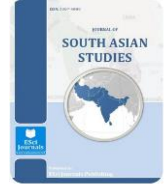
J. S. Asian Stud. 02 (01) 2014. 01-10

Available Online at ESci Journals

Journal of South Asian Studies

ISSN: 2307-4000 (Online), 2308-7846 (Print)

http://www.escijournals.net/JSAS



LUNACY FOR PROFIT: THE ECONOMIC GAINS OF 'NATIVE-ONLY' LUNATIC ASYLUMS IN THE BENGAL PRESIDENCY, 1850s-1870s

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A B S T R A C T

In the late nineteenth century, the understanding of 'maladies of the mind' was in the early stages of development. Those studying such disorders were striving to legitimize mental health as a field of medicine. As a result the British began to establish 'Native-Only' lunatic asylums throughout South Asia, particularly in the Bengal Presidency of their Colonial Empire. The purpose of these asylums appeared to have been to alleviate society from those inflicted with mental disease. Upon examination of reports pertaining to asylums supervised by the British, it became evident that these facilities were no more than forced labor houses producing goods for the British Empire. In reality, the asylums had little to do with the rehabilitation of mentally ill patients. By researching the yearly reports from the asylums, which were veiled in Victorian morality, it became apparent that the reports of medical treatment had evolved into profit margin data. The majority of the patients walking the halls were usually the traditional vagrants of India, those who were unaccounted for and remained uncontrolled. This paper examines the previously unexplored consequences of British colonial rule in regards to public health, specifically mental health.

Keywords: Lunacy, Mental Illness, Bengal, British Colonial, Asylum, Profits, Insanity, East India Company.

INTRODUCTION

Prior to British occupation of India, the confinement of the mentally ill was not commonly practiced in Indian culture. The tradition of wandering, including vagrancy was a recognized aspect of an ascetic lifestyle in South Asia and is also detailed in the Rig Veda (Griffith, 1896). During the colonial period, the British began to establish asylums for the mentally ill; these facilities would be categorized as either 'European' or 'Native-Only' establishments. The asylums, particularly the 'Native-Only' facilities, appear to have been established to help the mentally ill of India. After further investigation into the documents provided by the superintendents of the asylums, however, the true purpose becomes clear. The British used 'Native-Only' asylums as a place to confine Indian wanderers and vagrants during the 1850s and 1860s in the Bengal Presidency. Among British medical treatments, Victorian morality and a strong work ethic were imposed upon the patients in order to 'cure' them.

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As a result of 'occupation' as a cure, the goods produced by these patients in the asylums created a new significant avenue of profit for the British.

In the Hindu tradition, insanity was treated through Vedic prayer and Ayurvedic practices. For example, in the sacred Hindu text Atharva-Veda-Samhita there is a specific prayer to relieve the mind from insanity: "Free thou this man for me, O Agni, who here bound, well-restrained cries loudly." Thenceforth shall he make for thee a portion when he shall been uncrazed. Let Agni quiet it down for thee, if thy mind is excited; I knowing, make a remedy, that thou mayest be uncrazed. Crazed from sin against the gods—I, knowing, make a remedy, when he shall be uncrazed. May the Apsarases give thee again, may Indra again, may Bhaga again; may all the Gods give thee again, that thou mayest be uncrazed (Whitney, 1905).

In Ayurvedic practice, insanity is seen as a poisoning of the mind from following the wrong path of life. Today, Ayurvedic practice remains popular and the insanity treatment has remained the same. Treating insanity consists of activities that promote peaceful thinking such

as yoga and a healthy diet (Compson, 2010). Apart from prayer and positive thoughts, little was done by the Hindus to control insanity.

In contrast, Muslims in the Arabic world had established several hospitals for the mentally ill; the first was in al-Qatai, Egypt in approximately 872 BCE (Prioreschi, 2001). Although Muslims were able to establish mental hospitals outside India's borders, there were very few in India before British occupation, and little is documented about the few facilities that did exist. Although Muslim mental hospitals were accepted outside of India, it is believed that they were not successful in India because of social divisions such as obstacles in treating members of different varnas, or castes, in the same institution (Jain, 2003).

