

## **THE MADRAS LUNATIC ASYLUM IN THE EARLY NINETEENTH CENTURY**

**W.ERNST\***

### **ABSTRACT**

Early clarification of authority structures in regard to asylum management and curtailment of petty corruption were important features in the development of the Madras Lunatic Asylum. Although the development of the Madras Asylum in the early nineteenth century had been relatively free of controversy in comparison to the institutions in Bengal, it possessed some distinct features. It was finally closed down almost exactly a century after its inauguration, and its inmates were moved to new premises.

Although the development of the Madras Asylum in the early nineteenth century had been relatively free of controversy in comparison to the institutions in Bengal<sup>1</sup>, It possessed some distinct features. Firstly, from its foundation in 1794 the asylum provided for the reception of both Europeans and Indians<sup>2</sup>. There existed, of course, separate wards for the different races. The propriety, however, of confining Indian and European lunatics in the same compound was not apparently questioned - as it had so vehemently been in Bengal<sup>3</sup>. Towards the middle of the century the asylum's reputation as a seemingly receptacle for higher-class European had, however, suffered, as ever-more lower-class Europeans and Eurasians were confined, alongside Indians, in derelict premises. Officers and high-class civilians were consequently no longer admitted at all.

Secondly, not only had the asylum been built by a medical practitioner but it was, during its important formative period, owned by medicos. It was only in 1823 that the medically unqualified heirs of a deceased medical professional took possession of the building, to the sale of which the Madras government had previously objected. Although the asylum was not government property, the authorities had taken early steps towards the clarification of authority structures, and were consequently spared the kind of struggles for authority between the medical board on the one hand and the superintending madhouse owner on the other, that had characterized Mr. Beardsmore's asylum in Calcutta<sup>4</sup>.

Thirdly, whilst details of internal management and death and cure rates were being demanded and commented on in the case of Bengal by the court of

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\* Wellcome Research Lecturer in the History of Medicine, Department of Sociology and Social policy, University of Southampton, Highfield, Southampton, SO 17 1BJ, U.K.

directors of the East India Company, there was no such request made by the authorities in England in respect of the Madras asylum. In fact, the few reported data on cure efficiency and mortality exhibit an astonishingly favourable tendency<sup>5</sup>. The death rate was low, within the context of British India, and the rate of cure did not fall below an unremarkable average. As details on medical or psychological treatment are however missing, it is not easy to arrive at any definite interpretation of this evidence.

### **The Mad-house owners**

When Valentine Conolly, an assistant surgeon, caused to be erected a building for the reception of lunatics in 1793, he was to set in train both a lucrative business and a procedure for the disposal of insane persons, which was regarded as most humane<sup>6</sup>. There two aspects of individual profit and institutional care were to characterize the affairs of the asylum during the subsequent seven decades. The accounts praising Conolly's achievements are similarly divided between mention of personal profit on the one hand and public benevolence on the other. In the standard history of the Indian Medical Service Conolly is mentioned as the laudable founder of the Madras asylum<sup>7</sup>. He was referred to in a similar vein by the medical board and the authorities of Madras<sup>8</sup>. It was not surprising then, that Conolly was not denied costly concessions by government (such as the premature extension of the asylum's lease and the

highly over-stated rates granted to him per patient)<sup>9</sup>. By contrast, in the short entry reserved for him in the Dictionary of National Biography Conolly's merits are reduced to his achievements in accumulating great wealth. He was merely noted to have been one of those Englishmen who returned from India as wealthy *navabs* - an increasingly rare and note-worthy occurrence in the nineteenth century.<sup>10</sup>

Conolly could, however, claim some curative success. This must have been especially welcomed by the medical board who had patronized him and needed to legitimate its suggestion that government should enter into a highly expensive arrangement with him. Only one year after the opening of the asylum the first lunatic was reported to have been restored to sanity and Conolly's skill and attention were positively remarked on<sup>11</sup>. The reported cures, Conolly's reputation as the initiator of a benevolent scheme for suffering mankind, and presumably his wealth-based influence contributed to effect the extension of his building's lease years before the contract's official termination. This was done shortly before Conolly's departure to England and was presumably intended to ensure the sale of the premises for a highly advantageous price. The extension of the lease meant that government had contractually bound itself to stipulated terms of payment<sup>12</sup>. Surgeon J. Goldie, who followed Conolly, must therefore have regarded the purchase as potentially lucrative. After all he had paid nearly three times the

estimated value of the building alone. His profit arose from the very high rent that government paid in addition to grossly inflated rates per patient <sup>13</sup>.

