

THE RISE OF THE EUROPEAN LUNATIC ASYLUM IN COLONIAL INDIA (1750-1858)

WALTRAUD ERNST*

ABSTRACT

The emergence of institutions for the confinement of Europeans diagnosed as mentally ill is analysed. Medical practitioners' monetary interests in running 'lunatic asylums' and the East India Company's measures towards restricting the Indian 'trade in lunacy' are discussed. Patients' classification according to their race, social class and gender is an important feature of psychiatric practice. It is related to British attempts to control deviant behaviour of Europeans in India and to guarantee the maintenance of the imperial power structure by keeping social distance between the various classes and social and racial groups of society in India. Seen within the context of the preservation of the health of the European civil and military community only, psychiatry is of but minor relevance. However, if psychiatry is set squarely within the politics of colonial rule it gains a socio-political importance that reaches far beyond asylum walls.

The first lunatic asylums in British India were established during the second half of the eighteenth century¹. At that time the European military and civil population had grown large enough to necessitate similar measures as those in the process of being introduced in England itself: the establishment of hospitals, dispensaries, orphanages and asylums for the middle and

lower classes. In England social relief was seen as the responsibility of parish communities; reformers' campaigns frequently focussed on the demand for legislation by central Government, promoting a unified, publicly controlled and locally administered mad-house system. The Europeans in India at this time, however, formed an expatriate community with a high rate of turnover

*59 Queen's Road, Thames Ditton Surrey KT7 0QY England.

with no local roots. It was the East India Company which was to be responsible for the health and well-being of the European community. There are many aspects to the question as to how mental institutions for Europeans developed within a colonial setting. The emergence of the private madhouse as a lucrative income source for its owner is but one such aspect.

The Indian 'Trade in Lunacy'

Assistant Surgeon Valentine Conolly of Fort St. George, laid before the Madras Government in 1794 'Proposals for Establishing at the Presidency an Hospital for Insane Patients'². Apart from financial considerations this proposal was supported on grounds of 'how extremely beneficial the adoption of it would be to the Community at large by affording Security against the perpetration of those Acts of Violence which had been so frequently committed by unrestrained Lunatics'³. Thus the suggestion of confining 'those poor creatures suffering from insanity' to specialised houses afforded the European community at the same time a good deal of peace and order and ridded them of such public nuisances as were perpetrated by lunatics⁴.

Likewise, the persons who offered to take care of lunatics could not be seen as totally disinterested in the setting up of a mad-house.

As in late eighteenth and early nineteenth-century England, so in India, too, the 'trade in lunacy' offered promising business prospects⁵. In 1815 Valentine Conolly's private lunatic asylum in Madras was to be sold on the owner's return to England. The price for it was set at about Rs. 90,000 although the building itself was not valued at more than about Rs. 40,000. The Government of Madras disapproved of this 'principle of selling not merely the Building, but the charge of the Patients contained in it'⁶. But in fact the Government, in another presidency, about five years later, entered into a contract with a private entrepreneur in lunacy, which had also provided a considerable profit for the owner, a Mr. Beardsmore. During the nearly 30 years of said contract, the Government of Bengal had to provide from its revenue about Rs. 20,000 to Rs. 40,000 per year for the keep of on average 20-40 lunatics⁷. This amounted to average costs per patient of about seven to eight times as much as in the Hanwell Asylum in England.

This 'trade in lunacy' was often only a part of the medical practitioners' wider commercial interests. There are numerous examples of formally qualified or alleged medical doctors who indulged not only in lucrative private medical practice but in trade and land speculation as well. The East India Company's many and

unsuccessful attempts to obviate these multiple engagements bear witness to their ubiquity⁸. The involvement of medical people in other than mere healing vocations was presumably as widespread in eighteenth and nineteenth century India as it was in England at that period. There were similar attempts made to rectify such practice; rectifications which resulted towards the middle of the nineteenth century in the consolidation of the medical profession as an exclusive body of experts in the matter of healing, with standardised rules and regulations, examinations, honorary titles and professional lobbies⁹.

