

HISTORY OF MENTAL HOSPITALS IN INDIAN SUB-CONTINENT

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The history of modern psychiatry in the Indian subcontinent is the story of the establishment of mental hospitals in India. Before the arrival of the British East India Company in 1600 there were no institutions to keep the insane. As such the early establishment of mental hospitals in the Indian sub-continent reflected the needs and demands of European patients in India during the period. Later, the development and growth of mental institutions reflected both the interest and neglect by the colonialists who ruled India over 200 years. In India the mental asylums were entirely of British conception, "except for some ancient collections of curious humanity such as that of Shah-aula's Chauhas at Gujarat and in the Punjab (Shaw, 1932). However, earlier than this there is a reference of some asylums in the period of Mohammad Khilji (1436-1469) during the fifteenth century. There is evidence of the presence of a mental hospital at Dhar near Mandu, Madhya Pradesh where the physician was Maulana Fazulur Hakim (Sugandhi, 1956). There is also evidence that modern medicine and hospitals were first brought to India by Portuguese during the 17th century in Goa. However, the segregation of lunatics in mental asylum and their supervision were entirely of British origin.

The early mental institutions in the Indian sub-continent were greatly influenced by the ideas and concepts as prevalent in England and Europe during those days. Primarily the mental

asylums were built to protect the community and not the insane. As such, such asylums were constructed away from cities with high enclosures in either dilapidated buildings like barracks left by the military. It appears that lunatic asylums in India were first started to treat European soldiers employed with the East India Company. To understand the development of mental hospitals, it is relevant to know the political developments in India during that time. Probably the latter part of the 18th century was the most unstable period in Indian history with the decline and fall of powerful Moghul power in Delhi, with the consequent rise of the Marathas in most of the central part and South India, the Sikhs in the North and fights for supremacy between French and English in South India. All these gave not only political instability but also contributed to a psychological and social turmoil in the Indian sub-continent (Sarkar, 1932). We find that the development of lunatic asylums in Calcutta, Madras and Bombay were almost parallel to these events. It is interesting to record that these three cities grew up in the beginning largely with British enterprise. The need to establish hospitals became more acute first for Englishmen and the Indian 'sepoyees' employed by the British East India Company. The East India Company won the first decisive war in India at Plassey in 1757 and a few years later the battle of Buxar in Bihar in 1764 against Nawab Sirajjudaula under the leadership

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of Lord Clive. This sudden turn in fortunes excited the adventurous and covetous Englishmen in Bengal. They were masters of Bengal and there was no one to hold their hands. There was a shameless scramble for riches and greed and the unscrupulousness of the officials of the East India Company passed all bounds. For all such undesired behaviour, Clive was censured by the British Parliament and later he committed suicide. Clive was replaced by Warren Hastings, the first Governor General officially appointed by the British Parliament. Hastings is rated as the greatest English ruler in India (Nehru, 1949).

Initial phase of development

It was during Hastings' regime when in 1784 Pitts India Bill was introduced for India according to which the activities of the Government of the East India Company came under the direction of a "Board of Control" and systematic reforms and welfare actions were taken during Lord Cornwallis (1786-93) rule (Sarkar, 1932). It was during his rule that there is a reference of the first mental hospital in this part of India at Calcutta recorded in the proceedings of the Calcutta Medical Board of April 3, 1787. It suggests that the need of a hospital was felt much earlier and the credit for the establishment of this hospital goes to one Surgeon Dr. George M. Kenderline who had established such an asylum. However, this asylum could not be recognised by the Medical Board as he was earlier dismissed from service for neglect of duty in 1777. Later, a private lunatic asylum was constructed, then recognised by the Medical Board under the charge of Surgeon William Dick and it was rented to the East India Company at the rent of Rs. 400/- per month. During almost the same time

another lunatic asylum was opened on April 17, 1795 at Monghyr in Bihar about 400-500 miles north of Calcutta. This hospital was specially meant for insane soldiers. The remnants of this building can still be seen at Shyamal Das Chakravarty Road and is known as "Paghla ghar building".

During almost the same period the first mental hospital was opened in South India at Kilpauk, Madras, near the site of the present hospital, in 1794. Madras was another seat of the East India Company where the East India Company was fighting with Tippu Sultan and it was only after Tippu's defeat in 1792 that the British started gaining some power in South India. Though the earliest mental hospital in India was started at Bombay in 1745 it is said that the beginning was made to construct a small lunatic asylum there. It may be added here that the Britishers first tried to concentrate in Madras, Calcutta and Bombay. Bombay was given as dowry in 1662 when Charles II of England married Catherine Braganza of Portugal. As mentioned earlier, the beginning was made first in Calcutta in 1787 by Surgeon G. M. Kenderline. It was only in 1817 that Surgeon Breamore tried to improve the conditions of the hospital at another site behind the Presidency general hospital. It seems that this hospital had between 50-60 European patients with clean surroundings and a garden. During this period the excited patients were treated with Morphia and opium and were given hot baths and sometimes leeches were applied to suck the blood of the patients. It was thought that blisters were found to be useful for chronic patients and also helpful in controlling the periodic excitement. During the same period in 1855 in Dacca, which is now part of Bangla Desh, another lunatic asylum was opened

in Murli Bazar. Similarly music as a form of treatment to calm down excited patients was first tried during that period in Dacca hospital (Verma, 1953).

