

Madness, Cannabis and Colonialism

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In *Madness, Cannabis and Colonialism*, James H. Mills examines the lunatic asylums of colonial India, between the war of 1857 and the end of the nineteenth century. Throughout this period, the total number of mental patients in the country did not exceed five thousand at any given time. By any standard, then, the incarceration of the mentally ill in British India would appear to have been a small, low-priority effort. The crude but justifiable question therefore arises, is the study of colonial madness worth the time that it takes to write a two-hundred-page monograph? Mills does well to answer the question - in the affirmative, of course - early in his book. He is, I think, quite right. The study of mental asylums in India in this period is not simply about a few thousand unfortunates who were locked away in a new type of colonial institution. It is a critically important part of the much broader study of disciplinary techniques, discourses and institutions, in a social and political context in which these imperatives were pursued with vigour, imagination, and moderate success.

By taking on insanity, Mills adds a dimension that has not been adequately explored in recent studies of colonial institutions of medicine and punishment in the second half of the nineteenth century: clinics, lock hospitals, prisons, penal colonies, schools and reformatories. These studies - by David Arnold, Philippa Levine and others - all argue, although not identically, that discipline, incarceration and medical intervention in nineteenth-century India were fundamentally implicated in the British effort to create a more governable colonial society. It is quite clear from these studies that the disciplining impulse was not especially limited in its scale or its ambition. If we add Mills' lunatics to the women who were targeted under the Contagious Diseases Act, the peripatetic societies that were shepherded into labour camps under the Criminal Tribes Acts, the murderers and dacoits who were transported to the Andaman Islands, and men and women who were forcibly vaccinated or subjected to anti-epidemic measures, we end up with a respectable segment of the colonised population. Placed in this larger context, a few thousand lunatics and their keepers become eminently worthwhile subjects of analysis, and a rich - if sometimes vexing - source of insight into the colonial experience.

Reliable sources of information are inevitably at a premium in studies of incarcerated populations in colonial India. The overwhelming majority of those who entered nineteenth-century mental asylums in India were

non-literate. As such, if their voices are to be isolated, the subaltern must "speak" through the medium of the colonial state. Yet, as Mills notes, colonial records of mental illness tend to be highly unreliable, especially if the researcher blunders into attempting to answer the question: were the inmates really "mad"? For one thing, there was little unanimity among mental health professionals in India regarding the basic vocabulary of madness: the same diagnosis, made in two different asylums, could describe two different sets of symptoms. For another thing, and perhaps obviously, the language of diagnosis - today, as in the nineteenth century - is not "objective" and "innocent," but deeply implicated in strategies of political power. Mills rightly eschews any effort to diagnose asylum inmates retroactively by applying late-twentieth century psychiatric concepts, or by arguing that the colonial insane were simply misunderstood. He chooses, instead, to "diagnose" the doctors and administrators who ran the asylums and the political priorities that shaped the records and the case studies that make up the asylum archive. He proceeds, then, from the assumption that the asylum archive is valuable to the historian precisely because it is unreliable as "medical evidence," and because it reveals a great deal about colonial imaginations of India. Mills' argument regarding the construction of madness in colonial India is that it was rooted in the "native" body, in behaviour that was politically transgressive, and in the refusal to work. The first assertion is especially interesting, since Mills ties it firmly to the colonial sciences of race, especially phrenology and the autopsy, that sought to explore, measure, and classify the colonised body and that constructed it as fundamentally different from the body of the coloniser. Mills demonstrates, convincingly, that the symptoms of "madness" that were recorded in the colonial asylum were overwhelmingly physical, rather than mental: the asylum doctors chose to focus on details such as the patient's weight, bowel functions, and the colour and consistency of the brain upon the inmate's death. Mills then proceeds to historicise this apparent anomaly, by pointing out that the doctors who ran Indian asylums were, for the most part, physicians extemporising as specialists in mental health, engaged in the project of claiming the field of mental health for the medical profession.

Interesting as this section of the book is, it is disappointing in that Mills does not explore the politics of the autopsy in colonial India. Arnold has touched upon that issue in the context of Indian teaching hospitals, but the subject is far from exhausted. Mills - who is very aware of the role of asylums and prisons as sources of knowledge, and who points out that such institutions became bastions of medical power long before medicine became a hegemonic discourse in the wider colonial society - would have done well to discuss the political implications of conducting autopsies on the bodies of the incarcerated.

