiterates this point. She argues that by 'presenting themselves as the top half of a highly structured social system the British asserted their credibility as rulers of India, while implying that the special conditions of India demanded particularly intricate social division'.[2] As argued in my own account of British psychiatry during the East India Company's hold on India, the issue of how to maintain the prestige of the ruling colonial elite was a central preoccupation of colonial discourse, which sat at times uncomfortably alongside the blunt assertiveness of military campaigns (in the early nineteenth century) and paramilitary and riot control measures (during the remaining period).[3] Unless the practicalities of military or domestic service required spatial proximity, British ideas about social class divisions and the perceived propriety, indeed necessity, to keep the different strata of society apart, were

within the colonial context translated into the language of racial discrimination, backed up and seemingly justified by a segregationist strand of 'racial science' from the middle of the nineteenth century onwards.

In my present account of the space allocated to European and Indian madness during British rule, I am aiming to show how distance between different classes and races was maintained by means of geographical separation (namely the deportation of insane Europeans back to Europe); extra-institutional segregation (the establishment of separate asylums in India, for 'Natives' on the one hand and Europeans awaiting repatriation on the other); and the stratification of asylum populations within institutions. Local modifications in the implementation of social and racial distance among asylum inmates will be related to the locale-specific commercial and cultural relationships between the ruling and particular 'ruled' elite groups (as in the case of Parsi–British elite interaction in Bombay). The quasi-invisibility of non-institutional measures on the virtual map of psychiatric provision (such as the boarding out of recovered or feeble-minded patients to their communities of origin) will be discussed in the context of progressive medicalisation. The gradually hardening stigma bound up with mental illness will be traced alongside the tendency to increase the geographical distance between the centres of important conurbations (such as Lahore, Madras, and Calcutta) and the chosen locations for asylum buildings during the course of the nineteenth and early twentieth centuries. It will finally be argued that during the early twentieth century in particular the racialisation of space was complemented by the medicalisation of space.

THE POLITICAL GEOGRAPHY OF RACIAL DISTANCE: MAINTAINING PRESTIGE BY MAINTAINING DISTANCE

Unlike other areas of the British Empire, India was not meant to be a place of permanent settlement for Europeans. British India developed from the geo-political necessities of eighteenth and early nineteenth-century global trading monopolies and was, even upon the introduction of free trade (1813 for China; 1833 for India) and the later take-over of rule in 1858 by the British Crown, never considered as a place that Europeans would or should choose as their permanent domicile in any great numbers. For the ruling European elite and members of the middle classes in the military and civil service, hill-stations in India provided respite from the hot and hard life in the plains, but, apart from a small minority, the green and pleasant lands of England and the wilds of Ireland and Scotland were preferred as the chosen abode for retirement.

Judging from the evidence that is available about soldiers and sailors (who made up by far the greatest number of Europeans present in British India at any one period), it seems that some of them, too, looked forward longingly to the end of their term in the East. Some wrote nostalgic letters to their beloved ones back home, like the optimistically named Private John Luck, who had left his native Lincolnshire during the trade recession of 1838 as he was 'not happy trayiling in the contry for work'. After three years of military service in Bengal he told his mother 'i ham so ancious to se my dear native home agane...as I know too well this country would soon kill me', imploring her 'if for ever o a due, sell not my ole close'.[4]

Military men who had crossed the boundaries of racial distance and had acquired Indian wives and established families while on duty in the East were usually prevented from staying on when their term of service expired. Authorities in India were not inclined to encourage permanent settlement in the colony. The anti-colonisation lobby back in Britain was strong and ever watchful of developments in India.[5] Settlement as a strategy of colonisation was not on the cards for British India, and Britain remained 'home' for most of those who bore the 'white man's burden'.

It is therefore not surprising that Europeans who went mad during their time in India, for whatever reason, were sent back home to Britain in due course. The repatriation of European lunatics had become standard policy as early as 1821, when one of the first ships, the *Agamemnon*, set off with a select group of colourful personalities: Major G. R.G., for example, had been in India since 1795 and had gradually come to believe that he was Lord Nelson, indulging in what were described as 'Bacchanalian excesses'.[6] He was joined by Mr W.P., formerly a surgeon and captain in the service of His Highness the Nizam of Hyderabad, whose behaviour was considered 'extremely eccentric', even if his 'chequered life' was taken into account, and by Captain J.H., who had suffered a ship-wreck and had subsequently become insane. There was also the widow of a former colonel whose condition was evasively and evocatively described as being of a 'very outrageous nature'.

Prior to the 1820s, Europeans had usually been confined in one of the three lunatic asylums in Bombay (now Mumbai), Madras (now Chennai), and Calcutta (now Kolkata) that specialised in the treatment of Europeans. The prevalent view was that it was not only cheaper to keep lunatics in British institutions but that their chance of recovery was better by far in a temperate climate and in a more salubrious environment and familiar surroundings. '[I]t affords good ground', argued the superintendent of the lunatic asylum at Bombay in 1852, 'for a recommendation that [a patient] should not return to duty, [it] must be admitted, that in no instance, after an attack of insanity should a man be permitted to remain in circumstances and relations which are obviously so likely to lead to a relapse'.[7] This kind of reasoning had some resonance with colonial governments right up until Indian Independence in 1947.

Apart from being in line with existing residence and immigration restrictions, the removal of European lunatics served yet another purpose, which received much attention among members of the ruling elite. Ever since the number of military personnel (the majority of whom were naturally drawn from the lower classes) expanded along with the extension of British mili-

tary control over ever larger areas of the Indian subcontinent, government officials like Charles Grant had become alert to the 'low and licentious' behaviour of lower class Europeans. Concerns were raised that it was not only 'humiliating to the British character', but might 'lower' the 'European Character in the eyes of the Natives'.[8] This point was clearly spelt out also in the standard guidebooks for government officials, such as Bradshaw's *Handbooks to the Presidencies*: 'The moral behaviour of all classes of Europeans should be extremely discreet, not only to preserve that inestimable blessing, health, but to command the respect of the native community'.[9]

Within this wider context of upper-class fears and prejudices, what better solution could have been devised than the deportation of fellow-Europeans who displayed irritating, inappropriate behaviour or suffered from embarrassing conditions?[10] Lunatics were just one such group, alongside vagrants, petty thieves, and European prostitutes (or 'women of bad character', as they were called). These various groups of undesirables who threatened to tarnish the prestige of the ruling elite were to be kept at a considerable distance from the place that eventually earned the distinction of being the jewel in the crown of the British Empire.[11]

MAINTAINING RACIAL DISTANCE—ASSERTING COLONIAL RULE

The aim of colonial government was ultimately to rid itself of the European insane. Yet, they still had to be kept somewhere in India on a temporary basis while awaiting a passage to Britain.[12] Throughout the period of British rule in India, mentally ill Europeans were sent to one of the three designated asylums that existed in the major provinces of Bengal, Bombay, and Madras at any one period, namely the Bhowanipore Asylum in Calcutta (from 1821 to 1918; subsequently the European Mental Hospital at Ranchi, from 1918),[13] the Kolaba European Lunatic Asylum in Bombay[14] (from 1800/1826 to 1913; subsequently the European Mental Hospital at Yeravda, from 1913), and the Madras Asylum[15] (from 1794).

