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## The Histories of the Mad

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### Abstract

The Lunatic Asylums of the Punjab region, in the north of India, were witness to the ebb and flow of events in India. They were established as the British empire moved to the northwest, first in Delhi and then in Lahore, both to legitimise governance, and establish medical services. Administrative reform and clinical care were vehemently discussed, and argued over. In 1857, the Asylum in Delhi was sacked, and reestablished once the British regained control; but merged with Lahore in the name of financial prudence, for a short while. It was restored, only to be moved to Lahore in 1900. The staff and the patients are then divided along sectarian lines, following the events of 1947. The history, and fate, of the most marginalized, the chronic mentally ill, in those tumultuous times, serves as a mirror to society. This is reflected in contemporary attitudes to their care, as constant debates about whose responsibility they are seldom result in better care, or a more dignified life.

**Keywords:** Psychiatry; history of psychiatry; mental hospitals

In a now largely forgotten incident, on the 11th of May in the year 1857, “ *the whole of the insane patients (of the mental hospital in Delhi), escaped or were set free, and were never recovered*”.

These rather bland words, an excerpt from a monograph titled “A critical review of the Punjab Mental Hospitals from 1840-1930”, by Major CJ Lodge Patch<sup>1</sup> of the Indian Medical Service, actually hide many stories, and some of these are perhaps worth the telling.

The first story is that the mental hospital existed. Most histories of the mental hospital psychiatry in India do not refer to this, and some even suggest that the first mental hospital in Delhi is the one set up in Shahdara in the 1960s. Detailed maps of Delhi, archival records, annual reports, and sufficient historical data, however, tell us that the hospital did exist and that the hospital was ransacked and the inmates released in May of the year

1857. What is interesting is the absence of public and institutional memory both about the existence of the hospital and its demise.

This hospital existed perhaps from the early 19th century, and this, along with the Benares and Bareilly hospitals, finds mention in archival records.

Detailed maps are available that show us the exact location of this facility.

The river Yamuna no longer flows where it used to flow then.

It has shifted, and its place has been taken by the offices of various newspapers.

The lunatic asylum of Delhi was “.. a large building outside the walls of the city, on the road leading from Delhi Gate to Muttra (Mathura), and about 600 yards from the river Jumna (Yamuna).”<sup>2</sup>

The records that do exist tell us interesting things.

In the present times of contested histories, it perhaps comes as no surprise that the same institution was seen as both a ‘well managed and flourishing institution’<sup>3</sup>, and as one enquiry report says in 1852 ‘ “noisy and filthy”, with “stocks and chains in full operation”’<sup>4</sup>.

What is clear, however, is that many things are happening.

In the early 1850s, Surgeon G Paton, the then superintendent of the hospital, introduced some measures that have been seen subsequently as ‘fatal reforms’<sup>5</sup>.

Essentially what was done was that food rationing was started. So less food was provided to those inmates who were ‘idle, unwilling or unable to work’. These ‘gentle but firm’ measures were initially lauded by the administrative overlords, but when it resulted in rising death rates, and reducing cure rates, these ‘reforms’ were seen as ‘rigid’ and unsympathetic, and a more liberal policy, and a more humane Superintendent, in the form of Dr Balfour was introduced<sup>6</sup>.

What is interesting here is not necessarily that these changes happen, because in a sense, these are the debates that have accompanied attributions of mental illness from the

beginnings of time. What is interesting, however, is that these debates continue to happen, and also that there are seeming corrections when things are seen to be going wrong.

As also the likelihood that the same situations recur.

The stirring events of 1857 clearly influenced the history of the Delhi lunatic asylum.

