University of Bristol

Department of Historical Studies

Best undergraduate dissertations of 2014

Trudy Dargeviciute

The Role of Warders in the Madras Lunacy Asylum in British India c. 1870-1890

University of
BRISTOL

University of Bristol

History BA

HIST33101 - Dissertation

The Role of Warders in the Madras Lunacy Asylum in British India c. 1870-1890

Contents

Introduction

In the 1871 medical report for the Madras Lunacy Asylum in South India, surgeon John Murray informed Government officials that a warder had received a severe kick on the testicles, incapacitating him for some time from the performance of his duties. Instead of dismissing the affair as one of the many inevitable and unfortunate incidents of a mental institution, the surgeon used this opportunity to remark on the incompetency of the warders. He noted that they are 'generally a lazy and careless set of men, who, if not sharply looked after, would pay little attention to their duties.'[1] This pejorative observation highlights the ambiguous role warders occupied in an asylum. On one hand, they were agents of a colonial institution, working under the aegis of imperialism. They were burdened with an – albeit, limited – level of authority to manage the patients and carry out 'their duties.' On the other hand, colonial discourses were heavily racialized and underpinned by the 'rule of colonial difference,'[2] which meant that the predominantly Indian warders were perceived as morally and physically inferior; they themselves needed to be 'looked after.' Within the disciplinary regime of the asylum, this ambiguous position of the warder meant that he was not only the promulgator of surveillance, but also the target of it. This dissertation is a micro-study of the warders in the Madras Lunacy Asylum c. 1870-1890, investigating how warder roles and experiences were shaped by first, the rhetoric of colonial ideologies and second, the realities of asylum life.

Historical studies of colonial psychiatry and its corollary institutions yield insights in to how Western 'medicine' was implemented appropriated and contested with, through the daily encounters of the coloniser and the colonised. These encounters in turn shed light on the dynamics of power and hegemony; on the (contradictory) ideologies that shaped the colonising process; and on the 'transfers' and 'construction' of knowledge in the colonies.[3] Although the historical gains from such studies are clearly manifold, the historiography on British Indian asylums remains peculiarly undeveloped. Waltraud Ernst has explored asylums in India from their emergence up to the Indian Mutiny, focusing in particular on how colonisers assumed the superiority of their ideas and institutions vis-à-vis the allegedly less 'enlightened' and less 'humane' indigenous customs.[4] James Mills, in his analysis on the Lucknow asylum of Oudh in North India, explored how the 'hemp user' of the colonial imagination was figuratively 'given flesh.' He draws convincing conclusions that knowledge

---

[1] J. Murray, Annual Medical Report, India Office Records and Private Papers in the British Library (hereafter IOR): Part A of Proceedings and Consultations of the Government of India and of its Presidencies and Provinces. 'Madras Proceedings of the Government of India in the Judicial Department (hereafter PGIJD) for the year 1871', P/399, No. 186, 31 August 1871, 772-82

[2] P. Chatterjee, 'The Colonial State', *The Nation and Its Fragments,* (Princeton, New Jersey, 1993), 18

[3] P. Bala, 'Introduction', (ed.) *Medicine and Colonialism: Historical Perspectives in India and South Africa*, (London: Pickering & Chatto, 2014), 1-9

[4] W. Ernst, *Mad Tales from the Raj: Colonial Psychiatry in South Asia, 1800-58,* (Anthem Press, 2010)

generated *in* the asylum had the power to determine standards of normality and deviancy *outside* of the asylum.[5] And lastly, Jonathan Saha in his investigation of the Rangoon asylum in Burma, has argued that madness there threatened to undermine colonial racial boundaries and disrupt the established norms of masculinity and femininity.[6]

This dissertation aims to fill a historiographical lacuna: there exists no comprehensive study of the lunatic asylum in Madras (Chennai) during high imperialism. Geographically nuanced studies can illuminate the impact that particular colonial settings have had on ideologies and operations within and outside of the asylum. Madras in the 1870s and 1880s was fuelled with political turmoil, recurring famine and epidemic disease, all of which strained on budgets, agitated colonial anxieties and generally shaped the experiences of those confined. Furthermore, the existing extensive studies of lunacy do not place much emphasis on the warders. This is somewhat striking because warders had a central role in the day-to-day functioning of the asylum. Warders were mediators between asylum officials and the patients, enforcing routines, regulating labour and disciplining insolence. And also, despite of – or in fact, *because* of – their ambiguous role, warders were a recurring subject in official correspondence. Claire Edington, in examining the role of families in the Bien Hoa asylum in 1930s Indochina, has argued that historians need to be attentive not just to discourse, but also the dynamics of institutional practice. In doing so, the asylum materialises less as an instrument of social control but more a 'valuable historical site for reframing narratives of colonial repression and resistance.'[7] Thus, by exploring the tripartite interactions of warders, officials and patients, one of the aims of this study is to elucidate the mechanisms of resistance and the power relations between the three groups. To do so, it is crucial to show sensitivity to conceptual frameworks and comparative theoretical literature. One must draw on philosophers (Foucault), anthropologists (Cohn) and political theorists (Gramsci) alike, to ground the microcosmic case of Madras within broader processes of power, knowledge and hegemony.

The India Office Records located in the British Library are the primary sources utilised by historians in reconstructing the British conquest and tracing the emergence of the institutions of colonial rule.[8] These archives are themselves cultural artifacts; they are products of ideas, mentalities

---

[5] J. H. Mills, *Madness, Cannabis and Colonialism, the 'Native-Only' Lunatic Asylums of British India 1857-1900,* (New York, 2000), 3, 55

[6] J. Saha, 'Madness and the Making of a Colonial Order in Burma', *Modern Asian Studies*, 47:2, (March 2013), 406-35

[7] C. Edington, 'Going in and Getting out of the Colonial Asylum: Families and Psychiatric Care in French Indochina', *Comparative Studies in Society and History*, Vol. 55, No. 3, (2013), 728

[8] B. S. Cohn, *Colonialism and Its Forms of Knowledge: The British in India,* (New Jersey, 1996), 16

and discourses that erased certain kinds of knowledge, secreted some and valorised others.[9] This dissertation will be rooted in archival evidence, with particular emphasis on the Judicial Department records of the Madras Presidency found in Part A of General Proceedings for the years 1870-90. These records entail the correspondence between asylum officials like Superintendants and Inspector-Generals with various Government officials both at home and in India. In seeking systematic control over the administration of asylums, the Home Secretary A. C. Lyall explicitly summarised what this correspondence should entail. He declared that the Government was concerned only with the 'accurate collection of facts, figures and results, which can be employed in verifying and examining at fixed periods the actual working of the asylums in all the details which illustrate management.'[10] This 'investigative modality'[11] enabled asylum officials to accumulate 'facts' about the British colonial project, and then to order, classify and transform this 'knowledge' into usable forms such as Annual Reports. Subsequently, this enforced a methodical documenting of anything and everything that revealed the internal operations in the management of lunatics: reports of individual circumstances; the financial costs of maintenance; proposed architectural developments; cases of resistance or escape; and, what will be the core focus of this essay, the regulation of the warders. By examining the discourses that emerge from this archive, this dissertation will show how these scriptural methods formed an integral part of the process by which patients and warders alike, were 'subjected to the disciplinary regime' of the asylum.[12]

Warders, perched on the lowest rung of the asylum hierarchical ladder, were largely 'native' men from the lower echelons of society. They were, by tautology of their social standing, 'subaltern' and thus their voices are often absent from the asylum archive. Subaltern Group historians have exhausted the problems of representing these subjugated voices in reconstructions of the past.[13] While acknowledging these difficulties, Sally Swartz has shown how an 'intertextual' and 'intersubjective' approach can overcome the challenges of the asylum archive.[14] On a similar vein, Joseph Melling has argued for a 'micro-politics of care,' where the experience of patients (and warders alike) was not dictated solely by a monolithic and hegemonic group, but instead was negotiated among different

---

[9] A. L. Stoler and F. Cooper, 'Between Metropole and Colony', (eds.) *Tensions of Empire, Colonial Cultures in Bourgeois World*, (London California Press, 1997), 17

[10] A. C. Lyall, IOR/P/402, PGIJC, No. 33, 12 January 1874, 20-2

[11] Cohn, *Colonialism,* 5

[12] M. Foucault, *Discipline and Punish: The Birth of the Prison,* trans. A. M. Sheridan, (London, 1977), 190

[13] See R. Guha and G. C. Spivak (eds.) *Selected Subaltern Studies*, (Oxford University Press, 1988); G. C. Spivak, 'Can the Subaltern Speak?', in C. Nelson and L. Grossberg (eds.), *Marxism and the Interpretation of Culture* (Chicago, 1988), 271-313; and D. Ghosh, 'Another Set of Imperial Turns?', *American Historical Review*, Vol. 117, No. 3 (2012), 772-93

[14] S. Swartz, 'Multiple Voices and Plausible Claims: Historiography and Colonial Lunatic Asylum Practices', in Poonam Bala (ed.) *Medicine and Colonialism: Historical Perspectives in India and South Africa*, (London: Pickering & Chatto, 2014)

actors with unequal resources and capacities.[15] The fabric of assumed coherence of the archive, in fact subsumed the dissonant voices of superintendents, visitors, surgeons and officials that determined – or rather, negotiated – the role of warders in asylums. This multiplicity of opinion sheds light on the contradictions, anxieties and ideologies that were manifest in a colonial asylum and shaped the experiences of the warders.