In England, the British had been 'controlling' lunatics through confinement for centuries prior to their involvement in India. Unlike the Indians, the British, in keeping with Western medical tradition, chose to pass laws in order to define who was a lunatic and how they should be treated. It should be emphasized that the British concept of lunacy was based on completely different cultural influences; these influences had little in common with India, its cultural traditions or religions. An example of the British definition of a lunatic can be seen in the eighteenth-century treatise, Commentaries on the Laws of England: "A lunatic, or non-composmentis, is one who had hath his understanding, but by disease, grief, or other accident, hath lost the use of his reason." A lunatic is indeed properly one that hath lucid intervals: sometimes enjoying his senses, and sometimes not and that frequently depending on the change of the moon. But under the general name non-compos mentis, are comprised not only lunatics, but persons under frenzies, or who lose their intellects by disease; those that grow deaf, dumb and blind, not being born so; or such, in short as are judged by the court of chancery incapable of conducting their own affairs (Blackstone et al., 1863).

The terminology for lunacy was phrased loosely enough to cover a wide range of issues and socially troublesome behaviors. The British concepts of Victorian morality, class distinction and work ethic were then exported to their colonies along with their interpretation of lunacy. As the British East India Company became a dominant power in the East, they began introducing the British model of lunatic asylums to India and established the first asylum in the Bengal presidency in 1795; this asylum was specifically for "mad sepoys" (Blackstone et al., 1863).

As the nineteenth century progressed, the field of medicine was reinvented because of new medical and scientific discoveries. There was much speculation over the causes of mental disorders, especially in the Western medical community, since training in the diagnoses and treatment of mental diseases was not part of a medical education at this time (MacPherson, 1856). The common care of lunatics in the West consisted of shackling the inflicted; this practice began to disappear in the mid-eighteenth century (Kolb, 1968). An example of the lack of understanding regarding mental illness is demonstrated by an examination of medical journals and annual reports during the period. One such article, written by a superintendent of the Indian asylums Dr. T. A. Wise, appeared in the Monthly Journal of Medical Science of 1852. In this paper Wise theorizes that the moon and Indian climate caused "seasons of insanity" in India (Wise, 1852). In the British Journal of Psychological Medicine and Mental Pathology of 1853, a peer review of Wise' paper interpreted his theories as superstitious (Winslow, 1853). This demonstrates how rapidly the field of psychiatry was developing during this time period but lagged in British India.

The British showed great interest in promoting British superiority over the Indian population. The statistical data collected by the British in 1856 suggested that the rate of insanity was lower in India compared with the rate in England. An example of assumed British superiority can be seen in Dr. MacPherson's writing: "We ourselves doubt much whether insanity be actually more prevalent among civilized than among uncivilized nations—it doubtless assumes very different forms—a highly educated man would probably not be affected in the same way as the ignorant, uneducated and superstitious man—but is it not possible that among civilized populations greater notice is taken of those afflicted with lunacy, and thus an apparently higher proportion of insane to the population is made to appear" (MacPherson, 1856).

In this instance, Dr. MacPherson tied Victorian morality to the care of the insane; the British considered themselves to have high moral standards, and hence felt compelled to 'notice' the insane.

The British felt it was their moral duty to 'help' the Indian insane, but with certain reservations and stipulations. Of primary importance, the asylums would

be segregated into European and Native-Only facilities. The main treatment regimens would consist of cleanliness, Victorian morality and a work ethic. The British stated repeatedly that they frowned upon coercion; instead it was thought that peer pressure would help build a moral foundation leading to a strong work ethic (McClelland and Payne, 1863). It will be argued that this morality was instead used as a mask to cover British fears of non-sedentary Indians and to justify their removal. This would also help correct the problem of wanderers and vagrants that the British felt were plaguing India's streets thereby violating the British sense of order and civility.