So, on the 11th of May 1857, a day after the Indian Mutiny breaks out in Meerut, the ransacking of the lunatic asylum was perhaps the first symbolic act of rebellion in the capital city. Happening seventy years after the storming of the Bastille in Paris, the parallels are hard to ignore. It must be remembered that the Bastille was as much a prison as a lunatic asylum, and at the time of its storming, had seven inmates, of which perhaps some were mentally unwell. It is significant that one event is largely forgotten while the other is celebrated in perpetuity. As we approach a milestone of independence and self rule, we may want to think about what it is that went before, what we would like to commemorate, and its symbolic and real meanings.

When we think of the nature of the institutions, it may here be pertinent to remember that while the asylum is ransacked and the inmates 'liberated', what happens to the inmates is not known. They probably perished in the conflagration that ensued as the city was overtaken by violence and turmoil<sup>7</sup>.

Meanwhile records exist that tell us that while the city is in this turmoil, a mental hospital is certainly running<sup>8</sup>. It is perhaps not running very well, but the extracts from letters of this time and their correspondence quoted tell us that it is indeed running.

Interestingly, at the same time, there are families that do not access the institution.

One such family is that of the iconic poet of Delhi, Mirza Asadullah Baig Khan, known as Mirza Ghalib. His letters tell a fascinating and evocative story.

His prose, which reads like poetry, tells us the story of his brother who has apparently suffered from a long-standing mental illness, and is being cared for at home for three decades, dies during the curfew that follows the retaking of the city by the British.

On 19th October, a Monday once again- that day whose name should be struck from the list of the week's days- ... in the first watch of the day, my

brother's doorkeeper with downcast face and disheveled hair, brought me the joyous news of my brother's death. I learnt that he had taken the road to oblivion and walked with hurrying steps: for five days he had burned in high fever, and then half an hour after midnight, had urged the steed of life to leap from this narrow pass. Think not of water and cloths, seek not of corpse washers and grave diggers, ask not for stone or brick, talk not of lime and mortar: but say how can I go to him?<sup>9</sup>

He goes on to speak of the difficulty in finding pallbearers and arranging for the burial.

What it does show us, however, is that till calamity levels all, the facilities that different strata of society access for care of the mentally ill can indeed be very different.

To return to the history of the asylum, the story of the Delhi asylum has a fascinating, almost incredible feel to it<sup>10</sup>.

Ransacked in 1857, reestablished soon thereafter, it was merged with the Lahore hospital in 1861<sup>11</sup>. The 'merger' was done in the interest of economy, despite dissenting voices. The hospital is reestablished in Delhi in 1867, and runs till 1900 when, astonishingly, it is again merged with the Lahore hospital; and 103 male and 35 female patients are transferred to the facility in Lahore<sup>12</sup>. Delhi does not see a formal facility after this till the 1960s, when the Hospital for Mental Disease is opened in Shahdara.

Meanwhile, the world outside the hospital continues apace.

Events occur.

There are two World Wars, and the British leave the Indian subcontinent after a tumultuous, rather violent and often bloody partitioning. This is attended by the largest transmigration of populations seen in history. Abduction, rape, arson, murder and looting are attendant to the partitioning of India. It happens on both sides of the border, and each community is as much victim as it is perpetrator.

What is surprising is the extent and lethality of the horror that gets unleashed, and what is even more surprising is the fact of the silences that surround it.

What meanwhile of the asylums and their inmates in these 'interesting' times?

In a noting in his daily dairy on 31st July 1947, Lord Mountbatten has this rather cryptic comment to make of the mental hospital in Lahore:

*One of the few institutions that will not be partitioned immediately is the Punjab Mental Hospital. It will continue to be shared for some years. Some Hindu inmates of the asylum have protested against being left in Pakistan. They have been assured that their fears are imaginary.*<sup>13</sup>

As we unpack these histories, it remains a matter of speculation as to what it is that could have caused this seemingly random observation and why it was felt necessary to address these ‘imaginary’ fears.

In a world that was literally being torn apart, with destruction and despair looming large on every horizon, the concern about the ‘fears’ of the inmates of the lunatic asylum, seems interesting. Merely the fact that these fears are being addressed seems astonishing. We do know that the asylum is partitioned<sup>14</sup>, and that this particular partition is the subject of myth, legend and metaphor, brilliantly articulated by Saadat Hasan Manto<sup>15</sup>, that most iconic of storytellers.

