THE IDEOLOGIES AND IDENTITIES OF INSANITY: THE EMERGENCE OF LUNATIC ASYLUMS IN COLONIAL KERALA

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History

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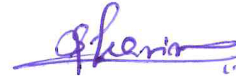
2025

DECLARATION

I hereby declare that the work presented in the thesis entitled **'The Ideologies and Identities of Insanity: The Emergence of Lunatic Asylums in Colonial Kerala'** is based on the original work done by me under the guidance of **Dr. OP. Salahudheen**, Head &Asst. Professor, Department of History, MES Mampad College, and has not been included in any other thesis submitted previously for the award of any degree. The contents of the thesis are undergone plagiarism check using iThenticate software at C.H.M.K. Library, University of Calicut, and the similarity index found within the permissible limit. I also declare that the thesis is free from AI-generated contents.



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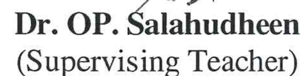

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Acknowledgement

The journey of my research began with a seven-day residential camp held at Farook College in 2018. Being a JRF holder, I attended the conference with the intention of learning more about the process of research, and where I accidentally came across a lecture by Dr. P. P Abdul Razak on microhistory. Dr. Razak had spoken about the institution called lunatic asylums while he was referring to the Malabar rebellion of 1921, sparking my interest in the history of lunatic asylums and in the history of madness. In 2019, I joined as a Ph.D. Scholar under the guidance of Dr. OP. Salahudheen, and from there onwards, my area of research has taken me into the world of eccentricities, and I am madly in love with madness. My initial discussions with Dr. Razak were fruitful enough to bring my abstract ideas into a full-fledged synopsis, and I am taking this opportunity to express my gratitude to Dr. P P Abdul Razak for all the exciting talks on the topic.

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ABBREVIATIONS

C. Cr. P	:	Code of Criminal Procedure
CMO	:	Correspondence on Moplah Outrages
CF	:	Cited From
CPC	:	Cochin Penal Code
CSP	:	Congress Socialist Party
DSP	:	District Superintendent of Police
EIC	:	English East India Company
ENT	:	Ear, Nose, Throat (Otolaryngology)
GO	:	Government Order
IG	:	Inspector General
IMS	:	Indian Medical Service
IPC	:	Indian Penal Code
Judl.	:	Judicial
ME	:	Malayalam Era
PWD	:	Public Work Department
RAE	:	Regional Archives, Ernakulam
RAK	:	Regional Archives, Kozhikode
SAT	:	State Archives Trivandrum
TPC	:	Travancore Penal Code

Abstract

The thesis entitled "The Ideologies and Identities of Insanity: The Emergence of Lunatic Asylums in Colonial Kerala" examines the establishment of Western psychiatry and its offshoot lunatic asylums in colonial Kerala. This work attempts to analyze the colonial narratives underlying the introduction of Western psychiatry and to deconstruct the notion of the hegemony of Western medicine by examining the enduring popularity of Indigenous healing techniques in the region under study, which, in fact, offer a rich tapestry of healing approaches, accepting, accommodating, and acknowledging diverse forms of care. The research is a pioneering contribution to the history of colonial psychiatry in the regional context of Kerala, as no previous study has comprehensively addressed the establishment of the three major lunatic asylums of colonial Kerala. The methodology of the study largely relies on analytical and descriptive techniques, and the sources for the study comprise various primary and secondary materials. Primary documents, such as archival data, oral testimonies, newspaper reports, etc., were extensively used, alongside secondary sources like books, articles, and other scholarly literature, to reconstruct the notion of madness in colonial Kerala society.

The research problem revolves around the question of the hegemony of Western psychiatry over the native systems of healing. In order to explore this, the researcher has examined its different dimensions, investigating the region's multiple therapeutic regimes alongside the different facets of Western psychiatry and its healing practices. Based on this, the study has put forward multiple objectives, including the analysis of the region's collective understanding of madness, socio–political and psychological dimensions behind the introduction of Western psychiatry, the gendered concepts of madness, the indigenization of psychiatric practices, the wide varieties of native systems of healing, etc.

Based on the research findings, the study puts forward the argument that the hegemony of colonial psychiatry was deliberately constructed and carried out the idea by the colonizers to counterpart the existence and effectiveness of native traditions and to justify colonial superiority through the perceived supremacy of Western psychiatry. The tremendous popularity of Indigenous practices and their simultaneous existence with institutional psychiatry proves that the colonial attempt to jeopardize native tradition was partial and cannot argue for an overarching hegemony of Western medicine over native forms of healing. Particularly in the Kerala scenario, the deep

roots of Ayurveda practices and the ongoing practices of spiritual healing in different communities show that the hegemony of colonial medicine was theoretically strong in the colonial quarters but was pragmatically feeble among the natives since they had multiple therapeutic choices to express their idioms of illness both mental and physical.

The discourse on the relationship between medical power and colonial power always draws the conclusion of a hegemonic regime. However, it is important to remember that medical practices were not always hegemonic simply because they were applied within a colonial context. The medicalization of colonial power does not always correspond with the colonization of the native body and mind. The interactive practices and processes between Western medicine and indigenous traditions, and above all, the popularity of native traditions among natives, go against the established viewpoint of colonial hegemony. Though colonialism used lunatic asylums as a tool of the empire to legitimize colonial rule, to some extent, it also embodied the notions of kindness, humanity, and moral management. These all suggest the dynamic dimensions of colonial psychiatry beyond hegemony.

However, in the course of time, Kerala was subjected to the "new" definition of madness, and this "new" knowledge originated and developed in a different cultural condition of the Western world. This may seem paradoxical from a peripheral reading, but an in-depth understanding suggests that the acceptance of modern Psychology in Kerala was a process of negotiation and accommodation, rather than a hegemonic confrontation and conflict between Western and traditional healing practices. The dynamic medical geography of Kerala, deeply rooted in the accommodation and adaptation of varying forms of therapeutics, accepted the institutions of mental hospitals and, at the same time, continued its traditional healing practices with much popularity during the colonial period. Psychiatry could not drown the indigenous notions of healing that pulsate in the life and mind of the masses. The attempts to interact with and indigenize Psychiatry by the native methods of healing by widening their boundaries to the "new" concepts and practices of healing show the flexibility and adaptability of native systems of healing. It is possible that colonial Kerala developed an enfolding worldview tolerating modern Psychology along with other pluralistic treatment methods of insanity.

Keywords: Lunatic Asylums, Western Psychiatry, Mental Illness, Indigenous Healing, Hegemony, Gendered Madness.

സംഗ്രഹം

"ഭ്രാന്തിന്റെ പ്രത്യയശാസ്ത്രങ്ങളും സ്വത്വങ്ങളും: കൊളോണിയൽ കേരളത്തിലെ ഭ്രാന്താശുപത്രികളുടെ ആവിർഭാവം" എന്ന പ്രബന്ധം, കൊളോണിയൽ കേരളത്തിൽ പാശ്ചാത്യ മനോരോഗചികിത്സയുടെയും അതിന്റെ ഭാഗമായ ഭ്രാന്താശുപത്രികളുടെയും സ്ഥാപനത്തെ പരിശോധിക്കുന്നു. പാശ്ചാത്യ മനോരോഗചികിത്സയുടെ ആമുഖത്തിന് അടിവരയിടുന്ന കൊളോണിയൽ വിവരണങ്ങളെ വിശകലനം ചെയ്യാനും, പഠനവിധേയമായ മേഖലയിൽ തദ്ദേശീയ രോഗശാന്തി സാങ്കേതിക വിദ്യകളുടെ നിലനിൽക്കുന്ന ജനപ്രീതി പരിശോധിച്ചുകൊണ്ട് പാശ്ചാത്യ വൈദ്യശാസ്ത്രത്തിന്റെ ആധിപത്യത്തെക്കുറിച്ചുള്ള ആശയം പൊളിച്ചെഴുതാനും ഈ കൃതി ശ്രമിക്കുന്നു. വാസ്തവത്തിൽ, വൈവിധ്യമാർന്ന പരിചരണ രീതികൾ സ്വീകരിക്കുകയും, ഉൾക്കൊള്ളുകയും, അംഗീകരിക്കുകയും ചെയ്യുന്ന രോഗശാന്തി സമീപനങ്ങളുടെ സമ്പന്നമായ ഒരു ചിത്രരചനയാണ് ഇത്. കൊളോണിയൽ കേരളത്തിലെ മൂന്ന് പ്രധാന ഭ്രാന്താശുപത്രികളുടെ സ്ഥാപനത്തെക്കുറിച്ച് മുമ്പത്തെ ഒരു പഠനവും സമഗ്രമായി പരാമർശിച്ചിട്ടില്ലാത്തതിനാൽ, കേരളത്തിലെ പ്രാദേശിക പശ്ചാത്തലത്തിൽ കൊളോണിയൽ മനോരോഗചികിത്സയുടെ ചരിത്രത്തിന് ഈ ഗവേഷണം ഒരു പ്രധാന സംഭാവനയാണ്. പഠനത്തിന്റെ രീതിശാസ്ത്രം പ്രധാനമായും വിശകലനപരവും വിവരണാത്മകവുമായ സാങ്കേതിക വിദ്യകളെ ആശ്രയിച്ചിരിക്കുന്നു, കൂടാതെ പഠനത്തിനുള്ള ഉറവിടങ്ങളിൽ വിവിധ പ്രാഥമിക, ദ്വിതീയ ആകര സാമഗ്രികൾ ഉൾപ്പെടുന്നു. കൊളോണിയൽ കേരള സമൂഹത്തിലെ ഭ്രാന്തിനെക്കുറിച്ചുള്ള സങ്കൽപ്പം പുനർനിർമ്മിക്കുന്നതിന്, പുസ്തകങ്ങൾ, ലേഖനങ്ങൾ, മറ്റ് പണ്ഡിത സാഹിത്യങ്ങൾ തുടങ്ങിയ ദ്വിതീയ സ്രോതസ്സുകൾക്കൊപ്പം, ആർക്കൈവൽ ഡാറ്റ, വാക്കാലുള്ള സാക്ഷ്യപത്രങ്ങൾ, പത്ര റിപ്പോർട്ടുകൾ തുടങ്ങിയ പ്രാഥമിക രേഖകൾ വ്യാപകമായി ഉപയോഗിച്ചു.

തദ്ദേശീയ രോഗശാന്തി സംവിധാനങ്ങളെക്കാൾ പാശ്ചാത്യ മനോരോഗചികിത്സയുടെ ആധിപത്യത്തെക്കുറിച്ചുള്ള ചോദ്യത്തെ ചുറ്റിപ്പറ്റിയാണ് ഗവേഷണ പ്രശ്നം. ഇത് പര്യവേക്ഷണം ചെയ്യുന്നതിനായി, ഗവേഷകൻ അതിന്റെ വ്യത്യസ്ത മാനങ്ങൾ പരിശോധിച്ചു, പാശ്ചാത്യ മനോരോഗചികിത്സയുടെ വ്യത്യസ്ത വശങ്ങൾക്കൊപ്പം പ്രദേശത്തിന്റെ ഒന്നിലധികം ചികിത്സാ രീതികളെയും അതിന്റെ രോഗശാന്തി രീതികളെയും അന്വേഷിച്ചു. ഇതിനെ അടിസ്ഥാനമാക്കി, ഭ്രാന്തിനെക്കുറിച്ചുള്ള പ്രദേശത്തിന്റെ കൂട്ടായ ധാരണ, പാശ്ചാത്യ മനോരോഗചികിത്സയുടെ ആമുഖത്തിന് പിന്നിലെ സാമൂഹിക-രാഷ്ട്രീയ, മനഃശാസ്ത്ര മാനങ്ങൾ, ഭ്രാന്തിന്റെ ലിംഗപരമായ ആശയങ്ങൾ, മനോരോഗചികിത്സയുടെ തദ്ദേശീയവൽക്കരണം, വൈവിധ്യമാർന്ന തദ്ദേശീയ രോഗശാന്തി സംവിധാനങ്ങൾ മുതലായവ വിശകലനം ചെയ്യൽ ഉൾപ്പെടെ ഒന്നിലധികം ലക്ഷ്യങ്ങൾ പഠനം മുന്നോട്ടുവച്ചിട്ടുണ്ട്.

ഗവേഷണ കണ്ടെത്തലുകളെ അടിസ്ഥാനമാക്കി, തദ്ദേശീയ പാരമ്പര്യങ്ങളുടെ നിലനിൽപ്പിനെയും ഫലപ്രാപ്തിയെയും എതിർക്കുന്നതിനും പാശ്ചാത്യ മനോരോഗചികിത്സയുടെ ഗ്രഹിച്ച മേധാവിത്വത്തിലൂടെ കൊളോണിയൽ മേധാവിത്വത്തെ ന്യായീകരിക്കുന്നതിനുമായി കൊളോണിയലിസ്റ്റുകൾ മനഃപൂർവ്വം നിർമ്മിക്കുകയും ആശയം നടപ്പിലാക്കുകയും ചെയ്തതാണെന്ന വാദം പഠനം മുന്നോട്ടുവയ്ക്കുന്നു. തദ്ദേശീയ ചികിത്സാരീതികളുടെ വമ്പിച്ച ജനപ്രീതിയും സ്ഥാപനപരമായ മനോരോഗചികിത്സയോടൊപ്പം അവയുടെ നിലനിൽപ്പും തെളിയിക്കുന്നത് തദ്ദേശീയ പാരമ്പര്യത്തെ അപകടപ്പെടുത്താനുള്ള കൊളോണിയൽ ശ്രമം ഭാഗികമായിരുന്നുവെന്നും തദ്ദേശീയ ചികിത്സാരീതികളുടെ മേൽ പാശ്ചാത്യ വൈദ്യശാസ്ത്രത്തിന്റെ വ്യാപകമായ ആധിപത്യത്തെക്കുറിച്ച് വാദിക്കാൻ കഴിയില്ല എന്നുമാണ്. പ്രത്യേകിച്ച് കേരളത്തിലെ

സാഹചര്യത്തിൽ, ആയുർവേദ ചികിത്സാരീതികളുടെ ആഴത്തിലുള്ള വേരുകളും വ്യത്യസ്ത സമൂഹങ്ങളിലെ ആത്മീയ രോഗശാന്തിയുടെ നിലവിലുള്ള രീതികളും കാണിക്കുന്നത് കൊളോണിയൽ മേഖലകളിൽ കൊളോണിയൽ വൈദ്യശാസ്ത്രത്തിന്റെ ആധിപത്യം സൈദ്ധാന്തികമായി ശക്തമായിരുന്നു, എന്നാൽ തദ്ദേശീയർക്കിടയിൽ അത് പ്രായോഗികമായി ദുർബലമായിരുന്നു, കാരണം അവർക്ക് മാനസികവും ശാരീരികവുമായ രോഗങ്ങളെ പ്രകടിപ്പിക്കാൻ ഒന്നിലധികം ചികിത്സാ തിരഞ്ഞെടുപ്പുകൾ ഉണ്ടായിരുന്നു.

വൈദ്യശാസ്ത്ര ശക്തിയും കൊളോണിയൽ ശക്തിയും തമ്മിലുള്ള ബന്ധത്തെക്കുറിച്ചുള്ള ചർച്ചകൾ എല്ലായ്പ്പോഴും ഒരു ആധിപത്യ ഭരണകൂടത്തിന്റെ നിഗമനത്തിലെത്തുന്നു. എന്നിരുന്നാലും, ഒരു കൊളോണിയൽ സാഹചര്യത്തിൽ പ്രയോഗിച്ച എന്നതുകൊണ്ട് മാത്രം വൈദ്യശാസ്ത്ര രീതികൾ എല്ലായ്പ്പോഴും ആധിപത്യപരമായിരുന്നില്ല എന്നത് ഓർമ്മിക്കേണ്ടതാണ്. കൊളോണിയൽ ശക്തിയുടെ വൈദ്യവൽക്കരണം എല്ലായ്പ്പോഴും തദ്ദേശീയ ശരീരത്തിന്റെയും മനസ്സിന്റെയും കോളനിവൽക്കരണവുമായി പൊരുത്തപ്പെടുന്നില്ല. പാശ്ചാത്യ വൈദ്യശാസ്ത്രവും തദ്ദേശീയ പാരമ്പര്യങ്ങളും തമ്മിലുള്ള സംവേദനാത്മക രീതികളും പ്രക്രിയകളും, എല്ലാറ്റിനുമുപരി, തദ്ദേശീയർക്കിടയിൽ തദ്ദേശീയ പാരമ്പര്യങ്ങളുടെ ജനപ്രീതിയും, കൊളോണിയൽ മേധാവിത്വത്തിന്റെ സ്ഥാപിത വീക്ഷണത്തിന് എതിരാണ്. കൊളോണിയലിസം കൊളോണിയൽ ഭരണത്തെ നിയമവിധേയമാക്കാൻ സാമ്രാജ്യത്തിന്റെ ഒരു ഉപകരണമായി ഭ്രാന്താലയങ്ങളെ ഉപയോഗിച്ചുവെങ്കിലും, ഒരു പരിധിവരെ, ദയ, മനുഷ്യത്വം, ധാർമ്മിക മാനേജ്മെന്റ് എന്നിവയുടെ സങ്കൽപ്പങ്ങളും അത് ഉൾക്കൊള്ളുന്നു. ഇവയെല്ലാം ആധിപത്യത്തിനപ്പുറമുള്ള കൊളോണിയൽ മനോരോഗചികിത്സയുടെ ചലനാത്മക മാനങ്ങളെ സൂചിപ്പിക്കുന്നു.

എന്നിരുന്നാലും, കാലക്രമേണ, കേരളം ഭ്രാന്തിന്റെ "പുതിയ" നിർവചനത്തിന് വിധേയമായി, ഈ "പുതിയ" അറിവ് പാശ്ചാത്യ ലോകത്തിന്റെ വ്യത്യസ്തമായ ഒരു സാംസ്കാരിക അവസ്ഥയിലാണ് ഉത്ഭവിക്കുകയും വികസിക്കുകയും ചെയ്തത്. ഒരു പരിക്രമണ വായനയിൽ നിന്ന് ഇത് വിരോധാഭാസമായി തോന്നാം, പക്ഷേ ആഴത്തിലുള്ള ഒരു ധാരണ സൂചിപ്പിക്കുന്നത് കേരളത്തിൽ ആധുനിക മനഃശാസ്ത്രത്തിന്റെ സ്വീകാര്യത പാശ്ചാത്യ, പരമ്പരാഗത ചികിത്സാ രീതികൾ തമ്മിലുള്ള ആധിപത്യപരമായ ഏറ്റുമുട്ടലിനും സംഘർഷത്തിനും പകരം ചർച്ചകളുടെയും ഒത്തുചേരലുകളുടെയും ഒരു പ്രക്രിയയായിരുന്നു എന്നാണ്. വിവിധ ചികിത്സാരീതികളുടെ പൊരുത്തപ്പെടുത്തലിലും ആഴത്തിൽ വേരൂന്നിയ കേരളത്തിന്റെ ചലനാത്മകമായ മെഡിക്കൽ ഭൂമിശാസ്ത്രം, മാനസികാരോഗ്യ കേന്ദ്രങ്ങളുടെ സ്ഥാപനങ്ങളെ അംഗീകരിക്കുകയും, അതേസമയം, കൊളോണിയൽ കാലഘട്ടത്തിൽ വളരെ പ്രചാരമുള്ള പരമ്പരാഗത ചികിത്സാ രീതികൾ തുടരുകയും ചെയ്തു. ജനങ്ങളുടെ ജീവിതത്തിലും മനസ്സിലും സ്പന്ദിക്കുന്ന തദ്ദേശീയ ചികിത്സാ സങ്കൽപ്പങ്ങളെ മനഃശാസ്ത്രത്തിന് മുക്കിക്കളയാൻ കഴിഞ്ഞില്ല. തദ്ദേശീയ ചികിത്സാ രീതികളിലൂടെ മനോരോഗചികിത്സയെ "പുതിയ" ആശയങ്ങളിലേക്കും ചികിത്സാ രീതികളിലേക്കും അവരുടെ അതിരുകൾ വിശാലമാക്കിക്കൊണ്ട് സംവദിക്കാനും തദ്ദേശീയമാക്കാനുമുള്ള ശ്രമങ്ങൾ തദ്ദേശീയ ചികിത്സാ സമ്പ്രദായങ്ങളുടെ വഴക്കവും പൊരുത്തപ്പെടുത്തലും കാണിക്കുന്നു. ഭ്രാന്തിന്റെ മറ്റ് ബഹുസ്വര ചികിത്സാ രീതികൾക്കൊപ്പം ആധുനിക മനഃശാസ്ത്രത്തെയും സഹിഷ്ണുതയോടെ കാണുന്ന ഒരു വിശാലമായ ലോകവീക്ഷണം കൊളോണിയൽ കേരളം വികസിപ്പിച്ചെടുത്തിരിക്കാൻ സാധ്യതയുണ്ട്.

കീവേഡുകൾ: ഭ്രാന്താശുപത്രികൾ, പാശ്ചാത്യ മനഃശാസ്ത്രം, മാനസികരോഗം, തദ്ദേശീയ രോഗശാന്തി, ആധിപത്യം, ലിംഗഭേദ ഭ്രാന്ത്.

Chapter I

Introduction

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Introduction

The construction of madness within the intellectual discourse of normality and sanity gained momentum with cultural and economic changes during the leap to modernism in the Western world. Casting off the crazy through the "carceral culture" of lunatic asylums hailed the values of humanitarianism, protectionism of the fallen, security of the public, and the utilization of the labor of bizarre brains and batty bodies, stressing the fiscal benefits of the State. The concept of institution-based confinement as the only panacea for healing mental illness, though appeared in the West first, flowered and flourished in India under British paramountcy. The Naturalization of power and the power of naturalization under British colonialism in India was structured beyond the invisible gaze or inconspicuous ways of control; rather, the power discourse became justified with the growth of scientific disciplines and through the meticulous network of carceral institutions.

The network of lunatic asylums in the colonial context became part of the "investigative modalities"[1] with the invasive terrain of Western psychiatry. The moral and social authority of the psychiatrists in the West reverberated as the medical power of the "new science" in the colonies. The disciplinary developments, such as medicine, psychiatry, etc., were used to reinstate the scientific regime of colonizers, which in turn strengthened the perceived difference between the "rational West" and the "ridiculous East". The importing and implanting of Western epistemologies of healing with their scientific methods and machinations rejected indigenous forms of healing and healers, and interestingly, the colonial nullification of traditional knowledge systems through the lens of progressivism and modernism became one

[1] Bernard S. Cohn, *Colonialism and Its Forms of Knowledge: The British in India*, Princeton University Press, Princeton, 1996.

of the important reasons for justifying and rooting colonial rule in India, watered with new knowledge and fertilized with the power discourse.

Mental illnesses that do not have a clear-cut etiology are cross-knitted with the enigmatic, supernatural, and mysterious notion of the disease, and the idioms of expressing psychiatric illness and its process of healing among the natives were intrinsically connected to their specific socio-cultural epistemology of the region, intertwined with the community practices and belief systems. India, a land with multiple therapeutic options, offered a holistic concept of healing, addressing the physical, mental, and spiritual needs of the beneficiaries. The wide variety of healing systems, ranging from Ayurveda, hailed as the science of life, to divine healing, are all viewed in terms of a medium for facilitating the easy flow of human life, addressing the spiritual and emotional needs of the patients in indigenous contexts. However, the methods and machinations of many native healing traditions found their presence in the romantic and exotic accounts of colonizers in India, a land of mysterious customs and culture. Reform was viewed as essential in such a superstitious society, and it was considered the responsibility of colonizers to bring changes in the regressive and unscientific East.

The institution of lunatic asylum was introduced as a part of this envisaged change by the British, which was the beginning of an institutional-based management of lunatics in the Indian context. Though the credit for the introduction of Western medicine goes to the Portuguese, it was the British who initiated this particular network of institutions in colonial India that found its reflections in princely states also. In the Indian scenario, madness was a private business in the beginning, offering custodial space only for European lunatics.[2] The trailblazer in this regard came into existence in Bombay in the year 1745, followed by Calcutta in 1787. The year 1794 witnessed the foundation of the Madras Lunatic Asylum, receiving both European

2 See for details R.C. Jiloha, "Lunatic Asylums: A Business of Profit During the Colonial Rule Empire in India," *Indian Journal of Psychiatry,* Vol. 63, No.1, 2021 Feb, pp. 84 87. Doi. 10.4103/psychiatry.IndianJPsychiatry_589_19; Watraud Ernst, "The Rise of the European Lunatic Asylum in Colonial India (1750 – 1858)," *Bull. Ind. Inst. Hist. Med*, Vol. XVII, p. 95.

and Indian mentally ill patients. The present study delves into the regional context of colonial Kerala and the emergence of three major lunatic asylums in the Kerala context under British paramountcy.

The region under study, Kerala, during the colonial period, was a conglomeration of three distinct geographical units, namely, Malabar, Cochin, and Travancore. While Malabar constituted an integral part of the Madras Presidency, experiencing direct colonial dominance, Cochin and Travancore were princely states. As far as the history of lunatic asylums in Kerala is concerned, three major institutions emerged in these three geographical regions. The Oolampara Lunatic Asylum, established in 1870, was the pioneer institution in this regard, which came up in the Travancore princely state. The second was the Calicut Lunatic Asylum, founded in 1872 in the Malabar district, and the final one was the Thrissur Lunatic Asylum, established by the Cochin Maharaja in 1889. At present, these three major lunatic asylums have evolved into the three major mental hospitals of Kerala with inpatient and outpatient facilities benefiting a large number of people and offering comprehensive care at Government expense.

The history of lunatic asylums in Kerala, like in any other part of India, was intertwined with colonialism and its tides of modernism and progressivism. Pre-colonial Kerala society perceived madness mainly within the spiritual beliefs of the community, which were again shaped by religious notions. Mental illness as a form of divine punishment, wrath, or curse was a predominantly prevalent concept among various communities. Thus, it was addressed both in the medical domain, consisting of medicines and consultations, as well as in the religious domain, connecting the dots of beliefs, customs, and culture of communities and localities. The introduction of lunatic asylums to such a society was a challenging task, and their acceptance, accommodation, and adaptation into the convictions and epistemologies of native healing by shaping the mind and mentality of the people was a complex process. The continuous efforts of state machinery in rooting the system and its growth and development were clearly structured in this part of the country. The process and methods of turning native confrontations and reluctance towards lunatic asylums into negotiations and acceptance were shaped by the colonial propaganda of the scientific

regime along with the financial support of the state. This was again worked out in the colonial model by devaluing and delegitimizing the native healing techniques and infiltrating the advantages of the institutional provisions into native consciousness

During the colonial period, insanity was linked to the legality of the colonial state, and hence, the penal and juridical institutions of the state were also intentionally and integrally connected to the discourse of madness. The ordering of the colonial society by ensuring productivity and discipline of colonial subjects was carried out by alienating the wanderers, the insane, and other disruptive elements through the "carceral culture". Colonial law code was employed in crimes committed by individuals with mental illness leading to the creation of categories such as "criminal lunatic", "dangerous lunatic", "civil lunatic", "harmless lunatic", etc. and interestingly such nomenclatures and compartmentalization of insane were also present in the Princely States controlled by princely sovereigns replicating the legal framework of British paramountcy in their territories. This, in fact, shows the substantial and strategic influence of the Colonial State in regions that were not under their direct control along with pointing out the flexibility of princely rulers to adapt to the colonial paradigms of change by skillfully navigating the equations of politics, power, and progress through their interactions with foreign rulers. The research mainly focused on examining the establishment of lunatic asylums in the context of Kerala with an aim to trace the native response towards the asylum provision. The civilizing project of Britain stressed 'the moral and material progress' of the colonized[3] and these were aimed to be implemented through colonial institutions, including lunatic asylums. The crux of the Civilization Mission, according to Alice Conkin, is to liberate the natives from the factors that are oppressing human life, including the oppression of "disease over health, of instinct over reason, of ignorance over knowledge, and of despotism over liberty"[4]. The need for colonial rule was thus justified to transform the native life

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[3] Michael Mann, *"Torchbearers Upon the Path of Progress': Britain's Ideology of a 'Moral and Material Progress' in India,"* in Harald Fischer-Tine and Michael Mann (eds.) Colonialism as Civilizing Mission: Cultural Ideology in British India, Wimbledon Publishing Company, London, p.4.

[4] Alice L Conklin, *A Mission to Civilize: The Republican Idea of Empire in France and West Africa, 1895-1930,* Stanford University Press, Stanford, 1997, pp. 5-6.

in every possible way, unleashing the unbeatable supremacy of Western science and progressive ideals. Such interventions were introduced to convince the colonized of the merits and advantages of colonial rule, for which the colonizers had followed both sophisticated as well as coercive forms of power. Lunatic asylums were part of the larger legitimization project of colonialism, which aimed to convince the natives to recognize the fruits of colonial rule in terms of the shelters offered for lunatic patients, showcasing the colonial humanitarian values.

The research approaches the emergence of lunatic asylums in Kerala society by exploring the nuances of colonial politics, civilization mission, and humanitarian policies behind the sophisticated yet powerful method of the "carceral culture," along with examining the disciplinary discourses of colonial psychiatry. The chimeric conglomeration of power in colonial India emerged from the epistemic imperialism of the colonizers, intertwined with disciplinary developments. Western Psychiatry and its offshoot lunatic asylums became the agency of the colonizers, the men of reason, to enter into the world of native madness. The relative tranquility and calmness offered in the asylum were extracted through the tyrannical harshness of the system, but were hailed as the fruits of colonial institutions, science, and progress. The research is altogether an attempt to examine the colonial motives as well as the native response toward the networks of lunatic asylums in the context of colonial Kerala.

RESEARCH PROBLEM

Lunatic asylums established in the colonial period were treated as the conspicuous symbol of colonial hegemony and identity creation. However, colonial psychiatry was not always hegemonic simply because it was applied within a colonial context. Based on this argument, the proposed research poses the following questions: How did the medical geography of different regions shape the native perception of insanity and play a key role in shaping their response toward Western medicine? How far the notion of hegemony through colonial medicine and psychiatry valid, since the medical geography of Kerala was rooted in Ayurveda, Unani, and other forms of community spiritual healing? How and why did the pluralistic practices on insanity that reflect the perceptions of indigenous society in Kerala remain the popular mode

of treatment, though modern psychiatry had its presence in colonial Kerala society? Is there any exchange of practices and processes that existed between colonial psychiatric treatment and the native tradition of healing? The answer to these questions necessitates an examination of the intricacies surrounding the introduction of Western Psychiatry in Kerala, along with thoroughly analyzing the condition of the indigenous systems of healing both before and following the introduction of Western Psychiatry. Apart from this, the research also delves into the possible association between the "modern" and native systems of healing to understand the creation of a "hybrid space of healing" within the therapeutic tapestry of Kerala, which offers glimpses of harmony between multiple treatment options. The research thus delves into the different facets of lunatic asylums in the Kerala context by addressing the broader concern to know whether there was an actual hegemony of Western medicine particularly of Psychiatry resulting in an all-round suppression of the existing indigenous therapeutic systems or was it a created or perceived myth circulated only among the colonial quarters?

The research is an attempt to address these questions from a historical and historiographical framework. The colonial network of institutions, including asylums, prisons, etc., showed more or less similar frameworks in colonies but with specific regional differences. While the nature of these institutions remained the same, the methods and machinations of their implementation were based on the regional contexts. The adaptability and applicability of asylums are particularly varied and significantly influenced by the regional factors of importance, including the perceptions of the natives, their culture, beliefs, customs, and traditions, as well as their epistemologies of healing. Kerala, though constituted the conglomeration of three distinct geographical units, formed a singular medical narrative of co-existence of different healing traditions. The indigenous and foreign elements in medicine were accepted as a part of the cosmopolitanism practiced in the region, which in turn offered multiple therapeutic options for the beneficiaries. Apart from the popular methods of curing, including Ayurveda, different communities had their unique and specific ways of understanding and managing illness that emerged from the community practices

and traditional knowledge. The tapestry of healing in Kerala thus presented a picture of unity in diversity.

The process of accepting modern medicine into the existing healing tradition of the region was however, created a complicated scenario which, unlike other systems of healing, made attempts to encroach upon the multiple therapeutic options. This encroachment was a conspicuous feature of colonialism, pervading every tiny bit of native life. The invasive terrain of colonialism in medicine initially followed a policy of epistemological violation by blaming the indigenous systems of healing as unscientific, and then systematically launched the institutional setup to promote the Western systems of healing. "The investigative modalities" of the colonial state played a crucial role in gathering appropriate knowledge regarding the history, geography, epistemologies, etc., of the land and its people.[5] Detailed census reports and in-depth surveys were carried out to understand the different facets of native life. The data hunt on indigenous society, along with the State initiatives in codifying and controlling the knowledge of the East, resulted in the rejection of "native science" and the introduction of "new science," including psychiatry in colonies. Though this was envisaged as a hegemonic project of invasion, aimed at bringing a seismic rupture in the medical geography of Kerala, the region, in fact, was highly successful in building a parallel path of collective existence within the practice of healing.

The research sets its footing in the theoretical framework of approaching lunatic asylums from a critical point of analysis like how and why asylums became tools for the creation and assertion of difference not only between the colonizer and colonized but also among the different groups of subject population based on race, caste, class, gender, etc. However, this does not mean that the research will overlook the contributions, particularly the extensive development of modern medical institutions that occurred under British colonialism.

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[5] Cohn, *Colonialism and its forms of knowledge*, 5.

HYPOTHESIS

The medical geography of each region determines its response to modern medicine. The internal conditions and the indigenous traditions of colonial Kerala, and above all the dynamic medical geography of Kerala, which is popular for its acceptance and adaptation, though accommodated modern psychiatry, continued indigenous practices for healing mental illness with considerable popularity. Hence, the notion of colonial hegemony through modern medicine is not a fully valid argument in the context of colonial Kerala.

AIMS AND OBJECTIVES

The research attempts to address certain sets of objectives that are framed to understand the intricacies of lunatic asylums in the Kerala context. The perception of madness in every society is deeply intertwined with the culture and belief systems of the community, and hence it is a differing concept with varying interpretations. The indigenous epistemology of managing madness and the transformation of "madness" into "mental illness" or the liminal space between deviancy and disorder is decided by the established norms of normality of that particular society. Instances of social deviance, especially deviance in character, behavior, appearance, and actions of individuals, were most often identified as an expression of a deranged mindset. Though social deviance and mental disorder are two different concepts, in most cases, society identifies an individual as mentally ill when he or she deviates from or violates the accepted social norms.[6] The understanding of the concept of madness thus involves the understanding of the customs and culture of the region pertaining to the concept of mental health, social norms, and community practices.

The study also delves into exploring how the lunatic asylum became a space for identity creation and for the "colonization of madness". The institutional space of lunatic asylums was highlighted as a noble work of charity in the colonial context and was hailed as a prestigious gift from the ruling race to the ruled. While the colonizers

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6 See for details Awais Aftab, Mohammed Abouelleil Rashed, "Mental Disorder and Social Deviance," *Int Rev Psychiatry*, Vol. 33, No. 5, 2021 Aug, pp. 478-485. Doi. 10.1080/09540261.2020.1815666. Epub 2020 Oct 5. PMID:33016793

projected their humanitarian sides, inconspicuously, it became the space for colonizing the native mind and body, where the subjects became objects of observation, and their deviance and disorder were "treated" under disciplinary measures of the State. Interestingly, Psychiatry functioned as a discipline enabling the colonizers to become the masters of the native mind through the "reformation" and rehabilitation of the insane.

Another aspect of this research attempts to analyze the impact of categories such as race, class, caste, etc., on lunatic management within the asylums of Kerala. The division and differentiation between the subject population in terms of class and caste were asserted in these institutions, maintaining the status quo of the native society. Class–caste differentiation and intersection were key factors in shaping the attitude and approach of different groups of native society towards asylum space. Though colonialism questioned the inherent inequalities of the caste system and positioned colonial rule as an antidote to casteism and caste-oriented inequalities, it often perpetuated differentiation between different classes and castes of patients, ensuring specific facilities and privileges to the upper strata of society. In fact, the attempt to annihilate caste was never their priority. It became a justification for exerting colonial influence over an inherently unequal society to bring the proclaimed equality and justice. Realizing that caste was an inbuilt mechanism of the Indian society, colonial masters criticized it but never tried to challenge the whole system; rather, they tried to negotiate it within their institutions. This was a strategic move to secure a more advantageous position for the colonizers within Indian society while presenting themselves as the champions of justice and progress. According to the researcher, the colonial negotiations with caste-oriented Indian society and the maintenance of caste practices in their establishments and institutions were not merely because they feared the native backlash against the radical removal of caste from Indian society, but rather, the maintenance of caste rules and restrictions was necessary for colonizers to reinforce and emphasize the differences between the diverse subject groups in India. Through such a policy, the colonizers could, on one hand, earn trust and collaboration from the upper caste, while on the other hand, they could appease the lower strata by reminding the forthcoming benefits of British rule for their

upliftment. The positioning of caste was done in such a way that it was used as a catalyst for legitimizing and justifying the envisaged colonial rule of equality and progress. At the same time, employing the basic structure of Indian society enabled the colonizers to buttress the differences underneath the divided society and to reinforce the division within the already fragmented social fabric. The “colonization of madness” in colonial lunatic asylums was attained through maintaining such differences of caste, race, class, creed, gender, etc., which all in one way or another helped the colonizers to navigate the native mind and body.

Another aspect of the research is to identify the gendered practices associated with the management of madness within the asylum space. Following a feminist framework, the research postulates the question of how gender influences the admission, diagnosis, treatment, and cure within the institutional setup. In accordance with feminist understanding, the discourse of madness was deeply intertwined with the discourse of the male gaze and rationality. Deflection and difference from normative femininity are hailed as deviancy and disorder in women within the male concept of madness. The pervasive influence of the male gaze constructed madness as a tool to confine the assertive women and to control their aggressiveness by instilling the virtues of obedience through subordinating and silencing their emotional outbursts, which often resulted from patriarchal violence. The research thus tries to identify the perspectives of madness in colonial Kerala society by examining the cross-knitted threads of male-female relationships along with analyzing the paternal nature of lunatic asylums through a gendered lens, particularly emphasizing how patriarchy and Victorian morality found their way into understanding female mental illness.

The research also attempts to identify the indigenous methods of healing practiced within the specific context of Kerala, with emphasis on spiritual healing techniques, and looks into whether any indigenization processes of psychiatry happened in the region. The wide variety of healing practices of Kerala was fundamental in questioning the hegemony of Western psychiatry, as they collectively formed a collaborative healing framework. The multiple methods of managing illness, in fact, created a triangular equation of therapeutics integrating Western, Indigenous,

and spiritual techniques, which resulted in the emergence of a hybridized discourse of healing in the region, emphasizing the holistic perspective in recovery and remediation. The research endeavors to comprehensively address all these major aspects, which will help us to unveil the broader landscape of lunatic asylums, along with unraveling their intricacies and nuances.

REVIEW OF LITERATURE

The research follows a systematic literature review of major secondary works dealing with the key theme of colonial asylums. The emergence of lunatic asylums in the context of Kerala is a Promethean field of research not only because there are no leading previous studies concerning the three major asylums of Kerala, but also because this particular field of research offers glimpses into the so far unexplored development of mental health care in the Kerala context. The strength and weakness or in better terms the scope and limitation of this research are that since there are no comprehensive works entirely dedicated to this particular theme under study, the current research can be considered a pioneer work in this field shedding light into the history of three major Government mental health care institutions of Kerala at present. Given the absence of significant studies dealing with these institutions, except one project report regarding Calicut asylum and a book chapter addressing Oolampara asylum, the researcher predominantly relies on literature dealing with analogous themes, i.e., colonial lunatic asylums in other parts of India, including Madras, Bombay, and Bengal Presidencies. Additionally, valuable insights are drawn from works dealing with similar networks of institutions in various colonial contexts outside India.

The understanding of madness in historical outlines begins with Michel Foucault's *Madness and Civilization,* which offered the changing concept of madness over the course of human civilization and how it ended up in shackled forms within the lunatic asylums of seventeenth and eighteenth-century Europe. While "folly is brought back to life as a complex social phenomenon, part, and parcel of the human

condition,"[7] the work also stresses the nuances of institutional confinement, its inconspicuous motives, and methods of managing the mentally ill. In the age of reason, how "unreason" was defined and perceived within the medical discourse was a matter of concern. The physicians were considered the "liberators' of lunatics from their lunacy within the institutional confinement of asylums, offering mysterious psychiatric practices which, according to Foucault, were predominantly moral in nature.[8] He thus criticizes Tuke and Pinel for their methods of treatment exerted on the patients, stressing the reification of the magical nature of doctors rather than implementing the medical discourse of insanity. The asylum regimes in colonies also followed and stressed moral intervention in the management of the insane, which was hailed as bringing more positive and effective results than medicine. Asylum, with all its casting-off techniques, thus opened a discourse of moral power intertwined with authoritarian power in colonies. This was mainly because the colonial asylums were largely modeled on the Victorian asylums, which more or less stressed the moral power of psychiatrists within lunatic asylums. Bentham's idea of the panopticon with the aim to secure power over the mind through constant surveillance in fact influenced the care industry of asylums, which reflected in colonial lunatic asylums with principles of inspection.[9]

Another notable work of Foucault that deserves mentioning in this context is his *Discipline and Punish: The Birth of the Prison*, in which he elaborates on the development of "carceral culture" in the West. He mentioned how prisons, asylums, etc., represented penal and juridical agencies of power in the Age of Reason. Cure through punishment was initiated through lunatic asylums, and these were instructed through scientifico- legal measures which served as the basis for the power to punish.[10] Though the modern age marked a penal regime of asylums supported by the economy

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[7] Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*, Vintage Books, New York, 1965, p. 5.

[8] *Ibid.,* 285.

[9] Jeremy Bentham, *Panopticon: Postscript; Part II: Containing a Plan of Management for a Panopticon Penitentiary – House,* Printed for T. Payne, London, 1791.

[10] Michel Foucault, *Discipline and Punish: The Birth of the Prison*, translated by Alan Sheridan, Vintage Books, New York, 1995, p. 23.

of power with sophisticated and inconspicuous forms of control and punishment by restricting the mind and body of lunatics within carceral institutions, its application and acceptance have different meanings in different contexts. The acceptance of lunatic asylums in colonial India should be analyzed within the class– caste intersectionality and their financial status. While the upper caste and upper class expressed reluctance to embrace this new institution, the lower caste and lower-class people were comparatively ready to take up lunatic asylums since it provided a provision for them to treat and manage their afflicted family members at Government expense. Within the context of colonial India, lunatic asylums and their acceptance have diverse layers as caste and class differences mirrored multiple realities of Indian society. While Foucault draws heavily from European experiences, the indigenous contexts of India and her unique but heterogeneous experiences of colonialism bring new discourses of coercive, sometimes persuasive dimensions of power.

Santhosh Abraham undertook a project on the lunatic asylums of colonial Kerala, and the report entitled *Medicine and British Empire in South India: A Study of Psychiatry and Mental Asylums in Colonial Kerala* offers glimpses into the institutional history of insanity in the region. The work specifically deals with the case of Calicut asylum with passing reference to Oolampara and Thrissur lunatic asylums. It explores the creation of a "hybridized space" within the lunatic asylum of Calicut which according to the author was the "result of the interaction between both top-down and bottom-up processes in a colonial setting"[11] indicating the mingling and mixing of indigenous, religious, spiritual, colonial, and European medicines within the asylum space which led to the formation of a hybridized system of treatment for the management of insanity.[12] The study provided valuable insights to frame a working model for this research endeavor. Waltraud Ernst's chapter entitled "Medical Developments and Western Psychiatry in Travancore and Orissa" from the book *Health and Medicine in Indian Princely States, 1850 – 1950,* provides a vivid picture

[11] Santhosh Abraham, "Medicine and British Empire in South India: A Study of Psychiatry and Mental Asylums in Colonial Kerala," *Indian Journal of History of Science,* Vol. 53, No.1, 2018, p. 130. Doi: 10.16943/ijhs/2018/v53il/49371

[12] *Ibid*., 130

of the Oolampara lunatic asylum of the Travancore princely state.[13] It describes the medical history of Travancore with special reference to the institution of the lunatic asylum and provides information on the treatment patterns, classification of lunatics, the functioning of the establishment, etc. Ernst's other chapter, titled "Psychiatry at the Periphery: The Case of Princely India" from the work *Encountering Crisis of the Mind: Madness, Culture and Society, 1200s – 1900s,* also deals with the history of Oolampara Lunatic Asylum.[14] Both chapters were remarkably helpful in understanding the medical history of Travancore State. Apart from these limited but significant works, there were no other major studies on the research topic as such. Therefore, the researcher has reviewed works that helped to understand the establishment of lunatic asylums, including case studies of such institutions in colonial contexts within India as well as from international perspective.

Andrew Scull's *Madness in Civilization: A Cultural History of Insanity from the Bible to Freud, from the Madhouse to Modern Medicine,* places the centrality of mental illness in human civilization and the multi-vocal interactions between madness and civilization. Since mental illness is not a myth, it is present in every society, though its management is different. He has taken the formidable task of tracing the cultural history of madness through the ages. The central portion of the work deals with the theme of the "rise of the empire of asylumdom"[15] which was a comprehensive analysis of the emergence of lunatic asylums in different parts of Europe and America. The section on "Imperial Psychiatry" in the work particularly addresses the creation of asylum science in the settler colonies of Britain, including Canada, Australia, New Zealand, India, etc. He specifically pointed out the paradox of psychiatry practiced in

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[13] See for details Waltraud Ernst, "Medical Developments and Western Psychiatry in Travancore and Orissa," in Waltraud Ernst, Biswamoy Pati and T.V Sekher (eds.)., *Health and Medicine in Indian Princely States, 1850 – 1950, Routledge*, New York, 2018, pp. 83 – 133.

[14] Waltraud Ernst, "Psychiatry at the Periphery: The Case of Princely India, C. 1830 – 1900," in Tuomas – Frigren, Jari Eilola and Markku Hokkanen (eds.)., *Encountering Crisis of the Mind: Madness, Culture and Society, 1200s – 1900s*, Brill, Boston, 2018, pp. 255 – 276.

[15] Andrew Scull, *Madness in Civilization: A Cultural History of Insanity from the Bible to Freud, from the Madhouse to Modern Medicine,* Princeton University Press, Princeton, 2015, pp.190 -199.

lunatic asylums, which, despite being based on the scientific principles of medicine, followed a moral regime of treatment that overpowered the science of medicine. The research also addresses this paradox in various parts of this work.

Another prominent work, though not directly dealing with lunatic asylums, is Bernard Cohn's *Colonialism and Its Forms of Knowledge: The British in India*, which helps the researcher to explore the concept of 'investigative modalities' coined by Cohn to indicate the colonial methods of knowledge production. The researcher has taken the framework set by Cohn in explaining the colonial conquest of India through varying investigative modalities, aiding the collection and classifications of knowledge over native life, which is closely linked to amassing power over the subjects. The researcher while agreeing to the position taken by Cohn in articulating the census reports, surveys, travelogues, legal records, etc. as the means by which the colonizers peeped into the native life, argues that Psychiatry and its offshoot lunatic asylums can also be considered as a part of investigative institutions through which the empire collected knowledge on the native mind and body. Psychiatry, being the new epistemology of managing mental illness, opened experimental laboratories, where the physical and psychic conditions of the subjects were classified and categorized. The enumerative techniques, particularly the census, were utilized by the colonizers to gather knowledge on the native infirmities, which were in turn published as census reports comparing and compartmentalizing insanity, its causes, symptoms, and techniques of healing. The researcher used this framework in analyzing how the census reports particularly helped the colonizers to keep track of the proportion of insanity in India and how they utilized this data to subject and subjugate Indians in many intricate ways.

Ashis Nandy's *The Intimate Enemy* is crucial in understanding the colonization of the mind in India. Nandi argues that the most important feature of colonialism is the pervasiveness of the domination of the West, and in his language, "The West is now everywhere, within the West and outside; in structures and in mind. [16] He explains the insidious conquest of native minds, selves, consciousness, and culture by the colonizers, and in the process, the colonizers attempted to

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[16] Ashis Nandy, *The Intimate Enemy: Loss and Recovery of Self Under Colonialism",* Oxford University Press, Delhi, 1983, p. 11.

dehumanize the colonized by stripping away their identities and culture, which, however, led to the dehumanization of their own selves. The work delves into how colonialism as a psychological process acted as a double-edged sword in the Indian context, providing an essential understanding of the core of the colonization project in India and enabling the researcher to make an analysis of the psychological offshoot of colonialism, including the colonization of madness.

There are works dealing with the curative techniques of colonial asylums. James. H. Mills in his chapter titled "'More Important to Civilize than Subdue'? Lunatic Asylums, Psychiatric Practice and Fantasies of 'the Civilizing Mission' in British India 1858-1901" particularly mentions the recovery trajectories of the asylums in which he stresses the point that recovery in most cases was linked to the patients'' "obsequious obedience and the desire or ability to work steadily".[17] This was closely connected to the political economy of the empire, in which the patient's ability to work and their willingness to contribute to the asylum revenue through productive occupations marked improvement in their deranged mindset. Occupation therapies, in fact, were designed in a way to extract the lunatic labor, integrating asylums into the larger pecuniary benefits of the empire. He also explains how the colonial civilizing mission used lunatic asylums as a tool for exerting discipline and order on the "deviant section" of the population, where improvement and recovery of patients are closely connected to their involvement in productive activities. Mill in another chapter, named "Body as Target, Violence as Treatment: Psychiatric Regimes in Colonial and Post-Colonial India" focused on the issue of violence in the therapeutic regimes of lunatic asylums and how the body of the mentally deranged was targeted through a range of interventions to submit to the medical officer and to achieve the "ideal character" repressing the difference.[18] According to him, Victorian

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[17] James. H. Mills, "More Important to Civilize Than Subdue'? Lunatic Asylums, Psychiatric Practice and Fantasies of 'the Civilizing Mission' in British India 1858-19001," in Harald Fischer–Tine and Michael Mann (eds.)., *Colonialism as Civilizing Mission: Cultural Ideology in British India*, Wimbledon Publishing Company, London, 2004, p.181.

[18] James. H. Mills, "Body as Target, Violence as Treatment: Psychiatric Regimes in Colonial and Post Colonial India," in James. H. Mills and Satadru Sen (eds.)., Confronting the Body: The Politics of Physicality in Colonial and Post-Colonial India, Wimbledon Publishing Company, London, 2004, p. 80.

fetishes such as routine, work, discipline, order, etc., were achieved through forceful measures where the body and mind of the inmates were subjected to the rules and regulations of the asylum system.

Psychiatry and Empire, edited by Sloane Mahone and Megan Vaughan, was another important work comprising 10 chapters dealing with the multifacets of psychiatry in various colonial contexts. One of the chapters in this edited volume that sparked the researcher's interest is Shula Marks's "The Microphysics of Power: Mental Nursing in South Africa in the First Half of the Twentieth Century". The chapter deals with how the hierarchy of power penetrated the lowest ranks of the asylum staff who are responsible for directly dealing with the patients. The exertion of authority over the lower-ranking workers is often manifested in the form of exploitation of their service. The repercussions of the ill-treatment and the subsequent dissatisfaction among the lowest strata of workers oftentimes transformed into their behavior of displaying power over the lunatics, which sometimes escalated into the torture of patients in the asylum.[19] The researcher adopted the concept of "microphysics of power" and applied it within the context of asylums in Kerala to understand whether the lower-ranking asylum workers were subjected to any kind of ill-treatment by European higher officials by employing their racial and intellectual superiority.

Sarah Ann Pinto's *Lunatic Asylums in Colonial Bombay: Shackled Bodies, Unchained Minds* was a book set within the context of the Bombay Asylum, which extensively deals with the "Indian experience of the asylum and evaluates the impact of the colonial asylum on Indian society".[20] The work utilized multiple sets of records to understand the native perspectives on the asylum system, along with understanding the cultural differences that caused the colonial agencies to undermine indigenous therapeutics as the reflections of a superstitious society and its local practitioners as

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19 Shula Marks, "The Microphysics of Power: Mental Nursing in South Africa in the First Half of the Twentieth Century," in Sloan Mahone and Megan Vaughan (eds.)., *Psychiatry and Empire*, Palgrave Macmillan, Houndmills, 2007, pp. 67-91.

20 Sarah Ann Pinto, *Lunatic Asylums in Colonial Bombay: Shackled Bodies, Unchained Minds,* Springer Nature, Switzerland, 2018, p. 25.

ignorant quacks. The work provides a model for this research to explore the unexplored areas of colonial psychiatry in the Kerala context. While a majority of the studies in the colonial Indian context failed to identify the agency of family in mental health care, Sarah attempted to locate the role of family in the changing sphere of institution-based psychiatry. Another notable work in this connection is *Madness at Home: The Psychiatrist, The Patient, and the Family in England, 1820 – 1860* by Akihito Suzuki, in which he examines the social history of madness from the perspective of the family. Suzuki's work specifically addressed the position of family in the midst of changing and multiplying psychiatric institutions. The author argues that with the advent of institution-based psychiatry, the role of the family in caring for and deciding the treatment pattern of the patient was reduced, yet it amalgamated considerable space in the process by reinforcing their locus of care through domestic psychiatry.[21] The researcher also tried to locate the agency of the family within the context of lunatic asylums in Kerala, and these works were helpful in this regard.

The book titled *Insanity, Institutions and Society, 1800 – 1914: A Social History of Madness in Comparative Perspective*, edited by Joseph Melling and Bill Forsythe, includes varying chapters dealing with the emergence and experiences of lunatic asylums in England and its colonies. The work significantly offers insights into how the legal framework of England influenced the laws and regulations related to insanity in colonies, including India. The modeling of lunatic asylums in colonial contexts more or less followed a similar framework of the institutions of the mother country, along with incorporating modifications in accordance with the regional contexts. The diverse chapters of this book thus help to comprehend the influence of the English asylums, the rules and regulations governing insanity in the home, and their relevance in colonial contexts.

The work *Imperial Medicine and Indigenous Societies*, edited by David Arnold, contains almost ten chapters dealing with various aspects of the histories of medicine and disease in various parts of the world. In the introductory chapter of this

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[21] Akihito Suzuki, *Madness at Home: The Psychiatrist, The Patient, and the Family in England, 1820-1860,* University of California Press, Berkeley, 2006, p. 3.

work, “Disease, Medicine and Empire,” David Arnold reminds the centrality of disease and medicine in the understanding of imperial rule, stressing it as a site of contact, conflict, and a realm where possible eventual convergence between colonizers and the indigenous societies took place. He mentioned the role of medicine in shaping the identity of the rulers in an alien land, both in the ideological and political framework of the empire.[22] The entire work revolves around describing medicine and disease as key determinants of power and authority between the colonized and colonizers. The power of medicine to create a new India and the authority of doctors to bring a ‘civilized order’ through progressive European medicine were considered the most constructive elements of colonialism and its legitimization in a foreign land like India. Waltraud Ernst’s chapter in this book titled “The European Insane in British India, 1800 – 1858: A Case Study in Psychiatry and Colonial Rule” specifically deals with the rise of lunatic asylums for the care and confinement of European patients in India which helped the researcher to understand the treatments and techniques offered for lunatics in European asylums and how it was different from the native asylums. One of the major arguments that Waltraud Ernst put forward in this chapter is the relatively low-key characteristic of psychiatric institutions in India when compared with those of Britain. According to her, the institutions in India were no match with the establishments in Home, neither in admission nor in architecture,[23] which suggests the popularity and patronage of lunatic asylums in Britain while denoting the comparative reluctance of Indian people to this institution and the British inefficiency in funding the establishments properly. She also shed light on the privileges enjoyed by European lunatics in the asylum, particularly in occupational therapy, recreation, etc. Even among the European lunatics, special privileges were given in accordance with social class. Since Europeans in India were not a homogeneous group, there was significant class differentiation among them. The wandering lower-class lunatic was

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[22] David Arnold, “Introduction: Disease, Medicine and Empire,” in David Arnold (ed.), *Imperial Medicine and Indigenous Societies*, Manchester University Press, Manchester, 1991, p. 2.

[23] Waltraud Ernst, “The European Insane in British India, 1800 – 1858: A Case Study in Psychiatry and Colonial Rule,” in David Arnold (ed.), *Imperial Medicine and Indigenous Societies,* Manchester University Press, Manchester, 1991, p. 28.

considered an obnoxious spectacle and a blow to the British paramountcy, and the confinement of such roving lunatics was necessary to protect the prestige of the empire in India. This was viewed as part of the European social relief measures, though the confinement provision was greatly varied on the basis of race, social position, and gender. The priorities provided in the institution were based on the prevailing prejudice of the English society at large.[24] The Europeans of all classes, however, enjoyed greater amenities compared to the Indian patients. The chapter provided a good picture of how lunatic asylum functions as a space for enforcing differences not only between the colonizer and colonized but also between the various classes of colonizers. Ernst's other work, titled *Mad Tales from the Raj: Colonial Psychiatry in South Asia, 1800 – 58*, provides detailed information on the treatment of both European and native insane in the lunatic asylums of India under British colonialism, along with exploring the psychiatric practices and colonial policies regarding the management of insane individuals. The work critically analyzes the motives behind the humanitarian cry of colonialism with regard to the control and confinement of lunatic patients. The researcher took this book as a general framework to set the research footing.

The chapter written by Burton Cleetus on "Western Science, Indigenous Medicine, and the Princely States: The Case of Ayurvedic Reorganization in Travancore, 1870 – 1940" provides a detailed picture of the institutionalization and reorganization of indigenous therapeutic practices within the princely state of Travancore. The institutionalization of Ayurveda made medicine distant from the cultural setting of the State. According to Cleetus, the reorganization of Ayurveda parallel to the standards of modern medicine should be viewed beyond the binaries of resistance and accommodation, and importance should be attributed to the process of transformation and the ways in which it happened without compromising the nationalist identity.[25] The growth of the institutionalization of Western medicine in

[24] *Ibid*., 37.

[25] Burton Cleetus, "Western Science, Indigenous Medicine, and the Princely States: The Case of Ayurvedic Reorganization in Travancore, 1870 – 1940," in Biswamoy Pati and Mark Harrison (eds.), *Society, Medicine, and Politics in Colonial India,* Routledge, London and New York, 2018, p. 101.

the Princely states of Travancore and Cochin should be viewed from this wider framework.

In Debjani Das's work on *Gender and Insanity: Situating Asylums in Nineteenth-Century Bengal*, the author pointed out how and why the asylum authorities determined the causes of female insanity based on their emotional expression, whereas the causes of insanity in men were asserted based on their physical weaknesses.[26] This was mainly because of the difference in gender and sex roles ascribed to men and women, along with enforcing the image of women as delicate, emotional beings. The nineteenth-century records of asylums largely neglected discussions on the mental condition of women afflicted with insanity and rather interpreted the cases of female mental illness in terms of the changes in their menstrual cycle, puerperal conditions, and the emotional and moral life of women. This was a greater failure of the asylum system, where they stressed the frameworks of Victorian morality, ensuring the moral correctness and normative femininity of women within the asylum space. The author also stresses the role of gender in dividing occupational therapy among the inmates of the asylum, which was more or less a pervasive feature of asylums in India. The work helps the researcher to read insanity through a feminist analysis, along with exploring the relationship between gender and madness.

The work entitled *Madness in its Place: Narratives of Severalls Hospital, 1913 - 1997* by Diana Gittins elaborates on the concept of 'space' within the lunatic asylum and how the material spaces, for instance, wards and cells, become sites of control and confinement for the lunatic patient. She argues that the architecture of the asylum itself embodies the idea of differentiating space on the basis of gender, class, etc. The researcher has adapted this framework especially to analyze the gendered divisions of lunatic asylums of colonial Kerala and to explore how such divisions, particularly gender-based spatial segregations, were utilized for managing the differences between male and female patients. The archival records collected and analyzed by the

[26] Debjani Das, "Gender and Insanity: Situating Asylums in Nineteenth-Century Bengal," in Biswamoy Pati and Mark Harrison (eds.)., *Society, Medicine, and Politics in Colonial India*, Routledge, London and New York, 2018, p. 173.

researcher enabled the examination of the architectural peculiarities of asylum establishments in the context of Kerala, particularly reflecting the “gendered spaces”. Another work in this connection is *Madness, Architecture and the Built Environment: Psychiatric Spaces in Historical Context*, an edited work by Leslie Topp, James E. Moran, and Jonathan Andrews explores the spatial and architectural contexts of psychiatry. Defining architecture from a broader perspective, inclusive of its “unbuilt projects, competitions, manuals, professional rivalries,”[27] etc., suggests the multiple facets of lunatic asylums which can be explored through the history of built spaces. This enabled the researcher to understand the asylum space beyond its technicalities, a premise weaved and cross-knitted with multiple threads of emotions, memories, and practices while applying to the Kerala context. The researcher further elaborated on the concept of space by placing the body of the lunatic patients as a space within the asylum space and analyzed how power and authority are exerted through moral and medical regimes on the corporeal and mental space of the patient within the asylum.

Colonial Psychiatry and the African Mind, the book written by Jock McCulloch is a detailed history of colonial psychiatry in the settler societies of Africa. The work sheds light on the ethno-psychiatric practices carried out by the colonizers in Africa through which they tried to understand the cultural beliefs and traditional healing practices of African subjects in terms of managing mental illness, which in turn was utilized to project the backwardness and barbarity of the subject race. The author argued that establishing lunatic asylums in Africa was part of the penal system, more than part of the public health channels,[28] stressing the disciplinary discourse and legal prerogatives intertwined within lunatic asylums in controlling and confining the deviant subjects. One of the key themes discussed in the work is the racial prerogatives employed by the colonizers to discuss the backwardness of African subjects within the intellectual purview. McCulloch argues that the earlier tides of colonial racism

[27] James E. Moran & Leslie Topp, “Introduction: Interpreting Psychiatric Spaces”, in Leslie Topp, James E. Moran, and Jonathan Andrews(eds.)., *Madness, Architecture and the Built Environment: Psychiatric Spaces in Historical Context,* Routledge, New York, 2007.

[28] Jock McCulloch, *Colonial Psychiatry and the African Mind*, Cambridge University Press, Cambridge, 1995, pp. 2-3.

conducted the anthropological examination of the African people, focusing on their physical features such as their skull size and structure to portray their intellectual backwardness, however, with the emergence of ethno-psychiatry, the mentalities and sociability, culture and personalities of colonial people connecting the visions of the body and the visions of the mind[29] were used to describe their backwardness and primitiveness. This offers a broader framework for analyzing the racial differences employed by the colonizers within the lunatic asylum of India, projecting both physical and cultural narratives of difference. Another work that offers insights into the stereotypes of race in psychopathologies is Sander L. Gilman's *Difference and Pathology: Stereotypes of Sexuality, Race and Madness*. The work offers an interesting observation that when Westerners dislike and blame their subjects in colonies, the colonizers are actually suffering from a form of mental illness called xenophobia.[30] While insanity is not merely a label, the cases of madness among the native population were used to define the sanity of the colonizers and legitimize themselves in the colonies. In this context, the identity of the natives was constructed as the antithesis of the colonizers' self–image. The work also depicts how blackness becomes illness and how the deviancy of mentally ill black people was used to blame the whole race based on the asylum experiences.

The collection of essays edited by Roy Porter and David Wright, entitled *The Confinement of the Insane: International Perspectives, 1800 – 1965,* delves into the development of institutional confinement in different parts of the world and examines mental illness within its multiple facets of social, political, emotional, economic, and legal terrains. In the introductory part, Roy Porter speaks about cognitive imperialism and the racialized discourse of madness, which is truly relevant in the context of colonial India. The experience of mental illness and its varying dimensions of management in almost 13 countries, including Switzerland, Canada, Australia, Germany, Japan, Argentina, Mexico, India, Nigeria, Ireland, England, etc., were discussed, articulating connections between these varying experiences and regions.

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[29] *Ibid*., 5.

[30] Sander L. Gilman, *Difference and Pathology: Stereotypes of Sexuality, Race and Madness,* Cornell University Press, Ithaca, 1985, p. 129.

Many of the essays in this volume deal with the institution of family in the psychiatric regime and how it functions as an agency in the committal and discharge of their relatives from carceral institutions. Apart from this, the colonial histories of asylums in various chapters employ the relationship between state, penal, juridical, legal, and medical terrains of insanity, while gender was also the key component of articulation in some chapters. The work in its totality helped the researcher to understand the varying experiences of insanity and to connect the regional context to the global perspective.

METHODOLOGY AND SOURCES

The methodological framework used for the study rests upon the analytical and descriptive techniques following the theoretical paradigms offered by Michel Foucault, Bentham, and Bernard Cohn. Both primary and secondary sources are extensively used to frame arguments and substantiate them in every sense. Primary records mainly include the archival sources collected from Calicut Regional Archives, Ernakulam Regional Archives, and State Archives, Trivandrum. Apart from archival documents, primary records, such as Arabi–Malayalam manuscripts, were consulted from C H chair, University of Calicut, Moyinkutty Vaidyar Smarakam, Kondotty. The researcher visited Appan Thampuran Library, Thrissur to procure news reports on asylums related cases. Extensive field work, particularly to enquire into the indigenous forms of healing practiced in Kerala, was done by the researcher to understand the centuries old healing equations of Malayali community. As a part of this, the researcher explored various *Manas,* including Poonkudil *Mana*, Kattumadam *Mana*, etc., which were popular centers of healing mental illness in and around the region of Malabar. Certain religious institutions, including Chottanikkara Bhagavathy Temple, were also visited to understand the traditions of healing mental illness practiced in such institutions. The researcher also conducted field work at Kottakkal Arya Vaidya Sala, Government Ayurveda Research Institute of Mental Health, etc., to collect information on the methods and machinations of healing insanity in Ayurveda. Spiritual healers belonging to different communities were also approached to understand their ways of identifying and addressing mental illness in their patients. Such fieldwork and participant observation methods were greatly helpful in drawing

a picture of the indigenous understanding of insanity and its ways of management. The researcher also visited the three major institutions under study, including Calicut Mental Hospital, Oolampara Mental Hospital, and Thrissur Hospital, to grasp the current conditions of these colonial establishments. Besides these, various primary and secondary sources were collected from the State Central Library, Trivandrum, C H Mohammed Koya Library, University of Calicut, Library of the Kerala Council of Historical Research, Trivandrum, Kerala Sahitya Academy Library, Thrissur, etc. Online repositories were extensively utilized for the research, from which the researcher accessed the lion's share of secondary readings since there were no major primary studies concerning the research topic as such.

ORGANISATION OF THE RESEARCH

The research work is divided into six chapters comprising the introduction, conclusion, and four core chapters. The first chapter, Introduction, deals with introducing the theme of the research, addressing the research questions, aims, and objectives. This was followed by a systematic literature review discussing the major works that appeared in the area, addressing their contributions and limitations. Further methodology parts were also discussed in this chapter. The second chapter is given the title "Managing the Native Madness: Empire Building and Asylum Science in Colonial Malabar," which specifically deals with the emergence of the Calicut lunatic asylum in the Malabar district of the Madras Presidency. The chapter provides a detailed analysis of the background of the emergence of Calicut asylum, how asylum became a tool of the empire, exploring the discourse of power and politics intrinsically weaved into the institutional space, and the development of "carceral culture" through asylum and prison. The researcher thus attempted to connect these varying dots to get the totalizing picture of how both asylums and prisons created a parallel network of disciplinary discourse in colonies. The chapter also addresses the racialization of madness and shows how and why mental illness was perceived as a "sickness of elites" by the colonizers within the broader context of colonial India. Another crucial thread discussed in this chapter is the concept of criminal lunacy and how the definition of a "criminal lunatic" in the regional context of Malabar was employed to confine the Mappila rebels who participated in the anti-colonial struggles that

happened at Malabar. The section addresses the issues inherent in the colonial classification of lunatics into various categories such as "criminal lunatic", "civil lunatic", "dangerous lunatic", "harmless lunatic", etc. along with analyzing how and why the labels of "madness" were used to pathologize popular revolts like the Malabar rebellion. A considerable portion of the chapter is also dedicated to the discussion of the curative science of asylum space, including medical and moral treatments, therapies, recreations, etc.

The third chapter, entitled "Unsettled Minds in Unsullied Empire: Psychiatric Practices and Asylum Regime in the Princely States of Travancore and Cochin," deals with the two asylums established in the princely states of Travancore and Cochin, namely Oolampara and Thrissur lunatic asylums, which came into existence under the initiatives of princely rulers. The researcher analyses the modus operandi of these two institutions and the background in which they came into existence. Travancore was hailed as a progressive princely state, with more lenience to Western forms of administration, and accepted modern medicine instantaneously and easily. It is no wonder that the first lunatic asylum of Kerala came up in Travancore. Though Malabar was under the direct control of the British, the pioneer institution in the field of lunatic asylum in Kerala was thus established in the Travancore princely state in 1870. The chapter deeply delves into the policies of progress and politics of cooperation between princely rulers and the British in implementing modern medical health care practices. Moreover, it also addresses the pervasive influence of colonial agencies like the court, judges, magistrates, medical officers of the state, and above all, the significant role of British residents in the trial of lunacy cases. This includes their involvement in the judgment, punishment, or acquittal of the accused on the grounds of insanity, among other related matters. The sovereignty of princely rulers was to a certain extent negated by the paramountcy of the British, and hence Western influence in the day-to-day administration and state affairs of princely rulers was conspicuously visible. The chapter addresses the similarity in the functioning of asylums both in the British-controlled Malabar as well as in the princely states of Travancore and Cochin. It dedicates considerable portions to discuss the mutual agreements developed between princely rulers of Travancore and Cochin and the rulers of other territories of British

India to undertake the responsibility of protecting the citizens of their respective areas within other lunatic asylums, if necessary, at their own state's expense. This shows the development of the concept of citizenship as well as the privileges and protection offered to the citizens by their princely rulers. The chapter also examines various cases of lunacy and makes a detailed analysis of the intricacies of the acquittal, confinement, classification, punishment, etc., pronounced in such cases, as well as the legal provisions of various lunacy acts and how they were applied to cases involving insanity.

The fourth chapter of the research addresses the concept of “gendered madness” and is titled “Female Madness and Its Management: Exploring Perceptions of Gender and Insanity in the Lunatic Asylum of Colonial Kerala”. Gendering madness in the colonial lunatic asylum was based on naturalizing normative femininity, which was interlinked with the concept of Victorian morality. The chapter discusses the broader theme, which from the researcher’s perspective is termed “male-conspired” or “male-conquered” colonialism, denoting the colonization of the female mind and body by men and exerting power and authority over women's physical, psychological, sexual, and emotional terrains in a patriarchal world. Since such a form of control is already in existence, madness was nothing but a social construct or a tool used in patriarchal societies to control and confine deviant women. The chapter follows a feminist lens to analyze the concept of female mental illness and how it was understood, managed, diagnosed, and treated within the lunatic asylums of colonial Kerala by examining the power relations in gender discourse, which were in turn placed within the colonial backdrop of authority and hegemony. The chapter tried to figure out the role of the family in deciding the treatment provisions for female lunatics, along with exploring the notion of “purity”, gender and sex roles and rules prevalent in Kerala society, and their influence upon identifying and managing mental illness in women. It attempts to address the agency of women in admitting and discharging their mentally afflicted relatives from asylums and how it was negated at times by rejecting their bond papers or the security furnished by them simply because they are women, deemed as the “inferior gender” and the “weaker sex”. The chapter also problematizes the contexts in which a woman was considered mad enough to be

sent to the asylum, the degree of deviancy, the nature of the deviancy, and whether the condition of illness was identified in terms of her physical attributes, psychological state, or purely based on social deviance. As a part of this, the researcher attempted to analyze certain cases of female mental illness that appeared in the three major lunatic asylums under study and examined the causes, diagnoses, and treatments of women with mental illness by employing the feminist theories of gender and madness. A considerable section of the chapter also delves into the account of maternal filicide and infanticide and analyzes how puerperal insanity was linked to the legal and medical terrains of the colonial state.

The fifth chapter, entitled "The Alternative Dialogues: Insanity in Native Traditions," deals with the indigenous forms of healing practiced for curing mental illness within the context of Kerala. The region is popular for several forms of autochthonous medicines comprising epistemologies of physical, mental, and spiritual healing that go beyond the mind-body dualism. Such methods of healing acquired meaning and effectiveness within the socio-cultural understanding and community practices of identifying and managing mental illness. An analysis of certain primary books written by colonial administrators was initiated and examine their approach to indigenous perceptions and practices of healing insanity. These accounts were critically analyzed to understand the colonial view on native methods of healing and how they constructed a discourse of science and superiority by devaluing and nullifying the indigenous methods of healing. Apart from this, the chapter also employed sources collected from the researcher's fieldwork to explain the homegrown methods of healing insanity that existed among various groups and communities. One of the major threads of analysis in this chapter is the discourse of colonial hegemony that was believed to have existed in colonies through Western medicine, including psychiatry. The research thus attempted to answer the question of whether there was an overarching hegemony of colonial medicine or if it was a constructed myth circulated only within the colonial quarters. Asylum records are extensively analyzed in this context to examine the admission pattern to understand whether or not "great confinement" occurred in Kerala to claim the superiority of psychiatry, and also an attempt was made to enquire about the popularity of indigenous

methods of healing. Along with exploring methods like Ayurveda, the researcher also analyzed Arabi Malayalam documents to understand the notion of madness in these texts and its management among the Mappila community of Malabar during the nineteenth and twentieth centuries.

The sixth chapter of the study is ‘Conclusion’, which explains the findings of the research in a comprehensive manner, along with stressing the theoretical paradigms of the research. The thesis also includes a chapter on ‘recommendations’ in which the researcher points out the major limitations of the work, along with recommending the further scope of the study. A detailed glossary, bibliography, and appendices were also attached at the end of the thesis.

Chapter II

Managing the Native Madness: Empire Building and Asylum Science in Colonial Malabar

Chapter II

Managing the Native Madness: Empire Building and Asylum Science in Colonial Malabar

The notion of insanity in every society is intrinsically connected to the specific socio-cultural context projecting the unique idioms of perceiving, expressing, and managing mental illness from their wider cultural norms and values. The meaning ascribed to insanity is hence a differing concept across the world. The emergence of the idea that the institutional confinement of the insane was the only panacea for healing mental illness in the Western world, however, tried to provide a uniform definition of the treatment of insanity. The construction of a specific space devoted to the care of the insane, i.e., the lunatic asylums, though appeared in the West first, flowered and flourished in other parts of the world along with colonialism and imperialism. The newly assumed meanings of insanity and its treatment system crossed the boundaries of distance and difference and became the hegemonic monologue of insanity, surpassing the alternative dialogues of managing mental illness in colonies.

The discourse on the colonial notion of madness and its machination always brings the picture of contestations and confrontations. This was mainly because of the political equations embedded in the colonial understanding of insanity, and also because of its nature of interaction with the indigenous notion of insanity and forms of healing. Western psychiatry and its offshoot lunatic asylums were part of the larger networks of institutions created by the colonial authority to govern the native society within which threads of modern medical intervention and politics of progress were carefully woven. It was a strategically designed and defined colonial tool to exert less conspicuous and more sophisticated social control over the natives and thereby ensured it as a broader space for surveillance, punishment, and an institution for implementing the imperial pronunciamento. The purpose of lunatic asylums in British India, as in any other part of the colonial world, was to provide shelter and protection

to mentally ill Europeans; however, in the course of time the doors of asylums were opened to Eurasians, and then to the natives. The emergence and expansion of asylums in India marched along with colonial imperatives, and subsequently, the ever-growing British empire in India witnessed the budding and blooming of lunatic asylums in the three major presidencies – Calcutta, Bombay, and Madras. Humanitarian values and concerns of care for the mentally ill underpinned the basis of asylums. Paradoxically, it also acted as a space for differentiating the rulers and the ruled based on the clamorous culture of colonizers and their imperial imperatives. The altruistic notions of colonial psychiatry become obscured when it is used to project the political hegemony and scientific progress of the colonial state. In fact, science became an agent of cultural imperialism and played a key role in reinforcing Western supremacy.[1] The multiple dimensions of Western psychiatry, thus, should be understood within the broader framework of the benevolent despotism proclaimed by colonial masters, which further masked the nuances of absolute nullification of native epistemologies of sanity and insanity.

Lunatic asylums within the colonial boundaries functioned as a correctional space, a controlling agency, and a reformatory house for the 'deviant native'. As a pragmatic and polished tool in the process of colonizing native mind and body, it operated in a more silent and subtle way, yet with tremendous implications for understanding and managing the subject race. Since the colonial masters had difficulties entering into the native society directly, lunatic asylums became the experimental labs not only to scrutinize homegrown minds and bodies but also to discipline and reform them and thereby project a sublime model of order and control to the larger society. It was a fact that colonialism used lunatic asylums as a space for anthropological and ethnographical fieldwork, and the subsequent process of meticulous collection and accumulation of knowledge about the subject population was carefully carried out for colonial governance. Legality and medicality in the colonial world was inseparably interconnected, and the relationship between the two in fact defined the ideology of madness in the colonial world. The medical priorities

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1 Mark Harrison, "Science and the British Empire," *Isis*, vol.96, No.1, The University of Chicago Press on behalf of the history of science and society, 2005, p. 58.

of the British were, to a certain extent, guided by their political motives of establishing a free hand over indigenous society. Madness and its management in colonial settings were thus based on the translation of mental pain into political language. Both coercion and persuasion affected its existence, and hence, asylums were a space of contestation along with interactions.

The unique modus operandi of lunatic asylums as institutions of care was a protective shield for colonizers to justify alien rule. Keeping this in perspective, it can be argued that the extension of psychiatric care in colonies was part of the process of providing the colonial regime a progressive and humanitarian shade, not only to satisfy the subject race but also to convince the citizens back at home. The civilizing mission of the Raj, while promoting the so-called 'modern' medicine, discouraged the use and practice of indigenous medicine as barbaric and superstitious. The policies and programs of colonial masters promoted and popularized Western psychiatry among the natives, but this did not mean that there was an overarching hegemony of colonial medicine upon native systems of healing. The natives, while adopting and adapting to Western medicine, continued their own indigenous forms of knowledge and epistemologies of care and cure with much popularity, and this was not different in the case of managing mental illness. The colonial world, in fact, witnessed a parallel or simultaneous existence of pluralistic healing forms even when the hegemony of Western psychiatry was in the air. The constructed myth of the primacy of Western medicine was an imperative colonial strategy for enduring colonial regimes within the brackets of improvisation and modernization of native knowledge. However, the practical reality rests on the collective existence of alternative dialogues of insanity with healthy interactions, which often led to fruitful innovations in medicine and shaped the native understanding of madness from a cosmopolitan perspective. The hegemony of psychiatry thus existed and circulated only among the ruling class.

The created myth on the rhetoric of the institutional confinement of the insane was part and parcel of the imperial policy of tarnishing the native systems of healing as unacceptable and proscribed. Popularizing the monotone of the Western therapeutic regime at the cost of indigenous idioms of insanity was effectively carried out through institutional patronage. The multiple layers of state-sponsored propaganda were also

aimed at proclaiming the primacy of the Occident by belittling the knowledge system of the Orient. However, local systems of healing did not cease to exist among the natives, and in fact, they continue to thrive irrespective of the so-called scientific superiority of the West. The colonial expectation of gobbling up indigenous pluralistic healing techniques of insanity by using the nostrum of institutional confinement worked out only on the intellectual or theoretical ground. The struggle between idealism and practicality was well reflected in the history of lunatic asylums. Though the pervasiveness of psychiatry was ideally acknowledged, the practicality rested upon the fact that transferring a completely alien culture and its medical language and mental science to colonies had its own limitations, particularly due to the economic constraints of the empire and cultural disparities between the colonizers and colonized.

