

ROSHAN DHUNJIBHOY IS DEAD

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It is now about four years since I attended a talk by Professor Waltraud Ernst, the prominent Oxford historian, on the history of colonial psychiatry in India. Interesting as the talk was, Ernst, in her characteristic style, managed to transfer to me her fascination for one individual, a certain Colonel J. E. Dhunjibhoy, the superintendent of the Indian mental hospital in Ranchi in the 1930s.

The history of medical psychiatry in India before 1947 is essentially the history of the mental hospitals. Medical interventions for mental illness, with very few exceptions, were largely channelled through the large mental hospitals. At the time of Independence the subcontinent inherited from the British around 20 state-run mental hospitals. Three of these, Lahore, Hyderabad (Sind) and Peshawar in the North West Frontier Province, went to West Pakistan and the rest to India.¹ East Pakistan (now Bangladesh) had none.

While Indian society in earlier times certainly had views on what constituted mental illness, and ways of dealing with it, the setting up of the mental hospitals by the British substantially altered the narratives and trajectories, both of the care and the conceptualisation of mental illness in India. The history of mental hospitals begins with the setting up of 'mad houses' in the 1700s in Calcutta, Madras and Bombay (Nizamie, et al., 2010). These were originally meant to cater to the needs of the English employees of the East India Company and Indian 'sepoyees'. The first 'state-run' mental hospital at Monghyr in Bihar is believed to have been set up in 1795. Apart from custody, treatments offered ranged from opium to music therapies, to the application of leeches. Both

Ayurvedic and Unani medications were part of the repertoire of the therapeutic armamentarium. The late 19th and early 20th century saw a proliferation of hospitals across the country; Lahore, Waltair, Trichinapally, Colaba, Berhampur, Patna, Agra, Bareilly, Ranchi, Tezpur and Ahmedabad were among the many centres which established mental hospitals. Mysore, among the princely states, also saw the development of a mental hospital.

While this period saw the proliferation of mental hospitals, it also saw a deterioration in the standards of care that these hospitals offered. L.P Varma, in his recounting of the history of colonial psychiatry, gives a description of

ten or more horrible looking men pulling along the streets a big scavenging cart and being told that these unfortunate creatures were patients from Bhowanipore lunatic asylum (1953: 26–53).

In reality, these people were from the Dallanda lunatic asylum rather than Bhowanipur; but the fact is that this and other such incidents seem to have generated a rather large amount of public outrage, which apparently culminated in the setting up of the ‘lunatic asylums’ in Ranchi.

In this history of interesting times, Colonel Jaal Dhunjibhoy stands out. Born in 1889 into that peculiarly Indian institution, a lower middle-class family, in Bombay, he joined the Indian Medical Service. He was trained at Grant Medical College and did some training in Europe in psychiatry, but it is in the 1930s that he actually reached the acme of his career. Ranchi in those days was interesting because it housed not one but two mental hospitals. There was the European mental hospital and, down the road, a parallel establishment—the Indian mental hospital, for the natives. The superintendent of the Indian mental hospital was the then Major Dhunjibhoy, a Parsi, who thought of himself as ‘not quite Indian’. The European mental hospital was run by a Dr. Owen Berkeley Hill, an Englishman who had ‘gone native’ and married an Indian woman.

In a very interesting article on the Ranchi Indian hospital, Waltraud Ernst talks of the practice of psychiatry in the hospital, focusing on Dhunjibhoy. Dhunjibhoy was, in that era, travelling widely, reading extensively, and experimenting with both

indigenous medication and the newer advances in Western medication. For example, he was trying out projective techniques like the Rorschach only a few years after it was introduced in Europe, and practicing what Ernst calls not ‘colonial’ psychiatry, but ‘modern’ psychiatry. It is a convincing, powerful argument (Ernst, 2010). He was experimenting with medical therapies that were informed by medical developments all over the world. He was, however, in a larger sense, also attempting to locate discourses of mental health in both individual and public spaces. The sense that we get is of somebody practicing medicine without losing sight of the individual. He also worked extremely hard to make the hospital an exemplar of good practice and was not reticent about stating this.