Goldie sold to another medical practitioner, surgeon J. Dalton who again bought the premises for three times their estimated value. <sup>14</sup> Soon after Dalton's take-over, repairs were carried out <sup>15</sup>, and shortly before his retirement Dalton considered selling the building for a price as high as the one he had paid some years previously. <sup>16</sup> This time, the government of Madras objected to the sale and transfer of the lease. It was held that

'the principle of selling not merely the Building, but the charge of the Patients contained in it, to any Individual however qualified, or personally unobjectionable'

could not be sanctioned by government. <sup>17</sup> Dalton was consequently struck with an asylum. On retirement to Europe he handed over the medical charge of the institution to a surgeon who was henceforth appointed by government on recommendation from the medical board. With Dalton's death in 1823 his heirs, to whom he had bequeathed the building, engaged an agent to administer the routine affairs of the property and to negotiate with government. <sup>18</sup> From this time onwards both the medical and property management seems to have run smoothly. This may have been mainly due to the fact that the owner's agent acted merely as an absentee landlord, with no involvement in the day to-day affairs of the institution. He was not only relieved from responsibility for internal

management and medical treatment, but consequently from complying with any instructions by the inspecting board.

### **The lucrative 'trade in lunacy' and the importance of proper classification**

In February 1808 on the occasion of a routine visit by the medical board one of the three members drew up a note of dissent in addition to the usual joint report. <sup>19</sup> The board's opinion was divided on surgeon Dalton's classification of certain asylum inmates. A Mr. Horne formerly a ship's captain, and a Mr. Augun, described as a gentlemen, had both lately arrived from Penang and had suffered loss of fortune and reason on account of a shipwreck. They had been sent to the general hospital from where they were soon transferred to the lunatic asylum on the request of the hospital surgeon who had testified to a certain 'mental imbecility' in the patients <sup>20</sup>.

In the opinion of surgeon J. Callagan, a member of the medical board, not only had the prescribed admission procedure been neglected but the confinement of these two gentlemen in itself was in his opinion uncalled for. Callagan argued that Captain Horne and Mr. Augun were not all that mad, if only they could be spared the continual bombardment with questions, and left to rest their minds after a traumatic experience at sea. Consequently he recommended their immediate removal from the asylum and suggested they be provided with separate accommodation in the general hospital - mentioning in passing that this could be done at nearly half the expense.

Callagan's main line of argument

was however not based on financial considerations so much as on his evaluation of the mad-house as being an inappropriate institution for the two men. After all they were gentlemen and thus should not have to mix with people of lowly rank. Nor did these Gentlemen suffer from any serious common affliction such as mania or idiocy. Rather, it appeared that a temporary 'weakness' of the mind had visited them. Callagan pleaded that he could not,

'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 ammindment (sic) 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 to remove the cause of their present Weakness'<sup>21</sup>.

Callagan, however, was not only advocating better treatment for members of the upper classes. He went on to express his dissent even in respect to lower-class persons' detention in the asylum on the occasion of the medical board's meeting a month later. To the repeated irritation of the other members of the medical board Callagan brought forward the cases of lunatics whom he regarded as improperly included in a superior class. An argument ensued,<sup>22</sup> whilst the other board members had described, for example a Mr. S.L. Carapet and a Mr. M. Symons as Armenians of 'respectable families though now in distress,' Callagan painfully stated that 'Carapet...never was in the

station of a gentleman' and Symons was described as an 'Armenian boy, a perfect Idiot, and a Pauper.' In Callagan's version the Armenians of respectable families thus turned into deranged paupers who were picked up in a part of Madras that was called the Black Town. Further, a Mr. J. Watts who was entered in the register of admissions as a Eurasian sub-assistant surgeon, was characterized by Callagan in a derogatory fashion: 'this person is a native half cast (of) dark copper Colour'. Callagan demanded the re-classification of these and of some more patients on grounds of their lowly class and inferior race.

The government of Madras to whom the proceedings were submitted responded promptly. The governor-in-council resolved that the company's solicitor should be furnished with information on the dispute and asked to ascertain details of the contract with the asylum proprietor<sup>23</sup>. The hitherto unquestioned practice had been that the asylum superintendent was allowed to profit from the high rates paid by government for the upkeep of patients. This fact made the possession of a hospital or asylum contract so desirable that it caused surgeons to pay large sums to gain possession of such lucrative source of income. Patients of high social standing were especially welcome as the profit margin increased proportionally with the persons' class. It was consequently the superintendent's endeavour always to classify inmates as belonging to as high a social class as



possible, commensurate with the medical board's official duty to guarantee the accounts' correctness. The accounts had in fact been made up correctly, and as long as nobody ever questioned the classification itself, no official repercussions were to be expected.

Callagan's inquiry as to who deserves what was to uproot a hitherto prevailing indifference towards petty corruption by upwardly mobile men who aimed at making a little fortune: Valentine Conolly was a recent example. Callagan's priorities seem to have lain with dogged adherence to the principle of socially appropriate treatment. However his case certainly appealed to government: not only did his statements embody suggestions on how to save expenses, but they also effected the curbing of undeserved earnings by medical officers as well as the more discriminating treatment of patients on social grounds.

