

Chapter 1

The Beginnings of Psychiatry in India

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1 Introduction

The history of psychiatry in India since independence is essentially the story of how psychiatry has largely come out of mental hospitals and has gradually become a part of mainstream medicine. This is a remarkable change, and in a way, it is a new beginning of psychiatry in India. It is also noteworthy that India has been in the forefront of this movement, at least in the developing world. Hence, in this chapter, my focus will be mainly on how psychiatry has reached this present position. I may have to clarify right at the beginning that history is a continuous process, and divisions of time are only arbitrary lines to understand the whole process better. The mental hospital movement of the colonial period was a very important phase and has given shape and structure to modern psychiatry. However, mental hospital care, which was developed originally in Europe, when applied to Indian conditions, turned out to be a very expensive and a wasteful method of care for the mentally ill requiring large spaces and buildings with large multi-layered staff. Worse still, this system of care further isolated mentally ill away from society without any significant medical benefit. All over the world, services in such isolated mental hospitals gradually tend to deteriorate and become depersonalised and dehumanised. It was much worse in India and other developing countries with very limited financial resources and trained manpower, and a very different cultural background from Europe. The focus of mental hospitals was always on very serious psychiatric conditions such as psychosis or dementia. This further reinforced the stigma against

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mental disorders. Persons with lesser forms of psychotic illness and other common psychiatric disorders, which are so widespread in the community, were generally left out of this system of modern medical care.

Mental hospitals have of course, not totally outlived their utility and usefulness. Many of them are still playing a very useful role in the long-term care of disturbed and chronically mentally ill, especially with criminal and legal background. In Indian settings, some of the hospitals have completely transformed themselves into modern academic institutions such as the National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore, the Central Institute of Psychiatry (CIP), Ranchi, or the Institute of Human Behaviour and Allied Sciences (IHBAS), Delhi, and are playing a very significant role in service, training and research. However, the fact remains that in the second decade of twenty-first century, the bulk of psychiatric patient care in government, private or voluntary sectors is now outside mental hospitals, through general hospital psychiatric units (GHPUs), private clinics, primary care centres and non-governmental organisation (NGO) run services. Similarly, while 50 years ago, training of mental health professionals was confined to few mental hospital-based institutes such as the NIMHANS, Bangalore, and the CIP, Ranchi, now the bulk of training programmes has moved to autonomous medical institutes such as the Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh, the All India Institute of Medical Sciences (AIIMS), New Delhi, and various major medical colleges in Lucknow, Vellore, Mumbai, Kolkata, Chennai and other big cities. It has changed the whole atmosphere of psychiatric training with proximity to, and interaction with other medical disciplines. Psychiatric research has gained equally by this transformation. While the traditional mental hospitals had very little scope or incentive for research, the newer academic departments in medical institutes and medical colleges are producing much more relevant and valuable research, and also winning recognition in many national and international forums.

2 A Review of Literature on History of Psychiatry in India

I do not plan to go into great details of pre-colonial and colonial periods of history of psychiatry in India, mainly because this subject has been amply covered in many previous articles. Nizamie and Goyal (2010) have written a comprehensive article on the 'History of psychiatry in India' in the *Indian Journal of Psychiatry*. (In fact, I have borrowed the terms, 'Psychiatry in pre-colonial, colonial and independent India' from that article, which I acknowledge with thanks). There is an equally good article by Parkar, Dawani and Apte in *Journal of Postgraduate Medicine* in 2001 (Parkar et al. 2001). A very comprehensive article titled 'The history of modern psychiatry in India 1857–1947' by James Mills, a chapter in a book 'History of Psychiatry' published by Sage in 2001, is an outstanding piece of research and is worth reading by anyone who is interested in this subject (Mills 2001). While the history of psychiatry in colonial period is well covered in all the above references, my own personal favourite is the article (in two parts) 'History of psychiatry in India