Classification according to patient's social class and professional affiliation

In the 1850s, towards the end of the Company's time as a representative of English rule, legislation was passed handing over the responsibility for and the control of public health to the provincial government, as part of the state's obligations towards its subjects¹⁰. Governmental proclamations and changes in public health policy convey little, though, of the way in which lunatic asylums were actually managed. Systematic data on this matter is lacking, but nevertheless some insights can be gained by examining specific cases of persons who had been admitted into the presidential lunatic asylums in India.

In 1808 the proprietor of the European Lunatic Asylum in Madras had 27 insane patients confined within his premises¹¹. The Medical Board, which was entrusted by the presidential Government with regular inspection of this institution, had so far been 'satisfied with the mode of treatment experienced by the Patients in the Lunatic Asylum', and had drawn up favourable reports on its state and management¹². On the occasion of a routine visit on the 8th February 1808, however, the three members of the Medical Board became involved in a controversy about the classification of certain inmates. One, Surgeon Callagan dissented from his colleagues' conviction, that a Mr. Augun and a Captain Horne, who had lately arrived from Penang, were rightfully being kept in the madhouse. The prescribed procedure notwithstanding, they had in fact not been certified insane by the Medical Board, but had been transferred to the Lunatic Asylum by the Surgeon of the General Hospital in a grossly high-handed action, whereby he had merely stated that Mr. Augun and Captain Horne 'appear to be in a state of mental imbecility'¹³.

Callagan recommended to Government that they be 'immediately removed from the Lunatic Asylum' and be accommodated in a separate portion of the General Hospital instead. His suggestion was based on the observation that Captain Horne

and Mr. Augun were not all that mad if only they were left alone and not constantly bombarded with questions. He explained that they had recently lost their fortune because of a shipwreck, leaving them without any means, and Mr. Augun's wife and two children uncared for, Callagan went on to argue that one

'cannot merely because they seem to have been at once deprived of health, fortune and friends, approve of dooming them to the humiliating scenes of a madhouse, where, cut off from all intercourse with the rational and instructive part of the world on which the great hopes of their [amendment] must rest, they can have nothing before them but the distracting gestures and Clamours of Maniacs of all Countries and of the lowest Ranks in life, altogether calculated to aggravate and confirm rather than remove the cause of their present Weakness' 14.

Callagan's assessment seems to have been not altogether free from class prejudice; after all, his argumentation was summarised with the conclusion that the two gentlemen 'cannot be classed with common soldiers and sailors', because of their previous superior situation in life¹⁵.

There existed an additional factor which had to be taken into account and which further complicated the procedure of properly classifying insane persons, namely the patient's relation to the Company.

The Government's rates for the upkeep of the insane in Lunatic Asylums were fixed according to the person's former professional position in the Company's service. Whilst the amount of money afforded for the military insane's custody and care was clearly defined by their rank and salary, it was a more precarious task to rank persons with a civilian background. Neither Horne nor Augun belonged to the military or civilian branch of the East India Company, and were therefore not eligible to be treated on the usual first-class rates. It was finally decided that they should be kept in the Asylum on a somewhat reduced superior rate. The official declaration reads as follows:

'It is recommended..... to draw the next lowest regulated allowance which is specified for persons not in the Service who have been in the Character of Gentleman or in other words for those above Common Soldiers or Sailors and accustomed to superior comforts, and this distinction [we] consider necessary to enable the Superintendent to pay such attentions to their feelings in regard to accommodation clothing and diet as may tend to diminish distress or returning reason, nor can a less sum be well allowed him for these purposes.' 16

These and numerous similar disputes illustrate the authorities' difficulties in evaluating a person's class position. A fortune and one's

mind could be easily lost, but should this have the loss of one's class position as a necessary consequence? Or should a former gentleman, though not belonging to the Service, rather be confined on a privileged rate; after all he had been a British gentleman, a potential member of the ruling class? And what if a former gentleman turned into a 'maniac' or 'perfect idiot'? Was then confinement in a first-class ward with superior comforts still appropriate? Could a person's deranged state of mind extinguish his former rank in society; and if so, did not this have momentous repercussions for the stability of the social order, which had been exposed to repeated *Angst*-provoking changes and assaults in the economic, political, and social spheres of a gentleman's life?