This dissertation on the Madras Lunacy Asylum consists of two sections. Section I will look at all the 'ordinary' elements of warders' experience by tracing their daily routines and their hierarchized responsibilities, priorities and preoccupations. It will set the foundation to our understanding of how colonial discourses on madness and race shaped the architecture, recruitment and management of an asylum. Section II will then look at the 'extraordinary' segments of the asylum, looking at in-house incidents, accidents and cases of resistance such as lunatic escapes. David Arnold has pointed out that most studies of Western medical activity in the colonies point to its coercive disposition, but the hegemonic side of psychiatry and its institutions has often been often neglected.[16] Thus through an analysis of incidents and escapes, Section II aims to uncover the dynamics of power that underscored the operations of the Madras Asylum. The argument proposed is that inmates were observed and objectified by the warders, while the warders were themselves victims of subjection. In other words, warders were consenting to carry out coercive duties, but were in turn coerced by a disciplinary system. Therefore, a study of warders' ambiguous positioning, reveals not only their personal experiences as a diverse and a semi-subjugated group, but also demonstrates the hegemonic ambitions of imperialism as well as its messy realities. It sheds light onto the dynamics of colonial power, the racialized and gendered ideologies that underpinned that dynamic, and the imagined cultural hegemony that shaped political realities within and beyond asylum walls.

---

[15] J. Melling, 'Accommodating Madness: New Research in the Social History of Insanity and Institutions', in J. Melling and B. Forsythe (eds.) *Insanity, Institutions and Society, 1800-1914*, (Routledge London, 1999), 6

[16] D. Arnold, *Colonizing the Body, State Medicine and Epidemic Disease in Nineteenth-Century India*, (London, 1993), 240

Section I – 'The Ordinary': Madness in Madras

Valentine Conolly established the Madras Government Lunatic Asylum in 1794 for 'mentally ill Europeans and Eurasians.'[17] During the first half of the nineteenth century the asylum operated as a private enterprise, concerned more with extracting profits than curing the insane. By the mid-century however, in tandem with the increasingly interventionist policies catalysed by the Indian Mutiny, the management of institutions was absorbed by the state. The Indian Lunatic Asylums Act of 1858[18] ignited unprecedented activity to provide for the volatile and the violent; the second half of the nineteenth century was 'marked by a frenzy of asylum building.'[19] In the presidency of Madras, additional asylums in Vizagapatam (Waltair) and Calicut were erected to accommodate the 83% growth in lunacy in the fifteen-year period until 1880.[20] In comparison to hospitals or jails however, lunacy statistics were but of minor numerical significance and such large percentage figures distort the real picture. For example, Madras asylum statistics show a 390% increase in admissions between 1870 and 1890, but the actual number of lunatics rose from 122[21] to 597.[22] Even in the heyday of imperialism then, in proportion to the population of India at the time, the figure of institutionalised lunatics remained small. Nonetheless, Waltraud Ernst has convincingly argued that despite statistical insignificance, colonial psychiatry and asylum management ranked high among officialdom.[23] Therefore, the lack of numerical preponderance should not obscure the ideological weight and the socio-political relevance of mental institutions in British India.

Not only did the 1870s and 1880s witness an increase of 'metropolitan imperial oversight of psychiatric practice,' but it was also a time when 'uniformity of practice was (theoretically) being implemented.'[24] Mental institutions in India were wholly British constructions and were thus modelled on the institutional and medical blueprints that emerged in Europe during the period of 'Great Confinement.'[25] Concepts like 'non-restraint' as preached by humanitarian Evangelicals and

---

[17] S. Menon, 'A Remarkable History… In the Care of the Mentally Ill', *Madras Musings,* Vol. 20, No. 20, (Feb. 1-15, 2011)

[18] O. Somasundaram, 'The Indian Lunacy Act 1912: A Historic Background', *Indian Journal of Psychiatry,* Vol. 29, No. 1, (1987)

[19] S. Jain, 'Psychiatry and Confinement in India', in Porter, R. and Wright, D. (eds.) *The Confinement of the insane, International Perspectives, 1800-1965*, (Cambridge University Press, 2013), 297

[20] Mills, *Madness,* 12

[21] Admissions, IOR/P/399, PGIJD, No. 123, 21 July 1871, 588-98

[22] Annual Report, IOR/P/4010, PGIJD, No. 1400, 14 July 1891, 54-7

[23] W. Ernst, 'Idioms of Madness and Colonial Boundaries: The Case of the European and "Native" Mentally Ill in Early Nineteenth-Century British India', *Society for Comparative Study of Society and History*, (1997), 169-71

[24] J. Saha, 'Not Fit for Punishment: Diagnosing Criminal Lunatics in Late Nineteenth-Century British India', in Poonam Bala (ed.) *Medicine and Colonialism: Historical Perspectives in India and South Africa*, (London: Pickering & Chatto, 2014), 131

[25] M. Foucault, *Madness and Civilization, A History of Insanity in the Age of Reason,* (London, 1967)

methods of 'moral management' as propagated by Utilitarianism resonated through India to uphold the more 'civilised' and 'humane' principles of the British. However, mental institutions were not simply transplanted to the East, they were 'refracted through the distorted prism' of the colony's climate and its peculiar racial and social ideology.[26] In African colonies, the asylum was a component of a broader system of colonial control, yielding particular insights into the instrumentality of psychiatry as a 'tool of Empire.'[27] To the contrary, the asylum in India represented a *potentiality* of colonial control. The institution was a symbolic marker of British superiority, 'bricks-and-mortar manifestations of patriotic pride and self-satisfaction.'[28] It is crucial to keep these wider trajectories and ideologies in mind when tracing the impact of the localities on mental institutions.

The distinct experience of Madras is marked by three factors. Firstly, its geographical proximity to the coast meant that the asylum was the only one in the presidency to house European patients who – in accord with legislation – were to be transported back to their home country within one year of their initial confinement.[29] Secondly, the Great Famine of 1876-8 had a grave impact on the conditions of the diets, accommodation and sanitation of the inmates. Sarah Hodges writing about lock hospitals in Madras, has argued that the Great Famine enticed women to voluntarily submit to hospitals and incorporate the institutions into their economic strategies of survival; lock hospitals were rearticulated as 'asylums of relief.'[30] Similarly, Mills has shown that in Lucknow, feigned madness was a way for criminals to establish a defence and for desolate women to find temporary shelter.[31] In Madras however, admissions were only slightly higher during famine years (10 inmates greater than the years preceding or following), so only a 'retrospective diagnosis' of individual cases filtered through contemporary understandings of mental illness could determine if insanity was feigned in times of economic crisis. Thirdly, political turmoil and mass resistance often implicated lunacy cases. In one incident on Christmas day of 1880, a British subject Thomas Maltby, had shot the Village Magistrate of Vizagapatam to 'prevent a public panic,'[32] being adamant that the '*Nayudu*' (leader) was affiliated with the rebel Chendrayya's '*fituri*' gang. Maltby was confined in the Madras Asylum and was in due course shipped to Broadmoor Asylum in England.[33]

---

[26] Ernst, *Mad Tales,* 123

[27] H. Deacon, 'Racial Categories and Psychiatry in Africa; the Asylum on Robben Island in the 19th c.', W. Ernst and B. Harris (eds.) *Race, Science and Medicine*, 1700-1960, (Routledge London, 1999), 101

[28] W. Ernst, 'Out of Sight and Out of Mind, Insanity in Early-Nineteenth-Century British India', in J. Melling and B. Forsythe (eds.) *Insanity, Institutions and Society, 1800-1914*, (Routledge London, 1999), 246

[29] A. P. MacDonnell, IOR/P/2854, PGIJD, No, 1284, 15 May 1886, 71-116

[30] S. Hodges, ''Looting' the Lock Hospital in Colonial Madras during the Famine Years of the 1870s', *Social History of Medicine,* 18:3, (2005), 379-98

[31] J. H. Mills, 'Indians into Asylums: Community Use of the Colonial Medical Institution in British India, 1857-1880', B. Pati and M. Harrison (eds.) *Health Medicine and Empire, Perspective on Colonial India* (Orient Longman, India, 2001), 170-6