Indian lunatics, in contrast, were confined in the sixteen or so 'Native Lunatic Asylums' that had been built mainly during the first two decades of the nineteenth century, providing in 1820 for a total of 750 inmates in Bengal alone.[16] By 1934 the number of Indian Mental Hospitals had increased to nineteen, with a total of 13,506 patients.[17] The fifty or so Europeans confined in the three institutions in Bengal, Bombay, and Madras during the 1820s (and about 100 by 1858) seem almost negligible in contrast. This is of course due to the fact that Europeans were shipped back periodically and were not allowed to accumulate in institutions in India.[18] Besides, the overall number of Europeans in India, mad or not, was always minute compared to Indian population figures.[19]

Segregative institutional provisions chimed in well with the colonial state's ambition to maintain power and prestige by asserting the political as well as social distance between 'ruler' and 'ruled'. Some other factors came into play also. The standard of services and provisions in native lunatic asylums, for example, was low and considered unsuitable for Europeans of all social classes. It was argued that 'the propriety of mixing Europeans labouring under mental derangement with natives in the same unfortunate condition' was 'very questionable'.[20] In the European institutions, in contrast, inmates were well looked after.[21] The rationale for greatly superior provision for Europeans can of course be understood foremost in terms of racial prejudice and the prerogative of conquerors to claim vastly preferential conditions for their own kind. Yet the implementation of differential standards, even in relation to the deranged, was a principle that also applied back home in Britain where exclusive places such as Ticehurst Asylum catered for an upper-class clientele, while lower-class lunatics spent their time in much less appealing and exquisite public asylums. In India the British system of class-specific provisions was merely refined to incorporate racial considerations.

Furthermore, while both lower- and higher-class Europeans were kept at a distance from Indians confined in inferior institutions, the higher orders of European mad society were still provided for in a greatly superior manner and at a good distance from both lower-class Europeans and Indians. During the 1850s, for example, Major G.S., a former military officer in the province of Bengal, had been allocated his own separate apartment in the asylum in Calcutta. It was equipped with hanging lamps, washing facilities, and other objects for daily use. During his lucid intervals he was allowed to take his food at the asylum superintendent's family table, and could make use of the asylum's library, read the newspapers, and play board games and billiards with fellow first-class patients. He did not have to socialise with any of the thirteen ward-patients who, in the 1850s, lived in less comfortable buildings in small and spartanly equipped cells, and were on a more parsimonious dietary regime, with restricted recreational pursuits available to them.[22]

Factors of both social class and racial background were decisive in the allocation of quality space in the colonial setting. This allowed also for more complicated arrangements that cut across the 'ruler' *versus* 'ruled' binary, as when the perceived distance between the races was bridged by high social standing. Members of the Indian aristocracy, for example, were provided for as first-class patients in the European institution, or in rare cases even sent to private mental hospitals in Britain.[23] Further, although the simple divide between the 'ruling' and the 'ruled' race, between superior European institutions and inferior native lunatic asylums, appears to suggest homogenous communities and homogenous conditions on either side of the binary, the realities of asylum life were far more complex, even in the case of Indian patients.

MAINTAINING DISTANCE— WITHIN AND OUTSIDE THE ASYLUM

In the case of Bombay it is particularly striking how the close commercial links between elite Europeans and representatives of the local Parsi community had an impact on the allocation of space within institutions. It illustrates that the lines of racial and social distance were drawn in various ways, depending on the specifics of colonial interactions at any one locality within British India.[24] At times it even seems that the distance maintained between Parsi and other Indian communities was as big as the one that prevailed between Europeans and Indians. In fact, the income-related scale of fees implemented at the Yeravda Asylum in Bombay in the early twentieth century indicates differentiation between European, Parsi, and other Indian patients. These categorisations were seen as appropriate and advantageous by Europeans and Parsi alike.[25] In fact, when a new Parsi block at Yeravda that had been funded by Sir Boman Behram (a distinguished Parsi businessman) was opened in 1936, Parsi patients benefited from facilities that were far superior to those in the European section. The new establishment, reserved for the reception of Parsi patients only, was considered as 'more modern' than the rest of the institution.[26]

It is clear that not only European inmates were divided up into different classes (as well as along lines of gender).[27] 'The Natives', too, were subdivided into a range of different communities. The British class system had its equivalent in the highly stratified Indian caste system, and in divisions made along lines of religious, cultural, regional, and class affiliation. Although British colonial officials and soldiers frequently referred to Indians as if they were all made of the same, inferior stuff, they were at the same time aware of Indians' acute sense of social stratification and the cultural differences between individual Indian communities. Even within the 'Native Asylums', Indian sentiments had to be taken into account. In order to avoid patients' active resistance or non-compliance and complaints from local communities, British medical officers had to acknowledge that even when mad, Indians were still sensitive of their caste. In 1821, for example, it was noted that mentally deranged Indians, too, were subject to the 'prejudices of Caste[e], of which many seem perfectly sensible'.[28] What is more, asylum superintendents found it at times difficult to enforce work routines, pointing out that '[e]mployment would be most desirable, but besides their mental unfitness there are the prejudices of Cast[e]'.[29]

By 1901 it had become standard procedure in the Panjab that '[w]henever possible, high caste Hindus will be chosen to perform the duties of cook assistants from among those lunatics fit for such work, and as far as possible every effort will be made to conform to the caste prejudices of the Asylum inmates'.[30] In most mental hospitals religious worship was facilitated by the allocation of specially designated space. At the Ranchi Indian Mental Hospital, for example, a new category appeared in the institutional reports

from 1931 onwards: 'Attention to patients' religion.'[31] It was noted that 800 Hindu patients had been allowed to attend the Durga Puja (a Hindu devotional ceremony) outside the institution; that a 'small spare room was converted into a mosque' and 'a maulavi [Muslim teacher] who happens to be on [the] staff conducts the usual Jumma [congregational service]'; and that the spiritual needs (soon to be labelled 'religious therapy')[32] of Christian patients were being catered for by the Roman Catholic Mission and by Reverend A. Chatterji, a chaplain of the Church of England.[33]

We do not have as much evidence of the details of space allocation for different strata among the Indian asylum populations as is available for Europeans. This is largely because segregation and the day-to-day management of 'Natives' during most of the nineteenth century were overseen and implemented by the Indian Assistant to the European Superintendent. Although the latter was formally in charge of the 'Native' institution and had to submit regular reports, he, like so many Europeans serving in the East, would have found the specifics of caste and cultural sentiment among Indians impenetrable and best catered for by the 'Native' assistant. This Indian subordinate officer was to ensure that high caste Hindu inmates for example were kept at a distance from those of the lower castes and, if local conditions indicated, Muslims from Hindus. In a similar vein Hindu water carriers were made available for Hindu patients, and Muslim water carriers for Muslims.[34] Efforts were made to engage cooks from a caste acceptable to asylum inmates, and if this was not possible, inmates were allowed to do their own cooking or have relatives provide for them.[35]

Just because we are left with not quite as distinct an image of the spaces allocated to Indian communities in the asylum, we should not infer that 'Natives' were just huddled together indiscriminately, as some reports from the early nineteenth century suggest.[36] The complexities of Indian asylum life become apparent mainly whenever problems in the management of the institutions had to be reported (as when inmates escaped or drowned or when petty fraud was uncovered). In those instances it is quite clear that a sole focus on the Europeans *versus* Natives binary and on social class-centred bifurcations impedes a more sophisticated analysis of the stratification of patient populations within asylums. There are of course numerous examples of straightforward discrimination against Indians, as when 'native diets could not be prepared until after those for the Europeans were finished, thus causing a delay which was both trying and injurious to the patients' at the Madras Asylum.[37] It has, however, to be added that at times steps were taken to rectify such unsatisfactory arrangements, as in the Madras example when the situation was improved once a 'Duff's range for cooking the European diets [was] added to the cook-house' in 1874. However, an exclusive emphasis on racial discrimination and divisions, which mirrors the 'ruler' *versus* 'ruled' dichotomy, neglects other issues that were implicated in the maintenance of social distance between the various groups in the colony. And more importantly, it detracts from

a host of other factors that had a positive impact on patients' physical and mental well-being.

