Judicial (1895) Department.

ORDINARY MS.

G.O., No. 860.

Dated 26th Apr 1895.

INDEXED.

[Despatch Abstract.]

LUNATIC ASYLUMS IN INDIA.

Communicating to the Surgeon-General, for report, after consulting such officers as he thinks fit, letter from the Government of India forwarding a note on the administration of--, and requesting the opinions of this Government on the various questions raised in the papers in connection with the Lunatic Asylums in the Madras Presidency.

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BACK PAPERS.

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From

The Govt. of India

Home

No. 4 Med
186

Dated 29/3/95
Recd 8/4/95

Encs. 247-52

Subject

Forwd a note on the Admn of Lunatic Asylums in India & inviting the opinions of the Madras Govt on the various questions raised in the papers on the subject

W.S/4
4.9/95.

Order
P.S.

Communicated to the Surgeon General, the Sanitary Comr, the Inspectors General of Prisons & Police, the Comr of Police, Madras, and the Coms of Vizagapatam & Malabar for remarks.

2. The question of introducing the study of insanity at Medical Schools in this country will be referred to the Educational Dept for favour of remarks.

To The Sg.
" Sanry Comr.
" Sg. Prisons.
Police.
Comr of Police.
" Coms. Vizag m
- - Malabar.
" Edl dept.

MR
9-4-95

WO

Note on Asylum Administration.

As we have had occasion in course of the inquiries of the Indian Hemp Drugs Commission to visit every lunatic asylum in India, we think that it may be useful to submit the following remarks for consideration.

Defective character of asylum work.

We have been very unfavourably impressed with the manner in which the work of the asylums is done, so far as that work came under our observation in our inquiries regarding "hemp drug insanity." The treatment of insanes is a professional matter to which it might have been supposed that medical men would give careful attention. But everywhere there is evidence of the want of care and attention. In the Presidency asylums there is less evidence of this; and in them, or at least two of them, the state of things was very different from what we generally found in the smaller asylums. But even in the Presidency asylums, there was not that evidence of real interest in the work that we should have expected to find. We think that this want of interest and of systematic supervision everywhere are due rather to defects of system than to the fault of the officers in charge.

The Hemp Drugs Commission report will, we think, be found to contain evidence of the worthlessness of the statistics of insanity submitted from year to year by the superintendents of asylums as well as some explanation of how such statistics came to be submitted annually. It is unnecessary to say more on that subject here, except that the result of inquiry into this matter has been to show that this part of the work has been left entirely to subordinates without even ordinary supervision. The superintendents accepted without question the information supplied to them by magistrates and police as compiled and occasionally amplified by the asylum subordinates. It has been shown that this may be accepted as the almost invariable practice.

Failure of superintendents to appreciate its importance.

This might perhaps be regarded as a matter of not very great moment if taken by itself It might be thought that the superintendents regarded these statistics as merely clerical work of no practical importance which subordinates might reasonably be left to do. But we regret to say that what we saw in the asylums has led us to the conviction that this matter cannot be taken alone, but must be regarded as an indication of the general tendency of superintendents to relegate their asylum work to subordinates, and to fail to appreciate its importance. In his evidence before the Commission, Surgeon-Major very bluntly said: "My position as superintendent of the lunatic asylum requires me to take charge of insanes when they are sent in, and retain them until they are fit for discharge. I am simply keeper and incidentally medical attendant." There was much that we observed to show that this very imperfect view of the professional work of the superintendent was very general. A few facts may be stated in illustration of this. It must be distinctly noted that these facts are by no means an exhaustive list of what we observed, but are merely illustrations of generally prevailing defects in administration.

Absence of systematic treatment.

In his evidence before the Commission, Brigade-Surgeon-Lieutenant-Colonel who is probably the most senior superintendent of any asylum in India, said: "I do not consider that the question of cause is one which affects the treatment of cases. My inquiries therefore into cause are of a statistical, not practical, character. The result will not affect my treatment of the case." This statement indicates the superficial spirit in which this experienced officer approaches the consideration of a case of mental disease. The literature of the subject shows that it would be scouted by any medical man in England with the smallest experience in such cases. Yet Dr. in this statement fairly represents the views of the majority of superintendents as we have ascertained them in personal discussion with these officers.

Similar to this is our experience that case books contain no clinical history worthy of the name. As a rule the entries would be laughable but for the fact that they indicate a lamentable absence of anything like systematic treatment of mental disease by the superintendents.

Flagrant instances of maladministration.

Then in the management of the asylums we have found such flagrant abuses as the following, which we are persuaded would not be permitted in any asylum managed on scientific principles:

(1) A patient suffering from acute mania was grinding corn in an open shed, in a glaring light, and in the midst of the other patients. This patient was shouting and singing and raving in wild delirium.

(2) One patient, raving and furious in acute mania, was chained to a tree in the middle of an open court occupied by the other patients.

(3) As a rule there is not the slightest attempt at separating patients according to their mental condition. Convalescents are thrown together with lunatics in the most acute stages of mental disease. Surely the chances of recovery must be greatly impeded under such a system.

(4) Worse than this, sane men, some of them recovered lunatics, others men who had never been insane at all since they were received into the asylum, were herded with lunatics in all stages of mental disease. Dr. (Superintendent of the Asylum) said before the Commission: "It is not my opinion from experience that it is either dreadful in itself or possibly disastrous to a man's mind to have to herd for years with lunatics though sane." This statement would probably be dissented from by 99 out of every hundred rational men, and seems to us to indicate an unscientific view of mental disease. It is also quite contrary to our experience; for we have been addressed in the strongest terms by sane men thus situated whom we have met in visiting the asylums.

(5) Another illustration of the want of intelligent and sympathetic treatment of the insane is found in the fact that we saw a *post-mortem* examination being conducted in an open verandah in view of lunatics who were wandering about all round. Even in slaughter-houses humanity has provided in recent regulations that no animal is to be present when another is being slaughtered. But these insanes were allowed freely to look on at the dissection of the dead body of a fellow-patient. We may add that, insane as they were, they all seemed inclined to keep away from the gruesome spectacle.

These are cases of abuse which indicate the generally defective character of the asylum administration. It is unnecessary to touch on exceptional cases of gross neglect, such as male and female lunatics being found together which we witnessed. These are not indicative of the generally defective character of the work of superintendents under the present system; and it is only that general defectiveness that we wish to illustrate.