[32] IOR/P/1967, PGIJD, No. 915-A, 20 April 1880, 491-534

[33] Insanity of T. J. Maltby, Madras Civil Service IOR/L/PJ/6/5, File 219, Jan-Feb, 1880

This study of warders begins with an episode in 1871, a point that marked decades of modification to the housing, treatment and management of both the inmates and the keepers in Madras. In an annual report on the 'miserable appearance' of a nearby asylum in Trichinopoly, visitors reiterated yet again the appalling state of its buildings, the failings of its staff and the frail conditions of its patients.[34] These concerns materialised in an incident, following which the Chief Secretary R. S. Ellis demanded the closure of the asylum and a subsequent transfer of all its inmates to the asylum at Madras.[35] The incident epitomised the perceived incompetence of the warders at Trichinopoly. According to the report, old and frail *civil* lunatic Joseph Nettoo was locked up one night with two younger and stronger *criminal* lunatics, Lutchman Pillay and Vencatasami Naik who were to give Nettoo assistance if he so required. The next morning Nettoo's right shoulder was fractured and he died a few days later. What actually happened remains a mystery, but Surgeon Murray attributed blame entirely to the warders, who failed to carry out proficient surveillance.[36] It is not surprising then, that the sole qualm the Chief Secretary had regarding his decision to transfer all the lunatics to Madras, was the 'difficulty experienced in securing competent attendants on the insane in the lunatic asylums in this country.'[37] How were Trichinopoly warders who were not familiar with handling European patients, to be accustomed to the asylum in Madras? And how were the already incompetent keepers at Madras going to adapt to the 'altered conditions' of the asylum?[38]

To accommodate the new influx of patients, the Madras Asylum was forced to re-evaluate its policies, rearrange the formation of buildings and implement new regulations. Examining asylum records in the decades following this institutional change, it becomes apparent that all the changes and reforms that were carried out were gravitated to observe and regulate the warders. Although the Madras Asylum was far from the 'total institution' that Erving Goffman describes, his seminal essays are useful for this study because he considers asylums in terms of 'a single basic articulation: inmates and staff.'[39] With this articulation as a skeletal frame, the remainder of this section will examine two institutional responses to the new Trichinopoly inmates: first, the arrangement of buildings (and people); and second, new warder regulations. This will shed light on the interlinked experiences of both the keepers and the inmates, and, because the establishment, segregation of lunatics and their

[34] R. Davidson, IOR/P/399, PGIJD, No. 186, 31 August 1871, 761-5

[35] R. S. Ellis, IOR/P/399, No. 186, 31 August 1871, 772-82

[36] Annual Report, IOR/P/399, PGIJD, No. 186, 31 August 1871, 772-82

[37] Ellis, IOR/P/399, PGIJD, No. 186, 31 August 1871, 772-82

[38] Inspector-General E. G. Balfour, IOR/P/399, PGIJD, No. 14, 15 November, 1871, 972-6

[39] E. Goffman, 'On the Characteristics of Total Institutions', *Asylums, Essays on the Social Situation of Mental Patients and Other Inmates,* (New York, 1961), 112

supervision were entirely of British conception,[40] a study of the changes and reforms will also reveal the colonial ideologies that shaped these experiences.

Architecture and the physical setting of the asylum could undermine or contribute to its success.[41] Officials recognised this and sought to organise the buildings in a fashion that would make surveillance easier to carry out. Inspector-General Balfour stated in 1871 that it is imperative to carry out 'modifications of the establishment which may be necessary to ensure adequate observation of lunatics by day and by night.'[42] He was aware that Trichinopoly was arranged in square buildings with enclosing yards and limited grounds, whereas Madras has a cottage system, with buildings considerably apart in grounds that exceeded 80 acres and with no demarcating wall but a feeble aloe fence. He believed the latter system 'from its character is essentially a difficult one to supervise' and thus more attentive warders needed to be hired and lampposts needed to be erected for 'vigilant observation.' Large numbers of keepers were indeed hired and by 1881, records show that there were 61 keepers managing 270 inmates. To justify why this was necessary in Madras, Surgeon-General Bidie enlisted three factors: first, the lack of 'stone-walls and railings;' second, the existence of criminals, the 'most troublesome and dangerous class of insanes;' and third, the fact that 'the European keeper at Home is much more intelligent, reliable and efficient than the native.'[43] Evidently, although asylum buildings were assembled in a manner assist surveillance projects, officials perceived the issue not to be the architecture, but the inefficiency of the warders in their duties.

Colonial officials were apprehensive not only with the arrangement of the buildings themselves, but also with the arrangement of the patients within them. On a basic level, patients were segregated according to their condition, their violent inclinations and state of their health. Some lunatics were put in special confinement if they caught a bodily disease, as exhibited by the 'Diarrhoea Block' for those with dysentery and the 'Vigilance Block' for those with temporary suicidal tendencies.[44] Legislation, like the Criminal Lunatic Acts of 1849 and 1851, also enforced a 'strict system of segregation and discrimination' decreeing for criminal lunatics to be kept separate from civil lunatics.[45] In many instances, the realities of asylum life did not square with official legislation, but with these rules, there is evidence that the Madras officials highlighted the 'absolute necessity' of 'making provision for the separation of the criminal from the civil class of inmates as

---

[40] Somasundaram, 'Indian Lunacy Act', 5

[41] A. Scull, *Museums of Madness, The Social Organization of Insanity in Nineteenth-Century England*, (London, 1979), 104

[42] E. G. Balfour, IOR/P/399, PGIJD, No. 14, 15 November 1871, 119-97

[43] G. Bidie, IOR/P/3546, PGIJD, No. 280-1, 14 February 1889, 33-9

[44] Menon, 'Remarkable History', *Madras Musings*

[45] Ernst, *Mad Tales,* 35

required by the Act, for reasons sufficiently obvious.'[46] These 'obvious' reasons were to maintain the safety and well being of the inmates. Incidents like that of Nettoo cited above, exemplified to the officials the tragic consequences of confining the two groups of lunatics. But these humanitarian concerns were superficial. In a set of correspondence between Surgeon-General Bidie and the Chief Secretary J. F. Price, the two men contemplated a proposal to concentrate the entire body of the criminal insane at Madras. Bidie consented to the proposal, on the grounds that the separation of civil and criminal lunatics is maintained, so that 'the guarding' to be 'carried out in a more systematic manner.'[47] Evidently, colonial rhetoric did not stress the need to protect the inmates, but how their bodies should be arranged to assist surveillance. Thus even basic forms of patient segregation were implemented with the warders in mind.

Markers of 'difference' were also entrenched into segregation policies. Segregation signifies a hierarchized structure, which in turn paves the way for discriminatory treatment. Hence an analysis of how conceptions of race class and gender shaped these segregation policies will illumine the impact that such segregation had on the experiences of the patients and their keepers. Regarding gender, although Showalter makes a convincing argument for a 'female malady'[48] in Britain, Ernst has demonstrated how madness was neither statistically nor symbolically feminine in colonial India.[49] In Madras, male patients outnumbered females by at least 50% throughout 1870-90. Nonetheless, gender remained a consistent premise for segregation. In 1874, due to overcrowding in the female wards, the District Engineer J. Goddard proposed that a few 'women idiots' should be detached from the main female body of cottages and located in one of the male wards until a new cottage was erected. W. R. Cornish ascertained his views that 'such an arrangement would be utterly destructive of discipline, and bad in every way for the patients and attendants.'[50] Gender segregation was likewise, based not on a moral high ground for the sake of patients' safety and their celibate health, but to provide for a more efficient form of supervision.

In India, classification and segregation within mental institutions was executed predominantly in terms of race in sync with the 'rule of colonial difference.'[51] In an era dominated by 'racial science', much of the accelerated drive for racial segregation came from the 'progressive' scientific vision of the day, infused with social Darwinist fears of white degeneration. Richard Keller notes that

---

[46] Davidson, IOR/P/399, PGIJD, No. 186, 31 August 1871, 761-5
[47] G. Bidie, IOR/P/3783, PGIJD, No. 34, 13 January 1890, 47-52
[48] E. Showalter, *The Female Malady, Women Madness and English Culture 1830-1980,* (London, 1985), 4
[49] W. Ernst, 'European Madness and Gender in Nineteenth-Century British India', *Social History of Medicine*, Vol. 9, No. 3, (1996), 362
[50] W. R. Cornish, IOR/P/403, PGIJD, No. 789, 14 August 1874, 1151-3
[51] R. Keller, 'Madness and Colonization: Psychiatry in the British and French Empires, 1800-1962', *Journal of Social History*, Vol. 35, No. 2 (2001), 299

'racial tension and the imperative to maintain the prestige of the ruling race left their mark on the architecture, therapy, and administration of asylums in India.'[52] In the debate about the accommodation of women, Surgeon-General Balfour said that they must prioritise and 'necessitate separate lodgings either in small numbers or alone' for the various races and classes of females in accord with 'their former positions in life.' There were 17 Europeans, (3 of 'better circumstance' and 14 of 'poorer circumstances') and 56 Native women (40 Native civil women, 8 Native 'dirty patients' and 7 native 'criminal lunatics').[53] Patients had to be hierarchized to reflect an idealised version of the social order outside of the asylum walls.[54] Distinctively to the Presidency of Madras, the racially divisive atmosphere emanated from a tradition of racial segregation based on geography. Europeans resided in pleasant suburbs and the Fort area, while Indians were concentrated in the Black Town and other overcrowded areas.[55] This spatial divide was to be replicated in the arrangements inside the asylum, where the complex space could be at once both 'architectural functional and hierarchical.'[56] The asylum was to be a microcosm of society. Similarly, warders were also hierarchized, with European warders supervising the upper echelons of the asylum population and vice versa. Although colonial rhetoric envisaged segregationist policies as black and white (quite literally), the reality was far messier. Segregationist ideals were filtered through financial concerns of the government, with building proposals 'always dismissed because it is too much of a costly burden.'[57] These segregation policies literally set the foundation for discriminatory treatment, which brings us to the next half of this section.