After legal consultation government consequently resolved that no longer should all-in class-specific rates be paid to the superintendent of the asylum. Instead the superintendent was to receive a fixed monthly allowance; the expenses for the care and treatment of particular patients being henceforth met against detailed bills of expenses; and last but not least the medical board was to be solely empowered to admit patients and recommend their proper classification, as well as their treatment<sup>24</sup>. This administrative measure, backed by legal advice, turned out to be effective not only in saving government expense,

but also in avoiding unpleasant disputes which would in the long run have involved the asylum superintendent's bitter resistance, because of his vested interest in high rates. Disagreements on patients' classification had in future to be settled at the time of admission and only amongst the members of the medical board. The latter's partisanship for or against particular patients would be restricted to personal patronage and class- and race-specific preferences, without any pecuniary gain being directly involved.

The government was, as a matter of course, in favour of an institutional policy which allowed for separation of patients and discrimination in accordance with class and race. After all the preservation of social distance between various social groups within the colonial society was an important means for the maintenance of the power-structure. Therefore part of government's resolution resulting from this dispute was devoted to officially prescribing social differentiation.

'Resolved that the Treatment of every Patient be regulated as fast as may be Prudent with reference to his former condition in Society, and in the event of any of the persons now confined in the Lunatic Hospital having been treated in a manner to which they are not entitled by their birth that the Charges on that account be rendered in future more proportionate to their rank in life (...) it shall not be apprehended on due consideration by the Medical Board that such change of treatment may produce an unfavourable change in the state of their disorder'<sup>25</sup>.

The determined way in which the government of Madras handled this dispute arising from one person's specific queries is impressive as compared with

similar proceedings in Bengal at that time. The early abolition of rates and introduction of one-off allowances in 1809; the definite vesting of authority for admission and classification in the medical board; and the curtailing of property speculation in regard to the asylum buildings and the government's lease may have contributed towards the institution's more or less tranquil development during the following five decades. Within the logic of, on the one hand, class - and race-specific segregation and institutional confinement, and, on the other, restriction of profits of subordinate employees, the Madras government's procedure was relatively successful. In Bengal, in contrast, such a policy was only introduced following Lord Dalhousie's administrative innovations in the 1850s.

### **The policy of deporting lunatics of European descent**

In May 1820 the court of directors of the East India Company informed the authorities in Madras (and Bombay) of the Bengal presidency's proceedings in respect to European lunatics. The court had approved of the Bengal government's policy of sending European lunatics to England, and decreed that the same arrangements should immediately be made in Madras as well <sup>26</sup>. However, not only did some delay occur but both the asylum in Madras and the recently established provincial asylums in Chittur, Tiruchirupalli, Tellicherry and Masulipatnam were undergoing

extensive repair, structural improvement and rearrangement <sup>27</sup>. The court was notified accordingly in Madras 1822, with the result that the authorities in England re-emphasized that all insane Europeans should immediately be sent to England, and demanded reasons for the construction and reconstruction of asylums under way in the Madras presidency <sup>28</sup>. The recently-opened provincial asylums were officially abolished in 1822, and patients were soon afterwards transferred to the asylum in Madras <sup>29</sup>.

Judging from the official correspondence between London and Madras it appears not only that despatches must have crossed, but also that coordination amongst the Madras governmental departments was inadequate. In addition, and in contrast to the previous proceedings on the introduction of regulations, which were referred to by the eminent English asylum reformer Sir Andrew Halliday as 'most judicious', the official measures during the early 1820s reflect not only some indecisiveness and reluctance to carry into effect the court's order, but also the court's fading inclination to pursue a lunacy policy aimed at implementing the recommendations of the select committee on the better regulation of madhouses in England of 1815.<sup>30</sup> Halliday had highly praised the asylum at Madras, stating that it 'surpasses many of the European establishments that have long been considered as the most perfect of this kind.' He further held that British India

in respect to the care of lunatics was 'much further advanced than England.

<sup>31</sup> The court on its part felt however that the cost of such advance was too much of a burden on the Company's accounts and temporarily withdrew its sanction from provincial lunatic asylums.

The policy of sending back to England all lunatics of European descent was eventually to be implemented. After some initial delay, passages from India were procured for the first group of European lunatics. Subsequently the annual deportation of European became a matter of routine.