In the State of Bihar which was now under the influence of the Englishmen, two hospitals were opened, one at Monghyr started in 1795 for insane soldiers and later in 1821 another lunatic asylum was opened at Patna on Lower Road.

In South India in 1794 with the gradual expansion of British influence the hospitals also expanded in Madras, where the first mental hospital was started in 1794, by Surgeon Vallentine Conolly, for twenty patients, who not only became the first Superintendent but also the owner of the hospital. A few years later in 1799 the Government obtained the lease of premises and another Surgeon Morris Fitzgerald was appointed as Medical Superintendent. Just a few years later in 1807 the hospital was expanded for 54 Europeans and with 15 house keepers. This took place under the charge of Surgeon James Dalton.

Along the Western coast of India at Bombay the first mental hospital was started at Colaba in 1806. This was the period of political turmoil when the Englishmen were controlling not by their army only but by dividing the various Maharajas and Nawabs among themselves and having a small army of their own to support one of the local puppet Indian princes under their control. As the British empire grew in India there were many more local wars with Marathas, Afghans, Sikhs, and Englishmen reaped the profit of these wars and paid only a small price. However, this gradually resulted into a mass discontentment which brought out the seeds of the first Indian revolution for freedom in 1857 (Verma, 1953).

SECOND PHASE OF DEVELOPMENT

After Lord Cornwallis rule (1786-93) and until 1857 there was no further growth of any lunatic asylum in other parts of India except in the major cities of Calcutta, Bombay and Madras. Later, suppression of the 1857 revolution brought out some interesting changes and the power of the East India Company was directly taken over by the Crown on 1st November 1858.

The year 1858 is also significant as the first Lunacy Act, known as Act No. 36 enacted during this year which not only gave guidelines for the establishment of mental asylums but also set the procedure to admit mental patients. This act was later modified by a committee appointed in Bengal in 1888 and elaborate instructions, and guidelines for admission and treatment of criminal lunatics were given. According to Shaw (1932) "the asylums for the insane were originally built in India as in other countries when it was considered advisable to segregate those who by reasons of insanity were troublesome and dangerous to their neighbours". Therefore, the asylums then constructed were simply places of detention and as medical supervision of some sort was considered in the event of an illness to inmates, the institutions, for the sake of cheapness and expediency were given over to medical management. Further, according to Shaw (1932) segregation of buildings and supervision in India was entirely a British conception. We find that after 1858 there was a more systematic expansion of the British empire. Consequently it also brought many changes in the administration and health care and more lunatic asylums in the Eastern part of India during the next 20 years were established. In the Eastern part of India which included Bengal, Bihar, Orissa, by 1874 there were at least six

such asylums at Bhowanipore in Calcutta, Patna, Dacca (now in Bangladesh), Berhampur, Dulanda (in Calcutta) and at Cuttack.

In the South, in Madras Presidency, the new hospitals were opened at Waltair and Trichinappally in 1871 and in May 1871 in Madras city a new hospital was opened for 145 European and Indian patients. In the western part of India in Bombay Presidency a similar expansion was noted and 6 such institutions were opened by 1865 at Colaba, Poona, Dharwar, Ahmedabad, Ratnagiri and Hyderabad (Sind). Colaba was mainly meant for Europeans with over 285 beds and Ahmedabad had 180 beds by 1872.

The year 1874 is also important in Indian history as Assam was separated from Bengal and by 1876 a new asylum was opened at Tezpur. The similar expansion was also visible in Central Provinces where asylums were established in 1866 at Jabalpur and in 1866 at Elichpur in Brar. The hospitals at Jabalpur and Brar were constructed in 1912 and 1924. A hospital in Benaras was started in 1854, and at Agra in 1858 and later at Bareilly in 1862 (Verma, 1953).

In Northern part of India, first hospital was started in 1840 by John Martin Honigberger, one of the physicians of Maharaja Ranjit Singh "who used to treat mental patients in an annexe to his hospital within the grounds of Raja Suchet Singh's palace". "When the Punjab was finally taken over in May 1849, by the British East India Company, Honigberger handed the twelve epileptics and idiots who remained in his charge to Dr. Smith, the first Civil Surgeon at Lahore, who was also a humanitarian." By 1857, the number of lunatics increased from 12 to 85. However, not more than 40 could be accommodated in this place. The number increased to 285 by 1863 till the conditions deteriorated to most

inhuman level, when the building was renovated by 1900 (Lodge Patch, 1939).