The second *ad hoc* response to the influx of new inmates and warders in 1871 was the circulation of a set of new 'Rules for the Guidance of Warders in the Lunatic Asylum of Madras.' These rules were drafted in 1875 and the Government requested the distribution of 300 copies in various local languages: 150 in Telugu and 50 each in Telugu, Hindustani and Malayalum.[58] These rules were divided into 'Daily Routine Duties' and 'General Rules.' The former set outlined the daily responsibilities of warders, which mostly consist of chaperoning inmates from their meals, to the latrine, to work and to bed. It reads like a timetable, one of the components of disciplinary control that warders were to enforce upon the inmates, to establish rhythms, impose particular occupations and

---

[52] S. Marks, 'The Microphysics of Power: Mental Nursing in South Africa in the First Half of the Twentieth Century', in S. Mahone and M. Vaughan, (eds.) *Psychiatry and Empire*, (Palgrave Macmillan, 2007), 71

[53] E. G. Balfour, IOR/P/403, PGIJD, No. 68, 10 September 1874, 1383-7

[54] Mills, *Madness,* 105

[55] W. Ernst, 'Colonial Policies, Racial Politics and the Development of Psychiatric Institutions in Early 19th-c. British India', in W. Ernst and B. Harris (eds.) *Race, Science and Medicine*, 1700-1960, (Routledge London, 1999), 86

[56] Foucault, *Discipline*, 148

[57] Bidie, IOR/P/3546, PGIJD, No. 280-1, 14 February 1889, 33-9

[58] Rules for the Guidance of Warders, IOR/P/404, PGIJD, No. 211, 24 February 1875, 304-10

regulate the cycles of repetition.[59] This timetable was crucial for the efficient management and disciplining of the inmates, so much so that Balfour requested new clocks to be installed on every cottage door, even though their price was a remarkable 67 rupees.[60] On one level, the rhetoric of this scrupulous rota epitomises the racial ideologies that underpinned discriminatory treatments, and on another level, it is a window into the daily experiences of warders and patients alike.

The Regulations show that discriminatory treatment was embodied in the diet, health, leisure and labour of the patients. British fantasies of what India was and what it ought to be were built into the asylum treatment regime.[61] Leisure for instance, was skewed to favour the European who 'must always be supplied with newspapers, periodicals and games.'[62] Similarly, it is no surprise that the diet of the native patient was of lesser quantity and in poorer quality than that of the European. One can however, trace colonial attempts to implement their 'understandings' of caste into the arrangements of diet. For example in 1882, Native inmates complained that *pariah* cooks were preparing their food and so the officials replaced them with *vellala* cooks.[63] However, the unintended consequence was that European diets were neglected and catered for by the kitchen assistants so they were forced to revert to the original structure. Officials were happy to abide by local religious or traditional customs, if it did not infringe on their hierarchies, ideologies and budgets.

The Regulations also show the intricacies of racialized labour. The mobilising of incarcerated bodies in forms of employment was one dimension of a multi-faceted operation to extract productivity from the Indian body and to control it. European men were often exempt from work if it was considered too 'uncivilised' and out of tune with the conduct of their social class and even when they did work, Europeans would be dismissed up to one hour earlier than the natives. The racialization of labour is also evident in the salaries of the warders. An 1877 report, enlists the cost of hiring different keepers: a European or East Indian keeper cost 15 Rs. each; second-class Native keepers were 9 Rs. (women 6); and third-class Native keepers were 7 Rs. (women 5). Similarly, patient labour was also gendered – female insanes were to do all the 'husking of paddy, grinding of dholl and cleaning of the rice,' while the men were to perform manual labour tasks like cultivation.[64] The case in Madras is harmonious to the argument put forward by Swartz, that there was a 'structuring of domesticity through both race and class.'[65] In one instance, Superintendent Nanney requested extra funds for the

---

[59] Foucault, *Discipline,* 149-51

[60] Balfour, IOR/P/399, PGIJD, No. 14, 15 November 1871, 972-6

[61] Mills, *Madness,* 124

[62] Rules, IOR/P/404, PGIJD, No. 211, 24 February 1875, 304-10

[63] W. R. Cornish, IOR/P/1967, PGIJD, No. 789, 26 July 1882, 142-5

[64] W. F. DeFabeck, IOR/P/4010, PGIJD, No. 1320, 4 July 1891, 27-30

[65] S. Swartz, 'The Black Insane in the Cape, 1891-1920', *Journal of Southern African Studies,* Vol.21, No. 3, (Sep., 1995), 412

purchase of new 'Thomas Sewing Machines' because the current ones were too complicated for 'native' women to grasp.[66] Here, vectors of gender and race have crossed – women were responsible for sewing because it was intrinsically a female job, but their supposedly barbaric and slow conditions, precluded them from fulfilling their female responsibilities.

The role of warders in penal labour is epitomised in Deputy Surgeon-General J. L Ranking's suggested 'experiment' of a 'weaving project.'[67] Officials claimed that patient weaving was to be 'entirely of a voluntary description' conducted more with a view to its 'therapeutical than its pecuniary results.'[68] However, officials believed weaving in an asylum was different 'from those in a prison' because labouring lunatics required 'special watching.'[69] Warders were thus necessary to enforce submission to a production apparatus and punish those reluctant to submit. David Armstrong has demonstrated how disciplinary power, through surveillance and subsequent objectification of the body, serves to fabricate the body in the first place; it creates the body.[70] In other words, this form of discipline carried out by warders produced subjected and practiced bodies, 'docile bodies.'[71] Accepting that penal labour was indeed a 'constitution of a power relation,'[72] the relationship of the subjugated patients and the dominant officials that implemented such systems was convoluted in asylums by the existence of the warders. This is again because of their ambiguous role. For one, they were to enforce the labour, thus transforming the patients into 'objects' and yet, because they were themselves subjected by the disciplinary regime, their experiences differed little from those of the inmates. In fact, warder bodies were often also utilised in this 'experiment' because 'lucky for Madras, many of its warders are professional weavers and can help.'[73]

The 'General Rules' segment of the Regulations attack the conduct and behaviour of the warders themselves. Officials stressed that the number of keepers required to manage an asylum depended not only on 'the peculiarities of the grounds and buildings' as discussed above, but also on 'the systems of guarding and treatment.'[74] The 'system' that was adopted in the Madras asylum at this time was fuelled by the rhetoric of 'non-restraint.' Prior to 1867, 'strait-jackets and even gags were constantly in use in the institution, with the aim of 'restraining and silencing inmates,'[75] but under

---

[66] Nanney, IOR/P/1253, PGIJD, No. 509, 11 March 1878, 263-4

[67] J. L. Ranking, IOR/P/401, PGIJD, No. 143, 29 September 1873, 1001-3

[68] Annual Report, IOR/P/401, PGIJD, No. 106, 16 May 1873, 413-51

[69] G. Bidie, IOR/P/3546, PGIJD, No. 280-1, 14 February 1889, 33-9

[70] D. Armstrong, 'Bodies of Knowledge/Knowledge of Bodies' in C. Jones and R. Porter, (eds.) *Reassessing Foucault, Power, Medicine and the Body*, (Routledge, London, 1994), 17-27

[71] Foucault, *Discipline*, 138

[72] Foucault, *Discipline*, 243

[73] Ranking, IOR/P/401, PGIJD, No. 143, 29 September 1873, 1001-3

[74] Bidie, IOR/P/3546, PGIJD, No. 280-1, 14 February 1889, 33-9

[75] Annual Report, IOR/P/401, PGIJD, No. 106, 16 May 1873, 413-51

execution of the new techniques 'the insanes were simply watched to prevent them from injuring themselves or each other.'[76] The ensuing annual reports claim that 'the "non-restraint" system continue[d] to work very satisfactorily' and officials reiterated the civilised, humane and 'modern' attributes of such management. These discourses of benevolence, moral management and non-restraint are echoed in the warder Regulations: 'unnecessary force is never to be employed, and any warder using violence, or striking a patient under any circumstances, will be instantly dismissed and handed over to a Magistrate for punishment.'[77] What becomes apparent is that regulation, supervision and surveillance were reified and targeted not at the inmates, but at the warders. Rules like 'attendants must perform their duties in a quiet and orderly manner, without noise' and 'must not leave their post' aim to discipline the warder. There were also rules that enforced this discipline with the threat of punishment: 'if a patient damages asylum property, the Warden will be responsible' and if a patient escapes 'the warder will be liable for dismissal.'[78] The appearance, behaviour and attitude of the warder had to be disciplined to guarantee efficient disciplining of the inmates. Marks has noted that 'whatever the surveillance of the patients, it was at least matched by the colonial government's surveillance over the asylum staff.'[79] By proceeding to investigate incidents and escapes, one can see how warders were disciplined and punished, and begin to uncover the intricate power relations that underpinned the operations of an asylum.