#### **The increase in the number of lunatics confined in the asylum**

Whilst most Europeans were sent to institutions in their motherland, Eurasians and Indians almost always remained in the Madras asylum. Despite the periodic transfer of Europeans from 1821 onwards, the building soon became overcrowded. Partition walls were therefore recessed in the cells and the number of inmates that could be accommodated was nearly doubled. An evaluation of asylum returns for the period from 1799 to 1850 shows a slow but constant increase in the asylum population, despite some considerable seasonal fluctuation. <sup>32</sup> At the beginning of the century only a small number of lunatics were confined in the asylum (between five and ten). During the first two decades of the century the number of Europeans was to rise to about 20. In consequence of the deportation policy the number of Europeans fell again to an average of about ten patients, whilst

in contrast the number of Eurasian and Indian patients increased drastically between the 1810s and 1850s (fourfold and sevenfold respectively). By the 1850s first class patients were outnumbered more than ten times by second class inmates of mainly Eurasian and Indian description. The circumstances caused the authorities to make concentrated efforts to avoid having high-class Europeans admitted. However, the extent to which alternative arrangements in private places or other, less disreputable public institutions were made for European officers and upper class civilians cannot be ascertained because such arrangements were not officially required and were therefore not recorded.

The social distance between the races was maintained only in the case of upper-class Europeans. The intermingling of low-class Europeans with people of allegedly inferior race was not regarded as unseemly. Further, mad members of the British ruling class were kept at a distance not only from Indian patients, but also from their lowclass fellow countrymen. The early racial permissiveness in regard to lunatics in Madras had thus within a few decades given way to a distinctly discriminatory admissions policy in accordance with race and social class.

#### **The transfer to the Indian infirmary and the jail of patients diagnosed as 'idiots'**

From 1824 onwards the boarding out of Indian patients to either the Indian infirmary (the 'Monegar Choultry') or the

jail in the 'Black Town' had become a matter of routine <sup>33</sup>. It can be assumed that those transferred mainly consisted of what then called either harmless idiots (for the Monegar Choultry) or - at times - mischievous idiots (for the jail). Those Indians regarded as being afflicted with insanity proper were in contrast fit subjects for the lunatic asylum. The number of feeble-minded patients transferred to the Monegar Choultry in the period from 1837 to 1844 was 36. <sup>34</sup> The transfer of such a large number of asylum inmates took the pressure off the over-crowded institution to a considerable extent in the short run.

Because of the transfer of certain groups of inmates either to England or to other institutions the internal fluctuation of the patient population was relatively high. This is reflected in the annual returns which increasingly came to differentiate not only between the various religious and racial backgrounds of inmates but also between the different modes of discharge from the asylum <sup>35</sup>. The routine of transferring Europeans to England and feeble-minded Indians to the Monegar Choultry or the jail seems to have worked well, without attracting adverse attention either from the public or the authorities. Only in 1856/7 did some minor intervention in regard to the patients detained in the infirmary come to be seen as necessary: the inmates were to wear bracelets so that they could be identified by the peons (watchmen) as needing more vigilant observation to prevent them from wandering off <sup>36</sup>. In the long run the boarding-out of patients,

however, was not adequate to check the asylum's overcrowding. And what is more, the building, erected some decades earlier by a medical practitioner as a profitable income source, was rapidly decaying.

### **The poor state of the building - first allegations**

In February 1846 the superintending surgeon of the presidency's hospitals had on a routine inspection found that the asylum building was in a 'highly dangerous state' <sup>37</sup>. As far as cleanliness and institutional management were concerned no causes for complaint were observed. The building, however, was to undergo expert examination by the military department's engineer <sup>38</sup>. This was duly done and under orders from the military department repairs were carried out. A few months later, in July, the surgeon in charge of the lunatic asylum reported that the improvements were of a rather superficial nature, mainly consisting of successful attempts at hiding the defects by the application of white-wash. He further pointed out that not only had the asylum been built 52 years previously with material of very inferior quality but it was 'extremely ill calculated in every way for a Lunatic Asylum' <sup>39</sup>.

When the medical board - the authority directly responsible for medical institutions - received the asylum surgeon's letter it rejected his observations, maintaining that the remarks on the 'wretchedness' of the building were 'highly exaggerated'. In an attempt to save face it expressed

especially its disagreement with the surgeon's statement that

'many of the Cells are so inferior in every particular that in England criminals of the worst description would not be confined in them', 'On the contrary', the Board argued,

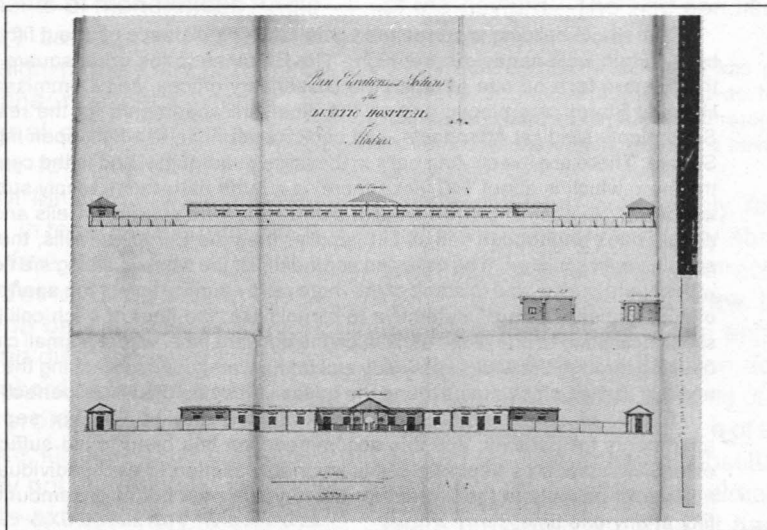
'the Asylum is in many respects a most convenient, well arranged and comfortable Hospital, as will be obvious from the accompanying report' <sup>40</sup>.