and Pakistan' by Dr. L.P. Varma in the Indian Journal of Psychiatry in 1953, then called Indian Journal of Neurology and Psychiatry (Varma 1953). This is a remarkable article on the history of Indian psychiatry, especially when one keeps in mind that this was being written for the first time by an Indian psychiatrist in an Indian Journal. The article is comprehensive, very well researched (with nearly one hundred references) along with scholarly and insightful comments by late Dr. L.P. Varma who was then First Assistant Superintendent at the Indian Mental Hospital, Kanke, Ranchi and also the Editor of the Journal. The Indian Psychiatric Society from time to time has also covered the subject of history in many of its conferences, souvenirs and journal supplements. One outstanding contribution in recent years has been the issue called 'Icons of Indian psychiatry' brought out by Indian Journal of Psychiatry in 2010 under the leadership of its editor, Rao (2010). It is an excellent volume on history of psychiatry in India, highlighting the contributions by various pioneers from different regions who are no more.

The Directorate General of Health Services, Ministry of Health and Family Welfare, New Delhi has also brought out an excellent book on 'Mental Health—An Indian Perspective 1946–2003' (Agarwal et al. 2003). It contains some very good articles on historical aspects by authors such as D.S. Goel, S.D. Sharma, M. Sarada Menon and others. It has some very interesting appendices, including excerpts from the famous Bhole Committee Report (1946) containing the sections related to mental health. It also has the detailed report by Col. Taylor describing his visits to all the mental hospitals in India at that time, and highly unsatisfactory conditions encountered there (Taylor 1946).

3 Psychiatry During Pre-colonial Period in India

Abnormalities of human behaviour have been known and recognised since the beginning of civilisation all over the world. While it is true that modern science, medicine and psychiatry came to India along with the colonial powers, it does not mean there was no recognition or no methods of treatment and care of the mentally ill in India before that. Both the Ayurveda and Unani systems of medicine, which were widely practiced for hundreds of years in the country, had extensive discourses on signs and symptoms of various types of mental disorders and their management. In the indigenous herbal pharmacopoeia, there were powerful remedies such as opium, cannabis, 'Sarp Gandha' and Brahmi, which have been relevant even in modern times. However, at that time, the knowledge of modern anatomy, physiology or pathological changes in brain was rudimentary, and humoral theories such as disturbance of 'Kaph, Pit and Vayu' were the main basis of diagnosis and management. Apart from herbal medicines, religious rituals and faith healing practices were widely prevalent for the treatment of mentally ill. There was, however, one significant difference between pre-colonial and post-colonial periods. While there were no formal asylums or mental hospitals for the care of seriously mentally ill in pre-colonial India, they sprung up with regular frequency during the British colonial

period and became the main feature of psychiatry in colonial days. In fact, there was hardly any other psychiatry outside mental hospitals in the European system of medicine for a long time, while the Ayurveda and Unani systems still continued to offer help for various forms of common psychological conditions. Indian medical systems also recognised variations in personality and temperaments. Religious practices such as meditation and yoga were regularly used for psychological treatment, which is gradually being re-incorporated in the modern psychiatry now.

4 Psychiatry During Colonial Period

As is well known, the term 'psychiatry' was coined by Johann Christian Reil in Germany in the year 1808. This is to the credit of Reil that he did not see psychiatry as merely a speciality dealing with 'diagnosis and treatment of mental disorders', but visualised psychiatry as a broad clinical approach utilising psychological knowledge and methods for all medical disorders. Unfortunately, despite Reil's broad vision, the term psychiatry remained limited to diagnosis and management of serious mental disorders such as psychosis, dementia or severe mental retardation. This is particularly true of the development of psychiatry during the colonial period of the eighteenth and nineteenth centuries in British India, when asylums or mental hospitals were the main centres for its practice.

As Dr. L.P. Varma has rightly observed in 1953, 'The history of psychiatry in this country is the history of establishment of mental hospitals and then increasing its accommodation from time to time as the exigencies of the time demanded'. From 1787, when the first regular government asylum was opened in Kolkata for the next one and half century, nothing much was happening in psychiatry, except the opening of mental asylums (as they were then called) in different provinces of the British Raj, such as Bengal, Madras, Bombay, Bihar, U.P. and Punjab. In the beginning, asylums were meant for European patients only. In 1795, for the first time, an asylum was opened in Monghyr, Bihar for Indian sepoy. Gradually, the pressure built up for the use of asylums for civilian population as well.