---

[76] G. Bidie, IOR/P/3546, PGIJD, No. 280-1 14 February 1889, 33-9

[77] Rules, IOR/P/404, PGIJD, No. 211, 24 February 1875, 304-10

[78] Rules, IOR/P/404, PGIJD, No. 211, 24 February 1875, 304-10

[79] S. Marks, ''Every Facility that Modern Science and Enlightened Humanity Have Devised', Race and Progress in a Colonial Hospital, Valkenberg Mental Asylum, Cape Colony, 1894-1910', in J. Melling and B. Forsythe (eds.) *Insanity, Institutions and Society, 1800-1914*, (Routledge London, 1999), 273

Section II – 'The Extraordinary': Incidents and Escapes

In her work on the 'subaltern subject,' Rosalind O'Hanlon has shown that examining forms of resistance is crucial for understanding the dynamics of power in various institutions. She concedes that the difficulty historians face is in describing the *process* through which knowledge, structure and legitimacy operate upon its objects.[80] To uncover this process, historians must employ categories that are 'as multifarious and nuanced as the course and ligaments through which power itself runs.'[81] Most studies that touch upon resistance in the mental institution concentrate solely on the relationship between the colonising official and the colonised patient. James Mills in his study on the Lucknow Asylum has elucidated this power relation by analysing three forms of resistance: the verbal (defiance); the violent (sex, suicides and attacks); and the escape.[82] What Mills fails to acknowledge is the centrality of the warders. By appropriating their ambiguous role, this study will distort the 'Western official' versus 'Indian patient' binary. This section will examine cases of lunatic escapes and 'multifarious and nuanced' incidents in turn to rearticulate the power relations in the Madras Asylum with the warders in mind. It will also ground the core argument of this paper, that while both patients and warders were subjugated by the colonial disciplinary regime, asylum patients were 'objects' and warders 'subjects.'

First and foremost, escapes supposedly shed light on patients' resistance: their struggles against confinement, as well as forms of domination, objectification and submission. The Madras officials however, did not interpret escapes as forms of resistance. For example, on the morning of the 18th July 1877, the patients at the Madras asylum returned from the trenches for their morning conjee, with one patient, Oopera Subadoo, missing. Surgeon H. D. Cook explained that 'an immediate search was made all over the grounds,' as they believed that the lunatic had 'wandered away, which many often do, and eventually make their escape.'[83] Surgeon Cook's use of the phrase 'wandered away' reiterates that escapes were not deliberate attempts to defy incarceration, but mere lunatic tendencies. In fact, the phrase stems directly from the statutory definition of lunacy[84] and is echoed in the admission papers of the inmates at Madras who were confined for 'wandering in the streets'[85] or 'wandering at large.'[86] To colonial officials, lunatics wandering away and accidentally escaping was just another materialisation of their insanity. In a colonial context, it is easy to read escapes within the

---

[80] R. O'Hanlon, 'Recovering the Subject, Subaltern studies and Histories of Resistance in Colonial South Asia,' *Modern Asian Studies*, Vol. 22, No. 1, (1988), 206
[81] O'Hanlon, 'Recovering the Subject', 200
[82] Mills, *Madness,* 170-5
[83] H. D. Cook, IOR/P/1094, PGIJD, No. 2203, 14 September 1877, 1178-9
[84] Clause IV Act XXXVI of 1858 orders the confinement of 'persons found wandering at large.' Mills, *Madness,* 67
[85] IOR/P/1426, PGIJD, No. 570, 18 March 1879, 381-2
[86] T. E. Tennant, IOR/P/1776, PGIJC, No. 1441, 20 July 1881, 566-8

coloniser-colonised dichotomy. The assumption is that 'Native' inmates actively sought to undermine or resist the Western social and scientific hegemonic forces imposed on them by the European officials. In reality however, patients were of unstable minds, so conflating their escapist inclinations with anti-colonial resistance can be very problematic.

Although asylum officials did not identify cases of escape as forms of colonial resistance, the surrounding discourses can nonetheless expose 'power relations, locate their position, find out their point of application and the methods used.'[87] Ergo, what is of interest to us is that asylum officials focused not on recapturing or punishing lunatics, but on the subsequent disciplining of the warders. Surgeon Cook alleged that the warder in charge of supervising Subadoo was responsible for his escape. The warder had evidently failed to carry out vigilant supervision and for his negligence he was punished with a fine. The matter was put aside but resurrected by Chief Secretary Carmichael's inquiry into why no further retributive action was taken.[88] In his opinion, a fine was a lenient punishment for warder carelessness. Carmichael's concerns were digested and warders faced harsher punishments for subsequent escapes. For example, in September of the following year, a lunatic named Mayan Perumal escaped and was not recaptured. The official visitors report explained that Perumal 'was under charge of a 3rd-class warder Mootha' and 'the warder's dismissal was recommended and sanctioned… as the escape was solely due to his negligence.'[89] Warders, by nature of their class and race, such as the '3rd-class warder Mootha,' were supposedly morally and physically inferior and thus, were often inefficient in carrying out their duties. In other words, the realities of colonial domination and cultural indifference necessarily caught up with the warders;[90] they too were subjects that needed to be disciplined. By punishing the warders and planting the fear of dismissal in their minds, colonial officials were hoping to encourage warders to tighten surveillance of the patients. Asylum officials were disciplining to promulgate more discipline.

Colonial officials continuously pointed to the racial inferiority of the warders to explain lunacy escapes. Their perceived incompetency meant that warders could be used scapegoats for internal dysfunctions of the asylum. The rhetoric that surrounded the escapes of Subadoo and Perumal for example, further illuminates the *contradictions* in the process of how asylum officials attempted to scapegoat the warders. In the face of recurring escapes, visitors were apprehensive of the crumbling architecture of the asylum and reiterated the need of a strong wall. They brought in an engineer who estimated the cost of a wall 12ft tall 'sufficient to prevent all risk of escapes' to be 26,000 rupees. Although initially agreeing that a wall is imperative to prevent escapes, Surgeon-General G. Smith

---

[87] M. Foucault, 'The Subject and Power', H. L. Dreyfus and P. Rabinow (eds.) *Michel Foucault: Beyond Structuralism and Hermeneutics 2nd ed.*, (Chicago, 1983), 210
[88] D. F. Carmichael, IOR/P/1094, PGIJD, No. 2911, 14th December 1877, 1580-2
[89] Report of the Official Visitors, IOR/P/1253, PGIJD, No. 2227, 31 October 1878, 1056-8
[90] Ernst, 'Idioms', 159

was alarmed at the cost and could not approach Government with such a request. His opinions were subsequently skewed in tune with financial concerns as he ascertained that all the asylum needs is 'more aloe plant' for the meagre fence because 'the vigilance of the keepers is more trusted to than walls to prevent escapes.'[91] And yet, just two months later, when harassed by Government to explain the 6 escapes of that year, the Superintendent remarked that actually 'nothing but a wall completely enclosing the whole of the Asylum grounds will effectually prevent all future escapes.'[92] He further observes that 'even in English Asylums enclosed by walls and with European Keepers, escapes sometimes take place' and the difficulty of preventing escapes in India is thus 'increased by a hundred-fold by the untrustworthiness of Native Warders, on very few of whom the slightest dependence can be placed.'[93] Warders, because of their racial inferiority, could be blamed and punished for escapes without infringing on the budget.