Clear-cut binaries such as 'East' *versus* 'West', 'rulers' *versus* 'ruled', and 'white Europeans' *versus* '"black" Indians' may satisfactorily capture the ways in which colonial power relations and divisions between colonial communities were 'imagined'. There is also no doubt that such categories became a painful reality whenever colonial discourse was asserted by those in charge, as when Indians were excluded from certain positions or when the full force of colonial military power was used to subdue Indian unrest (as in the example of the massacre of peaceful civilian protesters in Amritsar in 1919 and the subsequent imposition of the demeaning 'crawling order' when every passing Indian was made to crawl along the street where a female mission doctor had been attacked). However, on the level of the day-to-day institutional routines of colonial rule in British India, the powers that be adapted to the local specifics of commercial and cultural relationships and to Indian religious and cultural sentiment and caste/class prejudice, and this, arguably, facilitated the smooth workings of the administrative, economic, and social fabric.

CREATING SPACE FOR MEDICAL TREATMENT

If we subscribed to the well-known Foucaultian dictum of the all-pervasiveness of the discourse of madness and the importance allocated to institutionalisation as a means of social control and the submission of irrationality during the modern period, we might be inclined to read the establishment of lunatic asylums in India during British colonial rule in just those terms. The majority of inmates consisted in fact of those who had behaved in disruptive, unpredictable, and strange ways while in military or domestic service, or of those who had been perceived as a 'nuisance and threat in every avenue'.[38] This was so especially in the European parts of towns where British ladies might be frightened or embarrassed (according to the judgement of some gentlemen) by 'stark naked wandering fakirs', wild and dangerous looking beggars and stone-throwing, giggling 'idiots'.[39] The fact that the majority of Indian asylum inmates was made up of 'houseless wanderers picked up by police in the streets', would certainly give further credence to a Foucaultian reading.[40]

However, rather than showing us that colonial authorities used lunatic asylums as a convenient way of subduing madness and 'Natives', the institutional records provide evidence for just the opposite. With the continued expansion of Indian territory under British rule, administrators became aware of the enormity of the task (and the high expense) they would face if the institutionalisation of the many thousands of mentally deranged people who had come under colonial jurisdiction was implemented in a comprehensive way. A Foucaultian-style total subjugation of 'Native' unreason may

well have appealed to colonial administrators in theory—it was, however, eminently unworkable in practice. Time and again government officers cautioned all too ambitious, humanitarian, and professionally-minded asylum superintendents against encouraging the admission of Indian lunatics.[41] In the nineteenth-century tradition of 'laissez-faire' and (*pace* Foucault), what has now become better known as 'roll back of the state', they argued that families and communities should be relied on to provide for those who did not constitute a threat to themselves or others. From the later part of the nineteenth century onwards, British officials were also told by provincial government to 'encourage the establishment of private lunatic asylums run by natives' who had qualified as assistant surgeons in order to ease the pressure on government asylums and finance.[42]

A focus on a Foucaultian perspective and on one particular issue such as the spatial politics and culture of the colonial asylum can also lead historians to neglect other important aspects, such as provisions for the insane outside the institution. Yet community care practices and the boarding out of particular groups among the insane, too, need to be part of any comprehensive account of the care of the mentally ill—if only because these also crucially define the place and standing of institutions within the wider field of provisions. Although much less visible than the brick-and-mortar mental hospitals in the various provinces of British India, measures taken to keep Indian lunatics outside institutions tell us a lot about colonial authorities' priorities in the allocation of institutional space.

The asylum was clearly not the only space where lunatics could be found. It is difficult, however, to obtain reliable information on the situation that prevailed beyond the walls of the asylum. For example, we do know the number of mentally defective patients who were transferred from the Madras Asylum to the 'Monegar Choultry' (a building used for the poor, infirm, and mentally defective).[43] However, we do not know the number of people who were looked after by their families, treated at shrines, or chained to the floor in village huts. We have no map that would reveal the network of community care provision and the workings of measures such as the 'boarding out' of docile and harmless 'idiots' (or the 'mentally deficient', as they were increasingly referred to from the early twentieth century onwards).

There is clear evidence in the official correspondence that once the distinction between 'insanity' and 'mental deficiency' had led to the establishment in Europe and America of separate institutions for these different groups of patients, in India, too, the suggestion was made more frequently to allow for separate buildings for the latter. Suggestions such as the creation of 'idiot colonies' modelled on the Gheel community in Belgium were mooted frequently, as was the implementation of the boarding-out system that was practised more widely in Scotland.[44] However, no specialised institutions for the mentally defective were established in British India on any organised scale prior to Indian Independence.

Despite reliance on community care and the lack of specialised institutions for the mentally deficient, a wider range of specialised spaces within the existing institutions for the mentally ill was available by the early twentieth century for different groups of Indian patients. No longer was the earlier, nineteenth-century imperative of social, racial, and gender distance the predominant impetus for segregation within institutions, alongside such common schemes as separating the noisy from the quiet, and the filthy from the clean. Of course, patients of the better classes were still kept in individual rooms or even suites alongside people of their own social background, while lower-class patients were provided for on general wards, which were segregated on the basis of gender and cultural background. However, the mentally defective were now either not admitted to asylums at all or at least routinely separated out from the mentally ill; the latter were divided into those who were considered curable and incurable respectively; and specific spaces were assigned for work, recreation, dining, and, above all, different treatment regimes.

In fact, treatment facilities take up increasingly more space from the early part of the twentieth century onwards. At the Ranchi European Lunatic Asylum, for example, a special set of rooms was allocated for hydrotherapy, which became one of the mainstays of regular treatment for the easily excitable among asylum patients.[45] Special space was allocated for electric shock therapy.[46] Space was also made available for 'electrical installations', such as electric heaters and a 'cinema' machine,[47] and for a piano for women patients and billiard tables for men, for tennis and badminton courts, and cricket and football fields, as in the case of the Yeravda Mental Hospital.[48] Additional space was designated for the monthly dance, Christmas celebrations, magic shows, and theatre performances of in-house drama societies such as the 'Kanke Dramatic Society'.[49,50]

Institutional space was in particular from the post-World War I period onwards increasingly subdivided into specialised areas that cannot be located appropriately on the axes of race, class, and gender alone. These included paying patients' wards, segregation blocks, borderline case wards, pathological laboratories, staff quarters, separate convalescent wards for recovered homeless patients, recreation buildings, Hindu temples, mosques, feeding platforms, infectious diseases wards, and even hostels for patients' friends.[51] Indian patients were busily occupied working inside on handlooms as well as outside in the fields, providing increasingly high-quality produce that even attracted prizes at local Agri-Horticultural Shows. In 1929 the produce of patients at the Yeravda Asylum, for example, received sixteen first, eight second, and seven third prizes.[52]