Some attempts have recently been made to introduce reforms. More attention is given in some parts of the country to arrangements for amusing and employing the insane, and to similar matters. In one or two asylums the results in this respect specially attracted our attention, and seem to deserve warm commendation. But even in these cases reform seems to have touched only the surface of the question. The systematic treatment of mental disease was practically absent; and the superintendents admitted frankly that they had little satisfaction in their work. In writing as we do, we do not judge the work more unfavourably than the best of the superintendents do themselves.

Recent reforms.

It seems to us that the superintendents cannot wholly be blamed for this very unsatisfactory state of things. The best of them realise that the asylum administration is discreditable. But they have said to us that they have not time for the adequate discharge of all their duties, and that some of their work must give way. Their private practice must be attended to: patients cannot be set aside. There are also parts of their public duty that they cannot postpone without being called on to explain. The dispensary and the asylum are nearly on an equal footing in their demands on attention. But the asylum goes to the wall; for, as we were told more than once, there is less apparent urgency in cases of mental disease. One cannot postpone attention to a case of dysentery, or to a man who has been the subject of an operation, without danger to life; but there is no apparent danger in postponing attention to a case of insanity. When too much work lies on men, there is generally one part which consistently goes to the wall: in this case it is the asylum work. On the one hand, it cannot be tested by records. On the other hand, it does not press with so much apparent urgency on attention.

This defectiveness seems due to the system.

It seems to us that the present system of asylum administration is to blame. Only in two asylums (Colaba and Madras) is a special (or "whole-time") superintendent appointed. And there the pay of the appointment is not such as to keep a good man long. The superintendent looks on this charge as one to be abandoned on the first opportunity. It cannot be expected under these circumstances that he will devote himself to the special study of mental disease. In Calcutta the asylum is held by an officer who has also very onerous hospital work; and, for the reasons already indicated, the tendency must be for him to attend to this general medical work, and not to the special asylum work. All other asylums are held by civil surgeons in addition to their ordinary professional work, and for a small additional allowance. The result of this has been described above. When it is remembered that insanity is a very special subject, requiring special study and experience, if there is to be any skill, and special attention if there is to be any success, this system stands condemned. It is unnecessary to go further for an explanation of the failure which seems to cast discredit on the medical profession in India in respect to this branch of its work.

The great defect of the present system is the want of centralisation, the dissipation of energy in small asylums. It goes without saying that to have a few large central institutions would tend to secure the maximum of efficiency with the minimum of cost. It was impossible no doubt to think of this in the old days, when removal to a distant asylum meant a long road journey for a helpless and perhaps violent lunatic in the charge of a harassed police guard. But now that the railway has obliterated distance all over the country, this objection can no longer be urged.

Want of centralisation.

The only objection to this centralisation that we have heard is that it is better to have small local asylums, because patients will be better in their own climate, and because they and their friends will object to their removal to a distance. This objection has no weight with us. The circumstances of asylum life, if the asylum is properly administered, would far more than compensate for any unfavourable difference of climate, even should that be a necessity of the case. But, of course, the site of the asylum would not be chosen without regard to considerations of health. There seems to us to be nothing in the alleged desire of the lunatic or his friends that he should not be taken to a distance. The lunatic never gives this a thought. And as to his friends, the cases are few indeed in which they show any interest in his confinement, in which they even come forward to acknowledge him. On the other hand, we are persuaded that if there were really well managed asylums under specially skilled superintendents, there would be a much greater readiness on the part of well-to-do people to send their relatives suffering from mental disease for treatment. Suitable arrangements for the reception and treatment of such patients would then be possible.

Objections answered.

The present system, so far as we have become acquainted with it, involves the following disadvantages. It involves the officering of the asylums by men who have other duties, and who hold the superintendentship as an additional charge. This prevents them from giving due time and attention to their asylum work. It falls into the hands of subordinates. It specially suffers in competition with other medical work, because it is less directly and immediately effective, and because to a man who is not an expert it is much less interesting. Another result of this is that there is among the superintendents of asylums a lamentable want of special experience and of special skill in the treatment of mental disease, a want even of interest in the subject.

Disadvantages of the present system.
(1) Superintendents hold their office as an additional charge.

The present system also involves want of adequate efficiency in the subordinate establishment. What strikes one at once in visiting the asylums is that, not only is the superintendent's charge of the institution little more than nominal, but there is seldom, if ever, any regular medical attendance by a properly qualified and skilled medical subordinate resident on the spot. In some asylums there is no medical subordinate at all. In such cases we have sometimes found that it was considered necessary, in the absence of the civil surgeon on inspection duty, to remove patients to the local dispensary for treatment. In other asylums there is an assistant surgeon or hospital-assistant; but he has had practically no special training in mental disease. Any one who has been in the habit of inspecting dispensaries knows what excellent work is sometimes done by the subordinate medical officer in charge. In discussing cases with the subordinate medical officer in charge of an asylum, one is struck with the far less intelligence and interest he displays.

(2) The subordinate establishment is inefficient.

Thirdly, the training in the subject of mental disease appears to be most defective in the Indian medical schools. So far as we can learn, it consists of a few lectures in the course on Medical Jurisprudence. These lectures are apparently generally delivered by men who have informed us that they "have had no special experience of insanity." The clinical material in the asylums is not utilised at all. This results in prevailing ignorance on the subject on the part of the native members of the medical profession. We have been informed by more than one efficient European practitioner how much he has been struck with this prevailing ignorance with the utter failure of the native practitioner "to grasp the position in regard to general management and treatment of the insane." This blot in the Medical Department would be removed if there were some systematic training in the medical schools and utilisation therein of the clinical material contained in the neighbouring asylum. The superintendent of the asylum would doubtless be the best teacher of his own subject.

(3) There is no special training in mental disease.

A fourth result of the present system is that there has been no scientific study of insanity in India at all. There has been no inducement to acquire special knowledge of the subject or to devote special attention to it. We have found, for example, that there is no literature dealing with hemp drug insanity, and no superintendent that can speak with authority or give valuable information about this subject. This is deplorable, and contrasts in a marked manner with the position which the Indian medical profession is now taking in some of the special branches of medical science. In the interests of science, in the interest of sound medical education, and in the interest of the sufferers from mental disease, it seems to be incumbent on the Government to improve the system of asylum administration as it has improved so many other branches of administration in recent times.

(4) No special study of insanity.