The report referred to had been published recently, in 1842, in the *Medical Topography* of Madras and in fact provided a description of the premises which gave no evidence of wretchedness. Together with the plan of the asylum the report provides an aid to visualizing the asylum buildings - at least in their ideal condition. <sup>41</sup>

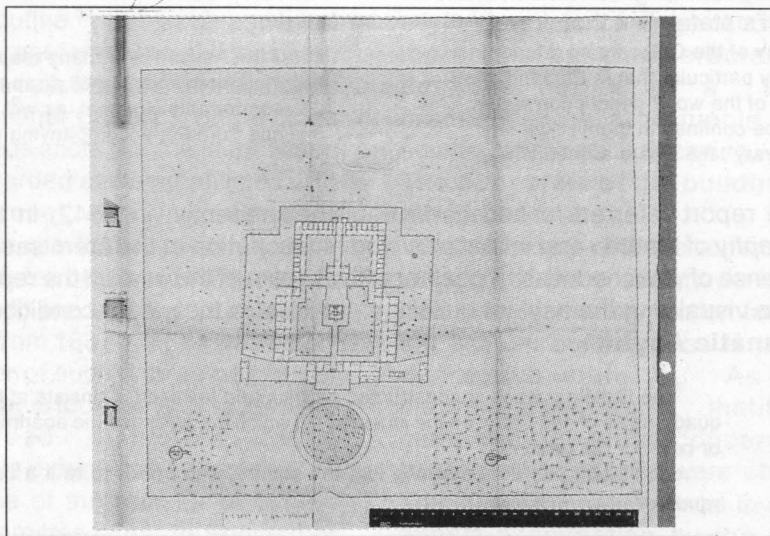
### The Lunatic Asylum

'The Building which is constructed of brick and terraced, Consists of three quadrangles of one Story, on the inner side of which are arranged the apartments, or cells for the patients,

each having its door opening into the square, and opposite to it a barred window facing outwards' <sup>42</sup>.



'The principal Square, originally intended chiefly for the accommodation of Europe-an male patients, has its front to the East, and the two smaller squares, one for female patients, are placed behind it.'



'The whole building is surrounded generally at a distance of about fifty feet, by a curtain wall, nearly six feet high. The Entrance to the great square is on the Eastern face on one of which the Dispensary offices, and Commissariate Hospital Stores, are placed and on the other are apartments for the resident Subordinate Medical Attendants, and cook rooms none of which open into the Square, There are twenty-four cells in the large quadrangle, and in the centre of the area, which is about 140 feet square, is a large bath-room, amply supplied with water. In each of the two smaller quadrangles are six single Cells and four double ones and though somewhat smaller than the European cells, they are equally well ventilated, The cells and verandahs of the whole building are floored with square bricks, and to admit of the more ready purification of the apartments of such patients as are unattentive to cleanliness, the floor of each cell has a slight inclination to one of the angles, on the outward face, where a small circular opening through the wall gives ready exit to the water used in washing the floor, and it is carried off by drains round the building keeping the whole perfectly dry.

Extent of accommodations; The Asylum contains fifty six separate apartments for patients; and this accommodation has been found sufficiently extensive although a separate cell is invariably allotted to each individual, the number of patients in the 'asylum for many years past but rarely amounted to fifty at any one time,

Long verandahs and shaded walks in the Square afford convenient space for moderate exercises but all patients whose cases admit of it are induced in favourable weather, to take exercise in the outer enclosure every morning and evening, on a circular walk in front of the Asylum,

Observations on the Sick treated, The site of the Institution is apparently healthy, for during the last fifteen years no disease has prevailed amongst its inmates, which could be fairly attributed to its locality' <sup>43</sup>.



This description conveys the impression that the building was well-adapted to what was then considered adequate accommodation for lunatics. Patients were confined in single cells that could be easily cleaned and securely provided exit via verandahs towards the atrium-style inner yards. To outward view the asylum resembled other functional premises in India, such as army barracks and provincial jails. However, the design itself lived up to contemporary British expertise neither in respect to tropical building design nor in respect to functional asylum architecture. Admittedly the house layout itself contained some basic stylistic elements of monotonous Anglo-Indian military barrack and functional bungalow design, namely straight simple lines, verandahs, horizontal extensions, and occasional classicist embellishments in the form of pillars and a triangular roof for the centrally located entrance hall. In regard to the then much emphasized free circulation of air the asylum layout was however most defective. The best rooms, facing the prevailing wind direction were taken up by resident subordinate staff and stores. Despite unpromising exterior and confined space, inmates' physical health did apparently not suffer vitally - a point which is quite extraordinary within the general context of the usually bad state of health of people institutionalised in early nineteenth-century India.

