

DOI: <https://doi.org/10.66871/ihj.v1i1.013>

“As Funds Permit”: Colonial Management of the Lunatic Asylums in the United Provinces

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Abstract

Institutionalisation of insanity in the form of the lunatic asylum was a by-product of colonial rule in India. As one Superintendent of an asylum observed, lunacy administration was the “veritable Cinderella” of colonial institutions, receiving limited attention and investment. Asylum authorities faced chronic fiscal constraints in managing, maintaining and improving the lunatic asylums. Drawing upon the annual reports of the lunatic asylums and correspondence between asylum administration and government, this paper examines the administration of the four lunatic asylums of the United Provinces - Agra, Benares, Bareilly, and Lucknow - from the mid-nineteenth century to 1947.

This paper argues that the development of the asylum system was consistently shaped by financial constraints. Phrases such as “as funds permit” and “for want of funds” recur throughout the official records, revealing the extent to which fiscal prudence influenced asylum administration. Overcrowding, accommodation shortages, inadequate sanitation, dilapidated infrastructure, inadequate staff quarters, water supply issues, and recurring outbreaks of epidemics were persistent features of asylum life. Although officials repeatedly acknowledged the need for reform, major recommendations, such as the centralisation of asylums and the deployment of specialised psychiatric staff, were weighed primarily in terms of fiscal efficiency.

Drawing on the case studies of the lunatic asylums in the United Provinces, this paper suggests that fiscal considerations shaped lunatic administration in India. Consequently, the asylums remained overwhelmingly custodial, while psychiatric care remained relegated to mere rhetoric.

Keywords: Lunatic asylums, United Provinces, colonial psychiatry, fiscal prudence, lunacy administration, colonial medical institutions.

Received: 20/06/2026 | **Accepted:** 10/09/2026 | **Published:** 20/09/2026

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I. Introduction

Institutionalisation of insanity in India was a by-product of British colonial rule. The construction and maintenance of asylums were a British endeavour, originally intended to confine European and Eurasian lunatics. Gradually, asylums were opened in various locations, especially after the Act XXXVI of 1858, which James Mills identifies as the first Act dedicated to providing a legal framework for incarcerating those Indians considered mentally ill by the British, but who did not come under the attention of the authorities through criminal behaviour.¹ Among those were the asylums located in the North-Western Provinces, i.e. Agra (1869), Bareilly (1862), Benares (earliest evidence, 1812), and at Lucknow in Oudh (1859) for Indian lunatics (referred to as "native" in colonial records).² Asylums were portrayed as symbols of enlightened imperialism, of bringing insanity and its treatment within the fold of state control.³ In reality, as suggested by Sarah Ann Pinto, the asylums were a failed colonial-medical enterprise, as they failed to assimilate into Indian society.⁴

The asylums under British rule operated amid chronic financial constraints. The consequences of chronic underfunding or lack of funds were visible across the routine administration of asylum life, including inadequate water supply, dilapidated buildings, staff quarters and cook-houses that remained unbuilt for decades. The problems were often highlighted, proposed for rectification, and, in some cases, funds were also sanctioned. However, the reforms were often rejected as too expensive, deferred due to a lack of funds, or merged with other existing government projects to save public funds. Thus, year after year, "for want of funds", "lack of funds", and "as funds permit" became a perpetual refrain in the Annual Reports and Returns of the asylums and official correspondence, indicating the financial constraints under which the asylums operated.⁵ Similarly, even long-term reforms

1 James Mills, "The History of Modern Psychiatry in India, 1858–1947," *History of Psychiatry* 12, no. 48, pt. 4 (2001), 433 doi:10.1177/0957154X0101204803

2 Anouska Bhattacharyya, *Indian Insanes: Lunacy in the 'Native' Asylums of Colonial India, 1858–1912*. (PhD diss. Harvard University, 2013), 128 Benares Asylum Superintendent mentions that it was originally constructed in 1812, but had long been condemned for its unsuitability for therapeutic care. James H. Mills, *Madness, Cannabis and Colonialism: The 'Native-only' Lunatic Asylums of British India, 1857–1900* (London: Palgrave Macmillan, 2000), Appendix, mentions the years as given in the brackets if the asylum has been positively identified as founded. Date of Bareilly Asylum, available in S. Sharma, *Mental Hospitals in India* (Directorate General of Health Services, New Delhi, 1990)

3 Waltraud Ernst, *Mad Tales from the Raj: The European Insane in British India, 1800–1858* (London: Routledge, 1991); David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (Berkeley: University of California Press, 1993); James Mills, *Madness, Cannabis and Colonialism: The 'Native-Only' Lunatic Asylums' of British India, 1857–1900* (London: Macmillan, 2000).

4 Sarah Ann Pinto, *Shackled Bodies, Unchained Minds: Lunatic Asylums in the Bombay Presidency, 1793–1921* (PhD diss., Victoria University of Wellington, 2017), i.

5 *Report and Returns of the Lunatic Asylums in the North-Western Provinces and Oudh for the year 1899* (Allahabad: North-Western Provinces and Oudh Government Press, 1900), 8; *Triennial Report on the Mental Hospitals in the United Provinces of Agra and Oudh for the years 1924, 1925, and 1926* (Allahabad: Government Press, 1927), 9; *Triennial Report and Returns of the Mental Hospitals in the United Provinces of Agra and Oudh for the years 1927, 1928, and 1929*. (Allahabad: Government Press, 1930), 13; *Triennial Report on the Mental Hospitals in the United Provinces of Agra and Oudh for the years 1930, 1931 and 1932* (Allahabad: Government Press, 1933), 12.

such as centralisation, professionalisation, and the modernisation of asylums were evaluated before implementation for their economic feasibility.⁶ The study of the official reports and correspondence reveals that the colonial state did not simply lack funds. Instead, it evaluated every expenditure and reform by the logic of fiscal prudence. This severely limited the asylums' ability to develop as curative institutions and kept them essentially as institutions for incarcerating those who were considered "dangerous" by the colonial state. The paper, through analysis of the Annual Reports and Returns of the four asylums of the North-Western Provinces (Agra, Bareilly, Benares) and Oudh (Lucknow), later known as the United Provinces, and official correspondence, shows how fiscal prudence served as a guiding principle of asylum administration. It also reflects on the implications of the chronic lack of funds on how the asylums were developed, maintained, and reformed.