We do not presume to say how this should be done. But we do think that the asylum administration will not be creditable to Government or the profession until it is made worth while for medical officers to devote attention to mental disease, and until the asylums are in the charge of superintendents and subordinate medical officers with some special training and experience. It seems to us that this can only be done by abolishing small local asylums having large central institutions providing for systematic and clinical teaching regarding mental disease in the medical schools, and offering inducements to qualified medical officers to devote themselves to the study and treatment of insanity.

Conclusion.

A. H. L. FRASER.

C. J. H. WARDEN.

The 7th August 1894.

G. L. C. P. O.—No. 1346 A. H. D.—28-8-95.—12—E. N. B.

2 in No 2561

Note on the management of Lunatic Asylums in India.

From A. H. L. Fraser, Esq., and Surgeon-Lieutenant-Colonel C. J. H. Warden.

Referring to the above memorandum by two members of the Hemp Drugs Commission on the management of Lunatic Asylums in India, I would suggest that Local Governments and Administrations be consulted on the following points :—

1. That the smaller asylums be merged into larger institutions of two classes; the first to hold from 700 to 1,000 inmates, and the second from 400 to 700.

2. The objections likely to be raised consist in—

(*a*) The inconvenience and difficulties attendant on moving insanes to any great distance.

(*b*) The effect on their bodily health of change of climate.

(*c*) And on their mental health in removing them from among their friends to places where they would meet only strangers, and almost of a different nationality.

(*d*) The necessity for providing new additional accommodation if asylums are amalgamated.

The first three of these objections do not, in reality, possess any weight.

(*a*) The facilities of communication by rail are now so great that a man may be moved from one end of a province to another with as great facility as years ago it took to move him from an outlying district.

(*b*) They would be better off in this respect in a well planned, well constructed asylum situated in a healthy locality, where the medical officer would not be overburthened with other work, than in those small patched-up places selected often enough without due regard to suitability in respect of accommodation or health, and managed by an already fully employed medical officer.

(*c*) This is an objection open to much doubt. It is not a common occurrence for persons to trouble themselves about relatives or friends once they are shut up in an asylum, and it is not always easy to induce friends to come forward and remove them when they are declared fit for discharge.

While in the asylum, the patients appear to accommodate themselves to their surroundings just as readily in a strange place as they would if the asylum were at their doors. It makes little difference to them whether they are sent fifty or five hundred miles away once they are taken out of their villages. I have had patients from Rajputana and Bengal in the Jubbulpore Asylum who never seemed to pine for their homes.

(*d*) It appears to me that strongly built structures with high enclosing walls are necessary in the case of dangerous lunatics only whether criminal or non-criminal, and, if this is once accepted, that the new accommodation need be of a very inexpensive nature. I hope to show later on in this note that in most cases there would be no occasion for any extensive additions, and where necessary, it need not be of an expensive nature, in the construction of which the lunatics themselves could be most usefully employed.

Dangerous lunatics form a small minority of the general body, and probably room would be found for them in the strongly built "criminal wards" of the present asylums, which are a good deal occupied by harmless though technically criminal insanes. In this case the additional buildings for the harmless insanes would not be very extensive and should be, as above suggested, of the very cheapest kind that could be got to stand. Further on I will describe roughly a ward of the kind, I would suggest as a standard unit which I have found to answer well and to be generally very handy.

Excepting round the compartments for females and for dangerous insanes, there is no real need for those strong partition and surrounding walls of solid pucca masonry that cost so much to put up and keep in repair, which have in past years been thought necessary; for the others hedges of whatever plant grows best in the locality will be found to be quite sufficient for restraint and classification. The garden and outside premises can be very effectively protected with a cactus hedge.

3. If the Superintendent is a man of moderate resources, he could have all new buildings of the kind above mentioned, and to be described in more detail later on, constructed by his lunatics, aided by a few hired masons to teach them to lay their bricks straight and carpenters to make the roof timbers. The expense of any new buildings it may be

As to the expense of providing new additional accommodation, recent action in Bombay in providing 2½ lakhs of rupees from Provincial funds shows what can be done in this connection if the project is taken up. This sum should cover the entire cost of a new asylum for 1,000 patients and of all subsidiary buildings.

W. R. R.

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necessary to erect would probably be covered by the saving of five years in establishment charges. This, however, will depend a great deal on the Superintendent being, as I said above, a resourceful, intelligent officer. The management of the Jubbulpore Asylum last year by Dr. Gaffney affords an excellent illustration of what can be done if only the Superintendent would set his mind to it. I myself know from personal experience that there is nothing at all in it that an officer with ordinary intelligence cannot accomplish.

3(*a*) A difficulty in obtaining a quorum of official visitors is one that may be raised. But these central asylums would in all cases be situated near the Head-quarters of a district. There would be the further advantage of the Civil Surgeon being a visitor and thus an independent critic of the medical part of the management.

BENGAL.

4. In Bengal I would propose the union of the asylums of Cuttack and Berhampore at once. There were only 19 patients in the former on the 1st January 1894. There is accommodation in the latter for 273 patients, but the greatest number confined amounted to only 213.

Later on by far the best plan, if ever funds were available, would be to amalgamate the whole six asylums in Bengal and Assam into one, to be erected in some central part of the former province, and to allow a whole-time Superintendent and a subordinate staff modelled on lines to be suggested further on in this note. The price to be got for the site of the Dullunda and Bhowanipore asylums would be enough to build this one. There is no valid reason now for keeping insanes in Calcutta; in fact, there are many against it which will readily suggest themselves on reflection.

		₹
Annual establishment charges for 1893	.	33,215
Proposed do. do.	.	24,744
Annual saving	.	8,471
Add—Proposed saving in Assam .	.	4,073
TOTAL	.	12,544

NORTH-WESTERN PROVINCES AND OUDH.

5. Although the North-Western Provinces asylums are strongly built and cost a good deal of money originally, none the less I would advocate the establishment of one large asylum for the province to take the place of the four now existing whenever such a step can be conveniently undertaken: the reduction in the more highly paid parts of three of the separate establishments would go far towards paying the interest on the capital expended, to say nothing of the economy in other directions and the gain in general efficiency

in management. In 1893 the total population of the four asylums averaged 1,013, so that one large asylum should answer which could be provided by adding new wards to one of them, preferably Agra or Bareilly where there is a great deal of room for building.

Punjab.