The credit for the introduction of European medicine in India, though, goes to the Portuguese; the confinement of lunatics in an institutional space was entirely a British concept. British India witnessed the establishment of a significant number of asylums in different parts, largely modeled on the West but with considerable modifications in the Indian setting. The pioneer institution in this regard came into existence in Bombay in the year 1745,[2] followed by Calcutta in 1787.[3] The year 1794 witnessed the foundation of the Madras Lunatic Asylum, receiving both Europeans and Indians.[4] Offering a secluded place of treatment for those who were afflicted with insanity was a completely new phenomenon till then. Initially, these institutions were opened to protect mentally ill Europeans in India, mainly sailors, soldiers, etc. Since their responsibility lay with the East India Company, they had to provide institutional provisions for their employees until they were sent back home. Moreover, the sight of wandering, insane Europeans in Indian streets would shatter the prestige of the ruling race, and hence, the provision of a custodial space was essential to protect the stature

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[2] S. Haque Nizamie et al., "Central Institute of Psychiatry: A Tradition in Excellence," *Indian Journal of Psychiatry,* Vol. 50, No.2, 2008, p.144.

[3] Waltraud Ernst, "Medical/colonial Power – Lunatic Asylums in Bengal, C. 1800 – 1900," *Journal of Asian History,* Vol. 40, No.1, 2006, p.49.

[4] Waltraud Ernst, "The Madras Lunatic Asylum in the Early Nineteenth Century," *Bull. Ind. Inst. Hist. Med, Vol. XXVIII,* 1998, p. 13.

and status of colonizers. The necessity of ensuring peace and order, creating a class of productive, law-abiding subjects, and checking public nuisance and threats were the underlying notions behind the introduction of these networks of institutions. Over time, the doors of lunatic asylums were opened to Eurasians and natives with specializations like private madhouses, Government-run institutions, “native only “lunatic asylums, “European asylums,” etc.

The history of lunatic asylums in Kerala was also a continuous part of the modernization tides of colonial rule. Before examining the emergence of asylums in this piece of land, it is important to understand the geographical and political constitution of the region during the colonial period. Kerala in today’s geographical entity was divided into three different regions during the British colonial period viz, Malabar, Cochin, and Travancore. While Malabar was under direct British rule, Cochin and Travancore were Princely states. As far as the history of lunatic asylums in Kerala is concerned, the region witnessed the establishment of three major institutions, namely, the Oolamapara Lunatic Asylum in 1870, the Calicut Lunatic Asylum in 1872, and the Thrissur Lunatic Asylum in 1889. The peculiar case of Kerala is that out of these three asylums two were established by princely rulers of Travancore and Cochin. More specifically speaking, the asylum at Oolampara was established by Travancore king Ayilyam Thirunal Rama Varma III, and Thrissur asylum came into being during the reign of Cochin Maharaja Kerala Varma V. On the other hand, the asylum established at Calicut was directly controlled and managed by British officials since it was constituted within Malabar, an integral part of the Madras Presidency in British India. Thus, the history of lunatic asylums in Kerala presents a unique case study encompassing a British-established asylum and two princely state asylums.

This chapter deals with the emergence of Calicut Lunatic Asylum with an emphasis on the nuances of asylum science in colonial Malabar. Various aspects of the asylum regime, including the confinement and management of the insane, as well as the psycho-pathological discourse of treatment was scrutinized to bring out the holistic picture of the surveillance scheme through institutional control in colonial settings. Discourse on the articulation of race, caste, and class in asylum space was

also given importance in order to analyze the employment of power and to understand how psychiatric intervention became a discipline and discourse of difference creation within asylum space. The chapter also focused on how and why the colonizers pathologized colonial resistance by identifying the rebels as madmen and unleashing ideologies of strategic marginalization and nullification of native resistance in the context of the anti-colonial struggles that happened at Malabar.

Psychiatry as the Lofty Rhetoric of Empire: The Case of Calicut Lunatic Asylum

Practicing "power in passive voice"[5] was a strategic measure adopted by the colonial rulers to bring out the desired outcome in a less coercive manner. Psychiatry as a "tool of empire"[6] and lunatic asylums as a space of "microphysics of power"[7] functioned within these unwritten laws of care and control. Malabar, which was an integral part of the Madras Presidency in British India, witnessed the application of psychiatric care through the establishment of the Calicut lunatic asylum in 1872. The construction of a separate institution for the confinement of the insane in Malabar was due to the pressing need for the accommodation of lunatics in the district. Though there was evidence to suggest that the English East India Company in Malabar made efforts to enumerate the insane persons and made suggestions to establish a lunatic asylum in 1817 itself, it materialized only in the latter half of the century,[8] after the queen directly took over the company administration in India. The demands for specific space for the care and treatment of lunatics repeatedly reverberated from the 1850s, however, it was materialized only in 1872.

The appearance of numerous cases of lunacy and the inadequate accommodation facilities at Calicut dispensary for those who are suffering from

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[5] Edward. Li Puma, *Encompassing Others: The Magic of Modernity in Melanesia,* The University of Michigan Press, Ann Arbor, 2000, p. 24.

[6] Daniel R. Headrick, *The Tools of Empire: Technology and European Imperialism in Nineteenth Century,* Oxford University Press, New York, 1981.

[7] Shula Marks, "The Micro Physics of Power: Mental Nursing in South Africa in the First Half of the Twentieth Century," in Sloan Mahone and Megan Vaughan (eds.)., *Psychiatry and Empire,* Palgrave' Macmillan, Houndmills, 2007, p. 99.

[8] Madras Correspondence files dated 28 May 1817, Vol. 2285, pp. 231-238. Regional Archives, Kozhikode (hereafter cited as RAK).

mental illness were consistently brought to the attention of higher officials by E.S. Cleveland, the civil surgeon of Calicut. In 1858, he wrote a letter to the Acting Collector of Malabar in which he mentioned the precarious housing of lunatics in the dispensary and jail and underscored that due to the insufficient shelter facilities, ten lunatics were temporarily placed at Calicut Jail under surveillance and treatment. He thus suggests the erection of a building with lunatic cells in the Calicut dispensary compound to accommodate these people, since they require special care and treatment.[9] However, it took almost 14 years to establish a separate institution for the reception and treatment of mentally ill patients in Malabar.

The discussions for the opening of a lunatic asylum can be seen in the subsequent years also. During the 1860s, those cases in which the Government found the person guilty but acquitted on the ground of insanity were placed within prison premises with the hope that they could be shifted to an asylum once it was ready to accommodate lunatics.[10] Letter from the superintending Engineer to the Secretary of Government in 1868 shows the details of the plan for the establishment of a Lunatic Asylum at Calicut. He submitted an estimate amounting to 28,500 rupees, including the cost for the purchase of land, which amounted to 3500 rupees.[11] The land was purchased from the natives, and the superintending Engineer makes it clear that "the ground cannot be entered on even for the detailed survey unless the compensation money is paid"[12], denoting the necessity to appease the natives in monetary terms to purchase the land. The architecture of the asylum was designed to meet the colonial need of classifying different categories of lunatics, and due importance was placed upon the efficient supervision of all classes of lunatics as a whole.[13] The revisions in

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9 Letter from E.S. Cleveland, Esq., M.D., Civil Surgeon, Malabar to the Acting Collector, Malabar, dated 8 May 1858, Proceedings of the Madras Government, Public Department. RAK.

10 Letter from the Inspector General of Jails to the Magistrate of Malabar, dated 12 March 1866, Proceedings of the Madras Government, Judicial Department. RAK.

11 Letter from the Superintending Engineer, 7th Division to the Secretary to Government, Public Works Department, Fort Saint George, dated 19 June 1868, No. 73, RAK.

12 *Ibid.*

13 Letter from the Surgeon-Major J.L. Ranking, Sanitary Commissioner for Madras, to the Chief Secretary to Government, Fort Saint George, dated 2 July 1868, Madras, Proceedings of the Madras Government, Judicial Department. RAK.

the plan of asylum offered by J. L. Ranking, who was the Surgeon-Major as well as the Sanitary Commissioner of Madras grounded in the practical functioning of the asylum in a more hospitable way, at the same time stressing the imperatives for segregating different classes of insane in different cottages. He suggested that since the cottages were arranged upon a radiating plan, which necessitates one or other being always leeward, and consequently, more or less cut off from prevailing winds by the other cottages' facilities, ridge ventilation should be provided. Considering the expediency of patients, he requested to increase the room space from 60 and 678 to 90 and 1200 superficial feet and cubic feet, respectively. Though the earlier plan does not provide a cook room, privy, or bathroom to the group of cottages of criminal lunatics, we can see revisions in his plan proposing the necessity to provide these amenities for criminal lunatics' quarters, along with a bathroom provision. Special care was offered for the "ablution room", fitted up with the "douche shower" and means for giving "hot baths", to anyone which may be often necessary as remedial measures. Apart from this, he also put forward the need to give iron doors and windows to patient cells to ensure ventilation. In view of the revisions and suggestions of J.L. Ranking, the Government ordered to change in the radiating plan of cottages to an echelon pattern and thus avoiding ridge ventilation. Most of his suggestions were incorporated into the plan, and the Government sanctioned the order to start the work of asylum with the above-mentioned changes.[14] The plan of the asylum was built with a capacity of accommodating 96 lunatics, consisting of two blocks of three wards each for male patients, one block of three wards for women, three wards for criminal lunatics, separate cells for violent or special cases, and wards for hospitals to accommodate.[15] The institution was finally established at Calicut under the provisions

[14] Government order on 10 August 1868, No. 1251, Proceedings of the Madras Government, Judicial Department. RAK.

[15] Letter from W. R. Cornish, Esq., F.R.C.S., Sanitary Commissioner for Madras, to the Secretary to Government, Military Department, Fort St. George, dated 24 October, 1871, No. 58. C, Proceedings of the Madras Government, Judicial Department, 28 November 1871. RAK.

of Section 2 of Act XXXVI of 1858,[16] and officially opened on 20th June 1872,[17] offering custodial and curative space for lunatics.

State patronage was an important means for popularizing lunatic asylums among the native population. The Colonial Government utilized the regional administrators, including Magistrates, District Collectors, police officials, and superintendents, to familiarize the newly established institution among the natives of Malabar, Canara, and Coimbatore. The letter from the Sanitary Commissioner for Madras to the Chief Secretary to the Government, dated 27th January 1873, mentions that by the time of his visit in 1873, "there were only 14 patients in the asylum, though there were accommodation facilities for almost a hundred inmates".[18] He thus requests the Magistrate of Malabar and South Canara to make generally known to the inhabitants of the Western Coast Districts that the Asylum is now ready for the reception of lunatics of all descriptions. He also mentions that "there must be more than fourteen lunatics in the two districts who would be the better for supervision and restraint", and suggests that "the native officials and the police of the district should be instructed by the Collectors and Superintends, to ascertain and report the number of lunatics who may be either dangerous to society or unable to take care of themselves, and take the necessary measure for their incarceration". The letter interestingly mentions that "the recent disastrous fire in the town of Badaghery was because of the action of a lunatic and hence underscore the necessary to take steps to place the lunatics of the Western Coast under the control of the Superintendents of the Asylum".[19]

The above-mentioned letter makes it clear that the officials of all ranks were instrumental in popularizing this particular network of institutions among their subject race. The hierarchy of officials was in fact the "working hands" or the intermediary

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16 Government order on 6 June 1872, No. 790, Proceedings of Madras Government, Judicial Department. RAK.

17 Letter from the Inspector–General, Indian Medical Department to the Chief Secretary to the Government, dated 21 May 1872, Fort Saint George, Madras. RAK.

18 Letter from the Sanitary Commissioner for Madras to the Chief Secretary to the Government dated 27 January 1873, Fort St. George, Madras. RAK.

19 *Ibid*.

agents in reaching out to the masses, especially police officers, in the case of asylums were authorized to report and incarcerate the insane wandering in their localities. Asylums catered not only to the medical needs of native camps but also served the administrative concerns of the empire, as in the above-mentioned letter, which helped them to incarcerate the deviant natives within the confines of an institutional structure. Since this is this case, the colonial paraphernalia in popularizing these networks of institutions was systematically employed and ensured. However, the admission pattern among the natives manifests a general trend of aversion to asylums due to various socio–economic and politico–cultural factors.

The British paramountcy over Malabar began with the treaty of Seringapatam in 1792. The administrative machineries and institutional imperatives of colonial rule, however, took time to put down roots in Malabar. Colonial intervention in native health and medicine and the introduction of European therapeutics was a difficult process in a politically troublesome area like Malabar. During the initial years of the Raj, the socio-economic conditions and cultural scenario of the region were also indifferent to the imported definition of treatment methods. It was only in 1802 that European medicine was introduced in Malabar as preventive medicine against smallpox.[20] The introduction of institution-based medicine in Malabar was a slow and steady process. As far as the case of lunatic asylum was concerned, though there were demands for the erection of a separate building for the care of lunatics from the first half of the nineteenth century onwards, it was materialized only during the last decades of the century. The letter written by E.S. Cleveland,[21,] the civil surgeon of Calicut Dispensary in 1858, clearly shows that due to the insufficiency of shelter facilities for lunatics, most of them were kept in jails during this period. Since jails were the institutions designed for incarcerating criminals and dangerous individuals, lunatics naturally found their way to prisons not willingly but framed within the medico-legal terrains of

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20 Satheesh Palanki, "European Medicine and Medical Institutions in Colonial Malabar: A Comparison with Colonial Travancore," *Proceedings of South Indian History Congress,* Vol. 41, 2023, p.3. Url:http://journal.southindianhistorycongress.org/show_articles.php?atl_id=OTI=

21 Letter from E.S. Cleveland, Esq., M.D., Civil Surgeon, Malabar to the Acting Collector, Malabar, dated 8 May 1858, Proceedings of the Madras Government, Public Department. RAK.

insanity. Lunatics occupied an unsteady position between judicial confinement and medical surveillance. Colonial institutions like lunatic asylums and prisons ultimately functioned as places of custody. In fact, the natives of Malabar addressed the Calicut asylum as "*Branthan Jail*" (the neurotic prison).[22] The usage of this word itself describes how the natives perceived the lunatic asylum as a space of confinement rather than as a hospice of care. Conspicuously, the natives equated lunatic asylum with that of prison because, from their perspective, there was no significant difference in the functioning of these two institutions in colonial settings. As Richard Keller argues, asylum, regardless of the context, served as both a hospital and prison and ultimately offered "correctional facilities"[23] to the deviant section of the population. Moreover, colonial legality and medical practices were intrinsically connected, and spaces like lunatic asylums were strategically linked to the larger network of institutions designed for the internment of troublemakers and thus extended the detention system in a more camouflaged manner within colonies. Unsurprisingly, the supervision of Calicut asylum was placed under the Jail department from its initial years and it was only in 1950 that the Inspector General of Malabar transferred the supervision of the asylum to the health department.

The architecture of asylum and prison was more or less similar in colonial contexts since both were designed with the identical purpose of incarcerating the elements of deviance and difference in native society. The similarity in the architecture and purpose of asylum, prison, and police station in the colonial context resulted in the interchangeability of these institutions with little difference. The letter from H.J. Wilson, Esqre, Superintendent of Police, Malabar, to the District Magistrate of Malabar, dated 24th February 1899, gives information on the shifting of Kasaba police station to the old lunatic wards of sub-jail Calicut.[24] The only suitable place for this shift in the Taluk Cutcherry compound identified by the colonial administrators,

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22 M.G.S. Narayanan, Calicut: *The City of Truth Revisited,* Calicut University Publications, Calicut, 2006, p. 35.

23 Richard Keller, "Madness and Colonization: Psychiatry in the British and French Empires, 1800 – 1962," *Journal of Social History*, Vol. 35, No. 2, 2001, pp. 296 - 297.

24 Letter from H.J. Wilson, Esqre, Superintendent of Police, Malabar to the District Magistrate of Malabar dated 24 February 1899, Revenue Records, Folded Type, R–25, Bundle No. 250, Sl. No. 11- 378. RAK.

which will accommodate the station and the lock-up, is the lunatic ward of 6 cells in the Calicut sub-jail. According to the plan of shift, two of these cells will be required for the lock-up, and the other four may be utilized for the station. The repairing and alteration required for the shift of the police station to the old lunatic wards of Calicut sub-jail was very minimal and nominal because the incarceration process of the criminals, lunatics, or any other disruptive element of native society requires the same imperatives, consisting of mere cells for safe custody. With the establishment of the lunatic asylum at Calicut, the lunatic wards in the sub-jail might be out of function, making the transfer process relatively easy. While the plan may indeed have practical intentions like this, it should be problematized in the wider context of the care and cure offered for lunatics within the four walls of lunatic cells, whether they are housed in jail or an asylum. One must question whether confinement was the key idea behind these carceral institutions, particularly in colonial contexts. Irrespective of their custody in jail or in an asylum, the lunatics require special care and treatment on the grounds of their medical condition. However, the institutional structures of lunatic cells and wards in asylums as well as in prisons, prove that they were very similar to the custodial space offered for criminals. Here, in this case, it should be underscored that the only suitable place identified by the colonial administrators for shifting the Kasaba station was the lunatic wards of the sub-jail. This choice was made not only because both had similar structures and systems but also because of the ideological as well as the pragmatic similarities in the whole process of disciplining and ordering the colonial society.

The Calicut asylum was established with the aim of treating patients not only from Malabar but also from Kanara, Coimbatore, the Nilgiris, Coorg, Madura, Ramnad, Salem, and Tinnevelly.[25] However, a very insignificant fraction of the insane population of southern India reached the existing asylums.[26] This should be understood within the caste and religious prejudices among the natives,[27] especially

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[25] Almanac, index A – 341, p. 407. RAK.

[26] Annual report on the three lunatic asylums in Madras presidency During the Year 1877 – 78, Government Press, Madras, 1879, p. 4. RAK.

[27] *Ibid.*

among the upper caste who feared the mingling and mixing of castes and the loss of the 'purity' within public asylums. The statistical examination of the patient registers from Calicut Asylum also reveals the noteworthy trend that the initial admissions of both male and female patients were relatively low. This phenomenon can be attributed to the initial reluctance among the natives to transfer their afflicted family members to the institutional setting, as this practice was completely new to them. Keeping this in perspective, it can be argued that the initial response of natives towards Western psychiatry was that of a story of resistance and defiance. The inability to translate and transplant Western epistemologies of madness and therapeutic regimes to the indigenous societies was grounded in the fact that each culture has its own way of identifying, addressing, and managing illness, both physical as well as mental. Thus, the process of importing and then incorporating new ways of healing will be a sluggish process and will have its own difficulties in any culture. Illness, particularly without any clear-cut etiology like insanity, will be deeply rooted in the native socio-cultural understanding and strongly engraved in indigenous idioms of healing. The accommodation of the imported definition of madness and institutionalization of its treatment, thus will be a process and project of negotiations and sometimes confrontations.

The annual reports of Calicut asylum during the late nineteenth and early twentieth centuries clearly make the observation on the native reluctance to accept the institutional idea of healing mental illness. Indeed, the "biopower" of the colonial state was in its infant stage during this period, and also encountered infrastructural difficulties and financial constraints to envisage the idealized hegemony of Western medicine. The asylum authorities were particularly concerned about the aversion of the better class of natives in using these institutions. Nevertheless, they were optimistic that "time, experience and the provision of suitable accommodation for patients of better classes may remove their objection in placing their afflicted family member in asylums".[28] The anxiety of the colonial state on the observation that "the majority of the people who seek admission to asylum were from the humbler and

[28] Annual report on the three lunatic asylums in Madras presidency During the Year 1876-77, Government Press, Madras, 1878, p. 6. RAK.

comparatively uneducated classes of society,"[29] might have stemmed from the fact that though public asylums were part of the facilitation scheme of colonizers to convince and appease the middle class and upper class and though projected as the beauty and benevolence of the colonial regime, they could not attract the targeted section of the native society and asylums as a hospice of care were practically becoming the sedentary space of the "unwanted, lower-class lunatics". The same trend can be seen in asylums in other parts of India. In the context of Lucknow asylum, James Mills, for instance, states that until 1914, the population of the asylum was primarily composed of people from socially and economically weaker sections of Indian society. Superintendents here often remarked that the majority of the inmates were drawn from the three classes: ryots [peasants], servants, and beggars. Case notes from the Lucknow lunatic asylum also suggest that the occupation of inmates largely came under the entries such as 'beggar', 'labor' [sic], and 'cultivator', and when caste information was provided low-status categories like 'chumar' and 'Ahir' were commonly recorded[30] indicating the comparatively higher acceptance rate of asylum provision from the lower caste and class people.

The discourse of class bias was well reflected in this colonial institution because the middle and upper classes kept aloof from them, since the asylums offered poor accommodation facilities as well as relatively unknown treatment patterns to the natives. The colonial state's aim to create a supportive and satisfactory middle class through colonial institutions such as lunatic asylums, in fact, was a failed mission. The disinterest of upper-caste elites towards asylum provision also bothered the authorities and they were convinced of the fact that the caste society would appreciate such an institution only through entertaining caste-specific facilities and features. Though the colonizers vehemently criticized the cast distinctions and inequalities of native society within the rubric of civilizing mission and rhetoric of modernity, they enforced class and caste segregation within asylums. This was, in fact, a sophisticated measure

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[29] Annual report on the three lunatic asylums in Madras presidency During the Year 1876-77, pp. 53 – 54. RAK.

[30] James Mills, "The History of Modern Psychiatry in India, 1858 – 1947," *History of Psychiatry*, Vol. xii, 2001, p. 436.

adopted by the colonial administrators to attract the upper caste and class to asylum provision, removing their fear of mixing and mingling within asylum space. The appointment of caste cooks[31] in asylum establishments was part of this policy to follow the caste rules of native society intact.

The acceptance, adaptation, and accommodation of Western psychiatry into the existing traditions of managing mental illness was a draggy and cumbersome process.[32] However, the story of Western medicine was different because it could penetrate deeply into the native life, especially among the middle class. As David Arnold argues, the educated middle class in Indian society immediately imbibed the benefits of the introduction of modern medicine since it was conceived as the symbol of progress and change.[33] The popularization of Western medicine in India was not merely for the survival and viability of colonial rule, but it was an authoritative vehicle carrying the ideological dynamics of the colonial state.[34] However, western psychiatry and its corollary institutions like lunatic asylums were severely suffered from meager financial aid and thus could not expand their wings of hegemony over native healing traditions and the natal epistemologies of madness. The investing of power through asylums, and the investigation for power through the knowledge produced in these institutions was nevertheless systematically utilized for understanding and managing the subject race.

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[31] Annual Report of the three Lunatic Asylums in the Madras Presidency (various years), Government Press, Madras, RAK.

[32] Shareena Jasmin. P K, "The Politics of Incarcerating the Insane: The Case of Calicut Lunatic Asylum," *Proceedings of South Indian History Congress*, Vol. 41, 2023, p.4, http://journal.southindianhistorycongress.org/show_articles.php?atl_id=MzY3

[33] David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India,* University of California Press, Berkeley and California, 1993, p. 241.

[34] *Ibid*., 291.

The Sickness of Elites: Race, Civilization and Mental Illness in Malabar Under British Paramountcy

Madness and mad bodies in the colonial empire were classified, segregated, and marginalized in accordance with race, class, and gender distinctions. The relationship between racial prerogatives and madness was distinctively placed, and theories of racial supremacy were confidently linked to the higher intellectual culture of Europeans and, more specifically, used for differentiating the causes of insanity among Europeans and natives. As per the annual report of the Calicut asylum, the causes of insanity are generally grouped under the heads of physical and moral.[35] Of the various causes that induce a proclivity to insanity, none are so common yet so difficult to detect as hereditary predisposition; next in frequency come narcotic drugs, epilepsy, intemperance, and puerperal or sexual disease; a few cases are traceable to blows on the head, to falls, or to sunstroke.[36] Epilepsy was another common form of the condition among insane natives. Consumption of alcoholic drinks and narcotic drugs, particularly of ganja or Indian Hemp, was the most common cause of insanity among the natives, according to the asylum superintendents. In most cases, the asylum authorities could not find out the real cause of the insanity among the asylum inmates, and hence these cases came under the rubric of 'unknown' in asylum reports. This might have happened "due to the difficulty in obtaining accurate case histories of the individual patients. In some cases, families also failed to identify the genesis of the disease, which they sometimes ascribed to witchcraft or spirit possession. In other cases, the lunatics are captured during their wandering existence, and hence, mostly the cause of insanity is difficult to trace".[37] The asylum authorities ascribed a good portion of the cases in which they could not find information on the origin or the cause of the disease, to the excessive use of ganja and other intoxicants. This tendency, as well as the increasing cases under the head of 'unknown', later led to official intervention in

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35 Annual Report on the Three Lunatic Asylums in the Madras Presidency, various years. RAK.

36 *Ibid.*

37 Annual Report on the Three Lunatic Asylums in the Madras Presidency During the Year 1880– 81, Government Press, Madras, 1882, p.14. RAK.

the matter. Since the Hemp Commission report exposed the fallaciousness of this attitude, diagnosis of the causes of insanity became more cautious, and the asylum staff were asked to ascertain the causes of the cases with utmost care and concern.[38] This might also be because of the failure of Europeans to understand the socio-cultural peculiarities of the natives, under which they have defined their own notion of sanity and insanity, illness and wellness, the spiritual as well as the somatic definition of healing.

The category of moral causes primarily consisting of an emotional and depressing character due to debt, love and jealousy, misfortune, grief, domestic trouble, anger, desertion of husband or wife, religious reasons, etc. Physical causes appear to be more common excitants of insanity than moral ones, among the natives and the proportion of the former is higher than usually found in European asylums.[39] The preponderance of physical causes among Indians was interpreted as the reflection of their comparatively lower cognitive capabilities and lesser civilizational advancement. In contrast, the primacy of moral causes as responsible for insanity among Europeans was projected due to their more restless mental activities. The following discussion examines how colonizers exploited the concept of race to portray insanity as a affliction predominantly affecting the elite, by analysing the causative factors that contribute to mental illness.

The Moral Vs Physical Dynamic: Exploring the Racial Spectrum of Insanity in the Imperial Setting

The Annual Report of the Lunatic Asylums in Madras Presidency for the years 1878 – 79 makes a comparison between the causes of European and Indian cases of insanity and puts forward the analysis that “race, creed and intellectual culture also influence the susceptibility of individuals to mental disease, and modify the operation of physical and moral causes on the mental faculties. As per colonial observation

38 Annual Report on the Three Lunatic Asylums in the Madras Presidency for the Year 1895, Government Press, Madras, 1896, p.2 of the end report. RAK.

39 Annual Report on the Lunatic Asylums in the Madras Presidency During the Year 1879 – 1880, Government Press, Madras, 1881, p.5. RAK.

while considering the existing conditions of society in England and India, the *a priori* inference would be that physical agencies would be in the preponderance as causes of insanity in India. The annual report for instance mentioned that "Contrasting the typical European with the Hindu there can be no doubt that the former is the subject of restless mental activity, keen sensibility and susceptibility of emotion to which the latter is comparatively a stranger, which renders him more liable to mental shock from moral causes which would not affect the Hindu".[40] The colonial arguments on the preponderance of physical causes for Indian insanity were favorably justified by their statistics. According to the annual report for the year 1878 – 1879, "among 30,087 cases in European asylums in which the existing causes were ascertained, the physical was at the rate of 129 to 100 moral causes. In the Madras Asylum in 1878 – 79, there were 183 cases, in which the causes of the attacks were ascertained, and in these physicals were in the ratio of 289 per 100 moral".[41] The observation of asylum authority in respect of the causes of insanity among Europeans and natives was set within the colonial racial science as per which the predominance of moral causes among the European insane was because of their higher intellectual culture, industrious minds, and mental and nervous strain of western civilized life and on the other hand, the primacy of physical causes among native insane was interpreted as the lack of mental sensitivity among natives who were still leading a sluggish, regressive lifestyle which does not require any mental toil.

Another notable trend was the increasing number of cases in which the asylum staff could not trace the reason for insanity among the natives. For them, a knowledge of the cause of insanity was undoubtedly a matter of great importance.[42] However, in most of the cases, they were not able to trace the roots of native insanity and produced more general observations on the nature of lunacy like "the diseases from which lunatics suffer and die are seldom intimately connected with easily recognized lesions

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40 Annual Report on the Three Lunatic Asylums in Madras Presidency During the Year 1878 – 1879, E. Keys, Government Press, Madras. 1879, p. 7. RAK.

41 *Ibid.*

42 Annual Report on the Lunatic Asylums in the Madras Presidency for the Year 1889, Government Press, Madras, 1890, p.29. RAK.

of the nervous system, but are due to the malnutrition and consequent gradual lowering in the vitality of important organs, caused by impairment in the functional activity of the nervous centers, whereby they become more liable to contract disease".[43] Apart from these general statements, the cases in which they could ascertain the exact causes of insanity were very few. Given below is a table containing details on the percentage of the treated cases due to an unascertained cause in the Madras Presidency.

Table 2.1

Percentage of cases treated due to an unascertained cause

Year	Percentage of cases treated due to an unascertained cause
1885	69.7
1886	69.4
1887	57.7
1888	52.4
1889	50.7

This table shows the difficulty of asylum authorities in discovering the causes of insanity among natives. It also depicts the noteworthy trend of how the percentage of such cases was declining from year to year, which may be because of their vigilant inquiries that were initiated to find out the reasons for mental illness among natives. An analysis of the statistics of the cases of lunacy in England makes it clear that "in the 10 years ending 1887, the proportion to the total number of patients admitted into the various institutions of those in whose cases the cause of insanity was unknown was only 20.7 percent"[44] which indicates the success of asylum authorities in England in tracing the roots of insanity among their patients. While taking this into consideration, there is obviously room for considerable improvement in Madras presidency as far as tracking the causes of native insanity is concerned. The difficulty

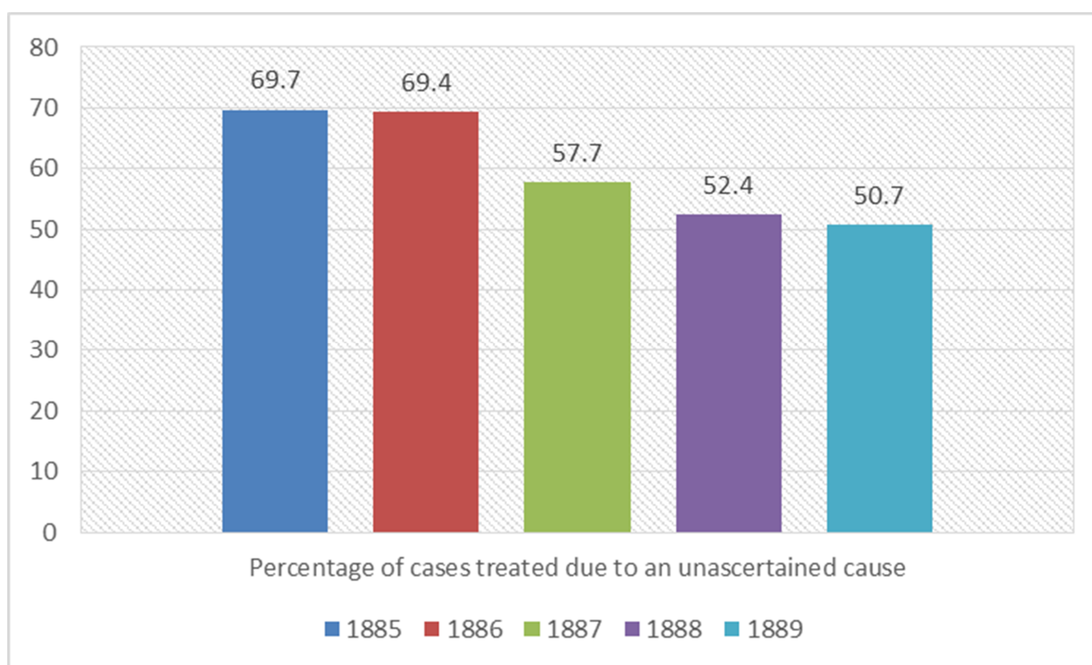
[43] Annual Report on the Lunatic Asylums in the Madras Presidency for the Year Ending December 1888, Government Press, Madras, 1889, p.5. RAK.

[44] Annual Report on the Lunatic Asylums in the Madras Presidency for the Year 1889, Government Press, Madras, 1890, p. 29. RAK

that the colonizers found in ascertaining the causes of the cases may be because of their inability to digest the peculiarities of the Indigenous socio-cultural conditions since the meaning of madness varied according to societies.

Figure 2.1

Percentage of cases treated due to an unascertained cause



Connecting the Dots: Race, Civilization and the Predominance of Insanity in the West

The administrators in Madras Presidency came up with the idea of taking a census of the insane because it would not only be of practical value but "will enable the Government to form some idea of the amount of asylum accommodation that will eventually have to be provided, along with great scientific importance, by comparison with European statistics in settling the questions like the influence of modern civilization as a cause of insanity. It is generally believed that in European countries where social and other conditions demand a constant strain on the intellectual faculties, insanity is much more common than amongst people whose minds are less cultivated, and who have not to endure the same struggle in the various walks of life. The comparison of the statistics of lunatics during the beginning of the 1870s provides

a picture that insanity was five times less frequent in India than in England".[45] This increasing proportion of insanity in English culture was interpreted in a way of indicating the impacts of the prolific Western civilization which was industrious and complicated compared to the underdeveloped and unsophisticated oriental culture. The marked excess of physical cause among Indians was also explained in terms of their "inferior mental culture, the absence of various sources of mental excitement, and a less susceptible nervous system".[46] These arguments were all rooted in the colonial understanding and perception of natives as people with a "primitive lifestyle, depleted mind and poor mentality". Such colonial observations reflected racial prerogatives in a very subtle and sophisticated manner.

The census report of various years mentioned the "exotic" customs, rituals, faith, and practices of Indians as responsible for their primitiveness. The colonizers repeatedly mentioned that they didn't care about the spiritual wrestling, theoretical and doctrinal superiority, or inferiority of different faiths in India, especially in administrative records like census reports. However, they often worried about the Indian extravaganza in the spiritual domain, and many of the native systems were viewed through the Western progressive eye. For instance, the census report of Madras for the year 1911 mentioned that "Hindus propitiated disease–godlings, worship patron saints and local deities, venerate of relics, practice of the black art, divinations of the future, ceremonies at birth, marriage, and death".[47] Beyond scrutinizing and romanticizing the exotic Orient and its strange customs and practices, such observations were also used to criticize the native understanding of healing illness, especially insanity, which does not have a clear-cut etiology and straightforward explanations. The epistemology and therapeutic regimes of insanity are intertwined within the native culture, and thus spiritual healing or ritual healing was part of the

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45 Letter from Inspector General E.G. Balfour, Inspector–General of Hospitals, Indian Medical Department, to the Honorable W. Hudleston, Chief Secretary to Government, Fort. St. George, No. 93, dated 14 March 1873, Proceedings of the Madras Government, Judicial Department, 16 May 1873. RAK.

46 *Ibid*.

47 John Chartres Molony, *Census of India,* 1911- Madras, Volume XII, Government Press, Madras,1912, p.54. RAK.

native understanding of managing mental illness, but such techniques were viewed as something beyond the pale of science and progress and were severely criticized. These criticisms helped them to extend patronage for Western psychiatry, which was rooted in scientific principles of cure and thus neglected the Indian indigenous healing patterns, which were a blend of community practices incorporating spiritual and medical aspects, drugs, along hymns to ward off evils and diseases.

As in the census reports, various administrative records and annual reports of asylums in the Madras Presidency also provided a picture of a higher ratio of insane population among Europeans compared to Indians. The colonizers employed theories of racial supremacy and civilizational advancement to justify the higher proportion of insanity among the white race. The annual report of 1878 – 79, for instance, gives a distribution of lunatics to the population of India and Europe. According to this, "the number of insane under treatment in Madras asylums in 1878 – 1879 was 491, giving a ratio of 1.68 per 100,000 of the population under registration. In Bengal proper, the corresponding rate in 1877 was 2.42. In Scotland, on the 1st of January 1878, the number of lunatics, officially known to the commissioners, was 247 per 100,000 of the population. The corresponding figures for England are not known, but of pauper lunatics alone, the ratio per 100,000 population in 1877 was 240".[48] The above-mentioned statistics, in fact, suggest the comparatively higher ratio of insanity among Europeans. The census reports of various years also provide data on the mentally ill in various presidencies of British India and collate the data with that of England. According to the census report of India for the year 1911, the proportion of persons afflicted in England and Wales is 364 per hundred thousand of the population, or fourteen times the proportion of Indians.[49] Hence, as per the statistics provided above, a 'great confinement' did not happen within the lunatic asylums of India even during the first half of the twentieth century.

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[48] *Ibid.*

[49] E. A Gait, C.S.I., C.I.E., I.C.S., *Census of India,* 1911, Vol. 1, Part 1, Report, Superintendent, Government Printing, Calcutta, 1913, p. 346. RAK.

Table 2.2

Annual number of patient admissions to the three major lunatic asylums of the Madras Presidency from 1881 to 1890.[50]

Year	Madras Asylum	Calicut Asylum	Waltair Asylum
1881	123	34	14
1882	154	41	18
1883	147	42	21
1884	150	44	11
1885	136	31	11
1886	144	8	9
1887	148	43	12
1888	126	29	9
1889	113	24	5
1890	142	41	7

While analyzing the statistics of lunatic admissions to the three asylums of the Madras Presidency, we can understand that there has not been an increase in the insane population proportionate to the increase in the population of this presidency during the last ten years from 1881 to 1890. This would be at variance with the experience of European countries, where an increase in population is found to correspond with an increased number of lunatics. In the case of Waltair and Calicut asylum, the statistics never went beyond double digits for almost 10 years from 1881 – 1890, and specifically, Waltair asylum had severe difficulty in attracting the attention of the families of lunatics, and here, for many years, the asylum population did not go beyond 10. Madras asylum, housing both European and native lunatics, had a comparatively better number of insane under treatment, and where the administrators could justify the existence of such an institution. It should be noted that most of the

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[50] Annual Report on the Three Lunatic Asylums in the Madras Presidency From 1881 – 1890, Government Press, Madras. RAK.

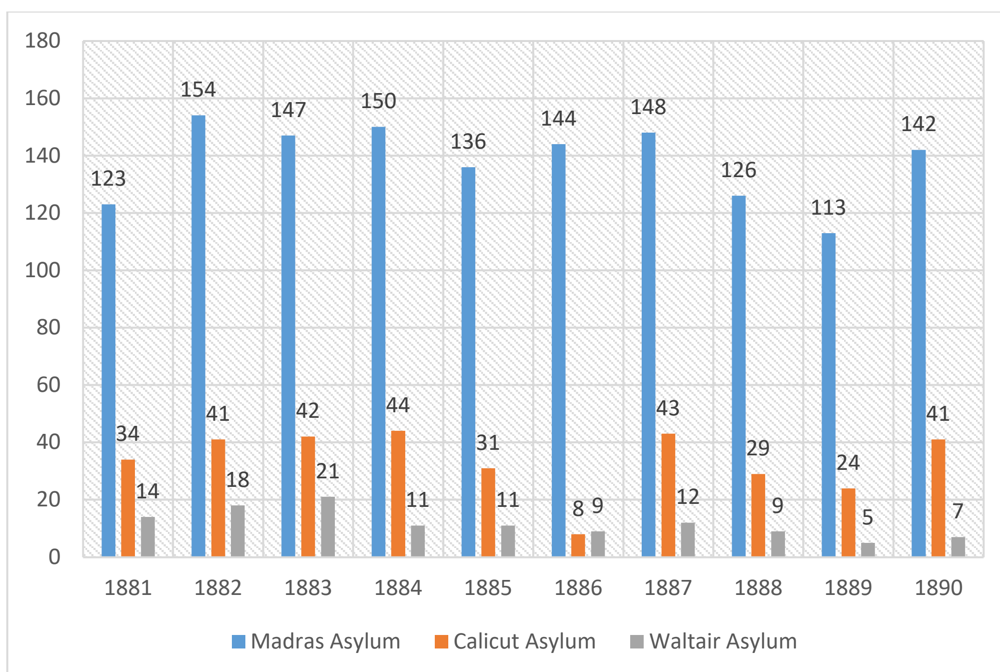
admissions in these asylums took place through police intervention, and thus, criminal lunatics constituted a large proportion of the inmates, which suggests that the cases of voluntary admissions as well as the cases of civil lunatics were very low in these institutions. The reasons for the reluctance of the native population towards Western Psychiatry or the factors for marginalizing lunatic asylums to the peripheries of the vast domain of healing insanity in India are explained through the colonial lens. This perspective emphasizes the customary practices and caste beliefs of natives, which subsequently led to their disinterest in a public institution like a lunatic asylum. According to colonial observation, "the admissions into lunatic asylums in this country afford no accurate index of the amount of insanity prevailing amongst the civil population: the higher caste Hindus are much averse to their relatives being confined in public institutions, where they may have to associate with others of lower caste. There are (it may reasonably be expected) doubtless a large number of insane amongst the native population, who are kept under restraint in private houses, and of whom the police authorities have no knowledge. Making all allowances for caste prejudices, it is, however, a remarkable fact that the lunatic statistics in this presidency do not exhibit a more marked increase in the number of insane among the native population for the last ten years".[51] Apart from these observations, one thing that wasn't mentioned in colonial records for lesser admission to the asylum was the popularity of indigenous healing practices and practitioners among the local communities. Most of the native alternative methods of therapeutic regimes, including Ayurveda and spiritual healings, were deeply rooted in indigenous culture and traditions, and also economically affordable and manageable to the natives. This was one of the key factors for expressing disinterest in Western Psychiatry by the indigenous population, though it was not mentioned in the administrative records and reports. The emergence of a triangular space of healing and managing mental illness within the medical geography of Kerala consisting of Western Psychiatry, folk and spiritual healing practices, epistemologies of Ayurveda, Unani, Siddha, Homeopathy, etc. offered multiple idioms of healing to the patients and their families, and unlike

[51] Annual Report on the Lunatic Asylums in the Madras Presidency for the Year 1890, Government Press, Madras, 1891, p. 4. RAK.

European context, the treatments were not confined to the monologue of psychiatry. This may be one of the significant reasons for the gradual admittance or slow acceptance of the concept of asylum into the convictions of native society.

Figure 2.2

Annual number of patient admissions to the three major lunatic asylums of the Madras Presidency from 1881 to 1890



The reasons for the striking difference between Europe and India in the proportion of officially enumerated insane include various factors. The difficulty in accurately determining the number of insane individuals while taking the census in India was a major impediment, and this may vary from unintentional omissions, imperfect diagnosis, and intentional suppression or willful concealment of the infirmities by the defectives and their friends.[52] The difference in understanding the term insanity was another aspect because, for the imperfectly educated enumerators, or for the non-medical experts, one fool must seem very much the same as another. It is true that "of all infirmities, insanity is the most difficult to diagnose because mental

[52] *Ibid*., 344.

derangements vary so enormously both in degree and in kind".[53] Since this is the case only a tithe of the subjects of insanity in India came under official cognizance.[54] The difference in the methods of enumerating the insane and the distinctness in understanding the term insanity might contribute to the preponderance of the insane population in England. For instance, the English statistics include different classifications for lunatics such as weak-minded individuals, actively insane,[55] etc. On the other hand, the Indian lay mind conceives insanity as 'madness' or 'acute mania'[56]and thus would count an individual as insane only when he or she behaves so uncontrollably or violently. Though all these reasons were outlined for the higher proportion of insanity among Europeans, the colonizers stressed the brackets of superior civilization and higher intellectual culture as responsible for the higher number of European insane. Sally Swartz in her study entitled "The Black Insane in the Cape" argues that the colonizers compared the larger number of white populations in asylums with that of the lesser number of natives in institutional space and justifies this trend on the basis of the primitive nature of 'natives', which made them less susceptible to mental illness.[57] Here is this universality in racializing insanity within emotional, intellectual, physical, and cultural terrains of life, where even the high brows and low brows were distinguished within racial theories of intellect.

Insanity and the Question of Intellectual Culture: Drawing Parallels in the Cognitive Strain of the Upper Caste of South India and Europeans

Insanity became a "sickness of the elite" in colonial culture because it was always depicted as a disease afflicting the higher order of society, with a higher

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53 J.T Marten, M.A., I.C.S, *Census of India* 1921, Vol. 1, Part 1, Superintendent, Government Printing, Calcutta, 1924, p. 206. RAK.

54 Annual Report on the Three Lunatic Asylums in Madras Presidency During the Year 1878 – 1879, E. Keys, Government Press, Madras, 1879, p.3. RAK.

55 E. A Gait, *Census of India 1911*, p. 346. RAK.

56 J.T Marten, *Census of India 1921*, p. 206. RAK.

57 Sally Swartz, "The Black Insane in the Cape, 1891-1920," *Journal of Southern African Studies*, Vol. 21, No. 3, 1995, p.409, JSTOR, http://www.jstor.org/stable/2637251.

intellectual culture.[58] The colonial administrators, in fact, made deliberate attempts to associate insanity with the socially higher and economically more provident classes. This was done not only to justify the increasing proportion of insanity among Europeans but also among the upper castes and upper classes of India. The census report of 1911, for example, makes the observation that "in Madras, excluding Anglo – Indians, the Malayali Brahmans are at the top of the list and are followed by the Kanarese, Telugu and Tamil Brahmans. "It would seem high caste have a somewhat higher, a larger proportion of insane persons than the general average".[59] According to the colonizers this is because the mental defects of Brahmans are more noticeable in their more cultured environment than in the case of their less sophisticated neighbors.[60] The appearance of insanity among the elite order of Indian society was thus naturalized and justified by setting it as a question of intellectual culture. We can also see the attempts of colonial administrators like John Chartres Molony, who prepared the census report of Madras in 1911, to make a comparison between the mentally ill patients of different castes of India and projecting the preponderance of insanity among Brahmans as proof of their refined mental standard. He reported that "there is a high rate of insanity amongst the Brahman community, as compared to other sects of Hindus. The Brahman works with his brains rather than his hands, and hence the line between mentally efficient and mentally inefficient is drawn at a higher level".[61] The increasing ratio of lunatics among the Brahmins was manifested to universalize the idea that the liability to insanity varies roughly with social position – the highest castes suffer most and the lowest castes least of all. This construct was used to rationalize the prevalence of mental illness within the elite strata of society and thus portrayed madness as a "malady of the upper crust."

[58] Shareena Jasmin P K, "The Politics of Incarcerating the Insane: The Case of Calicut Lunatic Asylum", *Proceedings of South Indian History Congress*, Vol. 41, 2023, p.6http://journal.southindianhistorycongress.org/show_articles.php?atl_id=MzY3.

[59] E. A Gait, *Census of India 1911*, pp. 347 – 348. RAK.

[60] *Ibid*., 348.

[61] Molony, *Census of India, 1911 - Madras*, p. 145. RAK.

The colonial authority attempted to transform and transcend the racial superiority of Europeans to the caste supremacy of Brahmins in India, and offered an analysis of how and why the British were so conscious and cautious about constructing a narrative of elitism, even though the discourse of madness. The analogy drawn between the susceptibility of Europeans to mental illness and the upper caste of Brahmins within the Indian context was a calculated endeavor aimed at portraying mental illness as an affliction primarily affecting the privileged class. The narrative was skillfully woven into the fabric of intellectual discourse on the superiority of race. The idea of European racial superiority found its parallel in the notion of caste supremacy among Brahmins in India. Consequently, this construct was used to rationalize the apparent prevalence of mental illness within the elite strata of society and thus picturing it as the "sickness of elites".

The Limited Radar of Surveillance: Challenges in Bureaucratic Intervention in Lunatic Management

Though Colonialism projected a broader radar of supervision and surveillance over the subject population, it often conflicted with practical limitations and had pitfalls even in the case of ensuring proper custody for "dangerous lunatics". The incarceration of the insane through Governmental orders, at times, suffered difficulties in proper implementation, as in the case of Mundayath Kunhi Appu. He was convicted of murder, having killed two men and severely wounded a third as per the session case No. 13 of 1883 in South Malabar Court; the conviction was however quashed by the High Court (vide judgment in criminal appeal, No. 157 of 1883, dated 17th October 1883) on the ground that at the time of the commission of the crime, Kunhi Appu was not responsible for his acts on the ground of insanity, and the Government thereupon directed that he shall be sent to the lunatic asylum at Calicut for safe custody and treatment. However, later it was found that Kunhi Appu was at large notwithstanding these orders and was keeping a shop at Tellicherry. Upon the inquiry of C. A. Galton, Esq., Acting District Magistrate of Malabar, it was discovered that Kunhi Appu had never been admitted into the lunatic asylum and was operating a shop at Tellicherry

in close proximity to the police station![62] The Acting District Magistrate ordered the arrest and removal of Kunhi Appu to the asylum as per the Government order, and subsequently, he was handed over to the Superintendent of Calicut lunatic asylum. It appears that Kunhi Appu was transferred from the District Jail of Calicut to Central Jail Coimbatore, and from there he was sent to Port Blair. On the basis of the medical certificate produced by Kunhi Appu regarding his insanity, the High Court issued an order reversing the punishment, and thereupon, he was shifted to the lunatic ward at Port Blair and then was sent back to Madras in custody and released by some mistake on the part of the authorities there. Though the authorities were aware that Kunhi Appu had to be detained as a lunatic, somehow, he came to be released on the grounds of confusion on his arrival at Madras. A series of letters of communication occurred between the superintendent of Calicut asylum, superintendent of jail at Calicut, Acting Magistrate of Malabar, inspector of the jails, superintendent of prisons for the town of Madras, superintendent of jail at Coimbatore[63] etc., regarding how the convict was released from custody. Later, he was arrested and confined within the Calicut asylum upon the order of the Acting Magistrate of Malabar. It was considered a "strange occurrence" by the administrators, but can be taken as evidence of how the extended colonial system failed to detain a so-called "dangerous lunatic" and how he ended up running a shop in near proximity to the police station. Cases like this, which the colonial administrators referred to as a "strange occurrence," question the surveillance paradigms of the colonial state, which set out a criminal lunatic having charged with double murder completely free, even if only for a short period. It should be noted that Kunhi Appu was deported to Andaman for punishment; an examination of the history of Andaman Island shows how and why the location had significant importance in transferring the dangerous, criminal population out of sight of the mainstream colony

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[62] Letter from C. A. Galton, Esq., Acting District Magistrate of Malabar to the Chief Secretary to the Government, dated 24 July 1884, no. 3435; Madras Govt Judicial orders, 1883 – 84, dated 18 September 1884, Nos. 2387, 2387 – A, Judicial Department, Government of Madras. RAK.

[63] See for details Madras Govt Judicial orders, dated 18 September 1884, No. 2387, Judicial Department, Government of Madras, 1883 -84. RAK.

which later also functioned as a land for deporting the "deviant Mappilas of Malabar" who participated in the various waves of Malabar rebellion.

Criminal Lunacy and Colonial Discourse of Deviance and Disorder: The Case of Mappila Rebels of Malabar

The definition of insane in colonial settings always raises serious questions since insanity was too a tool intrinsically interwoven with colonial equations of power and politics. During the 1780s, when America was witnessing severe resistance against the introduction of the stamp tax, the governor of Virginia made a speech in which he proposed the establishment of lunatic asylums in the British colony of America and defined 'insane' as one who had lost their reason. Interestingly, he equated this definition of insane with the ones who protest against colonialism in America, where insanity was linked with the power structures of colonial society.[64] Megan Vaughan, in her work *Curing Their Ills: Colonial Power and African Illness*, suggests that individuals who had 'forgotten' their identity and no longer confirmed the notion of being African subjects were the ones most frequently confined behind the walls of asylums.[65] The primary aim of lunatic asylums is thus to alienate the individuals who deviate from the definition of "productive and disciplined colonial subjects" rather than offering cures or alleviating their mental pain. In fact, asylum as a locus classicus of the larger colonial society emphasized subject creation as its underlying principle within which notions of cure and care were enfolded.

The definition and interpretation of the term "insane" in the colonial context should be read along with the medical, legal, and political dimensions of the colonial state. The classification of lunatics, particularly into 'criminal lunatics' and 'harmless lunatics', was done within the Calicut asylum in accordance with the prevailing notions of colonial law and order and not entirely based on medical distinctions. These

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[64] Abigail Coy, "Mental Health in Colonial America". The Hospitalist, 2006, May 5, https://www.the – hospitalist.org/hospitalist/article/123117/mental – health- colonial – America#: ~:text = insanity % 20in%20 colonial% 20 america% 2pp0 was, them%20 were % 20 fueled %20 by % 20 cruelty.

[65] Megan Vaughan, *Curing Their Ills: Colonial Power and African Illness,* Polity Press, 1991, p. 125.

terminologies are problematic since they were woven within the threads of colonial disciplinary discourse and, more specifically, within the pragmatism of the empire to keep the dangerous, unwanted section of society within the confines of the lunatic asylum, a space beyond the sight of mainstream society.

The conceptualization, particularly of criminal lunacy in the colonial setting, is embedded within the nuances of the medical and legal spheres of insanity, crime, and deviance. According to the asylum authorities, "a criminal lunatic in India does not mean merely one who has shown violence towards his fellow men but includes all cases of offenders under the penal code, who by reason of unsoundness of mind, are not brought to trial".[66] This definition and classification of "criminal lunatics" though makes sense from the medico-legal perspective, became problematic because of its possibility of using it as a potential political tool to frame the identity of the subject population and to alienate the trouble setters within the disciplinary discourse and thereby satisfy the sovereign's vengeance. The Calicut lunatic asylum of Malabar from this theoretical perspective shares close similarity with prison as it represents not only the socio-cultural and political attitude towards deviance but also simultaneously formulates the colonial state's castigating techniques to create docile bodies within the definitions of treatment and punishment, control, and cure. The political history of colonial Malabar carries instances in which politicized colonial subjects who were courageous enough to challenge the Raj were labeled as 'criminal lunatics' and the state strategically suppressed their threat by incarcerating them in asylums. Interestingly, these were embedded in the colonial equations of using "power in passive voice".

An analysis of the efforts of colonial authority to pathologize the resistance of Mappilas of Malabar employing the nuances of insanity, deviance, and crime explicates the potential danger of using the term 'criminal lunatic' and shows how the Calicut asylum became a space for confining politically awakened subjects. By exploring various religious, cultural, and psychiatric explanations upholding the

66 Annual Report on the Three Lunatic Asylums in Madras Presidency During the Year 1879 – 80, E. Keys, Government Press, Madras, 1880, p. 2. RAK.

British understandings of crime and deviance, the study made attempts to deconstruct the colonial construction of the "Mappila race as insane, ignorant, and vicious".

> "From strength to strength go on,
> Wrestle, and fight and pray,
> Tread all the powers of darkness down,
> and win the well-fought day."[67]

Revolutionary songs of war and martyrdom galvanized Mappilas, a community branded as a "savage race" and "wild beasts" in colonial records. They were the inhabitants of Malabar, a region which was considered by the British as "an exception to every part of Southern India generally, indeed, of India"[68] due to the continuous and contentious anti-colonial struggles carried out by the Mappila Muslims of Malabar. This section is an attempt to analyze the efforts of colonial authority to pathologize the agrarian uprisings of Mappilas against the colonial state and their collaborators, employing the nuances of insanity, deviance, and crime. A search to the roots of this community is necessary to understand their historical marginalization from the waves of the Indian Ocean to the soil of interior Malabar. The community emerged as a result of the interactions between the Arab traders and coastal communities of the western coast of India. They were a prosperous trading community controlling the lucrative spice trade of the Indian Ocean rim before being overtaken by the Europeans in the 16th century. The Moorish mercantile settlements on the Malabar coast resulted in profound interactions, intermarriages, and cultural transactions between the natives and the trading Arab diaspora, which gradually led to the emergence of a mixed race embracing the ancestry of Arab traders and enfolding the intercultural features of the Middle East and Malabar. The growth of the community also resulted from large-scale conversion by the local people to the newly emerged religion. It is believed that Islam reached the region as early as the seventh

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[67] Letter from H.M. Winterbotham, Esq., Member, Board of Revenue to the Chief Secretary to Government, dated 5 May 1896, Mappila Conspiracy Judicial Report, 1896. RAK.

[68] Letter from H.V. Conolly, Esq., Magistrate of Malabar to Sir H.C. Montgomery, BART., Secretary to the Government, Judicial Department, dated 12 October 1849, Correspondence on Moplah Outrages in Malabar, 1849 – 50, p. 38, RAK.

century AD, and a large number of natives, especially the low caste Hindus, embraced Islam due to the existing socio-economic trajectories of the region, like caste discrimination and the subsequent marginalization of subalterns. The community formation of Mappilas in Malabar was thus a process of cultural synthesis and conversion.

Mappilas were renowned sailors, fighters, and ship owners, and their association with the local rulers enabled them to procure goods on a large scale to establish a monopoly over spice trafficking on the Malabar coast. Due to the political fragmentation of the region, power was vested in the hands of various local suzerains, among whom the Zamorins of Calicut were the notable rulers. They scrupulously safeguarded the interests of Mappila traders, and the association with Zamorins helped them to gain political power. However, the Portuguese penetration into the Indian Ocean and their domination of maritime trade and economy with a view to enforcing a seaborne empire was instrumental in shattering the Mappila monopoly over the maritime trade of Malabar on the southwest coast of India. For the first time, the Portuguese intrusion into Indian waters introduced the idea of armed commerce, and being the savannah of the spice trade, Malabar was the most traumatized region. Military conflicts, religious rivalries, and commercial competitions between the Portuguese and the Mappilas continued throughout the sixteenth century, making Malabar a region of confrontations. During the Seventeenth century Portuguese witnessed competition and altercation from Dutch and English powers, which resulted in the waning of the Portuguese Estado. The increasing European influence in the Malabar coastal trading sphere forced the Mappilas to give up their trade monopoly and withdraw to the interior regions of Malabar. From this economic isolation of Mappilas stems the growing discontent of the community.

The series of serious Mappila encounters the British faced after establishing control over Malabar was the aftereffect of this economic marginalization of the Mappila community. The history of the 18th century Malabar attests to a prolonged saga of warfare between Mysore rulers and the EIC for being the masters of Malabar, which was the most hospitable spice market of the Indian Ocean. By 1792, almost the whole of Malabar came under the direct British rule, and the province constituted an

integral part of the Madras Presidency in British India. The intervention of colonizers disturbed the existing socio-economic order of the region, particularly pertaining to land relations. The Mappilas, who were mainly tenants and tillers in interior Malabar, were dissatisfied with these transformations in political economy, and their recalcitrance resulted in the constitution of a class of staunch contenders of the colonial state. The British negotiations with feudal lords and the legitimation of their land ownership and revenue rights were part of the colonial policy of appeasing the landed gentry and turning them into 'useful participants' and 'collaborators' of colonial rule however created disaffection among the Mappila agricultural laborers who were once again pushed to the mercy of upper caste Brahmin and Nair landlords. What is significant is that the resistance against British power by the Moplah agricultural population dates from the earliest period of the rule of the East India Company, the decade after the Muslim ruler of Mysore, Tippu Sultan, surrendered the province in 1792.[69] These sporadic outrages became severe during the nineteenth century and finally culminated in the Malabar rebellion of 1921.

Scholars working on the Mappila resistance of Malabar were mainly focused on the 1921 episode, and there are a plethora of works conceptualizing its varying dimensions of power, politics, religion, and socio-economic aspects. However, studies interrogating the early phase of European encounters with Mappilas of South Malabar and the ways in which the colonial rulers constructed the Mappila rebels within the discourse of deviance and criminal lunacy are marked by their absence.

The Mappila rebels who participated in anti-colonial struggles were presented and represented within the framework of "lunatics," ensuring precarious measures and disciplinary actions to root out the distress even from the minds of Mappilas. The attempts to pathologize Mappila outrages as a state of mental disorder are interestingly connected to the colonial political ideology of "blame and tame" the deviant population, intensifying the inherent backwardness and ignorance of the subject race. As Mark Condos argues, the colonial administrators nullified the rebellion by

[69] Conrad Wood, "The First Moplah Rebellion against British Rule in Malabar," *Modern Asian Studies*, Vol.10, No. 4, 1976, p. 543, http://www.jstor.org/stable/311762.

characterizing Mappilas as a "fanatical" and "bigoted" community and thereby depoliticized the movement as a mere expression of their backwardness.[70] In fact, the attempts to frame the Mappila rebels as maniacs and insane were an integral part of devaluing the political acts of the subject race, who were most dangerous in character. By belittling politicized acts as pathologies, colonial authorities strategically disdained resistance and rebellions[71] by characterizing the rebels as weak and shaky.

In the context of Malabar, the colonial state was cautious and conscious about the perilous nature of Mappila Muslims because of their continuous presence in organizing and carrying out uprisings with great intensity and mass extensity. It was crucial for the colonial administrators to suppress the Mappila rebels to stabilize the situation and to keep up the notion of a productive and disciplined colonial subject. Branding Mappilas as "fanatic" "lunatic" and "jungle Mappilas" must be identified as the ideological as well as the pragmatic tool envisaged by the colonial masters to alienate the trouble setters and thereby ensure the need to exert disciplinary mechanisms to control the so-called 'criminal', 'communal' and 'insane' race. The descriptions of the deviance of Mappila rebels in the psychiatric language in colonial narratives, especially in correspondence (Correspondence on Moplah Outrages) letters, were an example of how colonial authorities deployed psychiatry and colonial medicine to delegitimize the actions of colonial subjects. Henry Valentine Conolly, who served as the District Magistrate and Collector of Malabar (1841–55) used iron hands to suppress the rebellion and recorded that "the Mappila insurgent is a fanatic mad man, whose sole object is to throw away his life after doing all the damage possible to his adversary," and that "they will receive no quarter and fight like mad – men".[72] The descriptions comparing the rebels with madmen are a repeating analogy

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[70] Mark Condos, "Fanaticism" and the Politics of Resistance along the North-West Frontier of British India," *Comparative Studies in Society and History*, Vol. 58, No.3, 2016, p.726, http://www.jstor.org/stable/43908474.

[71] Mark Condos, *The Insecurity State: Punjab and the Making of Colonial Power in British India,* Cambridge University Press, New York, 2017, p.160.

[72] Cf. Letter from H.M. Winterbotham, Esq., Member, Board of Revenue to the Chief Secretary to Government dated 30 April 1896, Mappila Conspiracy Judicial Report, 1896, p. 4, RAK.

in colonial records making an obvious connection between the insanity of Mappilas, the inciting principles of Islam, and the ignorance of this subject race.

Colonial administrators spiced up the theories of religion and cooked it with the theories of race, caste, and creed in order to serve the psychic effect of Islam on lower caste converts to represent and reorganize the deviant Mappila subjects within the rubric of "unproductive madman". The colonial observation on the rebellious nature of Mappilas rests upon the so-called inciting principles of Islam, like the promised paradise offered to a *Sahid* (martyr), which inspired the Mappilas especially the lowest order of this community, to rush upon death like "mad dogs and must elephants". The repetitive mentions of religious impact, in fact, played a key role in picturing the rebellion as a mere example of fanaticism and a sheer story of communalism. For instance, Conolly argues that "the confidence and insolence of the evil-disposed Moplas have been attributed to their belief in the fancied supernatural prowess and invulnerability of body, engendered and fostered in their own minds thereby".[73] Theories on religious excitement and colonial observations on peculiar and remarkable community connivance among Mappilas[74] were mixed with the theories of caste and creed in order to construct and frame the rebels as maniacs excited by religious frenzy.

According to the colonial observation, "the fanatics have almost universally been ascertained to be of the lowest and poorest classes is most natural"[75] and the colonial authority does not require a theory to substantiate the universality of this fact in the Malabar context. The composition of the lowest category of Mappila rebels was mainly made up of the members of the slave caste converts, and keeping this in perspective, the colonial administrators argue that the conversion of the low

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73 Letter from W. Robinson, Esq., Head Assistant Magistrate to H.V. Conolly, Esq., Magistrate of Malabar, dated 18 October 1849, No.169, Correspondence on Moplah Outrages in Malabar, 1849 –50, Graves, Cookson & Co, Madras, 1863, p.99, RAK.

74 Letter from C. Collett, Esq., Joint–Magistrate of Malabar to T. Clarke, Esq., Magistrate of Malabar, dated 7 January 1856, Correspondence on Moplah Outrages in Malabar, 1856 – 59, p. 258, RAK.

75 Minutes by the Honorable the President, 16 December 1857, Correspondence on Moplah Outrages in Malabar, 1851, p. 230, RAK.

caste *Cherumans* to Islam and the subsequent presence of *Cheruman* strain in Mappila blood was responsible for the hardy character and thrifty habits of Mappilas.[76] F. Fawcett, Superintendent of Police in Malabar, in his report on the outbreaks of 1896 observes that "the *Cherumans* and *Kanakans*, inferior races, serfs, in Malabar are submissive to the last degree; in their lives they are the most harmless of being exemplifying many of the virtues which are supposed to be exclusively Christian, and always in peace. But let any one of these adopt Islam, and many do yearly, and he is changed altogether" the effect of Islam on the lowest race is the strongest. Those parts where the element of danger is greatest are where the people are most allied in blood to the lowest races. The most dangerous criminals, the worst dacoits are also to be found amongst this mixture".[77] The colonial discourse on the scientific construction of "mixed race" along with the epistemological legitimization of their "deviant nature" was set within the Western perception of non-Western criminality, carrying racial connotations and sweeping generalizations. According to colonial observation, believing in a religion that is very strongly fanatic makes this ignorant mixed creed wild and vicious in character. Fawcett exemplifies the case of upper caste Nayar conversion that occurred in Nadapuram (North Malabar) and asserts that they were peaceable people; unlike the mixed race, they were industrious and inclined to avoid conflicts with the sovereigns. The comparison between the nature and behavior of the lower-caste converts with that of upper-caste Hindu converts was part of the colonial strategy to showcase that the conversion didn't prevent the upper caste from being the law- abiding, peaceful subjects of the colonial state, establishing their meritorious racial superiority and asserting the theory that "the effect of Islam on the lower races and the mixture with the lower races are altogether different".[78] Thus, the discourse of race and caste was employed to justify the deviant and improvident nature of Mappilas. The employment of caste was done in order to intensify the ignorance and backwardness of the Mappila race and was associated with the

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76 Letter from F. Fawcett, Esq., Superintendent of Police, Malabar, to the Inspector–General of Police, Madras, dated 5 June 1896, Mappila Conspiracy Judicial Report, 1896, p. 97, RAK.

77 *Ibid.*

78 *Ibid.*

justification for exerting the colonial civilizing mission over this “nasty group of rebels”.

The development of Anthropology as a colonial science to examine the ‘exotic other’ and to segregate and subjugate the subject population based on racial categories indeed played a crucial role in describing the deviance of Mappila rebels who were branded as mixed race in Malabar. Elaborating on the racial position of Mappilas of Malabar, Fawcett observes that “though there are individuals with unmistakable Arab blood, in their veins, but, as a rule, these are not the dangerous ones”. He examined some 500 odd persons in Malabar and, according to his observation, there was no possibility of danger from the people belonging to higher castes and people with foreign blood at the same time, affirmed the large-scale presence of the mixed race in organizing and carrying out the rebellions that plagued Malabar for years. His anthropological examination of these lower races, in fact, carries the measurement of their body and also their cranial capacity. According to him “a *Cheruman* is shorter, being barely 5 feet 2 inches in stature much darker in color, his nose is broader, and his cranial capacity is much smaller: his head length is about 18.2 c.m and the width about 13.6”[79] and compares his physical features with upper caste Hindus making obvious differentiation between upper caste and lower caste on physical and intellectual domains. The presence of these slave caste converts and their mixture with the Mappila race was viewed as the reason for the “unreason” of this community, emphasizing their small cranial and cognizant capabilities. The development of Physical anthropology carries the idea of scientific racism, which focuses not only on the gulf between the colonizer and the colonized but also on differentiating and dividing the subject race in terms of physical and psychological realms.

In order to delegitimize and depoliticize the anti-colonial struggles of these so-called “inherently ignorant class of rebels”, their smaller cranial capacity and psychological fragility were used as a tool of interpretation in colonial records, along with pointing out religious incitement. The British were concerned about the mental constitution of Mappilas, which prompted them to shed blood and to court death

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[79] *Ibid.*

boldly without any hesitation. Colonial administrators were shocked to see the will and bravery of the Mappilas to participate in the rebellion and to embrace the results even if it was death and that is why they recorded their observations such “the desperate resolution which actuates bold men, to prefer death in gallant resistance to an ignominious one on the gallows, or protracted imprisonment in irons and disgrace or banishment, is by no means uncommon”[80] among the Mappilas. The “rationale” for this “irrational acts” was interpreted as the poor intelligence of this barbarous class of people, who were “wild and predatory in habits and nature”. The homology between rebels and madmen were constructed within the identical categories of “criminality’ and “lunacy” and the rebellion was picturized nothing but the acts of mad men and an epitome of unreason. The colonial descriptions regarding the rebels like “once maddened by religious enthusiasm they (rebels) may do anything and “in ecstasy the excited part of their brain works with such violence that it suppresses the functions of all the rest of the brain” etc. were the deliberate attempts to frame the rebels within the framework of mental unsoundness and characterized them as fragile individuals without saneness and self-control. William Logan, who served as the District Collector of Malabar, mentioned in his work *Malabar Manual* about the condition of *Hal Ilakkam* among Mappilas, which was viewed as a sort of excitement and ecstasy. According to Logan, “Mappilas who were affected by *Hal Ilakkam* played all sorts of pranks, and wandered about with canes in their hands, without going to their homes or attending to their work. …they wandered about in companies consisting of five, six, eight, or ten men, and congregating in places not much frequented by Hindus, carried on the dikkar and nisakaram (cries and prayers) “and when their number swells to 400, they will engage in a fight with Kafirs and die”.[81] Vincent Ryder, who served two years in Malabar as a British military officer from 1904 to 1906 wrote an account of his experience in Malappuram in South Malabar. In his work entitled *Two Years in Malabar*, it was mentioned that there was a branch of Mappilas known as the

[80] Letter from W. Robinson, Esq., Head Assistant Magistrate to H.V. Conolly, Esq., Magistrate of Malabar, dated 18 October 1849, No.169, Correspondence on Moplah Outrages in Malabar, 1849 –50, Graves,Cookson & Co, Madras, 1863, p. 97, RAK.

[81] P. J Cheriyan, (ed.)., *William Logan’s Malabar Manual: New Edition with Commentaries*, Volume 1, Kerala Gazetteers Department, Thiruvananthapuram, 2000 (Reprint), p. 558.

Halilakkam sect and they were nothing but "fanatics pure and simple".[82] Colonial records and correspondences interpreted *Hal Ilakkam* as a state of mental ecstasy and excitement of Mappilas, maintaining the position of this population with feeble and foible intelligence. Here, the researcher argues that Conditions like *Hal Ilakkam* should be decoded and deconstructed as the manifestation of subaltern consciousness in the form of anger, arguments, and actions of the recalcitrant subject population against authoritative colonial rule, rather than interpreting it as the mental derangement and violence of a "savage race".

The formation of 'collective subaltern consciousness' among the Mappilas beyond religious and ritual moorings was a process and product of these agrarian rebellions. The anti-colonial as well as anti-feudalistic struggles enabled them to rationalize the roots of their existence, which made them the agents of their own thought process, manifested in the forms of continuous struggles challenging the military might and strategic efficacy of British rule in Malabar. Historical and historiographical analysis of these early Mappila struggles makes it clear that the colonial administrators intentionally thwarted the rising consciousness of Mappila subjects, nothing but as an expression of their dullness and dopiness of a weary life, and thereby belittled the political quest of Mappilas for freedom and rights. The justification for this colonial theory rests upon the observation that in most cases men of the lower classes who were dependent on menial labor for daily bread like vagabonds, beggars, etc. were the key participants of these rebellions, constituting a class of drained and depleted individuals for whom rebellion was nothing but a leisure pursuit or a reason to excite their mundane, monotonous life. The colonial descriptions of the participants of the 1851 rebellion perfectly go along with their theories stating that "on this occasion, the party with scarcely an exception, consisted "of men of the lower, if not the lowest order – that all were without property, and two were beggars, a third, a destitute youth of the slave caste, who had been only three months converte to Mahomedanism at Tiruvangadi".[83] Correspondingly the colonial observation on

[82] Vincent Jos. Ryder, *Two Years in Malabar,* Thacker, Spink & Co, Calcutta, 1907, p. 30.

[83] Letter from H. V Conolly, Esq., Magistrate of Malabar to T. Pycroft, Esq., Secretary to Government, Judicial Department, dated 30 September 1851, Correspondence on Moplah Outrages in Malabar, 1851, p.174, RAK.

the party who participated in the 1859 rebellion also narrowed down on the class of vagabonds, semi-idiotic, and destitute,[84] and interestingly, these facts were sufficient for the colonial administrators to theorize the nature of the rebels and to project them as a class devoid of reason and intellect. Attempts to marginalize the subaltern consciousness and the actions stemming from political awareness were not limited to these examples, and in fact, the prime motive of the colonial state was to highlight the subalternity of the subaltern, which was thought to prevent them from being the agents of their own awakening. By belittling the synergistic consciousness and the organizational solidarity of Mappilas of Malabar, colonial administrators recorded that "most of them had not the faintest idea why they "went out". They are conscious about the feelings which make them go out, but they cannot tell you why; they cannot transmute their consciousness into thought, much less into expression thereof in words. Need it be said that consciousness and thought are widely different and that the former outstrips the latter immeasurably. The vehicle of thought is, too, with these people of but very small capacity".[85] However, it should be understood that the mass mobilization and the growth of a collective mentality among the Mappila community were the gradual product of years-long identity crises and systematic marginalization of the colonial state and landlords. Their consciousness, in fact, made them an "argumentative colonial subject"[86] rather than being the passive victims of state exploitation.

The attempt to pathologize the Malabar rebellion can be seen in the letters, reports, and correspondence of various British administrators of Malabar. The widespread disaffection among the Mappila community of South Malabar was considered as a contagious disease pervading the Mappila class with little cure. Carrying out criminal and felonious designs of rebellion was regarded as a sudden

84 Letter from F. Fawcett, Esq., Superintendent of Police, Malabar, to the Inspector–General of Police, Madras, dated 5 June 1896, Mappila Conspiracy Judicial Report, 1896. p.103, RAK.

85 *Ibid.*

86 Santhosh Abraham, "Constructing the "Extraordinary Criminals": Mappila Muslims and Legal Encounters in Early British Colonial Malabar," *Journal of World History*, Vol. 25, No. 2/3, 2014, p.393, http://www.jstor.org/stable/43818486.

impulse, an act of "infatuation beyond the influence of reason". The circumstances or the causes to excite the "peculiar mania"[87] among the Mappilas to go out as saint militants were regarded as trivial as a "quarrel between a father and his sons, a brawl between husband and wife or despondency due to epilepsy".[88] The analogy between "defiance" and "disease" itself was a tactical measure adopted by the colonial masters not only to belittle the real causes of the outbreak but also to devalue the political acts of Mappilas against the double exploitation of the colonial state and landlords. Deconstructing the language of official communications is crucial in this context to unravel the colonial narratives pathologizing the anti-colonial resistance as mental deranges of recalcitrant rebels. C. Collet, Joint Magistrate of Malabar, in his letter to T. Clarke, Magistrate of Malabar on 7th January 1856 noted that "demonstrating the depth of the disease, showing how it was spread till a whole of the community is infected, and we have got to deal not with the exceptional criminals, but a disaffected population, not passively sympathizing with, but openly honoring, aiding, and abetting the most atrocious criminals; let us remember their motives, and then surely the extent of the disaffection is sufficient to make it as a matter of State policy to root out the disease by extraordinary means".[89] The cure for Mappila disease was thus viewed as disciplining the deviant subject race by exercising extraordinary measures, and the suppression of the rebellion was ensured through the enforcement of colonial legality.

Tracing the roots of the "Mappila disease" to the rebel chiefs of the early phase of British rule in Malabar was another conspicuous policy of colonial administrators to explain the present based on the past and to affirm the inheritance of 'madness" from generation to generation among the Mappila community. The British, in fact,

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[87] Minute by the Honorable D. Elliott, Esq., dated 6 November 1849, Correspondence on Moplah Outrages in Malabar, 1849 – 50, p. 142, RAK.

[88] Letter from H.M. Winterbotham, Esq., Member, Board of Revenue to the Chief Secretary to Government, dated 5 May 1896, Mappila Conspiracy Judicial Report, 1896, p.63, RAK.

[89] Letter from C. Collett, Esq., Joint–Magistrate of Malabar to T. Clarke, Esq., Magistrate of Malabar, Dated 7 January 1856, Correspondence on Moplah Outrages in Malabar, 1856 – 59. p. 239, RAK.

feared the untamed nature of the generation of Uny Muta, Athen Kurikul, and other great rebels (properly so called) of the beginning of the 19th century and took measures to prevent their remembrance among the discontented spirit of Mappilas. The British, however, constantly remembered and worried about the ferocity of these early rebel chiefs in their reports and feared that even their memory could create repercussions among Mappilas. Delegitimizing their struggles and their legacy was thus necessary to knock off the present uprisings because the British sweated blood on the thought that the "insurgents of today are the grandchildren of the Moplah freebooters, and robber chieftains"[90] whose time was viewed as a reign of terror in colonial records. As a part of pathologizing the resistance of the early rebel chiefs and demeaning their political acts, measures like framing the whole rebel families under various heads of manias were done by the colonial masters. R.H. Hitchcock, who was appointed as the District Superintendent of Police in Malabar, compiled a confidential account of the turbulent days of the 1921 rebellion. His narratives, for example, theorized the frequent appearance of certain Muslim families in connection with the peasant outbreaks within psychiatric language. He argues that for generations the families of Uny Muta Moopan and Athan Kurikul have suffered something beyond a form of homicidal mania,[91] which is a deliberate attempt to narrow down the gallantry Mappila Masculinities as men of a deranged mental state. Unni Moosa Moopan and Athan Gurukkal were, in fact, the signifiers of the early phase of anti-colonial struggles in Malabar. Both Unni Moosa and Athan Gurukkal were shrewd politicians and chiefs in South Malabar entitled to tax collection. Though they collaborated with Tipu for some time, once their self-rule was defied, collaboration turned into confrontations.

The same thing happened under British colonialism; they became the opponents of the colonial state when their self-governance was hindered. The dangerous character of the rebels and the turbulent nature of their families were taken as the root cause of "Mappila Mania," which was set out to treat by extraordinary

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[90] Letter from H.M. Winterbotham to the Chief Secretary to Government, dated 5 May 1896, p. 62, RAK.

[91] R. H. Hitchcock, *A History of the Malabar Rebellion*, 1921, Government Press, Madras, 1925, p. 10.

measures. In order to prevent the activation of the first symptom[92] of the "Mappila Mania", the colonial state initially followed a policy of maintaining a strict watch over this staunch group of rebels. Later, the state measures advanced to much severe remedies like exercising extraordinary measures through isolating and punishing the infected part of the population. This includes disarming the people, fining the Moplah districts, escheating the property of rebels, and in certain cases deporting the suspected.[93] The usage of terms like 'idiocy', 'mania', 'ecstasy' etc. to describe the mental condition of the protesting group and the comparison of rebels with mad dogs and must elephants be the strategic measures adopted by the colonial authority to de-valorize the "deviance" and to discipline the disobedient subject race. The lunatic Mappila became a criminal lunatic in such contexts.

In the case of the Mappila uprisings, colonial authority perceived the resurgence as the "madness" of the Mappila race. By articulating the political resistance as pathologies of a deranged mind, asylum provision was ensured to the so-called "Mappila lunatics" under the wider discourse of imperial benevolence and civilizing mission. An analysis of the patient registers of Calicut lunatic asylum shows that 27 youths from Manjeri, the majority of them were Mappilas, got admitted into the asylum in 1896, and a background check on these inmates showed that they were participants in an anticolonial outbreak that happened at Manjeri in the same year.[94] Picturizing the Mappila rebels as insane and branding them as 'criminal lunatics' shows the complexity of the colonial agenda in using the space of a lunatic asylum for controlling and confining the "deviant subjects". Keeping this in perspective, it can be argued that, along with offering treatment for psychiatric derangements, colonial lunatic asylums also proffered solutions for 'political illnesses' affecting the colonies, such as rebellions and revolutions. The tendency to pathologize and criminalize

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[92] Minute by the Honorable D. Elliott, Esq., 6 November 1849, No. 929, Correspondence on Moplah Outrages in Malabar, 1849 – 50, p. 142, RAK.