The space where mentally ill asylum patients could be found soon extended well beyond the walls of the institution itself: patients were taken on car drives, picnics, and theatre visits. Provisions for outdoor relief were mooted increasingly from the 1930s onwards.[53] As state-organised provision for the mentally ill was no longer confined behind the walls of the asylum, the spaces occupied by mental patients became more varied and specialised. The superintendent of the Ranchi Indian Mental Hospital captured this process evocatively in 1936, when he proclaimed that '[p]sychological medicine has come out of its nineteenth century shell, emerging into extra-mural activities'.[54]

If previous nineteenth-century asylum reports were taken up by accounts of the intricacies involved in separating out the various social and racial classes, segregating the dirty from the clean, the violent from the docile, and the incurable from the convalescent, it was in the early twentieth century mainly that the specifics of diagnostics and the medical procedures applied to diverse groups of patients, as well as the details of recreational pursuits and occupational therapy that came to the fore. Accordingly, patients' daily life, too, changed from being structured by daily washing, feeding, and work routines to a regime increasingly determined by medical treatments, recreation, and work routines, 'religious therapy', and experimental interventions ranging from malaria therapy to organotherapy, and in some few cases, psychotherapy, hypnosis, and psychoanalysis.[55]

If we were to characterise the decades leading up to the 1920s as the period when the racialisation of space was the hub around which other concerns of institutional management were to rotate, it was from then on the medicalisation of space that moved increasingly centre-stage. The change of name from 'Native Lunatic Asylum' to 'Indian Mental Hospital' signals this development to some extent. The inmate of an Indian Mental Hospital was no longer merely a person of a particular racial, cultural, and caste/class background who happened to suffer from some kind of derangement or debility. He or, more rarely, she had become 'a patient', afflicted by a particular kind of illness and happening, in addition, to belong to a particular racial and social community.

THE LOCAL GEOGRAPHY OF STIGMA

The gradual medicalisation of institutional space and management followed relatively close behind the steady stigmatisation of madness. This is visually illustrated particularly well by the move of asylum buildings from their earlier locations right in the centre of or immediately adjacent to towns, to the suburbs, and finally to the margins and wastelands of conurbations.

The Asylum at Lahore in the Panjab, for example, had been established by Dr Honigberger, a medical doctor from Transylvania who was engaged as personal physician by Maharaja Dhalip Singh. Honigberger's small lunatic asylum was located 'in the heart of the city'.[56] Following the British military advance into the Panjab and the establishment of the East India Company's administration in the 1840s, the institution was taken over by a British asylum superintendent, a Dr Hathaway.[57] Soon the 'unsuitability of the situation' drew the attention of the civil authorities and removal of

the inmates to a new place was mooted. Premises were made available just outside the perimeter of the civilian part of the town, but within the 'cantonment' or military quarters and close to the 'camel lines', which provided transport and riding camels for the local regiment.[58]

The two buildings earmarked for the new institution, the barracks at Anarkali previously inhabited by married artillerymen, and in particular the former military jail called the 'Congee House',[59] were, however, not to the liking of every official. These kinds of buildings accentuated detention rather than treatment. A heated debate ensued, which constituted a challenge even to later chroniclers who lamented that 'the documents available appear flatly to contradict one another according to whether they were written by the man who presented the petition or the official who had to provide the money'.[60] The debate was settled in 1855 when a disgruntled and financially prudent official referred to the more or less considered opinion of Sir John Lawrence, the then Chief Commissioner of the Panjab and subsequent Viceroy of India: 'The Conjee House was good eno' for our European soldiers therefore it is good enough for native lunaticks [sic]'.[61] Lawrence clearly lived up to the reputation officials in charge of the newly conquered provinces in the northwest of India had acquired among their civilian colleagues, for their alleged dislike of lengthy debates and somewhat more direct and brusque language and quick decision making, which was perceived as commensurate with their predominantly military background.

The barracks and 'Congee House' were duly renovated and, in 1857, seventy-nine male and six female patients were moved to Anarkali in the (military) cantonment.[62] Although during the Indian Revolt or 'Mutiny' of 1857 'the whole of the insane patients at [the nearby] Delhi [Asylum] escaped or were set free', a large enough number had accumulated again by 1861 to have them transferred to the Anarkali Asylum.[63] However, with the considerable expansion of the European population in Lahore, the former military cantonment area had developed into a prosperous suburb with many desirable residences.[64] It was soon considered a 'serious inconvenience to have [lunatics] confined in the midst of the civil station',[65] and as the building became overcrowded on account of the increasing number of asylum inmates in the wake of the Indian Mutiny,[66] a new building, Lehna Singh's Chhauni, was selected.[67]

Lehna Singh's Chhauni, formerly a Moghul *serai* or travellers' inn, was located conveniently 'on the Amritsar road, to the north of, and outflanked by, the railway station and barracks, on a rising and fairly drained site.[68] Significantly, it was in 1860, 'when first chosen,... at a considerable distance from any dwelling-houses'.[69] Soon, however, here, too, a small suburb began to extend in its direction.[70] So when a purpose-built prison and a hospital for contagious diseases were constructed, the asylum inmates, too, were moved to a new purpose-built asylum next to the penal institution in 1900.

The distancing of penal and asylum institutions from the crowded centre and from the European part of town could of course be explained by the practicalities of space being more freely available at the marginal wastelands of conurbations. According to Lodge Patch, Honigberger handed over twelve lunatics to Dr Hathaway in 1847. Within the next ten years the number of inmates rose to 85, reaching 249 in 1863, and falling to 235 in 1893 due to repeated cholera epidemics. However, as has been shown in regard to colonial town planning in general, other factors were also involved.

The British were determined to draw strict dividing lines between the European and Indian parts of towns, as well as between military and civilian stations, and between recreational and public convenience facilities. As Anthony King and Kenneth Ballhatchet have shown, the British ensured a physical separation between the life of the official elite and that of the Indian people by planning civil stations adjoining but apart from Indian towns.[71]

> There they lived in an ordered environment, in spacious houses enclosed by large gardens and joined by wide, straight roads. Indian towns, with their congested, winding streets, seemed a different world—mysterious and sometimes threatening. A similar seclusion was provided for the soldiers in cantonments, or permanent military camps.[72]

The spatial relocation of the Lahore Asylum therefore charts the progressive spatial segregation between 'rulers' and 'ruled', between the military and the civilian element, and between the healthy, law-abiding and sane and the ill, bad and insane. In regard to the mentally ill, this process could also be seen as indicative of the increasing stigmatisation of the mentally ill. This is evidenced also in the case of the Madras Lunatic Asylum in 1851. Residents of the area, where new premises were to be erected, strongly objected to having a building of that sort put up 'in their backyard'.[73] They argued that the chosen area was not suitable for the insane on account of the disturbing effect adjacent buildings might have on the peace of their mind—the minds of the insane, that is. It sounds though as if the effect on residents' peace of mind of a feared decline of property values caused by the proximity of a madhouse was a not altogether minor consideration.[74]

The increased distance between madness and regular civilian life in Lahore, as in other towns, can clearly be measured in yards if not miles. Similarly, the European Lunatic Asylum in Calcutta had been built in a suburb, at some distance from the British Fort and European quarters. The Monegar Choultry at Madras, which housed 'very tractable and unoffending' lunatics sent there from the overcrowded Lunatic Asylum, was located next to the Leper Hospital and Town Dispensary and set well apart from European areas.[75] The Kolaba Asylum in Bombay (which admitted both Europeans and Indians) was located in a place that could not possibly be more removed, isolated, and distanced from the town—on the island of

Salsette, connected to the mainland only by a narrow causeway.[76] It has to be conceded that the asylum on the island had been established much earlier, in 1799, and the choice of location was then determined more by the fact that a Surgeon R. Fildes, who resided on the island, offered to accommodate lunatics in his private house for payment of a specified rate. From the 1880s, discussions prior to the establishment of a badly needed successor institution focused on the desirability of a place far removed from rapidly developing Bombay Town and the increasingly fashionable harbour area close to Salsette, then linked by a causeway to the mainland. Once colonial town planning was in full swing, institutions for the mentally ill would be moved away from European areas whenever possible.