6. The Lahore asylum practically needs something like complete reconstruction. There is ample space within the enclosure to accommodate 592 inmates at 50 superficial feet per head. This would allow of the inmates of the Delhi and Hyderabad (Sind) asylums being transferred to Lahore. An agreement could be come to with the Bombay Government as to an equitable adjustment of the charges on account of the Hyderabad asylum. No elaborate calculation would be necessary. In a well managed asylum they can tell to a pie what it costs to keep a lunatic for a year for all charges; this, multiplied by the daily average number of Sindhi insanes treated, would represent to a fraction the yearly cost to be borne by Bombay.

The buildings of the Delhi asylum are quite close to the Jail, and there should be no difficulty in finding use for them.

The daily average number of inmates in this group were, last year,—

Lahore	247·78
Hyderabad (Sind) . . .	108
Delhi	100·70
Total .	456·48

or 135 less than could be accommodated in the Lahore asylum if the buildings were re-arranged and remodelled.

The unification of the three establishments in one 2nd class asylum would effect no inconsiderable saving.

Burma.

7. In Burma, if ever any other use can be found for the buildings of the Rangoon asylum, advantage should be taken of the opportunity to build one suitably designed asylum for the Province, and make it a collateral charge of the Civil Surgeon of some small, healthy, centrally situated, and accessible district. Here also the sale of the site of the Rangoon asylum would fetch almost enough, I should say, to build a well designed institution in place of the present asylum which is defective in plan and arrangement.

	R
Annual establishment charges for 1893 .	30,818
Proposed do. do. . .	24,744
Annual saving	6,074

	R
Annual establishment charges in 1893 .	12,536
For Sind	4,537
	17,073
Proposed establishment charges in 1893 .	17,604
Annual excess	531

These figures indicate that my proposals are more liberal than the charges at present found sufficient in the Punjab, and should *protanto* be a proof that they are pitched too low.

W. R. R.

	R
Annual establishment charges in 1893 .	11,494
Proposed do. do. . .	8,040
Annual saving	3,454

	R
Saving on establishment if asylums are abolished and inmates transferred to the Bombay Asylum	7,988

* As far as I have been able to ascertain, this project consists in transferring to Nowpada near Thana the native inmates about 250 in number. It is proposed to build a new asylum at Nassik for the European and Eurasian inmates. See paragraph 12.

W. R. R.

Central Provinces.

8. If it were practicable, the asylums of Nagpur and Jubbulpore should be united and established at Kandwa as an additional charge of the Civil Surgeon, who would have ample time to devote to the united institution. This is a question of expense and of being able to make other use of the existing buildings. Both united would be too heavy a charge for the Civil Surgeon of either Nagpur or Jubbulpore. The economy that should result in doing away with the higher paid members of the establishments, would go a long way towards paying the interest of the outlay on the new asylum.

9. I would throw out as a mere suggestion that it may be possible to get handed over by the Military Department a sufficient number of the rest-camp barracks at Kandwa, in the event of the route for transport of troops being pushed northwards.

10. A better working plan would be to abolish the two asylums altogether as soon as the project,* which I understand is under consideration by the Government of Bombay, of removing the Colaba asylum to some locality out of the Presidency Town, takes shape, and the Central Provinces Administration to come to terms with the Government of Bombay to provide accommodation for, say, 300 insanes.

The accommodation wanted for Bombay itself will not exceed 600; and with 300 from the Central Provinces, the population of the asylum would still be 100 below what I am about to propose as the limit of a 1st class asylum, even if no reduction in the general population of the asylum results from the attention drawn to the Government of India instructions referred to in paragraph 26.

Madras.

11. Vizagapatam and Calicut asylums should be merged in that of the town of Madras, to which a whole-time officer is posted already. There is through railway communication, and the combined average strength amounted, last year, to—

Madras	439
Vizagapatam . . .	41
Calicut	84·34
Total .	564·34

which would constitute it a 2nd class institution; there is room in the present Madras asylum for 853 inmates.

	R
Annual establishment charges for 1893 .	37,154
Proposed do. do. . .	18,404
Annual saving	18,750

Bombay.

12. I understand there is some discussion in Bombay on the question of abandoning the present asylum at Colaba and building a new one up-country.* If so, I would suggest that in this, provision should be made for the native inmates of—

	Daily average in 1893.
Colaba	250·1
Ratnagiri	84·7
Poona	96
Dharwar	36
Ahmedabad	105·9
Total	572·7

A whole-time officer is already employed in that first-named. If the designs for buildings suggested in paragraph 16 of this note are adopted, they would probably be able to construct for the inmates of the whole five asylums buildings that would be covered in cost by the value of the Colaba asylum site and buildings.

The inmates of the asylum at Hyderabad (Sind) could be transferred to Lahore as has been already suggested, between which places there is direct railway communication.

* See note in the margin of paragraph 10.

	R
Annual establishment charges for 1893, less R4,537 included in the Punjab charges.	41,392
Proposed	24,744
Annual	16,648

Europeans.

13. For Europeans I would advise that one asylum for all India be built in some suitable locality.* I should say at Nassik, if it is true that the Government of Bombay are going to erect an asylum there. This station, besides being cool and healthy, has the further advantage of being close to Bombay, should it become necessary to send any European insane to England.

In the three European asylums of Colaba, Bhowanipore, and Madras, the daily average number of inmates would be a good deal under 100, that is, if a number of so-called Europeans and Eurasians are eliminated. Of course, in the case of Europeans, the buildings should be specially designed for persons of this class, but the abolition of the Dullunda asylum at Calcutta would, I should suppose, place a very valuable site for general purposes, at the disposal of Government, the price of which would go far towards covering the cost of the new asylum for Europeans.

* As an annexe to some asylum for natives.

Buildings.

14. It would not be possible for me, within the limits of this note, to enter into any detailed plans and designs of buildings. I will merely sketch briefly the plan and construction of a ward for

28 patients (14 for those sick in hospital, and 14 convalescing from their mental ailments), which I built 21 years ago in the Jubbulpore asylum, with lunatics, labour, aided, as I have explained above, by a couple of hired masons and tilers, who acted more as work instructors than as themselves working tradesmen. All the wood and iron work had of course to be done with hired labour. It is as sound to-day as the day it was finished, and has been found in practice easy to keep clean, and always well ventilated and cheerful. I would suggest that a ward of this kind be regarded as a unit to be repeated as often as the number of inmates may require.