II. Managing Routine Asylum Expenditure

Maintaining budgetary discipline was paramount, and limited funds, or their lack, both shaped the routine administration of the asylums. The current section, using the four core examples of water supply issues, buildings & repairs, staff quarters, and cook-houses, highlights the persistent tension between patient care and fiscal prudence.

2.1 Water Supply Issues

Water supply emerged as a persistent administrative concern for the asylum authorities. The Annual Returns and Reports of the lunatic asylums of North-Western Provinces and Oudh show that the asylum authorities consistently flagged the need for an improved, continuous water supply. Yet, the proposals were frequently modified or deferred due to expenditure considerations. The water supply problems were acute at the Benares asylum, as it relied on the well system for water. The 1899 report on the administration of lunatic asylums in the North-Western Provinces and Oudh states that, although the project to obtain a water supply for the Benares Lunatic Asylum from the municipal water-works was finally sanctioned in January 1898, it had not yet been carried out.⁷ The Superintendent of the Benares Lunatic Asylum repeatedly urged its necessity. The Secretary to the Government of the North-Western Provinces and Oudh (the official responsible for correspondence between the provincial government and the asylum authorities) responded that the water supply work had been postponed for want of funds. Instead, it was combined with the scheme to supply water to the Reserve

⁶ Proposed Improvements in the Administration of Lunatic Asylums in India, Home Department Proceedings, Medical, March 1895, Nos. 97–99, National Archives of India (hereafter, NAI); Scheme for the Appointment of Whole-Time Medical Officers as Superintendents of Central Lunatic Asylums, Home Department Proceedings, Medical, August 1900, Nos. 17–24, NAI

⁷ Report and Returns of the Lunatic Asylums in the North-Western Provinces and Oudh for the year 1899 (Allahabad: North-Western Provinces and Oudh Government Press, 1900), 7

Police Lines.⁸ Finally, in 1900, the "most important work" was carried out: the introduction of the municipal filtered water-supply into the Benares Asylum.⁹

The Benares Asylum finally received a filtered water supply from the Municipal Water Works. However, the Inspector-General of Civil Hospitals of the United Provinces of Agra and Oudh, in the Triennial Report and Returns of the Asylums, 1900–1902, observed that "the water supply at Benares has given a great deal of trouble."¹⁰ As originally proposed, a common meter registered the supply jointly to the Asylum and to the Police Lines. However, the Inspector-General noted that the water consumption was found to be "heavy and cost excessive." He noted that having a separate meter for the Asylum did not improve matters and that there was evidently significant water wastage. An inquiry was put in place, which concluded that there were too many taps placed all over the Asylum, and there was excessive wastage of water from each of them. On the orders of the Inspector-General, the water supply was cut off, and the well water was again taken into use from July 1902. The filtered water was now available only for drinking and cooking, while for bathing and flushing, only well water would be used. The official justification was unequivocal: "This will largely reduce the cost to public funds."¹¹ The asylum administration depended on the provincial government for budgetary matters and expenditures. Proposals of the asylum authorities were subject to scrutiny by the provincial government, which expected the institutions to function economically. The problem was far from over. Around 1904, the Benares Asylum replaced the existing dry-earth system with a flushing system for cleaning cells and barracks.¹² Though the flushing system was theoretically considered to be superior, it was followed by a steadily increasing toll of sickness and mortality.¹³ This may reflect the limitations of the existing water and drainage arrangements, since the flushing systems require a reliable water supply and effective drainage. The old dry-earth system was reinstated in 1907.¹⁴ Additionally, in 1909, the old garden well in the Benares Asylum collapsed, and the construction of a new well was underway, suggesting continued pressure on the existing well system.¹⁵

The water-supply issue at Benares persisted. In 1915, the Inspector-General of the Civil Hospitals of the United Provinces again highlighted the need for a better water supply. The water supply was

8 Report and Returns of the Lunatic Asylums (1899), 3

9 Report and Returns of the Lunatic Asylums in the North-Western Provinces and Oudh for the year 1900 (Allahabad: North-Western Provinces and Oudh Government Press, 1901), 2

10 Triennial Report on the Lunatic Asylums in the United Provinces of Agra and Oudh for the years 1900, 1901, 1902 (Allahabad: United Provinces of Agra and Oudh Government Press, 1903), 1

11 Triennial Report on the Lunatic Asylums (1900, 1901, 1902), 1

12 Triennial Report on the Lunatic Asylums in the United Provinces of Agra and Oudh for the years 1906, 1907, 1908 (Allahabad: United Provinces of Agra and Oudh Government Press, 1909), 3

13 Triennial Report on the Lunatic Asylums (1906, 1907, 1908), 6

14 Triennial Report on the Lunatic Asylums (1906, 1907, 1908), 3

15 Triennial Report on the Lunatic Asylums in the United Provinces of Agra and Oudh for the years 1909, 1910, 1911 (Allahabad: United Provinces of Agra and Oudh Government Press, 1912), 9

partly from the Municipal mains and partly from the wells inside the Asylum. The Inspector-General reported that this reorganisation of water distribution was unsatisfactory, as it became impossible to restrict the lunatics to drinking municipal water when they had water from several sources at their disposal. He commented that the water supply would never be satisfactory until municipal water, sufficient for all the needs of the institution, was provided, and the well supply was cut off entirely.¹⁶ Waterborne diseases such as dysentery, diarrhoea and cholera recurred as the leading causes of sickness and mortality at the Benares Asylum during this period.¹⁷ There was a need for a long-term solution for the water supply issue, one in which the municipal water supply would remain the sole source. However, as noted before, this solution, which was considered costly, was not implemented despite the Inspector-General's and the Superintendents' repeated concerns over 15 years.

