‘A Disgrace to a Civilised Community’: Colonial Psychiatry and the Visit of Edward Mapother to South Asia, 1937–8

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In 1937, Edward Mapother, Medical Superintendent of the Maudsley Hospital in London, took a trip around the mental hospitals of Britain’s dominions in South Asia. The result was a series of documents that provide a snapshot of psychiatry in India and Ceylon in the twilight years of the British Empire. This chapter will consider Mapother’s reports from a number of perspectives in order to assess the politics and the impact of an expert ‘visitor’ to a colonial medical system.

Professor Edward Mapother, the medical superintendent of the Maudsley Hospital in London, was the oldest of seven siblings, and the son of an ENT surgeon. Mapother had his initial training in Dublin, and after the First World War, he had been entrusted with reforming psychiatric services in London. He set about pushing through changes in legislation and developing the wards of the London County Asylum, establishing neuropsychiatric clinics and placing the emphasis on early treatment. The result was perceived as a shift from a legalistic and custodial system to a clinical one that emphasised the latest in psychiatric theory. Chief among his innovations was the Institute of Psychiatry at the Maudsley Hospital in London. This was designed as a remedy for what Mapother described as the ‘absurd situation that if English-speaking psychiatrists want to specialise they have to go to Germany or Austria, especially Vienna (since they teach in English)’ and his vision was of ‘an institute to provide for research and for the very advanced training of psychiatrists and of most English speaking psychiatrists on leave from India and from the various British Overseas Dominions.’

Mapother was invited to Ceylon by Dr S.T. Gunasekara, who, by 1936, was the first Ceylonese Medical Director of the island. He wrote, in 1937, that in a meeting:
[W]ith the minister for health I mentioned your name knowing your reputation and how keenly you are interested in the subject. I am writing this demi-officially to enquire whether you could see your way to come out to Ceylon, and if so, when and for what length of time. I shall be glad if you would also let me know the terms under which you could come.5

Gunasekara was the recipient of a Rockefeller Foundation scholarship which he spent in London6, and Mapother enjoyed a long relationship with the Foundation that stretched from the 1920s until his death in 1941.7 It is likely that it was this connection which put the Maudsley psychiatrist uppermost in the mind of the new Medical Director of Ceylon when he turned his attention to the mental health of the island.

The result of this trip was to be a series of documents that provide a snapshot of psychiatry in South Asia in the years before the Second World War and the subsequent end of the British Empire. This chapter will consider Mapother’s reports from a number of perspectives. Firstly, it looks at the politics and the impact of an expert ‘visitor’ to a colonial medical system. It seems clear that his inspections and reports were organised as a direct challenge to the colonial state, and were intended to force it into policy decisions it was unlikely or unwilling to take of its own accord. Secondly, it examines the evidence of psychiatric practices in South Asia in the period before decolonisation. Psychiatry had often been lauded as one of the benefits of imperialism and its introduction of modern scientific and medical techniques. Mapother’s observations allow the historian to assess how effectively the British had implemented psychiatric practices. Finally, the chapter considers the significance of this outsider’s glimpse of hospitals in South Asia for other accounts of the region’s medical systems under colonial rule.

Psychiatry in South Asia

British colonial administrators had established specialist institutions for those they considered ‘insane’ in both local and European communities from the eighteenth century onwards in South Asia. At first, these seemed to be little more than places of segregation and isolation, but as the nineteenth century progressed attempts to provide therapy based on European models became more complex and concerted. By the 1860s, it was common to find superintendents expressing the opinion that, ‘I hope that we shall be able to carry out still further improvements, and in time bring the Asylum as near to the English standard as the circumstances of the country admits’,8 while those nearer the top of the colonial bureaucracy also recognised that ‘everything that constitutes a remedial institution on the modern European footing has to be introduced and exercised for the first time’.9 Throughout