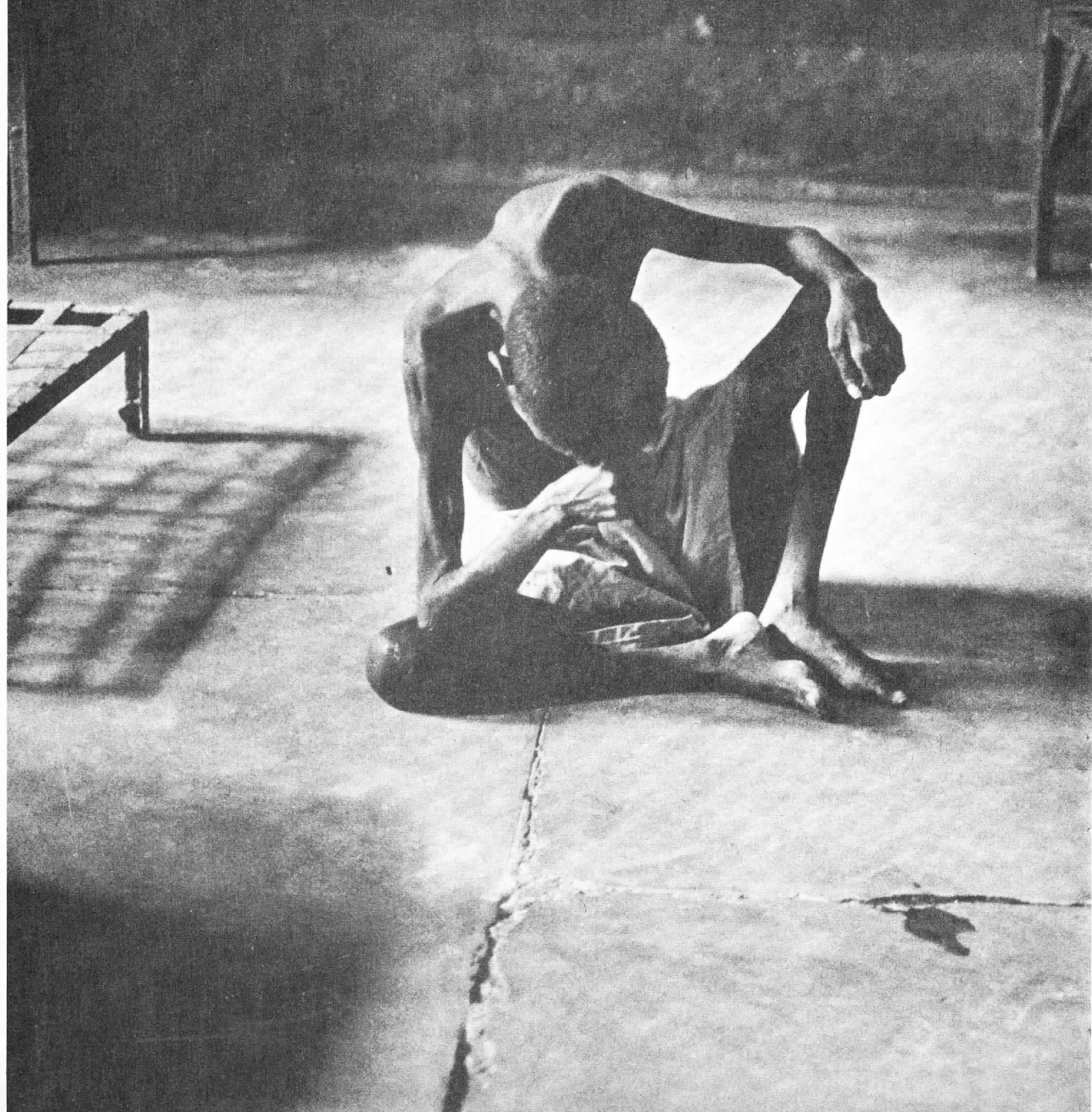


PHOTO FEATURE BY RAGHU RAI

RANCHI MENTAL HOME

A World Apart





An inmate sits sunk in lonely despair

PERHAPS the most accurate indicator of how civilised a particular society really is, is the way it treats its social rejects—particularly those who have abandoned their grip on reality and crossed the threshold into the twilight world of the mentally unbalanced. In a poor country like India, which boasts of one of the oldest civilisations in the world, the obligations towards the mentally unsound are enormous. More so, because mental illness in India is mainly confined to the dregs of society: the poorest of the poor. Confined to their own private hells, they are a forgotten breed, abandoned by their fa-

milies to rot in some institution where treatment and care often only adds to their torment.