The case study of the persistent water supply problem at the Benares Asylum shows that infrastructural improvements for patients' welfare were frequently hindered by a lack of funds or concerns about their high cost. Often, the proposals were modified to reduce the cost of reforms. The case study of the water supply issue at the Benares Asylum, despite the apparent implications for patients' health and repeated emphasis of the Superintendents and Inspector-General, is an example of fiscal prudence overriding the immediate needs of the patients.

The Agra Lunatic Asylum also faced perennial water difficulties due to the quantity of the water supply. The water supply from the pipe was scarce in the hot-weather months. Municipal water carts had to supplement water requirements in 1906 and 1907, a system that carried a possibility of contamination.¹⁸ The tap water was found to be contaminated with faecal matter on bacteriological examination. Until the water was declared pure, the asylum authorities decided that the patients would drink water from the asylum well or medicated tap water.¹⁹ The Annual Report of Lunatic Asylums in the United Provinces for the year 1909 similarly notes that, "the water supply at Agra was very scanty up to the year 1909 and great inconvenience and want was experienced."²⁰ Even though in December 1909, the new pipe bringing water directly from the main was connected and the supply was improved, the hot summer months of May, June, and July experienced severe scarcity. The Asylum had to supplement its water supply with water carts supplied by the Municipality and resort to the Asylum well to provide sufficient drinking water for the inmates. The Inspector-General suggested that the "cause of the deficiency is probably due to the water being drawn off in the bazars, which the main supplies,

16 Reports and Returns of the Lunatic Asylums in the United Provinces of Agra and Oudh for the year 1915 (Allahabad: Superintendent, Government Press, United Provinces, 1916), 1

17 Triennial Report on the Lunatic Asylums in the United Provinces of Agra and Oudh for the years 1904, 1905, 1906 (Allahabad: United Provinces of Agra and Oudh Government Press, 1907), 7

18 Triennial Report on the Lunatic Asylums (1906, 1907, 1908), 4

19 Triennial Report on the Lunatic Asylums (1906, 1907, 1908), 4

20 Triennial Report on the Lunatic Asylums (1909, 1910, 1911), 9

prior to it reaching the asylum."²¹ This suggests that the Asylum depended on the broader urban water distribution system, leaving the institution vulnerable to competing demands for the municipal water supply. This also left the Asylum vulnerable to water shortages in months of heavy demand. Even in 1915, the Inspector-General notes in the Annual Report that "the water supply is from the municipality sources, good in quality, but defective in quantity in the hot weather."²² Similarly, at the Bareilly Asylum, the Inspector-General noted that the defective water supply was the chief sanitary defect. Although an estimate for installing a capstan pump on the well had been sanctioned, the funds were not available to carry out the project.²³ The Agra asylum, despite improvements, could not find a lasting solution to its water supply issue during the hot weather months, while Bareilly could not address the defective water supply due to a lack of funds.

2.2 Building and Repairs

The physical infrastructure of the asylums was mostly inadequate and dilapidated, and often repurposed from old existing structures. Shilpi Rajpal, in her historical analysis of the James Clark Enquiry (1868), provides details on the architecture of asylums available in the James Clark Enquiry. Only 50 per cent of the buildings were purpose-built; the rest were old, empty buildings remade into asylums. Around 70 per cent formed part of other buildings, such as jails, providing clear-cut evidence of the utilisation of punitive space.²⁴ In 1862, both the Bareilly and Benares asylums were located in temporary buildings and were proposed for reconstruction. The Bareilly asylum was located in an old Native House. It was marred by a high rate of mortality, "attributed to the unhealthiness of the site of the asylum, the rainy season, and the debilitating effects of the famine."²⁵ Dr Cheke, the Superintendent of the Benares Asylum, also complained strongly of the want of accommodation.²⁶ The Asylum was located in the Benares Civil Station, adjoining the District Jail. The Secretary to the Government of the United Provinces, Sir George Couper, articulating the remarks of the Lieutenant-Governor, instructed the Inspector-General of Prisons of the North-Western Provinces,

To bear in mind that a new Central Prison is about to be erected at Benares, and you must consider whether portions of the old Jail, to which the Lieutenant-Governor believes the buildings of the asylum are contiguous, can be adapted to the purposes of the latter, and conveniently connected with it. There is no doubt that the want of new accommodation and the unsuitableness of that

21 Triennial Report on the Lunatic Asylums (1909, 1910, 1911), 9

22 Reports and Returns of the Lunatic Asylums for the year 1915, 2

23 Reports and Returns of the Lunatic Asylums for the year 1915, 2

24 Shilpi Rajpal, "Colonial Psychiatry in Mid-nineteenth Century India." *South Asia Research*, 35 (2015). 72 <https://doi.org/10.1177/0262728014560476>.

25 Proposal for the Construction of a Lunatic Asylum at Agra, Home Department, Home Public Proceedings, 1862, Nos. 26–30, NAI, 29

26 Proposal for the Construction of a Lunatic Asylum at Agra, 1862, 28

which exists are obstructions to successful treatment, which should be removed.²⁷

The above suggestion by the Secretary indicates that the jail and the asylum buildings were often contiguous, and it was considered convenient to repurpose old jail buildings for the Asylum's needs. There was generally a lack of purpose-built asylums, and most existing asylums were repurposed from old buildings, especially jails.