[93] Letter from H. V Conolly, Esq., Magistrate of Malabar to T. Pycroft, Esq., Secretary to Government, Judicial Department, dated 28 January 1852, Correspondence on Moplah Outrages in Malabar, 1852 – 53, p. 254, RAK.

[94] Abdul Razak, *Malabar Rebellion: Myth and History*, 2021, September 3, Retrieved from https://j.mp/38JPHd6.

politicized acts of colonial subjects as deviance and forms of illness is, in fact, an attempt to 'other' the disruptive slice of the population and the network of colonial institutions, particularly asylums and prisons, ensured confinement provision for this "dangerous group of people". The colonial construction of Mappila rebels as hardcore criminals defying the agrarian moorings and the anti-colonial impulse of the movement is still creating dangerous interpretations in the fraught present.

Asylum, Prisons and Lunatic Admission: Locating the idea of Incarceration and Institutional Space

The admission of lunatics, even if it was Europeans afflicted with insanity, to civil hospitals was meted out with unwillingness and confusion from hospital committees. Interestingly, there are instances in which civil hospital management was reluctant to admit a European lunatic on the grounds that the presence of a lunatic, especially a European lunatic, would diminish the popularity of the hospital among natives.

The case of Mr. Sidjwich rightly substantiates this aspect.[95] He was an Estate Superintendent in Cherambadi in South East Wynaad and was suffering from brain fever, and at intervals, subjected to suicidal mania. When this matter came to the notice of L. R Burrows, the District Magistrate of Nilgiris, he requested Dr. Hazlett, the medical officer in charge of St. Bartholomew's hospital, to admit Mr. Sidjwich there. Dr. Hazlett admitted the patient to the said hospital but with reluctance and forwarded the extract from the proceedings of the Hospital Committee to L.R. Burrows stating that "the admission of a lunatic, especially a European, is a certain preventive to natives coming as inpatients and lessens the popularity of the hospital among the natives". This was an intimation to the District Magistrate that no admission will be afforded to the next European who may be in a similar plight to Mr. Sidjwich, as it may lessen the popularity of the hospital among natives. Since this is the case L.R. Burrows wrote a letter to the Chief Secretary of the Government requesting to issue

[95] Letter from L.R. Burrows, Esq., District Magistrate of Nilgiris to the Chief Secretary of Government, dated 7 July 1884, No. 124, Judicial Department, Madras Government. RAK.

an order stating “with the exception of persons who are considered by the Magistrate to be dangerous by reason of lunacy or lunatics who are found wandering at large and taken up by the police, no person suffering from bodily diseases should be refused admission because he is subject to the attack of mania or delirium”. The order[96] passed by the Government thereupon mentioned that “it is illegal to confine lunatics in jail and patients like Mr. Sidjwich shouldn’t be denied admission to hospitals if the hospitals have separate wards in which such patient could have been placed. But for any lunatic “believed to be dangerous by reason of lunacy,” the District Magistrate should remand the patient to jail, while under observation, and from there they can be shifted to safe custody in asylums through the procedure. The case of Mr. Sidjwich, in fact, shows the disinterest of the hospital authority to admit him to the civil hospital, even though he was a European patient, on the ground that it may lessen the number of visits of natives to the hospital and thus will affect the popularity of the institution among locals. In fact, hospital management dispensed due importance to attracting the natives to hospitals and thereby made attempts to popularize Western medicines among the native society. The reluctance to receive lunatics to civil hospitals, on the other hand, suggests the need for a specific institution for the care and cure of the insane within the colonial setting.

The nuances in the terminology of lunacy in the colonial context are also a matter of consideration. As per its nature and degree, the asylum authorities decided or denied the admission of patients into the institution. In the above-mentioned case, the District Magistrate mentioned that the lunatic asylums act gives the Magistrate the jurisdiction and rights to confine “all persons wandering at large who are deemed to be lunatics” and “persons believed to be dangerous by reason of lunacy”. He further mentioned that “there is no statutory definition of the word “lunatic”, and the word must, therefore, be taken in its ordinary and popular sense as not including persons who have fits of mania incidental to bodily disease such as the delirium in fevers, or who suffer from attacks of delirium tremens. But granted that any person who is subject to the attack of delirium or mania owing to bodily illness who is during the

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96 Government Order dated 28 July 1884, No. 1856, Judicial Department, Madras Government. RAK.

continuance of such attacks dangerous to himself or others may legally be treated as a lunatic under the Act, it would be most painful in the majority of cases to order such persons to be confined in the district jail, pending the disposal of the question of their sanity or their transfer to an asylum. Nothing probably would be more likely to hasten the death or permanently destroy the reason of sufferer than such treatment".[97]The right to decide the nature of the delirium and the decision to send the afflicted person to hospitals or asylums was based on the intensity of the disease as well as the condition of the patient. The body-mind dualism is reflected in all these classifications. As the letter from the Magistrates shows, if the mania is part of a bodily disease it won't come under the head of insanity, and if the delirium of a patient was the result of his neurotic disorder, it can be placed under lunacy, and the patient can be sent to the lunatic asylum.

Some of the colonial administrators, as in the case of the above-mentioned Magistrate, gave more importance to humanitarian values and thus placed the pain of patients beyond colonial legality and definitions of madness. Offering adequate care and cures to the needy was the ultimate reflection of some of their policies. Here, in the case of Mr. Sidjwich, the patient was a European, and hence there will be a higher degree of concern on the part of the administrator to ensure proper treatment facilities for him. But it is remarkable that the magistrate took the case of Sidjwich as a reference point, and thereby he spoke for all the cases where a person requires restraint and watching owing to symptoms of mania incidental to bodily illness, as well as due to mental illness. Though the hospital management was reluctant to admit Mr. Sidjwich since his disease comes under the head of lunacy, the district magistrate stood for the extension of hospital care for every individual in pain without much attention to whether it is a bodily illness or neurotic disorder. Though Western medicine was used as a tool of hegemony over Indigenous idioms of healing, its practices, practitioners, and administrators were not always hegemonic, as in the case of the above-mentioned District Magistrate. The aforesaid case can be contextualized within the argument that the medical practices were not always hegemonic simply because they were applied within a colonial context, and discourse on the relationship

[97] Letter from L.R. Burrows to the Chief Secretary of Government, dated 7 July 1884, RAK.

between medical power and colonial power does not always draw the conclusion of a hegemonic regime.

The order issued in July 1884[98] by the Judicial Department of the Madras Government in the case of Mr. Sidjwich though clearly stipulated that the confinement of lunatics in jails was illegal, but the case of criminal lunatics, however, was different. Once criminal lunatics came into the official cognizance, prisons functioned as the initial place of their custody. It was only after the trial and the examination of insanity, as well as the issuance of medical testimony, that they were moved into the asylum space. This was the case before and after the establishment of the lunatic asylum in Malabar. The case of Kunhi Mayen,[99] who was suddenly gone mad, explains the nuances related to the confinement of a criminal lunatic in jail. The case history of Kunhi Mayen furnishes the details that he was a quiet and well-behaved individual, and he started to behave violently after entering a Hindu temple where a festival was going on. Being a non–Hindu, his presence was considered to have polluted the sacred space and festival. He was removed from there by the police with some trouble and has ever since been very violent. However, the magistrate acquitted him of the charge of criminal trespass on the grounds of unsoundness of the mind, and in accordance with the provisions of section 394 of the Criminal Procedure Code, he was removed to jail for custody. The report of the Zillah surgeon of Tellicherry also attested to the fact that Kunhi Mayen was a lunatic and thus advised his removal to an asylum. Since this case happened in 1864, asylum provision was not available within the Malabar district, and hence, the officials kept him on the premises of the Tellicherry prison.

The same developments can be seen in the case of the lunatic Itti Madevi.[100] She was tried at the Session court of Calicut for having murdered her three children on

[98] Government Order dated 28 July 1884, No. 1856, Judicial Department, Madras Government. RAK.

[99] Letter from J. H. Garstin, Esq., Acting Joint Magistrate of Malabar to the honorable A.J. Arbuthnot, Chief Secretary to Government, Fort Saint George, dated 22 January 1864, No. 13, Judicial Department, Proceedings of the Madras Government. RAK.

[100] Letter from the Magistrate of Malabar to the Chief Secretary to the Government, Fort Saint George, dated 3 May 1866, Judicial Department, Proceedings of the Madras Government. RAK.

the third of December 1864, but she was acquitted on the ground of insanity, and the Government directed that she should be detained in the jail at Calicut until the completion of the lunatic asylum. The insane woman was thus confined in the said prison for more than one year, and then on 12th March 1866, the Inspector General of Prison wrote a letter to the Magistrate of Malabar stating that Itti Madevi at present was sane and had not shown any symptoms of insanity for the last six or eight months. He informed the Magistrate that the brother of the woman is desirous that she should be delivered over to his care and custody, and is prepared to furnish security. The Government, however, issued an order denying the removal of the woman from jail on security grounds. It must be noted in this context that the lunatic asylum at Calicut came into effect only in 1872, and we do not get any further data on whether she was shifted to any other specific space of care and cure. Most probably, she must continue to be confined within the jail even though the medical officer was convinced of her sane state of mind. The case of Kunji Mayen and Itti Madevi shows the functioning of jail as a custodial space not only for criminals but also for criminal lunatics. The lack of an institutional provision, such as a lunatic asylum, in Malabar during the 1860s can be viewed as a pragmatic reason for their confinement in jail, but the practice continued even after an asylum was established at Calicut.

In the above-mentioned cases of Kunji Mayen and Itti Madevi, court proceedings and colonial records do not mention the terminology of "criminal lunatic" to indicate the medico-legal status of these subjects. Unlike the above cases, during later periods, classifications of the lunatics were duly noted in colonial court proceedings in cases involving lunacy to distinguish and differentiate different classes of convicted lunatics. The absence of such classifications in the above-mentioned two cases is probably because this was a period when there was no asylum provision available, and there was prevalent ambivalence regarding the identification of lunatics and the nature of lunacy within Malabar. The evolution of the classification and categorization of lunatics into criminal lunatics, civil lunatics, harmless lunatics, etc., took shape in the context of Malabar only after the establishment of the Calicut lunatic asylum. After the asylum was established, convicts who were found to be insane at the time of their crime were acquitted on the grounds of aberration of intellect and

specifically branded them as “criminal lunatics” in court proceedings and were transferred to the asylum for treatment and custody. In fact, criminal lunatics comprised a significant section of the population of jails and asylums, and their submission and reformation were ensured through legal, judicial, medical, and moral terrains of authoritarian power.

Within the single category of “criminal lunatics”, there were further classifications such as “harmless lunatics”, “dangerous lunatics”, etc., based on the nature of the crime they had committed and the fervency and ferocity of violence they had displayed. The annual report of Calicut asylum for the year 1879 – 1880 explains this distinction by stating that “many of the criminal lunatics have been sent to the asylum, because in their insane wanderings, they have trespassed on other people’s property or committed petty thefts, and patients of this description are often harmless, differing widely from the class of lunatics who have been committed for deeds of violence against the person. The latter cannot with safety be set at liberty, but the former class of criminals may often be restored to their friends, who will undertake to look after them”.[101] The idea of a mentally unsound mind during the time of the committal of the crime resulted in offering medical privilege to the convict, and the nature and intensity of their crime, as mentioned above, determined their category of identification such as “harmless lunatic”, “dangerous lunatic” etc. within colonial legality.

With the realization in the home country “that nerves and mental disturbances often manifest themselves by peculiar, unsatisfactory or criminal conduct, the idea had gained ground that delinquency may sometimes be due to some nervous or mental abnormality. Given the knowledge that such disturbances are often associated with unsatisfactory physical health, it is gradually being recognized that difficult cases require a thorough investigation both on the mental and physical side”.[102] Such

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[101] Annual Report on the Lunatic Asylums in the Madras Presidency during the Year 1879 – 1880, Government Press, Madras, 1881, p. 2. RAK.

[102] W.A. Potts, M.A., M.D, Psychological Expert to the Birmingham Justices; Visiting Physician, Mental wards, Hallam Hospital, “Crime and Delinquency,” *The Police Journal: Theory, Practice and Principles,* Vol. 2, No. 3, July 1929, p.416. RAK.

realizations led to offering concessions and legal protection to the individuals who committed the crime when they had an abnormal mental state. According to the law of England, the relation between insanity and crime is defined as "No act is a crime if the person who does it is at the time when it is done prevented (either by defective mental power or) by any disease affecting his mind (a) from knowing the nature and quality of his act; or (b) from knowing that the act is wrong; or (c) from controlling his own conduct, unless the absence of the power of control has been produced by his own default)".[103] The same framework of law was adopted in the Indian context while dealing with prisoners with insanity and raised questions such as (a) "Did the prisoner commit the act alleged? (b) If he did, was he at the time insane? (c) If he was insane, has it nevertheless been proved to the satisfaction of the jury that the mental disorder was not calculated to influence the commission of the act?".[104] Such questions were addressed and examined along with medico–psychological guidance from doctors, and the final decision in the case should be taken by the jury regarding the mental state of the accused in order to decide whether or not he is entitled to the medical privilege of insanity. Within the discourse of insanity, the superiority of law and jurist was established as the producers of final judgment, and the medical guidance was supplementary to the substantiation of the judgment. This was because of the colonial perception that "an investigation into mental disease must often be exceedingly difficult because of the obscurity of the facts to be investigated, and the doubt that necessarily exists as to how they are to be interpreted. The advance in scientific knowledge will add to the difficulty as it brings new facts and knowledge into account. There is no finality in medicine. But there is finality in law, and if the law is properly comprehended and applied it will be sufficient".[105] The superiority and authenticity of law thus granted the jurist the ultimate power to produce the verdict where the medical practitioner's opinion regarding the mental state of the accused individual was considered secondary, substantiating evidence. The cases of persons involving the

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[103] Sir Harry L. Stephen, LLM, "Insanity and Crime," *Police Journal: Theory, Practice and Principles,* Vol. 2, No. 2, April 1929, p.218. RAK.

[104] *Ibid.*, 221.

[105] *Ibid.*, 224.

nuances of crime and lunacy were judged after taking into consideration the previous medical history of the individual along with examining his current mental state and the production of the categories such as “dangerous lunatic”, “harmless lunatic” etc. were structured along with the jurists’ conviction regarding the nature of the accused’s crime.

The instances in which natives used insanity as a tool to get revision or relaxation in the sentences can be seen from Malabar. The natives were gradually acquainted with the court proceedings of the colonial state, including the possibilities of legal protection that one can claim upon having an unstable mental state during the commission of the crime. For example, in the case of Ashari Pachunni who was sentenced to death by the Court of Sessions of South Malabar on the ground of the murder of his sister Pennutti, his aunt Ittiyotha and a male child aged about 11 months, the grandson of his aunt gave appeal to the High Court of Judicature at Madras to reconsider the sentence. As per the case details, he was taken into custody immediately after the murder, and he made a statement before the Tahsildar Magistrate that he killed the three persons by cutting them with a chisel. The accused claims that he did the act when he was subjected to something like insanity, and asserts that he was afflicted with the disease for six months a year ago, and six months ago he similarly suffered for two or three months, after which he recovered. As per the confession, the individual last experienced the disease four or five days prior to the killing of these people and recovered from it five or eight days after he had killed them. The prisoner was put under the observation of Surgeon-Major Beech, the superintendent of the jail at Calicut, for some weeks, and according to his opinion, the prisoner was suffering from “fear”, and not from insanity, pure and simple. After his initial days in prison, he could take food, sleep soundly, and speak to his fellow prisoners and warders. The tremor he felt initially was because of his fear, and he rapidly improved in prison. Also, as per the statements of witnesses, the prisoner was never mad but suffered from fits. The Vakil who appears on behalf of the prisoner does not contend the fact that the three murders were not committed by the prisoner, but argues that the prisoner was suffering from insanity and thus privileged to get relaxation in the punishment. The judges who initially considered the case could not find any evidence to show that the

prisoner at the time of the murders was in a state of mind of “not knowing right from wrong”, and the evidence only indicated that he was occasionally subjected to fits and hence inflicted death punishment upon the convict. According to the Appeal Court, though there is no motive behind these murders, it is not a reason to acquit the prisoner on the ground of insanity, and none of the witnesses attested that the prisoner was insane. The judges of the appeal court thus found no reason to differ from the Session judge. Once the assessors found that this man was guilty of the murder, they confirmed the conviction and death sentence and consequently dismissed the appeal.[106]

In another case, Allakkat Appu alias Narayana Nair submitted an appeal at the High Court of Judicature at Madras for the reconsideration of the death sentence inflicted upon him by the South Malabar Session court in case No. 40 of the Calendar for 1930. The charge against him was that he brutally cut a girl of twelve years old with a chopper. The cuts were inflicted on the neck, shoulders, arms, and chest, and the spine and spinal cord had been nearly severed by one cut and the external jugular vein by another. The prisoner’s explanation of the offense is that he had an unsound mind when he committed the crime. The witnesses in this case were his mother and sister, and according to the evidence of these two people, when he was remonstrated, he said he was only cutting wood and not killing the girl, which, according to the witnesses, pointed to the abnormal mental state of the prisoner. The Session judge of the lower court was, however, doubtful of this testimony because the witnesses in this case were the close relatives of the prisoner, and no information with regard to the murder of the young girl was given by either of these witnesses to the village Munsif. The court examined the conduct of the prisoner both immediately before the occurrence and immediately afterward and found that he was a normal person and there was nothing to suggest that he was of unsound mind. He cleaned the chopper after the murder, which suggests that he knew that he had not been chopping wood, but on the contrary, it indicates some intention on his part to conceal the traces of his crime. After the crime, he asked for protection from his employer, who was P.W. 10 in

[106] Judgment of the High Court of Judicature at Madras, Judgement passed by Chief Justice Sir Arthur J.H. Collins and MR. Justice Parker, Referred trial No.1 of 1889, Malabar Collectorate Correspondence Files, No.656. RAK.

this case, which again shows that he knows the nature and quality of his act and that what he had done was a wrong act. The only evidence indicating the insanity of the prisoner was the rumor that he was of unsound mind about a year before. But there was nothing whatever to show that the prisoner was not able to appreciate the nature and quality of his act when he committed the crime or that he did not know that what he was doing was wrong. Since there is no proper evidence to bring the prisoner within the provision of section 84 of the Indian Penal Code and to satisfy the condition of unsoundness of mind, the High Court confirmed the conviction of the lower court that the prisoner was responsible for the offense of murder and confirmed the sentence of death and dismissed his appeal.[107] The colonial court and administrators were cautious and conscious about the implications of insanity in the legal proceedings, particularly regarding the potential leniency in punishments that could be offered to the accused on this ground. Thus, they were meticulous in making medical examinations in such cases and thoroughly analyzing the mindset of the accused before, during, and after the crime, which helped them to decide the judgment whether the accused should be punished or acquitted on the grounds of insanity.

Criminal lunatics were detained in jails in specific wards for observation and examination, and their removal to an asylum was based on the magistrate's conviction on the nature and intensity of their insanity during episodes of the trial of their case. So, the process was based on the colonial jurisdiction to segregate this "highly dangerous, troublesome and unmanageable" class to the specifically designated quarters of criminal lunatics within the asylum space. Their transfer from jail to asylums and vice versa was set within the administrative pragmatism of the colonial state in managing this particular section of native society. Within the Calicut asylum itself, we can see cases of criminal lunatics who were shifted to prison from the lunatic asylum once they recovered from mental illness. The annual report of the lunatic asylum of Calicut for the year 1884 – 85 for instance mentioned one criminal lunatic named Thumban who was discharged "cured" and transferred to the district Jail at

[107] Judgment of the High Court of Judicature at Madras, Judgement passed by Chief Justice Sir Horace Owen Compton Beasley, Kt, and Mr. Justice Sundaram Chetty, Referred trial No.36 of 1931, Malabar Collectorate Correspondence Files, No.656. RAK.

Calicut, to undergo his unexpired portion of imprisonment, by the order of govt, dated 26th March 1884, No.794.[108] The same annual report provides a reference to two criminal male lunatics who were transferred to the civil ward of this institution after the expiration of their sentence.[109] In most cases, the cured criminal lunatics were transferred to jails to serve the remaining duration of their sentence, and as in the case of Asari Arumukham, who was a criminal lunatic, the final discharging orders were issued from prisons.[110] Criminal lunatics in fact confined within the medical and legal terminologies of deviance and disorder, and hence their removal from asylum to jail and vice versa was grounded in the colonial discourse of "disciplinary healing". This suggests that the colonial administrators used both asylum and prison for the confinement of criminal lunatics because both were carceral institutions in name and practice and ultimately had the basic framework of custody and surveillance.

According to the rules and regulations of the colonial Government, criminal lunatics on their "admission into the Mental Hospital, be required to wear the prescribed dress. They shall be kept apart from all others in a special enclosure and shall not be permitted to go beyond the bounds of this enclosure, except by the order of the superintendent of the Hospital. When the criminal enclosure is full, a criminal lunatic was temporarily lodged outside the enclosure, and in cases if the crime committed by the criminal lunatic was trivial in nature and not an offense against any person, and who does not show aggressive symptoms, based on the recommendation of the visitors and under the order of the local Government, treated in accordance with the rules governing the treatment of non–criminal lunatics".[111] "Upon the recovery of criminal lunatics from the asylum, it should be intimated to the Magistrate or to the court before which, he was charged. The superintendent should forward the papers, including the medical history sheet and abstract from the Hospital Case Book dealing

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[108] Annual Report of the Three Lunatic Asylums in the Madras Presidency During the Year 1884 – 85, Government Press, Madras, 1886, p. 20. RAK.

[109] *Ibid*., 22.

[110] Government Order No. 1926, Judicial Department, dated 8 September 1914, Revenue Files 28, Bundle No. 154, Sl. No. 19. RAK.

[111] The criminal rules of practice and orders issued by the High Court of Judicature at Madras for the Guidance of all Criminal courts in the Presidency, Madras, Printed by the Superintendent, Government Press, 1931, p.146. RAK.

with the chief events in his history, together with recorded opinions with dates regarding his mental attitude while under observation in the hospital, to the Magistrate or the court. If a recovered criminal lunatic transferred from a hospital to jail has a relapse of insanity, he shall be immediately retransferred to the hospital in anticipation of the orders of the local Government. According to colonial law, when the visitors of the hospital intend to recommend the release of the criminal lunatic to his family, relatives, or friends, they should provide enough length of time to examine the relapse of insanity and must ensure that the person was properly cured".[112]

The Calicut asylum during its initial years mainly offered custodial space for criminal lunatics. This was because of the medico-legal characteristics of the criminal lunacy, in which medical care was offered to the criminal lunatic through legal discourse. Moreover, wandering lunatics and criminal lunatics came into the official cognizance much more easily compared to civil lunatics because the former were not only subjected to insanity but also a subject of the colonial medico-legal framework. The police and local authorities had the right to capture them in their wandering existence or while committing specific crimes, and thus send them to the asylum through the judicial process of trial. The committal rate of civil lunatics to asylums was very low at the beginning of asylumdom because they were primarily cared for within familial units and community surveillance. Over time, asylums in the Madras Presidency suffered from inadequate accommodation facilities for criminal lunatics, mainly because of their overcrowding or preponderance within asylum space. Apart from this, the slow but steady acceptance from the natives regarding asylum provision also resulted in the increasing admittance of civil lunatics, which created a shelter shortage within these institutions. Rather than functioning as a hospice for alleviating the pain of the most unfortunate class of suffering beings, for a long period, asylums functioned as a facilitating institution for colonial masters to manage and marginalize the trouble-makers of colonial society, like criminal lunatics and wandering insane populations.

The asylum authorities faced growing demands from jails for the

[112] *Ibid*., 147.

accommodation of criminal lunatics. The superintendents of Calicut asylum, in some years, recorded that they had to deny admission requests due to the shortage of housing facilities within the institution. The Annual report of the asylum in 1885, for instance, recorded that "more room for criminal insane is specially needed, so as to relieve jails of a very troublesome class of inmates".[113] In 1887, there was a large increase in the admissions of criminal lunatics; 54 were received against 14 in 1886, and the population of this class at the end of the year had risen from 108 to 134, while several were under detention in jails for want of room in the asylums.[114] During the subsequent years, this trend was also observed, and there were recordings like "application for admission had to be refused in many instances and a few from the District Jail, Calicut had to be sent to Madras Asylum for want of accommodation here".[115] This, in fact, shows the clogging and crowding of criminal lunatics within asylums and jails. They were a burdensome class to the colonial administrators, whose confinement was more challenging and strenuous within colonial institutions. Their responsibility thus shuttled between asylum and prison.

The question of transferring all criminal lunatics to a specific institution was a repeatedly raised question within the asylums of the Madras presidency. Dr. Smith, who was the surgeon–general of the Indian Medical Department during 1876 -77, put forward an opinion on the establishment of a Central Criminal Asylum for the reception and treatment of criminal lunatics, however, this did not meet with any practical results from the side of the Government.[116] During the 1880s, there were proposals for transferring all the criminal lunatics of Calicut and Waltair asylums to Madras Asylum, which then would be officially authorized for the reception of this category of lunatics. In 1888, the Superintendents of Calicut and Waltair asylum

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[113] Annual Report on the Lunatic Asylums in the Madras Presidency for the Nine Months Ending December 1885, Superintendent, Government Press, Madras, 1886, p. 9. RAK.

[114] Annual Report on the Lunatic Asylums in the Madras Presidency for the Year Ending December 1887, Superintendent, Government Press, Madras, 1888, p.25. RAK.

[115] Annual Report on the Lunatic Asylums in the Madras Presidency for the Year Ending December 1888, Superintendent, Government Press, Madras, 1889, p. 3. RAK.

[116] Annual Report on the Three Lunatic Asylums in the Madras Presidency During the Year 1876 – 1877, Government Press, Madras, 1878, p.53. RAK.

expressed their hope in this proposal because if this plan is adopted, it will considerably reduce their difficulties in managing criminal lunatics and they will be able to provide proper accommodation for civil insane in these institutions.[117] The superintend of Waltair asylum, for instance, writes that "for want of accommodation, 1 criminal male, 6 civil and 2 military lunatics were refused admission" and expects that when the criminal wards are opened at Madras there will be ample accommodation available at both Calicut and Waltair, as the present criminal accommodation at these asylums is 36 and 11 respectively, and this will then be available for civil insane".[118] The acceptance of this proposal was necessary for the proper functioning of the asylum system and thus got official approval. Subsequently, the annual reports of the three asylums in Madras Presidency for the year 1892 mentioned that "owing to the transfer of the criminal lunatics to the Madras asylum under O.G., No. 1215, of 16th July 1889, none of this class were left under treatment in Vizagapatam or Calicut on the last day of the year".[119] The transfer of all criminal lunatics into Madras Asylum was a pragmatic tool envisaged by the colonial administrators to address the growing accommodation requests for civil lunatics in the Calicut and Waltair asylums. This strategy also served to manage the most troublesome section of the subject population under proper control and disciplinary discourse.

The loosely designed administrative paradigms of colonial government do not necessarily prescribe asylum as the only specific site of confinement for civil lunatics. It should be noted in this context that, though asylum was the designated institution for the custody of lunatics, prisons were also frequently utilized for this purpose since both institutions functioned as centers of detention in the colonial context. They were, in fact, identical twins with variations only in nomenclature. The Government order issued in the case of European lunatic Mr. Sidjwich in 1884 mentioned the confinement of civil lunatics in jail as illegal. Though there were orders, it seems that

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[117] Annual Report on the Lunatic Asylums in the Madras Presidency for the Year Ending December 1888, Government Press, Madras, 1889, p.6. RAK.

[118] Annual Report on The Lunatic Asylums in the Madras Presidency for the Year 1891, Government Press, Madras, 1892, p.3. RAK.

[119] Annual Report on the Three Lunatic Asylums in the Madras Presidency for the Year 1892, Government Press, Madras, 1893, p.7. RAK.

prison and asylum were used interchangeably for the detention of lunatics, including civil lunatics. In this context, the Public Department of the Madras Government in the year 1907 again issued an order,[120] mentioning the confinement of civil lunatics in jail as illegal and necessitating the need for proper asylum facilities for their detention. The latter order issued on 19th June 1907 particularly mentioned that "in places in which there is a Lunatic Asylum, the proper places for the detention of a supposed civil lunatic who has to be placed under observation under section 6 – A of the lunatic Asylums Act, 1858, is ordinarily the asylum and not a jail; directing that such lunatics shall ordinarily, if the Magistrates' court be within 100 miles of Madras, Calicut or Vizagapatam, be sent to the Lunatic Asylum at the nearest of those places".[121] The background for the issuance of the 1907 order might be the continuing official practice of sending civil lunatics to jails for observation and custody. The issuance of this particular order was the result of the intervention of Calicut Lunatic Asylum. A. R Knapp, the Acting District Magistrate of Malabar in his letter to the Chief Secretary to Government on 18th March 1907 requested the Government to authorize the Lunatic Asylum of Calicut for the detention and observation of supposed civil lunatics.[122] In his letter, he mentioned that "at present civil lunatics, if they require guarding, are usually sent to the Calicut sub-jail and the request to detain the civil lunatics within asylum premise is not merely because of the extra work imposed on the sub-jail establishment, which is already overworked, but it also affords the opportunity for effective personal observation of the lunatic than would be presented in the prison".[123] This request was sanctioned and furthermore applied to the Madras Lunatic Asylum and Vizagapatam Asylum.

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[120] Government Order No. 479, 19 July 1907, Revenue Files R 27, Bundle No. 56, Sl. No. 38, 1907. RAK.

[121] *Ibid.*

[122] Letter from A. R Knapp, Esq., I.C.S., Acting District Magistrate of Malabar to the Chief Secretary of Government, dated 18 March 1907, Revenue Files R 27, Bundle. No. 56, Sl. No. 38, 1907. RAK.

[123] *Ibid.*

The rule[124] and the reason for the detention of lunatics within the Penitentiary was because of the greater convenience on account of its nearness to the High Court and Police Courts. With the intervention of Calicut Asylum, however, this was changed, and the space for the detention of lunatics was determined as Lunatic Asylums. In emergencies like the journey from the taluk to the Magistrate's station, there were provisions to use lockups and subsidiary jails for the detention of lunatics, if the supposed lunatic cannot be otherwise accommodated with safety.

The committal of "harmless lunatics" into lunatic asylums usually involves petitions from their family members, and most often, such admissions do not require any coercion or compulsion from the asylum authorities. "The petition submitted to the district Magistrate for considering the reception of a lunatic requires a proper written application from the relatives accompanied by a statement of particulars and shall be supported by two medical certificates, one of which certificates shall be from a medical officer. Upon the reception of the petition, the Magistrate shall consider the allegation in the petition and the evidence of lunacy in the certificates, and after he examines the case, he will rule the admission or the dismissal of the case".[125] However, in the case of native asylums, most of the cases of admission come not via the petition of the family but through the admittance of the criminal lunatics. Police had the right to arrest wandering lunatics or persons believed to be dangerous by reason of lunacy and produced before the Magistrate. Upon the examination of a medical officer as well as after the issuance of the medical certificate of lunacy, the Magistrate can make a reception order for them.

Once committed to the asylum, the release of the lunatic, however, completely depends upon the decision of the asylum authorities, even if their release was requested by relatives. In the case of lunatic C. Parangodan, his father submitted a petition to the Superintendent of Madras lunatic asylum requesting the release of his son from the asylum. But he was informed that "the Government is unable to comply with his

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[124] Government Order No. 1666, Judicial Department, dated 2 October 1906, Revenue Files R 27, Bundle. No. 56, Sl. No. 38, 1907. RAK.

[125] Indian Lunacy Act of 1912, Act No. IV of 1912, Part II, Reception, Care and Treatment of Lunatics, pp. 2- 4, 7- 8. RAK.

request on the ground that though Mr. Parangodan is still sane and completely well behaved, it is too early to guarantee his permanent recovery".[126] As per the Lunacy Act of 1912, the discharge of a lunatic from the lunatic asylum was subject to the decision of the visitors of the asylum. According to this, "three of the visitors of any asylum, of whom one shall be a medical officer, may, by order in writing, direct the discharge of any person"[127] from the asylum. The reception as well as the discharge of a patient from this institutional space thus comes within the legality of asylum provision, as well as based on the expert opinion of its authorities. Keeping this in perspective, it can be argued that the release of a lunatic patient from the asylum was set within the framework of medical and legal terminologies, along with emphasizing the curative aspect within the healing mechanisms prevalent in asylums.

Sanctuary of Healing: Exploring Treatments, Therapies, and Recreations in Asylum Care

The discussion on the nature of the asylum and its treatment pattern is relevant in this context. More than a space of 'great confinement' and custody asylums were designed with the intention of offering treatment to the needy. *In The Reality of Mental Illness*, Martin Roth and Jerome Kroll asserted that the consistency of the symptoms of mental illness throughout recorded history suggests that madness is more than just a label. It indicates that insanity is a genuine disease likely with biological roots.[128] Since madness is viewed as a "real disease", it should have proper treatment systems to curb and cure the illness and this should be read along with Leonard Smith's argument that interpreting lunatic asylums merely as instruments of social control undervalues the contributions and intentions of many of the practitioners who work

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[126] Letter from Major. C.H L. Palk, Superintendent, Lunatic asylum to the Additional District Magistrate of Malabar, Dated 5 February 1916, DR Files, Sl. No. 23. Bundle. No. 177. RAK.

[127] Indian Lunacy Act of 1912, Act No. IV of 1912, Chapter III, Care and treatment, p. 12. RAK.

[128] Martin Roth and Jerome Kroll, *The Reality of Mental Illness, Cambridge University Press,* Cambridge, 1986, p. 54.

within it".[129] Insanity as a disease causes deep human suffering not only to the afflicted individual but also to the people surrounding him and hence requires custody and cure within asylum space. Smith elaborates his argument by saying that the dual objectives of 'cure' and 'custody' were not merely enforced by the doctors over the patients[130] as a means of control, but were an integral part of the therapeutic regime of asylums. Megan Vaughan's analyses on colonial psychiatric regimes make more meaning in this context that colonial psychiatry has more nuanced and rich historical narratives when we explore its possibilities beyond the projects of direct social control".[131] All these writings suggest a much broader perspective on colonial lunatic asylums, highlighting their provisions of treatment and care on the grounds of humanitarian principles. If we are taking the definition of insanity essentially rooted in a medical standard, lunatic asylums might have provided some kind of treatment to the needy, though there were heated debates on their political affiliations with the state. It should be remembered that the application of asylum principles in colonies was defined in accordance with the colonial need to create "disciplined, productive and subjective subjects," which often led to replacing the idea of care and cure with custody and confinement within the language of social control. The partial failure of the asylum system in the colonial context can be ascribed to the soulless treatment patterns offered to the inmates, where the humanitarian notion of selfless service became obscured because the whole system was structured through a political lens. Even though this was the scenario, an analysis of the pattern of treatments, therapies, and other means of relaxing the inmates within the asylum is necessary for understanding the whole functioning of this system.

As far as the therapeutic systems employed for the management of native mental illness, Dr. Nanny, Superintendent of Madras Asylum, underscored the greater importance of mental as well as bodily treatment, including moral influences, gentle

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129 Leonard D. Smith, *Cure, Comfort and Safe Custody*: Public Lunatic Asylums in Early Nineteenth Century in England, Leicester University Press, London & New York, 1999, p. 5.

130 *Ibid*.

131 Megan Vaughan, "Introduction," in Sloan Mahone and Megan Vaughan (eds.). *Psychiatry and Empire*, Palgrave Macmillan, Houndmills, 2007, p. 2.

discipline, firmness united with kindness, exercise, and interesting occupation in restoring mental power.[132] The treatment method adopted within the lunatic asylums of Madras Presidency was based on the non-restraint system of the lunatic patient, in which great attention is paid to diet, regular exercise in the open air, suitable employment, and occasional amusement. Regarding medical treatment of the insane, there is very little difference in practice in any of the asylums. The therapeutic framework adopted in Calicut asylum thus more or less followed the similar techniques of other asylums in the Madras Presidency.

The curative and remedial techniques initiated by the Superintendents of Calicut asylum were largely based on occupation, recreation, and an appropriate diet with plenty of fresh air.[133] More dependence was placed on careful nursing and general hygiene, including exercise and cleanliness. According to them, nothing conduces so much to sound sleep and brain rest as work or occupation in the open air, that tries the muscles. In summary, rational occupation, amusements, exercise, and feeding with regular hours, and avoidance of all causes of unnatural excitement, etc., were the chief means adopted in the Calicut asylum to restore the health and tone of feeble brains.[134] Measures like cold douche were used to calm down temporary excitement among patients.[135] Treatment systems using drugs were also followed, and medicines such as potassium bromide, chloral, cannabis Indica, tinct. opium, etc., are used. Though narcotics, sedatives, and anodynes are given to the patients when necessary,[136] more importance was placed upon recreation, occupation, exercise, diet, and kind treatment, which had the potential to soothe the patients. There is no restraint during the day, however, violent patients are simply watched, and at night, the noisy,

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132 Annual Report on the Three Lunatic Asylums in the Madras Presidency During the Year 1877 – 1878, Government Press, Madras, 1879, p.9. RAK.

133 Annual Report on the Three Lunatic Asylums in the Madras Presidency During the Year 1879 – 1880, Government Press, Madras, p.41. RAK.

134 Annual Report on the Lunatic Asylums in the Madras Presidency During the Year 1880 – 81, Government Press, Madras, p.10. RAK.

135 Annual Report on the Three Lunatic Asylums in the Madras Presidency During the Year 1881– 82, Government Press, Madras, p. 26. RAK.

136 *Ibid.*

violent, and filthy are placed in cells by themselves.[137] H. D. Cook, the Superintendent of the Calicut asylum for the year 1881 – 82 mentioned that he followed a system of checking the weight of each patient at the end of every month which helped him to prescribe extras in the shape of milk, tonics, arracks, etc. to improve the condition of the patients as he regards the loss in weight in lunatics as a bad sign.[138] Measures like this can be seen in further instances where Dr. Dobie who was the Superintendent of Madras asylum for the year 1891 remarks on the explanation of increasing expense on patients' diet that "the giving of extras is a necessity in all asylums where lunatics are treated as patients and not as criminals".[139] Humanitarian intentions and kindness are reflected in these policies, where the sufferings of this unfortunate class of people were seriously taken into consideration. Criticism against giving extras in diets, however, was raised by higher officials, as in the case of Dr. Dobi, whose policy of giving additional food to patients to subdue their violence was vehemently opposed by W. F De Fabeck, Surgeon General with the Government of Madras. He argues that "under rule 58, laws relating to the management and superintendence of lunatic asylums, superintendence are allowed certain freedom to vary the diet according to the whim and caprice or the anemic condition of the patients, the articles substituted, however, should not in value exceed the cost of ordinary rations".[140] Though he was convinced the fact that the latter part of this rule sounds well in theory, with little possibility of practicality, he drew the attention of superintends to this rule and directed them to keep a record of all cases in which it has not been found practicable to carry it out. The economic constraints more severely affected the dieting pattern of inmates. The superintendents of the Calicut Asylum for many years raised issues on the diet scheme as it is not sufficiently nourishing for the insane. Plans like introducing a jail diet to the asylum resulted in the falling of flesh of native inmates both in Calicut and

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[137] Annual Report on the Three Lunatic Asylums in the Madras Presidency During the Year 1880 – 81, Government Press, Madras, p. 30. RAK

[138] Annual Report on the Three Lunatic Asylums in the Madras Presidency During the Year 1881 – 82, Government Press, Madras, p. 26. RAK.

[139] Annual Report on the Three Lunatic Asylums in the Madras Presidency for the Year 1891, Government Press, Madras, p. 10. RAK.

[140] *Ibid*., 11.

Madras.[141] Since these institutions run within meager financial funding, humanitarian principles at times were obscured.

Innovative treatments were also employed in cases like paralysis of the bladder, which was treated with great success in the Calicut asylum. In this case, the patient is an old–standing person who has been in the asylum for ten years. According to the case history of the patient, his bladder suddenly lost its contractile power, and the urine had to be drained off daily by the catheter. The treatment consisted of the administration of a tincture of Nux vomica 10 minimum doses three times a day with the electromagnetic machine and hot hip bath. The patient eventually recovered after this treatment.[142] Altogether, the therapeutic regimes of Calicut asylum were based on moral aspects of supervision and control, diet and discipline, occupation and recreation, and in addition to these, drugs were also used when necessary.

The annual reports of Calicut asylum for various years show the expenses of the asylum authorities for purchasing "Bazar medicines,"[143] which suggests that, along with Western medicines, colonial medical practitioners also depended upon indigenous medicines for the management of madness in lunatic asylums. For instance, the asylum report for the year 1889 shows that the authorities spent 790 – 3 – 11(in rupee–anna–pie) for purchasing Bazaar medicines, hospital necessaries, and miscellanies; at the same time, the cost of European medicines for the same year was 402 – 5 – 3(in rupee – anna- pie).[144] This may be partly because of the high expense of Western medicine and partly due to the difficulty in procuring imported medicine in considerable quantities. The purchase of the so-called "Bazar medicine" explicates the existence of a broader equation for the management of mental illness in Malabar. Moreover, the Superintendents of the asylums themselves assert that the effect of

141 Annual Report on the Three Lunatic Asylums in the Madras Presidency for the Year 1893, Government Press, Madras, p.7. RAK.

142 Annual Report on the Three Lunatic Asylums in the Madras Presidency During the Year 1884 – 1885, Government Press, Madras, 1886, p. 25. RAK.

143 Annual Report on the Three Lunatic Asylums in the Madras Presidency for the Year 1889, Government Press, Madras, 1890, p. 27. RAK.

144 *Ibid.*

modern drugs like Potassium bromides, Tinct, Cannabis Indica, Chloral hydrate, etc., was temporary and passed off very soon; especially in old-standing cases, the results of these drugs were not satisfactory.[145] The limitation of these drugs in managing insanity might be another reason for depending upon the locally available medicines. The interactions and innovations between varying treatment systems, in fact, produced a 'hybrid space' as far as the management of mental illness is concerned. Andrew Scull mentioned the experiments of the Western psychiatrist on an alkaloid derived from a species of the plant Rauwolfia, which was used in Indian folk medicines and the herbal treatments of Nigeria for calming effects and to cure mental diseases.[146] The plant was widely used in the local context for various purposes, including the treatment of hypertension. There was, in fact, give and take between Western medicines and indigenous systems of healing rather than merely asserting the monologue of psychiatry. As Niels Brimnes, in the context of indigenous medicines, argues, "There is a need to distinguish between different layers in the European discourse about non–European medicine. While the text intended to represent 'the other' to a European audience abounds with claims of European superiority in medical matters, the issue becomes much more ambiguous in the text produced closer to the administrative context".[147] Keeping this in perspective, it can be argued that the practitioners of psychiatry in colonial India, rather than wholly dismissing native healings as superstitious and beyond the pale of science and progress, viewed the indigenous medicines as reservoirs of potential knowledge in the management of mental illness.

The superintendents of asylums in Madras, like in any other colonial lunatic asylums, stressed the importance of introducing useful and remunerative occupations

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145 Annual Report on the Three Lunatic Asylums in the Madras Presidency During the Year 1884 – 1885, Government Press, Madras, 1886, p. 24. RAK.

146 Andrew Scull, *Madness in Civilization*: *A Cultural History of Insanity from the Bible to Freud, from the Madhouse to Modern Medicine*, Princeton University Press, Princeton, 2015, p. 199; See for details on the plant, Douglas Lobay, "Rauwolfia in the Treatment of Hypertension", *Integrative Medicine: A Clinician's Journal,* Vol. 14, No. 3, pp. 40 – 46.

147 Neils Brimnes, "The Sympathizing Heart and the Healing Hand: Small Pox Prevention and Medical Benevolence in Early Colonial South India," in Harald Fischer–Tine and Michael Mann (eds.)., *Colonialism as Civilizing Mission: Cultural Ideology in British India*, Anthem Press, London, 2004, p. 194.

among the inmates of the asylum; according to them, such occupations are not only remedial agents of great value but also offer considerable pecuniary importance to the government. The introduction of occupational therapy among the inmates of the asylum in principle was for engaging the sedimentary bodies and deranged minds in an active and productive manner and to reduce the wearisome inaction in their cells[148] but practically rooted in the economic interest of the colonizers as well as in the capitalistic desire to integrate colonial institutions even lunatic asylums to the financial benefits of the empire.[149] This was rooted in keeping up the notion of productive, self-sufficient, and disciplined colonial subjects within asylum space. The molding and modeling of the inmates of the asylum were based on the so-called "orderly world" outside the asylum and the perceived norms of broader society, such as productivity and conformity. On the one hand, by training and engaging the inmates of the asylums in productive occupation, colonizers are setting a model underpinning productivity as the basis of dignified and exalted social living. On the other hand, the world outside the asylum was used as the archetype for promoting fruitfulness among the inmates of the asylum. In both cases, the reciprocity was rooted in the capitalistic intentions of colonizers, amalgamating resources and wealth through every colonial institution, into which even lunatic asylums were strategically integrated.

The occupations of the inmates of Calicut asylum consisted of gardening, weaving, cotton–spinning, bringing part of the asylum grounds under cultivation, coir mat making, rope making, fiber spinning, tailoring, carpentering, blacksmith's work, paddy husking, sheep and goat breeding, etc.[150] Income from lunatic labor was transferred to the imperial treasury which thus contributed to a share of profit for the British empire in India. Not only the lunatic asylum of Calicut but also almost all of the asylums in colonial India might have transferred a small share of their profit from

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[148] Annual Report on the Lunatic Asylums in the Madras Presidency for the Year 1895, Government Press, Madras, p.4 of the end report. RAK.

[149] Shareena Jasmin P K, "The Politics of Incarcerating the Insane: The Case of Calicut Lunatic Asylum," *Proceedings of South Indian History Congress*, Vol. 41, 2023, p.7, http://journal.southindianhistorycongress.org/show_articles.php?atl_id=MzY3.

[150] Annual Reports of the Three Lunatic Asylums in the Madras Presidency for various years, Superintendent, Government Press, Madras. RAK.

lunatic labor to imperial coffers. Moreover, earnings from the works of lunatics, both in terms of money and material, were used to make the asylum a self-supporting system, reducing the burden of the government in running the institution. They were thus strategically integrated into the "web of empire,"[151] which facilitated satisfying the economic interest of the colonizers in the most subtle and sophisticated way. Joseph Melling argues that lunatic asylums were designed to meet the social and economic needs of the state, and they were aimed at maximizing civilizational advancement through medical intervention[152] intending that these institutions bring financial benefits along with nurturing a carceral culture to put down the deviants. Annual reports of Calicut asylum from the late nineteenth century onwards classify inmates within the brackets of tranquil and industrious, and quiet and idle, emphasizing the ability of the individual in terms of performing productive work. While industrious inmates helped the institution in earning revenue, the idle class was quite burdensome due to their inefficiency in contributing to the fiscal needs of the asylum.

Occupational therapy was also used to enforce the racial privileges of Europeans in the colonies. Since Calicut was a native-only asylum, this difference was not conspicuous. However, a comparison with Madras asylum which houses both native and European lunatics makes it clear that apart from allotting remunerative employment to natives they were also employed on labor for which no profit is shown, such as helping in grinding and preparing the rice, ragi, and other grains, carrying water, sweeping the asylum premises, assisting the tailors, blacksmiths, carpenters, dhobies, and cooks. Physical efforts and hard work on the part of a lunatic were necessary to accomplish such tasks, which sometimes are heavy, weary, and tiring. However, in Madras, the European and Eurasian female insane were given

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151 The terminology 'Webs of Empire' taken from Tony Ballantyne, *Webs of Empire: Locating New Zealand's colonial past*, UBC Press, Vancouver, 2014.

152 Joseph Melling, "Accommodating Madness: New Research in the Social History of Insanity and Institutions," in Bill Forsythe & Joseph. Melling (eds.)., *Insanity, Institutions and Society, 1800 – 1914: A Social History of Madness in Comparative Perspective*, Routledge, Taylor & Francis e-Library, 2006, pp. 3–4.

occupations such as needlework, knitting,[153] etc., which was more than an occupation, was a form of entertainment or artistic expression of the elite women of European and Eurasian communities.

Nevertheless, it is not possible to nullify the fact that occupational therapy had its positive impacts on the otherwise sluggish class of people. The therapies, treatments, and amusements offered in the Calicut asylum helped, to a great extent, the bizarre brains and batty bodies to recreate the rhythm of life. Keeping this in perspective, it can be argued that occupational therapy, while satisfying the pecuniary interests of the empire, helped the lunatics to indulge themselves in some sort of productive enterprises. Providing constructive employment to lunatic patients as a method of treatment continues even today at Calicut Mental Hospital as well as the other two mental hospitals of Kerala, i.e., Oolampara and Thrissur. This approach is part of fostering the patients' self-confidence and self-sufficiency. Unlike the colonial system, the income generated from the labor of lunatic patients is now handed over to them once they have recovered from the attacks of insanity and are discharged from the Mental Hospital.

The inmates of the asylum were also provided with certain recreational activities since it was regarded as a necessary element of their treatment and enjoyment. Suggestions for providing amusements, such as the performance of a band once a fortnight, can be seen in the asylum report of Calicut in 1877 – 78.[154] This was later introduced, and we can see references to native bands performing within the asylum premises once a fortnight for the inmates.[155] However, there were differing opinions on the performance of bands and other paid amusements because they tend to excite the patient without inducing the healthy mental exertion that a personal effort

153 Annual Report on the Lunatic Asylums in the Madras Presidency for the Year 1900, Government Press, Madras, 1901, p. 8. RAK.

154 Annual Report on the Lunatic Asylums in the Madras Presidency During the Year 1877 – 78, Government Press, Madras, 1879, p.11. RAK.

155 Annual Report on the Lunatic Asylums in the Madras Presidency During the Year 1878 – 79, Government Press, Madras, 1880, p.27. RAK.

would induce.[156] The patients were thus encouraged to amuse themselves and each other by the exhibition of any personal talents they may possess; for this purpose, musical instruments are provided. As a part of engaging the inmates, native chess, draughts, and other games were also introduced. The rearing of domestic pets (birds, squirrels, a cat, and a monkey) was permitted to those who had bent in that direction, and some of the well-behaved were taken out for local sightseeing. Dramatic and acrobatic performances were given at nominal charges by local troupes, and on some occasions, certain inmates were allowed to give performances themselves.[157] During these recreational hours, native sweetmeats, fruits, betel, tobacco, etc., were also occasionally given to the inmates. Within the Calicut asylum, a gymkhana was set up, and the public was admitted on payment of a small fee to witness the sports given by the inmates.[158] Periodicals were sent for the use of the inmates by the Managers of the West Coast Spectator, Manorama, and Kerala Chandrika.[159]The Zamorins of Calicut also patronized the asylum and helped with its subscription.

We can also see references to the presence and support of native gentry[160] in the Calicut asylum, especially while celebrating native festivals within the asylum premises. This indeed symbolizes the gradual acceptance and patronage of the concept of asylum by the native elite, however, their utilization of this space in medical terms was quite ambiguous given the fact that, the asylum was primarily regarded as a custodial space of lunatics and the admittance of someone from an elite family to asylum might be a rare phenomenon since it was deeply rooted in societal stigma and clashed with family prestige. Their patronage of the asylum during festivals and special occasions, however, symbolized their integration with colonial modernity,

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156 *Ibid.*, 29.

157 Annual Report on the Lunatic Asylums in the Madras Presidency for the Year 1898, Government Press, Madras, 1899, p. 8. RAK.

158 Annual Report on the Lunatic Asylums in Madras Presidency for the Year 1900, Government Press, Madras, 1901, p. 8. RAK.

159 Triennial Report on the Lunatic Asylums in the Madras Presidency for the Period Ending 31st December 1902, Government Press, Madras, 1903, p.5. RAK.

160 Annual Report on the Lunatic Asylums in the Madras Presidency During the Year 1883 – 1884, Government Press, Madras, 1885, p. 24. RAK.

embracing institutions despite their colonial origins. The presence in such elite gatherings and their support for these modern institutions were deeply tied to their prestige in native society, and at the same time ensured a noble relationship with the colonizers. This duality in the approach of the upper class and native gentry towards lunatic asylums should be viewed in the wider context of the legitimization of their class position and status quo within the colonial society which they tried to manage through favoring the so called "modern" colonial institution like lunatic asylum; because the patronage and charity will ensure their acceptance and privilege not only among the natives but also among the colonial administrators.

At one point in time, there were discussions on the abolition of the Calicut and Vizagapatam or Waltair asylums on the grounds of the financial restraints of the empire. The administrative concern to dissolve these asylums should be read along with the indifference of natives towards the asylum space. Both Calicut and Waltair were native-only lunatic asylums, and the statistics of admission from these institutions for various years indicated that the number of people who got admitted here was much less, making a drastic difference from European experiences and thereby suggesting their irrelevance in these regions. The annual report of the three major lunatic asylums for the year 1895 mentioned that "though both of these asylums require many repairs, they are not undertaken pending the disposal by the Government on the question of abolition of these two asylums".[161] This should be read along with the surgeon–general's request to take active steps during the course of the year to ascertain whether some appreciable number of the civil lunatics who are harmless in nature can be handed over to their friends and relations[162] suggesting that the insane individuals would be happier with the families than in asylums. The move to hand over harmless lunatics to their respective families stressed the importance of familial care in this whole system, at the same time, set within the question of the financial constraints of the empire. During the subsequent years, also owing to the contemplated abolition of these asylums, there was confusion in the running of these institutions, leading to

161 Annual Report on the Lunatic Asylums in the Madras Presidency for the Year 1895, Government Press, Madras, 1896, p.7. RAK.

162 *Ibid*., 1 of the End Report.

limited progress in both industries[163] as well as in their day-to-day activities. The decision regarding the abolition or retention of the two asylums was finalized by the government in 1898. It was resolved that no change should be made in the functioning of these institutions, suggesting the official approval for their continued operation. Since then, the execution of the necessary improvements to the buildings at Vizagapatam has been ordered, and estimates for the repairs needed at Calicut have been called for.[164] Calicut Asylum in various years witnessed additions, extensions, and improved facilities after this decision to continue the function of the institution.

Lunatic Care and Missionary Intervention: Reflections from Malabar

Christian missionaries played a key role in the supervision of lunatics during the early time of British supremacy in India.[165] However, later the British Government undertook the direct management of Lunatic Asylums, popularizing Western medicine and psychological approaches for the care of lunatics.[166] Evidence regarding the involvement of missionaries in the lunatic asylum and the care of lunatics under them was not highly procured in the case of the Calicut asylum. However, the researcher could find a letter[167] from a member of the Basal Mission regarding a lunatic woman. According to this, the mission received a wandering woman to their school and provided education to the woman. However, after some time, the woman began to show symptoms of unsoundness of mind – she has grown very bad – refuses to take her food – thrown off her clothes – has been known to eat her excreta and uses filthy language and is in every way a lunatic. The Mission couldn't keep her at the school with the other girls, and they didn’t have any proper means of controlling her and supplying her with medical treatment. The member of the mission requests the police

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[163] Annual Report on the Lunatic Asylums in the Madras Presidency for the Year 1896, Government Press, Madras, 1897, p. 8. RAK.

[164] Annual Report on the Lunatic Asylums in the Madras Presidency for the Year 1898, Government Press, Madras, 1899, p. 2 of the end report. RAK.

[165] Shaju Mon E. K, “Civilizing Mission and Colonial Lunatic Policy; A Study Based on British Malabar,” *Journal of Human Sciences*, Vol. 1, No. 1, 2021, p. 124.

[166] *Ibid.*

[167] Letters from Theodore Shauffer to the magisterial Department, dated 18 July 1872. RAK.

to take her into custody. Since she was a pauper and had no friends or relatives capable of caring for her, he applied to the asylum superintendent to take her into the asylum for further care. The request letter from the Mission was heeded by the Government, and the woman was examined by the medical officers. She identified herself as Koratthi from Cannanore, belonging to the Thiyya caste. The Government decided to do further examination, and there was the possibility of removing her to the Calicut asylum. There were no further documents to trace the developments in this case, but this is one of the few cases in which we get access to the subject's answers recorded during the medical examination, though it was very short. Koratthi was able to recollect her name, place, caste, and her relatives, stating that her parents were dead. For the question about her illness, she replied, "I have sickness in my eye – that came long ago, I have nothing else that matters with me". Nothing can be assumed of her state of mind from her statement. The examiner recorded that for some questions she does not answer and stares at the floor, and the glares of Koratti were interpreted as symbols of idiocy. But it is noteworthy that she was not violent or misbehaved during the examination, and it was very difficult to corroborate her behavior with the one mentioned in the letter. However, her case was further suggested for medical examination because of the officers' conviction of her odd circumstances. Though missionary activities in Malabar were multi-faceted and deeply rooted with high impact, especially among the lower caste and class, their intervention in the care of lunatics were not that conspicuous when compared to their other fields of influence were concerned. They had exerted helping hands in the case of lepers and leper asylums; however, it seems that lunacy and lunatic asylums were not that much explored in their wide purview of care and cure. This may be because of the peculiarity of this illness, which requires proper and professional care and management.

The Ladder of Hierarchy and Refraction of Power: Asylum Workers and Mental Nursing in Calicut Asylum

The establishment of the Calicut asylum consisted of a number of workers, including matrons, head keepers, attendants, cooks, watchmen, *toties*, etc. Most of these classes were employed from native communities, and in general superintendents

of Calicut asylum remarked good comments on their service and dedication.[168] In fact, it was through the service of this class of people, asylum as an institution of care managed to serve the suffering beings. They were the intermediaries between higher-up officials and the patients, managing the internal operations, day-to-day disciplining, and ultimately running the institution. Warders, matrons, and head keepers have embodied the conduits of "microphysics of power"[169] by which they had experienced subtle and intricate networks of power in the form of surveillance and control from the higher-up officials, and in turn, permeated their refractions by wielding authority and control over inmates. Since these workers were under the disciplinary regime of higher-ranking European superintends, the colonizer's gaze and the pressure generated through the hierarchical ladder of power and surveillance refracted in the form of workers' control and supervision over patients. The problem with colonial archival records, particularly with the asylum records, was that while they echoed the perceptions of the superintendents, surgeon generals, and the visitors of the asylum, they were largely silent about the voice of the ordinary workers may be because they were in the lowest grade of hierarchy within the asylum establishment. Apart from the general comments on the work done by them, we were not getting any significant data on this most significant class of workers though they were the lynchpin of the asylum system and the real carriers of asylum realities.

There were a number of instances in which we can trace the racialization of labor within asylum premises. For instance, Captain Palk, the Superintendent of Madras asylum in 1895, compares the European attendants with native attendants, saying that the work of the former class was satisfactory on the whole, while the latter were "very poor, unintelligent, dishonest, untruthful, uneducated and untrustworthy".[170] The nuances of power within the asylum premise disrespected and

168 Annual report of the Calicut asylum for various years.

169 The concept of "Micro Physics of power" was earlier developed by Michel Foucault. Shula Marks further elaborated on this concept and employed it in her work "The Micro Physics of Power: Mental Nursing in South Africa in the First Half of the Twentieth Century," in Sloan Mahone and Megan Vaughan (eds.)., *Psychiatry and Empire*, Palgrave Macmillan, Houndmills, 2007, p. 99.

170 Annual Report on the Lunatic Asylums in the Madras Presidency for the Year 1895, Government Press, Madras, 1896, p.18. RAK.

disregarded the heavy work done by the class of native workers within the brackets of race and subalternity. However, this cannot be generalized because asylum reports of Calicut for many years mentioned and appreciated the service of lower-ranking workers in the management of asylum duties. The superintendent of the Calicut asylum in the same year recommends a second-class keeper by the name Iyappen, for a higher salary on account of his good work and service.[171] There were a number of similar examples from the Calicut asylum cherishing the service of many lower-ranking employees. Annual reports of various years speak of keepers, warders, and Hospital Assistants of Calicut asylum by name and mention the satisfactory works done by them for the asylum management. We came across the names of First-class Hospital Assistant D. Rajaratnam, No. 90, Hospital Assistant Muhammad Ibrahim, No. 307, Clerk H. Taveira, storekeeper P. Kunhi Chandu,[172] Second–class Hospital Assistant A. Gopalan, hospital-keeper Shekharan,[173] etc., and their satisfactory works in these records. This, however, does not mean that the class of native workers in Calicut asylum was entirely free from the imperial gaze of authority and hierarchy, and incidence of racial discrimination, but it seems that compared to the Madras asylum, their experiences of racial discrimination were relatively infrequent, primarily because of the lack of European laborers in this setting and thus eliminating the direct comparison between supposedly "intellectually and morally superior Europeans" with that of perceived "inferior Indians".

One of the major limitations of the Calicut asylum was the absence of a nursing unit. The ministering of sick patients here was done by the keepers and night watchmen under the supervision of the Hospital Assistant. The Superintendents of the Calicut asylum for many years raised complaints on the issue, mentioning that this arrangement is very defective, and demanded to have a separate establishment for

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171 *Ibid.*

172 Annual Report on the Lunatic Asylums in the Madras Presidency for the Year 1896, Government Press, Madras, 1897, p.17. RAK.

173 Statistical Returns on the Lunatic Asylums in the Madras Presidency for the Year 1909, Government Press, Madras, 1910, p. 16. RAK.

nursing.[174] Having special attendants who should be trained in sick nursing is a basic necessity and not an advanced facility of any asylum, because they were not merely centers of custody but were full-fledged hospices of cure and care. It should be noted that not only the Calicut asylum but also the Vizagapatam asylum faced severe challenges in the absence of a specialized nursing unit for many years. The Madras asylum, since it housed both European and native insane, had a nursing establishment consisting of one matron and three nurses. And here, one day and one night nurse was more or less in constant attendance on the sick in the male hospital throughout the year. The matron's and the head nurse's duties have been entirely confined to the female section.[175] The nursing in Calicut asylum, on the other hand, was carried out by untrained attendants under the personal supervision of the Hospital Assistants.[176] While Madras asylum had plans to train the attendants in the General Hospital for a course of special training in sick nursing for the insane for at least a year, before transferring them to the asylum with little better payment than the ordinary male and female attendants,[177] no similar discussions of entertaining a special nursing establishment in Calicut and Waltair (Vizagapatam) asylums took place. The situation continued the same even in the early decades of the twentieth century. It should be noted in this context that though lunatic asylums were established as specialized institutions of care for the insane, it was indeed suffered from a lack of attention and proper financial aid from the higher-up officialdom, even for maintaining the necessities like a nursing establishment. The treatment offered to the inmates, thus might be nominal and minimal under unspecialized and untrained staff, which might be a popular reason for the disinterest in asylum provision among the natives, especially among the better class. Adding to this, though Western psychiatry and its

[174] Annual Report on the Lunatic Asylums in the Madras Presidency for the Year 1896, Government Press, Madras, 1897, p.9. RAK.

[175] Annual Report on the Lunatic Asylums in the Madras Presidency for the Year 1897, Government Press, Madras, 1898, p.9. RAK.

[176] Annual Report on the Lunatic Asylums in the Madras Presidency for the Year 1900, Government Press, Madras, 1901, p.11. RAK.

[177] Annual Report on the Lunatic Asylums in the Madras Presidency for the Year 1898, Government Press, Madras, 1899, p. 10. RAK.

corollary institutions were introduced to symbolize the scientific advancement of Western civilization and modernity, they ultimately suffered within the pragmatic, financial, and administrative constraints of the empire. Thus, a favorable answer to the question of the hegemony of these institutions should be answered only from the colonizer's point of view and not from the colonized.

Popularizing the Asylum Regime: The Provision of Voluntary Boarding and Native Response

Over time, the increasing embrace of the lunatic asylum by the local populace became apparent. The expanding geographical scope serves as unmistakable evidence of this trend. Initially, patients primarily hailed from the immediate vicinity of the Calicut asylum, such as Malabar, Canara, and Coimbatore were admitted to this asylum. However, as time progressed, individuals afflicted with mental illness from more distant regions, including Bellari, Burma, Chingleput, Cochin, Ootacamund, Salem, Trichinopoly,[178] and beyond, were also afforded treatment and accommodation at the institution. The confinement of the insane is certainly gaining public appreciation[179] and one of the important policies adopted by the administrators in this regard was the introduction of the 'Voluntary Boarder' provision under Act IV of 1912[180] by which a voluntary system of admission was initiated to the asylums. "A voluntary boarder is a patient who suffers from some mental disorder and wishes to enter the mental hospital for treatment, and such a patient must apply to the superintendent for a form, which the patient must require to fill up, sign, and countersigned by two official visitors before he can enter the Mental Hospital as a voluntary patient. To secure the admission of a patient by their relative, they are required to fill out the application form. The form of reception order should be presented to a First-Class Magistrate of the district or division in which the patient

[178] Annual Report on the Lunatic Asylums in the Madras Presidency for the Year Ending December 1887, Government Press, Madras, 1888, p.13. RAK.

[179] Statistical Returns of the Lunatic Asylums in the Madras Presidency for the Year 1915, Government Press, Madras, 1916, p.3. RAK.

[180] *Ibid*.

resides, together with two medical certificates in the prescribed form, signed respectively by the Gazetted Medical Officer and by a recognized medical practitioner who must have examined the patient apparently within the previous 7 days. Two more documents are also necessary, one a form filled up and signed by the Magistrate after his inquiry into the case, and the other an engagement in writing from the petitioner or some other person for the payment of the cost of the maintenance of the lunatic in the Mental Hospital. The rates at which patients are admitted are graded according to their income; destitute patients are admitted free, and in the case of poor patients with families dependent on them, a reduction of charges is made. Voluntary boarders had the option to leave the Mental Hospital at any time, on giving the superintendent two and half hours' notice in writing and patients admitted under reception order could be removed by the relative who petitioned for their admission by making a written application to the Superintendent who will permit at his discretion".[181] Voluntary boarding was regarded as a new phase in the future development of Asylums,[182] as it enables families and patients to seek asylum facilities in accordance with their free will and without many complicated procedures. This was especially remarkable in the context of Madras asylum, for instance, Captain Heffernan, I.M.S., in his report on the Madras asylum for 1912, remarks: "The year 1912 will be remembered for the introduction into the region of practical therapeutics of Psycho – analysis and Psycho-therapy. The recognition of the fact that many forms of mental disorder are of psychical origin, and can be treated successfully by psychical means, is the greatest step psychiatric science has made for fifty years. Unfortunately, however, the cases for which such methods of treatment are applicable do not come to the Lunatic Asylums until too late. To treat such forms of mental disorder successfully, the patient must be caught early in the disease. The innovation in India of the 'Voluntary Boarder'

181 Almanac, Index A 341, p. 407. RAK.

182 Statistical Returns of the Lunatic Asylums in the Madras Presidency for the Year 1915, Government Press, Madras, 1916, p.5. RAK.

by Act IV of 1912 will, it is hoped, help in ensuring that many such cases may henceforth be treated before irreparable harm is done".[183]

The introduction of voluntary provision of Act IV of 1912 opened opportunities for the asylum authorities to experiment with new methods of psychiatric treatments on patients who came to the asylum in the early phase of their disease. The asylum authorities were consistently concerned about the slow acceptance of the institution-based healing provision among the natives. Most of the cases admitted to the asylums were through the official cognizance of the insane, with patients often in advanced stages of the illness, where new treatment methods had little impact in curing them. The willful admittance, particularly for civil lunatics in the early stage of the illness, took place very rarely in the asylums of the Madras Presidency, leaving little chances for the psychiatrists to employ innovative treatment options. According to the colonial observation, the growing disparity between the ratio of the insane population admitted to European asylum and the asylums in Madras Presidency was partly because the people of Madras had not yet recognized the values of institutional treatment in mental disease, and partly due to the reluctance the people feel in removing their afflicted relatives from the family circle, especially if these relatives are females.[184] The asylum authorities thus anticipated that with the voluntary boarding provision, they would be able to promote admission among the native patients and their families by stressing the flexibility of the system, and thus aimed to attract patients in their early stages, which would prepare a fertile field for examining and experimenting with the advanced therapeutic methods of psychiatry. Though there were voluntary admissions that took place in Madras asylum immediately after the introduction of this act, it was only in 1915 that voluntary cases of admission in Calicut asylum took place, and that too very small number of cases.[185] Nonetheless, it was a positive step taken by the colonial administrators to popularize

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[183] *Ibid.*

[184] *Ibid.*, 4.

[185] *Ibid.*, 14.

the asylum regime among the natives with flexible rules of admission and discharge. Along with this new provision, the change of the term “Lunatic Asylums” to the less stigmatizing label of “Mental Hospital” at the beginning of the 1920s was also aimed at attracting the natives towards asylum provision. Though the name change didn’t entail any significant modifications in its constitution and functioning, the semantic shift placed greater emphasis on the provisions of care and cure, highlighting a stronger focus on the nurturing and healing provisions of asylums.

Interactions and Innovations: Emergence of a Hybrid Space in Healing Insanity in British Malabar

The improvements in Calicut asylum in terms of treatment options can clearly be seen in the annual reports of later years, especially after the 1940s. Though most of these treatments were initiated in the Madras asylum as the epicenter of psychiatric treatment in the Madras Presidency, they were later introduced to the Calicut asylum also. Treatment with Vitamin B_1 and B_6 as well as penicillin injection through the cisternal punctureto reduce fits, use of prophylactic and curative measures to deal with physical and mental disabilities, Electric convulsive therapy combined with histamine shock therapy, insulin, cardiazol, and glandular therapy[186] etc. were used in Madras Asylum to deal with cases of manic depressiveness, psychosis, general paralysis, epilepsy, etc. which were later adopted in Calicut Asylum also. One of the notable features of the mental hospitals, including the hospital at Calicut, by the end of colonial domination was that of the increasing Indianization not only of hospital establishment but also of treatment patterns. The use of indigenous drugs and the possibility of combining Western medicine with native systems of healing gained momentum during this period.[187] Along with indigenous drugs, therapies including *yoga asanas*[188] were adopted as a measure of calming and controlling the inmates of

186 Annual Report on the Working of the Mental Hospitals in the Madras Presidency for the Year 1947, Government Press, Madras, 1948, p. 2. RAK.

187 *Ibid.*

188 *Ibid.*

the mental hospital. The presence of native officials in the rank of superintendence at the Calicut Mental Hospital[189] marked a significant departure from the institution's previous European-dominated hierarchy.

The provision of lunatic asylum, though, was a product of Western science and medicine and rooted in the Eurocentric notion of confinement and care, gradually took root in Indian minds. Its acceptance, accommodation, and adaptation into the native epistemology of healing mental illness, however, was a process of confrontations and negotiations. The entire process was not a mere monologue of the hegemony of psychiatry but was a dialogue between Western and Indigenous forms of healing, healers, patients, families, and communities, and beyond all, it was a phenomenon of widening the epistemologies of perceiving and conceiving the idea of managing mental illness. The cross-knitted threads of lunatic asylums in the colonial context were woven through the equations of power and knowledge, nuances of differentiation and discrimination, ideas of domination and subordination, and convictions of experiences and experiments. Scholars have predominantly emphasized the motives of the colonial projects of health and medicine, including psychiatry and its offshoot lunatic asylums, in establishing European superiority and control over the native mind and bodies. However, it is apparent that even in highly urbanized colonial states, the essential infrastructure required for effective "biopower" implementation was deficient[190] and this was a serious threat to the envisaged predominance of the psychiatric regime in colonies. This should be read along with the argument that colonial hegemony through medicine and psychiatry was a mere myth circulated only among the colonial circles in order to inspire the colonizers and to instill confidence and courage among them to promulgate Western science, rationale, and morale in the colonies. The mythical reality, however, was different from the ground reality, where the natives

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189 Annual Report on the Working of the Mental Hospitals in the Madras Presidency for the Year 1945, Government Press, Madras, 1946, p. 1. RAK.

190 Mark Harrison, "Science and the British Empire," Isis, Vol. 96, No.1, The University of Chicago Press on Behalf of The History of Science Society, 2005, p. 59.

continued indigenous as well as Western forms of therapeutic patterns, which led to the emergence of a hybridized discourse of psychiatry along with trends of Indianization, or more specifically, the indigenization of psychiatry through interactions and innovations.

Chapter III

Unsettled Minds in Unsullied Empire: Psychiatric Practices and Asylum Regime in the Princely States of Travancore and Cochin

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Unsettled Minds in Unsullied Empire: Psychiatric Practices and Asylum Regime in the Princely States of Travancore and Cochin

The response of Princely India towards Western modernization is a subject of scholarly interest. The reorganization and restructuring of institutions within princely states during the colonial period partly rested upon the initial resistance to Western structures and systems. At the same time, it readjusted itself to the rising tides of modernism by revitalizing indigenous traditions. However, the gradual acceptance of Western ideals and the reforming of indigenous institutions and traditions was necessary to find space in the local and national politics of power and survival. This chapter is going to deal with the emergence of lunatic asylums in the princely states of Travancore and Cochin in the southern end of the Indian subcontinent. The chapter also delves into the circumstances that prompted the said states to introduce Western medicine, psychiatry, and modern medical institutions, along with maintaining region-specific healing provisions and therapeutic methods embedded in the culture and traditions of their regions. It explores the nuances of the relationship between princely rulers and the British and the latter's influence in the management and administration of the medical institutions of these States. The first section of the chapter is going to deal with the establishment of the Oolampara lunatic asylum in the princely state of Travancore, which is hailed as the first lunatic asylum of colonial Kerala.

Pioneering Psychiatry: The Emergence of Oolampara Lunatic Asylum in Travancore

Healthcare provisions from the State play a pivotal role in supporting the distressed population, connecting them to the privileges of the state, and strengthening the essential relationship between citizens and the Government. Travancore, a princely state in Southern India was renowned for its progressive policies, such as the

modernization of medicine and education. It gained the label “modern state” and a “model state” through its zealousness in introducing administrative restructuring on the grounds of Western ideals.[1]The epistemic paradigms offered by the colonial state were based on the supremacy of science and rationality to which princely states like Travancore adhered and adapted. However, this modernization project, particularly in medicine, emerged through a process of negotiations between the indigenous forms of healing as well as Western medical systems, which resulted in the emergence of a more nuanced relationship between the two approaches. As far as the princely states are concerned, the positioning and reframing of tradition in connection with modernity signify a journey from local to global paradigms in order to gain acceptability in the emerging universality of the so-called “Modern State”.

The introduction of Western medicine and the reorganization of the Ayurvedic form of knowledge in the princely states should be viewed beyond the binaries of accommodation and resistance; rather, the transformation process should be given importance. Princely states were perceived as the representatives of the feudal order bearing a sluggish past with hesitancy to change, and hence their transformation and modernization were crucial for the British, for which they persuaded the native rulers to refine their governing mechanism along European lines.[2] States like Travancore were keen to accept changes in tune with Western ideals, leaving the past residues of conservatism and conformism, and initiated reorganization of the administration, which reflected in almost all fields, including health care and medicine.

The relationship between the British and the Travancore State was characterized by amity and collaboration to a significant extent. A treaty of permanent alliance was signed between the state and the English East India Company in 1795, and it was regarded as an agreement between two powerful forces equally competent

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1 Burton Cleetus, “Western Science, Indigenous Medicine, and Princely States: The Case of Ayurvedic Reorganization in Travancore, 1870 – 1940,” in Biswamoy Pati and Mark Harrison (eds.)., *Society, Medicine, and Politics in Colonial India,* Routledge, London and New York, 2018, p. 102.

2 *Ibid*.

in state affairs.[3] The British were gaining momentum in South India by this time, and collaboration with them seemed instrumental in defining the dynamics of the State's internal and external affairs. The mutual exchanges in administrative and Governmental affairs were particularly necessary for Travancore to balance the power politics. The popularization of Western modes of healing in Travancore was a significant result of this collaboration and cooperation. In the realm of medicine, Ayurveda has registered significant progress within the State. However, by the beginning of the 19th century, the allopathic system of medicine became more prominent.[4]

The introduction of Western medicine in Travancore was dated back to 1811 during the reign of Ayilyom Thirunal Gowri Lakshmi Bai who was the Maharani from 1810 to 1813 and Regent for her son Swathi Thirunal Rama Varma from 1813 till her death in 1815.[5] State intervention in the introduction of vaccination and the initiation of the public health system marked a remarkable chapter in the advancement of Western medical knowledge in the region. The early phase of contact with modern medicine in the state was through the Christian missionaries who propagated the new epistemology of Western healing in the region. Later, the official introduction was in the form of preventive vaccination against contagious diseases like smallpox,[6] in which the rulers themselves created a 'role model' by taking the vaccination and thereby popularizing the system within the state.

Another prominent figure in the patronage of the allopathic system of medicine in Travancore was Maharaja Marthanda Varma Uthram Thirunal (1846 – 1860). He put special care into studying the discipline, and along with that, opened a dispensary for its practice. According to Nagam Aiyya, this was an important measure

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3 T. K. Velu Pillai, *The Travancore State Manual*, Vol. I, Kerala Gazetteers Department, Thiruvananthapuram, 1996, p. 21.

4 *Ibid*., 35-36.

5 CC Kartha, "The Ascent of 'Kerala Model' of Public Health", *Kerala Institute of Medical Science,* p. 1.

6 Satheesh P, "Western Medicine under State Patronage in Travancore: A Retrospect," *Proceedings of the Indian History Congress,* vol. 69, 2008, p. 847. JSTOR, http://www.jstor.org/stable/ 44147247.

in "removing the scruples of the conservative section against the foreign system of treatment".[7] One of the catalysts for rooting the Western form of medicine in Travancore was the efforts taken by the rulers to spread the new form of healing among their subjects. However, this does not mean the marginalization of indigenous forms of healing by the State; rather, rulers gave equal importance to preserving the tradition, and the medical services were supplemented by a large number of Ayurvedic dispensaries. The roots of Ayurveda were so strong in the soil of Travancore, and the region was considered a treasure mine of old indigenous medical knowledge. Long habit, favorable experience, cheapness of the treatment, and the proven efficacy of Ayurvedic medicines served to retain the system in spite of competition from other methods of healing.[8]

The adoption of Western methods of treatment stood as a progressive symbol of the state, along with a means to cherish the relationship with the British authority. The growth of Western medicine, hospitals, and dispensaries dispensing modern medicine to the needy was so rapid in the state as various rulers promoted it during their reign. Lunatic asylums were a key part of the Western scientific regime, and it was projected in European discourse as "the most blessed manifestation of true civilization that the world can present".[9] Travancore, being hailed as the progressive princely state of British India, showed no reluctance to the concept of institutional confinement of the insane and embraced the provision of asylum since it symbolized civilizational advancement and a way to win the British approval and appeasement. It is no wonder that the region was the first to establish a lunatic asylum in the Kerala context. The lucid positioning of the Travancore in a state of flexibility to adapt to the "modern" ideas of managing mental illness, along with cherishing traditional pearls of wisdom, was rooted in the State's strategies of adapting to the "new" along with

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7 T. K. Velu Pillai, *The Travancore State Manual*, Vol. 1, p. 36.

8 T. K. Velu Pillai, *The Travancore State Manual*, Vol. IV, Kerala Gazetteers Department, Thiruvananthapuram, 1996, pp. 227 – 28.

9 Andrew Scull, *Madness in Civilization: A Cultural History of Insanity from the Bible to Freud, from The Madhouse to Modern Medicine*, Princeton University Press, Princeton, 2015, p.198.

accelerating the "old". The cultural convergence from tradition to innovations embracing change made Travancore unique in the history of modernity.