The story of these asylums is very similar. In the beginning, the space for a 'lunatic asylum' was any old, abandoned building or army barracks. Gradually, new buildings with open spaces and with grounds were provided. Tall boundary wall erected to protect the inmates, or to prevent their escape, was another universal feature. The subsequent history is a sad one. Almost every asylum would open with great hope and expectations, but within a few years, there would be overcrowding, neglect, paucity of staff and resources, combined with almost total indifference of authorities and civil society. Occasionally, there would be some inspection, which would result in scathing reports of neglect and squalor. Some efforts at improvement would follow, followed by another round of neglect and deterioration. In fact, this pattern of neglect, indifference, reforms and again gradual neglect and indifference has continued with regular frequency in most of the mental hospitals in the country till this day, except perhaps, with the exception of some mental hospitals which have turned into academic institutes such as the

NIMHANS, Bangalore, the CIP, Ranchi, or the IHBAS, Delhi, with huge inputs of resources and manpower.

For historical record, it is important to mention some of the landmark events during this period.

- (1) After the 1857 Mutiny, the rule of the East India Company ended and direct rule by British Crown was established in India in 1858. The Indian Penal Code drafted earlier by the famous Lord Macaulay was promulgated. One of the provisions in this act was ‘authorisation and establishment of asylums for reception and detention of lunatics’.
- (2) Till 1905, all lunatic asylums were under the charge of civil surgeons. In 1905, for the first time, some asylums were designated as ‘Central Asylums’ and placed under the separate charge of an ‘Alienist’ (this was the name for mental specialists at that time). This was perhaps the first step for the recognition of psychiatry as a separate speciality in this country. There was also an attempt by then Secretary of State in England, John Morley, to establish a separate ‘Alienist Department’ in India, but this was never realised (Varma 1953).
- (3) The year 1912 was a landmark in the history of psychiatry, when the Indian Lunacy Act was passed. Asylums became independent of the general medical administration, and rules for reception and detention were clearly codified.
- (4) In the year 1922, the names of all asylums were changed to ‘Mental Hospitals’.
- (5) Some hospitals remained strictly for the use of Europeans and Anglo-Indians only, e.g. the European Mental Hospital Ranchi, or the Colaba Mental Hospital in Bombay. The Ranchi hospital made a big concession in 1940, when 10 beds were provided for ‘Indian paying patients of European habits’ (Varma 1953).
- (6) Mental Hospital, Bangalore established in 1937 was the first mental hospital in India which avoided high enclosures.

5 Psychiatry After the Independence of India (Till 1960)

Though it is true that the rise of psychiatry as a modern medical speciality largely occurred after the independence of the country in 1947, some of the developments, which significantly influenced this, were already taking place two or three decades before that. One can identify at least three major developments which have given shape to modern psychiatry in independent India. These are as follows:

- (1) The rise of psychoanalysis as an intellectual discipline with its impact on psychology, medicine, literature and arts.
- (2) Developments in military psychiatry during the World War II, resulting in rapid increase in number of army psychiatrists and treatment facilities outside mental hospitals.
- (3) Recommendations of the famous ‘Bhore Committee’ to provide health services near the people, away from big hospitals. Perhaps out of the three events, the most significant influence on the progress of psychiatry was of the Bhore Committee Report (1946), and we would consider it first.

6 Impact of the Bhore Committee Recommendations

The Bhore Committee Report (1946) was undoubtedly one of the momentous events in the history of the public health movement in India. Even after nearly seventy years of its publication, one continues to marvel at the vision and foresight of its deliberations and recommendations. Much has been written about it over the years. Its emphasis on the importance of primary health care, before developing secondary and tertiary services in the country, has changed the shape of our health services ever since.