THIRD PHASE OF DEVELOPMENT

The third phase of development of mental hospitals in India started in the early part of the 20th century. It was the result of adverse publicity about the conditions of these hospitals both in India and abroad and a more humanistic concern of the Government. This period is also significant as in the early part of the century in 1906 it was also contemplated to have a central supervision of these hospitals. This concern of the then Government ultimately resulted in a few striking changes. By the initiative of Lord Morley, significant changes brought about included the decision of the Government that the mental hospitals which were hitherto under the charge of the Inspector General of Prisons were put under the charge of Civil Surgeons. The second change was in the recognition of specialists in psychiatry to be appointed full-time officers in these hospitals and the third significant addition was the intent of Government to have a central supervision of all lunatic asylums which was contemplated in 1906 and was brought out in the form of India Lunacy Act 1912. The other associated change noticed was the growing concern of the public about the condition of mental hospitals which resulted in not only improvement of existing hospital conditions at that time but also in the opening of many more new hospitals.

The year 1912 is significant as it was during this year that the capital of India was shifted from Calcutta to Delhi. Under a new legislation (Indian Lunacy Act 1912) a Central lunatic asylum was established in Berhampur for European patients which was later closed after the establishment of Central European Hospital at Ranchi on 17th May, 1918.

It was the far-sightedness, the hard work and the persistence of the then Superintendent of the European Hospital (now known as Central Institute of Psychiatry), Col. Berkeley Hill who made the Ranchi institution as the foremost institution in India at that time.

Dr. O. Berkeley Hill (1924) was deeply concerned about the mental hospitals in those days. His concern is reflected in one of his articles which he wrote in 1924 "There is a Persian saying that there is no greater anguish known among mankind than to have many thoughts at heart and no power of deed. This particular form of anguish must be well known to most medical superintendents of mental hospitals. For how many of them longed to be able to raise the standard of the work at hospitals whose welfare they have at heart but for some reason or another the power of deed is denied to them. Nevertheless inspite of many a heart made sick by deferred hope, every medical superintendent is probably in a position to raise the efficiency of the hospital in his charge provided he can get plenty of good ideas to work with".

FOURTH PHASE OF DEVELOPMENT

It was the effort of Berkeley Hill that not only raised the standard of treatment and care in the mental hospital at Ranchi but it was his persuasion with the Government that the name of all mental asylums in India were changed to mental hospitals in 1920. For the next few decades the Ranchi hospital became a symbol of excellence in India. Later in nineteen forties the emphasis was more towards improving the conditions of existing mental health care and treatment programme. In 1946 before the independence of India in 1947, Col. M. Taylor, the Superintendent of European Mental Hospital at Ranchi as a member of Health Survey and Development

Committee, popularly known in India as "Bhore Committee" was asked to survey mental hospitals. According to this report, there were at least 19 mental hospitals with bed strength of 10181. He summed up his observations that the "majority of mental hospitals in India were quite out of date and are designed for detention in safe custody without regard for curative treatments. Worst at that, Punjab hospitals, Thana hospital, Nagpur, Bombay, Agra hospitals savour of the work house at prison and should be rebuilt. The remainder should be improved and modernized. Interestingly, the three cities of Bombay, Calcutta and Madras which had the distinction of having 13 mental hospitals in the country, the two cities of Bombay and Calcutta ceased to have any mental hospital to meet the needs of the community". It was also observed by him that there was a gross inadequacy of medical personnel in all mental hospitals both numerically and in specialized qualifications. Similarly, there was an acute inadequacy of the nursing staff and other attendants. Besides other recommendations he has stated that the Indian Lunacy Act of 1912 has outlived its usefulness. Similarly, to improve the conditions he had suggested that there was a need of a Director at Central Health level as well as in Provinces.

After the independence of India in 1947, the emphasis of the Government of India was more on the creation of psychiatric departments in general hospitals than mental hospitals. And during the last few decades, very few new mental hospitals notably at Delhi, Aipur, Kottayam and one in Bengal were added with greater emphasis on improving the existing hospitals. The mental hospitals as such reflect more the European and the English designs, concepts and attitudes rather than the Indian concept which

was laughed at and rejected by the British psychiatrists during the early part of this century. Their attitude is well reflected in the views of Shaw (1932) "inspite of over-crowding, the absence of a definitely expressed public opinion continues to delay improvement under present condition of government and the noisy section of population led by M. K. Gandhi prefers the ayurvedic and other indigenous systems to our modern methods of treatment". This conflict in Indian attitude is valid even today. However, now for the first time in India, Government of India has developed a national mental health policy to meet the needs of the people by the end of 2000 A. D.

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