The year 1857 marked a cataclysmic period in British Colonial India as the uprisings against colonialism upset British rule. Mills argues that the 1857 uprisings changed the British perspective of Indians as they were now viewed as a dangerous population that needed to be further subjugated; this sense of insecurity was particularly aimed at 'wanderers.' Mills states that the British were willing to take preliminary measures in order to protect themselves from future attacks, which included "doing anything from taking weapons away from Indians to actually removing potentially dangerous and unpredictable individuals from society" (Mills, 2000). The following year, The Indian Lunatic Asylums Act, 1858 was passed which would have an impact on the Indian population in several ways. First, the act officially took control of Indian affairs from the East India Company and transferred it to the British government. It is important to note that this included the management of asylums (Mills, 2000). Clauses 4 & 5 of the act specifically address the collection of insane wanderers and vagrants, with the requirement specifying that a magistrate must deem them legally insane, which would be followed by incarceration in a Native-Only asylum (Mills, 2000). This does not necessarily mean that these people were in fact medically insane.

Moral responsibility was a fundamental value of the Victorian era. Protecting lunatics who could not protect themselves was a chief concern of the medical community, especially if the lunatics were categorized as wanderers or vagrants. Vagrancy had been a continuing issue in England. The first British vagrancy act that specifically addressed the vagrant insanity issue was enacted in 1714 (Donnely, 1983). The British had also dealt with the problem of paupers trying to escape their poverty in England; "the lunatic asylum has its attractions for the honest pauper, as the goal has its attractions for the idle thief" ("Lunatic Asylum Reports", 1882). In India, the indigenous cultural philosophies were not analogous to the British. Nomads and wanderers were deeply rooted into Indian history, especially through asceticism. Unfortunately, in part because of the 1857 uprisings, wanderers and vagrants were no longer able to choose their living arrangement because of the British concern for security.

The conditions of asylums came under worldwide ridicule during the mid-nineteenth century. Asylum doctors, referred to as 'doctors of lunacy,' were rarely taken seriously in either England or India. The legitimacy of doctors of lunacy was a topic of debate during the 1850s and 1860s. In the February 20, 1864 edition of the British Medical Journal, the lead article, "Experts and Criminal Lunatics," reveals Parliament's perception of doctors working in asylums ("Experts and Criminal Lunatics", 1864). The author is infuriated by Parliament's lack of support for a doctor's medical opinion:"Whenever a word unfavorable to medical evidence in lunacy cases is uttered by any member, it is received with the usual marks of parliamentary approbation". Most of the speakers, indeed, on the occasion referred to, took occasion to point out the unworthiness, or rather the untrustworthy character, of medical evidence; the result of all this being, in fact, a marked condemnation of the whole profession as witnesses in cases of lunacy. If a member of our profession, who knew the profession, had been present, he would have at once pointed out the absurd error into which the Imperial Parliament had fallen, and would have shown the false conclusions on which the error was based ("Experts and Criminal Lunatics", 1864).

The anger expressed by the author of this journal as well as the lack of respect conveyed by Parliament show that the study of lunacy had not been proven reliable and therefore an illegitimate field of medicine during this time period. The doctors of lunacy had to demonstrate objective methodology, which meant they needed patients to 'cure.'

Doctors of lunacy were not only in a race to find patients, but they also needed to gain a better understanding of mental disorders. Forbes Winslow (1844-1913), a leading British psychiatrist, was making giant leaps in the understanding of mental disorders. In the 1856 edition of The Calcutta Review, an excerpt from his

lecture at the Lettsomian Lectures on Insanity was included (MacPherson, 1856). Winslow's speech drew a connection between mental disorders and the brain, which was a radical concept, compared with the accepted superstition that mental disorders were caused by 'phantoms' (MacPherson, 1856). Winslow was also very specific in his beliefs regarding the concept of early detection of mental disorders which might lead to a possible cure. The following response shows how elementary the understanding of mental disorders was in the 1850s and how the British justified their medical decisions in India based on this newly explored discovery of the brain: "If then it be true—and who can doubt it—that insanity is a disease of the brain, and not a 'phantom,' and if early care and appropriate treatment be calculated to remove it, can it be said with anything like truth that we have acted the part of the good Samaritan towards those inflicted with lunacy in India?" (MacPherson, 1856). As a result of this belief, the British were able to rationalize the removal of vagrant Indians in order to cure their supposed mental illnesses.