Somehow the impact of the Bhore Committee Report on the subsequent developments in psychiatry in India has not received sufficient attention in psychiatric literature. One honourable exception is the chapter 'Mental Health: The pre-independence scenario' by S.D. Sharma in Ministry of Health book 'Mental Health. An Indian Perspective 1946–2003', where he has not only referred to the Bhore Committee Report, but has also included the whole mental health section of the report in the appendix (Sharma 2003).

7 Some of the Important Recommendations of Bhore Committee on Mental Health

The opening sentence of the mental health section sets the tone of the whole report, i.e. *The physical and mental health of an individual are inter-related and no health programme can be considered complete without adequate provision for the treatment of mental ill health and for the promotion of positive mental health.* It is sobering to note that the pioneers of the Bhore Committee in 1946 had already thought that there is no health without mental health, which has become such a popular slogan now in the documents of the Royal College of Psychiatrists and the World Health Organisation (WHO).

Other notable features of the report were:

- Prevention of mental illness and promotion of mental health receive equal emphasis in the report along with the treatment of mental disorders
- The proposals for mental health in the Bhore Committee Report begin by stating *In our view the most important step to be taken, is the formulation of a mental health programme for the country after preliminary investigation of the needs of the individual provinces.* It is sad that it took nearly forty years to develop a National Mental Health Programme (in 1982) in India.
- The Bhore Committee recommended creation of a mental health organisation in the Directorate of Health Services. It finally happened in the shape of National Advisory Committee on Mental Health in the 1980s.
- The Bhore Committee strongly recommended facilities for the training of mental health professionals in India, which resulted in the formation of All India Institute of Mental Health in Bangalore in 1954 (now the NIMHANS).

- It recommended establishment of the AIIMS in New Delhi, where it further recommended undergraduate and postgraduate training in psychiatry and also promotion of research. In a way, this recommendation provided a strong impetus for emergence of GHPUs in all medical colleges in the later years.
- The Bhore Committee was very critical of the existing state of mental hospitals in the country. It strongly recommended their rapid improvement, but felt that mental hospitals alone were grossly inadequate for the total mental health needs of the country.

8 Impact of the Psychoanalysis Movement

Dr. Girindrasekhar Bose would always be remembered for starting the first Indian Psychoanalytical Society in Kolkata in 1922. By that time, psychoanalysis was already making waves in the intellectual life of people in Europe and the USA. Despite strong criticism from some quarters, people were fascinated by its bold theories of the subconscious mind to explain the psychological basis of both normal and abnormal behaviour. The movement soon spread to Bombay where Dr. K.K. Masani was an early pioneer. In Ranchi, Col. Berkley Hill, started the Indian Association of Mental Hygiene and was also closely associated with Psychoanalytical Association in Calcutta. Many universities started courses on psychoanalysis; the popular press and literary magazines were also writing articles on the subject. Hollywood in the USA was also greatly influenced by psychoanalysis movement. A number of movies incorporated the new knowledge of psychoanalytical theories. One memorable film in 1945 was 'Spellbound', a suspense thriller directed by famous director, Alfred Hitchcock. The hero Gregory Peck is a patient with amnesia who is being treated by a lady psychoanalyst, played by Ingrid Bergman. There was a much talked about dream sequence, which had the clue to the hero's amnesia. The sets for this dream sequence were designed by the great surrealist painter of his time, Salvador Dali.

In this liberal atmosphere of the time, many young men and women medical doctors in India were also attracted to psychoanalysis. Psychoanalysis helped to give a new image to psychiatrists. Instead of being a *doctor for the insane*, here was a chance to become a *doctor who understands the mysteries of conscious and subconscious mind*. It was indeed a big shift in the social status of psychiatrists. A number of the top names in Indian psychiatry, who started their career in the 1950s and early 1960s (including the present author), seem to have been inspired by psychoanalysis to take up psychiatry as a career. For example, a pioneer of Indian psychiatry, Dr. Ajita Chakraborty, told me that she had undergone personal analysis in Kolkata, before taking up her distinguished career in psychiatry. Dr. D.N. Nandy was also closely associated with the Psychoanalysis Association in Calcutta. Dr. J.S. Neki, another stalwart of Indian psychiatry, told me that he went to NIMHANS Bangalore in 1956 and joined the Diploma course in Medical Psychology with the hope of learning psychoanalysis. Later, as advised by his

teachers he shifted to regular Diploma in Psychological Medicine (DPM) course for medical doctors. The late Doctor Ravi Kapur was also greatly attracted to psychoanalysis and psychotherapy. The list can be easily increased by adding many other names, but the main point, which emerges is that psychoanalysis motivated many early psychiatric pioneers in India.