Questions which focused on relative class position, professional affiliation and the perceived seriousness of mental derangement, were difficult to answer, especially at a time when English society as a whole was still in the process of finding its final determination as a fully developed bourgeois society. When these questions were confronted it was usually in very idiosyncratic ways, with various individual emphases and involvements. It should be noted that the adhoc and case-specific way in which European lunatics were dealt with at the beginning of

the nineteenth century differs very much from the later regulated and unified routine, which emerged during Lord Dalhousie's strongly utilitarian-biased Governorship in the 1850s.

Classification according to race and gender

In 1808, however, the members of the Madras Medical Board not only disagreed as to two gentlemen's proper classification in accordance with their previous class, the seriousness of their derangement and their non-affiliation with the East India Company. There arose even more animosity in regard to certain other inmates, who had been, again in Surgeon Callagan's opinion, 'improperly included in a superior class'¹⁷. First of all there are Mr. S. L. Carapet and Mr. M. Symons, both Armenians and - in the opinion of two members of the Medical Board - of rather 'respectable families', though 'now in distress'¹⁸. Although it had been trusted that Callagan, after detailed enquiries about the patients' connexion, 'will admit that they cannot be classed with common Soldiers or Sailors', he, on his part described the alleged gentlemen less favourably. He argued plainly: 'Carapet ... never was in the station of a Gentleman'; M. Symons, he maintained, was 'an Armenian Boy, a perfect Idiot, and a *Pauper*' who had lived in the Black Town and 'at the Solicitation of a

Mr. Chameer and others [was] pronounced ... a Pauper ... and admitted to the Lunatic Asylum'¹⁹.

In Callagan's version the 'Armenians of respectable families' turned into severely deranged paupers who were picked up in the Black Town. Another case was taken up: a Mr. J. Watts, who was entered in the 'register of admission' as a Sub Assistant Surgeon, was characterised by Callagan in a peculiarly redundant way: 'This person is a native half cast[e] dark Copper Colour'. It was further stated that 'this person' had been 'an Apprentice to a Surgeon but never had been regularly established a Sub Assistant; which situation in any event cannot entitle him to be classed as a Gentleman'. Short mention was also made of a female inmate, a Mrs. Lascells, who had been admitted as a first-class patient as early as 1795. Although in general even women of lowly classes were classified above their actual class position during the early decades of the nineteenth century - as long as they owned an impeccable reputation - Mrs. Lascells, a Eurasian, did not gain Callagan's gentlemanly goodwill. She was merely referred to as 'a black'²⁰.

Certainly 'race', as evidenced in the colour of one's skin, was not the only criterion which was essential for classification. It rather was a complex combination of class, gender and racial considerations, gloomy stereo-

types of mental illness and the delicate venture of assigning an adequate social position to independent and upwardly mobile individuals. There had not yet emerged definite rules and generally accepted all-pervasive ways of allocating social recognition to the rising middling classes of whatever skin-colour on the one hand and of demarcating the lower classes on the other.

The statistical significance of mental illness

The more general question arises whether the social phenomenon of 'insanity' could legitimately be regarded as having been of any great importance within Anglo-Indian colonial society. As to the common practice of determining the relevance of a social problem by its numerical frequency, it is needless to mention, that the East India Company's statistics are generally not only as unreliable as any early nineteenth-century social statistics, but also as divergent and contradictory. The contemporary calculations of an incidence rate of mental illness amongst Europeans in India ranged from 1 to 2.7 per thousand, to as high as nearly 4 per thousand; which meant in comparison to England the same, a nearly 3 times as high or a nearly 4 times as high incidence rate respectively²¹. The chance of becoming an in-patient in a lunatic asylum was roughly as high in India as in England. In con-

trast the probability of suffering from an attack of madness and recovering from it without having been admitted to an asylum at all, might have been - albeit with some variance - higher in India.