These histories are written, these stories told.

A few, perhaps, have been read, many are forgotten.

Some are still waiting to be told by the people who are interested in stories and tell them.

What do these stories tell us?

One part of this telling is perhaps what this reveals about the care of the mentally ill.

In that sense, the debate about how affordable and economical the cost of care should be is old.

It would be wise to remember that the transfer of sixty-one inmates of the Delhi hospital to Lahore in 1861, was to secure a saving of Rs 2 a month, for which the administration of the Punjab Presidency congratulated itself. Given the fact that two rupees a century and a half ago was not what two rupees today is, it still remains that the people who were shifted would perhaps not see their families ever again. In all this, also, is hidden the

question of choices, either of the people who were shifted, or their families were even considered.

As discussions veer around to funding, as they inevitably will, the nature of funding and the 'Returns on Investment (ROI)', of money spent on mental health<sup>16</sup>, are being explored. It may be important to remember here that none of these discussions are really happening for the first time or de novo, as it were. In fact, the discussions around how much should be spent on mental health and how much the person with mental health should work, and in a larger context, how much revenue generation should happen because of that work, is something that has both been explicitly and implicitly stated and discussed in archival record.

In 1923, Colonel Owen Berkeley Hill writing in the Indian Medical Gazette<sup>17</sup>, makes the economic argument by stating that the government:

[did] not realize that one mental disorder, namely dementia praecox, probably [cost] this country more in maintaining its helpless victims for life than any other single disease..

His plea at that time is to move the management of mental health out of the mental hospitals, to establish connections between the doctors and administrators of both jails and educational establishments.

In returning to the archive, there are many interesting passages.

In 1853, the then Judicial Commissioner Robert Montgomery writing to the Chief Commissioner of Punjab, Sir John Lawrence, decries the conditions of the accommodation of the mentally ill. They are being kept in what were the stables of Raja Suchet Singh in Lahore, and the place was overcrowded, unsatisfactory, unhygienic and dirty. They were also next to the prison. Interestingly, the argument made by Montgomery is not the undesirability of the living spaces, but that noise made by the lunatics would disturb the convicts, and also that the convicts, seeing that the mentally ill were not held responsible for their acts, were tempted to feign insanity<sup>18</sup>.

As Lodge Patch says, " It is a lamentable sign of the times that a stable unfit for horses was considered good enough for patients; and the latter should be regarded as so degraded that they were liable to teach convicts undesirable habits"<sup>19</sup>.

When sociologists speak of the ‘creating the other’, the process of ‘othering’ that happens with people with mental illness is what is visible in action here.

As an aside, there are references from the Tamil Nadu archives from 1838, where even within the groups of people with mental illness, some, with intellectual difficulty and developmental delay are considered so disruptive that they are ‘inconveniencing’ of visitors and other inmates<sup>20</sup>.

There ensues from 1853 to 1857 a fascinating official conversation on the plans for the mentally ill and the fate of the facility. The options are two fold- to shift the ‘lunaticks’ from the stables to disused barracks in the populous Anarkali bazaar, or to build a separate establishment on the outskirts of the city. The barracks are known as the Congee House (named after the rice gruel- *kanji*, popular in South India, and a staple of institutional diets), which have now been abandoned by the troops, but control has not been relinquished.

The arguments employed are many:

There is the financial- Montgomery argues that it would cost 5000 Rupees to refurbish the Congee House, and 50000 Rupees to build a new structure<sup>21</sup>.

The question about the quality of the disused barrack is raised and dismantled- “The Congee House was good eno’ for our European soldiers therefore it is good for native lunaticks!” (note by John Lawrence).