Colonial imaginings of how an asylum should function were filtered through colonial budget sieves, echoing the case in the Rangoon Asylum, which was an example of 'colonial bio-politics on a meagre budget.'[94] On a deeper level, by reiterating the 'untrustworthiness of Native Warders,' official discourses embodied Chatterjee's rule of colonial difference. Colonial officials dictated the apparently intrinsic dispositions and capabilities of, for instance, the '3rd-class Native warder', in tune with the Western medical, social and cultural paradigms that had generated a discursive proliferation surrounding the 'Other.'[95] Although based on 'facts' accrued from observation, these remarks were of course superficial as they were founded on presupposed colonial markers of difference in race, class and gender. By drawing on these preconceptions of the racial and thus moral and physical inferiority of the warders, asylum officials were able to shift negligence for any asylum failings on to the warders and punish them respectively. In other words, warders became the prime targets of discipline. What emerges from these discourses on lunacy escapes is that the role of the warder was constantly rearticulated in official correspondence to suit colonial ambitions and/or justify their decisions. In this case, because they were 'Native' (read: incompetent), warders were scapegoats in explaining lunatic escapes.

As with escapes, asylum officials believed that warder inaptness was the cause of in-house incidents. On the 19th March 1872 for example, two lunatics called Maku and Soobiah were placed in a block known as the 'filthy room cottage' alongside four other patients. At 5am that night, Maku attacked Soobiah who died in hospital later that morning. The Jury requested the Coroner to 'bring to

---

[91] G. Bidie, IOR/P/1094, PGIJD, No. 2911, 14 December 1877, 1580-2
[92] L. C. Nanney, IOR/P/1253, PGIJD, No. 264, 6 February 1878, 144-5
[93] Nanney, IOR/P/1253, PGIJD, No. 264, 6 February 1878, 144-5
[94] Saha, 'Madness', 435
[95] See E. Said, *Orientalism*, (Penguin Group London, 1978)

the notice of Government the insufficiency of the watching Staff at the Lunatic Asylum.'[96] In response, E. G. Balfour aimed to justify the official asylum actions taken prior to the incident. He highlighted that the cottage was of adequate housing as it could hold up to 12 inmates; that it was sufficiently segregated from criminal lunatics and the female wards; and that both Soobiah and Maku were 'dancing and shouting' but 'not violent.'[97] Through a process of negation, Balfour derived to the conclusion that the night warders are to blame. He was adamant that the system of monitoring inmates was not flawed and therefore its agents must be. He proceeded to explain how the surveillance system in place was ample to affiliate warders' supervision: 8 warders were responsible for the men's pavilions during the night, with 4 of them awake at any one time carrying out regular 20 minute checks on the cottages. Even though the warders were not in dereliction of their duties and could have done little else to prevent the death of Soobiah, colonial rhetoric continued to circle warder incompetence as the cause of the incident.

It is one-dimensional to simply focus on how the warders, these non-European subjects of knowledge, have been constituted in the minds of the colonisers. To piece together the power relations that underscored asylum functionings, one must first realise warders' 'particular forms of subjectivity, experience and agency.'[98] Resistance in the colonial context is usually defined as a conscious disengagement *with* or defiance *of* the colonial hegemonic force, either in mass movements or simple every day acts. Dagmar Engels and Shula Marks have noted that historiographical emphasis has been on the 'inevitable resistance and protest of the oppressed' rather than on their 'strategies of accommodation and survival.'[99] Men that opted to be asylum warders did so voluntarily and were thus not as oppressed as the inmates. Madras records show that from the warders there was no outright resistance to the institution. However, this is not to suggest that warders were consenting to the ideologies that the institution came to represent. For example in 1877, Madras faced a case of 'embezzlement of public money' through a 'system of frauds carried on for upwards of two years' by a team of a doctor, warder and writer attached to the institution. Warders manipulated their positions of authority for personal gains, often at the detriment of the colonial institution. Colonial officials read any obstacles impeding on their imperial projects – including warder negligence, ignorance or failure to comply with asylum regulations – as resistance. Therefore, deviations from their routine and failures to prevent escapes were signs of a slack struggle against subjection, against forms of subjectivity and submission. Officials were certain that such defiance and corruption could be prevented if proper supervision is exercised over these 'subordinate employees,'[100] which placed

---

[96] Inquest by the Coroner of Madras, IOR/P/400, PGIJD, No. 56, 5 April 1872, 321-4

[97] E. G. Balfour, IOR/P/400, PGIJD, No. 57, 5 April 1872, 321-4

[98] O'Hanlon, 'Recovering the Subject', 190

[99] D. Engels and S. Marks, 'Introduction: Hegemony in a Colonial Context', (eds.) *Contesting Colonial Hegemony, State and Society in Africa and India,* (London, 1994), 2

[100] A. Howell, IOR/P/1094, PGIJD, No. 2376, 4 October 1877, 1291

warders at the heart of discipline and surveillance.

What surfaces from such incidents, are the mechanisms through which warders were subjected to the asylum disciplinary regime. To unearth the mechanisms of any subjection in a colonial context, it is crucial to first acknowledge the wider forms of exploitation and domination. Antonio Gramsci's hegemonic model is challenged by the situation in British India, where the nature of colonialism is generally not consensual but coercive.[101] What one can appropriate from Gramsci's work for the colonial context is his focus on subjectivity in the link between subordination and domination. Gramsci rejects the ruling/ruled dichotomy and acknowledges a tier of subalterns, who are able to 'exert hegemonic pressures of their own.'[102] Shula Marks has adapted this model to a study of the Valkenberg Asylum in the Cape Colony, where nurses and attendants 'devised particularly vicious yet insidious ways of asserting their authority over patients through humiliation.'[103] Attendants had a role in 'stripping' the patients of their 'identity', which in Africa was exercised through moral humiliation and physical violation serving to reinforce the disciplinary power of the asylum frightening the mentally disordered into compliance.[104] Similarly, the warders at Madras exerted a form of hegemony, but in a more banal form: in the ubiquitous regulation and disciplining of the inmates through their daily routines. Their level of authority enabled warders to subjugate the inmates. Thus, the hegemonic influences of Western ideas of health, discipline and moral management were indeed 'more effectively mediated through Indian agents.'[105] Similarly, Taylor Sherman has shown how prison guards revealed the extent to which many of the colonial state's coercive mechanisms relied on a small number of the colonised population who, 'reluctantly, willingly, or cunningly, were instruments of colonial dominance.'[106] Warders played a part in transforming inmates into 'objects and products.'[107]

In a study on an asylum in Jamaica, Sally Swartz has argued that systematic surveillance, entailing the spider-web reports codifying and counting colonial buildings, insane bodies, routines and attendants constituted 'government at a distance, surveillance from the centre.'[108] This echoes the disciplinary regime of the Madras Lunacy Asylum. Within that surveillance at the core, warders were implicated in three ways. First, they were responsible for observing and examining the patients,

---

[101] See R. Guha, *Dominance Without Hegemony: History and Power in Colonial India,* (Delhi: Oxford University Press, 1998) and on the 'coercive power' of western medicine, see Arnold, *Colonizing,* 8-10
[102] S. Jones, *Antonio Gramsci*, (Routledge, 2006), 47
[103] Marks, 'Microphysics', 89
[104] Marks, 'Microphysics', 91
[105] D. Arnold, 'Public Health and Public Power: Medicine and Hegemony in Colonial India', in D. Engels and S. Marks (eds.) *Contesting Colonial Hegemony, State and Society in Africa and India,* (London, 1994), 148
[106] T. Sherman, 'Tensions of Colonial Punishment: Perspectives on Recent Developments in the Study of Coercive Networks in Asia, Africa and the Caribbean', *History Compass*, Vol. 7, No. 3 (2009), 662
[107] Goffman, *Asylums*, 74
[108] S. Swartz, 'The Regulation of British Colonial Lunatic Asylum and the Origins of Colonial Psychiatry, 1860-1864', *History of Psychology,* Vol. 13, No. 2 (2010), 162-72

enforcing labour and preventing escapes, making the patients subjugated 'objects.' Second, because by virtue of their insanity it was often impossible to discipline lunatic patients, it became apparent that the insane 'were not governable; colonial officials were.'[109] It is this realisation that explains why colonial discourses focused on disciplining warders and not the inmates. For example, in 1881, colonial officials appointed a committee to inquire into the discipline and management at Madras. This followed an inquiry that arose from a fatal assault by one patient Govinden upon another, Dadameah at a time when the Superintendent was away. The incident report acknowledges that although there was no evidence that routine discipline was relaxed during his absence, nonetheless 'we think it probable that such was the case.'[110] One can see that disciplining warders became the prime concern of colonial and asylum officials. Warders became what David Scott has coined 'targets' of colonial power, i.e. a real and discursive loci onto whom ideas of discipline and subjection were experimented upon. This of course was carried out within the colonial 'field' of operation, the site of colonial encounters that was constructed for this functionality: the asylum.[111]