The institution established in the state of Travancore for the confinement of lunatic patients dates back to the reign of Ayilyam Thirunal Rama Varma. The need to establish an asylum for the care of the insane can be seen in the administrative and medical quarters of the state since the 1860s. For instance, the letter written by the Darbar physician to the Diwan of Travancore in 1866 suggested the need to have an asylum as a curative measure for sufferers.[10] In this letter, he specifically mentioned that there are several lunatics under his care, two in the jail hospital, two in the civil hospital, and one in the charity hospital, and apart from that, there are several other insane persons in wandering existence throughout the district of Travancore and the adjacent areas. Since there is no accommodation provided for this class of miserable sufferers by the *Serkar*, it was deemed essential to establish an institution for their safe custody and medical treatment. He further mentioned that there are a number of insane patients who resorted to their friends in a sound state of mind through judicious treatment. Since there is no specific institution, nothing can be done more for their care and to prevent them from committing offenses against their neighbors or friends. He thus requests the erection of a lunatic asylum at Trivandrum, where the miserable sufferers can receive proper treatment and curative measures. The recommendation was sanctioned in 1870, and the administration report of Travancore during the year 1870 – 71 recorded that "His Highness Maharaja's Government had purchased a building for the purpose of serving as a temporary lunatic asylum and opened it in 1870 for the reception of the insane. The accommodation consists of one large central hall with two good-sized rooms and three small rooms on either side, all under the same roof. There are broad verandas on all sides of the hospital, shut off from communicating with one another by rooms built from them at each of the four corners. The accommodation provided was unsuitable for the treatment of the insane, but was established with the aim of getting the patients away from the control and unkindness

[10] Letter from the Darbar Physician to the Diwan of Travancore dated 11 July 1866, Cover files – R. No. 1788, Bundle No. 42, Sl. No. 32, File No. 15883, 1866 -75, vol. 1. State Archives, Trivandrum (hereafter cited as SAT).

and even from the brutality of their relatives".[11] The asylum provision was thus envisaged to provide favorable treatment to the insane in a kind, considerate, and comfortable manner. The Government's decision to establish an asylum was also influenced by the injudiciousness and the cruelty often displayed by the relatives in managing their afflicted family members, where the institution of lunatic asylum was projected as a reform of the entire system of keeping the mentally ill patients within the family milieu. Since the perception of insanity was closely related to the belief systems of the communities, it was often viewed as devil possession and hence submitted to the operations of devil dancers, where the patients were subjected to all kinds of mental and bodily disturbances. In the language of modern medicine, these systems were viewed as "ignorant brutalities" and "injurious influences" upon the patient. According to the observation of Dr. A. M. Ross, Darbar physician and Principal Medical Officer of the state in the year 1870, "unkind treatment of the insane was present and was not confined to the primary stages of their disorder but continued during their whole existence in their own home. It was observed that the insane are brought to the asylum with weal on their bodies from the blows they have received or with excoriations on their limbs from the rough ropes with which they have been bound".[12] The establishment of a lunatic asylum was envisioned in this context to bring changes in the entire system of lunatic management, moving the care of mentally ill patients away from family and community control to a more compassionate and structured institution. However, as the asylum started with limited facilities and few resources, it was reported that "there were difficulties in disposing of the noisy, troublesome, and destructive patients, some of them suffered from homicidal tendencies and some had strong proclivities towards arson".[13] The difficulties of the state in disposing of financial aid to the institution were evident under such conditions. Assistant Apothecary Mr. Carvalho was in subordinate charge of the lunatic asylum during 1870 – 71. He, under the supervision of the Darbar physician, looked after the

[11] Report on the Administration of Travancore for the year 1870 – 71, Travancore Government Press, Trivandrum, 1871, pp. 74 -75. SAT.

[12] *Ibid.*, 75.

[13] *Ibid.*

asylum, managed the inmates, and provided them with occupations such as gardening and various amusements.[14] It was a temporary setup in its beginning, aiming to provide separate confinement and treatment to the insane population of the state. Distinct housing was provided for female lunatics in 1878 - 79. As per the institutional history of the asylum, between 1903 and 1904, the work of a commodious building at Oolampara, outside the capital city, was completed, and lunatics were removed there.[15]

The discourses on the establishment of the lunatic asylum in Travancore were intertwined with the Western perspectives of cure in institutional confinement. The introduction of psychiatric treatments and practices however, was utilized as a shield to belittle and criticize the native ways of managing the insane within the family and community care which was then projected as cruel, brutal, ignorant, and inhuman, and the asylum regime was portrayed as the solution for this whole barbaric thing. It should be noted that the observation of family and community care as malicious and merciless in the administration report of Travancore during 1870 – 71 was from Dr. A. M Ross, who was an Edinburgh-trained physician[16] and was the Darbar physician of the State during the establishment of Oolampara asylum. Conspicuously, such observations might contain the tendencies to promulgate the so-called superior science of psychiatry at the expense of indigenous systems of healing. However, in presenting this analysis, the researcher does not dismiss the argument that some Indigenous healing techniques were indeed unscientific and regressive. Nonetheless, the European tendency to reject the entire healing tradition, citing a few examples of blind beliefs, is problematic.

In Travancore, as in Malabar, the number of insane individuals was lower compared to persons with other infirmities. This was because the disorders of the brain

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[14] *Ibid.*, 76.

[15] Report on the Administration of Travancore for the year 1903 – 1904, Travancore Government Press, Trivandrum, 1904, p. 49. SAT.

[16] Waltraud Ernst, "Medical Developments and Western Psychiatry in Travancore and Orissa," in Waltraud Ernst, Biswamoy Pati and T.V Sekher (eds.)., *Health and Medicine in Indian Princely States, 1850 – 1950,* Routledge, New York, 2018, p. 87.

were not easily detectable as the 'blind', 'deaf-mute', or 'leper'. According to the native belief, mental illnesses are caused by evil spirits and are considered to be temporary in nature, and therefore they need not be recorded, much like the everyday ailments of life. The enumerators of the census, who were the agencies for gathering data, were also helpless to ascertain the certainty of a matter like insanity, which is so dubious in character.[17] The census report of Travancore for 1891 compares the number of insane in the State with other regions of India and puts forward the analysis that "everywhere in India the insane will be returned as the least numerous".[18] For this visibly smaller proportion of individuals identified as insane, the census report quotes the testimony from Dr. Cornish, and according to him, "The insane in this country never come under observation, except when they commit overt acts of violence or mischief, of which cognizance is taken by the police. As a rule, the people of India are kind and merciful to the mentally afflicted. Many people of this class wander about beyond their villages and are fed by the charitable, their little eccentricities of conduct being unregarded so long as they are not violent or dangerous to others". The report also cites the testimony of Sir. W. Plowden from India Census Report of 1883, which mentioned that "the number of persons afflicted with madness was influenced by the nature of the machinery employed for the collection of these statistics. Even in more advanced countries than India, there were omissions in the correct registration of the insane. It is probable that in India only violent or riotous lunatics are shown as insane by the census enumerators".

The problem with the enumeration of persons with various infirmities was repeatedly mentioned in various census reports at the regional and national levels. The Census report of India for the year 1931, for instance, mentioned the attempts of Dr. Muir to investigate the prevalence of leprosy by means of local surveys, and it was

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[17] Y. Nagam Aiya, *Report on the Census of Travancore taken by command of His Highness the Maharajah on the 26th February 1891*, Vol. 1, Report, Addison & Co, Madras, 1894, p. 450. SAT.

[18] *Ibid*., 452.

found that the census figures represent only one-tenth of the actual cases. The same trend can be seen in the issue of insanity, as it included willful concealment, much like in the scenario of leprosy. The enumerators who were not medical experts were unable to distinguish between different types of mental illnesses, resulting in the recording of only the violent cases of insanity. Thus, the statistics of mental illness were merely confined to lay returns. Though the attempt to record physical disabilities through the medium of the census was abandoned in England and Wales ten years ago as it was a failure, it was not decided to abandon the attempt in India because the census report could provide some basic data regarding the figures[19] which in turn helped the rulers to gather knowledge on native mind and body resulting in the refraction of colonial dominance over the natives in multiple realms. After all, collecting and keeping the data regarding the subject population was an essential administrative imperative because it afforded knowledge of the ruling country, its population, and even its infirmities. The invasive terrain of the census into the mental and physical domains of the native population was a sophisticated administrative tool strategically developed by the authorities.

The 1891 census report highlighted the conditions of rife in those civilized countries causing lunacy which is to a considerable degree absent in Indian life. According to the colonial administrators, the mode of life in India is very primordial, and in this part of the land, "the great strain of mental work incident to the multiplied industries and eager competition of an active civilization" is comparatively unknown. The primitive and uncivilized nature of Indian life, when compared to Europe, was projected as the crucial factor for having a smaller number of insane in India. This explanation, while highlighting the inherent supremacy of European civilization, attributes Indian normalcy to a supposed primitiveness of Indian society. Apart from the complexities of Western life and culture, one of the other reasons cited for the comparatively higher number of insane in Europe was the medical standard of the

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[19] J. H. Hutton, *Census of India, 1931*, Vol. I, Part I, Manager of Publications, Delhi, 1933, p. 253. SAT.

region, where information on insanity was collected by the medical experts, while in India the data given in the Census Reports regarding the same are mostly taken by non–medical professional persons. Thus, many individuals who have suffered from harmless manifestations of mental disease, or whose attacks are periodical, have not been returned as insane, although they would have been considered insane in Europe. Nagam Aiya, the census report compiler in Travancore, however, points out the most important factor for the large disparity in the number of insane populations of Europe and India, and according to him, there were significant differences in the perception of mental illness in the two regions. The natives of India viewed insanity in terms of 'possession' rather than recognizing it through the lens of medical science. For them, "mental anomalies fall within the special province of exorcists and sorcerers, rather falls under the purview of medical men".[20] Many decades later, the census report of 1931 also observed that many Indians continued to employ "extravagant and unpleasant" methods such as folk medicines, sorcery, witchcraft, magic, etc., in their attempts to alleviate nervous ailments. The report mentioned the trust of Indians in professional witch doctors called Sokha, whose business is to identify the witches responsible for epidemics, possession,[21] etc. It also exemplified the case of a Hindu girl from Lahore who was beaten to death in an attempt to cure her of possession. This, in fact, shows the native perception of insanity as spirit possession, wrath, or curse from divine powers. Such conditions were attributed to the supernatural causation of mental illness and thus regarded as the business of shamans, sorcerers, exorcists, etc., rather than that of medical professionals.

The following table shows the proportion of insanity and other disabilities per 10,000 population in various countries, based on the 1891 Census Report.

[20] Y. Nagam Aiya, *Report on the Census of Travancore*, p. 454. SAT.

[21] J. H. Hutton, *Census of India, 1931*, p. 415. SAT.

Table 3.1

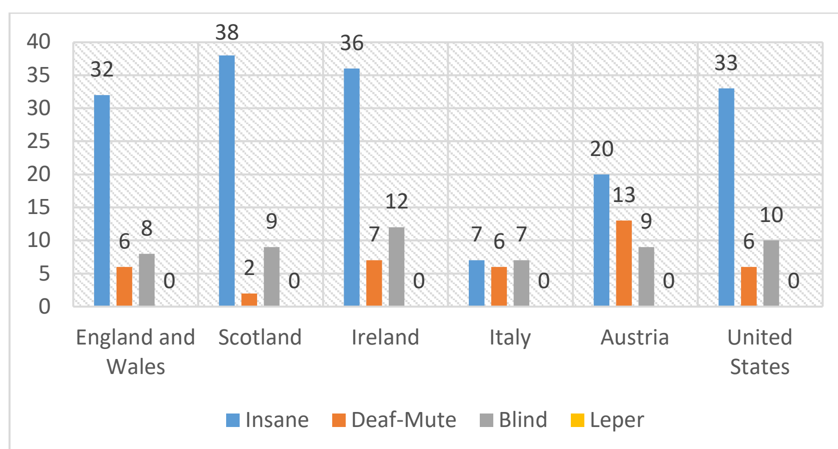
Proportion of Insanity and Other Disabilities per 10,000 Population in Various Countries (Census Report, 1891)[22]

Countries	Insane	Deaf-Mute	Blind	Leper
England and Wales	32	6	8	-
Scotland	38	2	9	-
Ireland	36	7	12	-
Italy	7	6	7	-
Austria	20	13	9	-
United States	33	6	10	-

This 1891 census table compares the prevalence of certain disabilities per 10,000 people across different countries. The highest proportion of insanity is reported in Scotland (38), followed closely by Ireland (36) and the United States (33). Italy (7) reports the lowest insanity rate. Austria shows the highest rates of deaf-mutes (13) and blind individuals (9) among the listed, while Ireland has the highest rate of blindness (12). Leprosy data is missing for most countries.

Figure 3.1

Proportion of Insanity and Other Disabilities per 10,000 Population in Various Countries (Census Report, 1891)



[22] Y. Nagam Aiya, *Report on the Census of Travancore*, p. 453. SAT.

Table 3.2

Infirmities in Various Regions of India[23]

States, Provinces, or Countries	Insane	Deaf-Mute	Blind	Leper
Madras	2	8	11	6
Cochin	3	5	12	5
Pudukotta	2	2	10	3
All India	4	9	24	6
Mysore	2	6	10	1
Baroda	4	7	30	3
Coorg	2	9	9	2
Central Provinces	2	8	26	6
Bombay Presidency	3	6	23	6
Bengal	4	12	15	8
Travancore	1	3	4	4

Table 3.2 presents the prevalence of various infirmities per 10,000 population across different regions of India. Blindness is the most prevalent infirmity overall, with Baroda (30) and the Central Provinces (26) reporting the highest rates. Bengal shows the highest proportion of deaf-mutes (12) and lepers (8). The rate of insanity is relatively low across all regions, ranging from 1 (Travancore) to 4 (Baroda, Bengal, All India average). The data indicates regional variations, with southern regions like Travancore and Pudukotta generally reporting lower rates across most infirmities.

Based on this table, Nagam Aiya, the compiler of the 1891 census report, put forward the analysis that the ratio of insane, deaf-mutes, and blind in Travancore is much lower compared to the figures of All India, Madras, and is even lower when compared to the European countries. However, Travancore has a significant number of lepers. In contrast, in European countries and the United States, there are no reported cases of leprosy per 10,000 people in the population. According to him "this difference in lepers' ratio in Europe may be because the statistics of lepers in Christian

23 *Ibid.*, 455.

countries are liable to the same quantity of inaccuracy as those of the 'insane' in Hindu India, for the expression in the Christian scripture "Shun him as the leper" afford an index to the popular sentiment on that infirmity".[24] In the pre-modern as well as in the modern phase of human history, disease never escaped the influence of the dominant ideologies ruling the mentality of the people. In the Christian world, lepers were treated as social outcasts because leprosy was viewed as a form of punishment, divine wrath, or curse due to the follies committed by the affected individual and projected as a warning for future sinners.[25] Since this was an extensively rooted belief and a predominant social conception, leprosy was more or less treated with secrecy in Europe, and naturally, the number of lepers in census reports was much less. Disease in every community is intrinsically connected to the broader epistemologies of faith and religion. In India, mental illness, which particularly does not have a clear-cut etiology, is cross-knitted with its mysterious nature having supernatural causation, including spirit possession, divine wrath, etc., and subsequently, the natives registered reluctance to record it in public documents.

Insanity was predominantly portrayed as a female malady; however, the statistics provide a different picture. The proportion of insanity among the sexes in every 10,000 across all India, Madras, other Indian provinces, and Travancore appeared to be two males for every one female, though the causes contributing to insanity were well balanced between the sexes.[26] While "pregnancy, puerperal state, climacteric changes, etc. exercise a considerable influence in favoring the development of insanity in the female, intemperance, greater bodily exertion, mental anxiety in the struggle for existence, etc. were the factors identified as conducive to insanity in men". The unwritten codes of social and domestic laws like "enforced widowhood, isolation, absence of a life-giving career, ungratified sexual passions", etc. created various grades of nervousness and uneasiness in women which finally

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[24] *Ibid.*

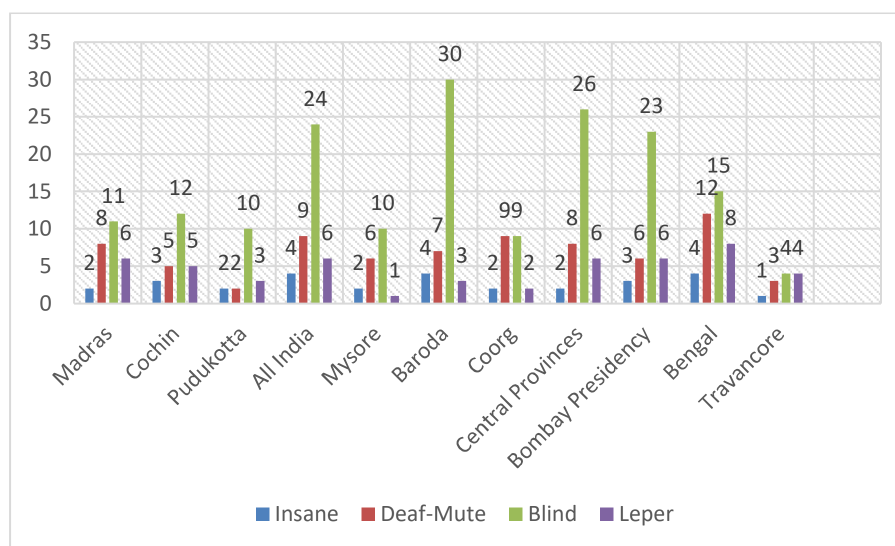
[25] Burton Cleetus, "Tropics of Disease: Epidemics in Colonial India," *Engage*, Vol. 55, No. 1, 23 May 2020, www.epw.in, https://*www.epw.in*/engage/article/tropics-disease-epidemics-colonial- india.

[26] Y. Nagam Aiya, *Report on the Census of Travancore*, p. 456. SAT.

culminated in madness. However, it is important to note in this context that, factors inducing insanity in women were largely associated with their gender and sex roles which in turn define their purpose in life and its existence solely in terms of the attributed identities such as mother, wife, etc. and the deviation from such given roles resulted in attributing the labels of madness to them.

Figure 3.2

Infirmities in Various Regions of India



Following is a table taken from the 1911 census of Travancore, which shows the number of people with varying infirmities, including insanity, for every ten years from 1891 to 1911.[27]

Table 3.3

Infirmities in Travancore from 1891 to 1911 (Per 10,000 Population)

Infirmity	1891	1901	1911
Insane	394	503	638
Deaf-Mute	745	809	993
Blind	1,017	1,043	1,217
Lepers	968	1,414	1,115
Total	3,124	3,769	3,953

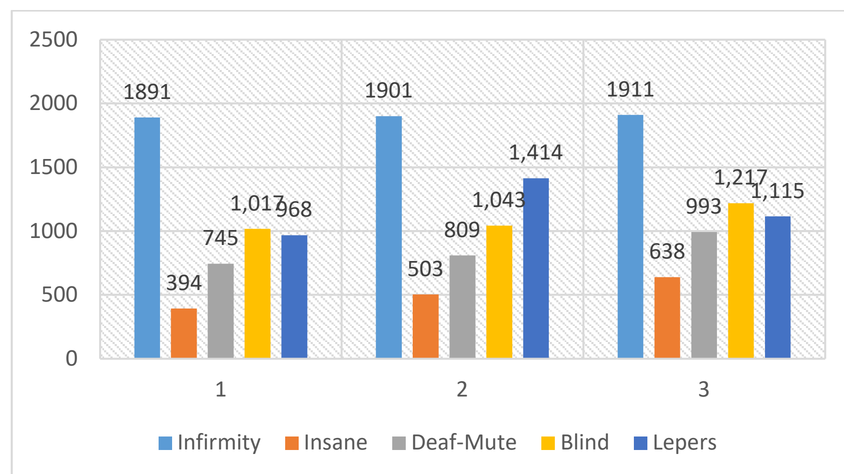
[27] N. Subrahmanya Aiyar, *Census of India, 1911*, Vo. XXIII, Ananda Press, Trivandrum, 1912, p. 181. SAT.

Table 3.3 shows a steady increase in the total number of infirmities in Travancore from 1891 to 1911. All categories—insanity, deaf-mutism, blindness, and leprosy—rose over the years, with the blind and lepers consistently having the highest numbers. The total infirmity rate grew from 3,124 in 1891 to 3,953 in 1911, reflecting either a rise in health issues, improved reporting, or population growth.

The table shows that there has been a progressive increase in the number of people with these infirmities, except for leprosy. According to the 1911 Travancore census, of all the infirmities recorded, insanity appears to be the least prevalent, having only one in every 5460 persons enumerated.[28] However, there was steady growth in the number of insane in the region. The increasing accuracy in census enumeration might be one of the reasons for this trend and also the increasing awareness among the natives regarding the provision of medical care offered by the state might inspire the natives to admit the cases of insanity within lunatic asylums marking a gradual increase in the statistics of the lunatic population of the State. The gender statistics, as suggested by the 1891 census, did not change in 1911, reporting mental illness more in men compared to women.

Figure 3.3

Infirmities in Travancore from 1891 to 1911 (Per 10,000 Population)



[28] *Ibid*., 182.

The high proportion of insanity among the Europeans was a matter of discussion in this census, as in previous reports. The disparity in the statistics of the insane population between India and Europe was attributed to differences in the methods of enumeration used in England and India. Additionally, the contrast in the living conditions between the two regions was emphasized as a significant factor contributing to this difference. The stress was placed on the mental wear and tear, an individual had to undergo in more advanced Western civilization compared to the calm and placid East. Another reason suggested for this difference was the general longevity of those with mental illness in countries with higher material civilization.

The investigation into the predisposing causes of insanity in this census report mentioned that though India had "harmonious cooperation as the foundation of its corporate life", with the introduction of the Western intellectual culture, it is gradually experiencing excessive intellectual strain and mental fatigue. Additionally, "the usual antecedents of mental unsoundness like undisciplined religious zeal, disruption of cherished family ties by whatever means induced, the agonies of indigence and the effects, direct or inherited or undue indulgence in stimulants and narcotics,"[29] etc., leading to the increasing cases of insanity. The growing resemblance between India and the West, due to the closer contact between the two regions, was identified by the authorities as the key factor behind the steady increase in the number of individuals suffering from mental illness in India. By creating such an explanation, the colonizers could present the civilizational complexities of the West as the backdrop of the preponderance of individuals with mental illness among them. According to them, the introduction of Western ideals led the natives of India to experience increased "anxiety and strain both in the education for living and in its practice",[30] creating severe situations of mental toil and torture.

With the establishment of the network of lunatic asylums, both colonial and princely states could gather more accurate data regarding insanity within their territories, along with confining the troublemakers by therapeutically taming them

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29 *Ibid*., 183.

30 *Ibid*.

under their rules and regulations. Gyan Prakash in his work *Another Reason* argues that the lesson that the British learned after the 1857 revolt was that "Indians could not be appeased, rather they should be ruled with iron hands and with good government".[31] The emergence of colonial institutions like lunatic asylums, however, to a certain extent, was part of the appeasing policies of the colonizers, aiming for appreciation, particularly from the upper class and caste, along with the colonial mission of establishing the scientific superiority of the West. The success of the colonial rulers lies in the fact that most of the princely rulers attempted to modernize their governance on the British model and incorporated the benefits of Western science. As far as princely states are concerned, this reform was essential for their existence and survival in a rapidly changing era.

Lunatic Care and Fiscal Challenges: The Travancore Experience

The asylum establishments in princely states, though signifying a change from the traditional ways of management of lunatics, their care and surveillance, particularly of criminal lunatics, were not always met with adequate facilities due to financial constraints. Beyond the walls of lunatic asylums, their protection within other hospitals and prisons seems to be a difficult task due to insufficient provisions of care. For instance, in the context of Travancore State, there arose a need to create separate rooms within the Alleppey District Hospital for the guarding of prisoners under treatment and the containment of criminal lunatics. The letter from the District Superintendent of Police at Quilon to the Commissioner of Police, Travancore dated 4th August 1919 mentioned that "the lack of a safe room for the custody of criminal lunatics and prisoners under treatment in Alleppey Hospital leads to their escape from custody" and hence requests the Darbar physician to take necessary steps for this.[32] We can trace communications from the commissioner of police to the Darbar physician and from the Darbar physician to the Diwan of Travancore requesting to

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[31] Gyan Prakash, *Another Reason: Science and the Imagination of Modern India*, Princeton University Press, New Jersey, 1999, p. 4.

[32] Letter from the District Superintendent of Police at Quilon to the Commissioner of Police, Travancore, dated 4 August 1919, Public Works Department, File No. 53/19, Bundle No. 349. SAT.

construct extra rooms for the safe custody of prisoners and criminal lunatics within the Alleppey Hospital. The request was heeded, and a plan was prepared for the construction, and accordingly, the Maharaja of Travancore sanctioned Rs. 2250 from his fund for the scheme.[33] However, due to the financial constraints of the state, the fund was not disbursed, and the chief engineer faced difficulties in beginning the work, making no changes to the existing condition of the hospital. We can see another missive from the Commissioner of Police, Travancore to the Darbar physician dated 23rd August 1920, almost a year subsequent to the initial communication with an identical request and purpose, and in this letter, he again brought the attention of the Durbar physician to the matter of the escape of another prisoner from Alleppey District Hospital due to the lack of safe rooms for their custody and requested him to press the Government and chief engineer to start the work immediately.[34] However, the communication from the chief engineer mentioned that the Government released no funds in this year's budget to start the work, and if the work is of an urgent nature, he requests the Government to issue special funds.[35] Following this, in his correspondence with the Diwan of Travancore dated 5th November 1920, Darbar physician stressed that some provision had to be made in the District Hospital, Alleppey for the purpose, and due to the lack of finance, he brought a plan to repair the old Pulaya wards of the hospital to convert it into a room for safeguarding criminal lunatics and prisoners under treatment. He suggested the fitting up of barred doors and windows and a barred ventilator near the wall plate with a ceiling, anticipating that the cost for such repairs for the 2 rooms of the Pulaya ward cannot exceed 250 rupees and thus be financially manageable to the Government. He requested the Government to sanction this plan till new cells are constructed.[36] However, this initiative also

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33 Proceedings of the Government of His Highness the Maharaja of Travancore, Letter from the Chief Engineer, No. 832. SAT.

34 Letter from C.B. Cunningham, the Commissioner of Police, Travancore, to the Darbar physician dated 23 August 1920, Public Works Department, File No. 53/19, Bundle No. 349. SAT.

35 Letter from F.J. Jacob, Esq to the Chief Secretary to Government, dated 27th November 1920, Public Works Department, File No. 53/19, Bundle No. 349. SAT

36 Letter from the Darbar Physician to the Diwan of Travancore, dated 5th November 1920, Public Works Department, File No. 53/19, Bundle No. 349. SAT.

encountered setbacks as there were preexisting plans in motion to convert the Pulaya ward into a sitting room for the nursing sisters.[37] All these administrative procedures illustrate the difficulty and complexity, the arduous and intricate nature of the bureaucratic system, and the time investment and financial implications inherent in actualizing a plan, particularly when it involves ensuring the safety of individuals deemed to be lunatics and prisoners, those who raise challenges to the law and order of the state. The bureaucratic intervention in the purview of the surveillance and safety of the lunatics encountered significant practical hurdles, underscoring the complexity and financial constraints involved in ensuring their safety and security.

The Intersection of Madness and State Interest: The Politics of Classifying Lunatics

Lunatic asylums, not only in British-controlled territories but also in princely states, facilitated the ordering and disciplining of native society. Madness was often used as a political tool to subjugate the subjects when their disoriented behavior disturbed the European way of life or threatened the peace of the expatriate community. For instance, Abdulsathar, a resident of Alleppey, was arrested by the local police and produced before the medical officer in charge of the District Hospital there. The 'crime' and transgression committed by Abdulsathar was that he used to approach European ladies on their daily walk and create a dangerous situation, as documented in colonial writings. While questioned by the magistrate, the accused admitted that he approached these ladies to get alms and for no other purpose.[38] It is interesting to note that the medical officer who examined the individual issued a medical certificate stating that the man was a lunatic but not a "dangerous lunatic" and based on this certification from the medical officer the Magistrate decided to hand over the individual to his relatives to be kept under restraint for some time, rather than incarcerating him in the lunatic asylum, as he was deemed a "harmless lunatic". However, there was criticism from other higher-up officials regarding the decision

[37] Letter from F.J. Jacob, Esq to the Chief Secretary to Government, dated 27th November 1920, Public Works Department, File No. 53/19, Bundle No. 349. SAT.

[38] See for details Judicial Department, File No. 32/168, Bundle No. 13, 1907, SAT.

taken by the magistrate to put him under house arrest rather than sending him to the lunatic asylum of Oolampara. The Lunacy Regulation, I of 1080 ME (1904-1905) does not contemplate the question of whether or not a lunatic is dangerous being decided by the Medical Officer's Certificate, and obviously, the result of medical observation can only be negative in regard to such a question. Under Section 23 of the Lunacy Regulation, I of 1080 ME (1904-1905), the responsibility of the medical officer is limited to deciding whether a person produced before him under Section 22 is or is not a lunatic. It is then for the Magistrate to hold an inquiry under Section 24 and to decide on recorded evidence of the individual's conduct and acts whether or not he should be held to be a dangerous lunatic. However, in the present case, this procedure had not been followed. It is reported that no inquiry appeared to have been held, and the Magistrate has thrown the whole of his own responsibility onto the shoulders of medical officers who had observed the individual only for a few days under restraints. The Magistrate was thus vehemently criticized for refraining the lunatic from all the inquiry even though he knew the so-called "outrageous act" committed by the person. Upon the complaints, the Magistrate, however, reported that he questioned Abdulsathar and warned him to desist from such conduct and directed the local Police Sub Inspector to watch him, along with instructing the police to take action under the Lunacy Regulation to send Abdulsathar to the lunatic asylum in case he becomes a dangerous lunatic.

In the above-mentioned case of Abdulstahar, he was neither a violent lunatic nor had he committed any physical harm to anybody, yet the necessity to incarcerate the person within lunatic asylum stems from the "outrageous act" he did and that was nothing more than begging alms from the European ladies and said be to causing disturbances to them. Though there was no sufficient evidence to consider the accused person a lunatic, insanity was employed as a pretext to confine him and to alienate a troublemaker like him. The legal records presented the case with grave seriousness because it was a deviation from the expected norms of a colonial subject who was not supposed to approach and disturb the European ladies. Incarceration was perceived as the best form of punishment for such crimes, and at the same time, strategically employed medical protection of asylum as an answer to the public gaze. The

supremacy of law was established over the science of medicine by which the decision to classify criminal lunatics into the categories of "harmless lunatic" and "dangerous lunatic" was placed upon the magistrate and not the medical officer which rendered the latter a mere authority to examine the symptoms of insanity in the accused individuals and nothing more. Medical examinations were, in fact, placed secondary to the legal power of colonial administrators. This was a strategic measure framed by the colonizers to vest the power in jurists to make the final decision, surpassing medical grounds in cases involving lunacy. The boundaries between the classification of "harmless lunatics and "dangerous lunatics"[39] and the difference between deviance and disorder are interwoven with the colonial ethic of normalcy. The degree of madness to categorize an insane subject under the various heads of lunacy depends upon their nature of deviation from the established order of colonial society, and particularly if it involves disturbances to the Europeans, asylum incarceration was deemed as the best solution. According to the observation of administrators,[40] "A dangerous lunatic is defined as a "lunatic believed to be dangerous and found wandering at large in the public streets or thoroughfares to the obstruction and annoyance of the public".[41] This definition and understanding of a dangerous lunatic are a definitive tool to incarcerate anyone with a wandering existence who exhibits traits of deviancy, all in the name of public safety and security. Throughout his case report, Abdulsathar was termed as a 'Mahomedan lunatic' and his behavior was interpreted as "outrageous", "dangerous", and portrayed him as a violent madman, though the medical certificates mentioned him as a "harmless lunatic". Here, insanity was used as a ground to detain a subject whose acts caused the European ladies to panic. Deviancy was transcended to disorder, and the demarcation between sanity and insanity was defined in accordance with colonial ethos and order. The case of Abdulsathar was a conspicuous example of how colonialism used "madness" as a

[39] Letter from the First-Class Magistrate Alleppey to the District Magistrate, Quilon, dated 28 November 1916, Judicial Department, File No. 32/168, Bundle No.13, 1907. SAT.

[40] Letter from the District Magistrate, Quilon to the Chief Secretary to the Government, dated 18December 1916, Judicial Department, File No. 32/168, Bundle No.13, 1907. SAT.

[41] File No. 414/72/1907/JD, Bundle No. 62, Judicial Department. SAT.

weapon to control and confine deviant subject populations within the colonial lexicon of peace and order.

During the initial years of asylumdom, its main purpose was to provide accommodation and safe custody for military lunatics, as they constituted a significant section of the mentally ill population in major presidencies. In the case of Keshava Pillai, a sepoy of the 1st Battalion, Nayar Brigade in Travancore, he was identified as a "dangerous lunatic". Discussions were held regarding his transfer from the Brigade Hospital to the lunatic asylum of Oolampara. Major C.F. Turner, M.C., Commandant, Nayar Brigade, decided to "get rid" of the sepoy due to the trouble caused by him[42] in the First Battalion guard room and the Brigade Hospital. According to Turner, since the man is a dangerous lunatic, whether his relations agree to take him or not, it would be unsafe to allow them to do so. He sent a man to Alleppey to ascertain the wishes of his relatives regarding the care of the individual. He elaborated on the nuisance created by the lunatic in a graphic description, according to which no one in the vicinity of the Hospital could sleep owing to the noise made by this person. It was also stressful for the hospital officials to watch him day and night, and impossible for other patients to obtain any peace due to his presence.[43]

Though it was directed to transfer the lunatic to the Oolampara lunatic asylum because of the intensity of his mental condition, it can be seen that he was finally placed into the care of his relatives.[44] The bond paper issued by Narayana Pillai Sivarama Pillai, the brother-in-law of Keshava Pillai mentioned that the said lunatic person was in military service for 2 years in the Nayar Brigade of Travancore and since he is insane now, Narayana Pillai issued the surety that he will be responsible for the safe custody of Keshava Pillai and decided to take him home for providing treatment and restraint, holding himself responsible for any trouble the lunatic may

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[42] Letter from Major C.F. Turner, M.C., Commandant, Nayar Brigade to the Dewan of Travancore, dated 23 June 1930, File No. 1678/ 1930/JDL, Bundle No. 26. SAT.

[43] *Ibid.*

[44] Letter from Major C.F. Turner, M.C., Commandant, Nayar Brigade, to the Dewan of Travancore, dated 30 June 1930, File No. 1678/ 1930/JDL, Bundle No. 26. SAT.

cause.[45] However, as per the Lunacy Regulation I of 1080 (1904-1905), if a sepoy becomes a lunatic, his commandant may inform the police that a sepoy of his battalion has been found to be a dangerous lunatic, and in that case, the police may take such action as they may deem fit under the Lunacy Regulation. In the meantime, the Government should direct the police to arrest the sepoy and produce him before the officer in charge of the General Hospital for examination, and in case they get a certificate regarding his lunacy, they should ask the Trivandrum First Class Magistrate for an order to commit him to the Lunatic Asylum. To much surprise, in the case of lunatic sepoy Keshava Pillai, we did not get any further information on whether the army lunatic was moved to the Oolamapara Lunatic Asylum for treatment, except the information that he was handed over to the relatives.

What is significant in this context is that, though the letters of Major C.F Turner, M.C., Commandant, Nayar Brigade repeatedly mentioned the army lunatic as a "dangerous lunatic" and provides a graphic picture of the disturbances created by him in confinement and despite the medical officer suggested his removal to the lunatic asylum, he was ultimately handed over to the family. The commander explicitly used the term to "get rid of" the patient, and the language used in this context suggests that when a sepoy descends into lunacy, they become a burden to get rid of; conversely, in their normal state, they serve as the protective pillars. A comparative analysis of the case of Keshava Pillai with the previously mentioned case of Abdulsathar is necessary in this context and such an analysis underscores the double stand taken by the colonial officials in two different cases of lunacy. While a "dangerous lunatic" like Keshava Pillai was handed over to the family, there was a pressing need to confine a "harmless lunatic" like Abdulsathar within the walls of the asylum. From the colonial perspective, the gravity of Abdulsathar's deviance was accentuated more than that of Kesava Pillai because he disturbed the tranquility of European ladies and here the transgression of the former is weighed heavily because he was a threat to the European order, a danger to the white ladies and of course the influence of their men will be guided by the colonial intention to confine him within

[45] Surety given by Narayana Pillai of Kalathu Veedu, Charamangalam Muri, Cherthalai Taluk, to the Medical Officer, Nayar Brigade, dated 27 June 1930. SAT.

the lunatic asylum, even though he was identified as a "harmless lunatic". The punishment for the "hazardous situation" instigated by the "harmless lunatic" was his incarceration within the asylum, while the solution for the "disturbance" created by the "dangerous lunatic" was his confinement within the family care. The term "danger" in colonial records always brings the connotation of threat to the European order in the colonial context, and was perceived as a state of disruption from the ruling principles. The terminologies such as "dangerous lunatic", "harmless lunatic", etc., in the colonizer's lexicon of law and order were defined according to their interests and agendas. The politics of psychiatry and the purpose of the Lunatic Asylum in the colonial context are always guided by this principle of isolating the elements perceived as perilous to the colonial administrators, and asylums were, after all, spaces for alienating the "deviant elements" of the subject race.

The Governance of Insanity: The Primacy of Law in the Management of Mental Illness

The identification of insanity, admission, and discharge of the lunatic from the asylum was subject to the lunacy regulations of the state. The release of the convict lunatics from the asylum and prisons after the expiry of their sentence was contingent upon improvements in their mental condition. If the mental health of the patient is weak and still in a bad state, they are ordered to be detained in the asylum for further treatment and observation, unless relatives take charge of them. According to the jail rule no. 309, "no prisoner shall be discharged from jail on the expiry of his sentence if laboring under any acute or dangerous disease, but shall be detained in Hospital until the Medical officer considers he can be safely sent out unless such prisoner shall demand to be discharged soon".[46] The same rule was applied to the insane, and if his mental condition did not justify his release, he would be kept within the asylum until he got better, to be sent out. The release of the convicted lunatic from prison and asylum was thus framed within the recovery trajectories, and for them, freedom comes with healing.

[46] Letter from the Assistant Surgeon to the Darbar physician Travancore, dated 5 July 1911, File No. 414/72/1907/JD, Bundle No. 62, Judicial Department. SAT.

The provisions under section 24 of the Lunacy Regulation of 1080 ME (1904-1905) authorized all the first-class Magistrates and other Magistrates to pass orders to detain the lunatic in the asylum. The subsequent notification dated 9th December 1905, though authorized the second-class magistrate to hold inquiries into the mental condition of the lunatic, does not however clearly mention the authority for them to pass orders under section 24 of the Lunacy Regulation of 1080 ME i.e. regarding the right to issue orders to detain the lunatic patients within asylum. Since there is no other notification under section 24 of the Lunacy Regulations authorizing any other than a first-class magistrate to issue the orders, there was confusion among the officials regarding the rights of second-class magistrates over the same. In this context, the District Magistrate of Quilon requested the Chief Secretary to the Government to issue definitive orders mentioning the specific rights of second-class Magistrates.[47] Following this intervention, an amended notification was issued by the Maharaja of Travancore in which he addressed the issue and authorized the second-class magistrate to exercise all the powers conferred upon first-class Magistrates by section 24 of the Lunacy Regulation I of 1080 ME.[48] As per this, the second-class magistrates were authorized not only to record evidence on the question of whether a person is a "lunatic pure and simple", or a "dangerous lunatic" but also to pass orders on a consideration of the evidence taken and send the person to the officer in charge of the Lunatic Asylum. The specificities and the amendments in the notification were introduced with the aim of avoiding confusion and the delay caused by such complications. Moreover, the speeding up of the procedures on the decision pertaining to lunatics and their confinement was also intended through such provisions. The management of the lunatics, particularly of criminal lunatics, was thus placed within the legalities of the state, ensuring ease in the protocol.

The examination of insanity and the decision on the mental status of the accused "criminal lunatic" during the trial was a complicated process that was always tossed between the medical and legal authorities. Since colonial legality upholds the

[47] Letter from the District Magistrate, Quilon to the Chief Secretary to the Government, dated 20 January 1932, File No.1641/1932, Bundle No. 278, Judicial. SAT.

[48] Amendment was issued on 27 May 1932.

finality of law rather than the finality of medicine, the same principle was adopted by the Travancore State, and thus the examination and assertion of the mental state of the individual during the committal of crime was largely decided by the jurists and not by the medical officers. In the case of Krishna Pillay Padmanabha Pillay, the court depended upon several documents of reference for analyzing the mental state of the accused when he committed the crime. The man was arrested for the murder of his sister Janamma by administering five or six cuts on her neck with a chopper on 20th Dhanu 1124 ME (1949). The prosecution found that the accused was on two previous occasions subject to temporary fits of insanity, but it is urged that some months before the date of this occurrence, he was completely cured and that the accused committed the homicidal act while he was sane. It was, however, a difficult task for the jurist to assert the mental state of the accused at the particular time of the committal of the crime. The previous medical history of the individual was elaborately discussed in this case to ensure his nature and behavior. From the evidence given by the personal witnesses, it was clear that the individual, about 7 or 6 years ago, was afflicted with an attack of insanity and that he underwent treatment for three months. After curing the condition, he joined as a teacher in a vernacular school, and then he was employed as a vaccinator at Shertallai. However, he had a relapse of insanity and was brought back to his home at Pulimathu. Interestingly, in this case, we can see the references to spiritual healing resorted to by his family for dealing with his illness. The relatives of the accused suspected that the attack of insanity was due to some evil act termed "*Kaivisham*" and thus got a sorcerer to perform certain remedial measures. It was reported that he was cured and subsequently taken to Trivandrum for additional spiritual treatments for a few more days. The case, in fact, shed light on the native epistemology of mental illness in terms of the spiritual realm and their belief in such indigenous forms of healing systems.

The major question that needs to be addressed in this case is to understand the actual state of mind of the accused at the time of the commission of the alleged crime and it was mainly a matter of inference from the previous medical history of the prisoner and the attendant circumstances both before and immediately after the commission of the act. The court cites Dr. Ewen's work on "Insanity in India" as per

which “the murder of some near relative, child or sister, known to have been loved, in cold blood without a motive, without a quarrel, unaided; in the presence of witnesses even, or it may be in a particularly diabolical manner; the suddenness uncalled for causeless nature of the act, the absence of at all attempts at explanation and afterward, though this only sometimes, of all efforts of concealment or escape, taken with the prisoner’s own behavior and considered with reference to his history and character as being totally at variance with such a crime, may give all good grounds for the opinion that the act was one for which the prisoner was not responsible and maybe the clearest evidence of his insanity”. In the light of the examination of the references, the judge in this case found that on two previous occasions the accused had attacks of insanity and that even a couple of days before the date of the occurrence, he was found mentally abnormal. The accused had no grudge against the deceased, and the prisoner moved on very amicable terms with his mother and sister. There is no adequate motive for the crime. Moreover, after the incident, there was no attempt on the part of the accused either to escape unnoticed or to conceal his act, or the victim of his act, or the weapon with which he killed his sister. Based on these shreds of evidence, the judge found that the accused was of unsound mind and that he was not aware of the nature of the act he was doing, nor was he capable of distinguishing between right and wrong. According to the medical language, the accused was suffering from impulsive insanity.[49] On the consideration of all evidence and probabilities, the court found the accused not guilty of any offense and acquitted him on the charge framed against him and ordered him to be sent to the Hospital for Mental Disease.[50] In the cases of criminal lunacy, the examination and judgment regarding the mental state of the accused underwent intense scrutiny from the court, with the jurists holding the power and authority to pronounce the final verdict, even though they involved medical assessments.

The process of law-making sometimes took an interventionist approach to identify native bodies through personal identification marks, even in Princely states

49 Sessions Case No. 19 of 1101, Judgement, File No. 2469/1929/Jdl, Bundle No. 255. SAT.

50 Letter from the Superintendent, Central Prison to the Chief Secretary to the Government dated 31 August 1929, File No. 2469/1929/Jdl, Bundle No. 255. SAT.

like Travancore. The 'examination' of native lunatic bodies through anatomical analysis created power dynamics by recording and surveilling the bodies carrying disturbed minds. The Darbar physician, in his letter to the Dewan of Travancore dated 13th May 1911, mentioned that the warrant issued by the criminal courts for the detention of lunatics in the asylum did not contain the latter's marks of identification. He thus requests the authorities concerned to attend to this in the future by adding descriptions of personal identification marks in warrants of admission to the asylum.[51] Opinion regarding the instruction has been enquired from District Magistrates and asked them to direct the subordinate Magistrates to send a note on the matter under consideration. Accordingly, the notice was circulated among the District Magistrates of Kottayam, Duricolam Division, Padmanabhapuram, Trivandrum, and Quilon, and they in turn collected opinions from the sub-magistrates under their purview. The District Magistrate of Kottayam was of the opinion that the proposal did not appear to be of much practical good. He further states that the suggestion of the Darbar physician was maybe for the easy recapture of lunatics who escaped from the asylum by checking the identification marks of the person. But he protects his opinion of the futility of recording identification marks by arguing that there were escapes of some criminals who had to undergo a sentence of imprisonment in the central jail, but in most cases, they were recaptured in spite of the absence of a record of personal identification marks. Therefore, he does not think that the chances of recapturing escaping lunatics are high if they record their body marks. He raises a valid point that if a lunatic can lay out a plan to escape from the asylum and execute it unmistakably, he is, for this very reason, entitled to a verdict of sanity and to be let out of the asylum. According to him, a sure proof of sanity like this ought to secure for him the privilege of the other denizens of the world. In such cases, therefore, the necessity for recapture does not exist so much as the necessity of his release on the ground of restored sanity. In his opinion, the recapture of a lunatic is much easier than that of a sentenced criminal in his senses because a lunatic at large can be identified by anyone of ordinary intelligence. Their oddities and peculiarities are grounds for their identification as

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[51] Letter from the Darbar Physician to the Dewan of Travancore, dated 13 May 1911, File No. 414/65/1907/JD, Bundle No. 62, Judicial Department. SAT.

lunatics rather than the Magistrates' notes of personal marks. The Magistrate of Kottayam thus suggests the mere superfluity of the procedure and pointed out that it is open to the asylum authorities to note down for their information the personal marks of fresh arrivals of lunatics as soon as they are admitted in their institution if they think that such a precaution is of any use to them.[52] However, the District Magistrate of Duricolam Division agrees with the proposal of the Darbar physician to introduce the details of body marks on the warrants issued by criminal courts for the detention of lunatics in the asylum, which, according to him, will prevent the possible delivery of a wrong person.[53] The District Magistrate of Padmanabhapuram also agreed with the proposal as it helps the asylum authorities to discharge the particular lunatics whose discharge has been ordered. In such circumstances, the mentioning of the personal marks of identification in the warrant of detention may be useful to identify the lunatics easily.[54] The district Magistrate of Quilon,[55] as well as the District Magistrate of Trivandrum,[56] also expressed interest in the proposal. Accordingly, based on the majority decision, it was directed to record the personal marks in the warrants issued by Magistrates to admit the lunatics to the asylum. The process of 'examining' and recording the body marks, specific 'features', 'measurements', and other details made individuals distinct 'cases'[57] within lunatic asylums. Such state intrusion, to a certain extent, becomes an invasion of the bodies of the lunatics. The process is closely

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52 Letter from the District Magistrate's office, Kottayam, to the Chief Secretary to the Government, dated 28 June 1911, File No. 414/65/1907/JD, Bundle No. 62, Judicial Department. SAT.

53 Letter from the District Magistrates Duricolam Division to the Chief Secretary to the Government, dated 21 June 1911, File No. 414/65/1907/JD, Bundle No. 62, Judicial Department. SAT.

54 Letter from the District Magistrates of Padmanabhapuram to the Chief Secretary to the Government, dated 15 June 1911, File No. 414/65/1907/JD, Bundle No. 62, Judicial Department. SAT.

55 Letter from the District Magistrates of Quilon to the Chief Secretary to the Government, dated 14 June 1911, File No. 414/65/1907/JD, Bundle No. 62, Judicial Department. SAT.

56 Letter from the District Magistrate, Trivandrum, to the Chief Secretary to the Government, dated August 1911, File No. 414/65/1907/JD, Bundle No. 62, Judicial Department. SAT.

57 Chitran. D, "Law Making and the Examination of Bodies in Colonial Malabar, 1800 – 1880," *Proceedings of South Indian History Congress*, Vol. 41, 2023, p.5, http://journal.southindianhistorycongress.org/show_articles.php?atl_id=MjM2.

connected to the colonization of the body, where subject bodies were objectified through personal marks of identification, and the body becomes a site of authoritarian gaze in the public sphere.

From Asylum to Hospital: The Shift in Nomenclature and the Policy of Voluntary Admission

It was in 1921 that the name 'lunatic asylum' of Oolampara was changed to 'Hospital for Mental Disease'. The name change came into existence in the wider context of the policy shift of lunatic asylums all over India. The shift was part of redefining mental health institutions, reflecting a broader understanding of the purpose of the institution, emphasizing its medical properties and characteristics rather than perceiving it as a mere space of confinement. The rethinking regarding such institutional facilities resulted in the name change not only of the lunatic asylum but also of the leper asylum, because their institutional names were found to be unclear about what these institutions are actually meant for. According to the authorities, they are not places of refugee houses for food and shelter but are institutions where the respective diseases are studied, the clinical condition of the patients noted, and appropriate treatment is adopted to a considerable degree on modern lines. The authorities are also concerned with the stigma invoked by the term lunatic asylum among the patients and their caretakers, which is identified as one of the important reasons for preventing them from approaching these institutions. Thus, the designations of Lunatic Asylum and Leper Asylum were changed to Hospital for Mental Disease and Hospital for Lepers, respectively.[58] In addition to this, the name of the Hospital for Incurables changed to the Hospital for Chronic Disease. This change in nomenclature was in the wider Indian context of recognizing and easing the concept of mental health care, reducing the stigma while stressing the cure offered by these institutions. It was aimed to build confidence in the patients and their families that the particular condition of mental disease is curable and can be ameliorated, making them feel more a home rather than in a confined space. The name change was

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[58] Letter from the Darbar physician to the Dewan of Travancore, dated 29 July 1921, File No. 1487/21 Bundle No. 201, General Department. SAT.

thus one of the policies adopted by the medical officers to easily and effortlessly create a consciousness among the people regarding a brighter outlook on the fate of the patients in these institutions, which in turn would attract more people towards institution-based healing.

The popularization of lunatic asylums among the natives was a Herculean task, and the princely government of Travancore made several other efforts to address the issue. As a part of this, in 1934, the Travancore government initiated amendments in the Lunacy Regulation of 1080 ME (1904-1905) to introduce voluntary provisions in the lunacy regulation. A letter from the Darbar physician to the Chief Secretary of Government states that the current regulation provides admission for three classes of lunatics: (1) criminal lunatics, (2) lunatics found by inquisition, and (3) those with a reception order. There should also be a provision for a voluntary section, the object of which is to give easy access and ready treatment in time to early mental cases, without having recourse to the procedure mentioned in the various sections in the Regulation. As per this, the officer in charge of the Mental Hospital should be empowered to admit patients in the Voluntary Section as in any of the other hospitals with the following restrictions: -

1. The patient himself or his guardian has to sign a letter to the Medical Superintendent of the institution to which he wishes to go as to his willingness to get treated.

2. A voluntary patient can leave the Hospital of his own accord after giving 24 hours' notice by his guardian.

3. The object of guardianship was placed because some of this class of patients may lose insight.

The amendment was aimed at popularizing the institution of the Mental Hospital among the people. In many of the cases, especially if the patient is from the upper strata of society, they had inhibitions about getting admitted to the hospital because of the stigma associated with the institution and the fear of becoming a certified lunatic. The amendment provided provisions such as that a voluntary patient

can retain his civic rights, sign cheques and legal documents, advise, and can direct the management of his own affairs. All these provisions were introduced with the aim of removing the stigma attached to patients of lunatic asylums, and further decided to establish a voluntary section as a part of the Mental Hospital. This unit was proposed to be called “The Hospital for Functional Nervous Disorders”. The change was bound to attract patients who are otherwise afraid of being called lunatics and therefore, waste much valuable time in getting treated. According to the official explanation, the new provision will attract mentally ill individuals and their families to seek help from Mental Hospitals, and once they are healed from illness, their efficiency and prospects in outside life will not be marred, and moreover society will not look down upon such patients.[59] Legal measures like this were intended to popularize the institution and free it from the complicated rules and procedures, encouraging patients, especially in their early stages, to get cured easily. The amendments, in fact, were part of the state's measure to enhance the openness and acceptance of institution-based healing among the natives.

The democratization of the hospitals of Travancore demonstrated the welfare measures of the State and its interest in protecting the well-being of the subjects. However, it also suffered from some inherent problems like differential treatments offered to upper castes and the upper class. There were newspaper reports on the denial of hospital admission to patients of the lower class in critical condition, leading to their deaths outside the hospital. For instance, one of the newspaper reports published in Paurdhwani dated 30th June 1939 reported the death of an estate coolie without getting proper treatment from Perumbavoor Government Dispensary. He was suffering from an attack of severe fever, but refused admission to the hospital and consequently died on the road without getting proper treatment.[60] The Government ordered an inquiry into the case after the publication of the newspaper report. However, the medical officer in charge of the said dispensary, Sub Assistant Surgeon

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[59] Letter from the Darbar Physician to the Chief Secretary to the Government, dated 9 May 1934, Judicial, File No. 2369/1934/Jdl, Bundle No. 291. SAT.

[60] Report published in the Newspaper Pauradhwani dated 30 June 1939, File No. 375/1939, Bundle No. 49, Confidential Sector. SAT.

A.G. Thomas, denied the incident[61] and furnished the information that he used to admit deserving patients freely and render all possible help.[62] There was no further inquiry regarding the incident, but it hints at the differential treatments offered in the Government Hospitals of Travancore. The case of lunatic asylum was also not different in British Malabar as well as in Travancore, where the upper class and caste enjoyed higher privileges and meted out differential treatment. Even the voluntary provisions were also largely aimed at attracting the attention of economically well-off families in approaching the asylum facilities.

Corruption in the management of lunatic asylums affected their public image. Allegations against the doctors of Oolampara Mental Hospital exposed the mismanagement of asylum resources. For instance, an anonymous letter mentioned the malpractices done by Dr. A. S. Johnson, the Medical Officer in charge of the Mental Hospital in 1938.[63] The letter mentioned the relationship between the medical officer and one Mr. Velayudhan, who was the agent of contractors for the supply of articles to the asylum and also the Lessee of the Hospital compounds. According to the petition received, Velayudhan is an associate of Dr. Johnson in all sorts of illegal practices. The letter mentions a few instances in which malpractices have been done including the appropriation of vegetable produce from the hospital garden, purchase of yarns, cotton threads, etc. (which is used for lunatic labor in the hospital) at a high rate, feeding doctors dependents from Hospital food, malpractices in the auction of trees, etc. The petitioner requested a confidential inquiry about these allegations against Dr. A. S. Johnson, and subsequently, the petition was forwarded to the Superintendent of the Police for investigation. The confidential report on the Doctor was submitted to the Chief Secretary of the Government, and as per that, the allegations against Dr. Johnson were false. The investigation report found that, as he was very tactless, strict, and honest in his official dealings, he had enemies among his

[61] Letter from the Surgeon General to the Chief Secretary to the Government, dated 31 July 1939, File No.375/1939, Bundle No. 49, Confidential Sector. SAT.

[62] Letter from the Assistant Surgeon A. G. Thomas, in charge, District Dispensary, Chavara, to the Surgeon General, dated 30 July 1939, File No. 375/1939, Bundle No. 49, Confidential Sector. SAT.

[63] Letter from a Well-wisher, dated 16 January 1938, File No 3/38, Bundle No. 42. SAT.

subordinates and some contractors,[64] and the letter might be their attempt to cause him harm. The petition was thus dismissed, considering it as one from such disgruntled people. Though we couldn't trace the truth behind these allegations except what is recorded in the confidential report, which may or may not be produced in favor of the Medical Officer, the possibility of misusing the hospital provisions was conspicuous. The power, influence, and authority of certain medical officers were used to exploit the resources even from an institution like a lunatic asylum, which then got buried under their influence.

The Economic Anatomy of Lunacy: Cassie Chetty Vs the State of Travancore

The cost of the confinement of the insane population within the lunatic asylum of Travancore was based on the economic background of their family, and this was legalized through State rules. As per the Lunacy Regulation of 1080 ME (1905), if a person appears to be a "dangerous lunatic", a Magistrate of the First Class may declare him so and send him to the lunatic asylum. If it appears to the Magistrate who sent a lunatic to the asylum or the Superintendent of the asylum that the lunatic or any person who is bound to maintain him is possessed of property, the Magistrate or Superintendent may move the District Court to pass an order asking his family to pay the maintenance charges. In this matter, the Sirkar Vakil should appear on behalf of the Government, and he may be asked to do so through the Head Sirkar Vakil. The Government, in such circumstances, will instruct the Magistrate to enquire into the property of lunatics upon their admission to the asylum and pass the necessary orders.[65] Such a regulation came up with the question of the means of maintaining the lunatic, Cassie Chetty, in the Oolamapara lunatic asylum.

Cassie Chetty alias R. M Peeris was a motor car driver in Colombo and was arrested by the Colombo police for robbery. He was sentenced to two years of rigorous imprisonment on 7th December 1918 along with a fine of Rs. 500 in default of one

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64 Letter from the Superintendent of the Police to the Chief Secretary to the Government, dated 18 February 1938, File No. 3/38, Bundle No. 42. SAT.

65 Opinion regarding the recovery of maintenance charges from the estate of the lunatic Cassie Chetty Alias R.M. Peeris by Additional Head Sirkar Vakil dated 22 March 1923, File No. 1312/1923/ Jdl, Bundle No.217, Judicial Department. SAT.

year's imprisonment. This fine was not paid, and hence the additional one year's rigorous imprisonment was also confirmed upon him, and his release was fixed to 6th December 1921, from which date the police watch will begin for seven years to ensure that the accused does not commit any further crime. He was confined in Wablhada Jail after trial, but being certified as insane, he was removed to Colombo Lunatic Asylum by the order of the Governor on 22nd April 1919. He was reported to have recovered from insanity within a few days and then sent back to the Jail on 26th July 1919, but again was found insane and retransferred to the asylum on 29th August 1919. While in the Colombo Asylum, Cassie Chetty unexpectedly assaulted an Asylum Guard Attendant named Deonis Appu by beating his head with an iron pipe, resulting in the death of the attendant on 30th April 1920. The doctor who examined Cassie Chetty found that he was a "dangerous lunatic" and was of unsound mind during the committal of the crime. Since he was found incapable of standing trial for the crime of murder, he continued to be kept in the lunatic asylum. The superintendent of Colombo contacted the relatives of Cassie Chetty through the Magistrate of Quilon, and his brother recognized him. Upon this update, his subsequent transfer procedures were started.[66] Though the Travancore State was attentive in taking care of its lunatic subject, it was concerned about the finances involved in the transfer of the patient from Colombo to Travancore. The relatives of the patient were entrusted to pay for the maintenance of the patient in the Lunatic Asylum of Oolampara. Though they agreed to pay the charges at first, the family later informed the Government that they were not in a position to pay the amount. The Tahsildar of Quilon was thus asked to take regular steps for its recovery, and the list of immovable property belonging to the *Tarawad* of the lunatic was prepared to prove the financial ability of the family in the court and to make them pay the charge in respect of the lunatic. The counter-petitioner against the State in this case was the brother of the lunatic, and he informed the Government that the lunatic was a junior member of the *Tarawad* and had no separate properties. The sirkar thus was not able to prove that the lunatic is possessed of any property of his own. The District Court of Quilon accordingly passed the order stating

[66] Letter forwarded from the Lunatic Asylum of Columbo, File No. 1312/1923/ Jdl, Bundle No. 217, Judicial Department. SAT.

that the family of the lunatic is not required to pay the maintenance charge.[67] This led to the case referred to as Cassie Chetty Vs the State in the District Court of Quilon.[68] Though Lunatic Asylums were Government-run institutions, the maintenance charge for patients with property was issued from their families, and lunatics from the economically lowest order were treated freely. The services offered by this institution were always connected to the financial needs of the State, troubling Travancore's troubled minds further. Financial fallouts in the lunatic management often affected these institutions internally, tossing the liability of lunacy between the State and the family of the patients as the "price of madness" had lasting impacts on the lunatic management.

The Family Dynamics in the Care Industry: Exploring the Travancore Experiences in Lunatic Management

The petitions from the families of the patients confined in the lunatic asylum offer glimpses of the native perception regarding the carceral culture of asylums. Since convicted lunatics or criminal lunatics are subject to the State's medical and legal codes, they were initially incarcerated in prisons and moved to the asylum upon receiving the medical certificate of insanity. In the case of lunatic patient T C Ramen, we can see the petition submitted by his father-in-law for his removal from the lunatic asylum of Oolampara. Ramen was charged with the offense under section 301 of the Travancore penal code for killing his own child aged only seven months. The accused has been a sub–overseer in the Travancore P.W.D. from 1086 ME (1910), and he was on leave at the time of this occurrence. It was reported that the man was subjected to temporary attacks of insanity, and when finding symptoms of an approaching attack, he went on leave to place himself under proper medical treatment. The occurrence took place when he was under treatment, and subsequently, he was arrested by the police and confined in the lunatic asylum after the trial. His father-in-law submitted a petition to the authorities requesting his removal from the asylum. According to the

[67] Proceedings of the District Court Quilon dated the 15 Meenom 1098 (1923), File No. 1312/1923/Jdl, Bundle No. 217, Judicial Department. SAT.

[68] Letter from the District Magistrate of Quilon to the Darbar Physician Trivandrum, dated 13 May 1922, File No. 1312/1923/ Jdl, Bundle No. 217, Judicial Department. SAT.

petitioner, he was confident that by careful treatment and nursing, the patient would soon be restored to perfect health and would be able to pursue his ordinary avocations. He raises doubts about the confinement of the accused within the asylum and he expresses his concern that if the petitioner who is still a young man is ordered to be confined in the lunatic asylum, there is no hope of his recovery and he would be, lost forever to his family and to his young wife who is the petitioner's daughter. He thus issues the surety by mentioning that he will take care of the patient under safe custody as may be directed, as long as he continues to be out of his senses, and prays the government to hand over the said lunatic to the custody of the petitioner.[69] Considering the fact that the sureties are from "respectable and well-behaved people" and they will properly look after Ramen and will prevent him from doing any harm to himself or to others, the Stationery Magistrate of Paravoor asks for a favorable decision from the Government.[70] However, the lunatic was charged under Section 301 of TPC, which is non-bailable. According to section 347 of the Criminal Procedure Code "If the case is one in which bail may not be taken, or if sufficient security is not given, the Magistrate or court shall report the case to our Government, and our Government may order the accused to be confined in a lunatic asylum or other suitable places of safe custody, and the Magistrate of the court shall give effect such order". In this case, as the lunatic was unable to defend himself in court, and the charge against him was non-bailable, the Government's decision to confine the accused within the lunatic asylum at Oolampara, under Section 347 of the Criminal Procedure Code, was irrevocable. The case of TC Ramen exemplifies the upper hand of legality over the preferences of the family and relatives in the management of lunatics.

Another case that is worth mentioning in this context is the role played by the family of lunatic E.V. Conseptin in his removal from the Oolampara mental hospital. Conseptin was a native of Travancore and an ex-army officer of the Indian army stationed at Poona. He was arrested under sections 109, 381, 420, and 468 of the

[69] Petition from Ayyan Kochu Kunju to the Dewan of Travancore, dated 18 Tulam 1093 (1918). SAT.

[70] Letter from the Stationery Magistrate of Parvoor to the Chief Secretary to the Government, Trivandrum, dated 30 July 1919. SAT.

Indian Penal Code and produced before the Cantonment Magistrate, Poona. He was subsequently sent to Mental Hospital Yervada after symptoms of mental unsoundness were identified in him, where he was confined since November 1924 under Section 466 of the Criminal Procedure Code of 1898. The maximum punishment for the offense he committed was 7 years; however, as he was found to be insane, the Government of Bombay proposed to withdraw the charges pending against him and decided to transfer him to a Mental Hospital in Madras. There were communication difficulties between the patient and the asylum authorities because his language was unintelligible to the staff of Yervada Mental Hospital, making it challenging to understand his wants. The officials in Yervada thought that his recovery would be easier if he were confined in a Mental Hospital in his own province. The Bombay Government thus sought permission from the Madras Government to send the lunatic there as he was identified as a native of South India and a resident of Nediyazhikam Tehsil, Parvoor District, Travancore.[71] The Surgeon General of Madras Asylum informed of the availability of accommodation for the said lunatic but placed the condition that the Government of Travancore should bear all the costs necessary for the detention of the person within Madras Lunatic Asylum, as he was a subject of the Travancore State.[72] Further correspondence took place in this context between the Madras Government and the Travancore Government to discuss the transfer of the lunatic patient to Oolampara Mental Hospital. It was finally decided to shift the patient to his own native place, and accordingly, he was confined in the Travancore Mental Hospital for further care.[73] Since the lunatic had been charged with various offenses, the asylum authorities of Oolampara were uncertain about which section of the lunatic ward he should be confined to, whether the criminal lunatic ward or the civil lunatic ward. Communications were directed in this regard between Travancore and Yervada Hospital to know whether he was withdrawn from the charges before he was

[71] Copy of the letter from the Government of Bombay, Home Department, No. 9459 -11-C, dated 6 August 1926, File No. 1960/1927/ Jdl, Bundle No. 238. SAT.

[72] Copy of the letter from Surgeon General with the Government of Madras, dated the 1 September 1926, File No. 1960/1927/ Jdl, Bundle No. 238. SAT.

[73] Extract from the Proceedings of the Administrative Board, Medical Services at its meeting held on Tuesday, 5 April 1927, File No. 1960/1927/ Jdl, Bundle No. 238. SAT.

transferred to Travancore,[74] and subsequently, received the information that he was free from his charges on account of his mental illness.[75] These communications emerged in the context of the query raised by the patient's family to release him from the Travancore Mental Hospital. In the letter written by Marian Vareed, the father of E.V. Conseptin, to the Dewan of Travancore, it was recorded that since his son was sent to the Travancore Mental Hospital, the health of the patient was getting worse, and he was impoverished as his weight was reduced from 227 pounds to 135. Thus, the father requests an early release of his son on account of his deteriorating health. The agency of the family in the involvement of lunatic care was deeply intertwined with emotional ties and cultural expectations, even when asylum care was in practice. In this case, Marian Vareed raised serious dissatisfaction with the health of his son, demanded his discharge, and mentioned his financial ability to take the patient for private treatment. Even before Marian had sent his request to remove his son from the Hospital, the patient's uncle, Mr. Varkey, had already sent a petition requesting the same. However, the Hospital management delayed the discharge, stating that inquiries should be made to know whether the lunatic is still under criminal charges. Instigated by this, Marian wrote direct letters to the asylum authorities of Yervada Mental Hospital, where Conseptin was initially confined, and made inquiries about the status of the charges inflicted upon him. In the light of the information obtained by him from Yervada Mental Hospital, he informed the Travancore Government that even before Conseptin was sent to Travancore, the Home Government of Bombay had dispatched an order to the collector of Poona dated 11th February 1927 by which they had withdrawn all the charges that were put on E.V Conseptin on the ground of insanity. On account of this irrevocable order, his father criticized the Oolampara Hospital authority, stating that it was least necessary for the officer in charge of the Mental Hospital to write for any further "final order" from Poona. He also mentioned that the patient was kept within the criminal ward here in Travancore asylum, which is a flagrant violation of the orders from Bombay. Moreover, Marian expressed the concern that as the patient

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74 Extract from the Proceedings of the Administrative Board, Medical Services, at its meeting held on Monday, 18 April 1927, File No. 1960/1927/ Jdl, Bundle No. 238. SAT.

75 Letter from the Agent to the Governor General, Madras State to the Dewan of Travancore, dated 22 June 1927, File No. 1960/1927/ Jdl, Bundle No. 238. SAT.

has recovered from his illness, he had difficulties in pulling on with his new surroundings and his poor diet,[76] and thus demanded immediate removal of the patient from the asylum. In view of these developments, the Government removed E.V. Conseptin from the Mental Hospital to family care. The tone of assertion in the letter of the petitioner is truly noteworthy, which on the one hand criticized the Hospital management for the poor treatment offered to his son and on the other hand pointed out the mistakes of the authority in keeping his son in the criminal ward. The role of these relatives in the removal process of the patient from the lunatic asylum is truly remarkable, which presents a picture of affirmative action by the agency of family in lunatic care.

The involvement of family and community in the management of individuals deemed mentally ill during pre-colonial modernity should be viewed from the native culture, where insanity was addressed within the domestic sphere and not within an institutional space like a lunatic asylum. However, such collective ideals of care within family and community were viewed as an obstruction to the idea of an institutional space by the colonial doctors[77] and one of the most important reasons for the failure of native-only lunatic asylums, because the home was the fundamental space for care in native society. Though the family is an important factor in ascertaining decisions regarding the ill member, probably the most crucial agent in psychiatric Care,[78] their agency at times had to negotiate with and sometimes had to submit to the State and its legal measures. This does not mean that the agency of family has lost its entire significance in the whole process of domestic psychiatric care, rather they transformed themselves into the "new" scenario of institutional psychiatry cooperating with the State along with ensuring their position in the domestic management of insane preserving their cultural framework of home as the locus of care and love. While they were submitted to the State laws, particularly pertaining to

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[76] Letter from Marian Vareed, Nediyazhicome, House, Mayyanad, Quilon to the Dewan of Travancore, dated 24 May 1927, File No. 1960/1927/ Jdl, Bundle No. 238. SAT.

[77] Sarah Ann Pinto, *Lunatic Asylums in Colonial Bombay: Shackled Bodies, Unchained Minds*, Springer Nature, Switzerland, 2018, p. 56.

[78] Akihito Suzuki, *Madness at Home: The Psychiatrist, The Patient, and the Family in England, 1820-1860*, University of California Press, Berkeley, 2006, p. 1.

the care of criminal lunatics, the majority of the civil lunatics were still placed within family control as reflected in the admission records of asylums.

The Pursuit of Sanity: Therapeutic Approaches in Oolampara Mental Hospital

Different types of mental disorders, such as Affective reaction type, Schizophrenic reaction types, Paranoia and Paranoid reaction types, Organic reaction types, Toxic psychosis, Epilepsy, Psychoneurosis, Mental defects, Sex perversions,[79] etc., were treated in the lunatic asylum of Oolampara. Sympathetic and systematic treatment mechanisms were adopted in the institution where the medical officer is assisted by consultant staff consisting of a Gynecologist, an Ophthalmologist, an E.N.T specialist, and a Dentist. Along with them, the Establishment also contained a Matron, a Steward, a Weaving Instructor, a Compounder, a Head Warder, and an Assistant Warder.[80] The treatments offered here were a mix of medical and moral interventions, including dietary plans, good sleep, occupational therapy, recreational activities, etc. Engaging the lunatics in remunerative labor was a pervasive feature of colonial lunatic asylums. As these institutions are products of colonial modernity, they were largely conceived and modeled on the asylums in British-controlled regions. The patients were thus trained in various occupational provisions, which were regarded as a therapy for engaging the frozen minds. Gardening, Weaving towels, and grass mats, manufacturing coir ropes, leveling and repairing playgrounds, etc., were some of the activities provided for the inmates of this asylum. The remedial agency and therapeutic benefits of occupational therapy were highlighted by the Darbar physicians as noted in the administrative report of 1901 – 1902. It was claimed that the manufacturing department in this institution is "maintained as a means towards the cure of the inmates, not as a means to profit for the government".[81] The patients' involvement in various types of occupations was thus projected as a means to engage their idle bodies and minds in productive activities, however, the financial benefit of lunatic labor was strategically integrated into

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[79] T.K. Velu Pillai, *The Travancore State Manual,* Volume IV, (Reprint (ed.) S. Raimon), Kerala Gazetteers Department, Thiruvananthapuram, 1996, p. 219. SAT.

[80] *Ibid*., 218.

[81] Report on the Administration of Travancore for the year M.E 1077 (1901 – 1902), Travancore Government Press, Trivandrum, 1903, p. 46. SAT.

the pecuniary benefit of the Government in less conspicuous ways. The income from the inmates' occupations was either allocated for asylum purposes or transferred to the State treasury, leaving no financial benefits for the inmates themselves. The researcher discovered during the fieldwork that the mental hospitals of Oolampara and Thrissur continue to employ occupational therapy as a method to instill self-confidence among the inmates. This approach helps the patients to realize their abilities to make craft pieces, toiletries, clothes, paper books, etc. Their employment in such enterprises is valued, and the income earned from such occupations is handed over to the patient after their discharge from the Hospital. Moreover, the cured patients were also allowed to start small-scale businesses and shops within the hospital compounds. However, this was not the case during the colonial period, where lunatic labor was exploited as a means to increase the State revenue.

The medicines used for curing various forms of mental abnormalities within the asylum include both Western and indigenous medicines, and this was not only the case of asylums in fact almost all the “modern hospitals” of Travancore purchased indigenous medicines for curing varying forms of the disease. The purchased indigenous medicines were termed “Bazar medicines” in Travancore administrative records. The 1897 – 98 annual report, for instance, mentioned that “the usual indent to Europe for medicines, instruments & C. was reduced by Rs. 18,000. Minor repairs to instruments were arranged to be made locally, a few of the more valuable instruments being sent alone to Bombay or England. A sum of Rs. 2,067 was expended during the year, in the purchase of Bazar medicines. All the institutions seem to have been supplied with copies of ‘Warnings of Bazar Medicines’ for guidance. The use of indigenous drugs to a much larger extent than now seems both feasible and desirable, and it is hoped that the matter will receive the special attention of the Darbar physician”.[82] The larger dependence on the incorporation of indigenous medicines in modern medical institutions suggests the interaction between Oriental and Occidental forms of healing within the space of care and cure. The easy availability, affordability, efficacy, and wider acceptability could be the pivotal reasons for integrating native

82 Report on the Administration of Travancore for 1073 M.E. (1897 – 98), Travancore Government Press, Trivandrum, 1899, p. 122. SAT.

drugs within these institutions. Western medicines, despite their advancements, struggled due to their high price and difficulties in purchasing, and thus could not surpass the deep roots of indigenous medicines in native cultures. This extensive reliance on indigenous remedies within a Princely State like Travancore, which was hailed as "progressive" and "modern" by the colonial powers, shows the profound influence as well as the multifarious aspects of indigenous healing modalities in native culture. Travancore placed itself in a middle terrain of medicines, which never attempted to reject indigenous medicines in the rising tides of Western medicines. This could be due to the State's concern about the potential native reactions to projecting and promoting modern medicine at the cost of indigenous medical practices. And that is why we can see references to royal patronage in the form of financial aid to Vydia Salas and native medical schools.[83] The number of Vydia Salas and the number of patients treated there increased from year to year, which was again an indicator of the increasing popularity of the native forms of healing[84] in the region despite the flowering of hospitals with Western medicine.

Ranajit Guha, in his work *Dominance without Hegemony,* talks about the political culture of the colonized state, in which he argues that "Whatever is indigenous in that culture is mostly borrowed from the past, whatever is foreign is mostly contemporary. The element of the past, though moribund, is not defunct; the contemporary element, so vigorous in its native metropolitan soil, finds it difficult to strike roots as a graft and remains shallow and restricted in its penetration of the new site".[85] Though Guha's argument was in the context of the political culture of colonies, the same can be applied to the discourse of medicine but with some differences. The distinctness in the context of Kerala that makes the region unique is that the traditional epistemologies of healing borrowed from the past were neither in a moribund state nor defunctive but remained active and that is one of the predominant reasons why

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[83] *Ibid*., 128.

[84] Report on the Administration of Travancore for the year M.E 1077 (1901 – 1902), Travancore Government Press, Trivandrum, 1903, p. 46. SAT.

[85] Ranajit Guha, *Dominance Without Hegemony: History and Power in Colonial India*, Harvard University Press, Cambridge, 1997, p. 62.

contemporary healing machinations adopted from metropolitan culture though vigorous in the mother country could not take deep roots in this soil. Guha equates persuasion with a hegemonic state in metropolitan discourse while coercion with a non-hegemonic colonial state and subsequently explains the historic failure of the metropolitan bourgeois culture to dissolve or assimilate with the indigenous culture of colonies with a failed universalization of home culture in colonies which led to the emergence of spurious hegemony of mother country in colonies.[86] While Guha stressed the political culture of the colonies, the medical relations took a different perspective. The importing of Western methods of healing and medicine, including psychiatry, into colonies took both forms of persuasion and coercion, reflecting a mixture of hegemonic and non–hegemonic states in colonial India. However, the hegemonic colonial state could not navigate an unchallenging influence in the practical domains of managing the preferences and choices, the mind and mentality of the subject race towards medical practices, due to the vigorous indigenous systems of healing, which thus created a condition of spurious hegemony in medical discourses of the colonial state. The condition of hegemony without dominance, and that too in the intellectual and ideological domain of the colonial state, is a feature of colonialism, unlike the metropolitan discourse. The liveliness and vibrancy of the multiple forms of Indigenous healing and their deep roots in native cultures were the prominent reasons for developing a parallel path of varying therapeutic practices in the context of Travancore. The functioning of the Lunatic asylum at Oolampara was well appreciated and considered a model for what such an institution should aspire to be. The site of the institution, its buildings, and its management were all praised in the medical reports.[87] However, admission registers of the asylum do not reflect a trend of “great confinement” even after its patronization and, to some extent, persuasion to embrace the “new” healing. This was largely due to the cultural indifferences of the natives towards the institution-based system of managing insanity. Additionally, the

[86] *Ibid*., xii.

[87] Report on the Administration of Travancore for the year M.E 1081 (1905 – 1906), Travancore Government Press, Trivandrum, 1906, p. 8. SAT.

easy availability and affordability of pluralistic alternative ways of healing prompted the natives to resort to these culturally accepted methods of mending mental illness.

The State and Its Subject: Initiatives of Travancore for Lunatic Care

The initiative of Travancore in establishing reciprocity with the British Indian Government and other Indian Princely States in managing the expense of its mentally deranged subjects is noteworthy. The communication from the Diwan of Travancore to the agent to the Governor General, Madras, in the year 1928 mentioned that the Travancore state is ready to take the liability in maintaining the cost of mental patients of Travancore origin in the Hospitals of Madras Presidency and of other states. The arrangement stated that "the Government of the province or State admitting a Travancore subject as an inmate of a government institution for mentally deranged should at once communicate with this State and ascertain whether the patient should be sent here or should be retained in the institution at the expense of this government. The Travancore Government will be prepared to take action similarly in the case of non-Travancorean mentally deranged persons admitted into the State Hospital for Mental Diseases. The cost of transport of patients and attendants will have to be borne by the province or State to which the patient belongs".[88] Additionally, we can trace a bunch of letters from various Princely States, including Mysore, Pudukotta, and Cochin, to the Travancore Government. In these letters, they have reached a mutual agreement to maintain the lunatic patients belonging to other states within their own home institutions at the expense of the Government to which the patient belongs. They also agreed to transport the patients to their respective native institutions if their government was ready to pay the transportation charge. Travancore State also renewed the reciprocal agreement with Madras Presidency, which was already in existence as per order No. 715, Public, dated 5th June 1897, according to which Madras Presidency and Travancore agreed to maintain the lunatics from both jurisdictions at their own expense, even if the patient originally belongs to the other Government.[89] The initiative taken by the Travancore Government in ensuring the safe custody of

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[88] Letter from the Diwan of Travancore to the Agent to the Governor General, Madras, dated 21 June 1928, File No. 330, Bundle No. 247. SAT.

[89] Letter from the Agent to the Governor General, Madras States to the Diwan of Travancore, dated 27 October 1928, File No. 330, Bundle No. 247. SAT.

mentally ill patients of the State and the liability to maintain their expenses deserves recognition. It further strengthened the reciprocity and collaboration between the British Government and other Indian Princely States in maintaining the most suffering class of people, ensuring the collective responsibility for the well-being, security, and treatment of persons deemed to be lunatics.