Mental illness and the state of health of the army in India

If, however, mental illness is looked at within the wider context of health preservation in general, then a different picture emerges which does not attribute a very central position to mental disease as a health hazard. The majority of Europeans in India were in military employ. The extremely poor condition of the soldiers' health in India is amply documented by a Royal Commission's report on the sanitary state of the army in India: in England male civilians of soldier's age died of various diseases at a rate of 10 per 1,000. In the army in the United Kingdom this rate was much higher: 17 in 1,000. For the army in India, however, the rate had been 69 in 1,000 for the first half of the nineteenth century. Further, out of 9,467 men dying among regiments in India prior to the mutiny, or sent out in 1857-58, only 586 were killed in action or died of wounds²²; or expressed in percentages: 94% died of disease, whilst 6% only were killed in action. The fatal diseases were given as having been: fevers (in 23 out of 100 deaths), dysenteries and diarrhoea (in 32 out of 100

deaths), diseases of the liver (in 10 out of 100 deaths) and cholera (in 19 out of 100 deaths). It is indeed rightly remarked here that 'compared with these, all other diseases are of minor extent and importance'²³.

It is not surprising therefore that against this background of the ubiquitous presence of other than mental diseases insanity - despite its comparatively high incidence rate - was not mentioned at all by the Commission. If one considers that the overriding problem was to keep the soldiers alive at all, then mental illness might be regarded to have been no particular problem - after all, it only ended fatally in a small number of cases; in fact, 97% of those afflicted with 'insanity' returned to their duty again without having been admitted to a lunatic asylum. The military insane in the presidential lunatic asylums therefore might have constituted less than 3% out of the total number of army and navy people who became temporarily insane²⁴.

Furthermore, it would be correct to assume that the chances of getting certified as insane were not very high, as one was likely to die from fever, dysentery or some such disease before one had a chance to develop any adequate symptoms. It may then be left to psychological and medical reasoning to consider whether the chance of dying of a so-called 'purely' somatic disease was increased by

mental illness or emotional problems. Conversely, the ever-present threat of physical disease may have been a factor disposing to mental breakdown or leading to some mental disorder of a somatic nature.

Financial considerations and the maintenance of discipline

As far as military authorities were concerned the preservation of the soldiers' fighting ability and the maintenance of obedience and discipline were paramount. Persistent or fatal illness therefore constituted a considerable cost due to the sick or dead soldier's inability to realise his fighting potential. The Royal Commission summarised this point, with emphasis on the financial losses as follows:

'If the mortality is set down at 69 in 1,000, it follows that, besides deaths by natural causes, 60 per 1 000 of our troops perish in India annually. It is at that expense that we have held dominion there for a century, a company out of every regiment has been sacrificed every 20 months. These companies fade away in the prime of life, leave few children, and have to be replaced, at great cost, by successive shiploads of recruits. The value of a man, who with all his arms costs the country £ 100 a year, reckoned at only a few years purchase, is considerable, and the loss of his life, of his health, or of his efficiency, is not to be lightly regarded, especially as it occurs most frequently and

inopportunately [sic] in the field when his services are required'²⁵.

Apart from the economical maintenance of the soldiers' fighting power there is yet another constituent of any army's efficiency, namely, implicit obedience and subordination. It is often this aspect of the military which becomes significant whenever some person turned out to be persistently insane. As far as a soldier's duty goes, he only becomes conspicuous when he does not carry out a task properly or does not obey orders. The majority of military lunatics who ended up in the lunatic asylum had a history of 'most disgraceful and highly irregular conduct and neglect of duty to the prejudice of good order and military discipline'. Some cases sound drastic, like the one of private W. Wooley, who had 'attempted to strike a Sergeant with a steel fork, he [the sergeant] having ordered him out for exercise when he [Wooley] was not inclined to go and after he had once refused'²⁶. In other cases the peculiarity of the sanctioned behaviour predominated—at least for a non-military layperson of today. Such was the case of a Mr. Zouch, a naval officer, of whom it is reported that on one occasion on board ship 'he imagined himself transformed into a vegetable, an artichoke, and was in the habit of taking advantage of every shower that fell in order that he might be properly watered'²⁷.

However shrewd or shocking these examples might sound, Private Wooley's and Midshipman Zouch's superiors were charged with establishing and maintaining good order and military/naval discipline and consequently had to dispose of both the violent, striking and of the peculiar, vegetable character. A court martial was the usual response to disobedience, irregular conduct or neglect of duty. In some cases, however, its inadequacy was realised, as the violent or fanciful lunatics would not abstain from mad actions while in prison and would continue to be a nuisance or a threat to officers and men on their release.