However, due to warders' ambiguous positioning in carrying out surveillance at the centre, but being governed from a distance, it meant that these 'subjects' were also required to self-discipline themselves in sync with the asylum regime. This brings us to the third and central point. Megan Vaughan has argued that Foucault's 'productive' modern power does not work in the colonies because colonial states were hardly 'modern states' as they continued to rely on 'repressive' power; the development of capitalism was uneven; the need to identify the 'Other' was less central when every colonial person was already an 'Other.' She argues there was no creation of individual subjectivities but rather a 'unitisation' in how colonised people were counted and labelled.[112] She argues that in the colonies, 'objectification' occupied much more ground that 'subjectification.' This is true for the asylum. Lunatics were objectified through a repressive power and were prevented from becoming 'speaking subjects.' We have seen that lunatics were disciplined not through an individuating process, but rather they were targeted and punished in collectives. Warders on the other hand, *were* individuated. Characteristics of individuality were endowed in the disciplining of warders.[113] Warders were spatially distributed at two warders per cottage ('cellular'), their activities were coded in routines ('organic') and a strict personal timetable was enforced to extract productivity ('genetic'). From this, their movements and exercises were prescribed in a fashion to maximise discipline. In the warder-patient relationship, warders were the dominant players with their warped

---

[109] Swartz, 'Regulation', 170

[110] Report from the Committee appointed to inquire into the Discipline and Management of Madras, IOR/P/1776, PGIJD, No. 1500, 27 July 1881, 588-93

[111] D. Scott, 'Colonial Governmentality', *Social Text*, No. 43, (1995), 191-220

[112] M. Vaughan, 'Introduction: Discourse, Subjectivity and Differences', *Curing their Ills: Colonial Power and African Illness,* 1-28

[113] Foucault, *Discipline*, 167

sense of authority, which fostered an illusion in their minds that they were self-governing individuals. There is evidence in the Madras asylum of warders punishing inmates: physically enforcing a routine, sometimes resorting to violence, locking patients up in solitary confinement, etc. Warders saw themselves as 'technicians of behaviour: engineers of conduct, orthopaedists of individuality.'[114] However, warders were blind to their own subjection. Warders were to produce bodies that were both docile and capable, but only on the premise that they were themselves subjugated and made subject to. Therefore, the classification, codification and regulation of both patients and warders, were mechanisms of a disciplinary regime that transformed patients into 'objects' and warders into 'subjects.'

---

[114] Foucault, *Discipline*, 294

Conclusion

The colonial state attempted to access the bodies of the colonised in various 'enclaves' to produce knowledge.[115] Asylums provided bodies that could be observed, categorised and classified. They were sites where ideas could be constructed, modified and experimented through medical discourses. In the Madras Lunacy Asylum, ideologies were entrenched in a 'rule of colonial difference,' which shaped the architecture and administration of the institution. Asylum management reflected and flourished on 'social prejudice, cultural ignorance and indifference'[116] enabling the discriminatory nature of routines, diets and lives of both the patients and the warders to materialise. As with other colonial institutions such as the Zomba Asylum,[117] colonial theory often differed from asylum practice. Budgets, superintendents' personal interests, 'tropical' climates and famine meant that the institution functioned differently to its western blueprints. Nonetheless, colonial social and scientific discourses did shape the experiences of those inside asylum walls.

The asylum was an alien place in Indian society and was thus 'in every way implicated in the power relations of colonialism.'[118] This study has explored how through regulation at a distance and surveillance at the centre, warders were able to transform lunatic patients into 'docile bodies,' into 'objects.' All the while, warders were themselves targets of the disciplinary regime. They were to discipline and to be disciplined. This discipline comprised a whole set of instruments, techniques, procedures, levels of application and targets.[119] Warders were targeted through spatial segregation; through their routines, their timetables and labour; they had rules and regulations published and disseminated; and their incompetence and negligence was punished. But most importantly, warders were subjected through an exploitation and manipulation of their ambiguous role. They were first, representatives of a colonial institution entrusted with a warped sense of authority to carry out regulation, surveillance and punishments. Second, they were 'native' and thus perceived to be socially, morally and physically inferior, enabling their bodies to be used as scapegoats for any internal asylum dysfunctions.

Marks and Engels have shown that studies of the disciplinary techniques underpinning colonial institutions enable historians to unearth the broader technologies and dynamics of power.[120]

---

[115] Arnold, *Colonizing*, 1-10

[116] Ernst, 'Idioms', 160

[117] M. Vaughan, 'Idioms of Madness: Zomba Lunatic Asylum, Nyasaland, in the Colonial Period', *Journal of Southern African Studies*, Vol. 9, No. 2, (April 1983), 224

[118] Mills, *Madness,* 175

[119] Foucault, *Discipline*, 205

[120] Engels and Marks, 'Introduction', 8

In grappling with the historiographical question of what is colonial about colonial medicine,[121] historians should focus not on the oppressed 'Other' that supposedly rejected western institutions, but on the actors like warders that appropriated and often manipulated these institutions into their daily lives. While not denying the coercive nature of the British state in India during the latter half of the nineteenth century, studies should rearticulate the subjectivity and hegemonic inclinations of the various players on the asylum stage. Although these voices are often suppressed in the archive, discourse analysis, postmodernist deconstructive, subaltern and psychoanalytic methodologies have in different ways 'drawn attention to the archival reading of absence to detect resistance, unrecorded voices, 'truths' beyond the hegemonic.'[122] This study of the Madras Lunacy Asylum between 1870 and 1890 has aimed to show how reading the archives along and across the grain can reveal the daily experiences of those within the institution, patients and warders alike. In addition, examining the management and the disciplinary regime of the asylum and its surrounding discourses, one can trace the underpinning western ideologies that shaped those subjugated experiences.

---

[121] S. Marks, 'What is Colonial about Colonial Medicine? And What has Happened to Imperialism and Health?' *Social History of Medicine,* Vol. 10, No. 2 (1997), pp. 205-219
[122] Swartz, 'Multiple Voices', 152

Bibliography

India Office Records Archival Material

Proceedings of the Government of India in the Judicial Department for the year 1871 in Madras
Madras Jan. to Dec with Index for the whole year IOR/P/399

Proceedings of the Government of India in the Judicial Department for the year 1872 in Madras
Madras Jan. to Dec with Index for the whole year IOR/P/400

Proceedings of the Government of India in the Judicial Department for the year 1873 in Madras
Madras Jan. to Dec with Index for the whole year IOR/P/401

Proceedings of the Government of India in the Judicial Department for the year 1874 in Madras
Madras Jan. to Apr. with Index for the whole year IOR/P/402
Madras May to Dec. P/403

Proceedings of the Government of India in the Judicial Department for the year 1875 in Madras
Madras Jan. to Apr. with Index for the whole year IOR/P/404
Madras May to Dec. P/405

Proceedings of the Government of India in the Judicial Department for the year 1876 in Madras
Madras Jan. to Dec with Index for the whole year IOR/P/1093

Proceedings of the Government of India in the Judicial Department for the year 1877 in Madras
Madras Jan. to Dec with Index for the whole year IOR/P/1094

Proceedings of the Government of India in the Judicial Department for the year 1878 in Madras
Madras Jan. to Dec with Index for the whole year IOR/P/1253

Proceedings of the Government of India in the Judicial Department for the year 1879 in Madras
Madras Jan. to May with Index for the whole year IOR/P/1426
Madras Jun. to Dec. P/1427

Proceedings of the Government of India in the Judicial Department for the year 1880 in Madras
Madras Jan. to May with Index for the whole year IOR/P/1579
Madras Jun. to Dec. IOR/P/1580 (p. 700 onwards)

Proceedings of the Government of India in the Judicial Department for the year 1881 in Madras
Madras Jan. to Dec. with Index for the whole year IOR/P/1776

Proceedings of the Government of India in the Judicial Department for the year 1882 in Madras
Madras Jan. to Jun. with Index for the whole year IOR/P/1966
Madras Jul. to Dec. P/1967

Proceedings of the Government of India in the Judicial Department for the year 1883 in Madras
Madras Jan. to May with Index for the whole year IOR/P/2161
Madras Jun. to Dec. P/2162

Proceedings of the Government of India in the Judicial Department for the year 1884 in Madras
Madras Jan. to Jun. with Index for the whole year IOR/P/2400
Madras Jul. to Dec. P/2401

Proceedings of the Government of India in the Judicial Department for the year 1885 in Madras
Madras Jan. to May with Index for the whole year IOR/P/2634
Madras Jun. to Dec. P/2635

Proceedings of the Government of India in the Judicial Department for the year 1886 in Madras
Madras Jan. to Jun. with Index for the whole year IOR/P/2854
Madras Jul. to Dec. P/2855

Proceedings of the Government of India in the Judicial Department for the year 1887 in Madras
Madras Jan. to May with Index for the whole year IOR/P/3088
Madras Jun. to Aug. P/3089
Madras Sep. to Dec. P/3090