As previously stated, asylums in India were segregated. Hospital regulations were altered several times to favor the mentally ill Europeans in India. The environment of the asylums and hospitals for Europeans were significantly better than their Indian counterparts. Accordingly, the medical professionals treating Europeans had received better training than those serving in Native-Only asylums. Throughout the medical facilities of India, changes were enforced to ensure British superiority in every aspect of hospital care. For example, in the July 25, 1868 edition of British Medical Journal, regulation changes were announced that would affect medical care in India ("Subordinate Medical Care in India", 1868). Apothecaries, who had received more training, would earn higher wages while only providing treatment to European patients. Hospital Assistants, who had less medical training than apothecaries, would earn lower wages and only facilitate Indian patients. Victorian morality and claims of "noticing" the needs of the less fortunate were not present in these decisions. The charity that the British claimed to show the "uncivilized" Indians did not translate into providing equal care.

The British classification of 'lunatic' in India was an ambiguous term that covered a wide range of illnesses and social improprieties. The superintendent of the asylums in the Bengal Presidency, Arthur Payne, kept systematic reports on the patients as well as highlighting the productivity of the asylums. The results in the Annual Reports and Returns on the Insane Asylums in Bengal, for the year 1862 portray workhouses for alcoholics and drug addicts in place of insane patients with actual mental disorders. Of the 111 patients that are represented from the Dullunda Asylum, 89 were confined for drug/alcohol intoxication, 8 for epilepsy, 3 for grief, 5 for congenital disease, 2 for old age, and 2 for opium use (McClelland and Payne, 1863). Results such as these taint any claims that the British made concerning 'success rates' and 'cures' of insane patients as well as reaching acceptable diagnoses based on sound objective medical practices. Considering the statistics, 91 patients were confined for reasons of addiction or, more likely, public intoxication. Once the intoxicants were out of the patients' systems, these patients would have been coherent individuals, though the records indicate that they remained confined. Furthermore, the principal affliction of confined epileptics was seizures that were not controlled with anticonvulsive medication during this time period.

Public nuisance rather than lunatic would better characterize most of the patients confined in Bengal asylums. Mills argues that in response to the 1857 uprisings, the British became fearful of the Indian population as a whole and this led to swift social regulations. In chapter 3, "Disciplining Populations: British Admissions to 'Native-Only' Lunatic Asylum," Mills addresses the language the British used during admission procedures to the asylums. Rarely did the case notes reviewed by Mills give any objective evidence of insanity: "It seems then that those writing up the case notes of these inmates were more preoccupied with the vagrancy of the new admission than with his/her state of mind" (Mills, 2000). He does defend the asylum doctors by stating that not all wanted to use the asylums as a mode of social reform that specifically targeted wandering populations. This was the paradox that existed in the Bengal asylums: some practitioners were there to help the patients while other motives included clearing Bengal streets of wanderers and vagrants.

Little is stated about the actual mental disorders of the patients apart from the intake rosters. The patient lists give one-word summaries of the disease and its cause for each patient; most were described as unknown. Out of the patients that had a cause listed, the common 'diseases' included chronic mania and dementia with the

most common causes being "ganja smoking" and intemperance from alcoholic consumption (McClelland and Payne, 186). The length of stay for patients who were confined for reasons related to alcohol or marijuana use was quite extensive. One example is Randakrist Dennonth, a male patient confined in the Dallunda Asylum on October 9, 1861 with a disease cause listed as ganja smoking. He was not discharged as cured until May 19, 1862 (McClelland and Payne, 1863). A second patient was Gopaul Bustome, another male confined as a ganja smoker from July 30, 1861-May 26, 1862 (McClelland and Payne, 1863). By 1870, the asylums changed the regulations regarding the length of confinement for Ganja smokers. Dr. James Wise, superintendent of the Dacca Asylum, included in his report that: "The frequency with which individuals addicted to ganjah sought re-admission after recovery was so obvious that the Superintendents have of late years detained under more lengthened observation all habitual smokers of ganjah in the hope that a longer residence in the asylum would tend to make them break off their dissolute habits". I believe that the reduction in the re-admissions of late years is due to this practice (Wise, 1870).