### **Suggestions for reconstruction**

The above description of the asylum, published in the *Medical Topography*

may have been in accordance with the building's condition some decades previously. By 1846, however, the state of the premises was obviously no longer as sound as suggested by the medical board and its report. The military board which had been asked by government to provide an evaluation of the asylum's present condition (in summer 1846), after the medical board had strongly rejected the asylum surgeon's statement on the 'wretchedness' of the place, confirmed the surgeon's revelation<sup>44</sup>. The construction of a new building was strongly recommended and even an early application to the court of directors pressed for due to the precariousness of the asylum. The bad condition was attributed to

'the effects of time upon what was originally a structure, insubstantial both as respects foundations and materials and therefore now incapable of restoration, unless by being rebuilt entirely'<sup>45</sup>.

Government accordingly resolved that the necessary authority should be solicited from the court of directors for the construction of a new lunatic asylum<sup>46</sup>. In the light of the engineer's report government's decision does not seem unreasonable. In terms of saving of expenses, too, the erection of a public asylum would not have constituted an unworthy effort. After all, already two years previously, in 1844, it had been calculated that during the 50 years of its existence about three and a half *lakh* of Rupees had been paid by government for the building in rent<sup>47</sup>.

The construction cost for the new asylum was estimated at one and a half



lakh of Rupees. It was planned to provide accommodation for 100 patients (thus including accommodation for feeble-minded Indians hitherto transferred to the Monegar Choultry). When the court of directors received the Madras government's proceedings it decreed that the plan should be submitted for the consideration of the supreme government (in Bengal)<sup>48</sup>. This order was given in full awareness of the delay this would entail, of the danger of such delay of which the military board's engineer had warned. Obviously the court aimed at delegating decision-making on matters of public health and welfare to the recently installed authority of the government of India, which was to supervise the subordinate presidencies' affairs.

The supreme government in Bengal, for its part was not inclined to recommend immediate action. It disapproved of the Madras government's proposal - and did not miss the chance of pointing out that the Bengal government itself did not possess its own European lunatic asylum but used a private institution for the temporary accommodation of its instance servants. It was further maintained - and the court subsequently concurred - that instead of sanctioning a large outlay of the public money the renting of 'more convenient premises' should be considered.<sup>49</sup>

The Madras government however decided on the basis of persistently alarming reports in 1849 and 1850 on the asylum's dangerous state that a new building had to be obtained after all. The military board was once again asked to submit suggestions for more suitable accommodation<sup>50</sup>. Finally, in 1851, the

board was instructed to obtain a new building as soon as possible<sup>51</sup>. When the court was informed in 1853 about the steps already taken by the Madras government, it approved of them - on condition that the location chosen should be open and spacious to allow for free air circulation and exercise, and that the supreme government was to be contacted for further information on asylum design and management<sup>52</sup>. This time the supreme government neither interrupted nor delayed the Madras authorities' plans. This lack of interference might be connected with the fact that an inquiry had recently taken place in Bengal in consequence of which the system extant had been found objectionable and a 'Governmental Lunatic Asylum' had been suggested. Once official sanction for the asylum's reconstruction had been obtained, the authorities in Madras however encountered problems emerging from their own community.

In November 1851 the military board appraised government of difficulties in procuring a site for the newly planned asylum. The asylum surgeon, interested in quick action, suggested the purchase of the present site in Kilpauk. The military board, concurring with the surgeon that the old area would be the most convenient one, contacted the proprietors' agents<sup>53</sup>. Soon afterwards, in December 1851, government received the petition of house owners of Kilpauk who lived close to the present asylum. They pleaded that Government reconsider the purpose of the property in Kilpauk. Not only would an enlarged asylum create a nuisance - even 'great injury' - and declining property prices in the vicinity, but also the area was

unsuitable as a retreat for the insane. Kilpauk was described as a bustling suburb with the asylum being located close to noisy Indian dwellings, markets and temples.<sup>54</sup> Government resolved that an advertisement be placed in the *Gazette* which was to invite public offers for sites and buildings suitable for a lunatic asylum, thus pre-empting any protest from alarmed citizens.<sup>55</sup> In regard to the erection of the new asylum, it was however to take five more years before a site could be purchased. In 1856/7 Locock's Gardens had been bought.<sup>56</sup> But it was not until long after the revolt of 1857 that construction work finally began in 1867.<sup>57</sup> In 1871 the new premises were completed and the patients were moved to Locock's Gardens, after some of them had spent years in a dangerous and wretched place.