The 1,580-bed Ranchi Mansik Arogyashala (RMS) is one of Asia's largest mental hospitals. It would be unfair to call it an asylum, for that word connotes shelter, care, and protection from the callousness of the outside world. The RMS is crawling with the sights and smells and sounds of despair and madness: the sights of men and women living in conditions that make the word squalid sound respectable, the smells of uncared-for bodies living in shockingly maintained wards, and the sounds of mad

song and mad talk, the primal screams of minds that recognise that they have been consigned to oblivion.

Everything in the RMS assails the senses and leaves them reeling with gloom and pessimism. The images tumble one after the other like in a kaleidoscope gone haywire. A long line of male inmates, dressed in grey and green tunics, mottled with age and disrepair and khaki shorts that have gaping holes in them, listlessly pull water out of the asylum's large well. In the women's section across the Kanke Road, dogs and inmates eat from the same plates in the verandah. At 4 p.m. rows of patients squat patiently, mouths open,

Just-admitted patients, bound to their bed-frames, outside the disturbed ward



waiting for their ward sisters to pop the day's medication into their mouths. In the kitchens, thousands of *rotis* and mounds of vegetables litter the dirty floor, an occasionally ravenous patient eating off the mess. At the Occupational Therapy centre, three men blankly unravel the threads of an old blanket while another bunches them together into tassels and weaves a thick rug for some doctor to rest his feet on. Newly-arrived patients are tied hand and foot to iron bedsteads, and yet succeed in kicking off any attempt to cover their bodies, made whipcord-thin by the lack of adequate food.

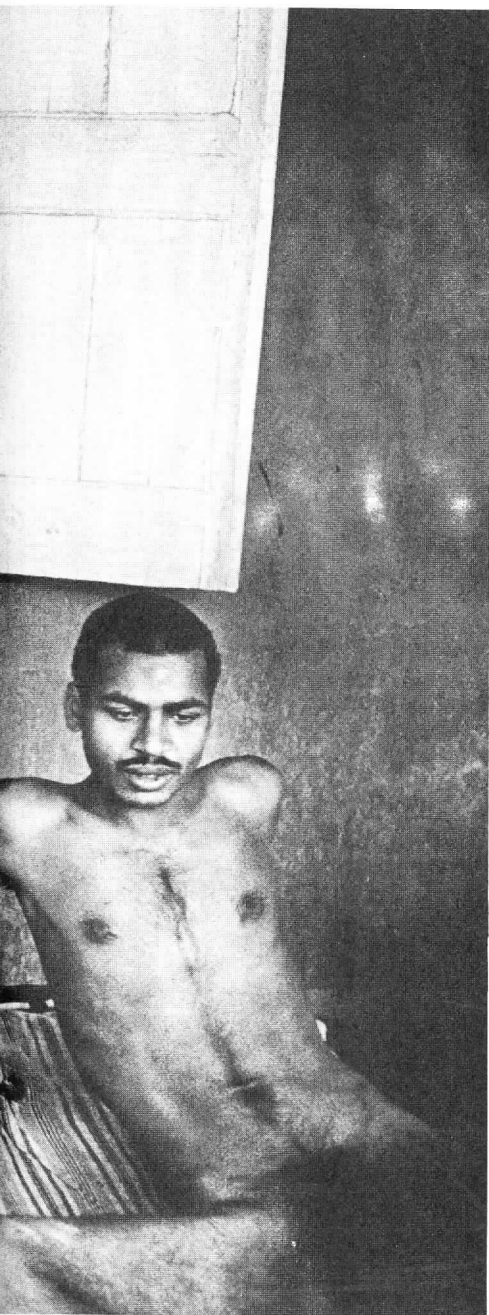
Uncaring Attitude: The despondency is heightened by the knowledge that most of

the RMS's inmates weren't born with warped minds, that the hospital's administration is trying to make the best of an impossible situation, and that the shortage of money, manpower and facilities is due solely to the uncaring attitude of the Government of

Bihar, which finances the asylum.

Ranchi must house one of the largest number of mentally sick in the world. Apart from the RMS, there is the 500-bed Central Institute of Psychiatry (CIP), run by the Union Health Ministry and the 300-bed Davis

One of the wards: decay and despondency



Institute of Neuropsychiatry (DIN), a private clinic. Ranchi's elevation and its cool climate are considered especially salubrious for the mentally ill. Both the CIP and the DIN charge fees from patients, but only 200 of the RMS's 1,580 inmates pay low fees to live in first-class and second-class wards—which are no different from the rest. The RMS has only 13 doctors and three psychiatrists for this large number, whereas the ideal is supposed to be one doctor for every 50 inmates.