Social reform is again an obvious concern relating to these patients; temperance and restraint were being forced upon the Indian population under the guise of an insanity cure (McClelland and Payne, 1864). Throughout the asylum reports and articles published by the British, there are multiple claims of the superior performance of the asylums and staff. These statements came on the heels of universal condemnation of asylum conditions throughout Europe. In the 1856 Calcutta Review, Dr. John MacPherson begins his article with an admission that British doctors in England were previously cruel to lunatics (MacPherson, 1856). He gives an example of the poor conditions of the York Asylum in England whose renovations lasted 20 years before it was suitable for housing lunatics (MacPherson, 1856). After recounting the deplorable conditions in English asylums, MacPherson next details the alleged proper management of Indian asylums. Unfortunately, there are several contradictions in MacPherson's claims. First, MacPherson writes, "we rejoice to say, that we have no complaint to make of institutions mismanaged, that we have no heart-rending records to shew of cruelty towards the insane, or of any of those abuses which formerly gave rise to the deepest indignation in England" (MacPherson, 1856). MacPherson's claims are short-lived however; as he delves into the topic of asylums in India more deeply, the author himself refutes his statements of proper management. MacPherson states that he does not know how many asylums there actually are in Bengal, but he thinks there are seven or eight Native-Only asylums (MacPherson, 1856). If the asylums had been properly managed, MacPherson would have known the exact number. Throughout his writing, MacPherson frequently reiterates that the patients are confined for their own protection and to have a better life. Unfortunately, MacPherson also relates that the asylums could house 750 patients but were desperately overcrowded to holding as many as 1,041 patients. MacPherson admits that these conditions are unacceptable and not the best situation for the patients. In this instance, MacPherson demonstrates that the British claims of efficiency were not always a reality in Indian asylums. Overcrowding continued to be an issue for the superintendents of the Bengal asylums. The annual asylum reports for both 1862 and 1870 discuss the problem of overcrowding (McClelland and Payne, 1863; Campbell, 1870).

In spite of the overcrowding, the British still insisted it was their moral and medical obligation to confine lunatics. The hallmark of Victorian philosophy stated that morality would cure all things. What follows is a British medical professional assessment of morality and its relationship to insanity: "One century of universal morality would empty our prisons, lunatic asylums, and workhouses, and close more than half of our hospitals; a second would well-nigh remove our self-imposed curse of 'natural' death in youth" (Chevers, 1864). Thus, even the British medical community was infused with the belief that morality was the method that would cure all thrills of the world. Their hope was that moral responsibility would raise the living standard in India. Furthermore, the British believed that steady work would result in a long lasting cure for the patients in the asylums. The physical labor of patients is well documented throughout the asylum records. These occupations included rope making, loom work, tinwork, gardening, cooking, fetching water, masonry, and any other task needed to maintain asylum grounds (McClelland and Payne, 1863). The British categorized the different jobs as "asylum industries." The goals of the medical staff are exhibited in the 1862 report on the Dacca asylum: "As occupation is so essentially necessary

in the treatment of the insane I have endeavored, as far as possible, to give them occupation without taxing their physical strength, and without using coercion, the great object being to make occupation subservient to health…" (McClelland and Payne, 1863). The work was not coerced; the superintendents made this assertion repeatedly as if they were aware of a possible judgment against such practices. The British believed honest work was the only cure. Coerced work was believed to be ineffective, as it did not lead to the habit-forming skills necessary to become 'cured' (McClelland and Payne, 1863). By the time that the 1870 report had been published, the asylum industries had expanded to include new jobs for those physically unable or had "lost all muscle for work and all stomach for digestion" (Brown, 1870). Gainful employment of the patients also led to significant avenues of profit for the asylums and the British, an objective in full agreement with the goals of British domination in India.