15. The arrangement of these units and other subsidiary buildings, within the main enclosure, could be settled by a mixed Committee of Medical Officers, Engineers, and experienced Lunatic asylum Managers. Conditions that should, in my opinion, be insisted on are that only those buildings required for dangerous insanes should be built of strong lime mortar masonry, and that partitions between yards should consist mostly of hedges, the outermost hedge of all being a thick cactus one through which no lunatic of the kind that should be allowed outside the compartment for dangerous persons, would ever dream of forcing himself.

16. The inside measurements of the ward above referred to were 66′ by 18′ divided into two with a partition wall up to the height of the eaves. This partition may or may not be put up according to the requirements in each case.

Accommodation was provided for 28 patients at 50 superficial feet each, which is generally accepted as sufficient in a well designed and well ventilated ward.

The size of the ward is found to be a handy one for purposes of classification and general management; but in the larger asylums it may be convenient to double the length of it.

The plinth should be 1½′ in height, the side walls 14′. The foundations and plinth should be of pucca masonry, the superstructure pucca bricks in mud, lime-plastered outside, and mud-plastered inside. Tiled roofs of single Allahabad tiling or Mangalore pattern. There should be a 6′ verandah on each side and at the gable ends, with a sloped and tiled roofs resting outside on pillars 6½′ high. Plinth of verandah 1′ in height. Above the line of junction of the verandah roofs with the

side walls and between them and the main roof, there should be a row of horizontal clerestory unglazed windows.

Iron grated openings 7½′ by 4½′ should be let into the side walls at intervals of 10′ except the two end intervals, which should be only 9′ from the end walls; this would work out as follows:—

4 Openings equal to	. .	18′
3 intervals at 10′ to	. .	30′
2 intervals at 9′ to	. .	18′=66′

In the side openings the iron gratings would be fixed in stone lintels, but there should be a hinged grated door at each end to admit of entrance and exit: perhaps a little larger, say, 8′ by 5′.

I would not advise ridge ventilation. It is expensive to construct; apt to get out of repair, and not always successful in keeping out drift rain when the wind is high. But the clerestory windows should not be glazed; stone slabs placed venetian-wise answer well in keeping out drift rain.

The openings should be fitted outside with moveable wooden shutters, cut in halves, so as to allow of half or the whole of an opening being shut at night during the cold months. They should be removed and stowed away during the summer. The upper half doors should have, as many as possible—round openings 1½″ in diameter cut into them for purposes of ventilation when they are shut. In the warmer parts of India these doors may be unnecessary in the winter months.

The floors of the wards should be raised 1′ above plinth level, except for 4′ in breadth down the middle, which may be left at the level of the plinth. They should be made of well-rammed earth. In this way there will be two long raised strips or "chubutras" at the sides 7′ broad and 66′ in length, on which the inmates should sleep. They should be covered with a 3″ layer of finely powdered dry earth, so that should any lunatic foul the place at night, it will serve as a protective of the floor and a disinfectant.

I would not advise "berths" or beds, as epileptics and other insanes are apt to fall off them into the narrow intervening spaces and get injured, if not actually smothered. The layer of dry earth makes a comfortable soft bed. For cleanliness each insane should be given a strip of tatpatti or soft matting to place between him and the earth.

A ward constructed in this fashion, and fully occupied, will be found in the

68

morning after a long winter's night to be quite free from any offensive smell, provided no high surrounding walls are built close to it.

17. I would not advise red brick buildings nor flat roofs, which are always hotter than plain whitewashed walls and tiled roofs. The red brick walls too, soon get grimy and do not look clean.

17(*a*). In this connection I would beg leave to invite attention to a description of the laying of the foundation-stone on the 11th instant of a new Lunatic Asylum at Naupada near Tanna as published in the *Times of India* newspaper of the 12th idem, and to a speech made on that occasion by His Excellency Lord Harris, Governor of Bombay.

Although not expressly stated, I gather from the text and other information that the new asylum is intended for the native patients of the Colaba Asylum who during 1893 averaged 250 in number, and that it was contemplated to spend close on four lakhs of rupees on the erection of the asylum, or at the rate of 1,600 a head, including subsidiary buildings.

I fear, if new asylums are to be constructed in this style, that it will, on the score of expense alone, quite wreck any scheme of reform that may be thought of for India as the outcome of the Hemp Drugs Commissioners' report.

Judging from the past experience I have had, I should say that harmless insanes could be housed in the inexpensive style of buildings above described for about ₹120 a head including latrines cook-houses and work-sheds. I am acquainted with one case where the Department Public Works did so for ₹200 a head, with of course the more expensive style of building which alone they undertake.

For dangerous lunatics of course first class Department Public Works masonry would be necessary, but this class of insanes form a small proportion of the general body; I should say not more than 5 per cent. of the whole would need to be restrained in strong buildings, every day throughout the year.

In some places it may be necessary to use stone in which case of course it may be necessary to use more hired masons than I have stated above, but none the less a great saving could be effected if judicious use were made of the lunatics. It is reasonable to expect that persons who have shown themselves capable of learning weaving and cane-work, could also learn to rough-dress stone. To persons not fami-

liar with insanes this may appear to be impossible, but given an intelligent and patient establishment I believe it can be done to a very material extent.

I have seen large central prisons in the North-Western Provinces and Oudh built with prison labour under the supervision of the Medical Superintendents. The work is looked upon as sound, good, and in fact, equal to first class Department Public Works masonry.

In my opinion these four lakhs of rupees, if judiciously expended, should cover the cost of the European and Native Asylums, which I propose in this note as sufficient for the entire wants of the Presidency, including the 300 from the Central Provinces.

Tanna would in that case be inconvenient; a more central site should be chosen.

I cannot of course say it with any degree of certainty, but it appeared to me that anywhere near the town of Tanna is not an eligible locality on the score of healthiness.

Another way of arriving at some conclusion on this point is the following :—

The allowance of superficial space per head is 50 feet. Engineers calculate the cost of katcha pucka masonry buildings such as I advocate at R1-8 per superficial foot built over or R75 per head, R45 more or 60 per cent. is a very liberal allowance for verandahs, latrines, work-sheds, kitchens, etc. For this I contend that wholesome, comfortable, and cheerful accommodation can be provided, without wasting funds in large massive, barn-like structures surrounded with high walls, which not only obstruct ventilation and keep the subsoil damp but give the place the gloomy depressing aspect of a prison.

I notice that on approaching Bombay basalt is much, if not altogether, used as a building stone; it may be possible all other things being equal to select localities for new Lunatic Asylums where bricks can be used in the construction of buildings; it will be found much easier for lunatics to work with that material.