Three hundred of the RMS's inmates have no beds, and equilibrium is maintained only because the 25 or 30 admissions every day are offset by an equal number of discharged patients. There is also the numbing fact that thousands of mentally sick people have been flung into prisons in Hazaribagh, Bihar, and Calcutta and Murshidabad in West Bengal. This was brought sharply to public attention on May 14, when the Supreme Court ordered the release of eight insane prisoners in Hazaribagh Central Jail.

The men and women in the RMS's segregated compounds on either side of the Kanke Road, 8 km out of the city, are not capable of worrying about their living conditions or their hygiene and clothing. They have no control over their bodily functions,

and clothing is often only an impediment to be torn off. Yet, there are only 521 attendants to look after their constant needs.

Outstanding Dues: As if this were not bad enough, the Government allots only Rs 112 per patient annually—for bedding, blanket, bedsheet, pillow, mosquito net, one set of clothes, and a sweater for Ranchi's chill winters. Already, the Arogyashala's creditors in the Khadi Bhandar and other state-run supplier organisations are clamouring for settlement of Rs 5 lakh worth of outstanding dues. The pipes that supply water to the asylum are 56 years old and on the verge of disintegration. But the Ranchi Water Department refuses to change them unless it is paid water tax dues of Rs 1,08,000.

Three years back, the hospital administration begged the Government to sanction a food budget of Rs 6.25 per inmate per day, against the Rs 3 grudgingly given at present, and to increase the per head medicine allowance from Re 1 to Rs 2.50 per day. So far, there has been deafening silence from Patna.

These facts are only stanzas in the long litany of impossibilities that winds through the RMS. Its Rs 3 lakh electroencephalograph (EEG) machine, an indispensable instrument used to measure patients' brain activity, has

been out of order since 1978. Nobody remembers when the hospital's X-ray machine stopped working. The Rajendra Medical College Hospital is situated 10 km away, but there is no ambulance to rush critically ill RMS inmates there. The doctors do not specify how many patients have died slowly and agonisingly in the RMS because of lack of such basic equipment. Says Dr Durga Bhagat, superintendent of the RMS: "Even a concentration camp's inmates would be better off than my patients."

Every mentally ill person in India is subject to the provisions of the Indian Lunacy Act, 1912, an anachronistic piece of legislation that treats human beings like inanimate pieces of furniture. A 'mad' person can be consigned to an asylum if his family requests it, or if he is certified to be mentally unbalanced by a doctor, a psychiatrist, and a magistrate. Any wandering or destitute person deemed to be of unsound mind can be packed off to an asylum by a magistrate; so can convicts who get too violent in prison.

Poor Inmates: The RMS receives patients from Bihar, West Bengal, Orissa, Manipur, Mizoram, and Tripura, and almost all of them belong to the poorest of the rural poor.

A shackled new patient is carried in kicking and screaming by relatives, while another sits (far right) in a drugged stupor



to families where a person suddenly loses mental balance and is locked up until the harvest season ends and there is time to drag the patient to Ranchi.

The crunch comes when the patient is to all appearances a sane person again. The Arogyashala's doctors recount many cases of inmates who had to rot for years after being certified to be sane, because their relatives would not have them back. Section 4(2) of the Indian Lunacy Act clearly states that an inmate should "not be detained in asylum for more than 24 hours after he has given to the person in charge of the asylum notice in writing of his desire to leave such asylum".

Superintendent Bhagat says that he has collected, by way of donations from inmates' guardians, a sum of Rs 70,000 for a fund. From it, he disburses small amounts occasionally to enable discharged inmates to return home. But the stigma of mental illness is indelible, and time and again, former patients are dragged back to the RMS.

THE STAR inmate of the RMS is Dr Vashisht Narain Singh. Ten years back, Singh was a renowned mathematician. Working from Seattle in the



United States. Singh devised intricate mathematical formulations, taught a very popular course and wrote theses like the one on "The Aesthetics and Dynamics of Calculus". Something happened then to unhinge this brilliant mind. Singh's wife sued him for divorce, and a fellow mathematician stole one of Singh's papers and published it under his own name. Singh went over the brink.

Soon, unable to afford the costs of medical care in the US, Singh was shunted back to India. For the last six years, he has been shuttling to and from the three asylums in Ranchi. In early 1981, when he came down with an attack of pulmonary tuberculosis, the Davis Institute, where he was then housed, refused to let him go unless his bills were settled. Finally, in October, the Bihar Government had to pay up an amount of Rs 10,054—more than three years after promising to bear the expenses of rehabilitating one of its most illustrious sons.