Major J Lawton, Superintending Engineer of the Second Circle, in a very interesting letter argues that a Lunatic Asylum is a permanent structure and that its expense and outlay should be not confined to one year but spread over disbursements to the Punjab over at least the next twenty five years. He advocated for “a good and proper plan that would always reflect the highest credit upon the Government, and those officers who might be entrusted with the execution of a work of such great importance to this large section of the British Empire in India”<sup>22</sup>.

These exchanges are enlivened by caustic commentary, and critical disparagement of alternative arguments. (The word ‘absurd’ is occasionally used, and sarcasm often employed).



In this enlightening exchange, Dr Smith, the Civil Surgeon and Superintendent of the Lahore Asylum seems to be the one voice speaking for the inmates. Realising perhaps the futility of prolonged argument, he advocates for renovation of the barracks, he puts forth his plans for separate accommodation of patients, the need for maintaining sanitation and hygiene, and ventilation, and himself is not lacking in wit..

(As an aside, when the Chief Commissioner urges the Civil Surgeon to accompany the Civil Engineer and walk over the barracks, a pithy file notation says, “The CS has even walked on them”)<sup>23</sup>.

Another argument that is made is that if the Anarkali asylum is refurbished, the Delhi asylum can be closed down and the two institutions amalgamated. Discussions have already been happening about amalgamating the Delhi and Bareilly facilities, and a site has also been earmarked in Fatehgarh which is midway between the two cities<sup>24</sup>, though nothing seems to happen to this particular proposal. . It is however felt that the amalgamation of the Delhi asylum with the Lahore facility could be to the advantage of both.

It may be interesting to note here that it is around this time that The Indian Hemp Commission Report is being prepared, and Fraser and Warden are preparing a note on asylum administration. The push here is towards centralisation, and the integration of facilities of the asylums across the Indian subcontinent<sup>25</sup>.

This is a decision that is destined to have long reaching consequences.

In the nature of things, time passes and the decision is taken that the barracks will be renovated and they are. In August 1855 the Chief Commissioner sanctions the plans, and in March 1857 the Anarkali asylum opens its doors to 79 male and 6 female patients.

In circling back to the earlier story, it is this asylum that then receives the 61 patients from Delhi in 1861. Dr Penny, the Civil Surgeon of Delhi who is strongly critical of this merger argues quite validly that the saving of 24 Rupees a year is less than the expense of sending these patients and their armed attendants three hundred kilometers away.

In addition he has this to say...” The memory of sending off the last batch is such that I hope I may never have to do so again. Their relatives ought surely to be considered, for to them it was like separation for ever”<sup>26</sup>.

The story of the Lahore asylum is equally intricate.

As the number of inmates increases, along with property prices in the heart of the city of Lahore, suggestions are mooted to shift the establishment out.

In 1863, 249 lunatics are shifted to Lehna Singh ki Chavni on the outskirts of the city.

This is another disused set of barracks (Chavni), of the slain Sikh cavalry leader Lehna Singh, which had subsequently become a prison and then the barracks of the Punjab Mounted Police. Again, in disrepair, it was felt adequate to house the mentally ill.

Not a single portion of the roof was intact, the ventilation was most imperfect, many of the floors were below ground level which allowed pools of stagnant muddy water to collect throughout the asylum. The well, which has so great a reputation for the supply of good and pure water, was out of order, and had to be put right. It is a pity that it was filled in at the outset, but the science of sanitation had not made very great strides in 1863<sup>27</sup>.

The story, however improves, and Dr Smith in the first Report of the Punjab Lunatic Asylum in 1867, reports that the roof is repaired, the wards remodeled, the ventilation improved and the drainage such that “ it is now impossible for dirty water to accumulate on the premises”. The hospital then runs for the next decade and a half fairly satisfactorily, according to the archives apart from the occasional outbreak of water borne infections which ravage both the hospital and the adjacent province.

It is in the year 1900 that the site of the asylum is shifted to where it will stay for the next century and longer. Interestingly, this is the same site that was suggested by Robert Montgomery, the Judicial Commissioner, a half century earlier.

