He refers in a loud, screaming voice + extra anger to my having once had him put into a bag for restraint. When I smiled he said as much as,

‘Now laugh, I will make you cry’.

They say he is never violent except when he sees Europeans, though sometimes he gets angry. He has not been so angry for a very long time. They say he sometimes gets abortive attacks of epilepsy. The Hosp. Asst. has not seen them.¹

Such episodes, this one taken from the case note for Jeeobadh Koomar who was admitted to the Lucknow asylum in 1869, demonstrate the difficulties and also the possibilities of exploring the responses and reactions of Indians within the asylum. The first point to note is that much of the information that the British medical officer has recorded on the case note about the patient comes from Indians. The ‘they’ in the case note are the attendants at the asylum who would have been employed from the local population. The fact that it is they who can supply the information on the patient’s usual state, that he is ‘never violent’, and it is they who can point out the exceptions to this rule is significant. This emphasizes that it was Indian personnel rather than the single British doctor who had the day to day contact with the inmates of the institution and who would have been in charge of the routines of the place. The staff is one distinct group whose actions need to be considered in looking at Indians inside the asylums.

The second issue that arises is the question of how to interpret the evidence of what the Indian inmates are supposed to have said and done. Chapter 1 showed how the case notes were constructions
of colonial imaginations rather than objective renderings of the real world. Yet to completely ignore Indian voices in these documents, however fragmented and refracted, is to neglect the possibility of exploring subaltern histories at the point of contact with a colonial institution. Ignoring fragments of patients’ voices is also unsatisfying for the medical historian, ‘a history written only with reference to the activities of physicians is seriously incomplete, as it ignores the experience of the great number of men and women who made up the asylum.’

This chapter will explore the Indian actions and voices recorded in the colonial documents to consider whether they reveal anything other than the colonial and medical imagination.

In looking at the evidence of what the inmates said and did it is necessary to deal with the issue of what to do with voices that have been marginalized as ‘insane’. In other words the question arises of whether the ramblings of a lunatic or his/her explosions of anger are representative of anything more than the tussles of a disturbed individual with his/her personal demons and delusions. There are three interconnected responses to this.

The first is that any attempt to discount the experiences of those who are mad on the basis that they are lacking in reason or that their responses to the world are non-rational is an endorsement of the much discredited reification as the only proper subject in history of the ‘unified and freely choosing individual who is the normative male subject of Western bourgeois liberalism.’ Shirley Orter, for example, points out that this subject, ‘the freely choosing individual, is an ideological construct, in multiple senses – because the person is culturally (and socially, historically, politically and so forth) constructed; because few people have the power to freely choose very much; and so forth.’ To dismiss the experiences of the mad because they were mad is to comply with discourses developed in the nineteenth century in the West which relegated madness to an illness and thereby emptied that state of significance. This was a period described as one when ‘compared to the incessant dialogue of reason and madness during the Renaissance . . . silence was absolute; there was no longer any common language between madness and reason.’ Such a concern is not necessarily pertinent here though as there is a second response to the idea that the actions and words of those deemed lunatic might not be representative of anything more than private and personalized nightmares. As has already been suggested in Chapters 3 and 5, it is