Today, Singh lives quietly in a room at the RMS, reading religious texts and scribbling mathematical notations on scraps of paper. His brothers have been to see him and have left a testimonial saying he has improved vastly, but Singh's family in Arrah district has no financial resources to pay for

Administering electric shocks with primitive equipment and (above) Singh with his prized possessions



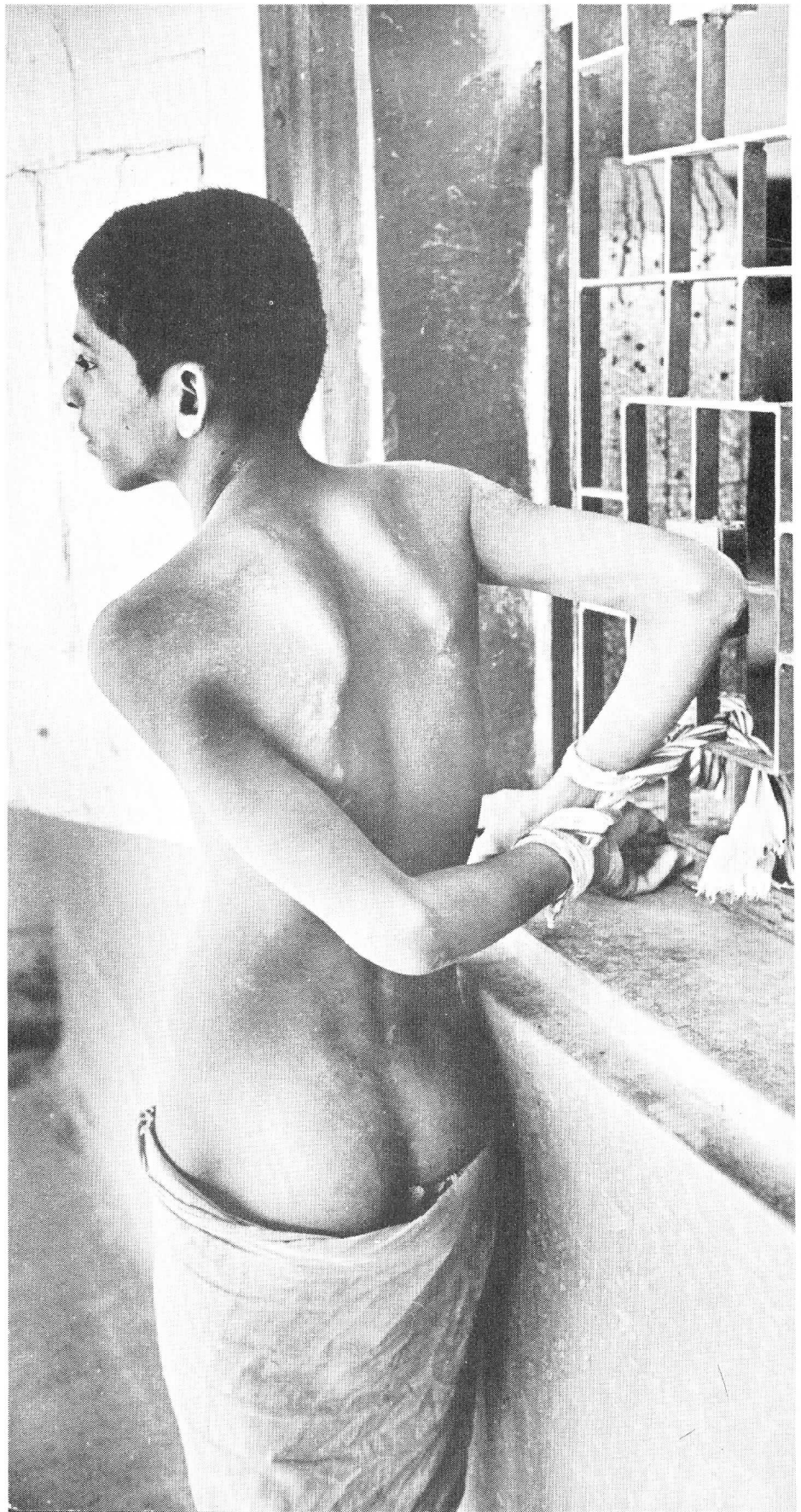
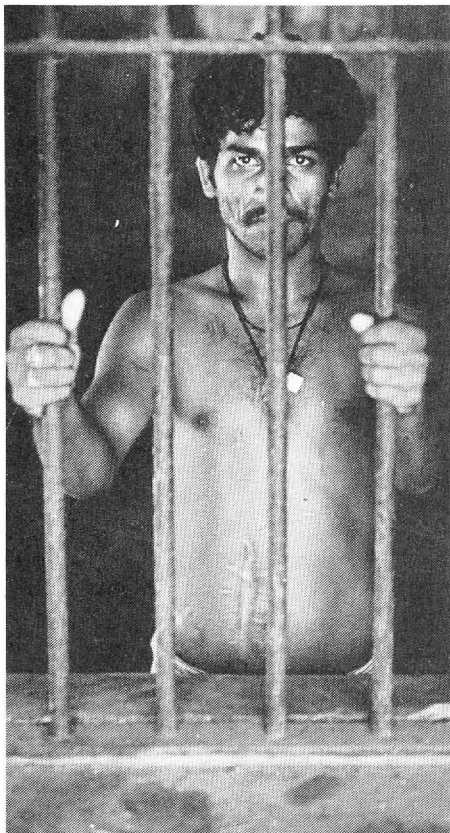
care that would lift him out of this slough of despondency.