### **Conclusion**

Early clarification of authority structures in regard to asylum management and curtailment of petty corruption were important features in the development of the Madras Lunatic Asylum. In regard to questions of race and class a certain indifference towards racial separation seems discernible at the beginning of the century, as both Indians and Europeans were accommodated within the same building. Despite occasional objections to confining higher-class Europeans in a public asylum, no fundamental doubts as to the propriety of receiving Indians into the European asylum were raised. Towards the middle of the century the principle of maintaining social distance between Europeans and Indians came more to the fore. It was however exclusively members of the upper

classes who were exempted from admission into the asylum. In a similar vein the practical arrangements for lunatics of formerly high social standing were frequently based on special requirements of the individuals concerned. This was so despite considerable administrative routinisation.

The protracted discussion about the premises' structural and functional inadequacy provides evidence for the low priority attributed to minimal standards in asylum provisions in face of the fact that by the 1840s the Madras asylum had become a receptacle mainly for pauper and low-class lunatics. The erection of new premises was delayed further by the protest of some Madras citizens who considered such an establishment detrimental to the amenities of their neighborhood. Their plea to government is one of the few officially reported responses of the public to institutions for the insane which does not glorify the asylum as enlightened institution representative of the alleged moral superiority and humane spirit of the British.

By the middle of the century the asylum had not only become unwanted by residents of Kilpauk but also dangerously derelict and obsolete in design. The institution that had been established as a private mad-house, originally intended chiefly for the reception of Europeans of all classes, had slowly become predominantly a receptacle for lower-class Europeans and Indians. It was finally closed down almost exactly a century after its inauguration, and its inmates were moved to new premises.

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10. *Dictionary of National Biography*, 1887, op, cit., ibid.
11. IOR; Md, Mil L., 2-10-1795, 34.
12. IOR; Md, Mil, L., 19-1-1821, 22-30, 276, Md, Mil, L., 23-3-1802, 38.
13. IOR; Md, Mil, L., 17-2-1802, 182, Md, Mil, L., 19-1-1821, 22, 30, Md, Mil, D, 20-8-1823, 40.
14. IOR; Md, Mil, L., 19-1-1821, 22 f, Md, Mil, D., 20-8-1823, 40 f.

15. Crawford maintains that 'Dalton rebuilt the whole asylum in Kilpauk', known in Madras as Dalton's Madhouse (op, cit, ibid,) I was however not able to trace this claim that the asylum was built anew. There is mention only of repairs which had become necessary in 1808, IOR; Md, MIL, Proc, 20-5-1808, 3414,
16. IOR; Md, Mil, D., 20-8-1823, 40 f.
17. idem.
18. IOR; Md, Mil, Proc, 29-9-1846, 441.
19. IOR; Report of Med, B., 15-2-1808, Minute of Second Member of Med, B.; Md, Mil, Proc, 4-3-1808, 153-183.
20. IOR; Surgeon of Gen, Hospital to Town Major, 13-1-1808; Md, Mil, Proc., 4-3-1808, 153 f.
21. IOR; Minute of Second Member of Med,B, Md, MIL, Proc, 4-3-1808, 153-183.
22. IOR; Report of Med, B, 14-3-1808, Minute of Second Member of Med, B; Md, Mil, Proc, 26-4-1808, 2401.
23. IOR; Govt, to Solicitor of the Hon, Company, 27-4-1808, Resolution of G-i-c; Md, Mil, Proc, 26-4-1808, 2401.
24. IOR; Resolution of G-i-C, 13-12-1808; Md, Mil, Proc., 13-12-1808, 11517.
25. idem.
26. IOR; Md, Mil, D., 24-5-1820, 12 f.
27. IOR; Md, Jud, L, 11-3-1820, 117.
28. IOR; Md, Mil, D, 13-3-1822, 107 Court of Fasdari Adalat to Govt, 5-3-1817; Md, Jud Proc., 17-3-1817, 8.
29. 'The several provincial Lunatic Asylums abolished and all Patients who after three months treatment by the Officer on the spot shall be deemed fit subject for a Lunatic Asylum to be removed for the Presidency', IOR; Md, Mil, L., 25-2-1822, 31 f.