The efforts of Travancore in removing lunatics and prisoners during the time of the Second World War have considerable significance as they were confined within Government-run institutions. This was a matter of national importance, and the Government of India asked the princely rulers for recommendations regarding the removal of prisoners and lunatics from areas threatened by enemy invasion and hostile attack during wartime. Within the purview of a possible enemy invasion, the safety of these two classes was thought to be important because prisoners were a dangerous group of people, while lunatics were a combination of suffering and danger. The British Government believed that the magnitude of the problem could be reduced with a scheme to release harmless prisoners and inoffensive lunatics according to a well-regulated plan, and the removal of dangerous prisoners in advance to safer areas.[90] The measures adopted for this were different from province to province, and the communications from the District Superintendents of the Police of Kottayam, Quilon and Trivandrum more or less agreed to the plan of the transfer of dangerous prisoners and offensive lunatics to some rural areas or highlands and the removal of short-term prisoners and inoffensive lunatics to their relatives.[91] The government of India was very concerned about the possibility of joining dangerous prisoners with the enemy force and was careful about their transfer to a safer place, well before the emergency situations. The only prisoners whose transfer should be contemplated are political leaders of such importance and influence that they would be of real assistance to the enemy force in organizing operations against the Government.[92] The Diwan of Travancore informed that “In regard to the so-called 'political prisoners' who are

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[90] Copy of Express Letter No. 52/42 – Jails dated 18 May 1942 from Home, New Delhi, to all Provincial Governments, File No. 442/44, Bundle No. 82. SAT.

[91] Letter from the Inspector General of Police to the Chief Secretary to the Government dated 3 August 1942, File No. 442/44, Bundle No. 82. SAT.

[92] Letter from Lieut. Colonel G. P. Murphy, Resident for the Madras States to the Diwan of Travancore, dated 28 November 1942, No. C. 378/42, File No. 442/44, Bundle No. 82. SAT.

members of the Travancore State Congress party, have been mainly involved in activities such as the change of constitution, the abolition of the doctrine of British paramountcy, and the concurrent inauguration of the responsible Government. None of these prisoners can be classified as "dangerous prisoners," and most of them adopted politics as a precarious means of livelihood. Certain persons formerly belonged to State Congress groups who have followed the present fashion of communism and avowed themselves to be communists, intent on fighting the Japanese and saving the empire. Most of these persons are insincere and have adopted these Russian catchwords as likely to elicit sympathy from British authorities. The adoption of communism is regarded as a method of securing influence with the authorities and ultimately a livelihood. Neither of the above categories of prisoners is dangerous. Speaking generally, most of the murders and other serious crimes that arose in Travancore were from the motive of sexual jealousy or dispute concerning immovable property. None of this needs to be regarded as dangerous. A residual number of prisoners who are involved in dacoities and rioting can, however, be included in the category of dangerous prisoners, but they can be transferred to internal places of detention, far removed from the coastal areas, where the danger of invasion or infiltration will be more pronounced than elsewhere".[93] The letter clearly shows the perspective of the Travancore state on the nature of political prisoners within the state. The history of the Communist Party in Kerala shows its emergence from the Congress Socialist Party, a left-pressure group within Congress. The transition from Congress Gandhian to Congress Socialists and eventually to Communism[94] paved the way for the criticism of communists in Diwan's letter. He accused these people of being insincere, claiming that their adoption of communism was a mere means of livelihood. By taking such a strategic stand, the Diwan also found ways to devalue their ideologies and delegitimize their politics against the State.

The letter from the Superintendent of Central Prison of Travancore to the Chief Secretary to the Government further mentioned that "Central prison, Trivandrum is the only safe place in the whole state for dangerous prisoners – both criminal and

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93 Letter from the Diwan of Travancore to the Resident for Madras States, Trivandrum, dated December 1942, R.O.C. No. 2447/42/ C.S, File No. 442/44, Bundle No. 82. SAT.

94 T. M. Thomas Isaac, "The National Movement and the Communist Party in Kerala," *Social Scientist*, Vol.14, No.8/9, 1986, p. 65. https://doi.org/3517435.

political, and therefore internal transfer is difficult in the state. Of the political criminals, the majority seem to be definitely anti-Japanese, but they are prominent agitators and certainly seem to be in sympathy with the Indian National Congress, which is clear by their actions and activities coinciding with the recent political disturbances throughout India, and therefore could be considered a political danger".[95] He thus requests the Government to issue definite instructions regarding any sudden release of prisoners on abandonment. As far as the case of patients and lunatics was concerned, the Government of India inclined to the view that "when there are patients in a hospital (including a mental hospital) who can neither be discharged nor evacuated, it would be the professional duty of the medical officers to remain with them". The government attempted to instill the ideals of professionalism and a service mindset among the medical workers to inspire them to protect their patients. According to this, "When there are serious cases, the medical officers in charge should be with the patients, and failing in their duty would be a disgrace to them as members of the medical profession, and the existence of this professional obligation differentiates doctors from the generality of members of the public services. As regards the subordinate staff, they are more likely to be influenced by the example of, and encouragement to stay by the officers in charge than by any orders which might be issued". The government thus informed the officials that it would recognize the service of those who remained and promised them a substantial reward upon reoccupation.[96] The measures to protect lunatics and patients were, in fact, set within the morality of the state. While the safety of patients and lunatics raised questions of humanitarianism, the custody of prisoners, especially political prisoners, was set within the politics of the empire, as they feared a possible alliance between these prisoners and the hostile force if a supposed invasion were to happen.

The series of bureaucratic interventions and changes in the rules and regulations concerning the supervision of lunatics, particularly criminal lunatics, can

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95 Letter from the Superintendent of Central Prison to the Chief Secretary to the Government, dated 10 December 1942, File No. 442/44, Bundle No. 82. SAT.

96 Letter from Rapiebam to the Diwan of Travancore, dated 8 April 1943, No. C. 417/43, File No. 442/44, Bundle No. 82. SAT.

be seen after the united Kerala was formed. Letter from the Inspector–General of Prisons to the Secretary to the Government of Kerala in 1961 requested that the supervision of the criminal lunatics detained in prisons or asylums be delegated to the Superintendents of Central Jails of Kerala, a responsibility that had previously been managed by the Inspector General of Prisons. The Lunacy Regulation Act of 1912 was still in force in Independent India and as per section 30 (1) of the act (Act VI of 1912) "when any person is detained under the provisions of Section 466 or Section 471 of the Code of Criminal Procedure or under the provisions of Sections 103 A of the Indian Army Act, 1911, the Inspector General of Prisons if such person is (detained) in a jail or the Visitors of the Asylum or any two of them if he is (detained) in an asylum, may visit him to ascertain his state of mind; and he shall be visited once at least in every six months by such Inspector General or by the two of such visitors as aforesaid; and such Inspector General or visitors shall make a special report regarding the state of mind of such persons to the authority under whose order he is (detained)". As per Section (2) of the Indian Lunacy Act, the State Government has the right to empower the officer in charge of the Jail in which such a person may be(detained) to discharge all or any of the functions of the Inspector General under subsection (1). Based on this provision, the Inspector General of the Prisons in Kerala requested the Government to delegate the responsibilities under section 30 (1) of the Lunacy Regulation to the Superintendents of Jail. As the IGs have multifarious duties, it has been found very inconvenient to visit the criminal lunatics confined in all three central jails of the State at regular intervals of 6 months. Thus, he requested the Government to assign the superintendents of jails the responsibility of overseeing these specific duties and instructed them to send copies of their reports to the Inspector General of Prisons with reference to Rule 844 of the Kerala Prisons Rules 1958. Upon receiving their reports, the IG would compile a consolidated report and submit it to the Government for information and orders, if any. As per his request and suggestions, the Government of Kerala issued an order empowering the Superintendents of the three central jails in the State to discharge the functions of the Inspector General of Prisons under subsection (1) of the Indian Lunacy Act of 1912 in respect of persons confined in the respective jails. The management and supervision of criminal lunatics was an important duty intertwining both the medical and

legal discourse of governmentality and hence required special attention. The post-colonial scenario in a state like Kerala, like the rest of India, continues to adhere to the colonial law of lunatic management, and the changes introduced were based on the provisions of the existing act, without fundamentally altering its core.

The transfer of criminal lunatics from prisons to an asylum also requires the completion of a set of formalities. In the exercise of the powers conferred by section 59 of the Travancore- Cochin Prisons Act, 1950 (18 of 1950) and section 59 of the Prisons Act, 1894 (Central Act 9 of 1894), the Government of Kerala introduced amendments in the Kerala Prisons Rules 1958, specifically to the rule 850, dealing with the transfer of a lunatic to the mental hospital from prisons. As per the amendment, the superintendent of the jails shall forward the medical case of the lunatic, which shall include the Medical History sheet in the prescribed format and a Medical Certificate in the form of 3 of Schedule 1 of the Indian Lunacy Act of 1912 (Central Act IV of 1912). All other records in respect of the lunatic shall be retained in the Jail from where he is transferred, for taking timely follow–up action in working out the date of the release of the prisoner. The superintendent of the jail shall call for a half-yearly report on the health condition of such criminal lunatics to reach his office on the 5th of January and 5th of July of every year from the superintendents of Mental Hospitals where such lunatics are confined for treatment and submit a separate consolidated report to the Inspector General of Prisons every half year by the 15th January and 15th July respectively. The records of such criminal lunatics shall be kept in the Jail, as in the case of other convicted prisoners.[97] These rules were part of the Kerala Prisons (Amendment) Rules, 1979. The amendment was introduced because Rule 840 of Kerala Prisons Rule stipulates that at the time of transferring criminal lunatics to the Mental Hospital for admission and treatment, the superintendent shall send all the records in respect of lunatics to the hospital. The records so forwarded to the Mental Hospitals are returned to the Jail only along with the Criminal Lunatics on their recovery from the illness. In certain cases, it might take a long time to recover from the mental unsoundness. The cases of such criminal lunatics are usually lost sight

[97] Amendment introduced by the Government of Kerala on 2 June 1979, G.O.MS. No. 80/79, File No. 80/79, Bundle No. 130, Home Department. SAT.

of when cases of prisoners are placed before the Advisory Board for consideration of premature due to the fact that their records are not maintained alive in the Jails. For the same reason, it may so happen that the convict may have to remain as a criminal lunatic beyond the period of sentence. The above amendment was introduced to get over such contingencies. The existence, supervision, and management of criminal lunatics were placed within the purview of greater regulations of state control, and their transfer from prisons to mental hospitals and vice versa was subject to the legality of the state, whether it was a colonial or post-colonial state. The post-colonial state, in fact, was built on the foundation laid by the colonial state, particularly pertaining to the legality and administration, and thus many of the rules and regulations concerning the management of lunatics, especially of criminal lunatics, continued in the state without much change.

From Tradition to Transition: Western Medicine in the Cochin Princely State

Demonstrating intellectual superiority through body politics and unleashing a regime of hegemony through healing was a strategic and sophisticated measure adopted by the colonizers in exerting dominance over the colonized beyond the bounds of warfare and statecraft.[98] Within the pre-modern systems of medicine, traditional healers offered remedies in an informal manner, and medicine merged with other branches of knowledge, including religion, customary techniques, and the belief system of the native people. The positioning of European doctors in colonial Indian society facilitated the empire in information gathering about the native mind and body.[99] As these doctors functioned as the instruments of the empire, Western medicine emerged as the expansive domain within which these tools were set in motion. However, metropolitan medical knowledge could not be hegemonically

[98] See for details C. A. Bayly, *Empire and Information: Intelligence Gathering and Social Communication in India, 1780 – 1870*, Cambridge University Press, Cambridge, 1996.

[99] See for details M. N. Pearson, "The Thin End of the Wedge. Medical Relativities as a Paradigm of Early Modern Indian-European Relations." Modern Asian Studies, vol. 29, No. 1, 1995, pp. 141–70. JSTOR, http://www.jstor.org/stable/312914. Accessed 31 Jan. 2024; C. A. Bayly, *Empire and Information: Intelligence Gathering and Social Communication in India, 1780 – 1870*, Cambridge University Press, Cambridge, 1996, p. 267.

transported to the colonial context of India as it was difficult to uproot her indigenous healing forms, deeply rooted in a soil fertilized by culture and tradition, watered by emotions and experiences, nurtured and nourished by ages-old wisdom. The emergence of lunatic asylums within the colonial context offers a picture of contestations and negotiations, and the discussion is not different from the larger discourse of colonial medicine. Lunatic asylums, though they became the symbol of scientific superiority of the colonizers and an instrument of the state for surveillance and control, offered a parallel narrative of the existential crisis not only in the British-controlled regions but also in the Princely States. The medical modernity of the Cochin Princely State and the emergence of the Thrissur Lunatic Asylum in the region were largely a product and process of the relentless contact with the Colonizers. The following is a discussion on the introduction of Western medicine and Psychiatry exemplifying the Cochin experience. The history of medical and public health services in the Cochin Princely State stresses the importance of indigenous health care systems. Ayurveda was a popular system of healing long before the introduction of Allopathy in the state. Many Ayurvedic physicians were entertained and patronized by the Cochin rulers, who appointed them as palace physicians. Commentaries of famous Ayurvedic treatises, including *Ashtanga Samgraha* of Indu, who was one of the disciples of Vagbhata, were produced by the efforts of palace physicians like Uzhuthara Warrier. Some of the Maharajas of Cochin were experts in Ayurvedic healing, and under their patronage, many Ayurvedic hospitals sprang up in different parts of the country. In the course of time, private Ayurvedic hospitals were also established in Cochin, like the Dhanwanthari Vaidyasala, which came into being in 1933 with headquarters at Thodupuzha.

The first attempt to introduce the allopathic form of treatment in Cochin state was made by Missionary Rev. J. Dawson, who opened a hospital in Mattancherri. He received Government support for running the institution for a month; however, the attempt didn't succeed, and it was a short-lived experiment. Following this, there were official attempts to introduce Western methods of healing in state institutions like jails, where the resistance to Western forms of healing was conspicuously less, as there were no options for the prisoners except to accept the availed medical provisions. In 1823,

the Civil Surgeon of British Cochin was appointed by the office of Darbar Physician and a dresser to provide medical care for the prisoners in jail at Ernakulam. In 1848, the first Sirkar Hospital, the Charity Hospital of Ernakulam, was opened by Diwan Sankara Warrier, which later developed into the General Hospital of Ernakulam with all modern amenities. Later, more hospitals and dispensaries sprang up in different parts of the State, providing Western medical facilities to the natives. Notable institutions such as Trippunithara Hospital (1888), Mattancherri Hospital (1890), the dispensaries at Andikkadavu and Njarkkal (1907), and the dispensary at Mattancherri (1909) were established during this period. Specialized institutions like Leper Asylums and Lunatic Asylums also became part of this wider network of modern medical institutions in the Cochin Princely State.[100]

Lunatic asylums, along with serving the medical purpose of managing the insane population of the region, were specifically designed tools for gathering information on native minds and bodies. Heaping knowledge of the subject population and exploring the dynamics and complexities of their culture was very influential in maintaining the power and authority of the colonizers. While asylums were inconspicuous methods of data collection, more articulated approaches like ethnographic surveys were carried out along the length and breadth of the country with the aim of gathering data on native races, their practices, physical features, manners, mentalities, customs, languages, etc. For instance, in 1866, we could trace a series of communications between different colonial officials to organize an ethnographical survey in different parts of India as a part of an ethnological congress proposed by the Asiatic Society of Bengal. The historical, philological, and anatomical facts about the natives were explored through such projects. This particular survey "is proposed to bring together the typical examples of each race to make them the subject of careful and scientific description". The surveyors were instructed to document every physical character of different races along with registering it by means of photographs and plaster – of – paris casts. The project also had the objective of describing the type of each spoken language, along with exploring the prominent

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[100] A. Sreedhara Menon (ed.), *Kerala District Gazetteers: Ernakulam*, Government Press, Trivandrum, 1965, pp. 753 – 754.

social customs of each tribe.[101] Accordingly, data on the different ethnic groups of India were collected from all the regions. Princely States of Cochin and Travancore also agreed to conduct a local investigation to help in the project,[102] enabling the British Government to access data on their regions. Such an inquiry in these native states was undertaken under the leadership of A. M. Ross, Esq., Ag: Residency Surgeon of Trivandrum, and he was guided by the educated natives of the region to gather data on languages, literature, beliefs, ceremonies, nature of dwellings, family life, childbirth, education, amusements, dressings, cuisine, songs and tales etc. of the various classes of the people. Photography was considered as the most valuable aid in such ethnological explorations, helping them to document the anatomical features of the groups and classes accurately.[103] The data procured through such surveys were often used to interpret in terms of the racial backwardness and primitiveness of the natives, analyzing their anatomical features, cognitive capabilities, customs, and lifestyle. The primitiveness of the natives then was employed to justify the existence of colonial rule in India, which was perceived to bring the fruits of progress and modernism. While disciplines such as ethnology were utilized to carry out exploratory surveys on the native population, the science of psychiatry and its offshoot lunatic asylums were designed and executed in a way to scrutinize the mind and body of the natives in a less conspicuous and more sophisticated manner in colonies. The closed-circuit surveillance of asylums recorded the vulnerabilities of natives at the same time, functioning as experimental labs to examine the physical and psychological complexities of them.

[101] Letter from J. Anderson, Esq., M.D., Natural History Secretary of the Asiatic Society, Bengal, to E.C. Bayley, Esq., Secretary to the Government of India, Home Department, dated 8 March 1866, No. 139, Diwan's English Diary, Sl. No. 3636. Regional Archives, Ernakulam (hereafter cited as RAE).

[102] See for details letter from the Resident's office, Trivandrum to the Diwan of Cochin dated 6 September 1866; Letter from the Resident's office, Trivandrum to A.M. Ross. Esq, Acting Residence Surgeon, Trivandrum, dated 17 August 1866, Diwan's English Diary, Sl. No. 3636. RAE.

[103] Letter from A. M. Ross, Esq., Ag: Residency Surgeon to H. Nenvill Esquire, British Resident of Travancore and Cochin, Diwan's English Diary, Sl. No. 3636. RAE.

The British attempts to please and appease the princely rulers and to influence them to introduce modern institutions in their respective areas were a strategically and carefully woven art of words. The praising initiated through the well-drafted speeches and the recognitions bestowed upon the native rulers was part of the wider aims of establishing friendships and negotiations with their States, which were later articulated in terms of more persuasive measures to implement Western policies and principles in their territories. For instance, the following is an excerpt from the speech delivered by the Governor in 1907, in response to the toast prepared by His Highness the Maharaja of Cochin.

> "I can only hope that during my tenure of office, some such occasion may arise in order that I may show the practical sympathy and the desire for cooperation which I entertain towards the present distinguished ruler of this State. Gentleman, I have had some experience in different parts of this world which enables me to gauge to some extent the degree of responsibility which falls on the shoulders of those who are called upon to administer such a principality as this, and I can gauge to some extent how great a burden rest upon His Highness shoulders….but there are other matters, such things as, the maintenance of social order; the driving back of disease and death from his people; the establishment of a pure judiciary, and the placing within the reach of the people of courts of justice and equity. There is the incidence of taxation, the allotment of revenue for the greatest good of the greatest number, and there is the question as to how far Western methods may be adjusted and applied to the ancient civilization of the East; but above all, there is this maintenance of the institutions and the traditions and the customs of his people….He has shown himself capable of fidelity to the traditions and customs of the religion of his own people, and, at the same time, a readiness to apply that policy of progress which is the fruit of Western Arts and Western sciences".[104]

[104] His Highness the Governor's reply to the toast prepared by His Highness the Maharaja of Cochin, Copied from the Madras Mail of the 28 January 1907, D.O. Correspondence, No. 6 A, 1896 – 1914. RAE.

The speeches of higher-ranking British officials were meticulously crafted and delivered in a way that both patronized the princely rulers and, at the same time, encouraged them to appreciate and accept the benefits of colonial rule. In the above-quoted speech, the Governor was strategic enough to admire the Maharaja of Cochin for his day-to-day management of the State and at the same time projected the need to incorporate Western ideals in Cochin's administration, disease management, taxation, legality, etc. by alluring the Maharaja to embrace the contributions of progressive, modern and scientific West. The fostering of colonial institutions in the Princely States was done through such occasions of honoring the hospitality of the native rulers, along which the bonds of mutuality were established and ensured. Occasions of Thanksgiving and other happy gatherings of elite circles were carefully planned and utilized to bridge the gap between colonial ideals and native practices, ensuring their transition from tradition to interactions and innovations. The progress of Western medicine and science was injected in such circumstances to invite the attention of native rulers, along with enticing efforts from them to establish Western-modeled institutional care spaces.

From Chaos to Care: The Birth of Thrissur Lunatic Asylum

The growth and development of the institutional provision for lunatics in princely states was intertwined and interwoven with the growing British influence in the region, particularly in the domain of legality. The case of Kunjakki from the Cochin princely state provides a clear-cut picture of this. Kunjakki was a slave woman imprisoned for life for infanticide. Though she was charged with the brutal killing of the three-year-old child of her sister, after reconsidering her "abnormal mental state" while committing the crime, the Appeal court recommended liberating the woman.[105] The judgment in this case neither makes any recommendation to send her into a lunatic asylum nor even the provision for hospitalization. Here, it is necessary to draw attention to the period of this particular case, which will explain why the court decreed to liberate the culprit on the grounds of legal insanity rather than recommending her incarceration in a lunatic asylum. The incident happened in 1839 when the asylum

105 Series Files (1684 – 1869), Bundle No. 6, Series 3, No. 295, Vol. 8, RAE.

provision was neither ideally nor materially developed in Malabar, Cochin, or Travancore. The majority of cases dealing with legal insanity in the latter half of the nineteenth century, however, clearly pronounce the detention of the culprit within asylums on the grounds of care and custody. The conspicuous fact while analyzing the case of Kunjakki is that the liberation of the culprit is because of the absence of the idea of institutional incarceration within the State and the neighboring territories during this particular period, and also because of the lack of material space necessary for detention. The gradual development of the idea of 'confinement and cure' and the provision to establish an exclusive institution like a lunatic asylum for the needy reflects the growing influence of British models in Cochin. The growth and the development of the idea of lunatic asylum influenced the judgments of legal insanity in the later periods.

Asylums were part of the larger network of institutions specifically established for alienating the troublemakers of colonial society. The Government of Cochin, though controlled by the princely rulers, was influenced by the colonizers, and the relentless contact between the two was conspicuously visible in establishing institutions that were part of colonial modernity. For example, the emergence of lazarettos, which were designed to keep individuals with infectious diseases away from the larger population, was the product of colonial influence, and this quarantine facility came up in both the princely states of Travancore and Cochin under British influence. The sites proposed for the lazaretto in Cochin were initially found unsuitable by the British officials, being very low-lying regions and surrounded by swamps. Chatanad was the location identified for the same purpose in Travancore however, the place was difficult to obtain since the natives were unwilling to give up the locality.[106] The British government was ready to purchase the land from the princely Sirkars[107] for this purpose, after all, it was the British intent and interest to establish quarantine stations, enfolding the principles of modern medical care. The proposal to convert the candle island into a lazaretto for Cochin State continued to remain active in the

[106] Letter from Resident in Travancore and Cochin to the Collector of Malabar, dated 2 July 1866, Diwan's English Diary, Sl. No. 3636. RAE.

[107] Letter from the Resident's office, Travancore to the Diwan of Cochin dated 3 October 1866, Diwan's English Diary, Sl. No. 3636. RAE.

1870s.[108] Although the efforts to establish lazarettos began in the 1860s, the attempts to set up a lunatic asylum in the Cochin princely state took place only in the final decades of the nineteenth century.The Thrissur Lunatic Asylum, which was established in the year 1889 within the Cochin Princely state was aimed to offer custodial and curative space to the lunatics of the region. The asylum was established after the abolition of the jail building at Thrissur and its premises were then repurposed for keeping the lunatics.[109] We can trace communications between Diwan Peishkar and the Medical Officer to the Cochin Government regarding the detailed plans to convert the Thrissur Civil Jail into a lunatic asylum with additions and alterations in the jail building.[110] The similarities in the architecture and purpose of both asylum and prison, and the concurrent utilization of prison buildings for the incarceration of lunatics, often remained the same under the princely states, as exemplified in the case of Thrissur asylum.

The inspection records on the Thrissur asylum by Surgeon-Major R. Pemberton in November 1893 mentioned that for the year, there were only 7 inmates, including 5 males and 2 females. According to him, the building of the asylum is in a very bad state of repair, dark, ill-ventilated, and not at all suitable for its purpose. He thus suggests the erection of a new hospital somewhere near the civil hospital with cells provided for each patient.[111] In this inspection report, he also mentioned the confinement of a life prisoner who was suffering from melancholia in prison and recommended his removal to the asylum.[112] The institution of lunatic asylum was thus envisaged as the need of the hour in the State, which could accommodate the suffering

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108 Letter from the Resident's office, Trivandrum to the Diwan of Cochin, dated 22 March 1876, Resident's Letters, No. 3549. RAE.

109 Letter from Diwan Peishkar in charge, A. Sankariah to H.B Grigg, the British Resident, dated 6 February 1893, Diwan's English Diary, Vol. I, 1893. RAE.

110 See for details the Letter from Diwan Peishkar to the Medical Officer to the Cochin Government, Dated 21 March 1893, Diwan's English Diary, Vol. I, 1893; Letter from apothecary F. D Gomez, Trichur to the medical officer, Cochin Government, Cochin, dated 3 August 1893, Medical Officer's Book, 1893– 1896. RAE.

111 Letter from Surgeon – Major R. Pemberton, Medical Officer to Cochin Government to the Diwan of Cochin, Ernakulam, dated 23 December 1893, Medical Officer's Book, 1893 – 1896. RAE.

112 *Ibid*.

lunatics with better curative measures. However, the Cochin governments struggled to provide improved facilities, including satisfactory and suitable infrastructure for the asylum due to financial restrictions, and to some extent, it was initially perceived as just an isolated center for confining the lunatics making additional facilities and features seem unnecessary. Such a perception of the lunatic asylum prevented the Government from spending money on its renovations resulting in delays in furnishing the asylum of Thrissur with additional premises and proper buildings of its own.

The overarching hegemony of Western psychiatry was a constructed colonial myth, and the humanitarian cry of Victorian asylums succumbed to the cost-effective institutions when the state suffered from its financial constraints. The actual worsening of asylum conditions in India was due to the government's restrictions on public spending in a period of continual increase in patient numbers. Though asylums were established, the facilities, including institutional infrastructure to manage the patients, were thus limited. Even in princely states, the condition was not different. The series of communications between R. P Gunther, Senior Assistant Surgeon to Diwan Peishkar on Thrissur lunatic asylum, mentioned the deplorable condition of the asylum during its initial years. The asylum was established as a temporary retreat for lunatics, converting the civil jail and hence keeping the patients in old jail leaping wards, which were quite unsuitable for an asylum.[113] Gunther raised several issues of grave importance concerning the mismanagement of the asylum as well as the ill-treatment of patients within the institution. The letter dated 20th May 1893 from Gunther to Diwan mentioned that

> "the inmates are neglected and most inhumanely treated, being placed in stocks all night. The head warder refuses to receive any orders from the Apothecary".[114]

He was also confused about the nature of his duty in the asylum, and at the same time resented the inefficiency of the asylum staff in the treatment and dieting of

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[113] Letter from Diwan to British Resident, dated 25 May 1895, Diwan's English Diary, 1895, Vol. I, RAE.

[114] Letter from Surgeon Major R. Gunther to Diwan of Cochin, dated 20 May 1893, Medical Officer's Book, 1893 – 1896, RAE.

the patients. The tug of war for power and authority within the asylum space often manifested in the form of the British officials' attempts to control native staff, a strategy aimed at asserting Western supremacy. However, Gunther's letters also reflect his earnest concerns for the proper management of the institution. Gunther writes that,

> " the warders and other servants of the asylum are not under the control of the medical officer in charge of the Asylum, the pay and contingent bills of the Establishment are not signed by the head of the Medical Department, and the Establishment itself was fixed and the building chosen without any reference to that officer". He goes on to say that "…. for instance, a lunatic is ordered a cold bath or a warder is ordered to watch a patient at night, and if the order is not obeyed, the Medical Officer is unable to punish the offender at once, and the servants will soon see that they have to look not to the Medical Officer as their immediate supervisor, but to someone else outside the asylum who perhaps may not visit the institution except at long intervals. Under these circumstances it will, I think soon become very difficult tasks for the Medical Officer to preserve order and discipline in the Establishment".[115]

Gunther mentioned serious issues regarding the Establishment of the Lunatic Asylum of Thrissur. The disorders and confusions existed in the nature of duty, power, and discretion of the Surgeon General, and the non-cooperation from employees created a fuss in the management of the asylum. Moreover, even after the asylum began operating in the early 1890s, it was still considered a temporary establishment, and the authorities continued to search for a suitable site for the establishment of a new asylum. The letter from H W Hudson on February 18th, 1894 mentioned that he along with Diwan Peishkar drove to look at sites for the lunatic asylum on the first mile of the Puthucaud Road but decided to let this question stand over another month until the information on where the central line of the Railway will come in as the new

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115 Letter from Senior Assistant Surgeon R. P. Gunther to Diwan Peishkar in charge, dated 3 February 1893, Medical Officer's Book, 1893 – 1896, RAE.

survey was going on.[116] The building at Thrissur required repairs as it was previously a prison, and we can see several letters requesting the same.[117] The structures of the institutions were affected by leaking, and it was found unsafe to keep the lunatics there any longer. Though asylums stood as the mighty establishments representing the medical superiority of the colonial regime, practically, they were all constrained by the financial restraints of the empire, and this was true in the case of princely states also.

Even if one can understand the disorder and perplexity that existed in Asylum management during its initial years as normal struggles, the confusion and confrontations continued even into the second half of the twentieth century. The amenities and facilities offered by the institution at Thrissur were considerably less. Lunatic asylums were, in fact, institutions with the tagline of modernism and a brand name of colonial benevolence, but were an empty bubble inside. Thrissur asylum faced stronger negligence in the form of meager funding. The letter written by the Assistant Surgeon of Thrissur Mental Hospital in 1934 vividly describes the real state of affairs in the institution[118] during this period. He mentioned that even after the establishment of a new block there were no additional warders were appointed to manage the patients. Since the existing warders were also asked to manage the new block, they were not able to control the lunatics properly when they were out of their rooms. The arrangement was quietly insufficient, and it led to circumstances such as the escape of lunatics from the institution. He thus requested the Government to appoint additional warders for the new block, as frequent accidents are likely to occur. The management of the asylum was in a state where one warder had to look after 15 lunatics, both violent and non-violent, on average, during the daytime. On the female side, there

[116] Letter from H W Hudson, dated February 18 1894, Diwan's Office Correspondence, No. 3, 1894. RAE.

[117] See for details Letter from the Surgeon-Major R. Pemberton, Medical Officer to the Cochin Government to the Diwan of Cochin, Ernakulam, dated 25 July 1894, Medical Officer's Book, 1893-1896., Letter from Diwan of Cochin to the Chief Engineer, Cochin Government, dated 30 July 1894, Diwan's English Diary, Chief Engineer's Book, Sl. No. 3665. RAE.

[118] Note for orders of His Highness, dated 7 December 1934, The Huzur Secretariate, Development Department, Medical Section, Huzur Secretariate Files, File No. 5267/10, Bundle No. 72, Sl. No. 94.RAE.

were three warders for 32 patients, i.e., two warders during daytime, and one being on night duty. The female warders often seek the help of male warders to manage the lunatic patients. Thus, he suggests the appointment of three more warders for the new block and one female warder or a sweeper woman for the female block.

The ratio of warders and keepers to that of lunatics shows the deplorable state of the institution and also the difficulty of the medical officer to maintain such an establishment. It seems that the purpose of the lunatic asylum was the mere confinement of the lunatics into tightly packed cells with little attentiveness and care. Given the institution's meager support from the state, it could only afford the basic facilities. The Assistant Surgeon also mentioned that "with the new block, there is some relief in the male ward, and on average, two lunatics could be accommodated in one room. But on the female side, something has to be done to relieve the congestion. At present, about 6 lunatics on average are shut up in a room, and among the six there are lunatics who are partially violent, occasionally violent, and non–violent, and accidents of some kind or other do take place almost every day". He thus requests the Government to appoint additional warders and to implement some improvements to the female block at the earliest possible convenience.[119] The deplorable condition of the lunatic asylum was vivid from the letter of the Assistant Surgeon, from which one can understand the miserable condition of patients who were incarcerated there. The practice of placing different types of lunatics within a single cell and the troubles it causes nearly every day project the pathetic state of these so-called modern institutions. Attention should be placed on the fact that this letter was written in the year 1934, which indicates that from its establishment in the last decades of the nineteenth century through to the first half of the twentieth century, the institution operated under such severe limitations.

The cut motion raised by Mr. C.V. Iyyu, a member of Kunnamkulam in the Cochin Legislative Council in 1938, further mentioned the limitations of treatment and

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[119] Letter from the Assistant Surgeon, Mental Hospital, Trichur to the Secretary to the Diwan, dated 24 – 3 – 1110 (1935), The Huzur Secretariate, Development Department, Medical Section, Huzur Secretariate Files, File No. 5267/10, Bundle No. 72, Sl. No. 94. RAE.

the unsuitability of the location of the Thrissur Mental Hospital.[120] He mentions that the institution had no doctor who was an expert in psychiatry, and no medicine was available except mag sulfate. He stressed the inadequate accommodation facility of the institution, as there were two or three lunatics confined within a single cell, which often led to dangerous situations. His motion was supported by Mr. K. R Viswambharan, adding that if the situation continues like this, the mental hospital will turn into a lunatic asylum![121] Dr. A.R. Menon raised complaints about the location, treatment, and water availability of the hospital. In his words, "There were various reasons assigned for the removal of the hospital from the town. In the first place, there is no sufficient space. They (The government) think that lunatic asylum is more or less like a jail. The people there are certainly kept under restraint... There is an equal obligation on the part of the Government to treat them fairly because they are unfortunately suffering from some mental trouble and they are not guilty people. You have no business to treat them as if they are guilty of some crime and I tell you honestly there is very little difference, if there is any difference at all in their treatment compared with the treatment which is meted out to prisoners in the central jail… They are now running for water. I do not know how that problem is going to be solved. Even now in the Lunatic Asylum, there is no sufficient water to wash the patients. There is no water for domestic purposes".[122]

The deplorable condition of the hospital in 1938 makes it clear that the asylum was a custodial institution more than a curative space. Thrissur Hospital lacked an expert in psychiatric treatment even in 1938. Dr. D Raghavendra Rao, in his reply to the cut motion regarding the appointment of an expert in the hospital, stated that "The present medical man, though sympathetic, is not an expert. The matter has been brought by me before the notice of the Government, and it is receiving their best

[120] Cochin Legislative Council Proceedings (fifth series), Budget session of 1113 (1938), Printed by the Superintendent, Cochin Government Press, Ernakulam, 1939. RAE.

[121] Cochin Legislative Council Proceedings (fifth series), Budget session of 1113 (1938), RAE.

[122] Cochin Legislative Council Proceedings (fifth series), Budget session of 1113 (1938), RAE.

attention”.[123] Interestingly, asylums were highlighted as the specific centers of scientific care, but practically employed inexperienced staff with passionate hands! As a doctor with passion alone could not make medical and clinical diagnoses and treatments, there must be gross deviations from the noble aim of caring for and curing lunatics in this princely asylum. Even under the formidable rule of the Raj, the condition was not much different. Most asylums were seen to be a cluster of poorly maintained buildings, resembling gaols rather than asylums. Conditions within which were “deplorable, with indifferent staff, unwholesome food, inadequate clinical classification, and care”.[124]

Caste in the Shadows: Understanding Social Hierarchies in Asylum Care.

The disposition of caste within the functioning of the lunatic asylum is a matter of importance, and we could trace varying evidence regarding the caste-related differences that existed in the Thrissur lunatic asylum from its very beginning. For instance, the letter from apothecary F. D Gomez to the medical officer of the Cochin Government, dated 3rd August 1893, mentioned a shocking influence of casteism. According to the information furnished by the letter, Gomez ordered the Assistant Keeper, Mr. P. Neelacundan Nair, to touch the ulcers on the legs of a lunatic patient with sulfate of copper; however, the keeper refused to clean it due to the fear of pollution by touch. F. D. Gomez recommended the dismissal of this Assistant keeper from the asylum for not doing his duty. He further stated that he asked other assistant keepers to clean the ulcer, however, all of them were reluctant to do it due to the notion of impurity and pollution. The cook, who was also a *nair,* finally cleaned and dressed the ulcer. The apothecary informed the keepers that, given the nature of their job, they have to perform duties that are even more unpleasant than touching ulcers with sulfate of copper, like removing the excreta of bedridden lunatics from the wards or cleaning the lunatics who have soiled themselves with their excrement, under special

[123] Cochin Legislative Council Proceedings (fifth series), Budget session of 1113 (1938), RAE.

[124] Sanjeev Jain, “Psychiatry and Confinement in India”, in Roy Porter and David Wright (eds.), *The Confinement of the Insane: International Perspectives, 1800 – 1965*, Cambridge University Press, New York, 2003, p. 276.

circumstances. Gomez further raises the issue that Diwan Peishkar, who appointed the Assistant Keepers, didn't define their duties specifically, and there was no reference regarding their aptitude for this duty. He was dissatisfied with the perfunctory manner in which the duties at the lunatic asylum were performed by the head–keeper and the Assistant Keepers, and their utter inefficiency has been repeatedly brought to the attention of the Government. According to Gomez, warders in the civil hospital who are in the same position as assistant keepers in the lunatic asylum, clean and dress wounds and ulcers, sweep and flush the wards, light the lamps, prepare the beds, and nurse such patients who are unable to help themselves, wash them, and remove the excrement of the bedridden patients from the ward when the totty is absent. F. D. Gomez, in fact, compares the duty of the keepers of the asylum with that of warders of the civil hospital, noting that the latter will do any work without any complaint and expects the same level of obedience and willingness in the disposition of duties from the former group of workers. The issue of caste was conspicuously visible in the duties disposed by the keepers who were willing to do only those assignments which do not disturb their caste purity and hierarchy, like "purchasing medicine from the civil hospital, accompanying the lunatics to the tanks for bathing, and watching the lunatics. They will not scrub and clean the lunatics while bathing, or wipe them dry after the bath. In short, they will not touch them. Touching means pollution to them. The *totty* has to do all the rest".[125] The letter of F. D. Gomez concludes with the request to replace the reluctant keepers with some other men, and he warns that if this is not done, it will affect the institution badly and the interests of the institution will suffer. His plea was heeded, and thus P. Neelacundan Nair, who was not willing to clean the ulcer of the lunatic patient, was dismissed from the job, and instead of him, a woman warden named Mariam was appointed to take care of the female lunatics.[126] Gomez could make some changes in the management of lunatics within the Thrissur asylum with his interventionist approach, which, however, could not challenge the entire

[125] Letter from apothecary F. D Gomez, Trichur to the medical officer, Cochin Government, Cochin, dated 3 August 1893, Medical Officer's Book, 1893 – 1896. RAE.

[126] Letter from Surgeon Major R. Pemberton to the Diwan of Cochin, dated 9 August 1893, Medical Officer's Book, 1893 – 1896. RAE.

structure of caste rules practiced in the asylum. The colonial institutions, to some extent, functioned as the micro version of the macro caste society outside them.

Though the colonial institutions, including lunatic asylums, stood tall against the native systems of inequality and disparity, including caste, and were hailed as the centers of progressivism and modernism, they were methodically and intentionally positioned to negotiate with the indigenous systems rather than openly declaring war against them. In the case of the Thrissur lunatic asylum, the European officials continuously raised complaints against the establishment of the institution, vehemently criticized the structure and its management, and pointed out the casteism pervading the institution. However, beyond the letters of complaint, they could not make efficient interventions to change the system. It was a process of negotiation, mediating between the colonial ideals and the indigenous order. The colonial encounter with the caste system in so-called modern institutions, including hospitals and lunatic asylums, was neither the complete honoring of the system nor the total rejection. As in the case of the Calicut lunatic asylum, the officials were ready to provide specific accommodation facilities for the upper caste to ensure their presence in these institutions. Though the colonizers opposed and rejected casteism, considering it as the primary reason for Indian backwardness, inequality, and restlessness, they strategically positioned and maintained the structure within colonial establishments, including lunatic asylums, which otherwise would attract opposition from the caste society. Thus, they more or less maintained the stratified rules and regulations in public institutions, which enabled them to gain the support and attention of the upper castes, who were mostly the influential and wealthy class of colonial society, and to turn them into collaborators of the colonial state and system.

Class, Care and Colonialism: British Indian Subjects in Asylum

The caste difference in Indian society and the differentiation it created among different groups had its parallel in the class distinction of European society. The British ruling class in India was not a homogeneous group. It had multiple layers of hierarchy with significant implications of class distinctions among them, which in turn resulted in the privileges of some classes while denied to many. The system of lunacy

provision among British Indian subjects was also subjected to differential treatment even within the princely states. Though the colonizers admitted the fact that mental illness can appear in individuals belonging to any social strata, they made distinctions in the frameworks of arrangements offered for the treatment of insanity among them, too. It is interesting to note that even among this formidable ruling community, social class and status determined the layers of privileges one can claim in asylum provision, ensuring social distinctions and differentiations. This resulted in the emergence of specialized institutional provisions for people belonging to different social strata. The case of Mr. Williams, who was the husband of Eva Williams, lady doctor to the Cochin Government, clearly shows the medical, legal, and administrative concerns embedded in providing institutional treatment for British Indian subjects in princely states. The series of correspondence between Diwan Peishkar, medical officer, British resident, superintendent of Central Jail, and the British special magistrate regarding the hospitalization of Mr. Williams reflects the technicalities of treating a British Indian lunatic in a princely state.[127] The letter from Sankriah, Diwan Peishkar in charge of Cochin to the District Magistrate stated that Mr. Williams, as he is a British Indian subject should be handed over to treatment to Mr. Pemberton, the Surgeon-Major of the Cochin State or to any other care which the Magistrate thinks proper for his care as he is a dangerous lunatic not only for himself, but also for others.[128] Eva William, the wife of the lunatic patient, informed the Government that she was willing to maintain the expense of the treatment[129] and hence he would no longer be a burden for the state. The institution in which the treatment provision for Williams should be arranged was a matter of great concern for the officials. The Privilege of a British Indian Subject was that he should not be regarded as an ordinary lunatic, and hence his confinement within the Thrissur Lunatic Asylum along with the native patients was impossible. At one point in time, it was decided to keep him within the central

[127] Diwan's English Diary, Vol. I, 1893, RAE.

[128] Letter from Diwan Peishkar to the British Resident, dated 28 January 1893, Diwan's English Diary, Vol. I, 1893. RAE.

[129] Letter from Diwan Peishkar to the District Magistrate of Cochin, dated 27 January 1893, Diwan's English Diary, Vol. I, 1893. RAE.

jail till he was removed to the hospitals of British Cochin.[130] Thrissur asylum was a native-only asylum and more than that sending a British Indian subject to be confined along with other native lunatics would affect the prestige of the ruling race as it could expose the mental vulnerability of the European race among the conquered population and thus it was decided to remove him to some European lunatic asylum. Provisions for special care were specifically recommended for Williams in Central Jail by Diwan Peishkar who asked the Inspector General of the prison to report daily on the behavior and condition of the patient while he is in prison.[131] The same was instructed upon the medical officer, i.e., to visit the patient daily in the Central Jail and to report his sanitary condition till he is taken charge of by the district authorities. An ordinary native lunatic as well as a lower-class European subject would not enjoy such privileges of everyday care from the part of the authorities, and this shows the difference in treatment and options availed to the British Indian subjects within the princely Cochin. The case was further handed over to the European Special Magistrate, Mr. Hudson, who came to Ernakulam for the specific purpose of examining the lunatic patient and issued orders for his removal from the Central Jail. This was because of the interference of Eva Williams, who feared some danger to Williams in placing him in the Central Jail. Diwan Peishkar, in this context, reported to the Special Magistrate that he had instructed the Senior Assistant Surgeon to examine the lunatic patient every day, and there was no danger of any kind to the lunatic, as apprehended by his anxious wife.[132] Following the interference of the wife of Mr. Williams, Diwan Peishkar instructed the medical officer of the Cochin Government to take necessary steps for the transfer of the patient from Ernakulam Central Jail to the British Hospital in Cochin, thereby ensuring that his custody was handed over to the British authorities.[133] Though Thrissur lunatic asylum was a specialized space for treating insanity, Williams was

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[130] Letter from Diwan Peishkar to the Inspector General of Prison, dated 28 January 1893, Diwan's English Diary, Vol. I, 1893. RAE.

[131] Letter from Diwan Peishkar to the Inspector General of Prison, dated 2 February 1893, Diwan's English Diary, Vol. I, 1893. RAE.

[132] Letter from Diwan Peishkar to the European Special Magistrate, dated 3 February 1893, Diwan's English Diary, Vol. I, 1893. RAE.

[133] Letter from Diwan Peishkar to the Medical Officer of Cochin Government, dated 15 January 1893, Diwan's English Diary, Vol. I, 1893. RAE.

removed to the British Hospital in Cochin, safeguarding his privilege as a British subject and thereby preventing a situation of keeping a European lunatic with other native lunatics in Thrissur asylum. The policy of offering differential treatment for European lunatics was intrinsically connected to the colonial ideology of maintaining the prestige of the ruling race, protecting the perceived difference between the rulers and the ruled.

From Skepticism to Support: The Evolution of Asylum Provision in Cochin

As in the case of Malabar and Travancore, the task of collecting reliable data regarding infirmities, particularly of insanity and leprosy, was set with innumerable difficulties. Willful concealment of the condition by the natives and the difficulty in recognizing insanity by ordinary enumerators posed severe challenges in collecting the accurate number of insane in the state, as in any other part of India.

Following is a table showing the numbers of people with various infirmities in Cochin State from 1881 to 1921, taken during the regular interval of ten years.[134]

Table 3.4

Infirmities in Cochin State (1881–1921)

Year	Insane	Deaf-Mute	Blind	Lepers
1881	103	235	281	148
1891	213	397	863	350
1901	197	549	886	364
1911	293	331	1,185	461
1921	381	504	1,250	466

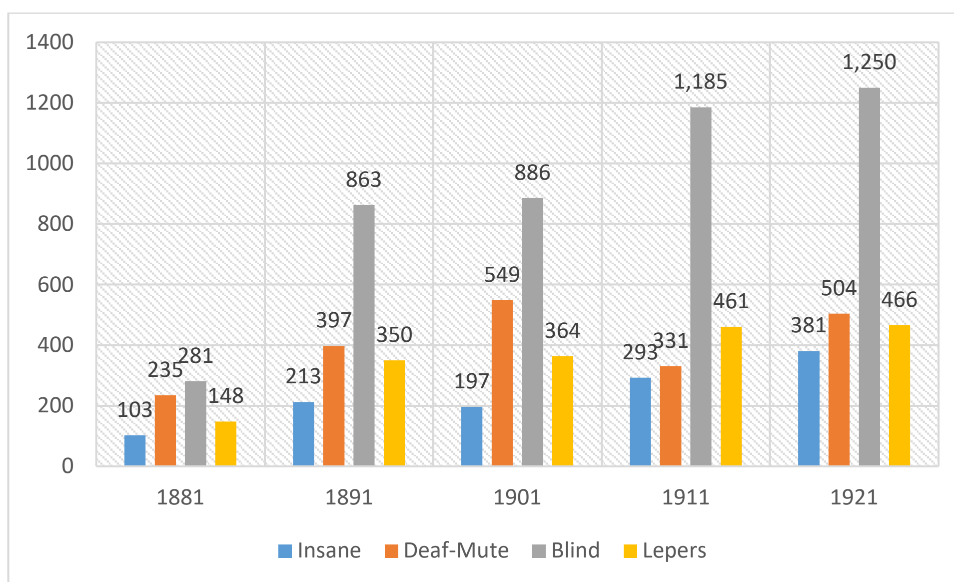
The table shows a general increase in the number of people affected by various infirmities over the 40-year period. The number of blind individuals rose significantly from 281 in 1881 to 1,250 in 1921, marking the largest increase. Cases of insanity also steadily increased. Deaf-mutism and leprosy showed some fluctuations but

[134] P. Govinda Menon, *Census of India, 1921*, Part XIX, Cochin, Cochin Government Press, 1922, p. 55. RAE.

generally trended upward, indicating possible growth in population, better record-keeping, or worsening health conditions over time.

Figure 3.4

Infirmities in Cochin State (1881–1921)



The table shows a lower number of insane compared to other forms of infirmity, as it is particularly difficult to get data on the insane population. The ordinary enumerators could not identify various forms of mental illness and thus recorded only the violent form of mental derangement, and thus cases of idiocy were very often left out of the brackets of this infirmity. It also depicts the trend that there is an increasing number of insane people every ten years, except for 1901, though the ratio of increase was much less compared to other infirmities.

The reluctance of natives to send their relatives to asylums might be a prominent reason for comparatively lesser number of insane population within the Cochin state. This was rooted in their long-standing healing tradition of family and community care rather than depending upon external institutions like asylums. The trend, however, began to change, and gradually the natives adapted to the institutional-based system. The treatments provided in the lunatic asylum were accepted as one of the various curing mechanisms of the region to manage mental illness. The methods of healing within the Thrissur asylum, like in any other lunatic institution of colonial

Kerala included moral and occupational therapy with little importance on drug-oriented healing. The entertainment provided for the patients within the asylum premises includes football, carom board, playing cards, badminton, and a gramophone with plates. Non-violent lunatics were allowed outdoor games and given training in occupations such as weaving. Malayalam dailies like "Gomathy", "Deepam", etc., were also subscribed for the use of inmates. They were also treated to special feasts on Onam, Vishu, Christmas, and New Year's Day.[135]

The popularization of Western methods of healing among natives was achieved through the popularization of Western modes of education. The English-educated elites like T.K. Gopal Panikkar, who wrote the book entitled *Malabar and its Folk*, embraced the advantages of Western civilization and critically analyzed the superstitious lifestyle of Malayalees. According to him, the diffusion of Western reason, science, and enlightenment had helped to loosen the ties of custom by which the natives had hitherto been bound down to the hoary traditions of their ancestors. The belief in the spiritual causation of mental illness among the natives was questioned by him while describing the native perceptions of the demonic affiliation of mental derangement in his work. He recorded that "when epilepsy and other nervous diseases which are attributed to the mischievous influences of spirits occur in any family, the member possessed is effectually cured by the magic of some skilled exorcist. The devil can be compelled to state his name and history through the mouth of the patient. Then according to his power, he is either compelled to leave the patient's body for good or he is properly propitiated and in consequence consents to depart from it promising not to molest it again. These magicians even possess the power of taking away human lives through the instrumentality of *Mantrams*. Anything that they require can be supplied to them from any distance by these evil spirits".[136] Panikkar criticizes such belief systems of the people of Kerala, particularly that of Malabar, from the knowledge gained from his education at Madras Christian College.

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[135] Administration Report of the Medical Department in the Cochin State for the Year 1943 – 44, p. 14. RAE.

[136] T.K. Gopal Panikkar, *Malabar and its Folk*, G. A. Natesan & Co Printers, Esplanade Row, Madras, 1900, p. 209.

According to him, “to the cultured mind nursed in the lap of modern science, nymphs, fairies, and demons are but monstrous unrealities.[137] For him, the intrusion of Western ideals into the native minds can be seen in different fields, and one of the testimonies for it was the increased number of people seeking modern healthcare provisions in various hospitals, dispensaries, and even in lunatic asylums. He observes that “The principles of insanity and medical science are being appreciated and Western medical and surgical science is regarded in many quarters as being effective and more easily productive of beneficial results in the treatment of disease, as may be evidenced by the crowded attendance of our hospitals and dispensaries. This appreciation of Western science has penetrated to the lower strata of society, and the attendance at various hospitals and dispensaries will be found on examination to be equally divided between the higher and lower orders if the latter do not predominate. Men meekly submit to Western methods of treatment and entrust their previous lives to the case of our English ·doctors and apothecaries- a fact clearly testifying to the unbounded reliance placed in the latter and to our due appreciation of the improved system of the West”.[138]

Being a native of Kerala, he attests that one of the major purposes of recording the institutions, customs, and practices of this land in his work is because they were vanishing from Kerala soil and the Malayali society was moving towards a more progressive culture under colonialism which facilitated the diffusion of Western values, ideals, and enlightenment enfolding science, modernism, and intellectual awakening. Most of his observations were germinated from his English-educated Indian mind, and it clearly shows the impact of the colonizers' act of sowing the seeds of Western values and education among the fertile soil of Indian brains. Thus, he vehemently criticizes the native customs, practices, institutions, and people, which sometimes takes a racial tone and exactly resembles the white man’s perception of Indian society. The introduction of his work is written by F. W. Kellett, who was a professor of the author at Madras Christian College. In the preface, Kellett wrote that “Ethnographic descriptions even of Indian districts have been written by European

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137 *Ibid*., 72.

138 Sindhu Thomas., Y. Srinivasa Rao, “Institutionalization of Western Medicine in Colonial Kerala”, *History Research Journal*, Vol. 5, No. 5, 2019, p. 257.

observers and bear the traces of the European mind and this work is a differing one because it is composed by a native, familiar with its customs from his earliest days, setting forth its social, legal and religious life"[139] and adds that "Indian gentlemen of education are assimilating the science of the West and in its light modifying their views of Indian life and tradition".[140] Though the work claimed to offer a differing perception of the people of Malabar and their culture, it in many instances remained as a mere appreciation of Western culture belittling and barbarizing the native culture. The real purpose of Western education, as envisaged by Thomas Babington Macaulay, was after all "to create a class of persons, Indians in blood and color, but English in taste, in opinions, in morals, and in intellect". Western education and health were regarded as the twin pillars of colonial rule in India, and the two were intertwined, benefiting their mutual growth. Through modern education and its popularization, institutions like lunatic asylums gained momentum not only in British-controlled territories but also in princely states like Cochin.

The admission of lunatics into the Thrissur asylum was allowed only on the basis of a medical certificate of insanity. Even if the patients are coming through colonial courts or through the conviction of a magistrate to send the accused to the lunatic asylum on the grounds of insanity, the medical certificate of insanity was necessary for admission to the asylum. For instance, in the case of Subramanya Patter, who was sent to the Thrissur asylum by the second-class Magistrate of Moogoondapuram, there were no documents pertaining to his insanity, and thus his admission was denied to the asylum. In this context, the Surgeon-Major was ordered to issue a circular directing all Magistrates and the police not to send in the future any lunatic to the asylum without a Medical Certificate.[141] This development in 1893, that is, during the very beginning of asylumdom in Cochin State, necessitated the evidence

[139] Panikkar, *Malabar and its Folk*, ii.

[140] *Ibid.,* i.

[141] Letter from the Surgeon-Major R. Pemberton, Medical Officer to the Cochin Government to the Diwan of Cochin, Ernakulam, dated 8 February 1894, Medical Officer's Book, 1893 – 1896. RAE.

of a medical certificate from the concerned authority for the admission of a lunatic individual to the asylum.

The natives were gradually acquainted with the legal privilege offered to the accused on the grounds of insanity, and thus began to utilize this provision by claiming insanity through their lawyers in court. For instance, in the case of Thadathil Karothu Mathan Neela alias Neelacandan of Plappilli Desom, Keecheri Village, he was committed for trial for the charge of murder before the Session Judge of Anjikaimal, Ernakulam. At the close of the prosecution evidence, the accused's vakil submitted a plea that the individual was subjected to occasional fits of insanity previous to this offense and thus should be kept under medical observation for some time before the judgment is pronounced.[142] The plea of the accused's vakil was heeded by the Session judge, and he submitted a request to His Highness the Maharaja to accord sanction for keeping the prisoner under observation in the Mental Hospital at Thrissur under section 367 of Cr. P. C.[143] The medical privilege of insanity was allowed within the colonial court as a result of the developments that happened in the home, where convictions hinting at the possible association between crime and lunacy resulted in the granting of medical privilege to the accused individuals, recognizing the medico-legal discourses of insanity in certain cases. The Aesculapian ground of insanity was thus claimed in many cases by the vakils of the accused to reduce the nature of punishment and imprisonment. The testimonials from medical officers were kept as substantiating evidence in such cases, and the final judgments were produced by the judges based on their conviction of the accused's mental state during the committal of the crime.The ascertaining of insanity and offering the medical privilege to the accused was a complicated matter as it involved nuances of medical and legal shreds of evidence. In the case of criminal lunatic Padmanabha Kurup, he was shifted from the Central Jail to the Mental Hospital of Thrissur for observation due to the

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[142] Letter from the Session Judge of Anjikaimal, Ernakulam to the Secretary to the Government, dated 2 September 1938, Huzur Secretariate Files, File No. 1308/38, Bundle No. 91 – 100, Sl. No. 87, Judicial. RAE.

[143] Note for orders of His Highness, dated 6 September 1938, The Huzur Secretariat, Judicial Department, Huzur Secretariate Files, File No. 1308/38, Bundle No. 91 – 100, Sl. No. 87, Judicial. RAE.

exhibition of an insane mental state. The Medical Officer of the asylum, however, reported that the said Kurup had not shown any symptoms of insanity during the period when he was in the Mental Hospital, and also ascertained that ever since the commission of the offense of attempting to murder his wife, the man had no attack of insanity. The sessions judge, however, had acquitted him on the grounds that he had symptoms of mental derangement off and on during the last 20 years and that he was mentally deranged at the time of the commission of the offense. The officials themselves had varying opinions on the mental condition of the accused; however, since the law had primacy over medicine in the colonial context, as per the Sessions Judge's order, he was sent to the Mental Hospital for treatment. In this case, the judgment mentioned that a period of four years of complete freedom from insanity should be passed in an asylum by the individual before he undergoes a probationary period in jail, which period may be shortened in this case as he is above 40 years old. The District Magistrate was asked to report whether the alleged lunatic could be handed over to his relatives or friends on sufficient security under section 375 of the Criminal Procedure Code, and it was found that his relatives are very poor and unable to get him enlarged on bond. Thus, in this case, formal sanction was accorded from His Highness the Maharaja to orderly detain him in the Mental Hospital for the said period of four years or until he is released on security.[144] The Medical Officer's observation in the case was that the man was not showing any symptoms of insanity, while the sessions judge reached the conviction that the accused had a deranged mental state at the time of the commission of the offense which led to his acquittal as there is a perceived primacy of law over medicine.[145] The role of the medical officer in cases involving lunacy and criminality was merely to offer their observation and issuance of medical testimony, and the final judgment was produced by the legal authorities of the State. The accused was a 57-year-old man in this case, and his age was taken into consideration for a relaxation of imprisonment.

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[144] Note for orders of His Highness, dated 31 December 1942, The Huzur Secretariate, Judicial Department, Criminal Justice Section, Huzur Secretariate Files, File No. 25095/1117, Bundle No. 84, Sl. No. 50. RAE.

[145] Sir Harry L. Stephen, LLM, "Insanity and Crime", *Police Journal: Theory, Practice and Principle*, Vol. 2, No. 2, April 1929, p.218. RAK.

In circumstances where the accused is found insane and is not in a position to understand the proceedings of the case and unable to make his trial, sanction was accorded to send the lunatic to the lunatic asylum and the accused will be kept there till he is declared fit to stand his trial for the offense with which he is charged. The said developments can be seen in the case of Narayanan, who was charge-sheeted by the Inspector of Police, Cranganur, for an offence under section 275 of C.P.C. When Narayanan was produced before the Sub Magistrate of Cranganur, he had the conviction that the accused was a lunatic and was not in a position to defend the case. The Medical certificate granted by the Assistant Surgeon of Cranganur, as well as the Magistrate's report, mentioned that the man is incapable of standing the trial and that his defective mental condition has been long-standing and not one of recent occurrence. In this case, sanction was accorded to keep the lunatic within the Thrissur Mental Hospital till he is declared fit to stand trial.[146] Exactly the same procedures can be seen in the case of Aipora. The special first-class Magistrate of Kanayannur prepared the report that as Aipora is of unsound mind and consequently incapable of making the defense, he was suggested to be sent to the Thrissur Mental Hospital for further observation[147] and once the accused is relieved from insanity, he will be removed from the Mental Hospital and subjected to undergo the trial process and the legality of colonial courts.

During the trial process, once the judge is convinced of the accused's fallen mental state when he or she committed the crime from the evidence procured in the case, they will be transferred to the lunatic asylum on the grounds of offering cure and care to the patient. Once they recover from the attacks of insanity, they will again shift to prison to undergo the unexpired portion of their treatment. This procedure was followed not only in British-administered territories but also in the princely states. For instance, in the case of female convict No. 1000, Karthiayini, she was admitted to the

[146] Letter from the District Magistrate to the Joint Secretary to the Government, dated 5 November 1935, Huzur Secretariate Files, File No. 5138/1111, Bundle No. 101 – 120, Sl. No. 59, Law and Justice. RAE.

[147] Note for orders of His Highness, dated 16 September 1937, The Huzur Secretariate, Law and Justice Department, Judicial Section, Huzur Secretariate Files, File No. 1716/13, Bundle No. 91 – 100, Sl. No.104. RAE.

Thrissur Mental Hospital due to mental illness and was transferred to the Central Jail after she was cured. However, soon after her readmission to the jail, Karthiayini had a relapse of insanity and was kept under observation. According to the decision of the Medical Officer, she was fit for re-transfer to the Mental Hospital due to the high possibility of repeating attacks of insanity.[148] In cases like this, the convicted lunatics will again shift to the Mental Hospital because they are not only the legal subjects of the State but also subject to medical care. Karthiayini was thus retransferred to Thrissur Mental Hospital based on the medical guidelines and anticipating the sanction from His Highness the Maharaja.[149] The procedure was the same in British-controlled territories; in fact, the rules in princely states were largely influenced by the colonial law. The institutions, their establishments, features, facilities, and provisions in princely states were more or less modeled on the institutions of British India. For instance, regarding the discourse on the provision of offering a prayer hall in the Central Jail of Cochin state, the Government agreed to provide a common room for the convicts for liturgical purposes. The decision was affirmed by the fact that such a provision was given in the jails in British India.[150] Lunatic asylums were not an exception to the larger rules and regulations of the Raj. The legality and facility of this network of institutions under princely control were also thus subjected to the wider British framework.

If the convicts who were imprisoned or punished showed symptoms of insanity within the prisons, they were also shifted to Mental Hospitals with the aim of providing treatment. The provision of treatment to the convicts was part of the larger humanitarian framework of the state crafts, which was also the duty and responsibility

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[148] Letter from the Inspector–General of Prison to the Secretary to the Government dated 22 December 1937, Huzur Secretariat Files, File No. 8435/13, Bundle No. 101 – 120, Sl. No. 26. RAE.

[149] Note for orders of His Highness, dated 10 January 1938, The Huzur Secretariate, Law and Justice Department, Criminal Justice Section, Huzur Secretariate Files, File No. 8435/13, Bundle No. 101 120, Sl. No. 26. RAE.

[150] Letter from Rama Varma Tampuran, Secretary to the Government to the Sarvadhikariakar to His Highness the Maharaja of Cochin, dated 14 May 1943, Huzur Secretariate Files, File No. 19721/18, Bundle No. 101 – 120, Sl. No. 127, Public Works. RAE.

of the State. This was evident from the case of convict No. 1614, Periyavan alias Chinnan, who was convicted by the Special First-Class Magistrate, Chittur, for an offense under section 306, Cochin Penal Code, and sentenced to undergo rigorous imprisonment for 8 months and sent to the Central Jail, Viyyur. From the prison, he showed signs of insanity, and the medical officer of the Jail opined to remove him to the Thrissur Mental Hospital.[151] In this case, the convict was not identified as a lunatic during or after the process of trial. It was only during the time of his imprisonment that he exhibited the symptoms of insanity. However, he was also subjected to the medical provision of the state, as diseases, both mental and physical, ought to be treated and cured.

A Testimony of the Confined: Asylum Narratives in the Case of Narayanachari

The native response to the evolving understanding of insanity, shaped by Western ideals and institutional approaches to managing lunacy in the Cochin state, is clearly reflected in the letters of communication from the late colonial period. An individual named Narayanachari wrote a complaint letter to the Maharaja of Cochin stating that he was supposed to take 41 days of fasting before *Ekadasi,* and for this purpose, he positioned himself under a banyan tree on the eastern side of the Thiruvillamala temple. Since he was fasting, he didn't take water or food for days. In the letter, he raises the complaint that the *Namboodiries, pattras,* as well as the *Shanti* people of the temple, considered him a lunatic and informed the police. The police, without making any further queries, physically assaulted him and presented him before the Thrissur District Magistrate, and from there, he was sent to the Thrissur lunatic asylum. He tried to keep his fast within the asylum for two days; however, due to the relentless questioning by warders of the asylum, he had to break his fast.

The doctor at the asylum questioned him, and upon receiving perfectly coherent answers, realized that the man was sane and ordered his release from the lunatic asylum. Narayanachari further says that due to the physical torture of warders

151 Note for orders of His Highness, dated 18 September 1946, The Huzur Secretariate, Judicial Department, Huzur Secretariate Files, File No. 3014/1122, Bundle No. 91 – 100, Sl. No. 6. RAE.

and police officials, he was diagnosed with many bodily difficulties, and that is why he was unable to send this complaint letter earlier. He requests the Maharaja to take action against the officers who tortured him and to offer a remedy for the hardships he has endured.[152]

The letter shows the subjective experiences of an individual who had gone through the circumstances of confinement in the lunatic asylum. The letter acquires immense value since it carries the first-hand experience of a subject, and more than that, letters and complaints like this are very rare to find in colonial archives, offering glimpses of the perspectives of the subjects. The lion's share of the asylum records consisted of the documents compiled for State matters of administration. As for the records specific to the lunatic asylums, most were written by the doctors on asylum management, largely neglecting the subjective experiences and perspectives of those incarcerated within its walls. The letter in hand describes the encroachment of legal authority, including the court and police, over the customs and conventions of natives. What is even more intriguing is that Narayanachari's persistent fasting was perceived as "madness," and he had to discontinue it due to the intervention from natives and authorities, which finally led to his confinement within the asylum. This complainant letter is dated 6th August 1938 which means by the ending decades of colonialism the natives were much more acquainted with the provision of lunatic asylums and the legality that involved in insanity and that might be one of the reasons for the temple authorities to inform the police to deal with the "mad man". Though we couldn't trace any further procedures in this case, instigated by the complaint letter of Narayanachari, it acquires importance as it carries the native perspective towards lunatic asylum, along with offering glimpses of their subjective experience of asylum space.

Between Asylum and Home: Locating the Agency of Family in the Psychiatric Care in Cochin

The involvement of family in the confinement and release of persons affected with mental illness from the lunatic asylum is important. The negotiation of the agency

[152] Complaint letter from T. Narayanachari to the Maharaja of Cochin, dated 6 August 1938, Huzur Secretariate Records 1, 1938. RAE.

of family within the changing scenario of mental health care attests to the flexibility and fluidity of the institution of the family to readjust itself with changes in the care economy of lunatics. This change was affected by the existence of lunatic asylums as specific centers of treatment and by the legality involved in certain cases of insanity. Rather than entirely being uncooperative or being idle, it positioned itself in a mediocre status, sending, receiving sometimes requesting the admission or removal of the relative from the asylum. We get some references regarding the cases of criminal lunacy, as it is a matter concerning both the medical and judicial departments of administration. There are cases in which lunatics who are not dangerous in character were sent back to their relatives or friends if the family was ready to issue a surety stating that they would take care of the patient and produce him before the officials if any inquiry is issued. In the already discussed case of Padmanabha Kurup,[153] the District Magistrate made an inquiry whether the man can be handed over to his relatives or friends on sufficient security under section 375 of the Criminal Procedure Code. However, it was found that his relatives were very poor and unable to get him released on bond. He has therefore decided to detained to be in the asylum. The same developments can be seen in the case of Kunhi Pailo, who was arrested by the police under Nuisance Act IV of 1090 ME (1915). As per the case record, the accused trespassed into the Registry office of Mala, acted disorderly, and caused annoyance to the Registrar. While the accused was in Sub Jail, he showed symptoms of insanity and was therefore sent to the Assistant Surgeon of Irinjalakuda Hospital for observation. The doctor issued a certificate stating that, since the individual had an unstable mental state, he was a fit person for detention in the mental hospital. As he was a "harmless lunatic", there were inquiries from the authorities to the family of the patient regarding their willingness to take care of the individual. However, there was no surety forthcoming for his release from his family members, and subsequently, he was sent to the Mental Hospital of Thrissur.[154] In cases like this, the economically backward

[153] See for details, Note for orders of His Highness, dated 31 December 1942, The Huzur Secretariate, Judicial Department, Criminal Justice Section, Huzur Secretariate Files, File No. 25095/1117, Bundle No. 84, Sl. No. 50. RAE.

[154] Letter from M. R. Ry. K. Achyutha Menon Avl., BA., B.L., Secretary to Government to the Sarvadhikariakar to His Highness the Maharaja of Cochin, dated 9 September 1940, Huzur Secretariate Files, Bundle No. 52. RAE.

families kept the patient within the asylum even if there were possibilities for their release. This was mainly to avoid the financial burden of taking care of the lunatic relative within the family. What is significant in this context is that many such poor-class families utilized the asylum provision offered by the State to confine their afflicted relatives because it enabled them to reduce their expenses for the ill family member. However, such a trend created anxieties among the asylum authorities who worried that the institution of lunatic asylum was becoming a sedentary space for confining the lower class and caste people, as opposed to their expectation of inviting collaboration from the economically well–off families and upper castes to the asylum provision.

Inclusive Approaches to Lunatic Management: The Cochin Experience

The evolution of State responsibilities for the welfare of its subjects resulted in offering care and protection to the lunatic patients of the State, addressing their subject status and ensuring their safety and security both within and beyond the State. If the lunatics belonging to Cochin were confined in asylums out of the State, arrangements were made between the Cochin Government and Governments of different States to maintain their patients within other lunatic asylums. In certain cases, according to the nature of the agreement, the maintenance fee for lunatics belonging to Cochin, who are confined in asylums outside the State was paid by the Cochin government and the reciprocity was maintained by agreeing to protect the lunatics of other states within Thrissur asylum, whose expense should be maintained by their respective governments. There were also agreements for the free maintenance of lunatics between Cochin and some other governments. A lunatic named K.S. Joseph, who was a resident of Mattanchery town of Cochin State, was admitted into the Central Mental Hospital at Yervada in Bombay province in 1942. Being a Cochinite, the Bombay Government requested the transfer of the person to the Thrissur Mental Hospital. They also demanded the payment of his maintenance charge for the period of his stay in the Yervada Mental Hospital at the rate of Re. 1 – 2 – 0 per diem, as well as the cost of his transfer to Thrissur. Till this time, there were no reciprocal arrangements between the Cochin Government and the Bombay Government regarding the maintenance of lunatics, and when the case of lunatic

Joseph arose, the Cochin Government proposed to make a reciprocal arrangement between the two Governments. There were already agreements that existed between the Cochin state and the Government of Madras whereby the latter agreed to afford free maintenance to Cochin subjects admitted to the Mental Hospitals in the Madras Presidency, and in return, the Cochin Government agreed to afford free maintenance to British Indian subjects admitted at the Mental Hospital at Thrissur.[155] These kinds of mutual arrangements and agreements have also existed within the Travancore Princely State. Such arrangements between States were crucial in managing and maintaining the lunatic population, whereby the State's responsibility over its citizens was ensured.

Cochin showed more open-mindedness towards different forms of healing. The state has allowed one Mr. P. V Verghese Vaidyan, Kurikad, to experiment with his specialized method of curing Malaria, and for this purpose, he was given a temporary appointment in R.V.C. Hospital. The vaidyan convinced the Government that he would prove the efficiency of his methods, and he is ready to treat any patient at his own expense to prove his skill. The superintendent of Ayurvedic Hospitals suggested that he may be allowed in the hospital for a period of six months and conduct his treatment on an experimental basis. It was decided that he would not be given any appointment, paid or honorary, until he could prove the success of his specialized methods. Verghese Vaidyan was willing to work under the condition suggested by the Superintendent, and the Maharaja's permission was solicited for the proposal.[156] In his appointment letter, it was specifically mentioned that "no recipe of his shall be a secret"[157] and on the specific conditions, he was given a chance to expound his theories and make them more practical. This, in fact, shows the

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[155] Note for orders of His Highness, dated 2 November 1942, The Huzur Secretariate, Development Department, Medical Section, Huzur Secretariate Files, File No. 3867/18, Bundle No. 56, Sl. No. 4. RAE.

[156] Note for orders of His Highness, dated 16 May 1940, The Huzur Secretariat, Development Department, Medical Section, No. D – 6 - -13907/15, Huzur Secretariate Files 4. RAE.

[157] Letter from the Superintendent of Ayurvedic Hospitals, Trichur, to the Secretary to the Government, dated 8 April 1940, The Huzur Secretariate, Development Department, Medical Section, Huzur Secretariate Files. A. 481/15. RAE.

willingness of the medical department of Cochin State to experiment and accept different forms of therapeutic machinations for the betterment of the treatment system. Such inclusiveness also resulted in accepting various institutions, including lunatic asylums for disease management within the State.

The establishment of an Ayurvedic Mental Nursing Home at Ernakulam was a major achievement of the State, though it came up in the post-colonial period. The institution was established in 1951, and the thought to establish a specific Ayurvedic institution for mental care itself was novel during the period. Both the Sodhana and Samana treatments of Ayurveda were administered to the patients here, and special panchakarma treatments were also provided to heal various forms of mental illness. There were also ample facilities for *Dhara, Sirovasti,* etc. Free treatment was provided to the poor, deserving patients.[158] The idea of establishing a separate institution for mental health care and treatment, though adopted from the Western model, was indigenized by providing treatments in Ayurvedic healing.

The establishment of Thrissur lunatic asylum signaled the advancement of Western methods of treatment in Cochin princely state. The methods and machinations, as well as the management of patients within the princely asylums, were all modeled on the British institutions. In fact, asylums in princely states were largely set within the broader framework of British asylums since they were the pioneers in this regard. Being a novel idea of hospice for the care and cure of the insane and with the aim of protecting the unfortunate suffering class, lunatic asylums were remarkable milestones of human civilization. However, they had wider implications in the colonial setting because they also functioned as the mechanism for surveying the mind and body of the natives and for classifying and categorizing the natives along with strengthening the difference between the rulers and the ruled. The creation and the intensification of difference through the institutions of asylums had larger implications on native society. Factors such as race, caste, class, gender, etc., were

[158] A. Sreedhara Menon, *Kerala District Gazetteers - Ernakulam*, Government Press, Trivandrum, 1965, p.770.

employed to segregate the inmates of the asylum, and the treatments were also varied according to their class and caste positions. The rules and regulations of the colonial State regarding the management of lunatics reverberated in the Princely States without much difference, and hence lunatics, particularly criminal lunatics and wandering lunatics, became the medico-legal subjects. Crime and deviance were closely connected in the colonial context, and courts were utilized to interrogate the cases of criminal lunacy. Since colonialism functioned with the motto of the primacy of law over medicine, the medical officers acted as supporting agents with the authority to issue the lunacy certificate in all cases pertaining to insanity. Meanwhile, the jurist decided the nature of the crime and the mental state of the accused at the commission of the crime and pronounced the final judgment. In colonial courts, insanity and legality were closely intertwined, with deviancy being subjected to State rules and regulations. This was in stark contrast to the pre-colonial period, where such frameworks were completely absent. The agency of the family in the management of the afflicted relative was subjected to change with the advent of institutional-based treatment of insanity. While families cooperated with the legal connotations of insanity, they also exercised considerable influence in the admission as well as in the removal of their relative from lunatic asylums. While many families, especially economically backward families, utilized the facility of asylum-based healing, the upper class and caste were reluctant to embrace the provision. The new epistemology of managing mental illness through the institutional confinement of the insane initially found difficulties in rooting itself in the native soil; however, over time, it gradually adapted into the wider epistemologies of native therapeutics, creating a rhythm of harmony with multiple keys of alternative healing.

Chapter IV

Female Madness and its Management: Exploring Perceptions of Gender and Insanity in the Lunatic Asylums of Colonial Kerala

Chapter IV

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The umbrella term madness is generally defined by the deviancy in behavior and actions while compared to the larger so-called “sane” society. There are no generally accepted parameters of sanity except one’s appearance and actions, which should correspond to the commonness and generality of the majority of a group; in fact, sanity is compatible with majoritarianism or generalization of accepted behavior. Normality reflects similarities to one another in thoughts and actions without many anomalies. This understanding of sanity, when applied to the context of female normality, however, also weighs the normative femininity, constructed notions of womanhood, gender roles, sexual functions, reproductive lives, and successful performance of attributed identities such as mother, wife, daughter, or sister. The problem with this idea is that it is mainly defined and designed by male thoughts, processed under male existentialism, and modified through the male gaze, where the identities, qualities of appearance, behavior, and work pattern, and even the accepted level of emotional and mental sensibilities, are approved by men.

Though colonialism is a relatively fresh concept of the conquer and control of one country over another, the idea of the mastership of the strongest and servitude of the inferior basically existed in every society in terms of race, class, caste, and gender. Just like colonialism imported new definitions of power and control, surveys and surveillance, ordering and disciplining, knowledge and subjection, and even epistemologies of sanity and insanity to the colonized societies, within every society there occurred a colonization project in which not a group of aliens, but the men of the land itself colonize the female mind and body; anatomy and psychology. In this male-conspired colonialism or male-conquered colonialism, as the research termed it, everything related to “feminine” is preoccupied, conditioned, and explained by men

according to the mental, physical, sexual, emotional, and intellectual needs of men. This innate colonial project is working in a more subtle and sophisticated manner; its masked or veiled policies and practices and its impacts and influences on a woman's daily life, work, pleasure, emotions, and intelligence are difficult to point out unless one scrutinizes the definition and purpose of a woman's life through their vantage point. The paradigms of power and paraphernalia of authority in this male-conspired colonialism extended to the visible and invisible aspects of women's lives, sanity, and insanity. Like the colonizers attempted to characterize the natives as effeminate [1] and uplifted the notion of the masculinity of colonizers, the men in every society viewed femininity as something inferior compared to their masculinity and envisaged the need to tame these mere "sexual beings" through ideological and practical measures.

The derivative discourse of women being subjectified in men's lexicon of social existence emerged from the very idea of women as objects for pleasure and leisure pursuits. The subjectivity innate in women's subordination was systematically structured through social norms, morals, and unwritten law codes. A girl brought up in a male-dominated world imbibes qualities of servitude, discipline, and obedience, and her identity itself is a product and process of conditioning. The biggest danger associated with this training and conditioning lies in the possibility that if a woman exceeds the prescribed boundaries of expected behavior and performance, the other women from her kith and kin will be the first to reprimand and reinforce the notion of servitude and advocate that the current behavior is the most appropriate and ideal way or the best and apt way to navigate life overlooking the fact that this "best form of life" is best in accordance to the male standards. The success of a patriarchal society, in fact, lies in this inconspicuous as well as strategic method of using "good woman" as a tool to correct and control "bad woman" through injecting servitude, setting boundaries, and conditioning the female mind and body. Madness became a tool to scapegoat the deviant women in such contexts.

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[1] See for details Mrinalini Sinha, *The 'Manly Englishman' and the 'Effeminate Bengali' in the Late Nineteenth Century*, Manchester University Press, Manchester, 1995.

In a male-headed family set up, madness is nothing but a social construct, connected to gender and constructed together to control the 'femininity' and sexuality of women. Modern studies have pointed out that the formulated and fabricated notions of gender play a crucial role in exposing women to mental problems.[2] If gender is a representation, then it is essential to inspect its repression[3] in every medium. The invasive terrain of patriarchy in the female psychic space attributes gender to the diagnostic categories of mental disorder and gives rise to the process of labeling, stigmatizing, and ultimately othering individuals who are considered to be 'different'.[4] A woman is classified as "healthy", "neurotic," or "psychotic" according to a "male ethic of mental health" which is grounded in the invisible and sometimes overt presumptions of patriarchal society.[5] It is necessary to understand that men and women are different not merely in their appearance or apparel but rather have stronger implications in their physical and psychological realms. However, the patriarchal society in which the system of organizing social life is premised on the idea of the superiority of all men to women,[6] manifests and manipulates this difference in the form of sexual superiority of men, and in order to maintain this domination, various socio-cultural codes and economic aspects are employed. Gender and madness are two of such powerful social constructs used by patriarchal society to define and dominate the so-called 'second sex', women. Madness as a contrived signifier of confinement and control connected with gender works as an auto-tuned mechanism

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[2] See for details, *Gender and Women's Mental Health. www.who.int/teams/mental-health-and-substance use/gender-and-women-s-health,* "Gender Differences in Mental Health." RAMH, 8 May 2021. ramh.org/guide/gender- differences-in-mental-health.