Establishments.

18. By absorbing the smaller asylums into larger ones, there will be a considerable saving in the superior and upper subordinate establishments.

For this purpose asylums as whole-time charges for medical officers may be divided into two classes: the larger or 1st class should be constructed to hold from 700

to 1,000 patients. The smaller or 2nd class to hold 400 to 700 patients.

In the first instance in each case accommodation need be provided for the esti mated number of inmates only, but the general plan should be so arranged that accommodation can be added to by the construction from time to time, as may be found necessary, of the simple buildings sketched above.

19. The salaries of the Superintendents should be consolidated at R600—50—900 for a 2nd class asylum, and R700—50—1,000 for a 1st class one, with a free house. In fact, pretty much as proposed in the case of the new jail department. Asylums built for less than 400 patients should be made additional charges of medical officers of 2nd class civil stations on an allowance of R250 a month, but no asylum should be established for less than 300 patients, unless for Burma where there can be no amalgamation with another asylum.

20. An effort should be made to have as in the Mint one department for all India, so that officers may be transferred from one part of India to another, and the fullest benefit possible derived from their special qualifications and predilection for this kind of work.

21. In regard to the upper subordinate and menial establishments, I would propose the undermentioned staff, say for a 1st class natives' asylum with 700 patients consisting of 550 males and 150 females.

The salaries allowed for the menials are about the average for India. Possibly they may say higher rates are necessary in Bombay and Burma, or lower rates in other provinces, but this is a detail that can best be settled locally—

		R	*a.*	*p.*
1	Deputy Superintendent, a 1st class Military Assistant Surgeon above five years' service, salary grade pay	200	0	0
	Staff allowance . . . (Free house.)	60	0	0
1	Compounder, averaging . .	13	8	0
1	Clerk	30	0	0
3	Head Warders, averaging @ R13-8	40	8	0
2	Work Instructors, @ R11 .	22	0	0
2	Work Overseers, @ R11 . .	22	0	0
8	First Class Keepers, @ R11 .	88	0	0
16	Second Class Keepers, @ R9 .	144	0	0
30	Third Class Keepers, @ R7 .	210	0	0
1	Gardener, @ R10 . . .	10	0	0
1	Tailor, @ R10 . . .	10	0	0
1	Barber, @ R10 . . .	10	0	0
2	Dhobies, @ R6	12	0	0
5	Sweepers, averaging @ R7 .	35	0	0
	Carried over .	907	0	0

		R	a.	p.
	Brought forward .	907	0	0
	FEMALES.			
1	Matron	60	0	0
1	Head Female Warder, averaging	11	0	0
1	Work Mistress, averaging .	11	0	0
5	2nd Class Female Keepers, @ R9	45	0	0
10	3rd Class Female Keepers, @R7	70	0	0
3	Female Sweepers, @ R5 . .	15	0	0
	TOTAL .	1,119	0	0
	PER ANNUM	13,428	0	0

Should the inmates exceed 700 at any time, it would be necessary to increase only the establishment of keepers, 3rd class, in the proportion of one to ten or part of ten new admissions; after 20 new admissions of insanes had occurred and the two necessary extra 3rd class keepers entertained for them, the next addition to the establishment on a further increase of patients should be a 2nd class keeper, and after four 3rd class and two 2nd class keepers had been thus appointed, the next increase, or the 7th appointment, should be that of a 1st class keeper, so as to preserve the proportions of the different classes.

For Second class asylums of between 400 and 700 inmates, I would propose the following establishment, the keepers being estimated for a population of 400:—

	R	a.	p.
Besides a whole-time Superintendent, there should be a 1st class Military Assistant Surgeon under 5 years' service, salary grade pay .	150	0	0
Staff allowance	40	0	0
(Free house.)			
1 Compounder averaging . .	13	8	0
1 Clerk	25	0	0
1 Work Instructor . . .	11	0	0
1 Work Overseer	11	0	0
1 Head Warder	13	8	0
To be increased to two when the intimates reach 550 in number.			
5 First Class Keepers @ 11 . .	55	0	0
10 Second Class Do. @ 9 . .	90	0	0
17 Third Class Do. @ 7 . .	119	0	0
1 Gardener	10	0	0
1 Tailor	10	0	0
1 Barber	10	0	0
3 Sweepers @ 7	21	0	0
1 Dhobie @ 6	6	0	0
FEMALES.			
1 Matron	40	0	0
1 Head Female Warder . . .	11	0	0
1 Work Mistress	11	0	0
2 2nd Class Female Keepers @ 9 .	18	0	0
6 3rd Class Female Keepers @ 7 .	42	0	0
2 Female Sweepers @ 5 . . .	10	0	0
TOTAL .	717	0	0
PER ANNUM	8,604	0	0

22. The effect of these proposals will be best seen by a concrete example or two as follows:—

In the three asylums in the Madras Presidency, the subordinate and menial establishment costs R23,256 per annum for an average of 520 native patients, after excluding those entertained for Europeans. The establishment proposed above for 400 patients should not cost more than R8,604; for 520 it would be R9,708 per annum. The yearly saving would amount to R13,548.

And in Bombay the total average number of lunatics in that Presidency in 1893 was 680. Their subordinate establishment cost them R28,938 per annum; the cost of the estimated establishment for 700 patients amounts to R13,428; the saving would be R15,510. The Central Provinces would pay them R2,748 on account of establishment for their 260 insanes, thereby effecting a saving of R1,640 on what they have to pay at present.

In these calculations I have left out the salaries of the Superintendents; in Bombay they amounted last year to R1,350 per mensem. With a whole-time officer for one asylum, the average salary should not exceed R850: thus, another R6,000 per annum would be saved, and R4,320 would be saved in the Central Provinces.

The estimated annual saving on establishment charges may be summed up as follows:—

	R
Bengal	12,544
North-Western Provinces and Oudh .	6,074
Burma	3,454
Central Provinces	7,988
Madras	18,750
Bombay	16,648
TOTAL .	65,458
Deduct—Increase in the Punjab . .	531
Net saving .	64,927

23. In the proposed establishment I have included every kind of servant that is really wanted. With an Assistant Surgeon as Deputy Superintendent, a Hospital Assistant would not be required. At present the lists of the several component members of establishments are unnecessarily varied and large. For examples, in the little asylums of Vizagapatam and Calicut, there are store-keepers on R20 per mensem. In the former, for a daily average of 41 insanes, 14 individuals are employed, or 1 to every 3 lunatics; in Calicut, there are 28 to 84 insanes, against 1 to 3; in Madras City, it is 1 to $3\frac{1}{2}$; in Bombay it is 1 to 4. In the proposed establishment the proportion is a little under 1 to 8. The work for which many individuals are specially entertained, such as store-keepers, lamp-lighters, etc., can be done by the keepers or convalescent patients. A large experience justifies me in stating that the proposed estimate both as to salaries and numbers is a liberal one. The figures used are those for 1893.