Proceedings of the Government of India in the Judicial Department for the year 1888 in Madras
Madras Jan. to Jun. with Index for the whole year IOR/P/3328
Madras Jul. to Dec. P/3329

Proceedings of the Government of India in the Judicial Department for the year 1889 in Madras
1889 Index IOR/Z/P/2065
Madras Jan. to Jul. IOR/P/3546
Madras Aug. to Dec. P/3547

Proceedings of the Government of India in the Judicial Department for the year 1890 in Madras
1890 Index IOR/Z/P/2066
Madras Jan. to Jun. IOR/P/3783
Madras Jul. to Dec. P/3784

Proceedings of the Government of India in the Judicial Department for the year 1891 in Madras
1891 Index IOR/Z/P/2067
Madras Jan. to Jul. IOR/P/4010
Madras Aug. to Dec. P/4011

The Insanity of T. J. Maltby, Madras Civil Service, IOR/L/PJ/6/5, File 219, Jan-Feb 1880

Secondary Literature

Arnold, D., *Colonizing the Body, State Medicine and Epidemic Disease in Nineteenth-Century India*, (London, 1993)
- (ed.) *Imperial Medicine and Indigenous Societies*, (Manchester University Press, 1988)

Bala, P., (ed.) *Medicine and Colonialism: Historical Perspectives in India and South Africa*, (London: Pickering & Chatto, 2014)

Chatterjee, P., *The Nation and Its Fragments,* (Princeton, New Jersey, 1993)

Cohn, B. S., *Colonialism and Its Forms of Knowledge: The British in India,* (New Jersey, 1996)

Edington, C., 'Going in and Getting out of the Colonial Asylum: Families and Psychiatric Care in French Indochina', *Comparative Studies in Society and History*, Vol. 55, No. 3, (2013), 725-55

Engels, D. and S. Marks, (eds.) *Contesting Colonial Hegemony, State and Society in Africa and India,* (London, 1994)

Ernst, W., 'Asylums in Alien Places: The Treatment of the European Insane in British India,' in W. F. Bynum, R. Porter and M. Shepherd (eds.) *Anatomy of Madness, Vol. III*, (Routledge, 1988), 48-70
- 'Asylum Provision and the East India Company in the Nineteenth Century', *Medical History*, 1998, Vol. 42, (1998), 476-502
- 'European Madness and Gender in Nineteenth-Century British India', *Social History of Medicine*, Vol. 9, No. 3, (1996), 357-82
- 'Idioms of Madness and Colonial Boundaries: The Case of the European and "Native" Mentally Ill in Early Nineteenth-Century British India', *Society for Comparative Study of Society and History*, (1997), 153-81
- *Mad Tales from the Raj, Colonial Psychiatry in South Asia 1800-58,* (London, 2010)

Ernst, W. and B. Harris, (eds.) *Race, Science and Medicine*, 1700-1960, (London, 1999)

Foucault, M., *Discipline and Punish: The Birth of the Prison,* trans. A. M. Sheridan, (London, 1977)
- *Madness and Civilization, A History of Insanity in the Age of Reason,* (London, 1967)
- 'Spaces and Classes', *The Birth of the Clinic: An Archaeology of Medical Perception*, trans. A. M. Sheridan, (Routledge, London, 1973), 3-21
- 'The Subject and Power', H. L. Dreyfus and P. Rabinow (eds.) *Michel Foucault: Beyond Structuralism and Hermeneutics 2nd ed.*, (Chicago, 1983), 208-26

Ghosh, D., 'Another Set of Imperial Turns?', *American Historical Review*, Vol. 117, No. 3 (2012), 772-93

Goffman, E., 'On the Characteristics of Total Institutions', *Asylums, Essays on the Social Situation of Mental Patients and Other Inmates,* (New York, 1961), 1-125

Guha, R., *Dominance Without Hegemony: History and Power in Colonial India,* (Delhi: Oxford University Press, 1998)

Guha, R., and G. C. Spivak (eds.) *Selected Subaltern Studies*, (Oxford University Press, 1988)

Hodges, S., ''Looting' the Lock Hospital in Colonial Madras during the Famine Years of the 1870s', *Social History of Medicine,* Vol. 18, No. 3 (2005), 379-98

Jain, S., 'Psychiatry and Confinement in India', in Porter, R. and Wright, D. (eds.) *The Confinement of the insane, International Perspectives 1800-1965*, (Cambridge University Press, 2013), 273-98

Jones, C. and R. Porter, (eds.) *Reassessing Foucault, Power, Medicine and the Body*, (Routledge, London, 1994)

Jones, S., *Antonio Gramsci*, (Routledge, 2006)

Jordanova, L., 'The Social Construction of Medical Knowledge', *Social History of Medicine,* Vol. 8 (1995), 361-81

Keller, R., 'Madness and Colonization: Psychiatry in the British and French Empires, 1800-1962', *Journal of Social History*, Vol. 35, No. 2 (2001), 295-326

Mahone, S. and M. Vaughan, (eds.) *Psychiatry and Empire*, (Palgrave Macmillan, 2007)

Marks, S., 'What is Colonial about Colonial Medicine? And What has Happened to imperialism and Health?' *Social History of Medicine,* Vol. 10, No. 2 (1997), 205-219

Melling, J. and B. Forsythe, (eds.) *Insanity, Institutions and Society, 1800-1914*, (Routledge London, 1999)

Menon, S., 'A Remarkable History… In the Care of the Mentally Ill', *Madras Musings,* Vol. XX, No. 20, (Feb. 1-15, 2011)

Mills, J. H., 'Indians into Asylums: Community Use of the Colonial Medical Institution in British India, 1857-1880', B. Pati and M. Harrison (eds.) *Health Medicine and Empire, Perspective on Colonial India* (Orient Longman, India, 2001), 165-87
- *Madness, Cannabis and Colonialism, the 'Native-Only' Lunatic Asylums of British India 1857-1900,* (New York, 2000)

O'Hanlon, R., 'Recovering the Subject, Subaltern studies and Histories of Resistance in Colonial South Asia,' *Modern Asian Studies*, Vol. 22, No. 1, (1988), 189-224

Ramasubban, R., 'Imperial Health in British India, 1857-1900', in R. MacLeod and M. Lewis (eds.), *Disease, Medicine, and Empire,* (Routledge, 1988), 38-60

Saha, J., 'Madness and the Making of a Colonial Order in Burma', *Modern Asian Studies*, Vol. 47 No. 2, (March 2013), 406-35

Said, E., *Orientalism*, (Penguin Group London, 1978)

Somasundaram, O., 'The Indian Lunacy Act 1912: A Historic Background', *Indian Journal of Psychiatry,* Vol. 29, No. 1, (1987), 3-14
- 'Private psychiatric care in the past: With special reference to Chennai', *Indian Journal of Psychiatry,* Vol. 50, No. 1, (2008), 67-9

Scott, D., 'Colonial Governmentality', *Social Text*, No. 43 (Autumn, 1995), 191-220

Scull, A., *Museums of Madness, The Social Organization of Insanity in Nineteenth-Century England*, (London, 1979)
- 'The Rise of the Asylum', *The Most Solitary of Afflictions, Madness and Society in Britain, 1700-1900* (Great Britain, 1993), 1-45

Sharma, S. and L. P. Varma, 'History of Mental Hospitals in Indian Sub-Continent', *Indian Journal of Psychiatry,* Vol. 4, (1984), 295-300

Sharpe, J., 'Figures of Colonial Resistance', *Modern Fiction Studies*, No. 1, (Spring 1989), 137-55

Sherman, T., 'Tensions of Colonial Punishment: Perspectives on Recent Developments in the Study of Coercive Networks in Asia, Africa and the Caribbean', *History Compass*, Vol. 7, No. 3 (2009), 259-677

Showalter, E., *The Female Malady, Women Madness and English Culture 1830-1980,* (London, 1985)

Spivak, G. C., 'Can the Subaltern Speak?', in Nelson, C. and L. Grossberg (eds.), *Marxism and the Interpretation of Culture* (Chicago, 1988), 271-313

Stoler, A. L. and F. Cooper, (eds.) *Tensions of Empire, Colonial Cultures in Bourgeois World*, (London California Press, 1997)

Swartz, S., 'The Black Insane in the Cape, 1891-1920', *Journal of Southern African Studies,* Vol.21, No. 3, (Sep., 1995), 399-415
- 'The Regulation of British Colonial Lunatic Asylum and the Origins of Colonial Psychiatry, 1860-1864', *History of Psychology,* Vol. 13, No. 2 (2010), 160-177

Vaughan, M., 'Discourse, Subjectivity and Differences', *Curing their Ills: Colonial Power and African Illness* (Polity Press, 1991)**,** 1-28
- 'Idioms of Madness: Zomba Lunatic Asylum, Nyasaland, in the Colonial Period', *Journal of Southern African Studies*, Vol. 9, No. 2, (April 1983)*,* 218-3