It is also to this hospital that the patients from Delhi are shifted -103 male and 35 female patients are sent here and the Delhi hospital is closed. Delhi, then did not have a formal institution for the mentally ill till 1966, when the Hospital for Mental Disease is opened in Shahdara. Discussions around this establishment and the very interesting conversations that accompany this have been detailed elsewhere<sup>28</sup>.

What is fascinating here is the nature of the discussions that are happening here.

So, while hospitals are amalgamated, shifted, ransacked and set up, conversations are indeed happening.

To return again to Lodge Patch, he talks about how the possibility of what he calls 'Boarding Out', can be considered- a plan to get the less symptomatic inmates of the hospital to be 'housed' in the community in a process of 'domicilisation'<sup>29</sup>. In many ways as organisations like Anjali mental health rights organisation<sup>30</sup> and the Banyan<sup>31</sup>, among others, work towards helping people with mental illness integrate with the community, the precursors of these efforts were articulated a century ago.

Also it is not axiomatic that the voice of the patient is never heard.

In an illuminating description from the Annual Report of the Indian Mental Hospital in Kanke, Ranchi<sup>32</sup> Major JE Dhunjibhoy, the then Superintendent describes how a patient suffering from what is called 'Involutional Melancholia', refuses to eat, and is pleading with the authorities for death. In an attempt to convince him, a charade of the Governor General of Bengal and his retinue is enacted, all in vain. Subsequently, the hapless man is fed by nasal tube twice a day for the next five years<sup>33</sup>.

To think that this would happen within the closed walls of the mental hospital, almost a century ago, is perhaps surprising if we think that the mental hospital was only a space of confinement and not caring.

It may also be wise to reiterate Dhunjibhoy's words:

In the mental disorder, it is the patient himself who is being treated and not so much other parts of the body, and that is why the personal factor is so important. It is essential to try and see the world as the patient sees it, to accept for the time being the reality of his abnormal experiences and to stand alongside him in his difficulties.<sup>34</sup>

These words, incandescent in their wisdom, may well echo much of what we have forgotten in the practice of medicine and psychiatry.

As also, the writing on the gravestone of Owen Berkeley- Hill, the Superintendent of the European Mental Hospital in Kanke, Ranchi, which simply says: '*The care of the human mind is the noblest branch of medicine*'.

(A quote from Hugo Grotius, the Dutch philosopher written two centuries earlier).

Returning to the Lahore hospital and its partitioning in 1950 in a nation that had been torn asunder seemed a fit metaphor indeed for what was happening in the 'real' world<sup>35</sup>.

As the subcontinent witnessed an unprecedented storm of unrest where religion, politics, violence and exemplars of 'madness' became inextricably intertwined, it seemed unsurprising that in many ways the history of the subcontinent indeed seems to be the history of its asylums<sup>36</sup>.

It is interesting to note that while the histories of people with mental illness and the institutions that are intended to care for them play a large role, there are silences about them, and these silences are loud.

So, what these events and histories do to the individual, the impact that it has on the lives and well being of people, whether they are within the institution or outside, is actually rarely spoken of<sup>37</sup>. What they do to institutions remains part of the stories.

In this piece, we confine ourselves to the stories of the period leading up to the events around 1947, and the eventful birth of the nation, though clearly there are many stories of the last three quarters of the century.

If we are to reflect here on these stories, and turn the gaze from the past to the possible futures, what is it that these stories nudge us towards?

If we may be permitted, there are perhaps a few things that we may want to keep in mind-

The first is that while the psychiatric history of pre-Independence India has largely been the history of the mental hospitals, in the history of independent India, the mental hospital is strangely absent space. It is not that the institutions do not exist, they do. And in many forms.

There are the (few) mental hospitals, there are the (many) private facilities, there are beggar homes, old age homes, the euphemistically named 'short stay' facilities, the 'nari nicketans', the rehabilitation facilities, among others.