9 Early Women Psychiatrists of India

In this context, it is also noteworthy that during the 1950s, soon after independence, a number of women doctors came forward to take up psychiatry as their chosen career, which was not common till that time. Even in the first batch of DPM students in Bangalore, there was a woman doctor. All these early women psychiatrists, of course, played a pioneering role in modernising psychiatry in India and have left a powerful impact on it. Some of the well-known names of such early distinguished women psychiatrists are Dr. Ajita Chakraborty, Dr. Sharda Menon, Dr. Roshan Master and Dr. Jaya Nagaraja, who have all made the profession proud by their contributions.

10 Impact of Military Psychiatry

Another area, which deserves a better recognition in the history of Indian psychiatry, is the role of military psychiatry. A large number of early pioneers who have changed the shape of modern psychiatry in India belonged at some time to the Indian Army. Some of these distinguished psychiatrists were Col. M. Taylor, Col. O. Berkley Hill, Major R.B. Davis, Col. Kirpal Singh, Major Vidya Sagar, Major K.C. Dube and many others like them. Recently, Brig. Prabhu has written an excellent article on 'Military psychiatry in India', in which he has provided detailed information, particularly of the period during the World War II (Prabhu 2010). It is a striking fact that at the start of the world war in 1939, there were only four psychiatric specialists in the Indian Military Service. The number rose to 10 in 1942, 31 in 1943 and 86 by end of the war in 1945. How did this phenomenal increase occur and how was this achieved? The need was urgently felt because it was realised that apart from battle wounds, a large number of casualties among the soldiers were psychological in nature, and existing medical services were not adequate to handle it. To rapidly train the medical officers in psychiatry, a short training of 2–4 months was introduced, which was later increased to 9–12 months, after which they were posted as graded specialists. The second important innovation introduced by military psychiatry was that the treatment of psychiatric patients was done not in mental hospitals, but in units resembling GHPUs of the present. A standard psychiatric ward used to have only 25 beds (Prabhu 2010). Looking back it seems that the war time experiences of military psychiatry had a

great impact on the civil side after the independence of the country. A large number of senior psychiatrists such as Maj. Davis, Maj. Vidya Sagar, Major K.C. Dube and Capt. Chandorkar had moved to civil side. GHPU, which flourished during 1960s, used the same Army model of a GHPU of earlier years. The community psychiatry movement of the 1970s also used the military psychiatry model of short training courses for different health professionals.

11 Summary and Conclusions

The rapid growth of psychiatric services after independence of India is a remarkable story of how psychiatry came out of mental hospitals and is now gradually becoming part of mainstream medicine. This paradigm shift took place due to numbers of factors. Most important was perhaps the vision and foresight of the Bhole Committee recommendations of opening of training centres for mental health professionals in the country, and starting of GHPU in medical colleges and other big general hospitals. This gave a big boost to the development of modern psychiatry. A large number of bright young men and women got attracted to psychiatry as their career. The psychoanalysis movement added to the liberal intellectual attitude towards abnormalities of human behaviour, which further helped the growth of psychiatry as a medical speciality.

In this chapter, I have considered the events up to 1960 or so, but history is a continuous process. Psychiatry took rapid strides in the 1960s and 1970s, moving from mental hospitals to general hospitals and then attempting to provide community psychiatric services through the primary health-care network. This glorious journey must continue till we are able to ensure that the benefits of modern psychiatry are available to all citizens of India, rural or urban, rich or poor, men or women.

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