Segregative control and institutionalisation of the mentally ill

Like the army barracks, the houses of correction and the hospitals, too, had their strict regulations which were meant to keep these institutions running smoothly and in a disciplined manner. For example, Robert Montgomery, Judicial Commissioner in the Panjab, objected to the transfer of lunatics in Lahore to the jail hospital and gave his view of the matter: 'The practice of keeping insane patients in Jail Hospitals is much to be deprecated, as their noise disturbs the patients; but the most objectionable point is, that other prisoners are tempted to imitate Lunacy by seeing that these insane

persons are irresponsible; they therefore set all discipline and subordination at defiance'²⁸.

Lunatics were a nuisance for their fellow prisoners and the staff; and conversely the prisoners obviously had their fun with the lunatics, as they were described as having been a source of annoyance for the mentally ill inmates. Similarly regimental and general hospitals were also not deemed proper places for lunatics, or rather it was not regarded proper to expose the hospital's patients to the fancies and clamours of madmen whom doctors could not easily restrain and quieten down within an ordinary hospital setting. It was further feared, that the hospitals' reputation would be spoilt if mad persons were kept there.

The place least proper for European lunatics, was, however, the streets. Whilst the army made up about 3/4 of the European population and thus a proportionate number of institutionalised lunatics, there were quite a few pauper lunatics who roamed the streets, thereby presenting a nuisance to the civil population. Increasingly towards the middle and end of the century complaints were made about pauper lunatics and vagrants who spoilt not only the civilian's pleasure idly strolling along the avenues and promenades, but the white rulers' self-image as a superior people as well²⁹.

Conclusion

As early as the eighteenth century the European community in India had regarded lunacy to be an evil which had to be controlled in order to keep the streets clear of potentially threatening maniacs, and in any case the provincial governments aimed at securely disposing of mad Europeans who might otherwise undermine what was regarded to be the ruling classes' assumed superiority. The European community must have thought it important enough to have expensive asylums established for as few as between five and 40 European patients, out of which a certain percentage were military insane who were merely transferred from a total institution to a closed establishment. Victorian charitable impulses cannot be the sole explanation of this concern to house the insane, - after all, ordinary medical provision for other, more ubiquitous, ills was known to be far from adequate. It is not intended to argue that provisions for the European insane were not informed at all by humanitarian motives or medical considerations. Nevertheless, considerations of the kind mentioned above - sparing the communities from a disturbing and sorry sight, keeping the rulers' self-image and prestige intact and preserving institutional routine within hospitals, prisons and the military - were an important constituent of the measures suggested and applied. It might be

worth mentioning that the insane were not the only group which was disposed of or - if you prefer - cared for, out of a diversity of motives. Male paupers and women of so-called 'bad character' were sent back to England, as well - as long as they were pure-bred European and not of mixed race. Thus to take up the question of how certain marginalised groups within European society were perceived and treated is to engage not merely in the reconstruction of administrative policy or institutional and 'purely' medical history. The question has to be located within and related to the social and colonial endeavours of the time, which entails finding out as much about those inside as about those outside the walls of certain establishments.

Notes

1. *D. G. Crawford: A History of the Indian Medical Service, 1600-1913. London: Thacker, 1914, Vol. 2, pp. 400, 415, 429.*
2. Madras Military Letter, 18-2-1794, 88.
Madras Military Despatch, 6-5-1795, 72.
Madras Military Letter, 16-10-1794, 3.
3. Madras Military Letter, 18-2-1794, 88.
4. *Idem.*

5. *W. Ll Parry-Jones: The Trade in Lunacy. A Study of Private Madhouses in England in the Eighteenth and Nineteenth Centuries. London: Weidenfeld and Nicolson, 1969.*
6. Madras Military Despatch, 20-8-1823, 40f.
7. *W. Ernst: Psychiatry and Colonialism. The Treatment of the European Insane in British India, 1800-1858. London (Ph D Thesis), 1966. (publication forthcoming).*
8. *D. Mac Donald: Surgeon Twoe and Barber. Being Some Account of the Life and Work of the Indian Medical Service (1600-1947). London: Heinemann, 1900.*
9. *S. W. F. Holloway 'Medical Education in England', in: History, 1964, 49, 299-324.*

N. and J. Parry: The Rise of the Medical Profession. London Croom Helm, 1976.
10. See: *Ernst, Psychiatry and Colonialism, Chapter 2.*
11. Report of Medical Board, 15-2-1808; Madras Military Proceedings, 4-3-1808, 153ff, 2400ff.
12. Idem.
13. Report of Medical Board, 15-2-1808, Minute of Second Member of Medical Board, 15-2-1808; Madras Military Proceedings, 4-3-1808, 153-183.