The fact that the ground plans of both asylum and prison buildings at Lahore owe something to panopticon-inspired designs could be seen to lend substance to a Foucaultian reading of developments. The site maps of the asylums at Madras and Calcutta on the other hand suggest some affinity with the 'planter's tropical bungalow' and the 'gentleman's residence' styles, both of which were typical of building design in British India and suggestive of exquisite and peaceful natural surroundings. Those institutions for the insane that were purpose-built asylums rather than adapted civilian or military buildings (such as the asylums at Yeravda and at Ranchi), may well have been designed with easy surveillance or pastoral images in mind and therefore relegated to positions at a distance from the hustle and bustle of Indian and European town life. However, conditions inside the asylums' walls may not have been as all-pervasively panoptical or as peacefully retreat-like as their architectural layouts and their distant locations may suggest.

Indian institutions, just like private European homes in the East, were inhabited by a great number of servants, wardens, gardeners, cooks, cooks' assistants, *punkah-wallahs*,[77] and numerous other staff, with pets such as deer and monkeys being allowed to 'kindle natives' gentler sentiments', and with water-carriers and sweepers and night-soil removers creating an atmosphere, that would not fit in too well with the idea of a Foucaultian panopticon nor with the ideal prototype of the asylum as refuge and retreat, as advocated by representatives of the asylum reform movement in Britain during the early nineteenth century.[78] The cultural specifics of life in the East as well as the extraordinary pace of urbanisation in India, interfered with both the controlling silence and order intended by panopticon-style surveillance and the peace and quiet envisaged by humanitarian reformers.

A RETREAT AND A PLACE FIT FOR A SUPERIOR RACE

The vision of early nineteenth-century asylum reformers of the asylum as retreat was represented most clearly not so much in colonial India itself, but back home in the metropolis of London, in Hackney and Ealing. Here the

East India Company provided institutional facilities for 'Indian Insanes' (that is, mentally ill Europeans from India) between 1818 and 1892.[79] Pembroke House in Hackney (1818–70) even became the 'largest, metropolitan establishment receiving private patients only'.[80]

Pembroke House was located at Mare Street, close to what is now Bayford Street.[81] Photographs show that it was set back from the road, with the surgeon's house alongside and a row of shops flanking it. It developed steadily from a small-scale place (receiving only ten male and nine female patients in 1819) to a 'large lunatic asylum' (accommodating a total of ninety-nine patients by 1846).[82] Its 'beautiful grounds' were a particular asset as these not only allowed for the necessary extensions to the asylum building, but enabled the owner-superintendent to advertise his establishment as one that would satisfy the superior demands of people of the better sort and appeal to those who imagined the asylum as retreat.[83]

The Royal India Asylum, which provided for the 'Indian Insanes' once Pembroke House was claimed back by the Great Eastern Railway Company for property development in 1870, met humanitarian asylum reformers' vision even more.[84] The imposing building was described in 1845 in an understated way as a 'commodious family residence of a plain but desirable character'.[85] It was set within Elm Grove, an estate of about thirty-eight acres, and lived up to the standards of seclusion, exquisite surroundings, and inviting aesthetics promulgated by the Tukes in the Retreat at York.[86] Elm Grove had gained its name from a 'triple line of elms, some 300 to 400 yards in length', which ran alongside the estate and the many fine trees in the pleasure grounds. Its twenty-six acres of meadow and pasture and ten acres of laid out gardens, with a broad walk edged with thick shrubbery leading around the premises, attracted the enthusiastic attention of the local Horticultural Society which even held its shows in the grounds from 1864 onwards.[87] Being in addition situated at the edge of the Common, the asylum was relatively detached from the village of Ealing and, as an additional bonus, the location was considered to be 'healthy'.[88] The East India Company spent the immense sum of £12,000 on converting the formidable former residence into an asylum, a 'well-built house, large enough to merit the term mansion, plain in design, but not without architectural beauty, and maintaining its exquisite rural ambience'.[89] It accommodated on average about 110 patients.

Within the context of late eighteenth- and early nineteenth-century humanitarian reform movements, the idea of the asylum as 'retreat' is usually read as fuelled by the ambition to spare the mad contact with the distracting outside world. From the late nineteenth century onwards the motive of sparing the public from contact with the insane may arguably be a further important consideration. In regard to both the Pembroke and the Ealing Asylum it could equally be suggested that these institutions were meant to, and, on account of their comparatively good provisions and services, perhaps did indeed provide institutional and psychological grounding

Figure 11.1 Elm Grove (north-west view) in 1870 when it was bought by the India Office to be turned into the Royal India Lunatic Asylum. From a drawing by T.M. Elton. Ealing Public Libraries, Local Collection.

for those who had lost their mind in far-flung, alien lands and were now given a space to retrieve it within the safety, comfort, and familiarity of a quiet place back home in Britain.

Furthermore, the Royal India Lunatic Asylum was housed in a building—resembling a solid, rather plain, detached country home—that epitomized architectural 'Englishness' (Figure 11.1). This itself may have had overtones of racial superiority, a point illustrated by the image of a similar building, a supposedly archetypical 'Anglo-Saxon house' featured in Robert Knox's *Races of Men* (Figure 11.2). Knox had been implicated in the infamous Burke and Hare 'body-snatching' affair, but became renowned for his work on *The Races of Men*, first published in 1850. Two of his leading questions greatly influenced the developing field of 'racial science' and public, academic and political discussions about the nature of 'race' and the possibility of colonisation: 'Do races ever amalgamate? What are the obstacles to a race changing its original locality?' Knox's answer was that a race ought to stay put in 'its original locality', because, as 'every one knows [...] none but those whom Nature placed there [to the tropical regions for example] can live there; that no European can colonize a tropical country'. He also argued that amalgamation led to degeneration and was doomed to failure, as '[n]ature produces no mules; no hybrids, neither in man nor animals'.[90]

Figure 11.2 'An Anglo-Saxon House; it always, if possible, stands detached.' Robert Knox, The Races of Men. Reproduced in H.F. Augstein, *Race. The Origins of an Idea, 1760–1850* (1850/1862; Bristol: Thoemmes Press, 1996).