For an asylum below 400 inmates, say, 200 males and 50 females, which should form an additional charge of a medical

officer of a second class civil station, the subordinate establshmlient should consist of —

1 Deputy Superintendent: an experienced Hospital Assistant of at least the 2nd grade, with a good knowledge of English, consolidated, with a free house in each case	If of the 1st grade R100, if of the 2nd grade R80.		
	R	*a.*	*p.*
1 Clerk and Compounder . .	20	0	0
1 Work Instructor . . .	11	0	0
1 Head Warder	13	8	0
3 First Class Keepers @ 11 . .	33	0	0
6 Second Class Keepers @ 9 . .	54	0	0
11 Third Class Keepers @ 7 . .	77	0	0
1 Tailor	10	0	0
1 Gardener	10	0	0
1 Dhobie	6	0	0
2 Sweepers @ 7	14	0	0
FEMALES.			
1 Matron	20	0	0
1 Head Female Warder . .	11	0	0
1 2nd Class Female Keeper . .	9	0	0
4 3rd Class Female Keepers @ 7 .	28	0	0
1 Female Sweeper . . .	4	0	0
	400	8	0
With a 1st Class Hospital Assistant, extra	20	0	0
TOTAL .	420	8	0

While the Civil Surgeon is on tour in the interior of his district, the asylum may be placed under the superintendence of the Assistant Surgeon.

W. R. R.

24. It should be understood that the sweepers should deal only with the latrines or with excreta passed in other parts of the asylum. There need be no difficulty in having the wards and airing yards swept and kept in order by ordinary lunatics. The wives of the sweepers for males should preferably be entertained for the female wards.

There is no necessity for hired cooks or bhisties in a native lunatic asylum; selected inmates do the work much better.

One tailor to instruct a few selected patients can not only repair, but make new clothing.

The same applies to the gardener in respect of instructing lunatics.

The work overseers and instructors should be persons capable of themselves doing spinning and weaving work. They should see that the new hands are not spoiling the work. The old ones can be made into excellent spinners of twine and thread, and weavers of dosuthi, blanketting, newar, and tatpatti, which should always command a ready sale, because they are of better quality than similar articles turned out by ordinary workers.

These remarks are based upon actual experience in asylums and describe what I have myself witnessed.

In connection with the employment of insanes, I think a mistake is made in applying in India the principles which are accepted in European countries that out of door, especially farming, occupations are more suitable to insanes. The circumstances of climate and the physical constitution of the patients differ materially in both countries. In Europe, the asylum population is more robust physically, and through differences in clothing and food, so circumstanced as to thrive best in the open air. None the less great efforts are made to teach them trades, so that we may infer that in Europe also open air employment is not always insisted on. Whereas in India insanes are persons mostly of poor physique, debilitated through previous want and exposure; the clothing which they can be got to wear on their heads is not calculated to protect them from the effects of a burning sun overhead, while their naked feet are immersed in the water with which all garden crops must be almost flooded in India.

Practical experience taught me that patients employed in this way, when they are not carried off by intercurrent attacks of chest and bowel complaints, were always more irritable, and at times more liable to frequent recurrences of actual mental disturbance, than those employed under shelter, provided that the shelter was well ventilated and generally wholesome.

I have had opportunities of making post-mortem examinations in such cases, and I was struck with the frequency and extent, with and to which, the cerebral membranes were thickened; I have a recollection, also, of a few cases suddenly carried off by acute inflammation of these membranes, which I could attribute to no other cause than to the exposure above referred to.

On the other hand, lunatics employed on manufactures very soon become quiet and manageable; they go on for hours at their work apparently contented and easy in their minds.

Of course any idea of task work or other penal aspects of labour should not be thought of.

Another kind of employment at once profitable and agreeable to the patients is dairy farming. The history of Dr. Anderson's success in this connection in the

Lunatic Asylum at Bareilly is very instructive. Granting the asylum is situated on a line of railway, we have the experience of Aligarh as to the distances to which fresh butter can be sent. The advantages to the public need only be mentioned to be appreciated.

25. A matter which is, I think, deserving of some consideration, is the increased numbers in which lunatics are sent to asylums from districts at the headquarters of which the asylums are situated. As concrete examples, I may cite Rangoon: out of 69 admissions in 1893, 34, or very nearly half, came from that district (Hanthawady). In Nagpur, 19 out of 45 came from the Nagpur District; in Jubbulpore, 13 out of 33; Vizagapatam, 9 out of 16; Malabar, 22 out of 28, and so on.

"City life" cannot account for this great preponderance. Because while 18 patients were admitted into the Agra asylum from the Agra District, and 34 from Lucknow District into the Lucknow asylum, only 8 were admitted into asylums from Allahabad District and 7 from Meerut, where there are no asylums but where there are large cities. Either they are too slack in dealing with insanes in the latter districts because of the necessity for making arrangements for transport or other cause, or the facilities in the former encourage the district authorities to be too ready to send persons to the asylum.

The orders of the Government of India on the admission of non-criminal insanes, as communicated in the letters cited in the margin, would appear to restrict it to dangerous lunatics, to those who afford a reasonable prospect of a speedy recovery, and to persons who are declared to be insane under the Civil Procedure Code. Harmless incurable insanes are best left to their friends, or, if they have no friends, a poor house is a more suitable place in which to keep them than a lunatic asylum.

Home Department letter No. 454, dated the 22nd January 1869, paragraph 3, and Home Department letter No. 44 of 28th January 1876, paragraph 3, and Home Department letter No. 179, dated 25th March 1876.

26. To sum up I propose in these notes—

(1) That whenever an opportunity arises, or if one can be created the sooner the better, 1st class native Lunatic Asylums, to hold from 700 to 1,000 inmates, be established in the Provinces of Bengal, Bombay and the North-Western Provinces with 2nd class asylums to hold from 400 to 700 patients for Madras and the Punjab, into which all existing asylums in each province should be absorbed.