Surgeon of General Hospital to Town Major, 13-1-1808; Madras Military Proceedings, 4-3-1808, 153f.
14. Report of Medical Board, 15-2-1808, Minute of Second Member of Medical Board, 15-2-1808; Madras Military Proceedings, 4-3-1808, 153-183.
15. Report of Medical Board, 14-3-1808; Madras Military Proceedings, 26-4-1808, 2401, 2.
16. Ibid, 3.
17. Ibid, 5.
18. Ibid, 6.
19. Report of Medical Board, 14-3-1808, Minute of Second Member of Medical Board, 14-3-1808; Madras Military Proceedings, 26-4-1808, 2401, no para.
20. Ibid.
21. *J. Mac Pherson: 'Report on Insanity among Europeans in Bengal, founded on the experience of the Calcutta Lunatic Asylum', review in: Calcutta Review, 1856, 26, 592-608.*

Royal Commission on the Sanitary State of the Army in India. Vol. I, London: Eyre and Spottiswoode for HMSO, 1863; 592.

22. *Royal Commission, XVII.*

23. *Ibid, XIII.*

24. *Ibid, 592.*

25. *Ibid, XVII.*

26. India Office Records, London: *Records of Pembroke House and Ealing Lunatic Asylum, Medical Certificates, 1843, Case of W. Wooley.*

27. *Ibid, 1845, Case of E. C. Zouch.*

See also: *W. Ernst and D. Kantowsky, 'Mad Tales from the Raj', in: Transaction/Society, 1985, 3, 31-8.*

28. Judicial Commissioner to Chief Commissioner, Panjab, 28-10-1853, para 18; in: *C. J. Lodge Patch, A Critical Review of the Punjab Mental Hospitals from 1840-1930, Lahore, 1931.*

29. See: *W. Ernst, 'The European Insane in British India. 1800-1858: A Case-Study in Psychiatry and Colonial Rule', in: D. Arnold (ed), Medicine and Empire, Manchester: Manchester University Press, forthcoming.*

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| | 20-8-1823 | -do- |
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सारांश

औपनिवेशिक भारत में (1750-1858) यूरोपीय पागलखानों की वृद्धि

वाल्ट्वीड एन्स्ट

मानसिक रोगों से पीड़ित यूरोपीय लोगों के उपचार के लिए भारत वर्ष में संस्थाओं की स्थापना कब और कैसे हुई, प्रस्तुत लेख में इस बात का विश्लेषण किया गया है। तथाकथित 'पागलखानों' के प्रबंध करने वाले चिकित्सकों के आर्थिक उद्देश्य, तथा 'पागलों के व्यापार' पर ईस्ट इंडिया कम्पनी द्वारा लगाया हुआ प्रतिबंध, इन बातों का भी विवेचन किया गया है। कौम, जाति सामाजिक वर्ग तथा लिंग के अनुसार रोगियों का वर्गीकरण मनश्चिकित्सा का एक महत्वपूर्ण अंग है। भारत में रहते हुए यूरोपीय लोगों के दुर्व्यवहार को काबू में रखने का ब्रिटिश राज का प्रयत्न, एवं विभिन्न कौमों और सामाजिक तथा जातीय वर्गों में दूरी पैदा करने से ब्रिटिश साम्राज्यशक्ति को चालू रखना, इन दो बातों से मनश्चिकित्सा का सहज संबंध है। जब मनश्चिकित्सा को केवल यूरोपीय समुदाय के संदर्भ में ही देखा जाता है तो उसका महत्व कम दीखता है। परंतु जब इस विषय का मूल्यांकन औपनिवेशिक यानी कलोनियल राज की राजनीति के संदर्भ में किया जाता तो इसका सामाजिक तथा राजनैतिक महत्व साफ साफ दिखाई देता है।