30. The Judicial, Military and Public as well as the Financial Departments had to coordinate their actions and views. Further despite the fact that the Court demanded the discontinuation of provincial lunatic asylums, it proudly conveyed a few years later, in 1828/9, the article of Sir Andrew Halliday on lunatic asylums, where especially the asylums in the Madras Presidency were highly praised and with - them the Court of Directors 'for their attention to the subject', In fact, Halliday had examined records of 1818/9, shortly before the asylums had to be closed by order of the Court, IOR; Md, Mil, D, 26-11-1828, 2.
31. Halliday, Andrew (Sir) *A general view of the present State of Lunatics, and Lunatic Asylums, in Great Britain and Ireland, and in some other Kingdoms*, London; Underwood, 1828; 68, 65.
32. IOR; Report of Med, B., 15-2-1808; Md, Mil, Proc., 4-3-1808, 153 ff, 2400 ff, Med, B, to G-i-C, 9-2-1821; Md, Mil, Proc., 9-2-1821, 12, Mil, B, to G-i-C, 28-8-1846; Md, Mil, Proc., 29-9-1846, 441, Med, B, to Govt., 10-1-1852; Md, Mil, Proc., 23- 1-1852, 10.
33. IOR; Md, Pub, D., 26-5-1824, 46.
34. IOR; Mil, B, to G-i-C, 28-8-1846; Md, Mil, Proc., 29-9-1846, 441.
35. IOR; Med, B, to Govt., 17-3-1852; Md, Mil, Proc., 6-4-1852, 62, In 1833 the Court demanded that the 'caste, or class, of each Patient, whether European, Indo Briton, Mahomedan, or Hindoo' should be inserted in annual returns and reports, IOR; Md, Pub, D., 7-8-1833, 44.
36. IOR; Md, Pub, D., 12-8-1857, 68.
37. IOR; Suptdg, Surgeon Presidency to Med, B., 23-1-1846; Md, Mil, Proc., 10-2-1846, 705.
38. IOR; Med, B, to Govt., 29-1-1846; Md, Mil, Proc., 10-2-1846, 17, Resolution of G-i-C, 29-1-1846; *ibid*.
39. IOR; Surgeon J, Lawdres, Lunatic Asylum, to Suptdg, Surgeon, Presidency, 15-7- 1846, in; Med, B, to Govt., 23-7-1846; Md, Mil, Proc., 28-7-1846, 118.
40. IOR; Med, B, to Govt., 23-7-1846; Md, Mil, Proc., 28-7-1846, 118.

41. IOR; Med, B, to Govt., 23-7-1846; Md, Mil, Proc., 28-7-1846, 118, Med, B. to Govt., 10-1-1852; Md, Mil, Proc., 23-1-1852, 10.
42. IOR; Med, B, to Govt., 10-1-1852; Md, Mil, Proc., 23-1-1852, 10.
43. *idem*,
44. IOR; Mil, B, to G-i-C, 28-8-1846; Md, Mil, Proc, 29-9-1846, 441.
45. *idem*.
46. IOR; Resolution of G-i-C, 29-9-1846; Md, Mil, Proc., 29-9-1846, 4215, Md, Mil, L., 6-10-1846, 3.
47. IOR; Mil B, to Govt., 16-7-1844; Md, Mil, Proc., 16-7-1844, 309, Md, Jud, L., 3-1-1845, 23. On the basis of this revelation, the monthly rent had in 1845 been reduced from 875 to 250 Pagodas. In addition, plans and estimates had consequently been submitted for accommodating the Presidency's lunatics in a building that had formerly belonged to the Red Hill Rail Road Department, the building's distance from Madras and the calculated high expenses for providing extra servant's quarters and a house for the visiting medical officer, led to the refusal of this plan, IOR; Mil, B, to G-i-C, 28-8-1846; Md, Mil, Proc., 29-9-1846, 441.
48. IOR; Md, Pub, D., 31-12-1847, 39.
49. IOR; India Fin, D., 18-12-1849, 23.
50. IOR; Md, Mil, D., 11-9-1850, 55, Md, Mil, D., 20-8-1851, 46.
51. IOR; Md, Mil, D., 31-3-1852, 3.
52. IOR; Md, Pub, D., 14-9-1853, 34 f.
53. IOR; Mil, B. to G-i-C, 18-11-1851; Md, Mil, Proc., 2-12-1851, 509.
54. IOR; Madras Citizens to Govt., 28-11-1851; Md, Mil, Proc., 16-12-1851, 3702.
55. IOR; Md, Mil, L., 24-4-1852, 10.
56. IOR; Md, Pub, D., 14-7-1857, 21.
57. IOR; Crawford, 1914, *op. cit.*, *ibid*.

सारांश

## उन्नीसवीं शताब्दी के प्रारंभ में मद्रास का पागलखाना

- डब्ल्यू. एरंस्ट

मद्रास पागलखाने के विकास के महत्वपूर्ण पक्ष थे उसकी व्यवस्था हेतु प्राधिकृत ढांचे के विषय में स्पष्टीकरण एवं छोटे पैमाने पर पायेजाने वाले भ्रष्टाचार में कमी। यद्यपि उन्नीसवीं शताब्दी के प्रारंभ में बंगाल की संस्थाओं की तुलना में मद्रास के पागलखाने का विकास सापेक्षतः विवाद मुक्त था, जिसके कुछ सुस्पष्ट पक्ष थे। अंततः उद्घाटन के लगभग एक सौ वर्ष के बाद उसको बन्द कर दिया गया तथा उसके निवासियों का दूसरे नये परिसरों में स्थानांतरण कर दिया गया।