What we know of Dhunjibhoy we do mainly from the lovingly detailed annual and triennial reports of the mental hospital.² While reports of most of the other hospitals are ‘sarkari’ (governmental) to the extreme—listing tables of admission, discharge, diagnosis, occupation, etc., as per the set proforma—some reports, notably of the Indian hospital at Ranchi, are poems in prose where Dhunjibhoy waxes eloquent on his thoughts on the causation of mental illness, developments in psychiatry, the nature of treatments, the need for occupational therapy, and his attempts at embedding the hospital in the setting of the larger community. Dhunjibhoy, in his reports, speaks in a voice which seems startlingly prescient of developments to happen. In a world where the person with mental illness is dehumanised, not least by being labelled a lunatic, Dhunjibhoy talks of individuals.

To quote from the Annual Report of the Indian Mental Hospital, Kanke, Ranchi, for the year 1937, we can do no better than to hear Dhunjibhoy’s voice speak:

... Another patient, a Marwari from Calcutta, has a strong desire to end his life but he wants someone to take his life. Ever since his admission he is asking whoever goes near him to kill him but his wish is not yet fulfilled. Finding that no one seems to oblige him in this direction he hit upon a novel way of killing himself by refusing food and drink, what is in present day known as ‘hunger strike’, until such time that he is fed by the Governor of Bengal. We induced some friends to impersonate His Excellency in order to make him eat but to no avail and I am sure even if His Excellency

the Governor of Bengal comes to feed him his request to him would be to kill him and he would refuse food. He has been fed nasally twice a day by the staff for the last five years to keep him alive. Many times we stopped his nasal feed for a day or two and induced him to take his food but he flatly refused and fervently requested us to allow him to die of starvation. He is a case of 'Involutional Melancholia' and most melancholics are potential suicides. These and other potential suicides of the hospital are watched day and night, yet they must be given certain facilities and freedoms on humanitarian as well as therapeutic grounds. In a modern mental hospital where too much freedom is given to all patients the suicides also have their fair share of it and are not locked up day and night as was the case in the old asylums, and sometimes they take advantage of this and let down the administration of the hospital who are doing their best for them. But this should not deter a conscientious Medical Superintendent in discharging his duties to his unfortunate suicidal patients, for such accidents must happen even in the best regulated institutions.

The seemingly small steps of caring, of creating environments that understand both the reality of mental illness and the need for providing support without coercive methods, is certainly a voice that needs to be heard, both then and now. Treading the middle ground of recognising all the damage that psychiatric disorders can do without losing sight of the real needs of the individual is a nuanced negotiation with which modern-day psychiatry is still struggling. Dhunjibhoy's real success lies in working to convert the coercive exploitative lunatic asylum into a sheltering space.

Dhunjibhoy is also conscious of the space that the hospital occupies in public consciousness, and proudly recounts the visit of the Viceroy of India, in 1936, as 'a Red letter day for the ... most modern mental hospital in India', and a first such visit by any Viceroy to a mental hospital in India. In 1939, he also mentions the visit of Dr. Rajendra Prasad, President of the Indian National Congress, to the hospital. From opening a dialogue with local communities, to getting people from Calcutta and Ranchi to donate everything from 'Navy Cut cigarettes' to newspapers, selling agricultural produce to the town, organising magic shows and 'jatra' performances, Dhunjibhoy worked indefatigably at placing the

hospital in the community and not at its periphery, again a lesson which the modern hospital would do well to heed.

It was during his time in Ranchi, however, that Dhunjibhoy actually came into his own. With justifiable pride, Dhunjibhoy points out that the hospital he is running—the largest mental hospital in India—has the lowest death rate of any mental hospital in the subcontinent. This was clearly a time of much exciting change, as the ‘indigenisation’ of the medical services was happening.

It is actually easy to see where Ernst’s fascination with him starts. To begin to share it was, for me, a small step. This small step then took me to start the search for Dhunjibhoy after 1941. A chance discovery was managing to trace his daughter, Roshan Dhunjibhoy, through her erstwhile employers, the Heinrich Bohl Foundation (blessed be the internet!). Roshan was, in 2010, living in Chiang Mai, Thailand, where she ran a centre for stray dogs at the sprightly age of 80. When I managed to contact her by e-mail, Roshan was funny, charming, honest and exceedingly warm. A truly fascinating person in her own right, she had been a filmmaker, a political activist and an animal rights’ activist, among various other personas.