The 1865 Annual Report of the Asylums states that the above-mentioned proposal to increase accommodation by taking the adjoining jail ground was negatived, and it was now proposed to build a new Asylum on an area of 40 acres, based on the plan furnished by the Sanitary Commission and sanctioned by the Government of India. The Superintendent of the Benares Asylum, Dr Cockburn, expressed doubts about obtaining such a large, eligible site near the Benares Civil Station for the proposed new asylum.²⁸ Subsequently, in 1866, a site for the new Asylum was selected just a mile away from the present Asylum, and the matter was now under consideration of the Government of North-Western Provinces.²⁹ However, even in 1869, the long-proposed new Asylum at Benares was yet to be commenced. The Supreme Government had not approved the first estimate, but a fresh one had been sanctioned. Dr Cockburn, the Superintendent of the Benares Asylum, mentioned that the ground was being taken up with a view to beginning the work at once, but "all further proceedings were stopped owing to the financial deficit."³⁰ Other piecemeal improvements included the construction of a new hospital within the Benares asylum complex in 1903 and the opening of a new barrack, main gate, and garden well in 1912.³¹

2.3 Staff Quarters

A striking example of the crucial needs of the asylums being deferred due to a lack of funds is the case of the construction of warders' quarters at both the Bareilly and Benares Asylums, the necessity for which was underlined in the Triennial Report of Asylum Administration, 1909–1911.³² Warders were essential asylum staff who worked to maintain the security and discipline. Their accommodation at the Asylums was insufficient, and they lived in the Bazars. It was long felt that the warders' accom-

27 Proposal for the Construction of a Lunatic Asylum at Agra, 1862, 28

28 Annual Reports of the Lunatic Asylums at Bareilly and Benares for the year 1865 (Allahabad: Government Press, 1866), 56

29 Annual Reports of the Lunatic Asylums at Bareilly and Benares for the year 1865, 50

30 Annual Reports of the Lunatic Asylums at Bareilly and Benares for the year 1869 (Allahabad: Government Press, 1870), 272

31 Report and Returns of the Lunatic Asylums in the United Provinces for the year 1903 (Allahabad: United Provinces Government Press, 1904), 1; Report and Returns of the Lunatic Asylums in the United Provinces of Agra and Oudh for the year 1912 (Allahabad: Superintendent, United Provinces Government Press, 1913), 2

32 Triennial Report on the Lunatic Asylums (1909, 1910, 1911), 9

modation must be within the Asylum premises, especially amid increasing concerns about the risk of infection being introduced from outside, possibly influenced by the shift towards the germ theory in the 20th century. An estimate amounting to Rs. 16,078 for constructing 17 warders' quarters at Bareilly Asylum was drawn up in 1909, but "was not sanctioned by the Government, stating that the plan was too expensive a scale, and a standard plan for warders' quarters was under revision."³³ The 17 warders' quarters at Bareilly were finally constructed during the triennium 1912–1914.³⁴ In the Benares Asylum, the construction of 36 warders' quarters was technically sanctioned by Government Order in 1923 and placed under the list of urgency by the Building Board at its meeting in September 1926.³⁵ The construction of the 36 warders' quarters was included in the list of works necessary and still pending for want of funds in the Annual Report of 1937, even after 14 years since the sanction was approved.³⁶

2.4 Cook-houses

The provision of adequate cook-houses was another area shaped by the outcomes of financial constraints. At Agra, an old cook-house was converted into 12 cubicles for the hospital during the triennium 1918–1920. The Inspector-General of Civil Hospitals, upon inspecting the Agra Asylum in 1920, noted that the new hospital cells were quite unstable, poorly ventilated, and dangerous, and that they should be replaced by dedicated cubicle barracks as soon as funds permit. He also urged the construction of an entirely new cook-house at Agra.³⁷ This suggests that financial constraints and a lack of immediate funds led to the decision to convert old buildings into hospitals and barracks for patients. The Inspector-General of Civil Hospitals repeatedly highlighted the urgent requirement for the construction of a new cook-house at Agra, year after year. He noted that the "present cook-house is a mere make-shift erected in an old kachcha barrack, the space is insufficient, the ventilation wholly inadequate, the sanitation appalling and beyond further remedy."³⁸ Lack of funds and fiscal prudence led to the reuse of existing structures, even if they were in urgent need of renovation. Even in the triennium 1924–1926, various proposals at Agra were still awaiting allotment of funds, out of which the construction of a new cook-house was highlighted as the "most urgent, very badly needed."³⁹ The

33 Triennial Report on the Lunatic Asylums (1909, 1910, 1911), 9

34 Triennial Report on the Lunatic Asylums in the United Provinces of Agra and Oudh for the years 1912, 1913, 1914 (Allahabad: United Provinces of Agra and Oudh Government Press, 1915), 6

35 Triennial Report on the Mental Hospitals in the United Provinces of Agra and Oudh for the years 1924, 1925, 1926 (Allahabad: United Provinces of Agra and Oudh Government Press, 1927), 9

36 Annual Reports on the Mental Hospitals in the United Provinces for the year 1937 (Allahabad: Superintendent, Printing and Stationery, United Provinces, India, 1938), 3

37 Triennial Report on the Lunatic Asylums in the United Provinces of Agra and Oudh for the years 1918, 1919, 1920 (Allahabad: United Provinces of Agra and Oudh Government Press, 1921), 8

38 Triennial Report on the Lunatic Asylums in the United Provinces of Agra and Oudh for the years 1921, 1922, 1923 (Allahabad: United Provinces of Agra and Oudh Government Press, 1924), 8

39 Triennial Report on the Mental Hospitals in the United Provinces of Agra and Oudh for the years 1924, 1925,

need for a new cook-house was urgent, but the funds were not forthcoming, repeatedly delaying the fulfilment of the Asylum's pressing needs.

Benares Asylum also had a long-standing demand for a new cook-house. The present cook-house was poorly ventilated and housed in a dilapidated building, far from modern requirements.⁴⁰ The new cook-house was finally constructed at the Benares Asylum in the triennium 1918–1920; it was yet to be put into use, as it was unsatisfactory. A new cook-house was constructed at the Bareilly Asylum, but it did not meet all the requirements. No provision was made for cooking “dhalia” and “khichri”, and these two were still required to be cooked outside.⁴¹ Despite the sanction of funds, the resulting structures were sometimes inadequate to the Asylum's needs.