[3] Paula Rabinowitz, "Seeing through the Gendered I: Feminist Film Theory," *Feminist Studies,* Vol. 16, No. 1, 1990, p. 153. *JSTOR,* https://doi.org/10.2307/3177960. Accessed 20 Dec. 2023.

[4] Morag Fallows, *Women, and Madness: An Exploration of Why Women are More Commonly Labelled as Mad,* University of Leeds, Social Policy Dissertation, p. 21.

[5] Adrienne Rich, "Women and Madness," [Review of the book *Women and Madness,* Phyllis Chesler], *The New York Times*, 31 Dec.1972, NYTimes.com. https://www.nytimes.com/1972/12/31/archives/women-and-madness-by-phyllis-chesler -illustrated -359-pp-new-york.html.

[6] Sanjay Srivastava, "Masculinity Studies and Feminism: Othering the Self," *Economic and Political Weekly,* Vol. 50, No. 20, 2015, pp. 33–36. http://www.jstor.org/stable/ 45275677.

for incarcerating the "deviant women" within the boundaries of servitude and modesty. The deconstruction of madness is thus important to redefine gendered roles and power relations.

"In the feminist analysis, madness is not viewed as an illness but a social construct based on misogynistic or patriarchal principles, and the remedial measures of control and confinement were projected as the varying forms of therapies".[7] As Ussher comments, social norms and subjective judgment are central to the diagnosis of disorders of the mind.[8] In a patriarchal society, the notions of normality and sanity are confirmed through the construction of "docile, loving, and sexually chaste images" of women. The structural organization and the hierarchical, as well as the hegemonic relationships of patriarchy use madness as a tool to control the self–fashioned, assertive women. As Phyllis Chesler claims, madness in any form represents a departure from traditional roles,[9] and the image of a 'traditional woman' was created and endorsed by invoking a set of rules and regulations of normality, and 'normative femininity'.[10] Men, "being the power owners, the active gazers, and the creators of meaning,"[11] make attempts to curtail and critique feminine assertions as madness. The transgression of "woman-like qualities", viz. discipline, obedience, servitude, etc., acts as the most crucial cause of female insanity in such societies. The most common cases of mental illness, like depression, anxiety disorders, etc., in women were the byproducts of the structuralized and institutionalized creation and assertion of difference to a certain extent. Being a space of 'paternal care', asylums offered moral

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7 Elsabe Jordaan, *Madness and Gender as Post-Modern Metaphor, 1996, University of South Africa,* PG thesis, p. 26. https://core.ac.uk.

8 Jane M. Ussher, *The Madness of Women: Myth and Experience,* Routledge, London, 2011, p. 4.

9 Phyllis Chesler, *Women and Madness*, Reprint Edition 1, Harcourt, University of California, 1972, p.93.

10 The term "Normative Femininity" is taken from Aneeta Rajendran, "You Are Woman: Arguments with Normative Femininities in Recent Malayalam Cinema," *Economic and Political Weekly*, Vol. 49, No. 17, 2014, pp. 61–69. http://www.jstor.org/stable/24480 121.

11 Gorkem Nese Senel, Unearthing the Construction of the Male Gaze within the Cinematic Form, In Selma Elyildirim (ed.)., *Representations of Space in Literature, Ankara Ofset, Ankara*, 2018, pp. 141–150.

therapies to endorse the 'perfect woman image' among the deviant female inmates. The progress in the process of healing takes place when the so-called 'mad woman' is willing to accept her "attributed identities" such as mother, wife, or daughter. The Psychiatric treatment system in a patriarchal world is a punitive and disciplinary tool to enforce the gender hierarchies, ensuring sexual and moral policing and hence using mental disorder as a differentiating criterion for sane and insane, for good and bad, and ultimately for what a patriarchal society desires and denies. The marginalization and isolation of female insane is, in fact, part of the broader agenda of creating a model of the "unwanted other" to the larger "normal" women and thereby forcing them to live with qualities like subservience and subordination. Trenchant female resistance against the heteropatriarchal rules was branded as manifestations of madness, and in those cases, the paternal care and professional cure offered by psychiatric confinement is nothing but the sabotaging of female assertions and female agency over masculine anxieties.

It is worth noting that while patriarchy uses madness as a weapon to control women, some women even use it as a counter weapon, if not a 'weapon of the weak'[12] to express and manifest their inner selves. As Walter. R. Gove indicates "there is a higher likelihood of mental illness among married women compared to married men, not due to suppositions like women being biologically more vulnerable to mental illness, but because of the difference in social roles. According to him, the structural position of women is typically flimsy, with one primary social role that of a housewife with no significant source of contentment.[13] For them, the veil of madness is a way to express otherwise suppressed feelings and emotions. Women in a patriarchal society are even forced to use madness as a form of resistance against the established rules because in the "normality" of patriarchy, the "high-rise expressions" and "emotions", the uttering and laughing, the anger and shouting of women, even the assertion of one's

[12] James C. Scott, *Weapons of the Weak: Everyday Forms of Peasant Resistance,* Reprint ed., Yale University Press, New Haven, 1987.

[13] Walter R. Gove, "The Relationship between Sex Roles, Marital Status, and Mental Illness," *Social Forces*, Vol. 51, No.1, 1972, p. 34. https://doi.org/10.2307/2576129.

own psychic space itself is connected to the image of 'deviant' and unwanted female figures.

When the male-dominated world overwhelmingly uses 'female insanity' as a tool to differentiate between deviant and docile, the insanity of men in some cases is deliberately interpreted and manifested as their excessive concern for protecting and safeguarding the womenfolk and as the ultimate manifestation of 'pure love'. Even when men and women had exhibited similar traits of insanity, madness in men was viewed as "different" from the female manifestations, making connections with female nature.[14] As Ussher pointed out, the experience of madness was varied according to gender, with 'symptoms' assessed as variable in men and women, and certain diagnostic labels more frequently assigned to women.[15] The male version of insanity in certain cases is used as an indirect weapon to control and chain women by valorizing the standards of 'normative masculinity'. In both cases, 'madness' is designed to execute the 'blame and tame' principle for women. The deviations from "normality" among women, especially from gendered responsibilities, were used as reasons to blame the women, and these deviations in turn were used as tools to tame them by instilling lessons of "normative femininity". The confirmation of the values of a male-dominated world and the ideological mechanism endorsed by patriarchy is highly strategic in articulating control over women in different ways.

The process of labeling madness is interestingly interconnected with patriarchal society's need to control female sexuality. By making the women feel complete and complemented through their relation to a male partner, particularly through naturalizing sexual identity and through the cultural construction of the feminine, which continually reproduces women in a more subordinate position.[16]

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[14] Lindsay Haralu, *Madwomen and Mad Women: An Analysis of the Use of Female Insanity and Anger in Narrative Fiction, from Vilification to Validation*, 2021, University of Louisville, College of Arts & Sciences Senior Honors Thesis, p.4. https://ir.library.louisville.edu/honors/239.

[15] Ussher, *The Madness of Women*, 12.

[16] Teresa. L. Ebert, "The Romance of Patriarchy: Ideology, Subjectivity, and Postmodern Feminist Cultural Theory", *Cultural Critique*, Vol. 10, 1988, p.19. https://doi.org/10.2307/1354105.

Non–normative female behavior, especially regarding sexuality, has historically occupied a liminal space that represents empowerment through breaking societal norms and restrictions through regulatory measures.[17] The process of 'becoming a woman' is intertwined with imbibing the norm of a closed and restricted sexual terrain, and hence the depiction of a chaste and pure 'pativrata' image of women left a deep imprint in female consciousness, which was also reinforced through various socio-cultural institutions and agencies. Losing the chastity of a woman was considered a grave sin, and women being conditioned to be 'pure' couldn't tolerate such circumstances, which may push them into a deeper sense of sorrow, anxiety, and even to the edge of mental illness.

Within the Foucauldian framework of madness, the nature of this particular illness is determined by the socio-cultural, economic, and intellectual structures and ideologies of each society, and hence its experience and meaning will be varied across human cultures. The gendering of madness in societies is particularly connected with creating meanings for female deviancy, such as the negligence of gender roles and duties, and thus, "gendered madness" was a strategic tool envisaged for carrying and continuing the liminal labeling of the deviant woman as mad. The seminal works of psychiatry largely neglected the relationship between gender and mental illness till the 1970s. It was with the writings of Phyllis Chesler, Dorothy Smith, Jane Ussher, etc. the importance of gender as a key component in psychiatric studies came to light.

According to Raewyn Connell, most of us understand gender as a type of social structure that specifically relates to conspicuous physical differences between men and women, highlighting biological distinctions and reproductive responsibilities.[18] The problem with this understanding of gender, as Connell argues, is that by narrowing down to the biological complexities and bodily differences, we may not be able to see the intricate and complicated aspects of gender and its inconspicuous ways

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17 Brinda Bose, "Modernity, Globality, Sexuality, and the City: A Reading of Indian Cinema," *The Global South*, Vol. 2, No.1, 2008, p. 35. http://www.jstor.org/stable/40339281.

18 Raewyn W. Connell, *Gender in World Perspective*, 2nd edition. Polity, Cambridge, 2009, p. 10.

of control and ideological projects. Gender, in fact, is fundamentally related to how human society manages and understands human bodies, influencing both the individual experiences and the shared future of human beings[19] along with shaping and controlling every bit of our existence. Madness in this gender-specific world, too, was gendered, and the following is an attempt to understand how gender dynamics shaped the understanding and management of madness within the broader framework of the lunatic asylums in colonial Kerala.

Colonial Psychiatry and Gendered Madness

Surveying the minds and bodies of natives and creating a surveillance system was a perversive feature of colonial settlement. Colonialism necessitated the scrutiny and the documentation of precise details of the subject population, including their intimate aspects of body and mind. Mental illness was not an exception to this, and it also came under the 'imperial gaze' in the colonial settings. Madness and mad bodies in the colonial boundaries were classified, segregated, and marginalized in accordance with race, class, and gender distinctions. The gendering of madness within the institutional site of lunatic asylums in colonies is connected with the power structure of colonialism and the norms and values of the patriarchal world. Psychiatry and its experimental field, i.e., lunatic asylums, were the spaces of 'paternal care' where the marginalized female mad bodies were further marginalized, ensuring the gender norms and stereotypes of patriarchy. From diagnosis to treatment, gender is a key factor in the management of madness in an asylum space, and this was intrinsically connected to the mad bodies. Along with ethnic boundaries and racial hierarchies, tracing the embodied links of insanity makes it clear that the colonial science of madness was strongly gendered. The admission, classification, diagnosis, treatment methods ranging from moral management to occupational therapy, and outcome patterns provide the embodied links between madness and gender. The depiction of female insanity, its causes, consequences, care, and cure within the asylum records are grounded in the colonial science of gender identity, embodied experiences of madness, and behavioral science. The asylum authorities trace the roots of female insanity to

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[19] *Ibid*., 11.

their family chores, sex life, reproduction responsibilities, etc., and thereby attempt to define mental illness among women merely from the purview of gender and sexual roles and their impact on female mental and emotional state.

The gendering of madness in the institutional space of asylum is connected to the assertion of the norms and values of the world outside and thereby ensures asylum as a microcosm representing the socio-cultural discourses of the macro patriarchal world. Lunatic asylums in the case of female patients worked as a reformatory space to mold the deviant and disobedient women into the lady-like qualities of patience, service, and obedience, and enforced the norms of "normative femininity" through moral management and therapies. The care and cure offered in this space were designed in a way to ensure submissiveness, to sabotage the utterings or the silences both carrying the implications of female assertions, and that the degree of the amelioration of illness was decided on the willingness of the female patient to perform her duties without any delay and distress. The body of knowledge produced about female corporeality and mentality in colonial asylums was predominantly through the 'imperial male gaze', which represented the discourses and diagnoses designed and defined by men, not to cure but to control female subjects.

The asylum regime in Europe, for that matter, also extended the male-dominated definition of female insanity and treatment. As Elaine Showalter argues, the treatment pattern in Victorian asylums was primarily composed of moral management for correcting and controlling deviant women by instilling lady-like qualities of service, gratitude, etc.[20] Asylums in any context functioned with this patriarchal agenda of enforcing 'normative femininity', and recovery trajectories were linked to the patient's willingness and submissiveness to follow the imposed norms. Keeping this in perspective, it can be argued that lunatic asylums ultimately functioned as correctional institutions for deviant women, where curing illness was not entirely in accordance with medical standards but was also intertwined with the moral standards of the patriarchal world.

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[20] Elaine Showalter, *The Female Malady: Women, Madness and English Culture, 1830-1980,* Penguin Books, New York, 1987, p.79.

The chapter primarily explores how the gender dynamics of patriarchal societies shaped the practices of managing madness within asylums. It also discusses the concept of "gendering of madness" and its impact on the therapeutic practices, provided in the three major lunatic asylums of Colonial Kerala, viz Calicut Lunatic Asylum of Malabar, Oolampara Lunatic Asylum of Travancore, and Thrissur Lunatic Asylum of Cochin princely states. An analysis of the cases of female insanity was undertaken using a feminist lens of historical analysis through which the researcher attempted to deconstruct the definition of female madness that was established, reinforced, managed, and "treated" in these asylums.

Female Admission and the Administration of Madness in Calicut Asylum

Eline Showalter in her work *The Female Malady*, presented a picture of the feminization of madness in the nineteenth century.[21] The "feminine madness and masculine rationality"[22] about which Showalter speaks needs to be discussed further. The portrayal of madness as a "female malady" mainly stemmed from masculine rationality, and the preponderance of insanity among women exhibited by the statistical representations of the European asylums was used as evidence to normalize madness as a condition predominantly affecting women. The higher ratio of mental illness among women was interpreted by many as the physiological and psychological inferiority of women over men, and many linked this to the innate nature of women as fragile, volatile, and vulnerable beings bearing the unending waves of the stress of everyday life.[23]

The attempt of colonial authority to connect the dots of Indian and European experiences of madness through asylum statistics, however, provided a completely different picture. The Indian result in fact was not in accordance with the European experience of asylums where a higher ratio of insanity was documented among women. However, asylums of India reflected a predominance of male admissions for mental illness, indicating a gendered pattern that diverged from prevailing European

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21 *Ibid*.

22 *Ibid*., 2.

23 Joan Busfield, *Men, Women and Madness: Understanding Gender and Mental Disorder*, Palgrave Macmillan, London, 1996, p.13.

trends. The asylums in South India, including the asylums that existed in Kerala, for that matter, exhibited a trend of a lower number of female admissions compared to male admissions.[24] This was quite surprising for the colonizers as it was against the existing perceptions of insanity as a "female malady" in Europe. This disparity in India, to a certain extent, is due to the social conditions that may prevent females from being sent to a public institution like a lunatic asylum.[25] The admission trend in India was, thus, analyzed and interpreted by the colonizers within the wider social context of the region, including the caste and class conceptions. The upper caste and upper class in India were particularly reluctant to remove the afflicted female relative from their family milieu, which was interconnected to their notion of the protection of caste purity and family name. They feared the mingling and mixing of castes within a public institution like a lunatic asylum, which may result in the loss of their caste sanctity and integrity. Along with this, the patriarchal society's need to protect an insane woman within the household stems from the fact that a woman who is not "sane" wouldn't have control over her sexual instincts which may lead to the loss of her "sexual purity" especially when they were out of sight of the family. Such anxieties also resulted in restricting the confinement of mentally ill women within their respective households. The upper caste and upper class had greater concerns regarding these multiple facets, and that is why the majority of the women who were admitted to the lunatic asylums of South India were mainly from the lower class and caste.[26]

The table given below will explain the average number of male and female patients in Calicut Asylum:[27]

[24] Annual Report of the three Lunatic asylums in the Madras Presidency (various years), Government Press, Madras, RAK.

[25] Annual Report on the Lunatic Asylums in the Madras Presidency for the Nine Months Ending December 1885, Government Press, Madras, 1886, p. 4. RAK.

[26] An analysis of the asylum reports of Madras Presidency for various years attests to the fact that most of the women admitted to the asylum were mainly from the lower class and caste backgrounds.

[27] Annual Report of the three Lunatic Asylums in the Madras Presidency (various years), Government Press, Madras, RAK.

Table 4.1

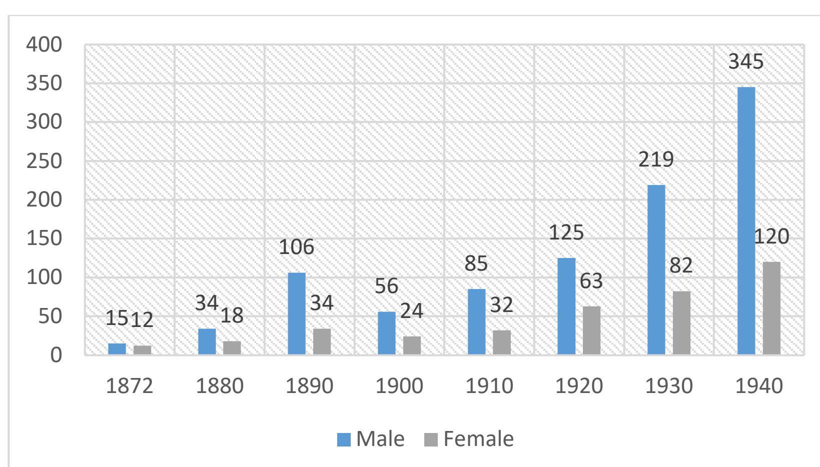
Average Number of Male and Female Patients in Calicut Asylum (1872–1940)

Years	Male	Female
1872	15	12
1880	34	18
1890	106	34
1900	56	24
1910	85	32
1920	125	63
1930	219	82
1940	345	120

Table 4.1 shows a steady increase in the number of both male and female patients admitted to the Calicut Asylum from 1872 to 1940. Male patients consistently outnumber female patients throughout the years. The rise is particularly sharp after 1920, suggesting growing recognition or reporting of mental health issues, institutional capacity expansion, or changing social attitudes toward asylum care.

Figure 4.1

Average Number of Male and Female Patients in Calicut Asylum (1872–1940)



An analysis of the admission pattern of patients to the Calicut asylum shows that there was a preponderance of male admissions compared to female admissions.

Though no reliable deduction can be made from this regarding the frequency of insanity among men and women, it can be inferred that the reluctance of natives to send the afflicted female member to the asylum might be rooted in the gender dynamics of the patriarchal society. The asylum report 1876 – 77, for instance, mentions that "the better classes of natives, whether Mahomedans or Hindus, have strong religious and caste objections against placing the female insane of their families under treatment in a lunatic asylum". [28] The aversion to keeping female mental patients in a public space like a lunatic asylum is deeply rooted in the anxiety of the male-dominated world, along with the cross-knitted religious and caste prejudices that altogether constitute the confinement of women within the private space of the family. The need to control the female body and its purity within a closed sexual terrain, in fact, underpins the patriarchal arithmetic behind the preponderance of male admission in the Calicut asylum. The annual report of 1878 -79 makes a comparison between the female admission of European asylums with that of the female population in the asylums of Madras presidency and mentions that "in European asylums, female is more than male insane, and this is mainly because women are more numerous than men. Thus of 9097 insane in Scotch asylums, 4879 were females and 4218 were males". In contrast to this, the small number of females in Madras asylums, according to the authorities, was to a certain extent due to the caste scruples, which prevent the native families from sending their female insane to public hospitals".[29] The role of religion and caste in restricting women from entering the asylum space was connected to the ideological structure of patriarchy within which every institutional structure, sociocultural belief, religious norm, etc., is designed to restrict and regulate women within the imposed norms of "purity". Women, being the bearers of family honor, require strict guarding of their bodily integrity. In fact, the fear that insane women are more vulnerable to moral and physical corruption and the concern that they are not in a position to protect their "sexual chastity" resulted in offering close and strict supervision for women within the confines of the household where their behavior and

[28] Annual report on the three lunatic asylums in the Madras Presidency,1876 – 77, Selection from the records of Madras Government, Government Press, Madras, 1877, p. 6. RAK.

[29] Annual Report on the Lunatic Asylums in the Madras Presidency During the Year 1878 – 1879, Government Press, Madras, 1880, pp. 5 - 6. RAK.

associations could be more easily monitored and thus prevented their mobility and access to lunatic asylums.

In India keeping the lunatic patient within family and community was a customary practice and even in the case of male lunatics, the earlier signs of insanity are often overlooked or disregarded, and it is only when the conduct of the insane comes under the notice of the police or Magistrate that the asylum is thought of.[30] On this account, the demand for asylum accommodation in India was very low, and when it comes to female admissions, it was exceptionally low. This was because among the natives, the familiar and conventional practice was to keep the afflicted female member within the family and community care in accordance with the socio-cultural norms of the larger society. The purported safeguarding of mentally ill women within the realm of familial care finds its origins in the deeply ingrained societal stigma surrounding the detention of deranged women within the lunatic asylum. The emergence of a middle-class consciousness with family values and prestige issues particularly played a key role in strengthening this aversion towards asylums. In addition to this the patriarchal inclination to exercise authority over a woman's physicality, sexuality, and the notions of 'purity', particularly in the case of a woman who has experienced a loss of mental acuity, compels the patriarchal structure of society to confine women deemed mentally unstable within the confines of the family unit.

The 1921 census report mentions varying forms of ill-treatment experienced by Indian women, such as the neglect of female infants, encouragement of early childbearing, brutal methods of confinement, exposing widows and women from lower classes to many hardships, etc. Women became victims to many superstitious practices and the colonizers projected such savage institutions and practices to pass judgments like "If a nation is to be judged, by the way, women are treated, then India's place on the list of nations must indeed be very low"[31] indicating the "barbaric and

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[30] Annual Report on the Lunatic Asylums in the Madras Presidency During the Year 1880 – 1881, Government Press, Madras, 1882, p. 3. RAK.

[31] Lt. Colonel Cniffard, I.M.S., at the opening of a new medical school in connection with the Maternity Hospital, Madras, taken from John Chartres Molony, *Census of India*, 1911 – Madras, Vol. XII, Part Report, Government Press, Madras, 1913, p. 22. RAK.

brutal" methods of subjection and servitude inflicted upon native women. Though there were several circumstances to deprive the mental condition of women, the proportion of cases of female insanity was much less compared to the cases of men within the asylum. This, however, does not mean that cases of female insanity were very few, but what is conspicuous is that though there were many instances of female insanity, they never came into official cognizance and public notice because insane women were treated within private houses and not consigned to asylums. Another reason suggested for the lower reported cases of female insanity was the purdah system, because of which it was very difficult for the census enumerators to gather even general information about women.[32] In the context of Colonial India, the culturally ingrained tendency among the native population to maintain deliberate secrecy regarding mental illness – particularly within domestic and familial spheres – likely resulted in significant omissions and intentional concealment of cases of insanity. This pattern of nondisclosure was especially pronounced in relation to women whose mental health conditions were often obscured by prevailing gender norms and socio-cultural imperatives centred on honour, privacy and familial reputation. Consequently, the disproportionately low representation of female insanity in official colonial records and institutional statistics cannot be taken as a reliable reflection of actual prevalence. Indeed, it is plausible that a growing number of women suffering from mental illness remained outside the purview of colonial institutions, thereby, contributing to a silent and largely unrecorded epidemic of female insanity in the broader Indian society.

Gendering the Space and Asylum Practices

Once a female insane was admitted into the asylum, from diagnosis to treatment, gender was a crucial factor in managing mental illness, and the mad gendered body was subjected to various interventions, including methods of moral management and more intrusive psychiatric treatments.[33] They were confined within

[32] J. T. Marten, *Census of India*, 1921, Vol. 1, part 1(Report), Superintendent, Government Printing, Calcutta, 1924, p. 207. RAK.

[33] Jacqueline Leckie, "Unsettled Minds: Gender and Settling Madness in Fiji," in Sloan Mahone and Megan Vaughan (eds.)., *Psychiatry and Empire*, Palgrave Macmillan, Houndmills, 2007, p. 99.

the gender-specific space of asylum, following the rules and regulations of the institution. The involvement of gender in defining the idea of space, in particular, leads to the production of gendered space within the generic space of an asylum. The idea of "gendered space" needs to be elaborated in this context. According to Tiffany Muller Myrdahl, "The gendered space refers to the myriad ways in which space in all its forms – material, discursive, metaphorical, emotional, and the like – is produced by and productive of gender norms and relations".[34] Diana Gittins in her study of Severalls Mental Hospital makes a detailed study on how space shapes gender notions within a mental hospital. She argues that hospitals were structured in a way that reflected and reinforced social hierarchies, including class, gender, etc., based on which illnesses were also categorized and which, in fact, influenced the distribution of power within the health care system.[35] Gender particularly played a key role in asserting division within the asylum space. The male and female inmates within the institution were classified and segregated into different cells and wards, where their space and movement were contained and confined within the boundary demarcated by the doctors and warders embedded in the equations of power and control. "Locked wards, side rooms with judas holes, padded rooms, half-padded rooms, and enclosed airing courts" were all sub-spaces of control[36] where rules and regulations were laid out in accordance with the imaginations and the imperatives of the 'sane' population of the asylum. Madness was perceived as a state of liberation from humdrum thoughts and ho-hum life, at least from the perspective of an "insane individual". However, when it comes to the asylum space, as far as a lunatic patient is concerned, the treatments and the subsequent liberation from mental illness can feel like a state of slavery where their wandering, free-spirited mind and body are carefully controlled by imposing norms of normality and through instilling ideas of specified space for them to occupy. They were molded and modeled largely on the basis of the "sane world" outside the lunatic asylum. The spatial separation was endorsed as a part of

[34] Tiffany Muller Myrdahl, "Gendered Space," *Research Gate,* Apr. 2019. https://doi.org/10.1002/9781118568446.eurs0116.

[35] Diana Gittins, *Madness in its place: Narratives of Severalls Hospital, 1913 – 199*, Taylor & Francis e-Library, 2001, p. 5.

[36] *Ibid*., 7.

creating structured, segmented, and easily manageable blocks of inmates. The cure for lunacy, in fact, came from one's own willingness to accept the idea of his designated space and the importance of existing within that demarcated space rather than wandering aimlessly or crossing spatial boundaries.

The distinct gender-based spatial arrangement was conspicuously visible within the Calicut lunatic asylum. This was exemplified by the deliberate segregation of male and female quarters, with gender serving as the primary demarcation factor. The spatial separation of male and female mad bodies was done in order to avoid the intersection between the two, which the authorities feared might produce dangerous results. According to Diana Gittins, the strict division by gender within lunatic asylums was based partly on the idea that sexes should be kept apart in all institutions and partly rooted in the belief that mental diseases stem from brain disease, often attributed to faulty genes. To prevent the potential reproduction of individuals with diseased brains, it was deemed necessary to prevent sexual contact between mentally ill people".[37] Keeping this in perspective, the infrastructure of the asylum was carefully molded, ensuring the spatial separation between male and female wards and avoiding all possible contact between inmates. The administrators, in fact, feared that the wandering lunatics would be able to propagate their species and thus would add to the number of persons with a deranged mental state,[38] and hence it was very essential to confine this population within segregated rooms. The asylum architecture thus included proper distinctions between male and female blocks to prevent contact between different sexes. One of the crucial imperatives of the administrators of Calicut asylum was the repair and extension of the walls of female quarters to cover this portion of the asylum from male enclosures.[39] The need to build a partition wall instead of a mere paling between the male and female wards and the need to heighten

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[37] *Ibid*., 19.

[38] Annual Report on the Lunatic Asylums in the Madras Presidency for the Year 1889, Government Press, Madras, 1890, p. 6. RAK

[39] Annual Report on the Three Lunatic Asylums in the Madras Presidency During the Year 1882 - 1883, Government Press, Madras, p. 8. RAK

the wall around the female quarters were thus continuously raised by the Superintendents of Calicut Asylum for almost all years.[40]

The stronger demands for proper distinctions between the wards of different sexes in this asylum can be seen especially after 1882 – 83. The report of 1883 - 84 also reiterated this requirement,[41] following the occurrence of an unusual circumstance in the Calicut asylum during 1882 – 83, involving an afflicted woman within the institution. This woman, suffering from insanity, unexpectedly gave birth to a child while under asylum care. Curiously, her pregnancy had gone unnoticed or unanticipated by both staff and fellow residents, with awareness only dawning upon the occurrence of childbirth. The asylum authorities and the district police could not find the man who was responsible for her pregnancy. While the woman herself identified one of the warders from the asylum as the father of her child, the superintendent dismissed her assertion, citing a lack of supporting evidence to corroborate her statement. His skepticism stemmed from concerns about potential interactions between male and female patients, exacerbated by the inadequate infrastructure of the asylum. The separation of the female enclosure from the male enclosure side was a low wooden paling by this time, which might easily have been got over. Rather than underscoring the negligence of the asylum authorities, the superintendent in this instance emphasized the necessity of establishing a robust gender–based segregation within the asylum premises. He articulated the imperative of extending the walls of the female enclosure to ensure a definitive separation of female wards from the male section of the asylum. The authorities drew attention to the need for strengthening the gendering of the asylum space, which otherwise will result in crossing the gendered hierarchies of mad bodies. The extent to which the patients received care in these institutions is seemingly minimal and nominal; otherwise, the pregnancy of this woman might have been noticed earlier, and adequate care could have been offered. Furthermore, it became apparent that asylum, in fact, functioned as a custodial space more than offering care and cure. The failure of asylum

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40 See for details Annual Report on the Lunatic Asylums in the Madras Presidency During the Year 1883-1884, Government Press, Madras, p.19. RAK.

41 *Ibid*., 8.

staff and caretakers to provide sufficient attention and protection to the patients was deliberately left out by the superintendent in the narration of the above incident, and wrapped up the issue by blaming the inaccuracy of the infrastructure of the asylum. In fact, the superintendent was also accountable for the fallibility while analyzing the nature of the issue because it projects the flaws of his supervision. This obviously challenges the colonial rhetoric of asylum as a hospice of care; in practice, it was just a space of custody, an imperial agency for incarcerating the socially and morally deviant natives.

Gender also plays a key role in determining the embodied experiences of madness within the lunatic asylum. In fact, the violation of gender norms and the imbalances of bodily functions are the push factors for women to enter the lunatic asylums. Once entered the asylum space, they were subjected to restoring their lost qualities of normality and femininity, and notions of self-care were re-constituted through the care of personal appearance, including hair, body, dress,[42] etc. Victorian psychiatry considered female insanity to be distinct and confidently associated with sexual roles and biological challenges inherent to the various stages of the female life cycle.[43] Showalter analyzes the discourses of psychiatric Darwinism, a concept that explores the intersection of evolutionary principles and mental health, which also had multiple facets of gender biases, class prejudice, and ideas of racial superiority.[44] She more specifically elaborated on how psychiatric Darwinism advocates the naturalization of "inferior intellect" in women in evolutionary terms. She quotes Darwin, and according to him, "Even those faculties in which women had the edge—intuition, perception, and imitation—were actually signs of inferiority, "characteristic of the lower races, and therefore of a past and lower state of civilization".[45] The idea was further developed through sexual functions and gender roles given for women,

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42 Catharine Coleborne, "She Does Her Hair Up Fantastically": The Production of Femininity in Patient Case Books of the Lunatic Asylum in 1860s Victoria," in Jane Long, Jan Gothard, and Helen Brash (eds.)., *Forging Identities: Bodies, Gender and Feminist History*, University of Western Australia Press, Nedlands, 1997, pp. 47 - 68.

43 Showalter, *The Female Malady*, pp. 121 – 122.

44 *Ibid*., 108.

45 *Ibid*.,122.

which was taken as the natural choice for women's inferior position when compared to men. This was particularly attributed as a reason for the comparatively higher prevalence of insanity among women. While psychiatric Darwinism justified women's supposed intellectual inferiority as an evolutionary adaptation for reproductive success, the causes for mental illness in women also began to be identified in terms of their perceived "inferior" biology and bodily functions, cross - knitted with their emotional and sexual lives.

The colonial records notably linked the causes of female insanity in connection with the 'attributed identities' of women, such as wives, mothers, etc. This portrayal framed them as emotionally predisposed individuals prone to falling into states of madness. Instances of puerperal insanity, the loss of family members, marital infidelity, emotional trauma, and similar factors were frequently cited as the underlying causes of mental derangement in women. These explanations deliberately sought to trace the roots of female insanity with their gender-defined roles and domestic lives, aligning with perceptions of women as sensitive, delicate, and emotional beings. Associating female mental illness with gender, family roles, and reproductive experiences adhered to the prevailing norms and values of the patriarchal society where deviance from the duties and the routines of a woman's daily life could potentially manifest as various forms of psychological disorder. The curing of female mental illness was measured and magnified in accordance with the recovery of a woman's ability to perform her bodily functions, gender roles, and sexual control. Focusing more on the physiological aspects of mental illness, the female body and her embodied experiences became the conspicuous site of showing improvements in mental illness, rather than examining changes in her mental activities. Jessie Hewitt in her work entitled "*Institutionalizing Gender: Madness, the Family, and Psychiatric Power in Nineteenth-Century France*" theorizes about how the reification of the assumed connections between masculinity and rationality and femininity with its opposite, leads to pathologizing gender nonconformity and framing the patient's acceptance of gender norms as proof of cure which she had termed as

"institutionalization of gender".[46] This was happening not only in the institutions of France but can be universalized to every male-dominated society. The following case of Chalaparambath Chirudayi from Malabar is a clear example of how gender was institutionalized within families and asylums, and its role in the identification and attribution of insanity to women.

The medical history of Chalaparambath Chirudayi shows that she suffered from the condition of melancholia due to domestic anxieties and stress after childbirth, which ultimately led her to kill her 6-month-old baby by throwing the infant into a tank on 9th May 1915.[47] Though the accused could be punishable for murder under section, 302, IPC, she was acquitted on the ground of unstable mental state while committing the offense and ordered to be detained her in safe custody in the Central Jail at Cannanore by the stationary sub magistrate of Badagara in North Malabar (sessions case No. 29 of 1916). Following is a portion of the testimony of personal witness 4, Kuniyil Ambu, who was the brother of the Accused in this case. According to him, "She became mad about two months after the birth of the baby and she was not kind to the baby. She was not in her right mind: she was disobedient and quarrelsome; she would wander about and break things though when in her right mind she was not a quarrelsome woman".

P.W. 7, Manathanath Kanara Kurup, says that even though he had not seen the accused before, he could sense that she was mad from her behavior. His testimony goes like,"She ran in a senseless way, appeared to be very excited and bad-tempered, made a great deal of noise"

The above narration of P.W. 4 and P.W. 7 on the nature of the accused confirms the patriarchal behavioral theories and moral discourse, where norms of obedience and servitude are the signs of sanity. P.W. 4 goes on to say that "she raised a broomstick at me, which a sister would never do" and confirmed it as a gesture of madness. Here,

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46 Jessie Hewitt, *Institutionalizing Gender: Madness, the Family, and Psychiatric Power in Nineteenth Century France,* Cornell University Press, Ithaca and London, 2020, p. 2.

47 Session Case No. 26 of 1916, Session Court of North Malabar, Revenue Files, Bundle No. 176, Sl. No. 33. RAK.

the accused raised a broomstick against her brother when he slapped her on her cheeks, but it was interpreted as an act of violence by the woman, and hence was the biggest manifestation of madness. Self-control, self-discipline, and servitude were hailed as the ideal characteristics of a 'perfect woman' within the lexicon of the family milieu, and the women who were transgressing the boundaries of modesty were branded as deviant. The court, during the trial process of the case, attached more importance to the act of breaking pots by the accused on the ground that she is a potter woman and breaking pots is a symptom of loss of self–control than to a similar act done by an ordinary person. The jurist thus placed significant emphasis on the accused woman's traits of loss of self-control, acts of violence, etc., considering them as noteworthy observations to prove mental illness. The court proceedings thus highlighted the ways in which she transgressed gender norms, along with a scrutinization of the woman's attitude towards her work and domestic duties, and subsequently found that the accused was mentally unsound at the time of the crime and so she "did not know what she was doing or that she was doing anything wrong". Both the colonial court as well as the native individuals, like the brother of the accused, had no difference in identifying the woman as insane on the grounds of her deviation from the established norms of ideal womanhood. The male rationality, whether it was European or Indian, worked in a similar pattern in defining and designing the "normative femininity" underlying the qualities that men preferred, necessary for endorsing women in a position of servitude, and the women who crossed these boundaries naturally found their ways to lunatic asylums. Interestingly there was no discussion in this case report regarding the mental state of the accused woman in medical terms rather the identification of mental illness primarily took place through her actions and behavior which clearly indicates the colonial practice of prioritizing behavioral science and bodily changes like pregnancy, delivery, etc. as mentioned in the above case, to diagnose insanity in women rather than stressing their mental state from a medical perspective.

In view of insanity, Chalaparambath Chirudayi was acquitted of the punishment of the crime and the court committed her to the Central Jail, Cannanore for safe custody under section 471, C.Cr.P. Since the medical history sheet mentioned

her as a "criminal lunatic", the order was issued to send the woman to Madras lunatic asylum for treatment in September 1916 by the Additional District Magistrate of Malabar. The immediate decision of the court after the trial, however, was to keep the woman within the Central Jail at Cannanore. It is noteworthy that, despite her medical condition being acknowledged and her subsequent acquittal, she was sent to prison as the primary option of detention rather than to an asylum, which was the designated exclusive space for the care and cure of lunatic patients. The intercourse between prisons and lunatic asylums within colonial settings was so intense that both performed more or less the same functions, i.e., confinement of the "anomalous" subject population. These institutions of superior standard, in fact, incarcerated the "difference" and "deviance" of the native society and thereby ensured the existence of an envisioned colonial order and legality.

The court proceedings in this case also examined an Indigenous healer as a witness to understand the mental state of the accused women and took his views into consideration because he was a native physician practicing for thirty years and had studied medicine under a well-known physician of South Malabar. Most importantly, he treated many cases of insanity, including the accused. According to him, when he met the accused, "she was walking aimlessly, talking improperly and sometimes incoherently and repeating the same things over and over again, her eyes were staring". The physical signs of mental illness were given due importance in these descriptions, especially the violation of 'normative femininity' in appearance, behavior, and performance, and they were confidently linked to the symptoms and signs of insanity. The mental condition of the women, however, was strangely left out in these discussions. It should be underscored in this case that the native discourse and their understanding of madness were also taken into consideration within colonial court procedures, even when the 'new discourses' of Western psychiatry ventured out to settle the disordered minds. The therapeutic regimes of modern psychiatry and its practitioners did not altogether neglect the native, alternative methods of cure and care. This was because the indigenous forms of healing mental illness were deeply rooted in the socio-cultural milieu of the native life and thus were difficult to dismiss easily. The attempts to root out the vibrant and lively native epistemologies of illness

and wellness by establishing the dominance of Western methods of healing were an unsuccessful endeavor. Indigenous healing forms were the treasure troves of transmitted knowledge and traditions, and thus were inextricably linked to the spiritual and somatic life of native people. Keeping this in perspective, it could be argued that the practitioners of psychiatry in colonial India rather than wholly dismissing native healings as superstitious and beyond the pale of science and progress, viewed the indigenous medicines as reservoirs of potential knowledge in the management of mental illness and the European discourse on native epistemologies of easing illness indeed had multiple layers and that is why the native physician in the above-discussed case could appear as a medical witness in colonial legal spaces like courts.

Treatments and Therapies: Gendered or Generic?

The curing mechanisms of insanity in the lunatic asylums also reflect gender notions varying from moral management to occupational therapy. The superintendents of Calicut asylum underscored the significance of both psychological and physical interventions, with a strong emphasis on moral influences as crucial components in the restoration of mental well-being. The colonial notion behind the introduction of occupational therapy among the inmates of the asylum was rooted in the economic interest of the authorities and the capitalistic desire to integrate colonial institutions, even lunatic asylums, into the financial benefits of the empire. The superintendents of the Calicut Asylum stressed the importance of remunerative occupations among the inmates of the asylum, and this includes gardening, coir mat making, tailoring, cultivation, improving asylum grounds.[48] etc. From the colonial point of view, such occupations are not only remedial agents of great value but also offer considerable pecuniary importance to the government. It is worth noting that occupational therapy was designed and defined within the gender roles and structured and delineated in alignment with prevailing cultural norms, with the allocation of work to male and female patients being contingent upon the nature of work and traditional gender roles. Showalter, for instance, gives a detailed description of how women's work was

48 See for details, Annual report of Calicut Asylum for various years. RAK.

gendered, reflecting a more prosaic view of feminine nature.[49] Gender-specific notions of occupations were also applied within the colonial lunatic asylums and accordingly, indoor works like coir mat making, embroidery, weaving, cutting vegetables for cooking, etc. were mainly done by female patients while the out-door activities like gardening, cutting laterite stones,[50] repairing asylum buildings, etc. were done by the male population of the asylum. This gender-specific notion of creating and ensuring differences between the male and female inmates within the asylum space was similarly evident in the provision of recreational activities for the patients. A gymkhana, opened up in the Calicut Asylum in 1900[51] was mainly for the entertainment of the male inmates, and the members of the badminton teams were also males, while the native game like '*kolattam*' was offered to women. This gender-specific notion of creating and ensuring differences between males and females was a pervasive feature of the asylum regime.

The management of mental illness in the institutional space of lunatic asylums clearly reflects the production and reproduction of differences not only through gender but also through class, caste, race, and other hierarchies. Women's mental illness was in particular connected to the gender norms, sex roles, and moral values, and hence recorded and reinstated the cases of female insanity within the framework of bodily functions and domestic lives. The admission registers and case records meticulously documented particulars of mentally ill women, presenting their embodied experiences, yet strangely left out the details regarding the psychological state of the afflicted women. The presentation and representation of female madness in accordance with the stereotypes of gender and sex roles reinforced the patriarchal agenda of marginalizing the women deemed to be deviant, highlighting their chaotic

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[49] See for details Elaine Showalter, *The Female Malady: Women, Madness, and English Culture*, *1830 – 1980*. Penguin Books, New York, 1987, pp. 82 – 85.

[50] Annual report on the three lunatic asylums in the Madras Presidency for the nine months ending December 1885, Printed by R. Hill, Government Press, Madras, 1886, p. 31. RAK.

[51] Annual report on the three lunatic asylums in the Madras Presidency for the year 1900, printed by the Superintendent, Government Press, Madras, 1901, p. 8. RAK.

character. Asylums in such situations are projected as a space offering correctional facilities within a therapeutic environment.

Once came under official cognizance, from committal to discharge, the decisions pertaining to the lunatics, for that matter, female lunatics were also decided by the medical and legal officials of the colonial state. In the case of Joaquina Pereira,[52] a fifteen-year-old Portuguese girl who attempted to commit suicide, was brought by the police to the Acting Cantonment Magistrate of Cannanore. On account of her melancholic state of mind during the trial, the Acting Magistrate sent her to the Civil Hospital, Cannanore, to be examined by the Civil Surgeon. During the examination, it was found that she had been occasionally subjected to convulsive fits and melancholia, under which she suffered from suicidal tendencies. On account of the violent nature of the girl, the Civil Surgeon recommended her admittance to the Lunatic Asylum at Calicut. Though her relatives petitioned the Magistrate to allow them to take charge of the girl, the Magistrate firmly stood for the removal of the girl to the asylum, and accordingly, the Government passed the order directing the Portuguese girl Joaquina Pereira to be kept in safe custody in the Lunatic Asylum at Calicut. The idea of "threat" and "security" in the colonial setting is subjected to the State's idea of order and peace in which the choices and interests of individual, family, and community were secondary and the power to make the decision and to implement it will always rest upon the upper crusts of the state. This was proved by the fact that the Acting Magistrate, when he found that the girl was of unsound mind, acquitted the accused without Government authorization, and subsequently, the Government scrutinized this action, deeming it irregular, and emphasized the crucial role of Governmental intervention in such cases. Another noteworthy aspect in this instance is that though Joaquina Pereira was a European girl, she was directed to be confined within the Calicut asylum, which was an exclusive native-only asylum. In most of the cases involving European lunatics, the colonial state was keen to send them to the European asylums offering special care and privileges on the grounds of race, creed,

[52] Letter from the Acting Cantonment Magistrate of Cannanore to A. Macgregor, Esq, Magistrate of Malabar, dated 1 November 1873, No. 162, Proceedings of the Madras government, Judicial Department, 4 December 1873. RAK.

and intellectual culture however, such an initiative was missing here may be because the accused was a child of fifteen years and her removal to the far away Madras asylum might create difficulties to her family.

The cases of female criminal lunatics, i.e., women who indulged in criminal activities and were found to have an abnormal mental state during the committal of the crime, were also sent to the Madras Lunatic Asylum after it was designated as the proper place to detain criminal lunatics. In the case of Chalaparmbath Chirudayi (charged with infanticide) and Vamban Ummayya Umma, arrested for the charge of setting fire[53] were found mentally unsound during the time of the crime and thus were branded as "criminal lunatics" within colonial legality and sent to the Madras Lunatic Asylum as per Government orders.

Serious cases of neglect of women afflicted with insanity were also noted in the context of Malabar. The case of Rabi Ammah[54] was an example of this. She was arrested and produced before the Sessions court for trial for the murder of her 7-year-old child. While the trial process was going on, she was transferred to jail on 28th January 1884, and although it was known that she was not of sound mind, the committing Magistrate gave no information to the jail authorities regarding the woman's mental condition and homicidal tendency. In the absence of proper information, she was locked up in the same ward with other convicted female prisoners, though there were separate sleeping accommodations available for criminal lunatics. She appears to have exhibited symptoms of insanity in the jail and on the night of 11th February 1884, Rabi Ammah killed one of her co-convicts named Kunhama. If the committing Magistrate intimated to the jail authorities that the woman was of unsound mind, the superintendent of the jail would probably have employed a female warder to watch and attend the prisoner. This case clearly shows the careless and irresponsible measures adopted by higher officials like Magistrates

[53] For more details, see Session Case No. 31 of 1916, Session Court of North Malabar, Revenue Files, Bundle No. 176, Sl. No. 33, 1916. RAK.

[54] Letter from Colonel T.E Tennant, Inspector–General of Jails, to the Chief Secretary to the Government, dated 20 February 1884, No. 54, Case from the judicial department, Government of Madras, No. 522, Judicial. RAK.

in keeping women afflicted with insanity, which leads to extreme situations like this. The Government order[55] passed after this instance instructed the Superintendents of the jails to employ temporary female warders to supervise prisoners under trial and to avoid keeping them in the cell containing convicted female prisoners.

The Veiled Madness: The Socio-Cultural Conditions and Female Seclusion

The possibility of experiencing the attack of insanity among both men and women was relatively higher between the ages of 20 to 40, and as a result, the greatest number of admissions, both of men and women, in asylums took place between the same age group. It was because "this is the period of life at which the mental faculties are most taxed, and the moral and physical causes that tend to produce insanity are most likely to be encountered".[56] This result in the asylums of Madras Presidency was in harmony with the lunatic statistics of the asylums in the rest of India and European countries because it is at this period that the human mind is chiefly occupied with the anxieties and struggles of life, making any hereditary or acquired mental defect is liable to be developed.[57] Women being subjected to hardships in every walk of life, including personal and professional, were subjected to mental challenges just like men, which resulted in their subsequent incarceration. However, the number of insane women who were kept within family units remained a mystery for colonial authorities. They speculated that the hidden cases of female insanity could potentially surpass the number of male insane, leading to a preponderance of cases of female insanity. Most of these women "gone mad" due to the continuous confrontations they faced within the liminal space of gender and sex roles, and hence were the byproducts of hetero-patriarchal rules. The patriarchal society had strategic structures in which insane women were confined within the invisible and silenced terrains of darkness, projecting the danger of deviancy to the "normal women" once they surpassed the expected

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55 Order dated 29 February 1884, No. 522, Judicial Department, Government of Madras. RAK.

56 Annual Report on the Lunatic Asylums in the Madras Presidency for the Year Ending December 1887, Superintendent, Government Press, Madras, 1888, p. 4. RAK.

57 Annual Report on the Lunatic Asylums in the Madras Presidency for the Year 1890, Superintendent, Government Press, Madras, 1891, p. 5. RAK.

norms and values. Simultaneously, the incarceration of women in asylums was depicted as the most harrowing episode of a woman's life. Consequently, it was advocated that women should embody 'woman-like existence and qualities' from cradle to grave to avert such an ordeal.

According to the colonial observation, "the principal social practice accused of tending to insanity include (1) the consumption of ganja or spirits and sexual excesses, (2) consanguineous marriages, (3) enforced widowhood among Hindus and the Zenana system among the Muhammadans".[58] There was, however, a difference of opinion related to the ties between consanguineous marriages and insanity, mainly because of the inability to universalize this aspect to every region and every community. Since women were confined to solitude and anonymity due to widowhood, purdah, and the zenana systems, which upheld the notions of seclusion, separation, and segregation, there were possibilities for women to experience forms of mental illness. However, since they are kept in isolation, the defects from insanity are most likely to be concealed, and it might be one of the reasons for the drastic difference in male and female proportions of the insane in asylums. Bodily changes following puberty and early marriages were also viewed as one of the important reasons for mental illness among women. According to colonial observation, in the case of females, "once they pass the tough periods of stress and struggle, the liability to serious disturbances of the mental equilibrium is far less marked than it is in the case of males. Since the women lead a quiet, secluded, and monotonous life, and are to a great extent restrained from the excesses in which men often indulge where their work is lighter, and they suffer less from hardship, exposure, and anxiety,"[59] and because of this, it is viewed that insanity is less common among women. However, such an understanding overlooks the nuances of the complexities a woman had to undergo even in their secluded life situations.

Colonial science of masculinity propagated men as the "stronger sex" and

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[58] H.H. Risley and E. A. Gait, *Census of India*, 1901, Vol. I, Part I, Report, Superintendent, Government Printing, Calcutta,1903, p. 136. RAK.

[59] *Ibid*., 137.

women as the "weaker" or "inferior sex" in many instances, and the explicit usage of such terminologies can be seen while dealing with the cases of insanity also. For instance, the census report of 1901 mentioned that "in India, as a whole, there are three females afflicted to every five of the "stronger sex".[60] Such a comparison regarding the ratio of insanity among male and female might have emerged from their statistical analysis but the usage of the term "stronger sex" to indicate men, shows the inherent male supremacy and it should be problematized as it carries the colonial gendered science of male supremacy. Darwinian Psychiatry combined with Victorian morality, and ideals of femininity created a fertile ground for enhancing the "natural" differences between men and women and for justifying the intellectual inferiority of women along with articulating men as the "stronger sex" both in terms of physical and mental realms.

The comparison of recovery trajectories of insanity in Madras Asylum with those in Bombay, Delhi, and Lahore was set within the regional factors affecting mental illness and its healing. The asylum report of the year 1891 for instance mentioned that "It is difficult to fairly compare the recoveries in the Madras asylum with those in Bombay, Delhi and Lahore, because there is as much difference in the conditions affecting the insane in these asylums as would be found in, say, a Spanish, a German and a Russian asylum. The racial temperament, the proportionate use of drugs or alcohol, the fact of the women being *ghosha* or not (and thereby influencing the number of females in an asylum), etc. were considered as the major reasons for insanity and conditions of climate, habits, and surroundings as per colonial observation had a material effect, favorable or unfavorable, on recovery".[61]

The mentioning of conditions like women being *ghosha* in fact shows the purdah system, which had multiple dimensions such as secluding women from public view, restricting their interactions and involvements, and preserving family honor and dignity within the rules of modesty. Women with an invisible soul, mind, and body

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[60] *Ibid.*

[61] Annual Report on the Lunatic Asylums in the Madras Presidency for the Year 1891, Superintendent, Government Press, Madras, 1892, p. 6. RAK.

within the native male-headed families escaped the census report of colonial masters, and the enumerators found it highly difficult to get data on these veiled beings whose voices were silenced and whose absence outside the kitchen was boasted as the highest quality of an obedient servant. Such women experienced episodes of sanity and insanity in their mundane lives. The majority of these women were either cared for or confined within the households. Only the most serious and unmanageable cases were left to the care of the asylum authority. The situation, however, was different among the lower class, who were relatively ready to send their afflicted relatives, both men and women, to the asylum, since it helped them to curtail the expense of their ill family member. This trend created tension among the colonial authority because, through institutions like lunatic asylums and their provision of care, the colonial government aimed to create an appeasing middle class that recognized and supported the colonial benevolence and welfare measures. The reason for this failed mission was the reluctance of the middle class to send their afflicted family relatives, especially in the case of women. Thus, the multi-dimensions of gender across different classes and castes of native society contributed to the failure of the hegemonic regime of Western psychiatry in India as well as in the Kerala context.

The larger patriarchal notion of men as the breadwinners and women as the housemakers is also reflected in identifying the occupation of lunatics within asylum reports. Annual report of the Madras asylum for the year 1891 for instance, mentioned that "52 of the total admissions of the or 24.4 percent of the total admission of the year were coolies, 28 or 13.1 percent were privates (Europeans and Natives) and 27 or 12.6 percent are reported to have had no occupation".[62] According to the colonial perspective, the cause for this comparatively large number of no-occupation profiles of insane inmates in asylums was due to the lack of occupation skills among these people, since mental deficiency has existed from birth. Apart from this, one of the other causes is related to sex, that the females do not follow any recognized occupation except coolie labor under which the proportion of the sexes is fairly maintained. It can be seen that 20 out of 27 of these occupation unknown cases were females, a large

[62] *Ibid.*

number considering the relative proportion of the sexes admitted".[63] This was true in the case of Calicut asylum, where the authorities found it difficult to understand the occupation of female inmates mostly because they were either unemployed or did some coolie labor too occasionally. The statistics of the "unemployed" category thus added to the larger proportion of asylum admissions. Confining women within the household was, in fact, a conspicuous policy of male-dominated society, where it is the established custom and norm, and hence remained unchallenged for many years to come. The women confined within the asylum space were, however, integrated into the occupational therapy where the cure was rooted in the individual's self-sufficiency in managing day-to-day life. The productivity of the lunatic was given due importance not merely because it was a remedial agency of great value, but also offered considerable financial benefits to the empire. This might also help women realize their space at the pace of economic change.

Gender Dynamics and Family Involvement: Navigating Masculine Rationality in the Care Industry of Lunatics

Though most of the cases of women afflicted with mental illness were largely attempted to confined within familial care, in the course of time the increasing acceptance of asylum provision by the natives resulted in the gradual willful admittance of patients including women to the asylum, and this trend became notable, especially during the twentieth century. In the case of Kochu Pennu, who was found insane in the medical examination, her cousin made a request letter to the asylum administrators of Oolamapara to offer accommodation for her.[64] Family involvement can be seen in the case of Kunju Lakshmi Amma, also, where her brother submitted a petition to the administrators requesting admission for his insane sister to the said lunatic asylum.[65] The letter, written in Malayalam, conveyed the anxieties and fears

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[63] *Ibid.*

[64] Petition from Kochan Kumaran, Athiyannoor Desam, Neyyattinkara to the Huzur Cutcherry, dated May 1909, Trivandrum, File No. 32/106, Bundle No. 13, Judicial Department, 1907. SAT.

[65] Petition from Velayudhan Narayanan, Thekkay Veedu, Vanjiyur Desam, Thambanur, to the Huzur Cutcherry, dated 10 July 1908, Trivandrum, File No. 32/95, Bundle No. 13, Judicial Department, 1907. SAT.

of Velayudhan Narayanan, the brother of Kunju Lakshmi Amma, regarding the violent and dangerous behavior exhibited by her, and it was submitted to the Huzur Cutcherry, anticipating that his plea would be heeded. In the case of the insane woman Eli Eli, her father Mathayee Varki prayed to the Government to admit his daughter into the Oolampara asylum for further treatment.[66] The above-mentioned three cases were registered in the year 1907, and in all three cases, the close male relatives of the female-afflicted patients solicited request letters and petitions to the Government to extend the facilities of asylum to their closely tied relations. It shows that the natives, over time, started to recognize the asylum provision and were ready to make use of the space. The acceptance of asylum, even in the case of a female insane, symbolized the willingness of the indigenous population to accept and accommodate Western psychiatry to their epistemologies of managing mental illness.

The role of the family in the admission and discharge of their relatives from asylum was entangled with the legal and medical aspects of mental illness. The above-mentioned cases of Kochu Pennu, Kunju Lakshmi Amma, and Eli Eli show the conspicuous involvement of family members, especially male members, in entrusting the afflicted female relative to the asylum space. There was also evidence indicating that families actively sought the release of their relatives from the asylum. The demands for discharges were also distinctively subjected to the legal and medical rules of Asylum as a colonial institution and integrally integrated into the wider discourse of colonial law and order. The case file of criminal lunatic Natchi Chinna mentioned her release from the Hospital for Mental Disease at Oolamapara[67]not only because of the improvements in her mental condition but also because of the willingness of her family to take care of her and accordingly a bond paper was executed by her two sons Palpan Raman and Palpan Sankoo[68] ensuring her protection. Her case records show that she was charged with the murder of a child but was acquitted on the grounds of

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66 Petition from Mathayee Varki of Valia Varambu, Meenachil Taluk to the Huzur Cutcherry, Trivandrum, File No. 32/91, Bundle No. 13, Judicial Department, 1907. SAT.

67 Lunatic Asylum came to be known as the Hospital for Mental Disease from 1921 onwards.

68 Letter from Huzur Cutcherry Trivandrum to Darbar Physician Travancore, dated 10 January 1923, File No. 105/1923, Bundle No. 215, Judicial Department. SAT.

insanity. Being identified as a “criminal lunatic”, she was shifted to the Hospital for Mental Disease located at Oolampara for custody and treatment as per G.O. No. 478/Judl on 28th January 1921. Around the middle of 1922, she was found improved and had the provision to be “discharged as cured”. The plea and petition from her family for her discharge was placed within the legality of insanity, as per which a bond paper must be executed from the relatives either before the Government, the Magistrate, or before the Trivandrum Sessions Court as per the lunacy regulation rule No. 26 of 1904. A letter from the Deputy Surgeon of Oolampara lunatic asylum to the Durbar physician regarding the transfer of Natchi Chinna specifically mentioned that “she was much improved, still, she cannot be classed among sane, as the melancholic spirit is not altogether gone, and she can be entrusted to her people only on execution of a bond”.[69] As per legal formality, the documents from the family to undertake the custody of such patients must be clearly mentioned that the “person delivered shall be properly taken care of and prevented from doing injury to himself or any other person”. The removal decision was also subjected to the Government order that “whenever such person is delivered, it shall be upon condition that he shall be proceeded for the inspection of officers and at times as Government directs”. The familial intervention in asylum admission, as well as the removal of their relative, was thus subjected to the asylum rules and Governmental orders. We cannot trace many examples of cases where family involvement overpowered the asylum business; rather, most cases adhered to the legal and medical frameworks in place. As in the case of Natchi Chinna, her sons submitted bond papers ensuring the safety and security of their mother within the familial unit of care and accepted the Government's suggestions of inspection, which led to the discharge of the patient from the Mental Hospital.

The familial involvement, however, had gender dimensions. Most of the cases of family intervention in lunatic admission and their removal from the asylum were initiated by the male members of the family. Masculine rationality adhered to the

[69] Letter from the Deputy Surgeon of Oolampara lunatic asylum to the Durbar physician, Trivandrum, dated 6 March 1921, File No. 105/1923, Bundle No. 215, Judicial Department. SAT.

conviction that the care of an insane within a household or family can be ensured and executed only if the lunatic had a male relative to take care of them. Based on this notion, prayers, and petitions from women for the removal of their relatives from the asylum were either rejected or required additional ensuring letters or bond papers from male members of the family, and for that matter sureties even from the men of extended family were also considered valid if the lunatic patient does not have a close male relative. In the case of lunatic Parameswaran Pillay Patchu Pillay, an ex-sepoy in the British Regiment of Travancore, he was diagnosed with mental illness and subsequently confined within the Oolampara Mental Hospital. His mother, Nani Amma Kalyanai Amma, submitted a security bond stating that she would be ready to undertake the protection of her son once he was discharged from the mental Hospital.[70] The Deputy Surgeon of the Mental Hospital furnished the details of the mental condition of the patient that "he is now much improved but is not quite rid of his eccentricities and so cannot be discharged as cured, if his people want him, they must execute a bond before the District Magistrate as per the section 26 of the Lunacy Regulation of 1080"[71] (1904-1905), ensuring that the person or persons executing the bond will take care of him from injuring himself or others. In this case, the person's mother agreed to execute the bond ensuring his protection under her care, however, the Deputy Surgeon was of the opinion that "she being a woman I don't think her promise could be relied on and so another son of hers whom she mentions in one petition, if he be a major, must be also made responsible for the safety. If that son is not a major, some other male member must take the responsibility".[72] Since this was the case, Nani Amma Kalyani Amma had to be supported by a male member of the family. She was then assisted by her other son, Parameswaran Pillay Velayudhan Pillay, in executing the security bond and thus could release her mentally ill son, Parameswaran Pillay Patchu Pillay, from the asylum. The letter from the Deputy

[70] Petition from Nani Amma Kalyani Amma to the Huzur Cutcherry, Trivandrum, dated 24 Makaram 1097 (1921), File No. 105/1923, Bundle No. 215, Judicial Department. SAT.

[71] Letter from the Deputy Surgeon, Hospital for Mental Disease to the Darbar physician, Trivandrum, dated 23 March 1922, File No. 105/1923, Bundle No. 215, Judicial Department. SAT

[72] *Ibid.*

Surgeon, in fact, explicitly suggests the working of male rationality according to which the protectors, managers, and caretakers of mentally ill patients should be men. Consequently, the mother mentioned above was denied the right to care for her son, thus devaluing her role and responsibility as a sitter and janitor for her own mentally ill son purely on the grounds of her identity as a woman. The perceived superior physique of men, which is the cornerstone of male masculinity, in fact played a key role in rooting this perception of men as the managers of unmanageable circumstances, and women were deliberately marginalized to the margins of the so-called manageable situations. Men, being the masters and managers of the defining roles, designed the patriarchal structures in a way to keep women in secondary roles, both in private and public domains of life.

Naturalizing Normative Femininity: Men, Women, and Madness

Interpretation of female madness from male normality is intertwined with gender-assigned roles, biological differences, and sex roles. The male imagination, perceptions, and convictions place the identity of mad women within wider connotations of loose moral life and make attempts to use madness as a tool for scapegoating the deviant women. When such a situation emerges, many of the women identify the manifestation of madness as an existential experience, where their insanity often carries the meaning of pain and agony emerging from the deeper deceptiveness of the male-oriented world. While men viewed female madness as a product and process of deviancy from the performing script of femininity, many women viewed it as a form of resistance in the kooky and nutty world around them.

The transgression of "normative femininity" and the violation of prescribed gender roles are the most important reasons for attributing insanity among women. These deviations from expected behavior also make them victims of male cruelty. In the case of Manikam, she was murdered by her husband Chinkathan Poken because she refused to give him *conjee* (rice porridge).[73] The incident happened in 1884, and the case came for trial in the Sessions Court of North Malabar. The case was that the

[73] Judgements of Session Courts in Northern Malabar 1884 – 1886, Calendar Case No. 16 of 1884, The Queen Empress of India Versus Chinkathan Poken. RAK.

accused Chinkathan Poken struck his wife Manikam with a billhook on her abdomen and inflicted 2 or 3 cuts on her head, which led to her death. The accused was arrested and during the trial of the case, he confessed that for the past few days, she had been disobeying him and that he had observed that she had illicit intercourse with another man, though he had not seen her having such intercourse on the day of this attack. He related that he told her to bring him *conjee* and that she replied, "There is *conjee* on the hearth, go and drink if you want". He was provoked by her reply, and when she was about to leave the place, he caught her and said, "You shall give me *conjee* before you go" and struck her on her stomach 10 or 20 times with the billhook. The attack resulted in the disastrous death of the woman. Some of the personal witnesses who appeared in the court were doubtful of having insanity for the accused. For instance, one of the witnesses opined that the prisoner was suffering from "*Chittabrahmam*" (aberration of intellect) and remarked, "What is this, is the man mad?" and the reply from another witness was "Would anyone not be mad do it?" The violence that the man exhibited toward his wife was viewed as an act of irrationality, and thus, he was subjected to the medical examination for insanity. Dr. Sarkies, the Civil Surgeon of Cannanore, examined the accused and found that the man didn't have any symptoms of mental derangement, and he answered all the questions rationally. The Session Judge, after analyzing the case, declared that there was insufficient evidence to convince the court that the prisoner suffered from mental disorder when he committed the act. The motive behind the crime stemmed from his suspicion and distrust towards his wife, who was some months advanced in pregnancy, which caused ill feelings in him. This ill feeling was doubtless set in active operation by the refusal of his wife to give him *conjee,* telling him to take it himself. The Judge doesn't think that the provocation was grave and sudden enough to extenuate the fearful and malignant violence exercised by the prisoner towards the deceased. He therefore finds the prisoner Chinkathan Poken guilty of murder punishable under Section 302 of the Indian Penal Code and sentences him to be hanged by the neck till he is dead.

In the above-mentioned case, Judith Butler's conceptual framework of "gender performativity"[74] can be applied, which will offer a more nuanced understanding of gender at the performative level in which the performers are creating, maintaining, and reinforcing gender roles through their performances. It should be noted that the reluctance to perform gender roles leads to unfortunate and unimaginable situations, such as losing one's own life. Gender was enforced and reinforced through habitual practices, cross-knitted with sex roles and bodily functions. Manikam was murdered when her husband doubted her sexual purity and physical submissiveness. Being a man in a patriarchal world, the right to control the body and mind of his woman were granted, and the so-called loose sexuality of a woman will not be tolerated. The sexual purity and the conjugal fidelity endorsed in the Indian "*pativrata*" concepts had deep roots in the power structures in society. Men hailed themselves as the "superior sex" and controlled and subjugated the "inferior sex" women through ideological as well as pragmatic and performative terrains of everyday life. The notion that the "man in the men" was refigured through the degree of control they could exert over their women, and the "complete man" was the one who could completely control and dominate the womenfolk in their family. Manliness and masculinity were embedded in this idea of the superiority of men over women, which was legitimized and justified at the performative level. That is why the assumptions of unfaithfulness in relationships and transgression of female duties or the failure to perform gender roles, such as serving rice porridge to husbands, as discussed in the case of Manikam, lead to malevolent acts such as the murder of women. The space-making process of women in this male-owned society is a complex and challenging task that most often leads to the navigation of intricate negotiations between the identity that a woman cultivated in her own mental and physical space and the gradual adaptation, conformity, and evolution towards the male-defined paradigms of femininity.

[74] Judith Butler, *Gender Trouble: Feminism and the Subversion of Identity*, Taylor & Francis e- Library, 2002.

Maternal Filicide and Puerperal Madness: Locating the Intricacies of Legality and Medicality in Colonial Courts

The cases of infanticide, especially maternal filicide, i.e., child murder by the mother, were given due importance in colonial courts. Mothers becoming the killers of newborns was considered a grave sin since it was an unmitigated cruelty from them and beyond the definition of feminine characteristics. The mental state of such women was scrutinized, and the existence of any symptom of puerperal insanity or postpartum depression was examined. The annual reports of the Calicut asylum mentioned puerperal insanity as one of the most important reasons for the deranged mental state in females. If symptoms like puerperal fever, confusion, anxiety, etc. were found in women charged with infanticide, they were directed to be sent to the asylums for further care and examination. In the cases of maternal filicide in which the signs of puerperal insanity or any other form of mental illness were not found, harsh punishments were imposed on the accused, considering the seriousness of the sin. The connection between puerperal insanity, infanticide, and medical verdicts was placed within the legal norms of the colonial state, and the intention behind the crimes and mental stability of the accused determined the nature of the sentence.

According to Christina Forst, puerperal madness was a social construct,[75] though there were theories such as the trauma associated with childbirth makes the women weak and infirm, pushing them into mania and melancholia, which were most often cited as the symptoms of postpartum depression, as we call it at present.[76] Hilari Marland argues that puerperal insanity was one of the clearly recognized entities in the Nineteenth century, particularly in psychiatric care.[77] Insanity due to childbirth

75 Christina Forst, "Creators, Destroyers, and a Judge: Infanticide and Puerperal Insanity in Victorian English Courts," *Historical Perspectives: Santa Clara University Undergraduate Journal of History*, Vol. 17, Series II, 2012, p.5. http://scholarcommons.scu.edu/historical- perspectives/vol17/issl/7.

76 Hilary Marland, "Maternity and Madness: Puerperal insanity in the Nineteenth Century," *Centre for the History of Medicine*, April 2003. http://www.nursing.manchester.ac.uk/ukchnm/publications/seminarpapers/maternityandmadness.pdf.

77 Hilary Marland, "Destined to a Perfect Recovery: The Confinement of Puerperal Insanity in the Nineteenth Century," in Joseph Melling and Bill Forsythe (eds.)., *Insanity, Institutions and Society*, 1800 – 1914, Routledge, London, 1999, p. 138.

became a label for admitting and accelerating female weakness, and was used as a tool to blame them for their own weakness. The existence of women was processed and understood by the male gaze through the complicated process of childbirth and picturized it as the sexual fulfillment and the completion of a female life, whose meaning and purpose of existence are solely justified through reproduction. The transgression of ideal womanhood and motherhood, like filicide by women, created anxieties among men, and in that context, puerperal insanity was a tool to marginalize the deviant woman by setting aside the example of the unwanted women behind the iron bars of asylums or prisons. It also invoked the idea that females are fragile in nature and there is the possibility for frailty among them, hence they should be protected with much care and concern. In most of the cases of maternal filicide, women were often found not guilty on the grounds of puerperal insanity, and this acquittal in legal terrains of colonial courts was in accordance with the humanitarian plea of safeguarding the deviant but delicate women, and also deeply rooted in the Victorian morality and societal construction of ideal motherhood, endorsing the idea that a woman with a sane mind could not and did not kill her own child.

However, cases involving illicit intercourse, pregnancy, and infanticide committed by women in such cases were treated as distinctive in nature. In most such cases, women are found guilty and charged with rigorous imprisonment and punishments. The so-called female frailty was not applied to such cases, and their punishments were projected as an ideal lesson for all the women who were intended to cross the sexual boundaries. In the case of Bibi Umah,[78] the proceedings from the sessions court of South Malabar reported that she was a Moplah widow aged about 35. She became pregnant and went to the native Cochin for delivery. After childbirth, she returned to her home accompanied by a male relative, Mamu Kutty, aged 27, and she had her child aged 40 days. On the road, she and her companion conversed regarding the disgrace entailed on her because of the illicit pregnancy and childbirth

[78] Minutes by the Honorable the Chief Justice and Mr. Justice Brandt- In Session Case No. 66 of 1882 on the file of the session court of South Malabar, 18 September 1884 – No. 2391, Judicial Department, Government of Madras, Enclosures, Madras Government – Judicial GO's - 1883 – 1884, Malabar Collectorate Correspondence File No. 215, 2. RAK.

that she had gone through, and due to the persuasion of her companion, she remained behind him and killed the child by attacking its stomach. She buried the child in the sand of the river bed, whence the body washed out and carried some little distance. According to the observation of the colonial court, “the case was a bad one, the child was not a mere infant, and the woman was of a mature age, and did not commit the offense when her mind was unhinged by recent delivery of the child”. At the same time, there is reason to believe that she acted under pressure put upon her by her companion. She was sentenced to 10 years of rigorous imprisonment on the grounds of the grave sin she had committed. In this case, according to the observation of the colonial court, Bibi Umah was a widow, and it was a gross deviation from her side that she had illicit intercourse with another man, which led to pregnancy and childbirth. On the one hand, she was arrested, tried, and convicted on the grounds of the brutal murder of her 40- day-old baby, on the other hand, her companion, who persuaded her to kill the child, was tried but acquitted! Bibi Umah’s case does not fit within the framework of puerperal insanity, and it was interpreted as the intentional killing of the infant. Illicit intercourse and the subsequent infanticide cases were viewed within Victorian morality and were ensured to issue proper punishments in the form of rigorous imprisonment to such women. The punishments for these crimes were also shaped by popular cultural values, serving as a warning for all the women who deviated from the established norms, like engaging in extramarital affairs or having illegitimate children. However, it can be noted that the judgment to execute the murderess mothers in the cases of infanticide was rare. In most of the cases of maternal filicide, the criminal women were imprisoned for years. This may be because the colonialists found it difficult to digest the violent actions of women who are perceived as delicate and gentle beings within the Victorian notions of femininity.[79] The traces of puerperal insanity were thus examined in women who were arrested for the charge of infanticide, and if that was not found, she was then subjected to rigorous imprisonment.

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[79] Georgina Rychner, “She Looked Wild’: Infanticide and Insanity in Nineteenth-Century Victoria,” *Australian Women’s History Network*, April 30, 2018. https://www.auswhn.com.au/blog/looked-wildinfanticide-insanity-nineteenth-century- victoria/. Accessed 21 Dec. 2023

Another case of child murder from Malabar was noticed in a judgment passed by the High Court of Judicature at Madras in trial No. 51 of 1888. In this case, a woman named Pilacheri Kunhi Pathumma was sentenced to death by the North Malabar Session Court on the ground that she killed her child by throwing it into the well. However, on her appeal against the said sentence, the High Court of Judicature at Madras revised the conviction and directed the prisoner Pilacheri Kunhi Pathumma to be discharged because there was no evidence to suggest her homicidal tendencies.[80] According to the observation of the appeal court, the act may be because of the fits from which she was suffering, and moreover, there was no proof to ensure that the death of the child was purposeful. Importance was given to the mental condition of the woman in this case, which resulted in the revision of the judgment.

In the case of Ummaya Umah,[81] she had given birth to a child and was found to be in a state of mental distress. She was seen at night by a neighbor threatening to commit suicide. Entertaining apprehensions for her safety, the neighbor bade his daughter, a mere child, to look after her, and soon after mentioned what had occurred to a relative, who at once informed the *adhigari*. Before *adhigari* arrived at her house, the child had disappeared. Ummaya Umah had strangled the baby and buried it in a hole, which had been made by removing yams. The court in this case pronounced the judgment to give her six years of rigorous punishment for the crime she committed. In this case, we are not getting any further details regarding the pregnancy and delivery of the said woman, particularly pertaining to the familial conditions and other aspects, such as the details of the child's father. Though the court has taken into consideration the mental distress the woman suffered after the delivery, maternal

[80] Judgment of the High Court of Judicature at Madras, Judgement passed by Chief Justice Sir Arthur J.H.Collins and MR. Justice Parker, Referred trial No. 51 of 1888, Malabar Collectorate Correspondence File No. 656. RAK.

[81] Minutes by the Honorable the Chief Justice and Mr. Justice Brandt- In Session Case No. 45 of 1882 on the file of the session court of South Malabar, 18 September 1884 – No. 2391, Judicial Department, Government of Madras, Enclosures, Madras Government – Judicial GO's - 1883 – 1884, Malabar Collectorate Correspondence File No. 215, 2. RAK.

filicide was considered a grave sin within the colonial framework of crime and deviance, and was ensured to give proper punishments.

In the case of Chilla Kutti[82] aged 20, she delivered an illegitimate child, and thirteen days after its birth, strangled and killed the infant. In the court proceedings, the Sessions Judge compared her physical features, bodily appearance, and mental state with that of an animal, and it should be analyzed how such a comparison took place within the court proceedings by examining the situations and conditions involved in the case. The seriousness of the crime she committed might be one of the reasons for giving such a description that she is a female convict and a murderess mother, and it is sufficient to grant the license to objectify her body through the lens of cruelty and animality. The case report of Chilla Kutti provides the information that she had a relationship with a man, which eventually led to her pregnancy and to conceal the affair, she killed the infant born from this relationship. Moreover, in this case, on the day she killed her child, there was a caste panchayat to be held to deal with her for the caste offense of being pregnant by illicit intercourse. The case of Chilla Kutti highlights the complexities of justice and the intersection of traditional and colonial legal systems. She has tried within the caste Panchayat for illicit intercourse and in a colonial court for infanticide, and thus was victimized twice. This argument, however, does not mean to nullify the seriousness of the crime of infanticide she was accused of committing. The mentality of the woman in this case to commit such a violent act might be shaped by her surroundings, including the interferences and influences from the individuals, family, and society she lived. Though she was forced to face the trial of the colonial court and caste panchayat, there was no mention of the man who was involved in sexual intercourse with her, reflecting gender bias and inequality, where total accountability of the issue was left to women. In most of the cases of illicit intercourse, the men and women who were involved in such "forbidden" acts were tried within the limits of the caste panchayat, and actions such as excommunication were followed. If such acts of illicit intercourse involve crimes

[82] *Ibid.*

like infanticide, murder, etc., the intervention of the colonial court was explicit since it came under the colonial legality.

The colonial state followed a policy of non-interference in caste-related issues, particularly after 1857, and to a certain extent, a general policy of non-intrusion was adopted. The intervention of colonizers in native castes and customs was a complicated thread of understanding within the wider purview of colonial legality and order. Though caste was generally viewed and proclaimed as a symbol of native barbarity, the colonial state did not seek to completely dismantle it; rather, in some cases, they tried to entertain caste differences because maintaining the existing status quo was part of their success and survival in a colony like India. For instance, to attract the upper castes to the asylum, the colonial Government was ready to provide separate accommodation facilities and adopted measures to appoint caste cooks in lunatic asylums. As this study mentioned elsewhere, these measures cannot be generalized as there were some other instances in which mingling and mixing of caste was followed within colonial institutions, including asylums. The colonial state's approach to the caste system was complex and often contradictory. The general ambivalence in their policies concerning caste and related issues basically stemmed from multiple factors. Caste-oriented native society was a boon for the colonizers to project the civilizing mission among the natives, and thereby they justified the existence of foreign rule in a colony like India. The public condemnation of caste inequalities was a part of this policy; at the same time, they reinstated caste rules and regulations as a useful tool for governance, intensifying the divisions between the subject population.

The derivative discourse of madness was used to marginalize, invisibilize, and silence the utterings of women, which often carried their sorrows, anger, joy, distress, emotions, feelings, and consciousness of existence. Gender norms deeply influence and shape socio-cultural patterns of patriarchal society and sabotage women's voices strategically. Thus, it is very difficult to construct and deconstruct the narratives of women labeled as insane both within and beyond the confines of asylum space. These gendered structures systematically hinder the amplification of women's voices, creating significant barriers to understanding and acknowledging their experiences within the context of mental health. The fragmented stories and memories of women

should be used to reconstruct their collective past and to understand their idea of sanity and insanity. Madness and its manifestations in women should be thus understood from their perspective. However, the sources dealing with their experience from their vantage point are limited. Most of the existing records are written and re-examined through the male gaze, reflecting the men's understanding of female experiences. In the context of colonial lunatic asylums, most of such documentation and sources are produced within the administrative context, largely reflecting the colonizers' narratives and perspectives. As a result, these records deliberately or not neglect the subject voice. Most of the case records of the women diagnosed with insanity in colonial asylums were compiled through the imperial male gaze, marginalizing female thought processes, the reasons behind their laughs, cries, murmurings, utterings, and silences. Procuring native sources containing the indigenous memories, experiences, and knowledge of insanity, particularly pertaining to female insanity, was a much more complicated task. The re-reading of existing sources through a feminist lens is the only possibility in this context to listen to the unlistened stories and to understand the misunderstood lives. Meticulous care and attention should be employed to scrutinize every single line of case records and other related evidence produced within the administrative and non-administrative terrains of colonial lunatic asylums to get a comprehensive understanding of "gendered madness", its ideological and pragmatical approaches, to analyze the role of psychiatry and patriarchy as systems of power[83] and also to analyze the role of the Indigenous cultural milieu in attributing madness to women.

[83] Sara Pinto, *Daughters of Parvati: Women and Madness in Contemporary India*, University of Pennsylvania Press, Philadelphia, 2014, p.22.