That the Hyderabad (Sind) asylum be incorporated with that for the Punjab.

That the two asylums in the Central Provinces be incorporated with the Bombay asylum.

(2) That if the population of the Bengal asylums can be thinned out under the provisions of the Government of India orders of 1876, referred to in paragraph 25 of this note, the insanes from the Brahmaputra Valley Districts of Assam be transferred to the Bengal asylum, as are those of the Surma Valley at present.

(3) That a new asylum be constructed in some central and more healthy part of Burma than Rangoon.

(4) That for purposes of housing insanes, they be classified into dangerous and harmless, for the former of whom alone should be provided the style of solid masonry buildings at present so much used for all; and for the latter, the cheap inexpensive structures described in paragraph 16 of this note, especially without any high surrounding masonry walls or partitions which, besides being expensive, are unwholesome through obstructing ventilation.

(5) That efforts be made to make free use of the insanes in constructing the latter class of buildings.

(6) That employment of insanes in gardens and fields be restricted to what is absolutely necessary for the production of a plentiful supply of culinary vegetables and that employment in the production of crops requiring free irrigation be absolutely prohibited.

(7) That the scale of establishment proposed be rigidly adhered to, all attempts at increasing the relative cost of it being firmly resisted.

(8) That one asylum for Europeans for all India be established at Nassik in connection with the Bombay asylum.

W. R. RICE,
Surgeon-General.

21st February 1895.

G. I. C. P. O.—No. 480 H. D.—6-3-95.—00—R. N.

No. 4 Med / 186.

1685

FROM

J. P. HEWETT, Esq., C.I.E.,

Offg. Secretary to the Government of India,

To

The Chief Secretary to the Government of Madras.

CHIEF SECRETARY'S ... MAR 1895 ... GOVERNMENT OF MADRAS

Home Department.
Medical.

Calcutta, the 28 March 1895.

SIR,

I AM directed to forward, for *the information of His Excellency the Governor in Council,* a copy of a Note on the Administration of Lunatic Asylums in India by A. H. L. Fraser, Esq., I.C.S., and Surgeon-Lieutenant-Colonel C. J. H. Warden, I.M.S., two members of the recent Hemp Drugs Commission, together with a copy of a Memorandum by the Surgeon-General with the Government of India on the same subject.

Dated the 7th August 1894.

Dated the 21st February 1895.

2. It will be observed that the conclusions to which the Note of Mr. Fraser and Dr. Warden point are—(1) that mental disease is not always systematically or sympathetically treated in Indian Asylums; (2) that the management of lunatics within the asylums is left too much to subordinates; and (3) that sufficient attention is not paid to the classification of the lunatics. These defects appear to be attributable in a great measure to—(*a*) bad buildings; (*b*) the system under which the charge of a Lunatic Asylum is a minor part of the work of the Civil Surgeon instead of the work of a full-time officer; (*c*) the fact that the subordinate establishment is not good; and (*d*) the omission of Medical officers, superior and subordinate, to make a special study of insanity.

3. The proposals contained in the Memorandum by the Surgeon-General with the Government of India have been made with a view of remedying the defects which exist, and of effecting improvement, in the administration of the Lunatic Asylums of the different Provinces.

4. I am now to request that the various questions raised in these papers may, *with the permission of H. E. the Governor in Council,* be taken into consideration in connection with the Lunatic Asylums in *Madras Presidency* and that the Government of India may be favoured with *the opinions of the Government of Madras* on the subject. The Governor General in Council especially desires to ascertain how far it would be practicable, without large additional expense, to amalgamate the asylums as proposed so that the larger ones may be full-time officers' charges, and to improve the subordinate agency in asylums by introducing the study of insanity into the curriculum at Medical Schools in this country.

I have the honour to be,

SIR,

Your most obedient Servant,

J. P. Hewett

Offg. Secretary to the Govt. of India.

Encls.

Sr. Copies of memo by Surgn Genl not available.

78 C of this letter + 78 C of Note by Mr Fraser enclosed

5
Jail
Encls. No 10
To
O. No 3725.

5
Jail
Encls. No 10
To
O. No 3725.

7. S. of Ct. 685 Gs

503—20-6-94.

Judicial DEPARTMENT.

No. 1685

From

To the Govt. of India

Dated 29 March 1895,

FOR ORDERS.

This current which raises the general question of the management of lunatic asylums throughout India is submitted to H.H. for perusal & for orders as to the what officers should be consulted before replying to the question put by the Govt. of India

2. The note on asylum administration by messrs. Fraser & Warden is for the most part couched in general terms and it is in the memorandum drawn up by Surgeon-General Rice that the practical suggestions are to be found. No spare copies of this memo. have been received & from a pencil note upon the current it appears that no spare copies were available in the Govt. of India office. It will therefore possibly be necessary to have copies struck off at the Govt. Press for communication to those officers whose opinion Govt. may decide to ask.

3. I have noted in blue pencil in the margin of the memo. a few items of information which seemed called for by the Surgeon-General's remarks but it is presumed that a detailed consideration of the proposals must be deferred until the Surgeon-General at least has been consulted.

4. As the proposals involve the abolition of

I should say it suffices to send to the S.G. for report after consulting such officers as he thinks fit.

HH
22/4/95

C.S.

Order of 25th April 1895, No. 860.

Communicated to the Surgeon-General for report after consulting such officers as he thinks fit.

(from orders)

D

HD 25/4/95 23/4/95

DESPATCHED
3 MAY 95

The S.G. (a to)
with Surg. Genl Rice's memo in original. To be returned
& 8f. copies for other enclosure.

H.D.
The A.C. at Mussn
[illegible]
26/4

Lunatic Asylums.

Calicut & Vizagapatam asylums the magistrates of those districts should perhaps be asked their opinions on those points only.
The question of introducing the study of insanity in Medical schools will require to be referred to the Educational Dep.t.
There hardly appears to be any necessity to consult other officers on the subject
5. One other remark is called for at this stage viz.t that it will probably be useless to address the Govt. of India to increase the pay of the Supt.t of the Madras Asylum until after final orders have been passed on the general questions raised in this current.

D
17.4.95

Cs

H.M.

DM

WS For orders

Affairs the whole of the S. G's recommendations in regard to the Madras Asylums (Buildings & Establ.t) must stand over until the matter is disposed of. Supt. Genl. Recs. Proposals do not look very promising

HO
20/4/95

We may take up the Buildings question, I think

WS

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