III. Fiscal Prudence as an Administrative Practice

The preceding section highlighted selected aspects of routine asylum administration influenced by the colonial government's fiscal prudence. What emerges is not a series of isolated financial constraints but a recurring pattern of fiscal prudence shaping almost every aspect of asylum administration and institutional life. The phrases “as funds permit”, “for want of funds”, and “as funds become available” reveal the governing logic rather than occasional fiscal exigency. The Asylum Reports included the asylum's infrastructural needs, as noted year after year by the Superintendents and the Inspector-General of the Civil Hospitals. They managed the medical and day-to-day administration of the asylum. At the same time, it was the Secretary of the provincial Government, specifically within the Judicial (Criminal) Department, who acted as the primary link between the Lieutenant-Governor of the provincial Government, the Inspector-General of the Civil Hospitals and the Government of India.⁴² The Inspector-General was required to submit all the annual and triennial reports and statistical returns to the Secretary to the provincial Government.⁴³ The Secretary authored the “Orders of Government” as a review of the submitted asylum reports, which contained the Government's official observations, criticisms and approvals regarding asylum management.⁴⁴ Most importantly, the Secretary to the provincial Government often became the voice enforcing fiscal prudence, praising economy in expenditure or questioning the authorities for excessive spending, if any.⁴⁵ The Secretary also communicated, on behalf of the provincial Government, with the Secretary to the Government of India

1926 (Allahabad: United Provinces of Agra and Oudh Government Press, 1927), 9

40 Reports and Returns of the Lunatic Asylums for the year 1915, 1

41 Triennial Report on the Lunatic Asylums for the years 1918, 1919, 1920, 8

42 Report and Returns of the Lunatic Asylums in the North-Western Provinces and Oudh for the year 1888 (Allahabad: North-Western Provinces and Oudh Government Press, 1889), 3

43 Report and Returns of the Lunatic Asylums in the North-Western Provinces and Oudh for the year 1900 (Allahabad: North-Western Provinces and Oudh Government Press, 1901), 1

44 Report and Returns of the Lunatic Asylums for the year 1899, 1

45 Report and Returns of the Lunatic Asylums for the year 1899, 5

(Home Department), forwarding the annual reports, and corresponding on major repairs and large-scale construction.⁴⁶ Both routine expenditures and the budget for institutional reforms in the asylum navigated through levels of colonial bureaucracy.

The 1888 Note on Expenditure in Lunatic Asylums by the Officiating Surgeon General, W. Walker, with the Government of India, provides crucial context for the governing logic of fiscal prudence and economising expenditure. Surgeon General Walker reviewed the comparative economy of the management of lunatic asylums and made suggestions for securing a reduction in expenditure by aligning it with the standards of the most economically managed institutions (notably the Asylums of the North-Western Provinces and Oudh).⁴⁷ He highlighted the need for a review of expenditure because there was a significant difference in the cost of maintaining the "insane" across asylums in different provinces. For example, the cost of maintaining the "insane" in the North-Western Provinces and Oudh was only Rs. 62 - 11 - 10 (Rs. - Anna - Pies), while it was as high as Rs. 141 - 6 - 1 at Bombay and Rs. 141 - 4 - 4 at Madras. Given such an economical maintenance of the insane, Surgeon General Walker held the asylums at the North-Western Provinces and Oudh as the benchmark for economical asylum management. Drawing on the low expenditure of the North-Western Provinces' institutions, he argues for reducing asylum budgets across British India. Regarding the asylums at North-Western Provinces, Surgeon General Walker said, "I have no remark to make on these asylums, they were under my personal supervision during 17 years, and I know that economy is pushed as far as it can be carried."⁴⁸ He calculated that if it were possible to bring the average expenditure per lunatic in all the lunatic asylums down to the average cost in the North-Western Provinces institutions, it would result in an annual saving of Rs. 60,325 - 13 - 1.⁴⁹

These institutions were not lauded for their therapeutic outcomes but rather for their cost efficiency. In Walker's logic, the standard of care at the asylums was to be bare minimum, stating that the majority of the patients who came to the asylums were paupers or criminal lunatics, and if the lunatic was in fair physical health, there was "no need to treat them differently in matters of diet, clothing, &c. from one of the free populations, or from a prisoner in the same class of life in our jails."⁵⁰ Another general principle that he advocates for is that "as long as a patient was merely eccentric, and not so troublesome as to be a nuisance, or dangerous to the community, he should be allowed to find his

46 Report and Returns of the Lunatic Asylums in the North-Western Provinces and Oudh for the year 1890 (Allahabad: North-Western Provinces and Oudh Government Press, 1891), 21

47 W. Walker, Expenditure in Lunatic Asylums in India, 1888, Home Department Proceedings, Medical-A, September 1888, Nos. 68–70, NAI, 3

48 Expenditure in Lunatic Asylums in India, 1888, 15

49 Expenditure in Lunatic Asylums in India, 1888, 15

50 Expenditure in Lunatic Asylums in India, 1888, 2

support from the charity of the general population.”⁵¹ This indicates that the asylums could never become therapeutic institutions; they were merely places to confine the “dangerous”, the “miscreants” of society. Shilpi Rajpal argues that, in the absence of poor laws as in England, asylums in India served as a substitute for institutions of poor relief, as asylums throughout the nineteenth century mostly housed the poor.⁵² Walker further recommended maintaining strict ratios for keepers (asylum staff): 1 keeper per 8 males or 15 female inmates, and criticised provinces with excessive staff or high salaries.⁵³ This staff ratio was not based on the patients’ therapeutic needs but on the minimum supervision required to ensure custodial care. He also calls for diet and clothing allowances to be kept minimal, again citing the example of the North-Western Provinces’ institutions, which he said had harsher climates than Bombay, yet managed to keep the average cost of clothing and bedding below Rs. 3 - 8 - 0 per patient.⁵⁴ The study of Walker’s note on expenditure in the Lunatic Asylum enables us to understand the ideological basis for the principle of fiscal prudence, as this became a standard by which the asylum management was judged. Sarah Pinto, in her work on the Bombay Asylums, quotes Lt. Col Barry, Superintendent of the Colaba Lunatic Asylum, who noted that “Economic torpidity paralyzed all efforts towards effective medical treatment.” Important components of treatment, such as accommodation, sanitation, asylum staff salaries, medicines, diet, clothing, and other necessities, were affected in efforts to keep the budget more economical. Fiscal prudence, therefore, became an active administrative practice, evaluating every expenditure against the principle of economy. The next section will briefly illustrate how this practice not only shaped the routine management of asylums but also the state’s approach to long-term institutional reform.