In a series of mails, she shared the details of her father’s involvement with the mental hospital, his thoughts on politics and nationalism, working for the British, and her thoughts on growing up in Ranchi.³

Coming from a relatively underprivileged status, Dhunjibhoy was married to a relatively ‘better class’ Parsi. His wife had been brought up in Germany, the daughter of a professor of Persian at the Berlin University and, as his daughter Roshan says, ‘knew how to lay a dinner table, and the myriads of forks on the left and the right, etc.’

From Roshan we learn about the reality of racism in colonial India. The Indian, Dhunjibhoy, while heading an independent institution, was paid a thousand rupees less than his British counterparts. Despite this, as a civil servant of the Empire, he lived like minor royalty, where the Indian and British (read: white) mental hospitals and the government farm run by a British civil servant were the centre of life in Kanke. As Roshan writes,

servants were everywhere, and people stood saluting as our car went past. There was a club (how could it have been otherwise), and the local British hierarchy picked and chose the Indians they allowed



Colonel and Mrs. J. E. Dhunjibhoy



A young Roshan Dhunjibhoy with her father

Both photos courtesy: Roshan Dhunjibhoy

in. My parents went there every night and gave lavish dinners for the British and the few 'socially acceptable' Indians living in that backwater.

From her, I also learnt how Berkeley Hill of the European hospital had offended the *pukka sahibs* by stepping across the invisible racial line and while his children socialised with Roshan and her sister, his wife was rarely seen.

More interestingly, we learn that, young as she was (she was six in 1936), what filtered through was the innovative commitment with which her father approached his work in the hospital. He installed a cinema, organised sports days, experimented with scientific advance, and was multi-religious in his approach—celebrating Hindu, Muslim and Christian festivals with a secular ethos. In his writings are reflected the first sounding notes of the debates that continue to engage subcontinental psychiatry till date.

Roshan Dhunjibhoy, however, is also unflinchingly honest when she confronts her memories. She talks of the privilege of growing up as 'minor royalty', and also of the ambiguities of growing up as an Indian in British India. So, when as teenagers her older sister actively supported the Congress and Roshan also showed political leanings, their father reacted with anger. This was, of course, in a setting where he felt beholden to the British for his advancement, and also in a situation where civil servants whose families were involved with the freedom struggle were being threatened with withdrawals of pensions. It was a time, as she says, of tension and many arguments at home.

About his involvement with the hospital, however, there remains no ambiguity. She is clear that he loved the hospital even more than he loved his family, and the only time she had seen her father cry was when he bid his final farewell to Ranchi. The mental hospital was his life's work and he had put his heart and soul into it. Her mother, however, saw the move to Karachi, which was heart-wrenching for the rest of the family, as a return to civilisation.

We lose sight of Dhunjibhoy—the prolific writer, indefatigable theorist and frequent traveller abroad—in 1941, when he was transferred to Karachi. He was the Founder President of the Indian Psychiatric Society at its inaugural session on 7 January 1947, but by August 1947, after Independence and the nightmare that

was Partition, Dhunjibhoy, who was in Karachi, opted to stay on in Pakistan, which then had the second largest Parsi community after Bombay. By the time of its second meeting on 2 January 1948, he had sent in his resignation as he was now Pakistani, and Dr. N. N. De took over as President.

In the process of talking about her father and her relationship with him, Roshan Dhunjibhoy emerges as a singularly charming, warm and multi-faceted person. In a continuing conversation over the last two years, I had actually become very close to this wonderful, witty and insightful person, whom I had intended to visit at some time. She promised that I would be received 'with open arms' in her spacious home and lovely garden. Sadly, I left it too late, and Roshan Dhunjibhoy died on 24 April 2011, at the age of 80. We always think we have enough time to do all that we would like to do, but that may not always be so. I never met Roshan Dhunjibhoy, but I would like all those who read this to join me in grieving for, and celebrating, the very special woman who was Roshan Dhunjibhoy.



NOTES

1. See Government of India (1946). Colonel Moore Taylor was responsible for visiting and reporting on the mental hospitals in the country.
2. See Annual and Triennial Reports on the Working of the Ranchi Indian Mental Hospital, Kanke, in Bihar and Orissa for the years 1930 to 1940.
3. Personal communications in a series of e-mail exchanges between Roshan Dhunjibhoy and the author.

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