Chapter V

The Alternative Dialogues: Insanity and its Management in Native Traditions

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The concept of indigenous healing embraces the existing deep-rooted socio-cultural healing mechanisms of every society, which carries a tradition of the vibrant and lively practice of healing mental and physical illness. Diseases like insanity, which do not have a clear-cut etiology, specifically attracted large-scale attention from the indigenous healers, who were the primary destination of the beneficiaries diagnosed with various forms of mental illness. The association between mental health and socio-cultural understanding of insanity significantly influences the indigenous perception regarding the enigmatic, supernatural, and mysterious notion of illness. The belief systems surrounding mental illness, such as spirit possession, divine wrath, etc., invoke the idea of spiritual healing, which is also termed as faith healing and ritual healing among the native communities in India. The expression of mental illness in religious and cultural idioms and the attribution of its causes to curse, wrath, spirits, witches, etc., most often leads the patients and their caretakers to seek help from the native healers who act as the primary healthcare providers in the mental health sector.

The universality of madness lies in the fact that it exists in every society but is defined within that particular region's social and cultural systems. The texts and traditions constructed within the wider networks of native healing systems acquire meaning only when it is examined and interpreted within their particular therapeutic environment. The liminal space between deviance and disorder is very thin and was decided and determined within the native understanding of illness and wellness, and disorder and disease. Since the social context and cultural ethos of a given society define deviance, behaviors arising from mental illness are often branded as signs of norm-breaking, and the transition of deviance into disorder takes place within the cultural milieu of every society. And that is why madness is a relative term and acquires different definitions in different societies. The prognosis and diagnosis of

mental illness are also varied according to the native understanding of deviance, and it is beyond the medical definition of madness. The therapeutic mechanisms that the patients approach in such cases are mostly those systems that closely align with their cultural contexts, values, and beliefs. The understanding of madness is thus embedded in the cultural uniqueness of Kerala, which was often expressed through different mediums, including rituals and art forms.

The Concept of Madness in Kerala and the Epistemologies of Healing Insanity

Understanding the concept of madness that existed in Kerala society revolves around indigenous perspectives regarding spiritual and mental well-being embedded in the cultural landscape of the region. Baiju Gopal has attempted to analyze the idea of madness through the linguistic analysis of certain Malayalam words associated with madness and the madman. According to him, the common Malayalam words indicating madness are 1) Bhranth, (2) Vattu, (3) PĒ, (4) Ulan, (5) Cittabhramam, (6) Ilakkam, and (7) Unmadam[1] and through the linguistic analysis of these terms, he deconstructed the meaning and nature of madness perceived by the people of Kerala, that it is "essentially tied up with the concepts of reason–unreason, wandering existence, and genius–madness controversy".[22] He made a detailed analysis of how the concept of madness has evolved through different centuries in Kerala and acquired changing meanings according to the socio-political events. His arguments rest on the fact that the term madness in Kerala society had a complex existence beyond medical and metaphysical explanations, and it is closely connected to the intense emotional experiences of the people.[3] Based on this premise, in the following session, the researcher attempts to analyze some of the Indigenous healing techniques within Malayali culture which includes spiritual, cultural, and community-based traditions and practices reflecting the native epistemologies of managing madness.

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1 Baiju Gopal, *The Concept of "Madness" and its Management: The Kerala Scenario,* 2008, University of Calicut, Doctoral thesis, p. 115, Shod Ganga. http://hdl.handle.net/10603/16112.

2 *Ibid*., 143.

3 *Ibid*., 151.

Ethnographic literature across the world shows the belief in spirit possession and its attribution to madness, and this was true in the context of India also. The concept of possession has long been present in different communities in the country transcending religious differences as it is a potent tool of human imagination and through which they could offer explanation and interpretation for something like "madness, trance, and other dramatic states of altered consciousness"[4] which is beyond their understanding from time immemorial. Most societies have a traditional exorcist, and they act as the primary help group of persons believed to be possessed by spirits. In the case of India, ritual and spiritual customs are widespread regardless of religious or caste differences. For instance, during his journey through South Canara, Francis Buchanan observed a lower caste group known as Buntar and documented the exotic and unique customs that they practiced. Interestingly, he compared these customs and groups with those prevalent in Kerala. According to Buchanan,

> "The Buntar are permitted to eat animal food and to drink spirituous liquors. They burn the dead. They seem to be entirely ignorant of a state of future existence; only they believe, that such men as die accidental deaths become Pysachi, or evil spirits, and are exceedingly troublesome, by making extraordinary noises in families, and occasioning fits, and other diseases, especially in women. To expel these, the Buntar apply to the Nucaru, who are a class similar to the Cunian of Malayala, and who pretend by means of incantations (Mantrams) to have power over the spirits. For the same purpose, sacrifices are offered to various Saktis, which differ in almost every different village. Those worshipped here are Dumawutty, Iberabuta, or the twin devils, and Birnala. Besides the sacrifices offered to these idols, to free the people from the attacks of the Pysachi, Iberabuta and

[4] Sudhir Kakar, *Shamans, Mystics and Doctors: A Psychological Inquiry into India and its Healing Traditions,* Alfred A. Knopf, New York, 1982, p. 30.

> Birnala must be appeased by an annual, and Dumawutty by a monthly sacrifice”.[5]

Attributing fits and different forms of deranged mental state to spirit possession existed in different communities of Kerala also. Various colonial writings projected the exotic customs of Malayalees. *The Malabar District Gazetteer*, for instance, portrays Malabar as “pre-eminently the home of witchcraft and magic”[6] and provides a detailed description of exorcism and other practices that existed among the different religious sects of Kerala. Within Hinduism, upper and lower castes practiced rituals to free the possessed body. The following are extracts taken from the *Malabar District Gazetteer* compiled by C. A Innes, which provides a comprehensive picture of the traditional epistemologies of spirit possession, magical and religious formulas of different communities employed for Mantravada and exorcism.

> “The Panans, who are also in some places called Malayans, Ponans are primarily musicians, exorcists, and devil dancers; but basket and umbrella-making are also their traditional occupations. Their women are midwives, and one of the duties of the men is to convey news of births and deaths occurring in a Tiyan household to the relations. They worship CaIi and inferior deities such as Parakutti, Karin Kutti, Gulikun, and Kutti Chattan. Their methods of exorcism are various. If anyone is considered to be possessed by demons, it is usual after consulting the astrologer to ascertain what murti (lit. form) is causing the trouble, to call in Panans who perform a ceremony known as Teyattam, in which they wear masks and so attired sing, dance, tom-tom and play on rude and strident pipes. Other of their ceremonies for driving out devils called Ucchaveli, seem to be survivals or imitations of human sacrifice or instances of sympathetic magic. One of these consists of a mock living burial of the principal performer, who is

5 Francis Buchanan, *A Journey from Madras through the Countries of Mysore, Canara, And Malabar,* Vol. 3, Asian Educational Services, New Delhi, 1988 (Reprint), p.17.

6 C. A. Innes, *Madras District Gazetteers, Malabar*, Vol. 1, Superintendent, Government Press, Madras, 1951 (Reprint), p. 150.

> placed in a pit which is covered with planks, on the top of which a sacrifice (homam) is performed with a fire kindled with jack branches. In another variety, the Panan cuts his left, forearm and smears his face with the blood thus drawn. Panans also take part with Mannans in various ceremonies at Badrakali and other temples, in which the performers impersonate in suitable costumes some of the minor deities or demons, and fowls are sacrificed, while a Velicchappad dances himself into a frenzy and pronounces oracles".[7]

Along with narrating the forms of sacrifices and rituals performed by the Panans to remove spirit possession, Innes further elaborated on the black magic, especially the "*odi* cult" practiced by the Parayan community of Kerala, which was believed to allow them to transform into any shape they desired.

> "The Malabar Parayans are a low class of basket-makers and agricultural laborers. They are notorious sorcerers and practitioners of black magic. Odi is the name of the principal cult, and Nili of Kalladikkod its patron goddess. With the aid of the magical oil called pilla tilam (child oil), the principal ingredient in which is derived from a human foctus of 6 or 7 months of growth, the Odiyan can transform himself into any shape he likes, or render himself invisible, in order to accomplish his purpose of murder or maiming. To obtain his material the Odiyan chooses some woman in her first pregnancy, walks thrice round her house, and charms hor out; she is stripped naked and the foctus removed. Another form which the Parayan's magic takes is the well-known method of making a waxen image of the person whom he desires to harm and burning — it with special rites". [8]

The work also offers insights into the religious and magical practices observed by the upper caste communities of Kerala. Among these groups, there exists a

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[7] *Ibid.*, 131 – 132.

[8] *Ibid.,* 134 – 135.

discernible belief in the presence of both malevolent and benevolent spiritual entities, such as '*Durmoorthi'* (bad powers), '*Gandharvas'* (heavenly beings),[9] etc. reflecting a complex cosmology that integrates elements of both religious orthodoxy and localized magical traditions. According to the text,

> "The religion of the Malavali is a remarkable mixture of animism and Vedantism".[10] "The Nambudiris do not, as a rule, perform puja to any but Puranic gods; but they occasionally make offerings at serpent shrines, and they recognize the existence of evil spirits whom they exorcize by means of special mantras. Likewise, the high caste Nayars assign most, of the troubles of this life to the witchcraft of enemies, to the malignity of demons or ghosts, or to the evil eye. On the occurrence of any disease or calamity, they consult the village astrologer who divines the evil spirit responsible, or the enemy who is at the bottom of the mischief, names the exorcist who can best deal with the case, and prescribes the mode of worship best suited to the occasion. Tire deities most adored are Subramaniyam, the small-pox goddess Kali, and Kutticchattan, the most mischievous of the demons".[11]

Irrespective of caste differences, belief in supernatural causation of illness and evils permeated Kerala society. Traditional healers of the outcastes and hill tribe communities also prescribe medical remedies and incantations for diseases affecting both body and soul; this group communicates with the spirits and possesses and is believed to have the ability to raise the devils as well as banish them.[12] The cross-knitted connection between physical and mental illnesses and their treatments rooted in drugs and doctrines, especially in spiritual healing among these communities, was deeply entrenched in their culture and belief system and acquired meaning only when it was attempted to understand within their perception of life and death, illness and

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9 *Ibid.*

10 *Ibid.,* 150.

11 *Ibid.,*154.

12 *Ibid.,*155.

wellness. The colonial administrators often dismissed spiritual healing mechanisms as forms of superstition and magic and viewed them as mere means of livelihood for a group of what they perceived as ignorant quacks without any real value or significance in managing the rhythm of life.

Viewing mental illness in terms of spirit possession and organizing rituals to relieve the affected individual from the possession was a common custom in colonial Kerala society. Innes mentioned that,

> "Of ceremonial to remove spells or possession the commonest is that known as bali uzhiyuga or uzhicchal. The mantravadi or magician draws diagrams on the floor of the verandah with charcoal, rice and saffron; and then makes an equilateral triangle or other geometrical figure, of the stem of a plantain leaf, with a bottom of flat pieces of plantain leaf placed crosswise, and fastened with plugs of bamboo, and small pieces of cocoanut leaves stuck on its upper sides. This is called the pandibali or pandi. It is placed on the diagram on the floor; and round it are put some beaten rice (avil), parched rice (malar), and bran (tavitu), a lighted lamp and two vessels, one containing water mixed with charcoal (karutta kuruthi), and the other water mixed with saffron and chunam (chuvanna kuruthi) to represent blood. The mantravadi performs puja with the rice and plantains, and repeats mantrams; while someone else waves pieces of plantain leaves, called narukku, and lighted wieks, tiri, round the patient's head and then throws them into the pandi. He then waves the kuruthis round the patient and lastly the pandi itself. Finally, the -pandibali which is supposed to contain the evil spirit is taken to a tank or field or someplace remote from traffic and deposited there".[13]

Apart from various castes of the Hindu religion, the notion of spirit possession and associated practices transcends the religious boundaries in Kerala and thus can be

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[13] *Ibid.*

seen among Muslims and Christians. Amongst the Syrian Christians, "the astrologer is frequently consulted to cast horoscopes and tell omens, and it was a common custom for persons suffering from diseases to seek a cure by buying silver or tin images of the diseased limb, which their priest has blessed".[14] The universality of the culturally bounded experiences transcended beyond religious moorings, and people from different religious contexts found solace in spiritual healings and traditionally transferred wisdom. In the case of Mappila Muslims, the colonial officials put forward the observation that,

> "Though magic is condemned by the Koran, the Mappilla is very superstitious, and witchcraft is not by any means unknown. Many Tangals pretend to cure diseases by writing selections from the Koran on a plate with ink or on a coating of ashes, and then giving the ink or ashes mixed with water to the patient to swallow. They also dispense scrolls for *elassus*, and small flags inscribed with sacred verses which are set up to avert pestilence or misfortune. The Mappilla jins and Shaitans correspond to the Hindu demons and are propitiated in much the same way. One of their methods of witchcraft is to make a wooden figure to represent the enemy, drive nails into all the vital points and throw it into the sea, after curses in due form. A belief in love philters and talismans is very common, and precautions against the evil eye (*kanneru*, *drishti*), *kaivisham* (voluntary poisoning) etc, are universal".[15]

Muslims in general believed that entities such as '*Jinnu*' (demon), '*Malak*' (angel), *Iblize* (devil),[16] etc., possess human beings, and according to the nature of the spirit, the behavior of the possessed body will be good or bad. Sometimes the possessed individual can acquire supernatural powers through spirit possession, and

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[14] *Ibid.,* 203.

[15] *Ibid.,* 191.

[16] Beena Rajan et al., "Role of Cultural Beliefs and Use of Faith Healing in Management of Mental Disorders: A Descriptive Survey," *Kerala Journal of Psychiatry*, Vol. 29, No.1, 2016. https://doi.org/10.30834/KJP.29.1.2016.65.

sometimes the influence of the possessed power leads to worsening the mental state of the individual, leading to the manifestation of various forms of mental illness.

According to psychiatric science, a lunatic might be labeled and viewed as 'possessed' by those ignorant of the true causes of his behavior,[17] and thus the advocates of modern science viewed practices like *Mantravada*, exorcism, ritual healing, etc., as superstitious and barbaric. Since conceptualizations of mental illness within the uniform narratives are not universally applicable, cultural influences significantly shape the expression, perceptions, and treatment preferences[18] of patients and their families. This cultural context leads to differences in attitude, understanding, and management of mental illness across varying communities and societies. Within the particular context of Kerala, the concept of spirit possession was deeply entrenched and cross-knitted with the religious, cultural, and belief systems of the people.

Edgar Thurston in his work *Caste and Tribes of Southern India* mentioned certain groups of exorcists and devil dancers who specialized in sorcery, witchcraft, possession rituals, *odi* cults,[19] etc. Many of such customs were unbelievably brutal and came under colonial legality because such beliefs often led to human sacrifice and murder of individuals, including children and fetuses. In his other book, "*Omens and Superstitions in South India*", he elaborately described the magical practices and rituals that existed in different castes and religions of South India, which were practiced to ward off the evil eye, gain wealth, agricultural prosperity, get extra sensory powers, heal mental and physical illnesses, etc. Thurston, for instance, mentioned that "In Malabar, fear of the evil eye is very general. At the corner of the upper storey of almost every Nayar house near a road or path is suspended some object, often a doll-like hideous creature, on which the eye of the passers-by may rest.[20] He also writes that,

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17 Raymond. H. Prince, The Problem of "Spirit Possession" as a Treatment for Psychiatric Disorders", *Ethos,* Volume 2, No. 4, 1974. p. 315. http://www.jstor.org/stable/640091.

18 Priyanka Padayachee, Sumaya Laher, "South African Hindu Psychologists' Perceptions of Mental Illness," *Journal of Religion and Health*, Vol. 53, No. 2, 2014. p. 424. http://www.jstor.org/stable/24485094.

19 Edgar Thurston, *Castes and Tribes of Southern India*, Volume 2, Government Press, Madras, 1909.

20 Edgar Thurston, *Omens and Superstitions in South India,* Mcbride, Nast & Company, New York, 1912. p. 111.

"Sometimes, in Malabar, when a person, is believed to be under the influence of a devil or the evil eye, salt, chilies, tamarinds, oil, mustard, coconut, and a few pice (copper coins), are placed in a vessel, waved round the head of the affected individual, and given to a Nayadi, whose curse is asked for. There is this peculiarity about a Nayadi's curse, that it always has the opposite effect. Hence, when he is asked to curse one who has given him alms, he complies by invoking misery and evil upon him".[21] The belief system was closely connected to the understanding and perception of good and bad, health and sickness, boon and curse, which all shape the notion of self, consciousness, mental well-being, spiritual solace, as well as the condition of unsoundness of mind.

Thurston explained the three forms of sorcery familiar to the people of Malabar (1) "*kaivisham*, or poisoning food by incantations; (2) the employment of *Kuttichattan*, a mysteriously - working mischievous imp; (3) setting up spirits to haunt men and their houses, and cause illness of all kinds". The natives of Kerala also believed in the power of sorcerers, that they could make men and women possessed by spirits. It is believed that women are more susceptible to the evil influence than men. "Delayed puberty, permanent sterility, and stillbirths are not uncommon ills of a devil-possessed woman. Sometimes the spirits sought to be exorcised- refused to leave the victim unless the sorcerer promised them a habitation in his own compound (grounds), and arranged for daily offerings to be given".[22] It is observed that the physical changes in the body of a woman and changes in her biological life cycle were often attributed to her "possessed mind" through supernatural causation. This was because the belief in extrasensory powers and their worship, rituals, and practices was pervasive among the Indigenous community, and changes in the biological and behavioral patterns in women were often viewed through the lens of such supernatural influence and thus confining the care to the indigenous and domestic methods of treatment. The idea of mental illness was inseparable from this indigenous epistemology of metaphysical postulates connecting the human body, mind, and the supernatural world. Hysteria, epilepsy, and other disorders in Malabar, are thus

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[21] *Ibid.,* 118 – 19.

[22] *Ibid.,* 238.

ascribed to possession by devils, who can also cause cattle disease, accidents, and misfortunes of any kind.[23] Thurston quotes Mr. Govinda Nambiar in asserting his observation that "when a village doctor attending a sick person finds that the malady is unknown to him, or will not yield to his remedies, he calls in the astrologer, and subsequently the exorcist, to expel the demon or demons which have possessed the sick man. If the devils will not yield to ordinary remedies administered by his disciples, the *mantravadi* himself comes, and a devil dance is appointed to be held on a certain day".[24] The means of exorcism sometimes leads to violent methods like the beating of the possessed individual to get answers from the evil spirit for questions like who he is, why he has come there, and what he wants to induce him to go away. He answers through the mouth of the individual, who works himself up into a frenzy and throws himself about wildly. If he does not answer, the individual is whipped with the rattan that the exorcist carries, or with twigs. When he replies, his requests for offerings of certain kinds are complied with, and it is believed that if the spirit is satisfied with this, he will agree to leave the body of the individual. Since the culturally bounded understanding of illness was deeply rooted in Kerala society, *mantravadis*, and devil dancers took up the position of doctors and worked as mediators between spirits and possessed individuals, and performed rituals and rites to appease the spirit and liberate the possessed. Idioms of mental illness and unsoundness of mind, to a larger extent, were expressed through these culturally accepted means rather than going for the biomedical roots of the disease.

The colonial administrators viewed these kinds of customs and beliefs of natives as exotic and barbaric oriental things and used them as a tool to justify the need to modernize the superstitious natives and their strange customs. The colonial intervention through the lens of progressivism and modernism hailed such practices as obstacles to the rational as well as the humanitarian ideals of the modern world. Colonial institutions like courts and legality were employed to deal with cases involving violence through the practice of native "superstitious acts". In one such

[23] *Ibid.,* 239.

[24] *Ibid.,* 245.

case, a native servant was accused of beating a woman who was suffering from malarial fever, with a cane in order to drive out a supposed devil from her body, which was believed to be the spirit of a woman who was drowned some time ago. The woman died three days after the beating, and her head and body showed multiple abrasion marks. The sub-magistrate found that the beating was part of the ceremony to expel the evil influence from the woman, consented to by the woman's husband, her mother, and the woman herself. As the beating was so violent and severe, the woman died subsequently, and, in this case, the servant was subjected to a mere fine of twenty-five rupees, and if he failed to pay the amount, he would be subjected to five weeks of rigorous imprisonment.[25] The intervention of the colonial state was based on the prevailing rules and regulations of the State, however, the nature of the punishment offered in this crime was lenient in light of the fatal outcome.

The native perception of mental illness as possession by the evil spirit, divine wrath, etc. also prompted them to perform special *poojas* and rituals to ward off the evil spirit, and if such beliefs crossed into illegality, resulting in some kind of crimes like physical assault, murder, etc. the intervention of the colonial state was conspicuous. Thurston, for instance, narrated an incident involving a woman with mental illness where her relatives perceived her condition as a form of spirit possession, ultimately resulting in the murder of the spiritual healer who came to heal her.[26] According to the case details, the woman was from the North Arcot district and was suffering from severe pain in the abdomen. She and her husband were made to believe that she was possessed by a devil, which a Bairagi (religious mendicant) offered to expel. His treatment went on for some days, and the final operations were conducted by the side of a pond. The Bairagi repeated *mantrams*, while the woman was seated opposite him. Suddenly, she grew violently excited and was believed to be possessed by the deity Muniswara. Based on her instructions, her husband thrust a curved stick into Bairagi's mouth, resulting in his death. Following the incident, "the woman was sent to a lunatic asylum, and her husband, as there was no previous

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25 *Ibid.,* 256 – 57.

26 See for details *Ibid.,* 257 – 58.

intention to cause death, and he was clearly under the influence of blind superstition, received a punishment of four and a half months imprisonment".[27] The above-mentioned case shows the severity of customs observed in the native societies of India, along with exemplifying the perception of colonial administrators regarding the unsoundness of the mind in medical terms and their notion on why it should be separated from the belief systems of the natives. Though the example is not from the context of Kerala, it shows the pervasiveness of such beliefs in possession and liberation practices across India. The intervention of the colonial state in this case can be seen in the form of the confinement of the woman in a lunatic asylum, along with inflicting punishment upon her husband. However, the nature of the punishment, as mentioned in the other case, was light, even though it involved the murder of an individual.

The intervention in native customs and their interrogation in colonial courts were not always entertained by the colonial administrators as they feared such interventions might incite rebellious reactions and responses from the natives against colonial rule. However, certain cases of importance came into the purview of the colonial court based on the seriousness of the crime involved. The initial involvement of colonizers was in the form of administering relatively mild punishments to the individuals who were involved in crimes stemming from superstitious customs. It should be noted that, though colonialism inflicted epistemic violence and exploitative interventions in native society, polity, economy, and culture, amidst these acts of uprooting the uniqueness of native societies and implanting the ethos and morals of the West, certain interventions and endeavors aimed at reform should be accepted and acknowledged. Although their reform agendas were driven by the political ideologies of control, subjectivity, and complete surrender of subjects, and were used to justify the liberal benevolence of the "progressive West" to what was labeled as the "barbaric East", and although, these efforts were claimed to be the moral superiority of the refined race, and the enlightenment of Christian monotheism, their interventions in pointing out the notorious customs of the East should be contextualized within the

[27] *Ibid.,* 258 – 59.

broader framework of the emerging humanitarian paradigm. The politics of colonial humanitarianism should be problematized, yet pointing out the customs inflicting violence and pain and taking the lives of human beings should be reformed, and it reminds us that colonialism is not always a Pandora's box.

The advent of colonialism exported "new knowledge" to the colonies, and Kerala also experienced an "imported definition of madness" during colonial domination. Colonial science, on the one hand, promoted modern medicine, highlighting scientific rationality, and on the other hand, attempted to eradicate indigenous systems of healing, showcasing its extremely exotic aspects and facets.[28] The spreading wings of modern psychiatry in colonial Kerala resulted in the merciless marginalization of traditional healers and their healing techniques. Their legacies of managing mental illness and their epistemologies of understanding madness were pushed to the sidelines with the growth of asylums. This created apprehension not only among the traditional healers, family physicians, community spiritual healers, etc., but also among the beneficiaries who now started to widen their realm of understanding mental illness without altogether neglecting the traditional wisdom of managing mental illness. Understanding the relationship between psychiatry and alternative dialogues of healing insanity makes it clear that it was not merely confined to the monologue of hegemony of psychiatry, but was a dialogue of interaction and innovation. The emergence of a hybrid space of healing was thus a process, product, and project of negotiation rather than confrontation, which resulted in the theoretical superiority of Western psychiatry and the parallel existence or practical togetherness of multiple forms of healing within the colonial Kerala context.

The institutional discourse and practice of psychiatry in the form of lunatic asylums was completely "new" to the Kerala society. The confinement of the insane within specific sites of care and custody at first seemed "exotic" for them, but the acceptance, accommodation, and adaptation were never impossible because the

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[28] See for details Moumita Chakraborti, "Colonial Apathy against Medical Plurality," *Social Scientist*, Vol. 46, No. 5 – 6, 2018 May – June, pp. 61 – 76. Doi. https://www.jstor.org/stable/10.2307/26530804.

medical geography of Kerala was known for its integration of different therapeutic regimes. The significance of power dynamics in understanding why certain forms of healing systems became dominant over others was closely tied to the prevailing dominant ideology of the time. During the age of colonialism, psychiatric treatments dominated the healing discourse of mental illness among colonial masters, and this dominance reverberated within native communities, shaping their approaches and perspectives toward addressing insanity and mental health issues. However, this cannot be interpreted as a hegemonic reverberation of Western science and ideals but rather indicates the flexibility or fluidity that existed in the Kerala model of medical tolerance. The Malayalee community indeed followed a broader framework of mental health, resonating with different perspectives, integrating psychological, personal, and social well-being along with spiritual and ethical concerns.[29] Such a perspective is developed from the holistic understanding of mental health as the product of one's social, cultural, and spiritual conditions and conditionings, and thus finds cures in multiple easing techniques.

As Sudhir Kakar in Indian contexts identifies an astonishing number of practitioners, including "traditional physicians, palmists, horoscope specialists, herbalists, diviners, sorcerers, and a variety of shamans"[30] within the purview of alleviating mental illness, Kerala, the southern part of India, also reckons with a wide array of health practitioners. There were traditional *manas* specialized in treating mental illness, from the upper caste, elite segment of society, to shamans and tribal healers who employ a combination of rituals, herbal remedies, spiritual guidance, and folk healing to alleviate mental illness. Learned practitioners of Ayurveda, Siddha, and Unani popularized multiple dimensions of healing among the beneficiaries. The wholesomeness was the unique feature of the Indian healing tradition, which was not different in the Kerala context either. The soil here was conducive to cherishing various healing sciences, incorporating multiple idioms of illness and wellness. Kakar, for instance, divided the healing systems of India under three major rubrics, viz (1)

29 Sudhir Kakar, *Shamans, Mystics and Doctors: A Psychological Inquiry into India and its Healing Traditions,* Alfred A. Knopf, New York, 1982, p. 10.

30 *Ibid.,* 11.

Local and Folk tradition, (2) Mystical Tradition, and (3) Medical Tradition. While the Western paradigms of healing insanity mainly rest on the medical power of colonizers rooted in Psychiatry, Indian systems of understanding mental illness incorporated a mixture of different healing traditions, including Ayurveda, divine healers, and sacred spots of healing. The following is an attempt to analyze the various forms of therapeutics followed by the people of Kerala to manage mental illness.

Ayurveda

Medicine is as old as the instinctive avoidance of pain, and since this aversion to pain is an innate characteristic of human life, it can be said that medicine is coeval with life itself. The compilers of Ayurveda held this viewpoint that healing science is without a beginning, and the first promulgation of this science was done by the gods.[31] In Ayurveda, the concept of health embraces a holistic concept of well-being of body, mind, intellect, and senses. The social and spiritual wellness of individuals is also dealt within this science of healing, aiming to foster a sense of harmony. The concept of mental health was described in detail in almost all of the classical Ayurvedic texts. According to Charaka Samhita, insanity is the excessive wandering of intellect, mind, and memory.[32] The most important causes of insanity, as per Charaka, were “antagonistic, defective, and impure food; insult to gods, teachers and Brahmanas; mental shock due to fear or exhilaration and difficult postures. By these causative factors, the dosas get vitiated in the person having a small proportion of *sattva* (*guna*) and affect *hrdaya*, the seat of intellect. Therefore, reaching the mind–carrying channels that derange the mind of the person quickly”[33] and according to him, “perverted intellect, psychic agitation, restless eyes, impatience, incoherent speech, and vacant *hrdaya* (mind) – are the general symptoms of insanity”.

Furthermore, Ayurveda clearly distinguishes 'madness' arising from humoral

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31 “History of Ayurveda.” Hindupedia, the Hindu Encyclopedia, 13 June 2023, https://hindupedia.com/en/History_of_Ayurveda.

32 P.V. Sharma, *Charaka Samhita* (Text with English Translation), Chaukhambha Orientalia, Varanasi, 1998, p.160.

33 *Ibid.*

imbalance and psychic excitement caused by *bhutas* or demons.[34] The supernatural causation of mental illness mentioned in these texts might have emerged from the understanding of the illness from within the cultural context of India. And that is why one can see the mentioning of factors like "insults to gods, *gandharavs*, *pisacas*, y*aksas* and forefathers; past deeds, unmethodical performance of religious duties and vows, etc. as the cause of exogenous insanity"[35] in Charaka Samhita. Susruta Samhita also has a separate chapter on mental illness caused by supernatural forces (*amanusha-pratishedha*). Both texts mentioned various medical and divine therapies for preventing and managing mental illnesses.

Various psychiatric or mental diseases are mentioned in Ayurveda, among them few are well elaborated, like *Apsmara*, *Unmada*, *Atatvabhinivesh*, g*rahabadha*,[36] etc., which create disharmony in an individual's mental health. According to Charaka, "*apasmara* (epilepsy) is defined by experts as the departure of memory associated with entering into darkness (unconsciousness) and loathsome appearance due to derangement of intellect and mind".[37] As per Susruta, "Excessive inadequate and improper attention to the objects of the sense as wealthier actions, partaking of filthy, impure incompatible and uncongenial articles and regimen of conduct, repression of any natural urging of the body or aggravate *Rajas* or *Tamas* (nescience), or going unto a woman in her menses, or indulge amorous fancies, fright, anxiety or grief, etc., leads to an aggravation of the bodily Doshas which in turn affect the mind (*Chetas*) vary greatly and give rise to *Apasmara*".[38] Separate diagnoses and prescriptions were also mentioned in these texts for *Apasmara* and conditions like *Unmada*.

The knowledge of Ayurvedic healing has come down as an eternal tradition,

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34 Gananath Obeyesekere, "Ayurveda and Mental Illness," *Comparative Studies in Society and History*, Vol. 12, No. 3, 1970, p. 297. JSTOR, http://www.jstor.org/stable/178239, Accessed 14 Dec. 2023.

35 *Ibid.,* 161.

36 Gaurav Phull et al., "Ayurveda and Mental Health: An Insight", *International Journal of Research in Medical Sciences and Technology*, Vol. 7, Jan – Jun, p. 37.

37 Sharma, *Charaka Samhita*, 172.

38 Kaviraj Kunjalal Bhishagratna (ed), *An English Translation of Sushruta Samhita*, Vol. III (Uttara Tantra), S.L Bhaduri, B. L, Calcutta, 1916, p. 381.

which was a popular mode of treatment for healing mental, spiritual, and physical distress in human life. Ayurveda, therefore, is addressed as the entire science of life.[39] The popularity of this tradition didn't wane even when colonizers introduced modern psychiatry in India mainly because of its sensible diagnosis and therapeutic practice including the way in which Ayurvedic physicians examine the causes, case history, and symptoms of the patients and then only they decided on the medicines for healing and it is more or less like the methods of a modern medical practitioner. Ayurveda was not a homogenous entity; it had variations in the treatments and medicines according to locality, and in certain cases, physicians incorporated indigenous healing ways and drugs into the corpus of Ayurveda and ascribed a meaning of native remedies or "*nattuvaidyam*" to the tradition.

Ayurvedic branch of medicine stands as India's comprehensive science of life, encompassing every facet of a wholesome and balanced life, stressing both mental and physical well-being. It emerged and flourished within the rich socio-cultural landscape of India. According to the colonial records, significant progress was made by the regions of Malabar, Travancore, and Cochin in teaching and practicing certain indigenous systems of medicine, especially the Ayurvedic tradition. The Malabar District Gazetteer mentioned that "there are three colleges attached to *vaidyasalas* (or hospitals) in Malabar district and in the neighboring States of Cochin and Travancore, where students are taught the theory and practice of Ayurveda. The scholars and practitioners of Ayurveda in these regions have not ventured out and settled in other parts of the Presidency as "Malabar" *Vydyans*, carry on the practice of medicine in their villages or towns and earn a decent living. There is a great demand for their services among all classes of people. The local boards and municipalities established Ayurvedic dispensaries in charge of men trained in the Malabar colleges, or at the School of Indian Medicine, Madras".[40] This evidence itself speaks of the importance and popularity of indigenous healers especially Ayurvedic practitioners among the

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[39] Kaviraj Kunjalal Bhishagratna (ed), *An English Translation of Sushruta Samhita*, Vol. II, Published by the editor, Calcutta, 1911, p. 3.

[40] C.A. Innes, *Madras District Gazetteers, Malabar*, Vol. 1, Superintendent, Government Press, Madras, 1951 (Original work published in 1908), p. 291.

natives which even prompted the colonial state to patronize the study and practice of Ayurvedic medicine within the Malabar district and Madras Presidency. The repercussions of such policies can be seen in princely states where the patronage offered to Western medicine and the neglect of indigenous forms of healing, especially Ayurveda, created disturbances among the people. This was reflected in the form of questions raised by people's representatives in the Legislative Councils of Cochin and Travancore. For instance, in the Budget Session of August 1925 held in the Cochin Legislative Council, Mr. K Sankaran Namboothiri from Chothuruthi informs the Cochin Government that though two-thirds of the people of Cochin state depend upon indigenous Ayurvedic physicians for healing, the Government is investing more in enriching Western medicine. He thus requests the Government to promote Ayurvedic practices and practitioners because most of the hospitals providing modern medicine are located in cities, and it is difficult for villagers to get treatment from such institutions; even if they approach doctors from these hospitals, they have to procure medicine from outside at a high rate. Since Ayurveda was hailed as an indigenous form of healing providing herbal medicines, it was easily accessible, cost-effective, and efficient for various illnesses. According to him, the patronage of modern medicine will be helpful only to increase the number of modern hospitals in the State and thus will facilitate the doctors working there. Moreover, to state his observation, it will primarily benefit the upper class of society, as only they can afford these treatments and medicines.[41] Such suggestions and requests stemmed from the fact that the indigenous healing traditions were neglected and marginalized in the high tides of Western medicine, at the same time, also shows the significant popularity of Ayurvedic practices among the indigenous people of Kerala, which is why they raised their voices for the protection of the system.

Faith Healing

Faith is one of the important aspects in the healing practices associated with any form of human illness in general and particularly with psychological disorders.

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[41] Cochin Legislative Council Proceedings, Budget Session, The Superintendent, Cochin Government Press, Ernakulam,1925, pp. 760 – 762. RAE.

Faith cannot stand out as an independent factor for curing illness; rather, the patient manifests this in terms of his trust in his physician, the treatment availed to him, the potential drugs, his confidence in a speedy recovery, or his spiritual belief. This relationship between faith and the amelioration of human illness is connected to man's potential psychological ability to perceive, picturize, and feel a state of mind without illness and its pain because there is a strong connection between mental perception and physical condition. As faith boosts a patient's confidence, the chances for recovery are also very high compared to a patient who doesn't believe in improving his condition because the body's chemistry can cause effects similar to what the medication might have caused through his strong faith. The faith factor has two dimensions; firstly, it is connected with the patient's mindset of hope, confidence, and desire to recover from the condition of illness as early as possible and secondly, it is intermingled with his environment of treatment such as the facilities available to him, the effective relationship with his doctor, potential drugs and therapies, the presence of caretakers, his spiritual environment, etc. Faith is particularly important in the treatment and management of mental illness because these factors can predict recovery trajectories. However, in some cases of both physical and mental disorders, faith gives way to faith-healing practices.

Different researchers have interpreted the term 'faith healing' in different contexts. for some, it involves special prayers and services, while others define it as specialized rituals that are performed in a particular manner.[42] Though modern medicine is considerably popular and largely available to the natives, faith healing practices continue to be prevalent in different regions. Before the arrival of Europeans in Malabar, the Indigenous systems of medicine provided the necessary health care to the people.[43] These popular pluralistic treatment methods are rooted in the culture and tradition of the region, and it was easily available to the people at less expense. Modern

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42 Siddharth Sarkar et al., "Ethical Issues Relating to Faith Healing Practices in South Asia: A Medical Perspective," *Journal of Clinical Research & Bioethics*, Vol. 5, No. 4, 2014, p. 1. Crossref, doi.10.4172/2155-9627.1000190.

43 K. N. Panikkar, "Indigenous Medicine and Cultural Hegemony: A Study of the Revitalization Movement in Keralam," *Studies in History*, Vol. 8, No. 2, 1992, pp. 283 - 308. *Crossref*, doi. 10.1177/025764309200800206.

medicine and education were the twin pillars of colonial rule in India. State patronage helped Western medicine to compete with the indigenous traditions and, at times, showed its superior tendencies, which often marginalized the indigenous forms of healing by branding them as barbaric, superstitious, and beyond the pale of science and progress. The relationship between Western medicine and indigenous forms of healing was complicated. While there were prospects of give and take between the two entailing mutual exchange, Western medicine ideologically dominated indigenous practices, even as both continued to coexist, reflecting a practical and parallel existence of both among the native beneficiaries.

Modern medicine had to negotiate with the native pluralistic practices in some cases where there were no accurate answers for certain indigenous forms of illness. It seems that instead of having a hegemonic existence, modern medicine had a healthy interaction with the indigenous forms of the treatment system, and the interaction between the two was beneficial to each other. It helped the indigenous medicines to enrich and systematize their treatment methods. Indigenous practitioners, in fact, did not lack the will to incorporate knowledge from other systems with which they came in contact.[44] This fruitful interaction also helped modern medicine to understand the native systems, leading to a certain degree of indigenization of modern medicine. The initial hegemonic tendencies showed by colonial medicine through state patronage and the network of hospitals led to the emergence of the revitalization movement in Kerala. This was not only specific to the region but was an all-India movement. The movement was part of a general cultural-intellectual regeneration taking place during the late nineteenth and early twentieth centuries, and it was not an isolated phenomenon limited to the field of medicine.[45] The movement aimed to shatter the cultural hegemony of colonialism by regenerating the indigenous traditions and culture in almost all fields. P.S. Variar, the founder of Kottakkal Arya Vaidya Sala, was one of the leading figures of this movement in Malabar.[46] The effect of this movement

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[44] *Ibid.,* 283 – 308.

[45] *Ibid.,* 294.

[46] See for details, Deepak Kumar, "Medical Encounters in British India, 1820 – 1920," *Economic and Political Weekly,* Vol. 32, No. 4, 1997 January 25 – 31, pp. 166 – 170. Doi. https://www.jstor.org/stable/4405022.

in the medical geography of Kerala was that the protagonists of indigenous medicine could popularize their treatment methods by socializing their knowledge system and could question the hegemony of modern medicine. Moreover, the movement aimed to integrate the beneficial aspects of modern medicine into their treatment system, and hence, there were interactions and innovations in the medical field.

Among the varying forms of managing mental illness, spiritual healing was widely prevalent in Kerala. The dependence on faith healing practice never diminished, even though modern medicine, including psychiatry and its corollary institutions like lunatic asylums, expanded its wings of progress during the colonial period. The possibility of multiple idioms for expressing the illness in multiple therapeutic options provides the patient with different meanings for their sufferings, along with offering different methods to deal with them.[47] It is interesting to note that the popularity of faith healing practices is continuing amid modern, highly specialized methods of treatment and even with the availability of several alternative health care practices. A larger slice of the population is indeed attracted to faith-healing practices for curing illness, and this is particularly true in the case of mental illness. As additional help and support, many patients or their families seek help from non-formalized religious practitioners or faith healers with the hope of finding a solution for their mental pain. This may seem paradoxical, especially to the protagonists of modern medicine, as it is fully against their perception of treatment. However, the ground reality of managing mental illness among the natives is that faith healing was rationalized through culture and customs, and hence, the non-formal yet popular faith healers act as the primary treatment option for the vast majority of patients and their families. The deep-rooted perception of mental illness as a spirit possession or as a wrath from the divine power and belief in the supernatural causation of illness is deeply entrenched in society, and this may be the crucial factor for popularizing faith healing among indigenous communities. Ignorance and superstitious beliefs may also

[47] Hari Kumar Bhaskaran Nair, *"Marunnum Mathravum- En Ethnographic Enquiry into the Patterns of Affliction and Therapeutics in a Traditional Healing Practices in Malabar, North Kerala,"* 2010, Heidelberg University, Master thesis, doi.10.11588/ xarep.00001443.

prompt an individual to seek help from faith healers.[48] It is important to note that some quacks and local healers exploit the illiteracy and ignorance of innocent people, deceiving them into believing that they possess magic cures for their ills.[49]

Spiritual healing was, however, connected to the socio-economic, cultural, and religious factors prevailing among the natives in the region. Primarily, the stigma associated with mental illness and lunatic asylums in society keeps a section of the community away from institutional care and prompts them to seek alternative ways. Most of the families, especially the middle and upper classes, intended to keep high confidentiality about their ill family member and the disease that afflicted them. This is largely due to the fear that mental illness is something different from other forms of physical illness, which can create a negative impact on the patients. It is also perceived as a disgrace that affects the dignity and honor of the entire family. This fear and anxiety about mental illness are deeply rooted in society, and it was a social construct from time immemorial, hence there is a tendency to keep it with utmost secrecy and privacy.

Interestingly, the stigma associated with lunatic asylums is not attributed to the faith healing centers, as it was closely connected to the belief system of the people. Here comes the role of culture and customs, which recognize and legitimize faith healing centers as a part of the network of institutions facilitating the easy flow of human life. Apart from the stigma associated with psychiatric institutions, factors such as the easy availability of faith healers, less expense for treatment, the popular consent and societal recognition of ritual healing, spiritual relief, and even opinions and sometimes compulsion from family and relatives prompt the caretakers of the mentally ill patients to approach faith healing centers.

The hegemony of modern medicine, however, dismissed ritual healing as a superstitious and irrational practice that cannot provide any healing provision for

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48 Siddharth Sarkar et al., "Ethical Issues Relating to Faith Healing Practices in South Asia."

49 R. Raguram et al., "Traditional Community Resources for Mental Health: A Report of Temple Healing from India." *BMJ,* Vol. 325, No. 7354, 2002, pp. 38–40. *Crossref,* doi:10.1136/bmj.325.7354.38.

patients, both in terms of physical and mental wellness. In the struggle for survival under the pervasive influence of Western medicine, and in the midst of growing psychiatric institutions and psychological campaigns, faith healing practices adopt an overcoat of psychiatry and psychotherapy to claim it as "modern" and scientific. The psychologisation process of faith healing practices could produce more successful results with this professionalization and with the subsequent creation of a hybrid space in healing. Techniques aiming at spiritual relief are a potential tool for mental health if one can make sure to step aside from their toxic elements. It can boost the confidence of patients and create a positive mental outlook for them. Most colonial lunatic asylums also followed certain relaxation therapies and exercises for patients' mental health, including spiritual therapies, which would help them relax and refresh their minds. The faith healing centers that psychologize ritual healing practices provide psychotherapies to their clients. However, they often emphasize the possibility of curses, sorcery, evil influence, etc., as the cause of the ailments. Their continuing existence over the tides of modernization establishes the fact that they were adapted to the "modern" context by psychologizing their ritual knowledge and by indigenizing psychiatry. This alternative dialogue of managing mental health and insanity offers a localized at the same time so-called "modern" treatment system to the needy. They had created a parallel path of existence without compromising their knowledge system, and at the same time, incorporated the features of modernization of medicine. Rather than completely branding these native ritual healing traditions as superstitious, ignorant, and outside the pale of science and progress, the protagonists of psychiatry and modern medicine can uphold the idea of a holistic treatment system, inclusive of medicine and spiritual therapies or a comprehensive bio-psycho-social model, which can produce better results as mind over medicine matters.

The Hybrid Spaces of Rituals and Medicine: Epistemologies of Madness in Family Healings

Family physicians associated with certain traditional Namboodiri *Manas* in Kerala offered specialized healing for mental illness. Poonkudil Narana Mangalath *Mana* and Kattumadam *Mana* were two of such centers in South Malabar. The researcher visited these places of healing and attempted to explore the unique rituals

and medicines offered by these Nambudiri *Manas* in managing mental illness. The Poonkudil *Mana* was the reputed center of healing for those suffering from mental anxiety and agony. They approached psychiatry through the holistic spirit of spiritual healing and medicine. The unique combination of medicine and *mantras* helped this family gain popularity among the natives. The *Mana* has been offering treatment for more than 500 years, and the spectacular result they have gained among the beneficiaries is the working principle behind the success of this family. The system of treatment is based on Ayurveda, to which the family had added the traditional wisdom gained through their specific practices and rituals, which thus takes the form of a distinctive treatment system. The healers of this *Mana* continue to pass down centuries-old knowledge in the form of treatments to the needy regardless of religious differences.

The family traces back their treatment to the *Daivibhasya* mode of healing (medicinal and non-medicinal mode of treatment, including divine or spiritual remedies) in Ayurveda, which is a mixture of *Yuktivibhasya* (determining diagnosis based on reason) and S*atvachayam* (cultivating mental clarity through mental discipline, healthy lifestyle, and spiritual peace).[50] Their ways of adaptation to the changing therapeutic arenas strengthen their success in this field. In addition to imparting traditional knowledge, the current generation of practitioners of this family were Ayurvedic doctors by qualification and hence integrated their treatment with both the ancient transferred legacies and Ayurvedic knowledge of healing. Their understanding of mental illness is influenced by the culture, ways of life, and belief systems of the region. This cultural context also supports the reason and rationale for using a combination of medicine and *mantras* for healing psychological illnesses. In some cultures, spiritual solace is valued alongside medicines, and this unique combination can offer mental relaxation to those who seek it.

It is interesting to note that the stigma attached to mental illness often does not apply to culturally explained conditions such as ‘possession’. This is why many

[50] Dr. Navaneeth Narayanan, Interview, Conducted by Shareena Jasmin, 14 December 2022.

families and caregivers approach centers like Poonkudil *Mana*, where practitioners can identify the patient's mental condition, determine the probable causes of their illness, and offer culturally accepted interpretations such as *Kaivisham* (food given anybody along with some medicine to attract or repel), *kanneru* (evil eye), and 'possession'. In such cases, counseling was offered, medicines were administered along with *mantras* and rituals to help the patient, and since it is rooted in the cultural context, it is accepted and approved within the community. The satisfaction and results of the beneficiaries were given importance in this *Mana,* and according to which treatments were designed.

Poonkudil *Mana* is presently located at Vallikkapatta in Malappuram District. According to the family history, the roots of the Mana were traced back to the Rayiranellur Narayana Mangalathu, the home that sheltered Naranath Bhranthan, the illustrious rebel of Malayalam folklore.[51] According to the lore, Naranath Bhranthan was the son of Vararuchi, the famous astrologer who adorned the court of King Vikramaditya in the Gupta period, and his paraya (low caste) wife Panchami. He was one among the twelve offspring of Vararuchi and was brought up in Naranath Mangalath *Mana*. He had unique sensibilities and an extraordinary perception of life. As he grew up, he picked up strange behaviors and odd hobbies like rolling huge boulders up a hill and then letting them fall back down. The hill came to be known as Bhranthan Kunnu (madman's hill). The myth of Naranath Bhranthan shows a clear affinity with the Greek myth of Sisyphus, except that, while Sisyphus was cursed by the gods to do the relentless task of rolling rocks up the mountain, Bhranthan did so of his own choice.[52] The story of Naranath Bhranthan has another version that, due to his strange activities, people perceived him as mad and sent him to the Rayiranellur *Mana* for treatment for mental derangement. The physicians in the *Mana* recognized the wisdom of the said man and offered care for him, and thus he came to be known as Naranath Bhranthan. His wandering lifestyle, inconsistent behavior, strange

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51 *Tracing the Footsteps of Naranath Bhranthan | Palakkad | Travel | Manorama English.* https://www.onmanorama.com/travel/kerala/2018/12/07/tracing-the-foot-steps-of-naranath bhranthan.html. Accessed 12 Dec. 2023.

52 "Reliving the Myth of the Enlightened Madman." *Open The Magazine*, 12 May 2023, https://openthemagazine.com/cover-stories/reliving-myth-enlightened-madman/.

hobbies, etc., may be the reasons to identify him as a madman. Many believed that Naranathu Bhranthan was teaching the world through his actions, such as rolling rocks up the mountain height and letting them fall, illustrating the life principle of how easy it is to go down and perish human effort, though they worked hard to achieve it. He was reminded of the looming death, which was the only certainty in life. He was a philosopher in disguise, but he appeared as a madman to the natives. The perception of madness in native society is closely connected to the broader norms and order of the community, particularly the expectations of a settled life, and the deviations from such prescribed norms and behavior were often viewed as madness. Wandering existence, loud laughs, strange activities, etc., were some of the ideas connected to the native perception of madness, as is evident from the case of Naranath Bhranthan.

There is this story that when a man inquired of him why people call him *Bhranthan* – an insane, he replied, “I know me very well. So, I am accepting whatever they call me, as it doesn’t change who I am. But many around me, who are more insane than me are not admitting that. That is the only difference between others and me”.[53] Insanity, in fact, mirrored the wisdom of the madman and the philosophical dimensions of his mad enterprises.[54] The term madness is relative and has different meanings not only among different cultures, but it is also changing according to the individual perception of sanity and insanity. The larger and more general norms and orders of society determine the criteria of deviancy, where the individual perception of normality is subjected to the socially established ideas of sanity.

The Rayiranellur *Mana,* which was closely connected to the Naranath Bhranathan legend, was divided into three families based on their traditional occupation. Accordingly, Poonkudil *Mana* was granted the right to perform *mantravada* and treat mental illnesses. Naras Naranath Mangalam was given the right to perform tantric duties in temples, while Kallil Naranath Mangalam was given the right to perform traditional performances such as *panem kali* and *samghakali*. This

53 *Naranathu Bhranthan (The Madman of Naranam)*. https://groups.google.com/g/holy_trinity/c/bSquFBuSu8Y?pli=1. Accessed 12 Dec. 2023.

54 Michel Foucault, *Madness and Civilization,* Vintage Books, New York, 1988, pp. 26 – 31.

division is believed to have occurred during the 18th century, and as per the legends of Naranath Branthan, the family has more than 1000 years of antiquity.[55] Poonkudil *Mana* has been practicing treatments for mental illness for the last five centuries and has turned out to be the most successful cultural center of healing insanity in the adjacent locality. People, irrespective of their religious background, approached the physicians for centuries, and most interestingly, though this was a Namboodiri *Mana*, Muslim families are the largest to seek treatment from here. The *Mana* has been practicing *Shakteya Mantravada,* i.e., rituals and rites to please Bhagavathi, and they claim this to be *satvika mantravada,* i.e., a constructive and benevolent practice without any traces of black magic. Since *Satvika Mantravada* represents harmony and balance, its performance is believed to bring spiritual peace and positive transformation for the beneficiaries and thereby gain the trust and belief of their clients. The perception of the practitioners of this *Mana* is unique in the sense that they considered patients as their family members and performed *poojas* and prescribed medicines in the divine presence. One of the strongest reasons for *Mana*'s strong client base is the healing, efficacy of their medicines, which is believed to be empowered by the deities they are worshipping, including Ganapathi, Bhagavathi, and Rakteswari.

Another notable aspect of this healing tradition is that it was practiced only by the male members of the family who were trained in this unique system of healing through the elder male members, while women helped in the preparation of medicines. This was a non-formalized or non-institutionalized system of Ayurvedic healing which they had developed within their own purview of understanding and managing illness, and it acquired meaning and result from the perspective of beneficiaries. Ayurveda, powered with *mantras* and rituals, offered a kind of unique folk healing pattern here. The healing techniques of the *Mana* consist of the ritual called *uzhinjumattal,* literally to remove by rotating around, chanting mantras, and giving a

[55] മത സൗഹാർദ്ദത്തിന് പേരുകേട്ട പൂങ്കുടിൽ നാറാണ മംഗലത്തു മന 27- September 20218 Mathrubhumi Archives. https://archives.mathrubhumi.com/myhome/features/poonkudil-narana-mangalathu-mana 1.3175067.

sacred thread or amulet with holy ash.[56] The medicines mainly consisted of ghee prepared within the *Mana* along with certain Ayurvedic capsules and formulations.

Another family-based healing center popular for managing mental distress is Kattumadam *Mana,* located at Valiyakunnu near Valancherry in Malappuram District of South Malabar. The *Mana* has been associated with *Mantrik* and *Tantrik* rituals for almost 400 years. It is believed that Kattumadam is one of the six Namboodiri families in Kerala who received blessings from Lord Parasurama and consented to perform *Mantrik* and *Tantrik* rituals. The *Mana* has its roots in Kannur district, and it is believed that the family relocated from there to Valiyakunnu in Malappuram District. Kattumadam Namboodiris worship Goddess Durga in the form of Mahishasuramardhini inside the *Nalukett* and *Kuttichathan* outside the house in a tree. Though the family practices magical rituals for healing, the practitioners claim that the rituals are harmless and transparent. The family practitioners offer treatments for different types of mental illnesses, including seizures. They rely heavily on ghee, which is prepared through a 21-day chanting process along with chanted ashes mixed with some Ayurvedic drugs, which were consecrated within the presence of Bhagavathi and thus believed to acquire the divine power of healing along with its medicinal properties. Mental illnesses were often believed to be caused by the possession of evil spirits, so the practitioners would perform *Aavahana* rituals to free the affected individuals from their influence.[57] Various magical rituals and mantras are performed to alleviate distress and promote positive outcomes for those involved. These practices are not intended to be used for black magic, sorcery, witchcraft, or other harmful purposes. Just like Poonkutil *Mana,* the gates of Kattumadam are opened to people belonging to every religion. Possession by evil spirits is a belief shared by many communities in these areas, so rituals such as *Aavahanam, Uchadanam*, and special poojas are performed regardless of religious affiliation. Apart from healing, Kattumadam also functions as a space for performing the rituals prescribed by astrologers to alleviate the problems suffered by individuals and

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[56] Hari Kumar Bhaskaran Nair, *"Marunnum Mathravum- En Ethnographic Enquiry into the Patterns of Affliction and Therapeutics in a Traditional Healing Practices in Malabar, North Kerala",* 2010, Heidelberg University, Master thesis, doi. 10.11588/xarep.00001443.

[57] Praveen Namboothirippadu, Interview, Conducted by Shareena Jasmin, 28 August 2023.

families. The knowledge and wisdom of family healing and spiritual practices are passed down through generations, containing practical knowledge.

The satisfaction and results enjoyed by their beneficiaries are the ultimate popularizing factor for the success of these *manas.* In fact, oral testimonies or mouth publicities led to their unchallenged existence through the centuries. The unique and culturally-bound treatment approach is the reason behind their presence and popularity even in the age of modern psychiatry. This should also be understood in the cultural context of Kerala, in which mental illness is knitted with the belief systems of the people. For anthropologists and sociologists, culture is the totality of living patterns of a community, and if culture defines the concepts of positive mental well-being, then the dimensions of illness and its cure are also rooted in that cultural purview.[58] As Halliburton argues, individuals suffering from psychopathology and possession experience an interconnectedness of the body, mind, consciousness, and self/soul. Consequently, they require a culturally and historically approved treatment approach that should be grounded in local phenomenological understanding,[59] which in turn explains the continued existence and demand for spiritual healing centers among the native epistemology of healing mental illness. Indian experiences with indigenous healing systems generally promote traditional practices, which are considered more liberating and trustworthy because they reflect the cultural and personal values of the community.[60] As Tarabout argues, "the localized faith healing centers are excellent examples of the "psychologisation" of religious or cosmological healing and its translation onto "Indigenous forms of psychotherapy". [61]

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[58] Vinay Kumar Srivastava, "Some Thoughts on the Anthropology of Mental Health and Illness with Special Reference to India," *Anthropos,* Vol. 97, No. 2, 2002, pp. 532–33. *JSTOR*, http://www.jstor.org/stable/40466051. Accessed 12 Dec. 2023.

[59] Murphy Halliburton, "Rethinking Anthropological Studies of the Body: Manas and Bōdham in Kerala," *American Anthropologist*, Vol. 104, No. 4, 2002, p. 1123. *JSTOR,* http://www.jstor.org/stable/3567101. Accessed 12 Dec. 2023.

[60] Frederick M. Smith, "Possession, Embodiment, and Ritual in Mental Health Care in India," *Journal of Ritual Studies*, Vol. 24, No. 2, 2010, p. 22. *JSTOR*, http://www.jstor.org/stable/44368826. Accessed 12 Dec. 2023.

[61] Gilles Tarabout, "Psycho-religious therapy" in Kerala as a form of interaction between local traditions and (perceived) scientific discourse," in Marine Carrin (ed.)., *Managing distress: Possession and Therapeutic cults in South Asia,* Manohar, New Delhi, 1999, pp. 133 - 154.

Epistemologies of Healing Mental Illness in Arabi Malayalam Texts

Arabi Malayalam is a crude mix of Arabic and Malayalam languages, following the grammatical rules from Malayalam with Arabic as the basic script.[62] The language has produced extensive literary, liturgical, scientific, and philosophical texts of the Mappila community of Kerala. The collections of romantic ballads, folk songs, war songs, etc., written in the language reflected the Mappila literary tradition over centuries. It stood as the medium of education for the Mappilas of Kerala when mainstream education was not accessible to the majority of this community.[63] The evolution of Arabi Malayalam in scriptorial, literary, and textual formats can be seen from the seventeenth century onwards[64] and most of such texts were aimed at recording collective practices of Mappilas of Malabar to form a 'liturgical selfhood',[65] for them.

The knowledge contained in the Arabi Malayalam medical texts of the nineteenth and twentieth centuries for healing mental illness is tremendous and reflects the understanding and perception of insanity among the community during these centuries. These texts more or less identify insanity in terms of mental imbalances and strongly suggest the roots of the disease to spiritual etiology. The solution thus prescribed is in the form of medicine, hymns, talismans, etc., to get protection from the evil spirits. Though Arabi–Malayalam texts were classified as religious texts and vernacular community texts, the medical texts of this genre record the regional medicines, including Ayurvedic therapeutics, Yunani medicines, and community practices of Mappilas of Malabar. This was because the scholars of the time translated many of the Ayurvedic texts, including *Ashtanga Hridaya,*

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62 M. H. Ilias and Shamshad Hussain. K T, *Arabi Malayalam: Linguistic, Cultural Traditions of Mappila Muslims of Kerala,* Gyan Publishing House, New Delhi, 2017, p. 49.

63 Musaddique Kottaparamban, "Sea, Community and Language: A Study on the Origin and Development of Arabi–Malayalam Language of Mappila Muslims of Malabar," *Muslim Journal of Social Science and Humanities,* Vol. 3, Issue 4, 2019, p. 413.

64 P. K. Yasser Arafath, "Polyglossic Malabar: Arabi Malayalam and the Muhiyuddinmala in the age of Transition (1600s – 1750s)," *JRAS*, Vol. 30, No.3, 2020, p. 518.

65 *Ibid.*

Upakarasara, Mahasara, etc., to Arabi Malayalam, which then influenced the community's understanding of healing. The science of medicine reflected in these texts carries the cultural heritage of the community during the particular period and at the same time reverberates the regional epistemologies of healing. These texts and the knowledge transmitted from them stand in close conjunction with the community's understanding of insanity and more or less preserve the existing remedies of the time for curing mental illness and its various forms.

Interestingly, these texts produced a mixture of Ayurvedic medicines, clubbed with the techniques and methods prescribed by the holy Quran and the words of the Prophet Muhammad to avoid evil spirits. This may have emerged from the community's understanding of insanity, both in the medical and metaphysical realms. Since Arabic–Malayalam was the popular script that existed among the community, intellectual progress and cultural traditions were also recorded in it. Apart from medical practices, it also contained the knowledge that emerged from the experiences of the natives and wisdom transferred through the re-examination of such experiences, and thus can be considered as the cultural resources of the community.

As per the text *Vaidyanjanam*, written by Pattalath Kunji Maheen Kutti Vaidyar in 1893, there are 13 types of *sanni* (epilepsy or seizures).[66] A more detailed version of the description can be seen in the text *Vaidya Yoga Ratnam*, published in 1940, according to which there are eighteen types of fits (*apasmaram*), and this state of disease comes mainly because of the possession of the individual by *pishaj*, an evil spirit.[67] The text narrates the evil influences on the human body based on the belief system of the community, such as if somebody goes out at dusk, the *pishaj* will possess their body, and they will lose consciousness. There is another demon named *Uchaman Kali*. It comes out in the afternoon and affects individuals who go out after noon. If *Uchaman Kali* possesses someone, their body will become weak, and the desire to break down will always alternate in them. They will always be longing to take a bath

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66 Pattalath Kunji Maheen Kutti Vaidyar, *Vaidyanjanam*, Noorudhalam Press, 1893, pp. 26 – 33.

67 Hakeem K. Kunhi Ahmed Moulavi, *Vaidya Yoga Ratnam*, Murshid Press, Tirurangadi, 1940, p. 469.

and once removed from water, they will lose consciousness. There is a third demon named *Chamundi* or *Bhairavi,* which will possess people mostly on Tuesday. Once it is possessed, the individual will lose consciousness immediately. They will tend to eat soil, frequently urinate, and experience continuous bowel movements. There is a fourth demon called *Sarasya Mohini* who will come out after 7.30 at night. If it sees humans, it will possess their bodies and subsequently will lead to the loss of eyesight, the ears will be closed, and consciousness will be lost. The text also mentions the possession by other demons by names such as *Chudala Bhadrakali, Brahmi, Marthyu Bhayankari, Yamani, Kadukali, Braham Vahini, Yamini, Karimoorthi, Durga Devi, Kumari, Basere Vashari, Yamini Durga*,[68] etc.

While the text identifies the causation of the fix in supernatural terms, it prescribes herbal medicines for these conditions. For each demon possession, the symptoms are different, and hence the medicines are also different. For instance, the treatment of fix caused by the devil called *Deha* involves performing *nasyam* using a mixture of the juice of the bark of an Indian coral tree, *munja* leaf, and the bark of a drumstick tree, combined with breast milk. Another remedy was prepared by mixing rabbit blood, chicken blood, ghee of water hen, oil, and to which sweet flag and frankincense were added. Its consumption and *nasyam* in the nose were believed to heal insanity.[69] The text describes various medicinal combos for different types of fixes caused by different demons.

The text named *Vaidhyasaram Enna Tharjjama*, written by Konganam Veettil Bava (Ahmad) Musliyar in the year 1890, mentions about 13 types of different mental illnesses, including Chitthavibhramam Sanni.[70] Another work, *Yunani Yogasara Vaidya Tharjjama*, authored by K. K. Muhammad Musliyar in 1906,[71] provides a detailed account of various medicines used for the treatment of mental illness. According to the text, the consumption of cow milk mixed with licorice will benefit

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[68] *Ibid.,* 469 – 473.

[69] *Ibid.,* 473 – 474.

[70] Konganam Veettil Bava (Ahmad) Musliyar, *Vaidhyasaram enna Tharjjama*, U.M.Abdulla Haji, Ponnani, 1890, p. 81.

[71] K. K. Muhammad Musliyar, *Yunani Yogasara Vaidya Tharjjama*, 1906, pp. 372 – 373.

those with mental illness. Additionally, the text recommends medicinal combos such as grinding the datura roots with cow's milk to heal brain disorders.These texts made distinctions between different types of mental illness, like *unmada*, *apasmaram*, *sanni,* etc. Most of these texts identified madness in terms of mental and physical imbalances while also emphasizing a spiritual understanding of madness, stressing the supernatural causation of the illness. Although they identified the causes in terms of spirit possession, divine wrath, etc., the medicines prescribed mainly followed Ayurvedic as well as Unani techniques of preparing and prescribing medicines to the patients. The psycho-somatic, as well as the spirito-somatic understanding of insanity, is rooted in the existing socio-cultural as well as the religious understanding of the period, which provides acceptance and legitimization to this knowledge among the beneficiaries.

The production of a new Malayali identity resulted in the marginalization of the Arabi Malayalam language through the standardization of Malayalam as the language of Malayalees and through instilling national sentiments.[72] The authentic and uniform culture of Keralites was produced at the cost of sidelining the heritage and culture of the vast groups of people who had different and distinct literary traditions, epistemologies, and existence. The commonness was highlighted in the national unity, pushing secularism as the shaping factor of togetherness. This, however, resulted in the marginalization of many community productions as parochial and private, and hence gradually vanished from the public sphere. The sidelining of Arabi Malayalam occurred through the scanning process of nationalism and secularism, and they were interpreted as mere religious texts produced for the consumption of a particular community, nullifying the anti-colonial and national ethos echoed in many such texts. These texts should be reread and reconstructed through a more nuanced lens of cosmopolitanism and scanned through the cultural heritage and the contributions of a community in constructing and reconstructing the Malayali selves, rather than being narrowed down to the homogenized culture of Keralites.

[72] Ilias and Hussain, *Arabi Malayalam*, 15 – 17.

“Rational West and Ridiculous East”: The Colonizer’s Paradox on Divine Healing in India and Home

Interestingly, though the British nullified the values of indigenous spiritual healing practices as barbaric and unscientific in colonial contexts, they had set up a commission of Divine Healing in Home to enquire into the positive outcome of spiritual ministrations and the physical and psychological values of such healing services along with encountering its possible harmful effects, such as the risk of delay in securing medical advice.[73] Though this development in Britain is traced back to 1956, marking the post-colonial era in Indian history, it holds significant importance. Throughout the colonial period, the British had vehemently criticized Indigenous Indian faith healing practices as primitive and their practitioners as quacks, however, the decisions made by the newly appointed Divine Healing Commission in 1956 shed light on some of the major developments in the field of medicine in Britain. The commission was set up by the Archbishops of Canterbury and York and was asked by the British Medical Association to submit a report regarding the prospects of divine healing and the possible cooperation between clergy and medical professionals. As a part of this, they circulated questionnaires to a number of individuals, including members of the Christian Medical Fellowship. Inquiries on the subject of healing were asked only to the members of the medical profession, but as far as the question of cooperation between clergy and doctors is concerned, information was obtained from many clergy and the Hospital Chaplains Fellowship. Evidence of spontaneous healing or spiritual healing was collected on organic, mental, or psycho-somatic illness, and observed that a large number of such examples came from Mission hospitals.

According to the report of the Divine Commission, “The types of illness said to be cured by spiritual healing fall into the following two categories: (1) psychogenic or psychosomatic disorders and (2) organic conditions. Disorders of psychological origin, says the Committee, may be cured by many methods of treatment affecting the patient's mind and emotional state, and these may include spiritual healing, the laying

[73] *Divine Healing, B.M.A Evidence to Archbishops’ Commission*, The British Medical Journal, Vol. 1, No.4975, 1956, p. 269. RAK.

on of hands, and unction, as well as forms of analytical treatment and suggestion or hypnosis. Some of these methods direct themselves simply to the abolition of the symptom, such as the removal of pain or a hysterical paralysis; others aim at discovering some of the causes and the meaning of the illness and by allaying the anxiety may cure the patient more radically and permanently". While recognizing the relief that the patient can attain through spiritual healing, the committee was cautious about the danger it can invoke if it is practiced by people without specific knowledge. According to them, the remission of disease cannot be considered a "cure," but in most cases, reduction of pain through spiritual healing has attracted wider popularity without realizing that the disease is still present and is not completely cured. The effect of combined treatment that follows the guidance from spiritual healing and the treatment prescribed by the doctor, thus may be more effective in leading to the alleviation of disease, but it cannot solely be attributed to the merit of spiritual healing, and the cure is probably due to the result of medications.

As per the report, "there is little room for miraculous cures of organic diseases by the method of spiritual healing".[74] The committee, on the other hand, recognizes the value of religious ministration in disorders like neurosis, alcoholism, and functional disorders and its success in bringing neurotic temperament in patients, helping them to remove strain and stress and to acquire peace of mind and contentment. While spiritual healing helps the patient to be cooperative and courageous in organic illness and to keep up the morale of the patients, it alone cannot cure the disease. The committee thus concluded their findings by arguing that "While persons suffering from psychogenic disorders may be "cured" by various methods of spiritual healing, just as they are by methods of suggestion and other forms of psychological treatment employed by doctors, there is no evidence that organic diseases are cured solely by such means".[75]

Interestingly, the committee also enquires about cures associated with magic, and argues that the power of witch doctors proved stronger than that of the doctors

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[74] *Ibid.,* 270.

[75] *Ibid.*

and missionaries in certain cases. The healing services offered by spiritual healers and their physical and psychological values were an important consideration in this committee. Though they couldn't provide a definite or conclusive answer to their service, they admit the fact that the mysterious nature of the human mind can find solace even in suggestions from the healers, and it might work out in the curative process. Though spiritual healing offers benefits, it also has undesirable factors like misconstruing the cure as solely reliant on the magical power or the mystical abilities of the healer. However, it is also instrumental in promoting the well-being of the patients acknowledging the importance of spiritual factors in rehabilitation. The committee, though, found evidence of negative results for some patients due to the practice of the Christian Science of healing; they do not make any comment on that belief system.

As far as the question of the cooperation between clergy and doctors is concerned, the committee referred to the statement issued by the council of the association in 1947 as per which the intersection between medicine and church should produce a dynamic philosophy of health backed by moral and scientific principles of wellbeing and the present committee also agrees that the teamwork between clergy and doctors can meet the total needs of the patients. The association between the two was defined, as per which a spiritual healer is not a medical auxiliary; he should minister to the religious beliefs of the patient, and the registered practitioner should minister to the physical health of the patient.

Since healing is a relative terminology, it is difficult to describe the experiences of patients and their perception of cure. If cure is all about freedom from symptoms and alleviation of pain, the method of attaining such a mental and physical condition is also different and relative according to the socio-economic condition, religious values, belief system, cultural contexts, family milieu, etc., of the patient. In colonial India, spiritual healing, especially for psycho-somatic illness, was part of the indigenous epistemology of healing, and as far as the beneficiaries are concerned, approaching a divine healer is just another therapeutic option available to them for expressing their mental and physical pain in a different language of cure. For them, healing takes place through such culturally accepted spaces. However, the British in

India tried to dismiss such multiple forms of healing irrespective of the meaning they carried within the socio-cultural space of the indigenous communities. The yardsticks of colonial science measured these forms of native healing as ignorance and superstition of a barbaric race. The supremacy of the Western world was proclaimed through its superior scientific regime, for which it is essential to outcaste native systems of healing and their space and pace in the changing therapeutic sphere of modern and progressive systems of cure. However, during the post-colonial era, Britain itself recognized the importance of spiritual healers in community health care services, and then, the science of medicine came to collaborate and cooperate with the works of spiritual healers. The shift in the post-colonial understanding of spiritual healing lies in the fact that there is no need to maintain the perceived prestige of the ruling race by nullifying the healing systems of a colony like India. The acceptance of the benefits of divine healing shows the inherent double standard taken by Britain during the colonial and post-colonial eras.

Hegemony or Harmony? Western Psychiatry and Indigenous Forms of Healing

The liminal space of constant interaction among heterogeneous Indigenous medicines provides patients with multiple options and choices, and it is often visible and accessible not only at the level of practice but also within the discursive field constituted by the theoretical framework.[76] This prepares the ground for understanding the meaning and management of illness, including physical and mental, within the wider purview of the association between self and soul. The possibility of expressing mental illness in multiple idioms and the availability of pluralistic choices of healing provided a healthy, holistic existence of different therapeutic options, including Western psychiatry. Rather than hegemony, there was harmony between these multiple forms of healing systems, and they continued to cater to the needs of the patients and caretakers according to their choices and demands. This inclusive approach allowed the patients to opt for personalized treatments that resonated with their cultural, spiritual, and psychological needs. The coexistence and collaboration

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[76] K P, Girija, *Mapping the History of Ayurveda: Culture, Hegemony and the Rhetoric of Diversity,* Routledge, New York, 2022, p. 2.

between foreign and indigenous healing modalities help the patients to create a diverse and comprehensive realm of managing mental health, rather than going for any singular narrative of treatment. Though the state patronage helped Western Psychiatry to gain acceptance among the natives, the indigenous systems of healing were worked in conjunction with it and not in isolation. Herbal remedies, spiritual remedies, and traditional therapies all worked together to create a tapestry of healing. The interconnectedness between these forms of healing and their synergistic coexistence created a holistic healing tradition of insanity in colonial Kerala society. The intricate interplay between soul, self, body, and mind created a well-balanced equation of mental and physical well-being and for that, the natives of Kerala depended upon an inclusive healing tradition which resulted in a more nuanced existence of therapeutic diversity within the management of mental illness rather than conforming the established theories of psychiatric hegemony.

Chapter VI

Conclusions

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The establishment of lunatic asylums in colonial India was a part and parcel of the British scientific regime, which was intended to proclaim an age of progress in India. Though the credit for introducing modern medicine in India goes to the Portuguese, lunatic asylums were the product of British rule. The embryonic network of asylums established in different parts of colonial India was primarily aimed at providing protection for mentally ill Europeans like sailors, soldiers, etc., which in the course of time extended the confinement provision to the mentally ill natives, resulting in the foundation of a large number of native-only lunatic asylums. The institutions established in India were modeled on the West with considerable modifications in the Indian setting. The importing and implanting of Western epistemologies of healing insanity based on Psychiatry and its offshoot lunatic asylums to a colony like India was a complex process. The region, representing the "exotic Orient" in colonial narratives, was famous for varying methods and machinations of dealing with illness, both mental and physical. The rooting of Western psychiatry in Indian soil was thus a taxing task, but made easy through state patronage and exalting a regime of science and progress.

The soil for rooting the institutional network of asylums in colonial India was prepared through the propaganda of colonial enlightenment in medicine, along with stressing the all-around progress that the British aimed to impart for the welfare of the colonized. The politics of progress embedded in colonial institutions, especially in medical establishments, were cross-knitted with the humanitarian cry of the colonizers for the protectionism of the fallen native minds who were positioned much below the civilizational ladder and on the periphery of modernism and advancement. In the colonial context, the concept of "White man's burden" was thus projected in the form of liability and responsibility of a mentor to offer a better experience for the

uncivilized and unsophisticated mentee, helping them to climb the ladder of progress. The honor and eminence of the colonial masters were depicted in reforming the subject by reinstating cherished values and ideals of disciplined, settled, and productive colonial subjects, for which colonial institutions like lunatic asylums were extensively employed, alienating the troublemakers of native society.

According to Foucault, the birth of lunatic asylums in the modern Western world was primarily caused by the need to incarcerate the unnecessary elements of the population, like those who are deemed "unreasonable" and "unproductive," including lunatics, vagrants, etc. Their exclusion and systematic isolation through the "medicalization of madness" stemmed from and strengthened the notions of social security of the larger sane society. The pathologization of non-conforming behaviors, particularly those arising from unproductive wandering lifestyles, was deemed necessary at a time when the existence of an individual was valued on their ability to contribute to the industrialist, fast-growing Western economy. When lunatics were beginning to be considered a threat to public security and order, their systematic alienation was initiated through lunatic asylums. The construction of madness within the intellectual discourse of normality and sanity gained momentum with cultural and economic changes during the leap to modernism in the Western world. The association between confinement and control emerged along with these changes, resulting in the reinforcement of institutional barriers. The physical restriction of a mentally ill individual seemed the possible solution for public peace, along with the possibility that they could be reformed through the moral and medical interventions of asylums to mold them into laboring assets within the institutional boundary.

The disappearance of leprosy by the 15th century in Europe, according to Foucault, created a vacuum of morals attached to lepers, which then found another scapegoat in mental illness and unreason[1]. "Casting off the crazy," which was earlier practiced through methods like "Ship of Fools," gave way to the confinement institutions conspicuously reflecting the values of humanitarianism, protectionism of

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[1] Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason,* Vintage Books, New York, 1965, p. 6.

the fallen, and security of the public, at the same time, was inconspicuously intertwined with the equations of power and control embedded in disciplining and managing “the mad” along with extracting their labor. The distinction between “man of reason” and “man of unreason” presents a more nuanced history of humanity where the difference between the two echoed the dominance of the former over the latter. The agency of the “man of reason” to enter into the world of the “man of madness” is the medical science[2] that offers a realm of healing. The constitution of madness as mental illness at the end of the eighteenth century affords evidence of a broken language. The language of psychiatry, which is essentially a monologue of reason about madness, has been constructed solely on the silence of the “man of unreason”. In the Foucauldian framework, asylum as a juridical space offered punishments to the madman by confining, judging, and condemning him. It furnished police, magistrates, and torturers, where even therapeutics take a form of repression and become the instrument of punishment.[3]

The networks of lunatic institutions in the colonial context were carefully fitted to the surveillance strategy of the State, by which the trouble makers were alienated and confined to the darkest corners of the colonial society. Asylums became part of the “investigative modalities” of the rulers, where the invasive terrain of Western psychiatry examined and recorded the follies and frailties of native minds. The moral and social authority of the psychiatrist within the asylum in the Western world reverberated as the medical power of the “new science” in colonies. The positioning of the doctors in these institutions was in fact, set within the liminal space between medicine and morality, projecting the medical power of the colonizers while practicing moral power. The relative tranquility and calmness offered in the asylum were extracted through the tyrannical harshness of the physicians and keepers of the asylum space, which were then interpreted as the triumph of Western science and medicine. The healing science of asylums, in fact, practically prioritized the moral and ethical measures, and the cure was interpreted in terms of the patients’ will to

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[2] *Ibid.,* 10.

[3] *Ibid.,* 279 – 280.

incorporate the moral values and the willingness to perform their gender-oriented duties with calmness and control.

The positioning of asylum in colonial society had far superior implications than Foucault's observation of Western asylums. Colonial institutions, more than offering custodial space, control, and confinement for the troublesome lunatics, became a sophisticated tool for exerting domination, not only over the troublemakers or public threats but also over the political opponents of the State. Lunatic asylums in colonies with a legal, judicial, and medical framework could wield their influence in incarcerating the disruptive elements of native society and thereby help the State to keep the threats under check. The political facets of the lunatic asylum in colonies provide a distinctive interpretation of this institutional network and make it a subject of confrontations among the natives. The colonial settings of this institution closely resemble Western frameworks, including their paraphernalia of surveillance, control, and punishment. But more interestingly, they reflect the political dynamics of power and serve the colonial interest of the State.

In the Indian context, initially, madness was a private business ensuring profit through the care industry. Asylumdom was expanded with the British Empire's geographical expansion in India, marking the birth of a lush and rich Indian colony. It had its repercussions in various fields, including the extension of psychiatric care, resulting in the budding and blooming of Asylums in different parts of India. The pioneer institution in this regard was established in Bombay in 1745, followed by lunatic asylums in Calcutta and Madras. While analyzing the regional-specific framework of colonial Kerala, which was then divided into three different geographical units, viz, Malabar, Cochin, and Travancore, we can trace the development of three major native-only lunatic asylums in these geographical units, each catering exclusively to the native population. While Malabar was under the direct control of the colonizers, constituting an integral part of Madras Presidency, Cochin and Travancore were ruled by princely rulers of their respective regions. Oolamapara Lunatic Asylum was the pioneering institution of its kind in Kerala, established during the reign of Ayilyam Thirunal Rama Varma. It came up in 1870 and offered custodial and curative space for mentally ill people in and around the Travancore

princely state. Being hailed as the progressive princely state of colonial India, Travancore was one of the first states to introduce modern methods and machinations of medicine. A large number of hospitals and dispensaries came up in the state through relentless contact with the British, and the establishment of Oolampara asylum signified the intrusion of Western psychiatry in the region. The second institution that came up in this regard was the Calicut asylum in the Malabar district under colonial rule. This was established in the year 1872, offering institution-based provision for the native insane from Coimbatore, Nilgiris, Coorg, Madura, Ramnad, Salem, and Tinnevelly. The final one was established at Thrissur in 1889 by the Cochin Maharaja, and it functioned as a curative space for the mentally ill patients of the Cochin princely state.