IV. Fiscal Prudence and Institutional Reforms

Shilpi Rajpal argues that the “government wished to devise reform in ways that would be financially viable, every attempt made to reform and reorganise had a latent intent of economising.”⁵⁵ The suggestions for improving asylum administration in India were weighed against their fiscal feasibility, and many were deferred or diluted due to fiscal constraints.

4.1 Establishing the Agra Lunatic Asylum

The process of establishing the Agra Lunatic Asylum is a compelling example of how the colonial state consistently prioritised expanding its existing asylums over the capital-intensive construction of

51 Expenditure in Lunatic Asylums in India, 1888, 2

52 Shilpi Rajpal, *Curing Madness? A Social and Cultural History of Insanity in Colonial North India, 1800–1950s* (New Delhi: Oxford University Press, 2021), 118

53 Expenditure in Lunatic Asylums in India, 1888, 3

54 Expenditure in Lunatic Asylums in India, 1888, 6

55 Shilpi Rajpal, “Inquiry, Reform and Reorganization: The Politics of Madness at the Beginning of the Twentieth Century.” *Proceedings of the Indian History Congress* 73 (2012): 980. <http://www.jstor.org/stable/44156297>.

a new institution, even when the need for a new one had been established. The need for additional accommodation in the North-Western Provinces, apart from the existing Benares and Bareilly asylums, was felt especially after the merger of the Delhi Asylum into Lahore in 1859.⁵⁶ Dr S. Clark (Inspector-General of Prisons, North-Western Provinces) surveyed the North-Western Provinces and identified a need to house approximately 1,250 lunatics, out of which 328 each could be sent to Bareilly and Benares, so there were still 600 candidates for admission to the proposed asylum. Agra was chosen as the most suitable location for a new asylum for "native" lunatics. The correspondence between the Government of North-Western Provinces and the Government of India reveals a difference of opinion upon the expediency of establishing the Agra Asylum. While the Lieutenant-Governor of North-Western Provinces argued in favour of opening the Agra asylum as a "charitable institution", the Secretary to the Government of North-Western Provinces cautioned the provincial Government on the need for a third asylum, its fiscal implications, and the possibility that the Government of India would modify the proposal.⁵⁷ Subsequently, the Secretary to the Government of India in the Home Department asserted that since the existing asylums at Benares and Bareilly were proposed to be expanded and transferred to newly constructed institutions, it would be better to wait and see whether the existing institutions proved insufficient to meet the demand, rather than creating a new institution that may not be required.⁵⁸ Ultimately, the Governor-General in Council refused to sanction the full scheme, issuing instead a modified scheme for gradually building accommodation at the Agra asylum. Finally, in 1869, when the larger plan was undertaken, the new buildings were designed to be extendable later, meaning they were incomplete from the outset.⁵⁹ The site selected was near the Agra Central Prison, which would facilitate supervision and management by the prison's Superintendent (Civil Surgeon, a Medical Officer), who was also given the additional charge of superintendence of the Agra Asylum.⁶⁰ Until the specialist doctors were appointed as full-time asylum superintendents in 1905, almost every asylum was an "additional charge" on the area's Civil Surgeon.⁶¹ This illustrates the medical-carceral hybridity of the institution in the 19th century, due to the proximity of the asylum and the prison in terms of distance, architecture, and shared officials. It also reflects administrative pragmatism in avoiding capital expenditure on a full-time specialist.

4.2 Reforms in Asylum Administration

56 Proposal for the Construction of a Lunatic Asylum at Agra, 1862, 2

57 Proposal for the Construction of a Lunatic Asylum at Agra, 1862

58 Proposal for the Construction of a Lunatic Asylum at Agra, 1862, 49

59 Lunatic Asylum in Course of Construction at Agra, Home Department, Home Public Proceedings, December 1869, No. 191, NAI, 4

60 Lunatic Asylum in Course of Construction at Agra, December 1869, 6

61 Waltraud Ernst, "Institutions, people and power: Lunatic asylums in Bengal, c. 1800–1900" in *The Social History of Health and Medicine in Colonial India*, ed. Biswamoy Pati and Mark Harrison (London and New York: Routledge, Taylor & Francis Group, 2009), 139

The late nineteenth century saw proposals for the centralisation and professionalisation of asylum administration, but each was weighed against fiscal feasibility and ultimately limited by fiscal constraints. The 1894 “Note on Asylum Administration” by A. H. L. Fraser and Surgeon-Major C. J. H. Warden, Commissioners of the Indian Hemp Drugs Commission (1893), criticised the defective character of asylum administration.⁶² They flagged flagrant instances of maladministration, critiqued the existing system for its “dissipation of energy in the smaller asylums,” and recommended replacing the small local asylums with “large central institutions which would secure the maximum of efficiency with the minimum of cost.”⁶³ They also argued that placing asylums under whole-time Superintendents with special training, who would devote their attention to the study of insanity, would promote the specialisation and professionalisation of psychiatry and add to the credibility of this branch of the medical profession.⁶⁴ The report, “Note on asylum administration” by the two Commissioners of IHDC, caused much consternation in official circles.⁶⁵ The Surgeon General, Dr W. R. Rice, prepared a detailed response to the suggested reforms of the two IHDC Commissioners, which he felt would involve vast expense. He suggested centralising large asylums of two categories while simultaneously closing smaller asylums to reduce expenditure. He proposed the establishment of one large asylum for the North-Western Provinces and Oudh, at either Agra or Bareilly, for reasons of economy and general efficiency.⁶⁶ Regarding the construction of new asylums and additional buildings, Dr Rice repeatedly suggested that these should be “of the cheapest and most inexpensive kind, and should be arranged on the radiating plan as are Jails...additional buildings, if necessary, construction of which the lunatics themselves could be most usefully employed.” He further proposed that the complete accommodation should not be provided at once; instead, the general plans should include scope for extensions from time to time as required.⁶⁷ The reforms thus proposed were driven by the intent to limit expenditure and even use patient labour to offset government spending. Ultimately, several smaller asylums were either closed or merged into larger ones, such as the unhealthy Lucknow asylum, which was merged with Agra. Shilpi Rajpal argues that “economising through centralisation and the closing down of small asylums was peculiar to India, thereby impeding all possibility of further developments.”⁶⁸ Agra did indeed become the Central Asylum of the United Provinces, but not as a single