Within the context of nineteenth-century racial theory, it seems legitimate to suggest that even back home in Britain, European lunatics returning from the colony were still seen as representatives of a racial hierarchy that placed the Anglo-Saxon right at the top of the pecking order. The British policy of spatial separation, and in particular the removal of European lunatics from an alien location to their original locality, resonates well with contemporary racial theory. The location of the 'Anglo-Saxon house' in the midst of the English countryside draws not only on the contention that Anglo-Saxons do best in England, but the subtitle of the image gives away another important characteristic: 'it always, if possible, stands detached'. Remaining separate, aloof, detached, and distant, 'if possible', was one of the distinctive features that marked out British elite ambitions in colonial settings from other European colonial powers from the nineteenth century onwards.[91]

The representation of the Ealing Asylum as an essentially superior Anglo-Saxon retreat for the mad enunciates yet another important aspect of British racial prejudice—the making of Englishness. A major proportion of civil and military servants in India was in fact made up of people from the 'Celtic fringe' and thus from outside the homelands of the 'Anglo-Saxon race'.[92] Yet despite the prevalence of non-Anglo-Saxons, the image of colonial rule in India and its representation as the rightful undertaking, even duty, of a superior race is intrinsically linked up with the idiom of Englishness. Macaulay's well-known colonialist doctrine, expressed in 1835, of raising 'a class of persons Indian in colour and blood, but English in tastes, in opinions, in morals, and in intellect', is no mere figure of speech—neither

in regard to the explicitly expressed aim of turning Indians into paragons of Englishness, nor in relation to its silencing and implicit inferiorisation of the non-English elements among the British in India.[93] Although similarly redolent with racialist assumptions about the superiority of English civilisation, it is clear that Macaulay, in contrast to Knox, subscribed to a different kind of racial theory—to one that allowed for 'inferior races' to climb up the rungs of the ladder of civilisation, given some help and instruction from those supposedly located at its pinnacle.[94] A variety of racial discourses are represented and enunciated in British colonial policies, all of which could conveniently be drawn on whenever occasion demanded. The sources historians are presented with reflect this plurality of discourses.

CONCLUSION

The spatial expression of madness in British India was defined both by race and issues of social class, caste, and communal background. The specific articulation of this complex intersection depended on local circumstances, such as the nature of the commercial, social, and political relationship between the British and the various Indian communities at any one place and period. The confinement of the mentally ill in British India echoed the administrative, therapeutic, and institutional patterns and preconceptions prevalent in Britain during the course of the nineteenth and early twentieth centuries. Yet, up to the 1920s, when the medicalisation of mental illness came to the fore, the imperial nature of the British response to madness was clearly discernible, both within and outside institutions. British imperial power was asserted most clearly in the race and class-specific segregation of asylum inmates, and the relocation of mentally ill Europeans and their confinement in superior establishments seen to befit a 'superior race'. However, the British response to madness had to take into account also prevalent Indian preconceptions and sensitivities regarding caste and community affiliations. This engendered a spatial organisation of madness that was based on the peculiar social predilections of both coloniser and colonised. A variety of discourses can be charted on the global map of colonial asylums—the discourse of madness is but one of these.

NOTES

1. K. Ballhatchet, *Race, Sex and Class. Imperial Attitudes and Policies and their Critics*, 1793–1905 (London: Weidenfeld and Nicolson, 1980), 164.
2. E.M. Collingham, *Imperial Bodies. The Physical Experience of the Raj, c. 1800–1947* (Cambridge: Polity, 2001), 155.
3. W. Ernst, *Mad Tales from the Raj. The European Insane in British India, 1800–1858* (London and New York: Routledge, 1991).

4. Oriental and India Office Collections (OIOC), British Library, London: Gunner John Luck's letters from India, 1839–44.
5. For a discussion of the various arguments put forward in the middle of the nineteenth century, see D. Arnold, 'White Colonization and Labour in Nineteenth-Century India', *Journal of Imperial and Commonwealth History* 11 (1983): 133–58.
6. OIOC: Proceedings for sending European Insanes to England, Md Mil L, 3.4.1821, 23. Md Mil D, 22.9.1822, 18485.
7. OIOC: Pembroke House and Ealing Lunatic Asylums (PHELA), Medical Certificates, 1852, Case of H. S.
8. OIOC: Pol L from India, 5.9.1838, 69. One often-cited denigrating remark that testifies to upper-class arrogance and class-prejudice well into the twentieth century has been attributed to Lady Curzon. Her contention that 'the two ugliest things in India are a water buffalo and a British soldier dressed in his white uniform' created a lot of heartache and resentment among British soldiers. C. Allen, ed., *Plain Tales from the Raj* (1975; London: Macdonald Futura, 1981), 104.
9. C. Allen, *A Scrapbook of British India, 1877–1947* (Harmondsworth: Penguin, 1977), 17.
10. For further details, see W. Ernst, 'Out of Sight and Out of Mind. Insanity in Early Nineteenth-Century British India', in *Insanity, Institutions and Society*, ed. J. Melling and B. Forsythe (London and New York: Routledge, 1999), 245–67.
11. For more details on this issue, see W. Ernst, 'Idioms of Madness and Colonial Boundaries: The Case of the European and "Native" Mentally Ill in Early Nineteenth-Century British India', *Comparative Studies in Society and History* 39 (1997): 153–81.
12. It had been found impractical to send lunatics to England as soon as the need occurred, on account of the logistics involved in the care for mentally deranged, often violent and unpredictable people. Merchant ships usually refused to take lunatics on board because they required constant supervision and the services of a medical doctor; passenger ships found that the insane put off their regular first-class customers; and troop ships were able to make space available only on a seasonal basis.
13. For details on the Bhowanipur Asylum see W. Ernst, 'Colonial/Medical Power. Lunatic Asylums in Bengal, c. 1800–1900', *Journal of Asian History* 40 (2006): 57–72.
14. For details on the Kolaba Asylum see W. Ernst, 'Racial, Social and Cultural Factors in the Development of a Colonial Institution: The Bombay Lunatic Asylum, 1670–1858', *International Quarterly for Asian Studies* 92 (1992): 61–80.
15. For details on the Madras Lunatic Asylum see W. Ernst, 'Colonial Lunacy Policies and the Madras Lunatic Asylum in the Early Nineteenth Century', in *Health, Medicine and Empire*, ed. B. Pati and M. Harrison (New Delhi: Orient Longman, 2001), 137–64.
16. W. Ernst, 'The Establishment of "Native Lunatic Asylums" in Early Nineteenth-Century British India', *Studies on Indian Medical History*, ed. G.J. Meulenbeld and D. Wujastyk (Groningen: Egbert Forsten, 1987; Delhi: Motilal Banarsidass, 2001), 169–91.
17. OIOC: Annual Report, Bm, 1937. Provides data for 1934. Officially, these nineteen mental hospitals provided accommodation for only 9,518 patients, indicating a high level of overcrowding.