The politics of labour, on the other hand, feature centrally in Mills' analysis. It is apparent from his analysis that like criminality, insanity in colonial India had a great deal to do with the individual's refusal to perform those forms of labour that were approved by the state. There is little evidence that labour structured asylum regimes to the extent that it did prison regimes in British India. Nevertheless, Mills argues that irregular, peripatetic, and "unproductive" occupations led to the asylum, as they did to the prison. He further complicates the relationship between work and incarceration by pointing out that colonial prison regimes were closely tied to production and profit, in which those unable or unwilling to work were viewed as especially disruptive and worthless. These unwanted prisoners were frequently classified as mad and transferred to asylums, where their perceived aversion to labour would be further observed, recorded, and utilised to reinforce the diagnosis of insanity. Conversely, the "resumption" of labour by asylum inmates was equated with the recovery of their minds and bodies. In one particularly interesting example that Mills provides, a prostitute who was detained at a mental asylum for five years was discharged promptly when she indicated to the superintendent that she was ready to resume her profession! Mills observes, quite correctly, that this connection between work, madness, and recovery was an integral part of the colonial project of reforming the Indian, by correcting his innate laziness (and the unproductive condition of his society) even as it corrected his defective body and mind.

The diagnostic value of labour remains in focus when Mills discusses the peculiar place of cannabis in the colonial discourse of madness. This is, in some ways, the most intriguing section of the book, because Mills does an excellent job of demonstrating the development of the cultural and medical mythology of a drug, and of tracing the emerging intersections of knowledge, institutions, and policy. He shows, for instance, that cannabis hardly registered in the metropolitan British consciousness for most of the nineteenth century.

When it did, beginning in the 1870s, the asylums of India played the leading role in generating the knowledge that was then transmitted to England, for debates in the press and in the government. Among its other merits, the discussion of cannabis in the context of Indian madness adds to the growing body of scholarship that seeks to demolish the remarkably resilient separation between "British" and "empire."

Mills shows that in the first half of the nineteenth century, British observers were vaguely aware of hemp as a substance that Indians used recreationally as well as medicinally. In the 1830s, British scientists in Calcutta carried out experiments with cannabis (which included exposing a dog to the drug, and recording that its face "assumed a look of utter helpless drunkenness"), but attached no great moral or medical opprobrium to its effects. The discourse of ganja as a "dangerous" drug began to emerge in 1871, when the colonial government decided to survey its officers on the effects of hemp. The information that now emerged came from administrators with political anxieties about Indians who used the drug, and from asylums, where the drug was increasingly viewed as both a cause and a symptom of insanity. By 1873, Mills shows, cannabis was being linked in India to sexual immorality, infanticide, suicide, chronic indolence, violent and disorderly behaviour, explicitly political offences such as attacks on Christians and, retroactively, the rebellion of 1857. By 1880, this discourse had spread to British medical journals like *The Lancet*. It became the subject of parliamentary hearings in 1890, and various legal restrictions on the use and sale of cannabis were simultaneously introduced in India.

Mills' analysis of the production of knowledge about cannabis in the colonial asylum is quite outstanding. He shows, for instance, how cannabis use came to be grounded in the body of the incarcerated inmate: in physical stigmata such as emaciation, "a peculiar leery look which, when once seen, is unmistakable," discoloration of the lips, "loss of vital energy," and the "ganja-corn" (an apparently distinctive callus on the marijuana-smoker's finger). He shows, also, how extremely brittle was the actual evidence for the use of hemp by individual mental patients, and how unpredictable local factors would determine just when, where, and how the "meta-narrative preoccupations" of madness and discipline would be deployed. Policemen would identify cannabis users on the basis of pure hearsay, or simply surmise that individuals "looked," "acted," or "lived" like users of the drug. This would suffice to commit people to the asylum. Following this, in a circular process, the inmate's status as mad and the medical gaze would reinforce the "fact" that he used hemp, underline the connection between madness and cannabis, and generate official policy regarding the drug.

For all its insights, there is an incompleteness about Mills' discussion of cannabis. The subject is tackled early in the volume, and then dropped almost entirely: a strategy that does not do justice to the title of the book, or to the reader's expectations. It is not as if there is nothing more to say about cannabis in this context. Mills would have done well to place the nineteenth-century discourse of cannabis alongside the temperance crusades in Britain and its colonies; the themes of physical/mental/moral degeneration and crime would seem to apply in both cases, as would issues of gender and class. There is little discussion of class in Mills' discussion of cannabis: he does not tell us, for instance, whether the use of the drug was connected to particular social strata, or whether the British disdain for cannabis users had parallels in the attitudes of élite Indians.

To be fair, it must be conceded that gender, class, and the native voice are very much present in Mills' larger discussion of madness. He indicates, for instance, that what cannabis use was to male lunatics, reproduction was to women who entered the colonial asylum. Madness in women - in colonial India as in contemporary Europe - was most often rooted in the womb. Mills notes, perceptively, that this association generated a certain sympathy on the part of colonial administrators for women who killed their babies. Infanticide was, by far, the commonest crime for which women were sentenced to long terms of imprisonment or penal transportation in British India; nevertheless, jailers and asylum directors alike wrote of the women as victims of their bodies (and of Indian society), rather than as murderers.