62 A. H. L. Fraser and C. J. H. Warden, Note on Asylum Administration, 7 August 1894, in Home Department Proceedings, Medical, March 1895, Nos. 97–99, NAI, 33

63 Note on Asylum Administration, 7 August 1894, 34

64 Note on Asylum Administration, 7 August 1894, 34

65 Shilpi Rajpal, “Inquiry, Reform and Reorganization: The Politics of Madness at the Beginning of the Twentieth Century,” 976.

66 W. R. Rice, Note on the Management of Lunatic Asylums in India, dated 21 February 1895, Medical, Home Department Proceedings, March 1895, Nos. 97–99, NAI, 3

67 Note on the Management of Lunatic Asylums in India, dated 21 February 1895, 8–11

68 Shilpi Rajpal, “Psychiatrists and Psychiatry in Late Colonial India.” *The Indian Economic & Social History Review*, Volume 55, Issue 4 (2018): 12 <https://doi.org/10.1177/0019464618796901>.

large asylum. Concerns over sanitation, of exposing the patients, who were already of low vitality, to an epidemic outbreak at a single asylum, were raised by Surgeon Colonel W. P. Warburton, M.D., the Inspector-General of Civil Hospitals, and Sir Antony MacDonnell, the Lieutenant-Governor of the Government of North-Western Provinces and Oudh. Surgeon-Colonel Warburton also calculated the cost of a single, central asylum at Agra, which would entail heavy initial expenditure, along with improvements and alterations to the existing buildings, and would therefore not prove cost-effective, as proposed by Dr Rice.⁶⁹ Thus, we see that, beyond sanitary concerns, the fiscal burden of centralisation was also a significant factor in the decision not to build a single large asylum rather than the existing four in the province.

Regarding the scheme for whole-time Superintendents of Central Asylums, the 1900 scheme reveals the tension between professionalisation of psychiatry and fiscal prudence.⁷⁰ The Government of India proposed five central asylums to be under the care of whole-time Superintendents, with special training, who would be officers of the IMS (Indian Medical Service). The Director-General of IMS also reasoned in support of the proposal that this would not increase expenditure, and that IMS officers, who knew Indian languages and conditions, could also serve as a military reserve in wartime and, with some experience, become expert alienists (an erstwhile term for psychiatrists). The Secretary of State for India, on the other hand, raised concerns over the proposed expansion of the IMS, which was financially undesirable, whether the IMS officers were specialists for the work, and their possible unavailability for war service. Instead, he proposed importing the specialists from England and an expert Inspector to visit and oversee the Department, if it is established.⁷¹ The Government of India and the Director-General of the IMS responded that the importation of specialists from England and an expert Inspector was considered a costly innovation, and that they would require much higher pay than the scheme proposed. Ultimately, we see that the fiscal logic prevailed, with the Secretary of State creating IMS appointments for the full-time Superintendent at Lahore and, in principle, accepting for other central asylums as well, pending further sanction. However, the Secretary of State neither kept the post exclusively for IMS officers nor did his proposal to import experts from England come to fruition.⁷² The opening of a separate Alienist Department was again postponed.

Again, the debate for the formation of an organised Department of Alienists was initiated by the Home Department circular dated 22nd June 1921. It was suggested that the deficiency of trained alienists in

69 Administration of Lunatic Asylums in India, Medical, Home Department, Aug 1897, Nos. 188–232, NAI, 84

70 Scheme for the Appointment of Whole-Time Medical Officers as Superintendents of Central Lunatic Asylums, Medical-A, Home Department Proceedings, August 1900, Nos. 17–24, NAI.

71 Scheme for the Appointment of Whole-Time Medical Officers as Superintendents of Central Lunatic Asylums, 10

72 Scheme for the Appointment of Whole-Time Medical Officers as Superintendents of Central Lunatic Asylums.

India be remedied by recruiting from the United Kingdom professional men with 3-5 years of residency experience at the United Kingdom's mental hospitals. Such officers would be brought to India on a seven-year agreement at a proposed pay of between Rs 1000 and 1500 per mensem plus Rs 250 duty pay.⁷³ The Government of the United Provinces agreed in principle on the need for the establishment of a separate department of alienists for the improvement of the treatment of lunatics. However, they responded that, under the present circumstances, it was impossible to provide the necessary funds and that the proposal had to be deferred until the financial conditions of these provinces improved. They also expressed doubts whether it would be economical to recruit alienists from the United Kingdom who would lack intimate knowledge of the language and mentality of the Indian lunatics. The Government of the United Provinces suggested that providing special training in the treatment of mental disorders to the medical officers who were already familiar with Indian conditions would prove to be quick and economical.⁷⁴ Other provinces also responded similarly, opposing the proposal on fiscal grounds and on the importance of knowledge of the Indian languages and conditions. Yet again, the reform of psychiatry's professionalisation was abandoned due to financial considerations, along with other reasons.