18. A total of 646 lunatics who had previously been employed by the East India Company between 1818 and 1859 were sent back to the Company's asylum in Britain —from 1818 to Pembroke House, Hackney, and from 1870 to 1892 to the Royal India Lunatic Asylum in Ealing. For more details see W. Ernst, 'Asylum Provision and the East India Company in the Nineteenth Century', *Medical History* 42 (1998): 476–502.
19. In 1861 the European population in India amounted to 125,945, including 84,083 military personnel. *Royal Committee on the Sanitary State of the Army in India* (London: Eyre and Spottiswoode for HMSO, 1863), xxiv. The number of Indian patients confined in mental hospitals was of course also very small indeed if overall population numbers are taken into account.
20. OIOC: Bg Pub D, 28.6.1820, 94.
21. European prisoners and service-tired soldiers and officers as well as convicted Indian criminals faked madness in order to benefit from less harsh institutional conditions. See for examples, OIOC: Md Ann Rep, 1874/5, para 4; Md Ann Rep, 1876/7, para 4; Patna Ann Report, 1924.
22. OIOC: Bg Asy Report, 14.6.1856. Ann Return 1859, 1.1.1860.
23. For example, a princess from the Mysore royal family was admitted as a first-class patient to the Calcutta Asylum in the 1850s. OIOC: India Pol D, 19.8.1857, 54. In 1919, Jayasinhrao (1888–1923), eldest son of Chimnabai II (born Garabai Ghatge) and Sayajirao III (1863–1938), Maharaja of Baroda, was sent to London for treatment of his alcohol-induced mental problems. OIOC: L/PS/10/265.
24. For more details on this point see W. Ernst, 'Colonial Policies, Racial Politics and the Development of Psychiatric Institutions in Early Nineteenth-Century British India', in *Race, Science and Medicine, 1700-1960*, ed. W. Ernst and B.J. Harris (London and New York: Routledge, 1999), 80–100.
25. OIOC: Annual Report, Bm, 1937. Reports that the 'Sir Jehangir B Boman-Gehram Block was opened on the 21st March [1936] with an appropriate religious ceremony as well as with a special dinner and sweets for both Parsi males and females generously provided by their well-wishers in Poona the occasion being Jamshedi Navrox their new year', 3.
26. Idem.
27. On issues of gender and madness, see W. Ernst, 'European Madness and Gender in Nineteenth-Century British India', *Social History of Medicine* 9 (1996): 357–82. W. Ernst, 'Feminising Madness—Feminising the Orient: Madness, Gender and Colonialism in British India, 1860–1940', in *Exploring Gender. Colonial and Post-Colonial India*, ed. S. Kak and B. Pati (Delhi: Nehru Memorial Museum and Library, 2005), 57–92.
28. OIOC: Med B to Gov, Bg J Proc, 21.8.1821, no para.
29. OIOC: Med B to Gov, 6.6.1821, Bg J Proc, 21.8.1821, no para.
30. Manual Containing Rules for the Management and Superintendence of the Punjab Lunatic Asylum, Lahore. Also Punjab Government Consolidated Circular, No 15, and Laws and Military Regulations Relating to Lunatics (Lahore: Punjab Government Press, 1901), 12.
31. See for example, OIOC: Ann Report, Ranchi Indian Mental Hosp, 1931.
32. OIOC: Ann Report, Ranchi Indian Mental Hospt, 1937, para 36.
33. OIOC: Ann Report, Ranchi Indian Mental Hosp, 1931.
34. OIOC: Med B to Lieut Gov, 1010.1854, NWP Pub Proc, 12.12.1854, 9.
35. Ibid.
36. See for details on early report on Native Lunatic Asylums, Ernst, 'The Establishment of "Native Lunatic Asylums"', 169–91.
37. OIOC: Md Ann Rep, 1874/5, para 2.
38. OIOC: Chief Mag Calcutta Police to Gov, 30.1.1840.

39. 'Fakir': Sufi holy man, dervish, or wandering ascetic (lit. 'poor'); see for example, OIOC: Md Mil L, 18.2.1794. Further Minute Govr Falkland, Bombay, 2.11.1849.
40. OIOC: Bm Annual Report, 1874, para. 20.
41. For example, OIOC: Bm Annual Report, 1874/5. Md Annual Report, 1876/7.
42. For example, OIOC: Bm Annual Report, 1874/5, para 19.
43. The asylum at Madras was in a notoriously wretched and overcrowded state throughout the nineteenth century and, as the only specialised receptacle available for the mentally ill in the town, came to be reserved for the confinement of the violent and dangerous only. See Ernst, 'Colonial Lunacy Policies and the Madras Lunatic Asylum'.
44. See for Gheel: Thomas Mueller, 'Community Spaces and Psychiatric Family Care in Belgium, France, and Germany. A Comparative Study' (in this volume). For boarding out in Scotland and elsewhere, see: Peter Bartlett and David Wright, eds., *Outside the Walls of the Asylum: The History of Care in the Community, 1750–2000* (London: Athlone, 1999).
45. OIOC: Ann Return Ranchi European Hosp for Mental Diseases, 1922.
46. OIOC: Bm Annual Report, 1947. 'During the year under report the Ediswan Electric Shock Therapy Machine was purchased and Dr I. K. Mujavar, MBBS, BMS, Dep Sup, was deputed to the European Mental Hospital, Ranchi, to receive instructions in the working of this machine'.
47. OIOC: Bm Annual Report, 1925, para 3.
48. Ibid., Appendix.
49. OIOC: Ann Report, Ranchi Indian Mental Hosp Ranchi, 1926, para 22, 5.
50. See for similar provisions in large early twentieth-century asylums in Europe: L. Topp, 'Otto Wagner and the Steinhof Psychiatric Hospital: Architecture as Misunderstanding', *Art Bulletin* 87 (2005): 141.
51. OIOC: Annual Report, Ranchi , 1922, 1924, 1925, 1926.
52. OIOC: Bm Annual Report, 1929, Appendix, para. 22.
53. OIOC: Annual Report Ranchi, 1937, para 40. 'Opening of a Psychiatric Clinic at Patna... at the Patna Medical College Hospital...for Out-Door Relief.'
54. OIOC: Annual Report Ranchi, 1936, paras 41f.
55. For organotherapy, see, for example, OIOC: Rep Ranchi Ind Mental Hosp, 1927–29, para 26. For hypnosis see ibid, para 26, vi. For 'psychotherapy', see, for example: OIOC: Bg Ann Rep, Ranchi Indian Lun Hosp, 1930, para ix. 'Psychotherapy. A case was admitted from Calcutta as a case of complete paralysis of both legs with mental excitement.... On examination the case was diagnosed as a case of "conversion hysteria" and the patient...was made to walk within eight days of his admission'. For psychoanalysis, in the Ranchi European Mental Hospital, see: Christiane Hartnack, *Psychoanalysis in Colonial India* (New Delhi: University Press, 2001).
56. OIOC: C. J. Lodge Patch, *A Critical Review of the Punjab Mental Hospitals from 1840–1930* (Lahore: 1931). Lodge Patch, *A Critical Review*, mentions that the 'asylum' consisted in fact of 'some disused stables attached to the house of Raja Sucher Singh', 8. These adjoined Honigberger's civil hospital.
57. R. H. Thornton and J.L. Kipling, Lahore (Lahore: Government Civil Secretariat Press, 1876). Thornton and Kipling give the hand-over year as 1849 and describe Honigberger as a 'German Doctor,' 99. According to Lodge Patch, Honigberger handed over twelve lunatics to Dr Hathaway in 1847. Within the next ten years the number of inmates rose to 85, reaching 249 in 1863, and falling to 235 in 1893 due to repeated cholera epidemics.