The 1862 and 1870 annual reports each contain multiple sections of the profit margins of the asylum's industries. Some of these industries, such as the asylums' gardens, did benefit the patients. In the 1862 report, the gardens were only in the second year of production and were already feeding the Native-Only asylums, European asylums, as well as some local jails (McClelland and Payne, 1863). Not only did the British see these gardens as a way to give the patients an outdoor job considered as part of their treatment regimen, but they also hoped to sell the excess produce for profit. In 1862, little profit was gained from the gardens, which was a concern to Superintendent Dr. Payne.It would appear that the quest for profit irrespective of medical treatment had been an ethic inherited from the East India Company and, in general, a goal agreeing with colonial profit motives. The concern was so great that it worried Payne enough to include a plea for leniency on this matter: "the sums of money realized after two years only of work, much of which work does not appear on the credit side of the account at all, will, I hope, be regarded as satisfactory" (McClelland and Payne, 1863). In Payne's report, he appears worried that, because there was not a satisfactory profit made on these gardens, there might be governmental retribution. It did not matter that the patients were well fed with an ample supply of garden fresh fruits and vegetables; what concerned those in charge of the asylums as well as colonial administrators was profit margins.

By the 1870 annual report, the profit logs were much more concise and clearly distinguished by asylum. The superintendents of the asylums reiterate several times that as Payne quoted, "the effect of work on health has been most sedulously watched throughout. No consideration of profit has been allowed to prevail over the great objects of its introduction—discipline and cure" (Brown, 1870). The extensive profit analysis seems to support a statement that the British were indeed very much concerned with profit margins. By 1870, the gardens throughout Bengal's asylums were flourishing. The Dallunda asylum had converted a swamp into "an ornamental and productive garden, which furnishes vegetables in abundance, and has commenced to produce the best kinds of fruit, both for use and for sale" (Brown, 1870). Almost every page of the asylum reports deals with profits. The language used to describe the gardens is also rather interesting. Looking at the data from the Dacca asylum, Superintendent Cutcliffe goes into great detail on the renovations that were necessary to install the typical, well-manicured English gardens of the Victorian era. He describes excavations that were necessary to make the soil suitable for planting and what topiaries were necessary to camouflage the "barrack-like appearance of the place" as Cutcliffe quoted (Brown, 1870). The detail about the ornamental gardens is the longest section of both reports while pointing out additions such as new asphalt paths and the flower arrangements. The patients completed the excavation and draining of the swamps. There is never an explanation as to why or how laboring in the gardens helped the patients; this seemed of very little concern in the reports. The superintendents did say that garden work was used as a treatment in passing remarks, but the level of detail about the patient history and diagnosis is nowhere comparable to that of profit margins.

It is rather ingenious to create a treatment regimen that would also benefit the British through monetary compensation. The Victorian British categorized human actions as either moral or immoral; they must have rationalized that profiting from the asylum industries was moral because it was considered to be a form of medical treatment. For example, in the 1862 report, under the heading General Management and Moral Treatment, Patna Asylum Superintendent J. Sutherland is explicit in the reasons for employing lunatics. He states that "labor, as during the preceding year, has been

found an efficient means of tranquilizing the nervous system, improving the general health, and facilitating a cure, all, but the very imbecile, work, and this is effected, without any coercion, by persuasion" (McClelland and Payne, 1863). The very next section contains the profit margins for Patna Asylum including how to raise the profit index. It is hard to believe profit was not the main goal of these reports rather than the 'treatment' of the indigenous insane, if they were indeed insane. The asylums were corporations in the guise of medical institutions providing moral treatment.