There are people in jails with mental illness.

And there are the homeless people with mental illness, of which we have no count. So while the number of 'long stay patients' in mental hospitals may be 20-30,000, the number of people with severe mental illness in institutions is perhaps many, many times that number.

What has happened is that the spaces for the economically disadvantaged to receive safe, supportive care have significantly dwindled.

So, any planning that does not think about this group of people is necessarily incomplete.

The second is that, as the histories of the mutiny time tell us so vividly is that even with similar disorders, the needs of different people will be different. Some will need institutional care, some care at home. The needs will vary, not only with time, but also over each person's life journeys. So when we think of offering facilities, clearly simplistic, unitary models will have limitations. We will need to remember and factor in these multiple complexities.

Thirdly, even if it may not necessarily be easy, the 'prescription' of choices, with the best of intention, will forever be limiting. Any 'choice' that does not take into account the choices of individuals and families will necessarily be incomplete.

It may perhaps be moot to end here again with the words of Lodge Patch, which seem to reverberate as much today, as they did almost a century ago<sup>38</sup>:

The History of the Mental Hospitals that have existed in the Punjab may be appropriately described as a drama which is still in the making; a drama that has been played out over four acts, and which is yet to reach its grand final, in a setting which may properly be called a Mental Hospital.

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## Endnotes

<sup>1</sup> Lodge Patch CJ. A Critical Review of the Punjab Mental Hospitals from 1840-1930. Monograph No 13. Lahore: Punjab Government Record Office Publications, 1931.

<sup>2</sup> Ibid page 18.

<sup>3</sup> Ibid page 18.

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- <sup>4</sup> India Office Papers. British Library; E/4/816 IOR. 25 Aug, 1852. p. 1104.
- <sup>5</sup> Waltraud E. The establishment of 'Native Lunatic Asylums' in early nineteenth century British India. In: Jan Meulenbeld G, Wujastyk D, editors. *Studies on Indian Medical History*. Delhi: Motilal Banarsidass Publishers Private Limited; 2001.
- <sup>6</sup> Ibid 181.
- <sup>7</sup> Lodge Patch CJ. *A Critical Review of the Punjab Mental Hospitals from 1840-1930*. Monograph No 13. Lahore: Punjab Government Record Office Publications; 1931 Page 9.
- <sup>8</sup> Farooqui M, *Besieged: Voices from Delhi-1857*, Viking, New Delhi 2010.
- <sup>9</sup> *The Oxford India Ghalib, Life Letters and Ghazals*, ed. Ralph Russel, Oxford University Press India, 2003.
- <sup>10</sup> Jain S, Sarin A. The fractured history of the mental hospital in Delhi. *Indian J Psychiatry* 2018;60:212-7.
- <sup>11</sup> More than Brick and Mortar: Reconstructing histories of mental hospitals in India, Sarin A, Jain S and Murthy, P. NIMHANS Publication No 227, Published 2016- Reprint 2021 URL: <https://nimhans.ac.in/wp-content/uploads/2022/01/1.-reconstructingHistoryofMentalHospitalsninIndia.pdf>
- <sup>12</sup> More than Brick and Mortar: Reconstructing histories of mental hospitals in India, Sarin A, Jain S and Murthy, P. NIMHANS Publication No 227, Published 2016- Reprint 2021 URL:<https://nimhans.ac.in/wp-content/uploads/2022/01/1.-ReconstructingHistoryofMentalHospitalsninIndia.pdf>.
- <sup>13</sup> India Office Records L/PO/6/123 part 3/ p 222, Para 56.
- <sup>14</sup> Kala A and Sarin A, *The Partitioning of Madness*, chapter in *The Psychological Impact of the Partition of India*, editors, Jain S and Sarin A, Sage Publications, 2018, New Delhi.
- <sup>15</sup> Saadat Hasan Manto, 'Toba Tek Singh', in *A Wet Afternoon Series, Stories, Sketches, Reminiscences*, trans. Khalid Hasan, (Islamabad, Alhambra Publishing, 2001).
- <sup>16</sup> Roberts G and Grimes K, *Return on Investment: Mental Health Promotion and Mental Health Prevention*, Canadian Policy Network at the University of Western Ontario, March 31, 2011. URL: [https://cpa.ca/docs/File/Practice/roi\\_mental\\_health\\_report\\_en.pdf](https://cpa.ca/docs/File/Practice/roi_mental_health_report_en.pdf).
- <sup>17</sup> Berkeley-Hill, O. (1923). A plea for the inception of a Mental Hygiene Movement in India. *Indian Medical Gazette*, LVIII.