58. H. T. Goulding, *Old Lahore. Reminiscence of a Resident* (1924; Lahore: Universal Books, 197-), 45.
59. The Congee-House or Conjee-House: the cells or temporary lock-up of a regiment in India; so called because of the diet served, namely 'congee', the water in which rice has been boiled. In North India the term also referred to a cattle-pound.
60. Lodge Patch, *A Critical Review*, 15.
61. Ibid., 14.
62. Ibid., 15.
63. Ibid., 17.
64. Ibid., 22.
65. Goulding, Old Lahore, 45.
66. There is no evidence to suggest that Indians active against the British during the 'Mutiny' were dumped in the asylum. However, Goulding reports an intriguing episode in 1924: 'Many years ago, when quite a lad, the writer and a party of friends obtained permission to visit the old Lunatic Asylum and the sights he then saw are still vividly impressed on his memory, recalling scenes from Charles Reade's "Hard Cash." ...[there] was a truly villainous looking one-eyed bhisti, engaged in the extremely undignified task of mud-plastering the floor. On seeing us approach, he drew himself up in a dignified manner, ludicrously out of keeping with this occupation, and, glaring at us with his solitary eye, enquired how we dared to enter his presence without permission, he being the King of Delhi. He went on to inform us that he had killed many *feringis* during the Mutiny. Hearing him speak, one wondered whether there was possibly some foundation for his boast'. Goulding, *Old Lahore*, 46.
67. Also rendered as Lehna Singh's Chownee, a Moghul Serai. See for example, Lodge Patch, *A Critical Review*, 22.
68. Goulding, Old Lahore, 45; Thornton and Kipling, Lahore, 100.
69. Goulding, Old Lahore, 45.
70. Idem.
71. K. Ballhatchet and J. Harrison, *The City in South Asia. Pre-Modern and Modern* (London and Dublin: Curzon Press, 1980). A. D. King, *Colonial Urban Development. Culture, Social Power and Environment* (London: Routledge, 1976), 97 ff.
72. Ballhatchet, *Race, Sex and Class*, 21.
73. For a discussion of NIMBYism in relation to shifts in mental health geographies, see Jennifer Wolch and Chris Philo, 'From Distributions of Deviance to Definitions of Difference: Past and Future Mental Health Geographies', *Health and Place* 6 (2000): 137–57, 142.
74. OIOC: Madras Citizens to Gov, 28.11.1851; Md Mil Proc, 16.12.1851, 3702.
75. OIOC: Reports on Mountain and Marine Sanitaria, etc., Madras, 1862, 178.
76. The asylum was on the island of Salsette, which extended in front of the European harbour and town, and was surrounded by the lighthouse, burial grounds, and regimental quarters. Up to the 1850s this site was seen to possess the advantages of being close to, though conveniently separated from, the European civil lines, and of allowing free circulation of air over a dry place as well as 'cheerful and pleasing views [which] are commanded, of the entrance to the harbour, Bay, Malabar Hills and the adjacent Country'; OIOC: Med Board to Gov, 24.5.1853; Bm Pub Proc, 9.7.1853, 4537, 4.
77. 'Punkah': fan, properly one suspended from the ceiling and pulled by a 'punka-wallah', by means of a string.

78. For example, in the Punjab Lunatic Asylum at Lahore, the following staff were supposed to be available for a minimum population of 400 patients in 1901: 1 superintendent, 1 deputy superintendent, 1 clerk, 1 muharrir, 1 chief warder, 1 head keeper, 2 first class keepers, 10 second class keepers, 22 third class keepers, 2 apprentice keepers, 1 cook, 1 gardener, 1 under gardener, 1 head sweeper, 3 sweepers, 4 sweepers, 2 sweepers [different pay grades], 1 matron, 1 hospital assistant, 1 dhobi, 1 tailor, 1 weaver, 1 barber. OIOC: Manual containing Rules for the Management and Superintendence of the Punjab Lunatic Asylum, Lahore. Also *Punjab Government Consolidated Circular, no 15, and Laws and Military Regulations Relating to Lunatics* (Lahore: Punjab Government Press, 1901).
79. The Crown took over colonial administration from the East India Company in 1858. A small yet continuous trickle of former company servants, getting older on admission and more frequently belonging to the higher classes, therefore ended up in Ealing. In fact, only twenty-three patients, mainly old, retired, and demented former Company officers, were admitted between 1881 and 1893. For more details see Ernst, 'Asylum Provision and the East India Company'. From 1858 onwards, non-Company mad Europeans were sent back to Europe for admission into mental institutions at their parish/county of origin or to be looked after by their families.
80. W. Ll. Parry-Jones, *The Trade in Lunacy: A Study of Private Madhouses in England in the Eighteenth and Nineteenth Centuries* (London: Routledge and Kegan Paul, 1972), 43.
81. Hackney Archives: I. Watson, *Hackney and Stoke Newington Past* (Herts.: Historical Publications, 1990), 58.
82. Hackney Archives: B. Clarke, *Glimpses of Ancient Hackney and Stoke Newington*, ed. with a new Introduction D. Mander (1894; London: London Borough of Hackney and the Hackney Society, 1986), 15.
83. Idem.
84. OIOC: Council of India Minutes, 1870, 133.
85. T. Faulkner, *History and Antiquities of Brentford, Ealing and Chiswick* (Ealing Local History Library: Peyne and Foss, 1845), 242.
86. For information on the Retreat at York see A. Digby, 'Moral Treatment at the Retreat, 1796–1846', in *The Anatomy of Madness*, ed. W. F. Bynum, R. Porter, and M. Shepherd (London: Tavistock Publications/ Routledge, 1985), 2: 52–72.
87. E. Jackson, *Annals of Ealing* (Ealing Local History Library: Phillimore, 1898), 205, and Local Collection—Elm Grove, EEB 15.8 Elm Copy 3, 1962, n.p.
88. In fact, the original owner, Spencer Perceval, Prime Minister of England, had purchased Elm Grove because of the salubrious effect it was expected to have on the health of his wife. Jackson, Annals of Ealing, 204–5.
89. Ibid., 202.
90. Robert Knox, *The Races of Men. A Philosophical Enquiry into the Influence of Race over the Destinies of Nations, 1850*. Partly reproduced in H. F. Augstein, ed., *Race. The Origins of an Idea, 1760–1850* (Bristol: Thoemmes Press, 1996), 241.
91. British-Indian social relations were very different in the pre-1820s period. See P. Spear, *The Nabobs. A Study of the Social Life of the English in Eighteenth Century India* (1932; London and Dublin: Curzon, 1980). For a currently popular account of British-Indian relationships, see W. Dalrymple, *White Mughals. Love and Betrayal in Eighteenth-Century India* (London: Flamingo, 2003).

92. Although a higher percentage of the English lower middle classes joined up once open competition rather than patronage alone became a criterion for service in the East from 1855 onwards, a substantial number of Welsh, Scottish, and Irish people were even then represented in the colonial service. During the early part of the nineteenth century the Irish made up the majority of recruits. For numbers see: P.E. Roberts, *History of British India under the Company and the Crown* (London: Geoffrey Cumberledge, 1952); P. Spear, *India: A Modern History* (Ann Arbor: University of Michigan Press, 1972).
93. Quoted in E. Stokes, *The English Utilitarians and India* (1959; Delhi and Oxford: Oxford University Press, 1982), 46.
94. Knox was critical of Macaulay's contention (expressed in *Chronicles of the English People*) that 'the pitiable state of the Irish is owing to their religion'. Knox, 242. Knox, in contrast, maintained: 'It is the race, ... and not the religion; that elastic robe, modern Christianity, adapts itself with wonderful facility to all races and nations.' Knox (243). In Knox's view, '[t]he races of men still remain distinct—the gipsies mingle not, neither do the Jews'. Knox, 244.

Part V

Architects and institutions