Although in 1862 the gardens were not yet profitable, asylum superintendents believed that carpentry would be a viable source of income, and it was therefore incorporated into a financial plan, rather than a treatment plan. Dr. A. Simpson, the Superintendent of the Dacca asylum, wrote a lengthy description of the goals of using carpentry as a treatment: "In my last report I mentioned the introduction of carpentering as an occupation under an Instructor Carpenter." During the past year, the occupation has been profitably carried on. I took the contract for making the Asylum Gate from the Executive Engineer, and the work was satisfactorily done and the profit was remunerative. I am now able to execute any carpenter work that may be necessary, and have some in hand both for the Asylum, Mitford Hospital, and private individuals. In executing work for the Department Public Works I take it on estimate made by the Executive Engineer. If a Contractor is not found for such estimates, the work is done by the Executive Engineer. All the necessary tools have now been supplied from the profits of the labor, and I am endeavoring gradually to increase the number of men: at present there are seven Lunatics at this work, and as many of the tractable as can be spared from other duties I will instruct in carpentering. There is abundance of work to be had to keep any number of them employed. A good carpenter here can earn Rupees 15 to 20 per mensem on monthly wages of Rupees 10. A Carpenter will only work five hours and takes other work for the remainder of the day (McClelland and Payne, 1863).

It should be noted that there is no mention of the care and treatment of patients in this passage. One cannot discern whether this is an asylum report or a business financial plan apart from the solitary usage of the term 'lunatic.' Unfortunately for the British, it was announced in the 1863 report that carpentering was not as profitable as expected, but still remained an occupation (McClelland and Payne, 1863). Other profitable asylum industries were categorized as "manufactures" which employed mechanized machinery such as looms and spinning devices. The main manufacturing "consists of spinning cotton yarn and flax twine, weaving cloth and tât, and the making of bamboo morahs and chairs" (McClelland and Payne, 1863). It does not seem reasonable that mentally incapacitated patients would be able to work a loom, make clothing and ropes, or be trusted with knife work. It must be reiterated that the patient demographics included mainly wanderers and vagrants who were confined for public intoxication. In actuality, these were coherent people working the manufactures. Simpson describes the work: "Most of their work is well executed, and their manufactures consequently in considerable demand". By far the most profitable manufacture is that of the bamboo morahs, and while mentioning this I may notice that, though entrusted with iron daos (knives) to split and clean the bamboos (which on taking charge of the Asylum, I thought was a most dangerous weapon to place in the hands of Lunatics), none of the patients have ever been known to attempt to use them either with a view to injure themselves, their brother patients, or their keepers (McClelland and Payne, 1863).

In an era where the discipline of psychiatry was becoming popular and new treatments were being developed, the focus of the Native-Only Asylums concentrated on employment and profits. Treatment is not represented as a priority in these annual reports.

In regards to 'monies earned' by asylum industries, the 1863, 1864 and 1870 reports are more structured and complete than the 1862 report (McClelland and Payne, 1865). The "jobs and occupation" summary has also been moved to the second page of each asylum introduction. Treatment has lost all importance, which can be seen in the 1864 subheading of "General Treatment and Management." Payne writes that, "Under this head, there has been nothing to call for special report—no variation from the routine of former years" (Payne, 1862). There are still registers of patient names and occupations, but the reports contain more profit tables than any other aspects of the asylums. Each asylum incorporated its data into individual tables entitled, Statement of Profit of Labour of Lunatics for whichever asylum the figures belong. These tables include the value of the work, the bazaar value of the products and the year's returns. If the British actually

believed work was a treatment for insanity what purpose did Profit tables serve in the treatment of insanity?

The continual struggles in England regarding paupers and vagrants affected the way the British ruled India. This issue, coupled with the fears that arose from the 1857 uprisings, led to the British specifically targeting wanderers and vagrants in the Bengal region of India. The British failed to grasp or accept the Indian spiritual concepts of vagrancy and asceticism. The rejection of the material world and embracing poverty was a spiritual tradition that has existed since before 500 BCE. After the uprisings, the British felt vulnerable and began tightening security measures, including the prosecution of vagrancy. This prevailing distrust of non-sedentary groups negatively affected cultural traditions throughout India. The tradition of nomadic tribes and castes greatly differed from the British ideal of responsible living. The lack of understanding of Indian culture led to the forced settlement of 'wandering tribes' which devastated the indigenous peoples both culturally and economically leading in turn to further uprisings and acts; this cyclical issue hindered the nomads' movement further. The acts, such as the Habitual Criminals Act of 1869 and the Criminal Tribes Act of 1871, used rhetoric that criminalized an entire people, labeling them as social miscreants before any judgment had been passed. The British, through these two acts, labeled thirteen million people as 'criminal.' This demonstrates that the British feared non-sedentary peoples in India and that the asylums were only an example of the many ways the British attempted to control the Indian population.