4.3 Change of Nomenclature from Lunatic Asylums to Mental Hospitals

In the 1920s, the old term "Lunatic Asylum" was replaced by the more modern nomenclature "Mental Hospital". In 1917, the proposal was circulated among the different asylums regarding the change in nomenclature of the lunatic asylum. The United Provinces opposed the proposal. S.P. O'Donnell, ICS, the Secretary to the government of the United Provinces, responded to the Secretary of the Government of India, highlighting that

the term 'lunatic asylum' is a much more accurate description of the institution referred to than 'Mental Hospital' would be. Curative treatment is not at present the primary objective of the asylum in the United Province. The aim and the purpose of these institutions is rather to provide accommodation where lunatics are dangerous to themselves or to others.... It would be impossible to convert them into hospitals designed primarily for the treatment of the insane persons without the introduction of changes *which would be extremely costly. The local Government has not the funds, nor even the specialist staff* to enable its asylums to offer the elaborate treatment adopted in the Western countries...so far as the United Provinces is concerned, the change of designation would

⁷³ Proposals for improving the Administration of Lunatic Asylums and for the Constitution of a separate Alienist Department in India, Jails, Home Department Proceedings, 1922, File No. 144 of 1922, Serial Nos. 1-9, NAI, 9

⁷⁴ Proposals for improving the Administration of Lunatic Asylums and for the Constitution of a separate Alienist Department in India, Jails, Home Department, 1922, File No. 144 of 1922, Serial Nos. 1-9, 23-25 (based on pagination by NAI)

be misleading and *possibly result in demands for increased expenditure*. (emphasis added).⁷⁵

Shilpi Rajpal argues that O'Donnell's perspective reflects the nature of colonial psychiatry. The aim of the lunatic asylums largely remained custodial in nature, "to incarcerate the mad and the delinquent, whereas 'cure' as a notion was sidelined in general."⁷⁶ Given the nature of lunatic asylums and the chronic lack of funds, the possibility of change or reform was minimal. Thus, such reforms were often met with pessimism over financial difficulties. After the change in the term, an Inspector-General of Civil Hospitals, United Provinces, noted, "so far the change has been one in Nomenclature only, and until the responsibilities implied in this new designation are realised, it is not possible to hope for any great progress."⁷⁷ The same sentiment was reiterated by the succeeding Inspector-General, adding that "each of the institution is greatly hampered by wants of funds for very necessary improvements."⁷⁸ Asylum officials often recounted the difficulties they faced. The Inspector-General often commended the Superintendents and staff for doing what they could to make the inmates' lives as comfortable and happy as possible. The asylum authorities kept emphasising, at the cost of repetition, that "further progress is not possible until funds become available for effecting improvements in staff, buildings and equipment."⁷⁹ The asylum authorities operated within the administrative framework of colonial psychiatry; therefore, any reform efforts were constrained by financial limitations.

V. Conclusion

As noted by Shilpi Rajpal, "Shruti Kapila aptly points out that the 'question of economy overrode any considerations of efficacy of the reform and professionalisation of the institutional identity of colonial psychiatry.'"⁸⁰ The present article also suggests that the logic of fiscal prudence shaped both the routine administration of the asylums and the long-term reforms. The chronic lack of funds was an active governing logic. Thus, the colonial asylum could not break its custodial and medico-carceral character and become an effective institution of care. By the 1930s, the government had decided to withdraw investments, and the phase of asylum building had petered out.⁸¹ Thus, Psychiatry and mental health care in India could not achieve their full potential as they were bound by the fetters of the colonial state, which shaped the mental institutions with the logic of fiscal prudence. As a result, the institution was beset by a perennial lack of funds, staff, water supply, appropriate accommoda-

75 Proposal that the designation "Lunatic Asylum" should be changed to "Mental Hospital", Medical-A, Home Department, May 1917, Nos. 96–106, 14 (based on pagination by NAI)

76 Shilpi Rajpal, "Psychiatrists and Psychiatry in Late Colonial India", 16

77 Triennial Report on the Mental Hospitals for the years 1924, 1925, 1926, 10

78 Triennial Report and Returns of the Mental Hospitals in the United Provinces of Agra and Oudh for the years 1927, 1928, and 1929. (Allahabad: Government Press, 1930), 13

79 Annual Reports on the Mental Hospitals in the United Provinces for the year 1937, 4

80 Shruti Kapila, "The Making of Colonial Psychiatry, Bombay Presidency, 1859–1940," 82, quoted in Shilpi Rajpal, "Psychiatrists and Psychiatry in Late Colonial India," 13.

81 Shilpi Rajpal, "Psychiatrists and Psychiatry in Late Colonial India." 22

tion, sanitation, the implementation of progressive reforms, the professionalisation of psychiatry, and modern forms of treatment. As noted by the Inspector-General of Civil Hospitals, United Provinces, in the triennial report of 1930–32,

More substantial progress cannot be expected in our Mental Hospitals until the larger staffs and other improvements already asked for can be provided. The Mental Hospitals continue to do good work, but much remains to be done. It is *not possible to hope for much further progress until funds become available, and it is only lack of funds that still prevents the carrying out of the very necessary improvements and additions required* in these Mental Hospitals, both as regards staff and buildings. (emphasis added)⁸²

The above observation reinforces the argument that a lack of funds limited the reforms required in the asylum. In 1904, the Superintendent of the Bombay Asylum, J.P. Barry, remarked that lunacy administration was the “veritable Cinderella” in the family of colonial institutions, complaining about the meagre government funding for asylums.⁸³ Drawing on Annual Reports and official correspondence, this paper argues that fiscal prudence was a form of governance. The colonial state knew what was needed, but it simply refused to invest beyond the bare minimum.

Acknowledgement: The author gratefully acknowledges the Indian Council of Social Science Research (ICSSR) for funding and supporting the doctoral research on which this study is based.

⁸² *Triennial Report and Returns of the Mental Hospitals in the United Provinces of Agra and Oudh for the years 1930, 1931 and 1932.* (Allahabad: Government Press, 1933), 12

⁸³ Sarah Ann Pinto, 4

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