The institutional provision that emerged for the treatment of insanity was a novel mode of managing mental illness in Kerala, just like in any other part of India. The acceptance, accommodation, and adaptation of this 'new science' in the Kerala context attest to the history of contestations and negotiations, along with highlighting the region's tolerance for different but dynamic modes of healing. Colonial Kerala, in fact, presented a picture of holistic healing even under colonial dominance. The curing mechanisms or the healing paradigms of insanity that existed in this part of the country produced a unique picture of the co-existence of varying therapeutics, developing a simultaneous or parallel path of multiple systems of healing. The preference of patients and their family decides their methods of treatment, except in cases of criminal lunacy. Since criminal lunacy was cross-knitted with legal and medical provisions of crime and insanity, it came under official cognizance and was tried in courts examining the mental state of the accused. The definition of criminal lunatics was under the legal provisions, which suggested the privilege of granting medical treatment to the individual who was found guilty and at the same time acquitted on the ground of insanity. Criminal lunatics experienced a state of life between prisons and asylums. Once they are transferred to the lunatic asylums, they will be subjected to medical treatment, and after they are cured, they will be moved back to the prisons to undergo the unexpired portion of their imprisonment. The problem with the definition of criminal lunatics in a colonial context is that oftentimes this particular nomenclature and identity were conferred upon protesting groups or individuals,

pathologizing their political moves, and problematizing their consciousness and their identity of being affirmative subjects. Devaluing the struggles and rebellions of natives using the label of madness was a conspicuous feature of the colonial State. This was particularly visible in the context of Malabar, where Mappila rebels were confined within the Calicut lunatic asylum as criminal lunatics during the 1890s.With the development of modern ideals of punishment and control, more sophisticated forms of confinement were introduced in colonies. Bentham's idea of the panopticon itself was aimed to provide such a paradigm shift from coercive or physical control to a more subtle form of surveillance whereby the body and mind of subjects were controlled and persuaded to act like they were watched and controlled at all times. Being an apparatus of surveillance, Bentham's panopticon ideas were applicable not only to prisons, but also to hospitals, asylums, factories, and other workplaces. 'The politics of gaze' works well in this whole system of control, which conditions the inmates' minds regarding their visibility, and regular watching. The bizarre brains and batty bodies within the asylums were also fitted into this framework of control, which was then justified as a less coercive form of punishment and confinement. As Foucault argues these changes took place during the end of the eighteenth and the beginning of the nineteenth century when there was a shift from a "culture of spectacle to a "carceral culture".[4] This change should be viewed with Bentham's notion of "internalization of being watched"[5] which created an idea of "power in disguise" or the invisible gaze. This was the basic thread of the functioning of colonial institutions, including prisons and asylums, and even the ordering of colonial society has its premise on it. Nineteenth-century outcries over the inhuman treatment inflicted upon prisoners and lunatics also significantly influenced the change into "carceral culture," which was intended to provide a sort of rehabilitation and 'reform' for the most vulnerable class of people, like the lunatics. Based on the Foucauldian framework, the jurists' concern for the lunatics stems not from their humanitarian values or the

[4] Michel Foucault, *Discipline and Punish: The Birth of the Prison*, translated by Alan Sheridan, Vintage Books, New York, 1995, pp. 7 – 8.

[5] Dino Felluga, "Modules on Foucault: on Panoptic and Carceral Society", Introductory Guide to Critical Theory, Purdue U. http://www.purdue.edu/guidetotheory/newhistoricism/modules/ foucaultcarceral.html. Accessed on 22nd February 2024.

economy of care, but their appetite for medicine, and the appeal for psychological care emerges from the economy of power, which sometimes takes the form of "normalization of power". These carceral institutions, along with restricting the body, control the mind of the inmates, which forms the basis of this apparatus. This new modality and epistemology of power in the colonial context took a more oppressive nature but in a less conspicuous manner. In the Western world, the "economy of power" monitored and controlled deviants like the insane, criminals, etc. However, in colonial contexts like India, there were again nuances in the "naturalization of power" based on race, caste, and class. The chimeric conglomeration of power in colonies emerged from the superiority of the masters, which led to the refraction of power in more unique and stronger ways compared to the West. The equations embedded in the power structure here in India were beyond the invisible gaze or inconspicuous ways of control and confinement, though which underlines the colonial apparatus, more specific ways including "epistemic imperialism" were implanted by which the roots of colonial society were targeted, and the naturalization and justification of imperial power were structured. Foucault rightly pointed out the disciplinary developments connected to the penal apparatus and how the power discourse becomes medicalized and psychologized with the growth of disciplines like Psychiatry, medicine, etc.[6] The network of carceral institutions including lunatic asylums was not only part of the colonial alienation technique or casting off method of the pests, but was strategically linked to the epistemologies of new by which the body, mind, consciousness, sub consciousness, and even the soul of the individuals were questioned and made them question themselves regarding their methods and machinations of existence.

Lunatic asylums were praised as the gift of colonial masters to the ignorant natives who followed superstitious practices and blind beliefs to heal insanity. The service mindset and humanitarian cry of the State were projected, disguising the systematic exertion of power over the native mind and body by incarcerating their spirits in asylums. Deviance and disorder were defined by the state, and the liminal

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[6] Foucault, *Discipline and Punish,* 304.

space between the two was marked by the colonial medical and legal paradigms. The whole system was thus naturalized with apparatus suitable for controlling and navigating the "pests" of colonial society. The "power of normalization" and the "normalization of power"[7] were executed through the meticulous network of carceral institutions. The change from visible to invisible forms of power, as Foucault argues, does not reduce its ability to raise fear in the subject; in fact, it multiplies through the internalization of the notion of authoritarian surveillance, and surveillance in turn enables the colonizers to gather knowledge about their subjects.

The Western legacies of legality were tried to implement in the colonial context, leaving the imagination of an orderly society comprising of "the other". While the colonizers formed the group of "other" in a completely alien land which was colonized, the otherness was imagined in the form of a "progressive, protective, modern, humanized other" in a land of "barbaric, careless, uncivilized, savage people". The difference was imagined in terms of superiority and supremacy of one over another, which was manifested as the right to be the sovereign, the master, or the lord of the land. This mastery over the inferior race was achieved through relentless efforts to understand them, for which they attempted to create a body of scientific and objective knowledge regarding the subject population. The intellectual conquest was achieved through the development of scientific disciplines such as Anthropology, Psychology, etc. Psychology was used to study the mind, mentality, and behavioral traits of the conquered people, which later became a tool for reinforcing stereotypes and framing the natives as the significant other of the reformed and refined Europeans. The colonial conquest through scientific power and the execution of a cultural project of control resulted in the collection and accumulation of knowledge on the natives. This knowledge was transformed into sharp weapons by which they attacked, conquered, and enslaved the brains and bodies of the subject population. The past was studied and then the present was controlled by the colonizers, for which the development of new disciplines such as anthropology, medicine, psychiatry, etc. was clearly utilized and strategically applied to the colonial context. Cohn talks about the

[7] *Ibid.*

documentation project of colonialism that is both totalizing and individualizing.[8] The enumerative technique of census, which formed a central part of his investigative modalities, played a key role in amassing knowledge of the native infirmities even at the regional levels. Though it was difficult to get information on the mental and physical infirmities of the natives as it formed their personal and private business, the invasive terrain of colonialism never failed to make graphic representations of the insane Indian mind, the deaf-mute, leprous Indian bodies, whose numbers were enumerated and arranged into tables and graphs for analysis. Though these data were not always accurate in reflecting reality, their analysis and documentation resulted in creating an archive of natives. The colonial state became the epitome of epistemological existence, which resulted in wielding soft power over the colonized. The knowledge produced on the native mind and mentality, anatomy and anthropology, culture and customs, institutions and intelligence, emotions, and intuitions was all processed and compared with the West, which became the basis of creating and asserting the difference and scientifically "othering" the East. Everything in the colonial society was tried to modeled on the home country, and the understanding of insanity was not an exception to this. The high proportion of the insane population in the Western countries, however, produced a picture of difference when compared to the smaller number of lunatics in India. Racial superiority of the English was employed to justify the higher statistics of the insane population in England, highlighting the civilizational progress and industrial development of the Western world, where one needs to strain mentally and intellectually compared to the natives of India, who are working in halcyon environments with their hands rather than with brains. The less advanced civilization of India, as well as the bucolic lifestyle of Indians, were projected as the reason for this difference. The higher incidence of insanity in the upper caste of Indian society was used to draw a parallel cognitive line between the upper strata of Indian society and the European people, which enabled them to strengthen the theory that since both groups work with their brains, insanity is more likely to appear among the elite strata. Race and caste were

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[8] Bernard S. Cohn, *Colonialism and Its Forms of Knowledge: The British in India*, Princeton University Press, Princeton, 1996, p. xi.

thus utilized to justify the prevalence of insanity among the privileged class and thereby reinforced the discourse that mental illness is a result of mental toil from intellectual endeavors and established insanity as the "sickness of elites" or as the "malady of the upper crust".

Foucault stresses the aspect of the sovereign power of the empirical gaze in the development of modern medicine at the end of the eighteenth century.[9] The journey from imagination to reason and rationality, and the linguistic development to express the medical condition along with scientific observation, leads to the growth of medical terrains of knowledge. According to Foucault, "the birth of a clinic is a new carving up of things that recognized the language of a 'positive science".[10] The development in the perception and expression of knowledge during the modern age acted as the catalyst for the opening up of clinics. Asylums, though, had this basic framework, emerged as a house of power for differentiating the deviant and for exerting authority over people with feeble and foible intelligence. The development of asylums in colonial contexts functioned with multiple sets of power equations.

The second chapter of the thesis deals with the establishment of the Calicut lunatic asylum, the aim and purpose of the colonial officials behind its establishment, the nuances of colonial legality reflected in the management of insane in a British territory like Malabar, the methods of the treatment availed to the patients, the classification and categorization of lunatics into various classes, the caste and race aspects of insanity reflected within the asylum, etc. A separate section is dedicated to understanding the concept of criminal lunacy, its varying dimensions, and its political implications in the context of Malabar. The researcher has attempted to analyze the pathologization of the Malabar rebellion and how and why the colonizers used criminal lunacy as a tool for incarcerating the rebels who participated in the series of outbreaks that happened at Malabar at the end of the eighteenth and throughout the nineteenth century. The researcher also attempted to examine the native response

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9 Michel Foucault, *The Birth of the Clinic: An Archeology of Medical Perception*, Translated by A.M Sheridan, Taylor & Francis e-library, 2003, p. xiii.

10 *Ibid.,* xviii.

towards these new epistemologies of healing mental illness, which were based on the institutional confinement of the insane. The acceptance, accommodation, and adaptation of the imported definition of madness in colonial Malabar happened not only because of the fluidity of the therapeutic tradition of the region but also because of the enormous state effort to patronize and popularize Western medicine. The incorporation of Western Psychiatry into native systems of healing was a challenging process that yielded slow and sluggish outcomes. The annual report of the Calicut asylum shows the trend of gradual acceptance of the asylum provision by the natives, with a smaller number of voluntary admissions. The asylum, in fact, functioned as a custodial space for criminal lunatics during its initial years of existence. The authorities were also concerned about asylum becoming a sedentary space for the lower-class and lower caste lunatics. Based on the admission pattern, the asylum provision attracted less attention from the middle- and upper-class people. The lower class and lower caste, on the other hand, took advantage of the Governmental provision of keeping their ill family member within asylums at less expense, which resulted in the preponderance of inmates from the said categories over those inmates from the middle and upper caste constitution. Colonial institutions like lunatic asylums were established to project the benevolence and humanitarianism of the alien rulers, highlighting the care, concern, and cure offered for the lunatics, who were considered the most unfortunate class of sufferers. However, these institutions came up intending to attract attention, particularly from middle-class and upper-class people, and to turn them into useful collaborators of colonialism, accentuating its merits and benefits. The colonial imagination of harnessing institutions such as lunatic asylums for the benefit of the empire by convincing the middle class to appreciate the colonizer's benevolence and thereby securing their support, however, was a failed mission. Asylum authorities attempted to change this scenario by attracting the attention of the upper class and caste people, for which they initiated measures such as providing specific cells for caste patients, the appointment of caste cooks to make separate food, etc. These were some of the strategic interventions of the colonial administrators to popularize the institution among the upper-caste natives. Apart from this, the introduction of the provision of voluntary admission to the asylum in 1912

was also intended to increase the admission rate as well as to promote and navigate the development of the institutional system among ordinary people.

The similarity between asylum and prison was another striking feature reflecting the "carceral culture" of colonialism. The natives of Malabar addressed the Calicut asylum as "Bhranthan Jail" or neurotic prison, which more or less depicted the mentality of the natives regarding the functioning of the asylum. The similarity in the asylum and prison architecture, along with the confinement techniques followed in the two institutions, might be the conspicuous reasons for the local people to identify both as twin institutions. Practically and politically, these institutions carried the colonial sway of dominance and authority, employing surveillance and punishments over native minds and bodies. The therapeutic invention of the asylum regime mainly worked on physiological and psychological realms with an emphasis on moral and behavioral science. The healing paradigms adopted here included a broader framework of medical and moral interventions such as occupational therapies, discipline, diet, exercise, sleep, etc. Measures like cold dough, medicines such as potassium bromide, chloral, cannabis Indica, tinct. opium, etc., are used. Narcotics, sedatives, and anodynes were also given to the patients when necessary. The most striking feature was that the asylum officials also purchased "Bazar medicines", though the researcher could not determine the exact compositions of these locally available medicines, it was clear that significantly more money was spent on acquiring these indigenous remedies compared to the European medicines. The hegemony of Western medicine was a constructed colonial myth, while the practical side of asylum management depicted a collaboration with the indigenous methods of healing. A parallel or simultaneous existence of both Western and indigenous forms of healing existed, and the interactions and innovations led to the emergence of a hybridized discourse of mental health in the region. The constructed myth of the primacy of Western medicine was an imperative colonial strategy for enduring colonial regimes, showcasing the advancements of science and progress, and at the same time, became a yardstick for nullifying the native epistemologies of healing mental illness. However, the practical reality rests on the collective existence of alternative dialogues of insanity, which worked in conjunction and not in isolation, and produced a narrative

of harmony rather than echoing the monologue of modern medicine and psychiatry in Colonial Kerala.

Asylum also functioned as a space for creating and asserting the difference between the rulers and the ruled. Race, caste, creed, class, etc., were employed not only to differentiate between the colonizers and colonized but also to divide the different sections of the subject race. The researcher observed that the keepers and other workers of Calicut Asylum, however, seldom encountered experiences of racial discrimination when compared to the native workers of Madras lunatic asylum. Since the Calicut asylum was a native-only institution, there were no European patients admitted to the asylum, which resulted in the absence of European workers on the lower ladder of hierarchy. Almost all of the lower-ranking workers in the asylum were natives, and because of the absence of European workers in the same rank, there was no scope for comparison between the two on racial grounds. On the contrary, there was ample evidence to suggest that the higher officials, including the superintendents of Calicut asylum, appreciated the work done by the native workers in mental nursing. Since Madras Asylum offered admission provisions both for the native and European mentally ill, it was necessary to employ European workers for the care of European patients. There were instances of comparison between the native and European workers, regarding their efficiency and skill, and in most cases, we could trace examples of racial contempt of Indian workers, mocking their lower intellectual capacity and poor quality of character. The difference between the rulers and the ruled was reinstated through such institutions and practices by devaluing and ridiculing the services and efforts of native workers.

In the third chapter, the researcher focused on the lunatic asylums of princely states. The Oolamapara lunatic asylum, established in the year 1870 during the reign of Travancore king Ayilyam Thirunal Rama Varma, was the first institution in this regard in Kerala. Being hailed as a “model state” or “progressive state” by the British there was no wonder for the budding and blossoming of Oolampara asylum in Travancore. The politics of princely states and their relationship with the colonizers varied according to their regional contexts and history. Travancore, which kept appeasing connections with the British, always tried to incorporate the Western ideals

of administration and governance. It was reflected in the education and health sectors also. The embrace of Western medicine in the State, however, was not at the expense of native healings. Since the rulers anticipated public reactions against the increasing patronization of modern medicine, they were meticulously attentive to promoting the native systems of healing, too, particularly Ayurveda. The establishment of a lunatic asylum in Travancore was the direct result of the pervasive influences of the British rulers, and it was envisaged to protect the mentally ill subjects of the State from the "cruel treatments" of indigenous healing methods, which were a blend of medical and spiritual approaches. The influence of the British notion of ordering society through the carceral culture of lunatic asylums is also reflected in this context. Travancore equally worked to establish mutual agreements between lunatic asylums of other Princely States and British territories to manage their lunatic subjects who were confined outside of Travancore's own asylum, which offered glimpses into the gradual development of the idea of citizenship and the growing responsibility of the State over its subjects. The emergence of the Thrissur lunatic asylum in the Cochin Princely State was also the result of the relentless interactions with the British powers. The British in Cochin established quarantine centers like lazarettos on various islands to keep people with contagious diseases like leprosy, marking the beginning of an institutional culture of removing the infected people. Such institutions began to be viewed as the pioneers of a "progressive medical culture" in Cochin. The functioning of the asylum in this region of Kerala was also more or less similar to the other two institutions. The researcher observed that there were no major changes in the establishments, management, methods, machinations, treatments, and even in the legal provisions of the asylums of princely states, though they were under the control of native rulers. In fact, the rules and regulations related to the management of lunatics, including criminal lunatics, were similar in all three geographical units. The pervasive influence of colonialism in the law and governance of the princely states, particularly within their penal, juridical, and medical institutions, transported a more or less similar structure of the Raj to the princely States, forming two closely related entities. The presence of European jurists, medical officers, residents, and others and their impacts on the day-to-day management of hospitals, courts, and administration

might be the prime agency in this transformation, aimed at bringing a colonial model to the Princely States.

The fourth chapter is on the gendered notion of madness, in which the researcher attempted to analyze the concepts of female normality and "normative femininity" in the context of colonial lunatic asylums. The paradigms of power and the paraphernalia of authority exerted by asylums over female minds and bodies were critically analyzed to understand how madness became a tool for confining women based on their deviance on gender and sexual grounds where the correction criteria were rooted in their willingness to improve their moral life along with their approval and acceptance of gender roles and qualities. Though there were several reasons to trigger mental illness in women, particularly factors stemming from patriarchal violence, the "mad women" rarely found their place in asylums compared to "mad men". Early marriage, childbearing, forced widowhood, etc., create situations of mental stress and tension among women who are living a comparatively secluded lifestyle. However, the statistical analysis of the annual asylum reports on male and female admissions, along with the decennial census enumeration, reveals that there was a preponderance of male insane within the Indian asylums, presenting a different picture from the European experience. It should be noted in this connection that these data may not be accurate, as details of mental illness, particularly among women, are often willfully concealed. Additionally, a majority of the mentally ill women were cared for within the family unit, further complicating the accuracy of the records. The native concern with controlling the purity and sexuality of women restricted the family members from sending their afflicted female relatives to the asylum, which was considered a public space. The asylum records of various years projected this huge disparity in male and female admissions, especially among the upper caste and class, due to the prevailing stigma and patriarchal rules. From a feminist perspective, madness is a social construct and a contrived signifier of difference for controlling and confining women who behave differently from the larger, "normal" order and deviate from "normative femininity". The non–normative female behavior, particularly sexual, constituted a strong ground for attributing madness to women. The reluctance to perform the "attributed identities" or the gender roles was another

important reason for labeling a woman as insane. The depiction of female insanity, its causes, consequences, care, and cure are grounded in the colonial science of gender identity, embodied experiences of madness, and behavioral science. The case records of women with mental illness projected changes in their biological life cycle, behavioral patterns, moral deterioration, etc. as the signs of female mental illness, however, they strategically left out information on their mental condition making a deliberate link between mental illness, physical factors, moral behavior, gender duties and domestic life of women rather stressing the psychological factors.

Instances of puerperal insanity, the loss of family members, marital infidelity, emotional trauma, and similar factors were frequently cited as the underlying causes of mental derangement in women in colonial records, most of which emerged from the perception of women as delicate emotional beings. Mental illness in women has always found its association with their sexual functions and gender roles, and healing was always connected to their willingness to perform their assigned roles without any reluctance. The curing paradigms of insanity in the lunatic asylums also reflect gender notions varying from moral management to occupational therapy. The functioning of asylums in the colonial context exerted the patriarchal notions of power, control, and authority, offering paternal care to mentally ill women. Everything within the institution was modeled on the world outside, and hence, women were "treated" within the male gaze of "care," where "cure" was defined by the male ethic of mental health.

The final chapter of the thesis deals with the popular indigenous forms of healing that existed in colonial Kerala society to manage insanity. The popularity of native alternative systems of healing was one of the most prominent factors in preventing the hegemonic monologue of Psychiatry. The idioms of expressing illness and the process of healing in every society are intrinsically connected to the specific socio-cultural understanding of the region and intertwined with the community practices and belief systems. The ways of understanding psychiatric illness which does not have a clear-cut etiology are particularly cross-knitted with the enigmatic, supernatural, and mysterious notion of the disease and its management among different communities, acquire meaning only when it is analyzed within the

epistemology of the community. The psycho-spiritual understanding of mental illness and its healing practices that existed among the different communities of Kerala has emerged from their perception of mental abnormalities primarily in terms of the spiritual causation of the illness, rather than focusing on its psychological and physiological aspects. Thus, the understanding of insanity and the care for the insane was done within the family and community care in pre-colonial Kerala. The natives approached popular Indigenous healing traditions such as Ayurveda, Unani, Siddha, spiritual healing, shamanistic traditions, etc., for the cure of insanity, which were considered valid within their socio-cultural understanding of the illness. With the imported knowledge of Western medicine, Psychiatry became the "new science of cure," however, which could not make a lasting hegemonic impression over the native alternative systems of healing during the colonial period.

The colonial attempts to portray the Indigenous methods of treatment as "unscientific" and "regressive" were a strategic measure to devalue the region's innate traditions and medical culture. This, in turn, acted as a catalyst for strengthening the position of modern medicine in a foreign land. This was a conspicuous part of colonialism in which the seeds of self-doubt were injected into the minds of natives and thereby tried to force change their mentality. The concept of madness in Kerala society is intertwined with the intense emotional experience of the people, and thus its systems of healing were rooted in procuring solutions for the soul comprising the wellbeing of the body, mind, and spirit of the individual rather than stressing the mind-body dualism. The colonizers, however, viewed many of such native therapeutic methods as exotic oriental practices that needed to be reformed. As a part of this, Western Psychiatry and its offshoot lunatic asylums were projected as the only panacea to the management of mental illness based on scientific principles.

As far as the perspectives of natives were concerned, the introduction of institution-based care for lunatics initially seemed exotic to them, and thus its acceptance was sluggish. The relentless process of interaction among heterogeneous medical traditions in Kerala at the same time offered multiple therapeutic options to the natives, crossing beyond the mind-body dualism of Psychiatry, stressing the utmost relief of wounded "self" and soul. The tapestry of healing knitted with the

multiple threads of therapeutics of the region resulted in the acceptance of tradition and modernism in the management of madness. The interaction between the Western and Indigenous methods of healing thus created a hybridized discourse of healing mental illness within colonial Kerala.

Recommendations

Recommendations

The thesis entitled "Ideologies and Identities of Insanity: The Emergence of Lunatic Asylums in Colonial Kerala" mainly delves into the establishment of the three major psychopathic hospitals of the region, namely Oolampara Lunatic Asylum, Calicut Asylum, and Thrissur Asylum, which are now functioning as the major Government mental hospitals of Kerala. The thesis encompasses the time frame of 1870 – 1947, spanning from the establishment of the first asylum in the regional context of Kerala, i.e., Oolampara asylum, and extending to the end of the colonial era. The researcher examined the factors that led to the establishment of lunatic asylums in the Kerala scenario, along with exploring the native perceptions and their responses toward institution-based healing. The thesis also dedicated a significant portion to discussing the legal aspects of insanity and exploring the similarities between colonial prisons and asylums, and how both institutions functioned as surveillance mechanisms in the colonial context. The differences employed by the colonizers to divide the bizarre brains and batty bodies within the asylum were critically analyzed with special emphasis on race, caste, class, etc., which enabled the researcher to propose a theory called insanity as a "sickness of the elite" in the colonial context of India. The research also analyzed the intertwinement of gender and insanity and examined the gendered practices that existed in the asylums under study. From a feminist understanding, the admissions, classifications, diagnosis, treatment, and cure of the female insane population were explored, which suggested the conspicuous existence of gender as a key factor in managing mental illness within the asylum space. The research also sheds light on the indigenous forms of healing insanity and the multiple therapeutic options used by the natives of Kerala for managing lunacy.

The research in its totality is an attempt to explore an unexplored area of Kerala history, particularly pertaining to the branch of medical history. It can be considered a pioneer attempt with regard to the history of institutional confinement of

the insane in the region, incorporating all three major lunatic asylums of the State. The work attempted to explore the multiple perspectives underpinning the emergence of asylum and tried to link itself with the global history of lunatic institutions that emerged in other parts of the colonies. The work thus is unique in many ways since it addresses the regional discourse of lunatic asylums along with connecting the dots of the wider narratives of colonial institutions.

The study, however, had its limitations, particularly while dealing with the native healing traditions. The researcher encountered difficulties in exploring all the treatment patterns associated with insanity that were practiced during the period under study. While asylum-related topics could be obtained from various archives, the data on the indigenous forms of healing were challenging to collect, and hence, the scarcity of the data affected the composition of this part of the research. A detailed study of the various types of medicines used to heal insanity can be explored, along with identifying certain institutions, customs, and practices that are not in vogue today, yet once were part of the wider network of healing. Thus, further research can be carried out on the multiple minor and major alternative systems of healing mental illness that exist in Kerala.

The researcher faced difficulties in identifying the community-based healing centers, though paid attention to identifying and addressing some dynamic therapeutic traditions, especially from Malabar. Future research, particularly interdisciplinary in nature, should be employed to understand the sociological, historical, and psychological factors for the continuing existence of spiritual healing in connection with the management of mental health. There are also possibilities to analyze the role of family and community in the management of insane relatives in relation to the increased institutionalization. The research tried to identify the issue with available sources, but it does not extend it into the contemporary period.

The area of study is closely connected with the medical history of Kerala, with a specialization in the development of lunatic asylums in the region. However, the present study under consideration does not deeply delve into the entire medical history of Kerala, focusing on the socio-cultural aspects of treatments and techniques and

their relations with the geographical dimensions of the region. So, there are possibilities to examine the development of various healing traditions of Kerala, addressing both mental and physical dimensions of health.

The study has a chapter dealing with the intricacies of gender and madness and how gendered identities influenced the diagnosis and treatment of mental illness within lunatic asylums. As this is particularly focused on the histories of women during the colonial period, the chapter does not deal with the contemporary scenario of mental health and its management in women. The research thus recommends the possibilities for further study on a relevant theme like this, addressing the specificities of the socio-cultural conditions of the region.

As the research looks into the period of 1870 – 1947, reconstructing the history of the mental health practices under the colonial regime as well as the institutional dimensions of the politics of healing, it does not address the pre-colonial and post-colonial systems of care. One can thus explore the methods and management of the mentally ill in the region both before the advent of the colonizers and during the post-independence era. Research can be carried out with special emphasis on the contemporary conditions of mental hospitals, focusing on the changes happening in the health care industry. The work thus recommends the possibility of a study to investigate the recent changes that came in the health care system, including the legal and medical aspects of mental health care, along with examining the current status and functioning of the three major mental hospitals of Kerala.

Glossary

GLOSSARY

Aavahanam	:	Act of invoking or calling upon the spirit, which possessed the body
Adhigari	:	Village officer holding revenue and legal powers
Apasmara	:	Epilepsy
Bazar medicines	:	Local medicines comprising of indigenous herbs
Bhranth	:	Madness
Bhranthan	:	Madman
Bhutas	:	Ghostly or demonic entity
Chittabrahmam	:	Aberration of intellect
Conjee	:	Rice Porridge
Chukk	:	Dried ginger
Dhara Cheyyal	:	A form of sudation therapy in Ayurveda using mildly Warm oil to get relaxation from various mental illness.
Dikkar	:	Chanting
Durmoorthi	:	Bad power
Elassu	:	Amulets that are believed to offer magical protection against evils or disease
Gandharvas	:	Heavenly beings
Hal Ilakkam	:	A state of ecstasy, defined as an expression of subaltern consciousness
Iblize	:	Devil
Ilakkam	:	Frenzy
Jinnu	:	Non-corporeal spirits made of smokeless fire asper Islamic belief
Kadali	:	A different variety of Banana

Kafirs	:	Infidel or non-believer of Islam
Kaivisham	:	Food given to anybody along with some medicine to attract or repel
Kanneru / Drishti	:	Evil eye
Kutticchattan	:	Mischievous spirits or a type of demon that can possess individuals, especially children
Malak	:	Angel
Mana	:	The residence of a Hindu landlord (Namboodiri)
Kolattam	:	Traditional folk dance performed by women
Ghosha	:	Veil worn by women
Mantrams	:	Sacred Chants
Mantravadam	:	Belief in magical spells and practices
Velicchappad	:	Oracles
Mantravadi	:	a spiritual practitioner who uses power of mantras and rituals to help individuals overcome supernatural afflictions
Marma nadis	:	Marma are the energy points on the body that are said to carry vital life force energy along subtle energy channels called nadis
Munja	:	A plant with medical properties (Premna serratifolia)
Murtha	:	Centre of Head
Nalukett	:	Traditional homestead of aristocratic families in Kerala especially of upper caste Hindus
Namboodiris	:	Malayali Brahmin Caste
Nair	:	Warrior group
Nasyam	:	Popular ayurvedic treatment that involves the Nasal administration of medication to detoxify the body
Nattuvaidyam	:	Folk medicine
Niskaram	:	Islamic prayer
Odiyan	:	Shapeshifter
Panans	:	A lower caste who traditionally engage in singing

Parayan	:	A lower caste primarily engaged in bamboo basket making
Pativrata	:	Virtuous wife
Patthiri	:	A flat bread made of rice flour, popular in the coastal region of Malabar
Pe	:	A slight form of Mental illness
Pilla tilam	:	Child oil derived from a human fetus
Poojas	:	Rituals
Pysachi	:	Demon
Roohani	:	Related to spirits
Sanni	:	Fits, seizures
Shahid	:	Martyr
Sirovasti	:	Ayurvedic treatment for the nervous system disorders
Tarawad	:	Ancestral home
Toties	:	Scavenging workers
Uchadanam	:	The practice of expelling the evil spirit
Ulan	:	Madman
Unmadam	:	Ecstasy
Uzhinjiduka	:	A ritualistic practice aimed at offering relief from from physical and spiritual afflictions.
Vaidyasala	:	Traditional Ayurvedic clinics
Vattu	:	A colloquial usage for madness
Vydyans	:	Ayurvedic practitioners or traditional healers

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Appendices

Appendix I

IMAGES FROM CALICUT MENTAL HOSPITAL, 1938, ROPE MAKING, RECREATIONAL ACTIVITIES, ETC. CAN BE SEEN IN THE PHOTO

[illegible] VIEW FROM THE OFFICE

[illegible] IN THE [illegible] ENCLOSURE

THE [illegible] POSING FOR A PHOTOGRAPH

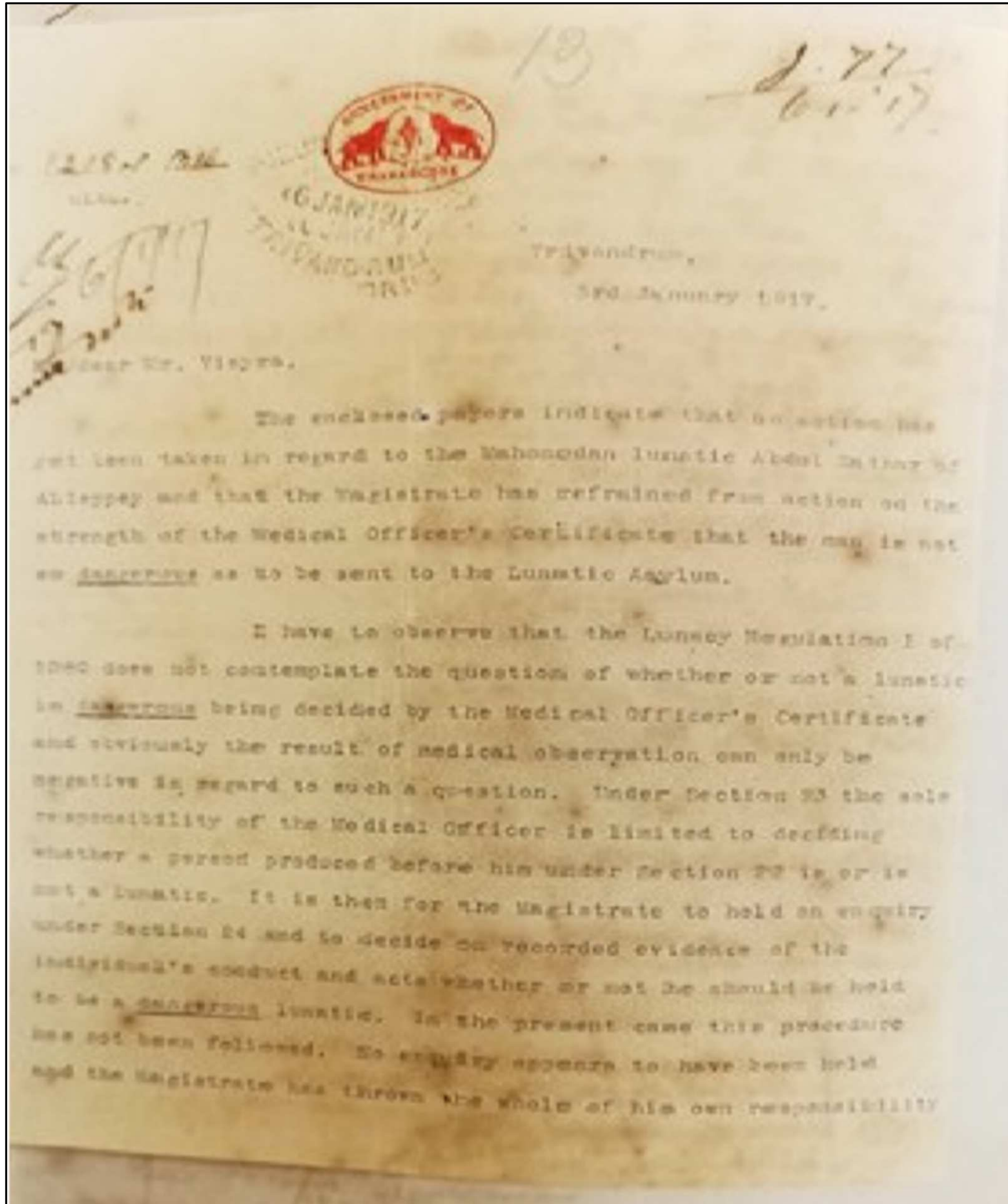
ROPE-MAKING

[illegible]

[illegible] RELIGIOUS MUSIC

Appendix II

CASE OF MAHOMEDAN LUNATIC ABDULSATHAR, CORRESPONDENCES OBTAINED FROM JUDICIAL DEPARTMENT, BUNDLE NO:13, FILE 32 /168, 1907, STATE ARCHIVES, TRIVANDRUM.



Trivandrum,
3rd January 1917.

Dear Mr. Vieyra,

The enclosed papers indicate that no action has yet been taken in regard to the Mahomedan lunatic Abdul Sathar of Alleppey and that the Magistrate has refrained from action on the strength of the Medical Officer's Certificate that the man is not so dangerous as to be sent to the Lunatic Asylum.

I have to observe that the Lunacy Regulation I of 1080 does not contemplate the question of whether or not a lunatic is dangerous being decided by the Medical Officer's Certificate and obviously the result of medical observation can only be negative in regard to such a question. Under Section 23 the sole responsibility of the Medical Officer is limited to deciding whether a person produced before him under Section 22 is or is not a lunatic. It is then for the Magistrate to hold an enquiry under Section 24 and to decide on recorded evidence of the individual's conduct and acts whether or not he should be held to be a dangerous lunatic. In the present case this procedure has not been followed. No enquiry appears to have been held and the Magistrate has thrown the whole of his own responsibility

15

on to the shoulders of the Medical Officer who had only the results of a few days' observation under restraint to guide him. The Medical Certificate which should be restricted to the requirements of Form B under the Regulation is in the form of a judgment.

I may add that the Magistrate was in possession of information of the outragious acts and behaviour of the lunatic furnished to him by me personally and it is certainly amazing that in the face of such information he should choose to refrain from all enquiry.

Yours sincerely,

[illegible signature]

P.S. Since writing the above I have received a further complaint from Mr Kelly that the lunatic has resumed his molestation of the European ladies of the station who are unable to go out without protection.

C.K.
3.1.17

To

A. J. Vieyra Esq., B.A.,

Chief Secretary to Government.

Appendix III

COPY OF EXPRESS LETTER NO.52/42 – JAILS DATED THE 18TH MAY 1942 FROM HOME, NEW DELHI TO ALL PROVINCIAL GOVERNMENTS, FILE NO. 442/44, B. NO. 82

SECRET.

Copy of Express Letter No. 52/42-Jails dated the 18th May 1942 from Home, New Delhi, to all Provincial Governments.

The Government of India have recommended a general policy with regard to the removal of dangerous prisoners from areas threatened by hostile attack - see this Department's letter No.52/42-Jails, dated the 16th of April 1942. They would now be glad to receive information from Provincial Governments regarding their plans for the release of (a) prisoners and (b) lunatics in the event of actual invasion. Both these matters are, of course, Provincial subjects and have presumably been dealt with in Provincial War books. It is understood, however, that the premature release of prisoners and lunatics in Rangoon led to most unfortunate results and the Government of India desire to be assured that the instructions on the subject in this country will not lead to similar results. Moreover, it is necessary to consider how the general instructions contained in their "Invasion Policy" letter No. 67/42-Political (I), dated the April 9th, 1942, will fit in with the proposals for dealing with prisoners and lunatics.

2. The Government of India will reserve their final views until the information called for has been received; but it is at least open to argument whether it will not be necessary to make jails and lunatic asylums an exception to the general rule that no civil official should be expected to go out of his way to surrender himself deliberately to the enemy. If the populations of these institutions can be reduced by removing dangerous prisoners to safer areas in advance of the emergency and releasing harmless prisoners and inoffensive lunatics according to a well-regulated plan, the dimensions of the problem may be reduced. But the Government of India are inclined to think that it will be undesirable to release really dangerous prisoners at any stage or the worse cases in lunatic asylums; and, if that view is accepted, it is for consideration whether either jails or asylums can be abandoned by their staffs, even at the last moment, and handed over to the tender mercies of the enemy.

3. The Government of India would welcome an early expression of the views of Provincial Governments on the above points together with information called for in paragraph 1.

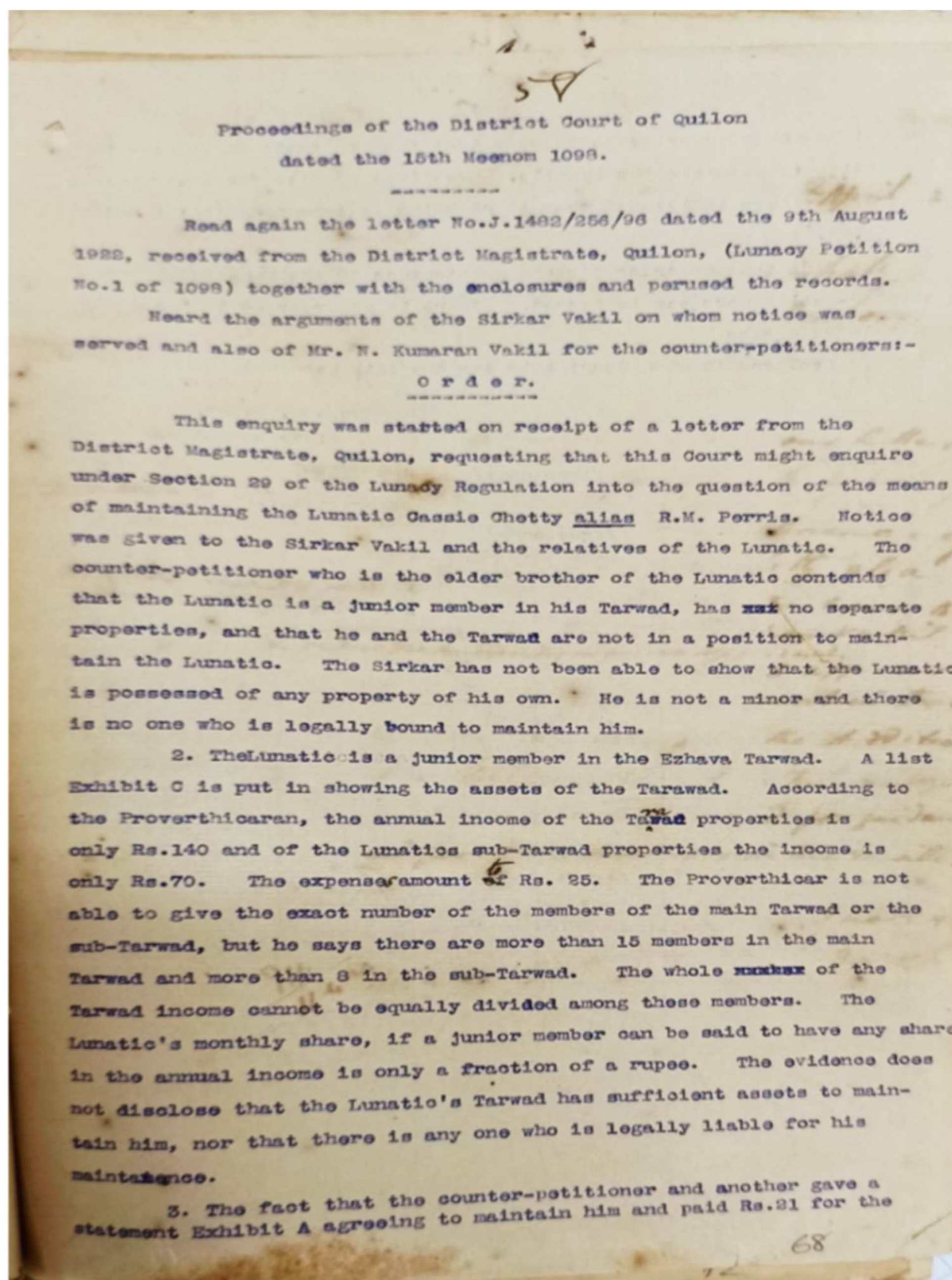
Copy of Express Letter No. 52/42-Jails, dated the 16th April 1942 from the Home Department, Government of India, New Delhi, to all Provincial Governments.

In Home Department Express Letter No. 52/42-Jails, dated February the 19th 1942, the Government of India asked whether they could be of assistance in co-ordinating action to be taken regarding the removal of dangerous prisoners from areas threatened by hostile attach. The replies received show that there is no general desire for such assistance and that the matter is essentially one for Inter-Provincial settlement rather than Central co-ordination. On the other hand, Bengal have asked for the urgent removal of 380 "political prisoners" (of whom 80 are convicts and 300 are security prisoners) and about 1,000 other convicts. This request shows that there is a problem to be faced and it may well be that, as events develop, other Provinces will wish to have plans in readiness for sending dangerous prisoners to some other Provinces, while later on that Province itself may wish to pass them on elsewhere together with some of its own dangerous prisoners.

2. In these circumstances, the Government of India can only suggest

Appendix IV

CASSIE CHETTY VS STATE IN THE DISTRICT COURT OF QUILON, PROCEEDINGS OF THE DISTRICT COURT QUILON DATED THE 15THMEENOM 1098 (1923), FILE NO. 1312/1923/JDL, BUNDLE NO. 217 , JUDICIAL DEPARTMENT.



Proceedings of the District Court of Quilon
dated the 15th Meenom 1098.

Read again the letter No.J.1482/256/96 dated the 9th August 1922, received from the District Magistrate, Quilon, (Lunacy Petition No.1 of 1098) together with the enclosures and perused the records.

Heard the arguments of the Sirkar Vakil on whom notice was served and also of Mr. N. Kumaran Vakil for the counter-petitioners:-

O r d e r.

This enquiry was started on receipt of a letter from the District Magistrate, Quilon, requesting that this Court might enquire under Section 29 of the Lunacy Regulation into the question of the means of maintaining the Lunatic Cassie Chetty _alias_ R.M. Perris. Notice was given to the Sirkar Vakil and the relatives of the Lunatic. The counter-petitioner who is the elder brother of the Lunatic contends that the Lunatic is a junior member in his Tarwad, has no separate properties, and that he and the Tarwad are not in a position to maintain the Lunatic. The Sirkar has not been able to show that the Lunatic is possessed of any property of his own. He is not a minor and there is no one who is legally bound to maintain him.

2. The Lunatic is a junior member in the Ezhava Tarwad. A list Exhibit C is put in showing the assets of the Tarawad. According to the Proverthicaran, the annual income of the Tarwad properties is only Rs.140 and of the Lunatics sub-Tarwad properties the income is only Rs.70. The expenses amount to Rs. 25. The Proverthicar is not able to give the exact number of the members of the main Tarwad or the sub-Tarwad, but he says there are more than 15 members in the main Tarwad and more than 8 in the sub-Tarwad. The whole of the Tarwad income cannot be equally divided among these members. The Lunatic's monthly share, if a junior member can be said to have any share in the annual income is only a fraction of a rupee. The evidence does not disclose that the Lunatic's Tarwad has sufficient assets to maintain him, nor that there is any one who is legally liable for his maintenance.

3. The fact that the counter-petitioner and another gave a statement Exhibit A agreeing to maintain him and paid Rs.21 for the

cannot be taken as evidence to show that they or their Tarwad are in position to maintain the Lunatic. Feelings of pity for their insane brother may have influenced them to give the statement Exhibit A and to pay Rs.21.

I find that no order for the maintenance of the Lunatic by the counter-petitioners can be passed. There is no order as to the costs of this reference.

Declared in Open Court this day the 15th Meenom 1098.

Sd/- K. Jacob.
District Judge.

/True copy/ By order,
Sd/-
Sheristadar.

/True copy/

S. Krishna Aiyar
Ag. Sheristadar.

Appendix V

CASSIE CHETTY VS STATE IN THE DISTRICT COURT OF QUILON, LETTER FROM THE DISTRICT MAGISTRATE OF QUILON TO THE DFARBAR PHYSICIAN, TRIVANDRUM, DATED 13TH MAY 1922.

44

Urgent.

No. J 1073
256/996

District Magistrate's Office,
Quilon, 13/18 May 1922.

From

The District Magistrate,
QUILON.

To

The Durbar Physician,
Trivandrum.

Sir,

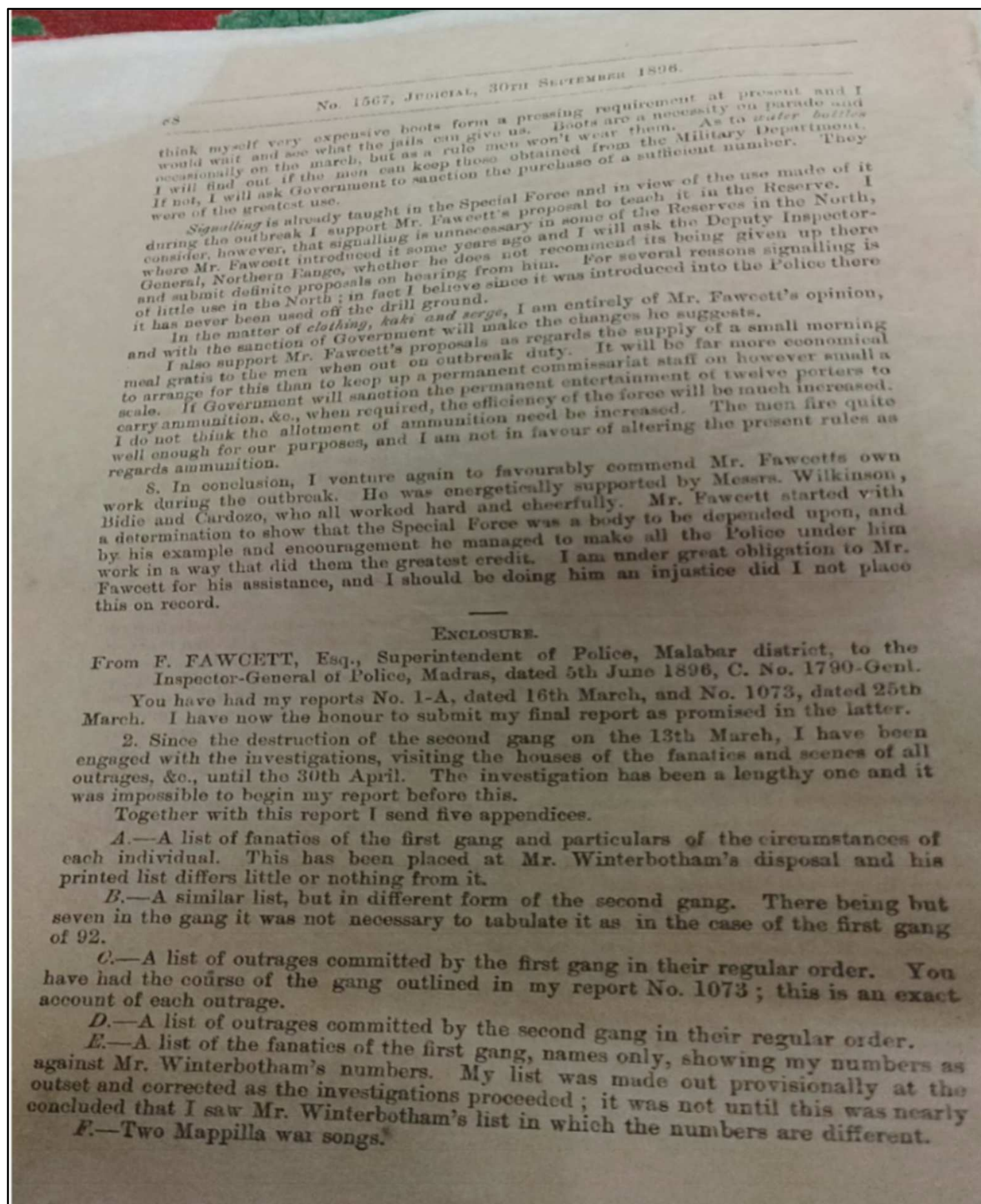
With reference to your letter Ref.on.C.No.1138 of 22, dated the 1st February 1922, re: maintenance of lunatic Cassie Chetty alias R.M.Peeris, I have the honor to inform you that, the Tahsildar, Quilon, who was instructed to recover the amount states in his report that the two brothers of the lunatic, namely, Kochukunju Matheru and Kochukunju Pappoo of Palliyil, Mayyanad Cheri, Eravipuram pakuthi, who had at first agreed to maintain him have since stated before the Tahsildar that they find it impossible to remit the amount claimed and that however they are ready to pay for the maintenance hitherto and not further. They have not yet paid the sum in spite of their promise and the Tahsildar is of opinion that regular steps should be taken for its recovery. From the enclosed list of immoveables belonging to the Tarawad of the lunatic, received from the Tahsildar, it will also be seen that there are properties in Eravipurom pakuthi, Quilon, applicable to the maintenance of the lunatic. I request therefore that you will be so good as to refer the matter to the District Court, Quilon, for necessary action under Section 29 of the Lunacy Regulation I of 1080.

I have the honor to be,
Sir,
Your most obedient servant,

District Magistrate.

Appendix VI

LETTER FROM F. FAWCETT, ESQ., SUPERINTENDENT OF POLICE, MALABAR TO THE INSPECTOR–GENERAL OF POLICE, MADRAS, DATED JUNE 5TH 1896 , RETRIEVED FROM MAPPILA CONSPIRACY JUDICIAL REPORT, 1896.



think myself very expensive boots form a pressing requirement at present and I would wait and see what the jails can give us. Boots are a necessity on parade and occasionally on the march, but as a rule men won't wear them. As to *water bottles* I will find out if the men can keep those obtained from the Military Department. If not, I will ask Government to sanction the purchase of a sufficient number. They were of the greatest use.

Signalling is already taught in the Special Force and in view of the use made of it during the outbreak I support Mr. Fawcett's proposal to teach it in the Reserve. I consider, however, that signalling is unnecessary in some of the Reserves in the North, where Mr. Fawcett introduced it some years ago and I will ask the Deputy Inspector-General, Northern Range, whether he does not recommend its being given up there and submit definite proposals on hearing from him. For several reasons signalling is of little use in the North; in fact I believe since it was introduced into the Police there it has never been used off the drill ground.

In the matter of *clothing, kaki and serge*, I am entirely of Mr. Fawcett's opinion, and with the sanction of Government will make the changes he suggests.

I also support Mr. Fawcett's proposals as regards the supply of a small morning meal gratis to the men when out on outbreak duty. It will be far more economical to arrange for this than to keep up a permanent commissariat staff on however small a scale. If Government will sanction the permanent entertainment of twelve porters to carry ammunition, &c., when required, the efficiency of the force will be much increased. I do not think the allotment of ammunition need be increased. The men fire quite well enough for our purposes, and I am not in favour of altering the present rules as regards ammunition.

8. In conclusion, I venture again to favourably commend Mr. Fawcett's own work during the outbreak. He was energetically supported by Messrs. Wilkinson, Bidie and Cardozo, who all worked hard and cheerfully. Mr. Fawcett started with a determination to show that the Special Force was a body to be depended upon, and by his example and encouragement he managed to make all the Police under him work in a way that did them the greatest credit. I am under great obligation to Mr. Fawcett for his assistance, and I should be doing him an injustice did I not place this on record.

ENCLOSURE.

From F. FAWCETT, Esq., Superintendent of Police, Malabar district, to the Inspector-General of Police, Madras, dated 5th June 1896, C. No. 1790-Genl.

You have had my reports No. 1-A, dated 16th March, and No. 1073, dated 25th March. I have now the honour to submit my final report as promised in the latter.

2. Since the destruction of the second gang on the 13th March, I have been engaged with the investigations, visiting the houses of the fanatics and scenes of all outrages, &c., until the 30th April. The investigation has been a lengthy one and it was impossible to begin my report before this.

Together with this report I send five appendices.

A.—A list of fanatics of the first gang and particulars of the circumstances of each individual. This has been placed at Mr. Winterbotham's disposal and his printed list differs little or nothing from it.

B.—A similar list, but in different form of the second gang. There being but seven in the gang it was not necessary to tabulate it as in the case of the first gang of 92.

C.—A list of outrages committed by the first gang in their regular order. You have had the course of the gang outlined in my report No. 1073; this is an exact account of each outrage.

D.—A list of outrages committed by the second gang in their regular order.

E.—A list of the fanatics of the first gang, names only, showing my numbers as against Mr. Winterbotham's numbers. My list was made out provisionally at the outset and corrected as the investigations proceeded; it was not until this was nearly concluded that I saw Mr. Winterbotham's list in which the numbers are different.

F.—Two Mappilla war songs.

II.

6. Turning now to the origin of the outbreak, leading up to prevention of its repetition, let me say first of all the matter is so wide that I scarcely dare to tackle it in the ordinary way of official report. However, as it is only by expression of opinions that there can be brought about any amelioration in the condition of the Mappillas, I will venture to give you mine on a few points, hoping thereby to induce adoption of reasonable means for cure of these outbreaks, which from time to time have upset the peace of Malabar, on which the strong steady current of our administration, which carries with it at any rate all that is subversive of law and order, has had no effect at all. They form the one exception in the Presidency. They go in fact against the current. In the last two outbreaks, within the last two years, be it not forgotten, there have been shot almost as many fanatics as in all former outbreaks put together. The only one which is really on the line with these last two is that of 1849 when 66 fanatics were shot. And it is noteworthy that the notorious leader in that, the famous Athen Kurikal, a great hero in song, was the uncle on the mother's side of the leader in this. (See Appendix A for Moidin Kutti Haji. His mother was Athen Kurikal's sister.) It is quite out of the question to put the finger here or there to point out the origin, much less the cause of the outbreak. We know that every cause has not one effect but a multiplicity of effects; and we know that every social phenomenon is the result direct and indirect of very many causes.

III.

7. It will be well to begin with the population question, for consideration of the law of population and fanaticism, to which we will come presently, and the existence of which is only too palpable, will make it clear that the Mappilla difficulty, far from receding in the distance, like the suttee and thugee, is really becoming more and more serious. Let it not be assumed for a moment that because 95 individuals have been shot (of whom but three survive) in March last, the severity of the lesson, for taking up arms against the Government, is such as to put all thoughts of recurrence out of the minds of others for many a long day. It is not so at all. The lesson is the severest that has yet been administered to those who wish to die in glory and fly to eternal bliss, but it would be wrong to say it is a *complete* lesson. We have here to do with people who are capable of assuming easily that condition of mind to which death is of all things most delightful—death under certain terms, that is.

IV.

8. In the decade ending in February 1891 the Hindus and others exclusive of Muhammadans in Malabar increased something under 8 per cent., while the Muhammadans increased something over 15 per cent. In 1881 the Mappillas were 50·8 per cent. of the population of Ernad, while in 1891 they were 53. It matters not how far the increase in the Mappilla population is due to births or conversions. Now there is not at my disposal sufficient data to dispose of the population question with anything like fulness; but I think I have enough to show that my view is not very far wrong.

9. The figures for the census, although no doubt as correct as it is possible to make them even for the remote parts of Ernad, do not suffice to show how that the Mappillas are rapidly overhauling the Hindus and others of the province in mere numbers, and the effect of this. Nor must the Mappillas of Ernad and Walavanad be confounded with their co-religionists on the coast, even with those of Ponnáni—the town and the southern portion of the taluk—and still less so with those of North Malabar. Nor do the figures showing increase of the Mappillas in Ernad give us very much assistance, for a considerable portion of the taluk is littoral; they do not show the changes in that part of Ernad which is most liable to outbreak.

10. We must try otherwise to ascertain something like the rate of multiplication of the Mappillas as compared with Hindus in the dangerous quarter, and what are the checks to population, for these have serious bearing on property and the rate of wages, to say nothing of going out to be a Shahid.

11. Making excerpts from my anthropological notes throughout Malabar I find that in eighteen cases, of all castes excluding Mappillas, including a Nambudri who had two wives and five children (reckoned as one case), including one case in which the

number of children was the exceptionally large number eight, and excluding those
under twenty-two and those over that age recently married, the number of children
in a family is 2·6. Again, among eight other cases of Nayars, whose average age
was thirty-five, the average number of children is precisely the same. Among ten
cases of Nambudri Brahmins the number is three; as might be expected, it would be
a little higher. I am inclined to think that this number 2·6 for Hindus, is not far
wrong. It must be remembered that a large portion of the people of Malabar
are really not in any sense of the word, by race or religion, Hindus though classed
so and are not governed by any customs which restrict the number of children. We
shall see presently that among the Mappillas, or rather that class of Mappillas inhabit-
ing the centre and East of Ernad, that the rate of increase is much more rapid than
among Nayars. Something must therefore be said by way of explaining why is there
any difference. Whether as in the case of Nayars the positive or preventive checks to
population which according to the irrefragable law discovered by Mr. Malthus must
vary inversely as each other, prevail most, I am unable to say with any certainty.
Nor can I say whether the check is through that common custom alluded to by the
senior Anandiravan of the Padinjara Kovilagam when examined by the Marriage
Commission: "It has been ordained by Parasu Rama that in Kerala, Marumak-
kattayam women need not be chaste, and that the non-observance of chastity should
entail no evil;" and which some people think is equal to worship of the goddess
Lubricity. Of course if this obtains commonly, as appears to be the case, it would
seem to be a very positive check. But whatever the reason may be I do not think
I am wrong in saying the average number of children in a Nayar family is not
more than three. One man who had eight children admitted that the number was
abnormal; but he had actually heard once of a man who had eleven. Such a
number among Mappillas would be by no means abnormal. It is likely that in the
case of Nayars the check is an easy and natural one as suggested. It has a natural
physical basis. It is not likely that many preventive checks prevail, for after all,
among Marumakkattayam people, the more people in the Tarwad the better. A
Tarwad is never prosperous unless it is a large one. There is this one however.
A Nayar is seldom married until he is twenty-five; an age at which a Mappilla has
a growing family. Among the Makkathayam people the case is quite different.
Property descends directly from father to son and may be split up easily. While
the Marumakkattayam system tends always towards betterment, aggrandizement, the
tending of the other is just the reverse unless something is done to counteract it, for
primogenitiveness, majorat or minorat do not exist in the Presidency. We shall see
now that with the Mappillas it brings about dissipation of property. In North Mala-
bar the Mappillas as well as almost all others follow the Marumakkattayam. There
is no such thing as real poverty. Scarcely any portion of the earth's surface and
its people is so well favoured. Not much fear of Mappilla troubles there. We will
put it out of count.

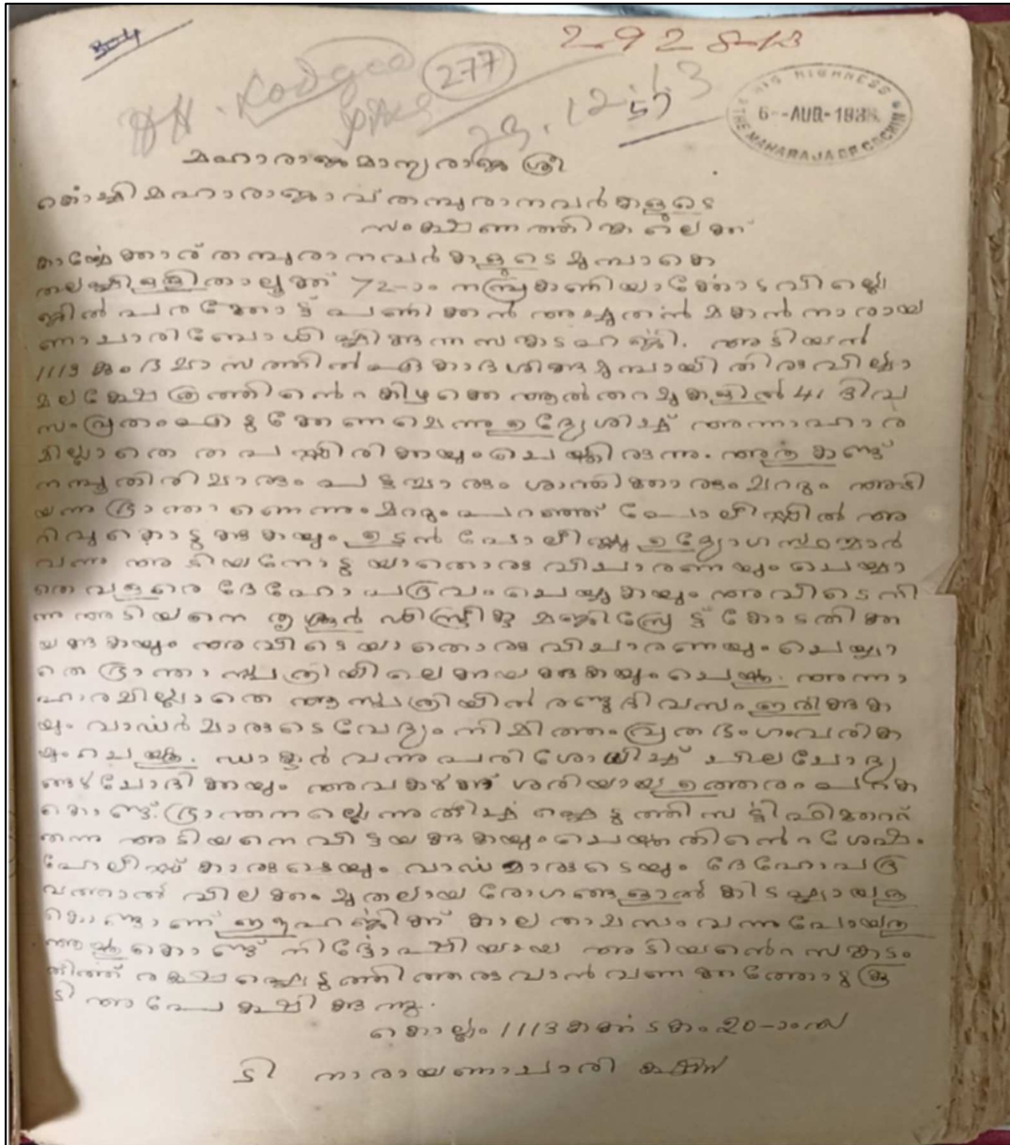
12. In South Malabar practically all outside the Nayar community follow Makka-
thayam. It is therefore not surprising that there we find such an arrangement, for
retaining property in the family as polyandry—pace the Hon'ble Mr. Sankara
Nayar, who in his speech in Council has said "as to polyandry it has died out, and
as to polygamy it is acknowledged to prevail but seldom." Neither one nor the other
has died out. Polyandry obtains among all the castes below the Nayars, and a mar-
riage with two or three or four brothers is better than a marriage with one. The
number of children born to inherit property is restricted by this frugal custom.
Another custom of the kind is that which we find amongst the Nambudris, of whom
eldest sons only marry and inherit property. Thus family property is not dispersed,
and the Nambudris are all *rich*.

13. Now while in South Malabar (excluding Mappillas) population is restricted in
one way or another which has no unpleasant effect, among the Mappillas it is checked
by that which has most unpleasant effects—poverty, misery—positive checks.

14. Taking the members of the first gang we find that the average number of
children in each family in which each one of the fanatics was born is 5·8. That is,
each fanatic was born in a family in which the average number of children, including
himself and brothers and sisters alive or dead, was 5·8. A large number anywhere
but very large when compared with that of the average for Malabar—say three. Wit

Appendix VII

COMPLAINT LETTER FROM T. NARAYANACHARI TO THE MAHARAJA OF COCHIN, DATED 6TH AUGUST 1938, HUZOOR SECRETARIATE RECORDS 1, 1938.



Appendix VIII

PROPOSAL TO MAKE CANDLE ISLAND INTO A QUARANTINE STATION FOR COCHIN

No. 583.

Malabar Collector's office
on Circuit
Ponani 4th March 1876.

From,
The Ag. Collector of
Malabar

To,
The Ag. Resident
Travancore and Cochin

Sir,

Referring to the subjoined extract from a letter No. 155 dated 13th October 1875 from the Joint Magistrate of Cochin, I have the honor to request you will be so good as to ascertain from the Government of H. H. the Rajah of Cochin what value is put on the improvements made on Candle Island, as it is proposed to convert it into a Quarantine Station for Cochin, and it will be necessary for this purpose that the Sirkar's lease of the island should be cancelled.

I have &c
(Sd) W. Logan
Ag. Collector

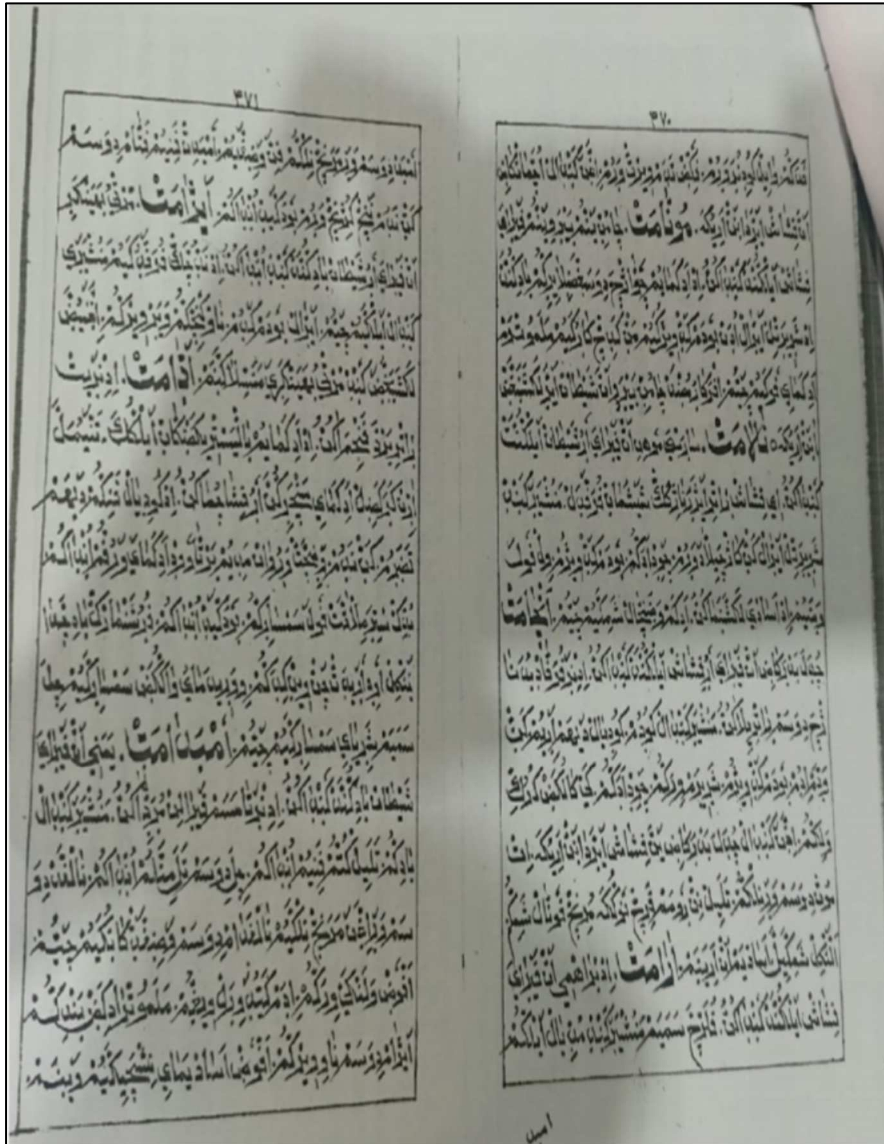
"The Candle Island or St. Domingo's farm called Ramen Turutt is the Jenmom property

Appendix IX

SITE PLAN OF CALICUT LUNATIC ASYLUM,1921

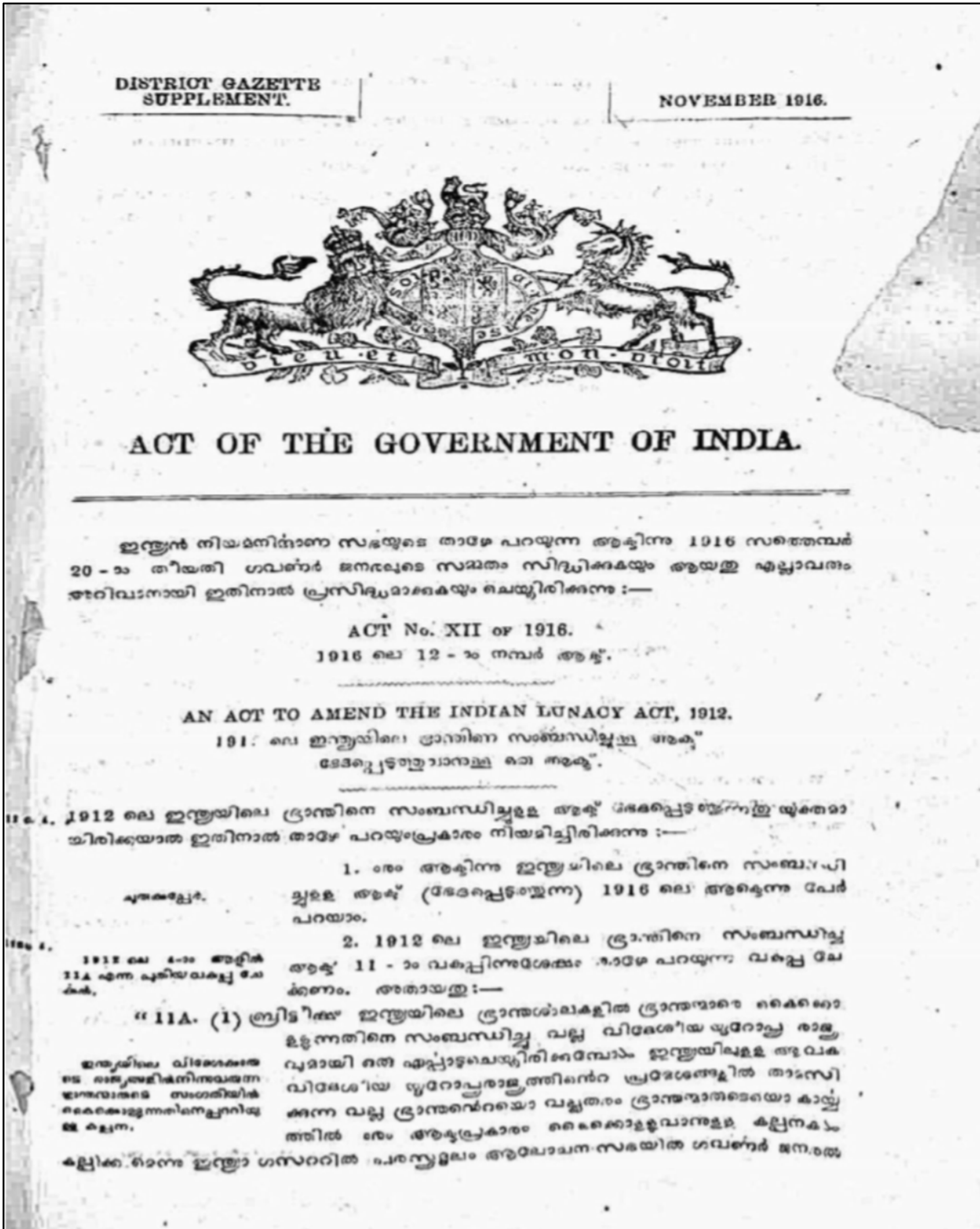
Appendix X

EXTRACTS FROM THE ARABI MALAYALAM TEXT VAIDYA YOGA RATNAM WRITTEN BY HAKEEM K. KUNHI AHMED MOULAVI, MURSHID PRESS, TIRURANGADI, 1940



Appendix XI

LUNACY ACT AMENDMENT 1916



DISTRICT GAZETTE SUPPLEMENT. | NOVEMBER 1916.

Dieu et mon droit

ACT OF THE GOVERNMENT OF INDIA.

ഇന്ത്യൻ നിയമനിർമ്മാണ സഭയുടെ താഴെ പറയുന്ന ആക്ടിന്ന 1916 സെപ്തെമ്പർ 20-ാം തീയതി ഗവർണ്ണർ ജനറലുടെ സമ്മതം സിദ്ധിക്കുകയും ആയതു എല്ലാവരും അറിവാനായി ഇതിനാൽ പ്രസിദ്ധമാക്കുകയും ചെയ്തിരിക്കുന്നു :—

ACT No. XII OF 1916.
1916 ലെ 12-ാം നമ്പർ ആക്ട്.

AN ACT TO AMEND THE INDIAN LUNACY ACT, 1912.
1912 ലെ ഇന്ത്യയിലെ ഭ്രാന്തിനെ സംബന്ധിച്ചുള്ള ആക്ട് ഭേദപ്പെടുത്തുവാനുള്ള ഒരു ആക്ട്.

1912 ലെ ഇന്ത്യയിലെ ഭ്രാന്തിനെ സംബന്ധിച്ചുള്ള ആക്ട് ഭേദപ്പെടുത്തേണ്ടതു യുക്തമായിരിക്കയാൽ ഇതിനാൽ താഴെ പറയുംപ്രകാരം നിയമിച്ചിരിക്കുന്നു :—

ചുരുക്കപ്പേർ.

1\. ഈ ആക്ടിന്ന ഇന്ത്യയിലെ ഭ്രാന്തിനെ സംബന്ധിച്ചുള്ള ആക്ട് (ഭേദപ്പെടുത്തുന്ന) 1916 ലെ ആക്ടെന്ന പേർ പറയാം.

1912 ലെ 4-ാം ആക്ടിൽ 11A എന്ന പുതിയ വകുപ്പ് ചേർക്കൽ.

2\. 1912 ലെ ഇന്ത്യയിലെ ഭ്രാന്തിനെ സംബന്ധിച്ച ആക്ട് 11-ാം വകുപ്പിന്നശേഷം താഴെ പറയുന്ന വകുപ്പ് ചേർക്കണം. അതായതു :—

"11A. (1) ബ്രിട്ടീഷ് ഇന്ത്യയിലെ ഭ്രാന്തശാലകളിൽ ഭ്രാന്തന്മാരെ കൈക്കൊള്ളുന്നതിനെ സംബന്ധിച്ച വല്ല വിദേശീയ യൂറോപ്പ രാജ്യവുമായി ഒരു ഏർപ്പാട് ചെയ്തിരിക്കുമ്പോൾ ഇന്ത്യയിലുള്ള ആ വക വിദേശീയ യൂറോപ്പരാജ്യത്തിന്റെ പ്രദേശങ്ങളിൽ താമസിക്കുന്ന വല്ല ഭ്രാന്തന്റെയോ വല്ല തരം ഭ്രാന്തന്മാരുടെയോ കാര്യത്തിൽ ആ ഏർപ്പാട്പ്രകാരം കൈക്കൊള്ളുവാനുള്ള കല്പനകൾ കല്പിക്കേണമെന്ന ഇന്ത്യാ ഗസററിൽ പരസ്യമൂലം ആലോചന സഭയിൽ ഗവർണ്ണർ ജനറ

[illegible]

(2) (1) - ാം ഉപവകുപ്പുപ്രകാരം ഒരു പരസ്യം പ്രസിദ്ധപ്പെടുത്തുമ്പോൾ [illegible] നിബന്ധ[illegible]:—

(a) [illegible] പ്രത്യേകമായോ [illegible] ഭ്രാന്തനാണെന്ന് പറയ[illegible] ചെയ്യാവുന്നതാകുന്നു;

(b) [illegible] പ്രത്യേകമായോ [illegible] നിശ്ചയിക്കാവുന്ന ഉദ്യോഗസ്ഥൻ മജിസ്ട്രേട്ടിന്റെ [illegible] മേൽപറഞ്ഞ നിബന്ധനകളുടെ എല്ലാ [illegible] ഉദ്യോഗസ്ഥൻ ഭ്രാന്തനാണെന്ന് പറയപ്പെടുന്ന[illegible] മജിസ്ട്രേട്ടാണെന്ന് കരുതേണ്ടതാകുന്നു;

(c) 5 - ം, 18 (1) - ം വകുപ്പുകളിലെ ആവശ്യങ്ങൾക്കായി "മെഡിക്കൽ ആഫീസർ" എന്നും "വൈദ്യൻ" എന്നും ഉള്ള വാക്കുകളിൽ [illegible] പ്രത്യേകം പറയാവുന്ന [illegible] വല്ല തരം [illegible] ഉൾപ്പെടുന്നതാകുന്നു.

(d) ഭ്രാന്തനാണെന്ന് പറയപ്പെടുന്നവനെ വൈദ്യസംബന്ധമായി പരിശോധിക്കേണ്ടതായ 19 - ാം വകുപ്പുകൊണ്ട് നിർണ്ണയിച്ചിട്ടുള്ള കാലാവധി മജിസ്ട്രേട്ട് തന്റെ [illegible] നീട്ടാവുന്നതാകുന്നു;

(e) ആക്ടിലെ 6 (1), (2), (3), 11, 34 ഈ വകുപ്പുകൾ സംബന്ധിക്കുന്നതല്ല.

[illegible]

(3) [illegible] പ്രകാരം കല്പിച്ചിരിക്കുന്ന കൈക്കൊള്ളുവാനുള്ള കല്പന [illegible] 7 - ാം വകുപ്പോ, 10 - ാം വകുപ്പോ പ്രകാരം കല്പിച്ചിരിക്കുന്ന കൈക്കൊള്ളുവാനുള്ള ഒരു കല്പനയായി കരുതേണ്ടതാകുന്നു."

എ. പി. [illegible],
ഇന്ത്യാ ഗവർമ്മെണ്ട് സെക്രട്ടറി,
[illegible] ഡിപ്പാർട്ടുമെണ്ട്.

(A true translation.)

KERALA VARMA,
Malayalam Translator to Government.

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REGISTERE[D]

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