As the British were seeking to confine vagrants and wanderers in particular, the most common intake question at the asylums was "What is your name and what your trade is?" This is evidenced in the annual asylum reports. For example, if the Dallunda Asylum registers are examined, 143 out of 214 males and 58 of 59 females were listed as 'unknown occupancy' or 'beggar' on the 1862 report. In 1863, 153 of 181 males are listed as unknown/beggar and all 48 females are listed as housewives. In 1864, 204 of 238 males are listed as unknown/ beggar and all 59 females are again listed as housewives. These statistics demonstrate how the British targeted those who could not explain why they were not gainfully employed or why they might be roaming Bengal. Through confinement, the British maintained control over those they considered unpredictable members of Indian society and a potential threat to the British. The evidence of actual medical treatment of lunatics in Bengal asylums is rather ambiguous. Mills states that "official policy in this period was to follow the European theories of controlling the patient through kindness and coaxing" (Mills, 2000). Cleanliness and a healthy diet were paramount to the patients' treatment regimens, and this was non-negotiable. There are passages in the reports that detail how all patients are bathed daily and the use of a mustard khullee (a mustard paste) was applied to the unruly or incapacitated. Aside from this, the superintendents do record a few instances of the use of physical treatments, but the statements are brief and dismissive. Payne states that "Blisters, Setons, and other surgical means occasionally employed have been as unnecessary as strait waistcoats." Mills discusses the medical treatments such as force feedings and hydrotherapy, but his dialogue about these topics is also rather brief (Mills, 2000). The limited medical knowledge available about the field of psychiatry is evident in the documents, but the lack of medical concern for the patients is also apparent. The goal of these facilities was not to 'cure' the patients, but to profit off of their work instead.

Michel Foucault's Madness & Civilization, a History of Insanity in the Age of Reason delves into the purpose of confinement in European asylums. He argues that asylums housed excluded members from society who were not considered 'normal.' Foucault states "poor vagabonds, criminals and 'deranged minds' would take the part played by the leper, and we shall see what salvation was expected from this exclusion, for them and for those who excluded them as well" (Foucault, 1965). Unfortunately, in India, there was no salvation from the Native-Only asylums. Salvation was not the end goal for the British; profit, by any means, was the motivation for housing the 'insane.' In the asylums, vagrants and wanderers could be accounted for, lowering the security threats that haunted the British. The Victorian ethos would justify the British position that work would cure all the ills of the world. In return, the British would profit off of the 'remedy.' The British claimed their system of confinement was their moral obligation. Their method of treatment, however, resulted in profits rather than psychiatric advancement.

CONCLUSION

This study demonstrates that British Colonial

administration of the Bengal Presidency resulted in a profit motive that filtered down to the management of public health facilities, specifically lunatic asylums. The Victorian ethos of "rising up" indigenous populations was used to manipulate the diagnoses of those who were not truly mentally ill. The traditional vagrants and wanderers of South Asia bore the brunt of 'work therapy' resulting in financial remuneration for the British Empire. The funds realized from these facilities were not reinvested for the benefit of the asylums.

ACKNOWLEDGMENTS

I would like to thank Dr. Christopher V. Hill, my advisor, for his guidance during my research and writing process. Moreover, I would also like to thank Dr. Brian Duvick for his continued guidance and support throughout my educational career. His professional mentorship enabled me to comprehend and interpret the method of writing history. Furthermore, the Graduate School and History Department at the University of Colorado at Colorado Springs played an integral part in my educational development in the field of history.

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