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<sup>18</sup> Lodge Patch CJ. A Critical Review of the Punjab Mental Hospitals from 1840-1930. Monograph No 13. Lahore: Punjab Government Record Office Publications; 1931 Page 9.

<sup>19</sup> Ibid Page 9.

<sup>20</sup> Papers from the Tamil Nadu archives on correspondence between the Monegar Choultry and the government 1838.

<sup>21</sup> Lodge Patch CJ. A Critical Review of the Punjab Mental Hospitals from 1840-1930. Monograph No 13. Lahore: Punjab Government Record Office Publications; 1931 Page 11.

<sup>22</sup> Ibid Page 12.

<sup>23</sup> Ibid Page 16.

<sup>24</sup> India Office Papers. British Library; E/4/816 IOR. 25 Aug, 1852. p. 1104.

<sup>25</sup> Fraser and Warden, Proposed improvements in the administration of lunatic asylums in India, Observations on visits to lunatic asylums as members of the Indian Hemp Drugs Commission, File No 97-99, Home(Medical), National Archives of India, 7 August, 1894, Page 33-35.

<sup>26</sup> Lodge Patch CJ. A Critical Review of the Punjab Mental Hospitals from 1840-1930. Monograph No 13. Lahore: Punjab Government Record Office Publications; 1931 Page 21..

<sup>27</sup> Ibid Page 27.

<sup>28</sup> Kala A and Sarin A, The Partitioning of Madness, chapter in The Psychological Impact of the Partition of India, editors, Jain S and Sarin A, Sage Publications, 2018, New Delhi.

<sup>29</sup> Lodge Patch CJ. A Critical Review of the Punjab Mental Hospitals from 1840-1930. Monograph No 13. Lahore: Punjab Government Record Office Publications; 1931 Page 124.

<sup>30</sup> <https://www.anjalimhro.org/>

<sup>31</sup> The home again programme of the Banyan is one such-initiative-  
<https://www.thehindu.com/news/national/tamil-nadu/the-banyan-scales-up-home-again-programme/article36008301.ece>.

<sup>32</sup> Annual Report on the Working of the Ranchi Indian Mental Hospital, Kanke, 1937.

<sup>33</sup> Sarin A. Roshan Dhunjibhoy is dead: The India International Centre Quarterly, Issue of Autumn 2013. Page 105-112.

<sup>34</sup> Annual Report on the Working of the Ranchi Indian Mental Hospital, Kanke, 1934.

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<sup>35</sup> Jain S, Balm and Salve, chapter in *The Psychological Impact of the Partition of India*, editors, Jain S and Sarin A, Sage Publications, 2018, New Delhi.

<sup>36</sup> Kala A, *The Unsafe Asylum, Stories of Partition and Madness*, Speaking Tiger, New Delhi, 2018.

<sup>37</sup> Sarin A, Ghani S and Jain, S, *Bad times and sad moods*, Chapter in *Partition; the Long Shadow*, ed. Urvashi Butalia, Viking Press, New Delhi 2015.

<sup>38</sup> Lodge Patch CJ. *A Critical Review of the Punjab Mental Hospitals from 1840-1930*. Monograph No 13. Lahore: Punjab Government Record Office Publications; 1931 Page 1.