Native voices appear in multiple capacities in Mills' study. These establish the indigenous discourse of insanity, which saw madness in terms of an externally imposed affliction. Mills places this discourse alongside the late-nineteenth-century British view of madness as an internal disorder of the lunatic's body;

he does not, however, explore British responses to the indigenous model, or discuss the European discourse of spirit-possession. In other words, there is no evidence in the book of an attempt to develop a dialogue between the two "systems" of madness and its treatment.

Nevertheless, the native voices in Mills' analysis establish the reasons why Indians sometimes committed themselves to the asylum, or had their own relatives committed, without accepting the legitimacy of the colonial vision of mental illness. Most importantly, the Indian voices in this volume establish the prevalence of resistance in the lunatic asylum: inmates refused to work, refused food, masturbated, engaged in sexual intercourse, violated segregation rules, insulted the doctors, physically assaulted the staff, ran away, and not infrequently, committed suicide.

Mills offers three especially illuminating insights on resistance in the colonial asylum. One is that the asylum, like the colonial prison, was the site of a protracted political struggle between the coloniser and the colonised, in which the line between "treatment" and "punishment" frequently disappeared. In one gruesome but apparently unexceptional example, an asylum superintendent describes how he blistered and then sewed patients' genitalia to dissuade them from masturbating. Oddly, Mills has nothing to say about electroshock therapy, which developed somewhat later than the period he studies, but which was used as punishment as well as treatment for prisoners suspected of faking madness in British-Indian prisons in the 1920s. Nevertheless, Mills diverges sharply from the approach of Sridhar Sharma and Waltraud Ernst, both of whom have argued that mental asylums were little more than holding pens, where aggressive treatment of the insane was conspicuous only by its absence.

A second insight is that to some extent, madness and the asylum functioned as shelters from which Indians could resist colonial power. Unlike an Indian who was perceived to be sane, a madman had the privilege of openly abusing a colonial administrator, and then laughing at the latter's discomfort. At the same time, the marginal status of the insane allowed the British to depoliticise their resistance, by depicting it as irrational and meaningless.

The third, and most significant, point that Mills makes is that it is counterproductive to see Indian responses to the colonial asylum in terms of resistance alone. Some observers of state medicine and incarceration in colonial India - notably Arnold and Harrison - have tended to characterise the Indian response to these new colonial regimes as either resistance or indifference. Mills shows that inmates, and the Indians who actually staffed colonial asylums, also saw psychiatric institutions as resources that they could utilise for their own ends: as career opportunities, as shelters where they could build vital social ties or seek refuge in times of personal crisis (Mills cites the example of one woman who committed herself after her husband died, leaving her destitute), as places where they might escape the harsher discipline of prison regimes, and as receptacles where they could dispose of troublesome family members. To access these advantages, inmates in colonial mental asylums co-operated with British doctors and administrators; their co-operation, however, was driven by agendas that were substantially autonomous of the colonial state.

All things considered, Mills' work is based on excellent research and innovative analysis, and is a valuable addition to the existing body of scholarship on so-called "total institutions" in colonial India. The point has been made, most forcefully by Arnold, that there was nothing "total" about the hospitals, prisons, and their cousins in British India: that the disciplining project was essentially a failure. Mills accepts the idea that colonial carceral institutions were far from Foucauldian/Benthamite models of perfect control. Nevertheless, he points out, these were places where the disciplining project was energetically attempted, and where, sporadically and for all the "wrong" reasons, incarcerated Indians did co-operate in their incarceration. The exploration - and the recognition - of this coexistent co-operation and resistance is essential to understanding the relationship between state and society in colonial India, where power existed not only to coerce, but to be co-opted.

Madness, Cannabis and Colonialism is valuable, also, because it draws attention to the extraordinary efforts that were made in India in the decades after the Mutiny to develop intrusive and coercive systems of control. This, after all, was the period when the Contagious Diseases Act, the Cantonments Act, the Female

Infanticide Act, and the first Criminal Tribes Act were all passed, the Andaman Islands penal colony was established, and vigorous measures were undertaken for the management and recovery of populations that were seen as being out of control. Mills demonstrates that the rebellion of 1857 did not panic the colonial state into setting aside the agenda of social reform. Rather, the state withdrew from the project of reforming the Indian élites, and turned its attention to the vagrants, the thieves, the prostitutes, and the diseased. After 1857, the agenda of "knowing" and exposing the hidden recesses of India - not only the native family, the wandering tribe, the zenana, and the brothel, but also the native body and the native mind - became, if anything, a more urgent political concern.

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