Nine thousand people pass through the RMS every year, and they are the luckier of the lot. There was Dulal Chandra Das, for instance, who was admitted in December 1957. The government-appointed Visitors' Board of the RMS certified him sane in May and August of 1963—and then forgot all about him. Das's relatives in Calcutta, too, refused to acknowledge his existence, and all the superintendent could do was to write repeatedly to them to ask for Das's return home. Twenty-one years after he entered the RMS and 15 after he regained sanity, Das was taken away in October 1978 by his reluctant elder brother Kartik Chandra Das.

Old-timers: There are some old-timers in the RMS who have been living in its wards now for more than 30 years. Some of them talk with amazing lucidity, and all are firmly attached to the asylum's environs. One old man, collecting sticks aimlessly, is engaged by a doctor in a long argument, throughout which the patient refuses to divulge his name. "I have no name," he shouts in impeccable English, "call me whatever you like." But suddenly, in a moment of anger, he flares up and says: "My name is not Samarendra. That is only illusionary."

Not so illusionary is Tippu Sultan, a

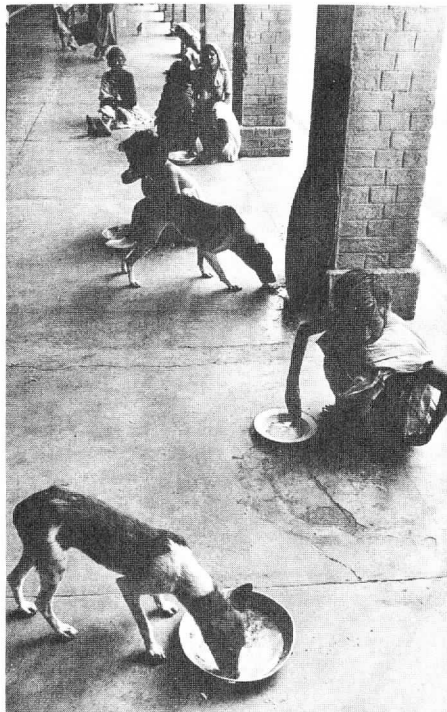
Tippu Sultan in his isolation cell (below) and a new admission, tied securely to a window, waits for a bed



tough-looking young man of 24, who has been put into an isolation cell with barred windows. The ward attendants are mortally afraid of him, but he describes his story in a normal tone, strutting around his cell and patting the livid scars on his stomach and chest. His father, says Sultan, had him admitted into the RMS because he was indulging in too much "bossgiri" and knife-wielding. The scars are reminders of a gang fight. "I compromised with my enemies," he says, "but they waylaid and stabbed me almost to death on a Jamshedpur *maidan*."

There are other inmates, more educated than the rest, who help nurses and doctors in handling difficult patients. Shatrughan Prasad Gupta, a lawyer from Janakpur, provides a friendly shoulder for other inmates to cry upon. Another exemplary inmate is Bimal Kumar Biswas, who until recently ran a lucrative medical practice in Ranchi. Biswas descended from alcoholism into madness after his brother began living incestuously with his sister.

The women's section is heart-rending, and Dr D.K. Ghosh, the assistant superintendent in charge, is mobbed on his rounds by women imploring him to write to their families to take them away. These women are obviously tugged by memories of their



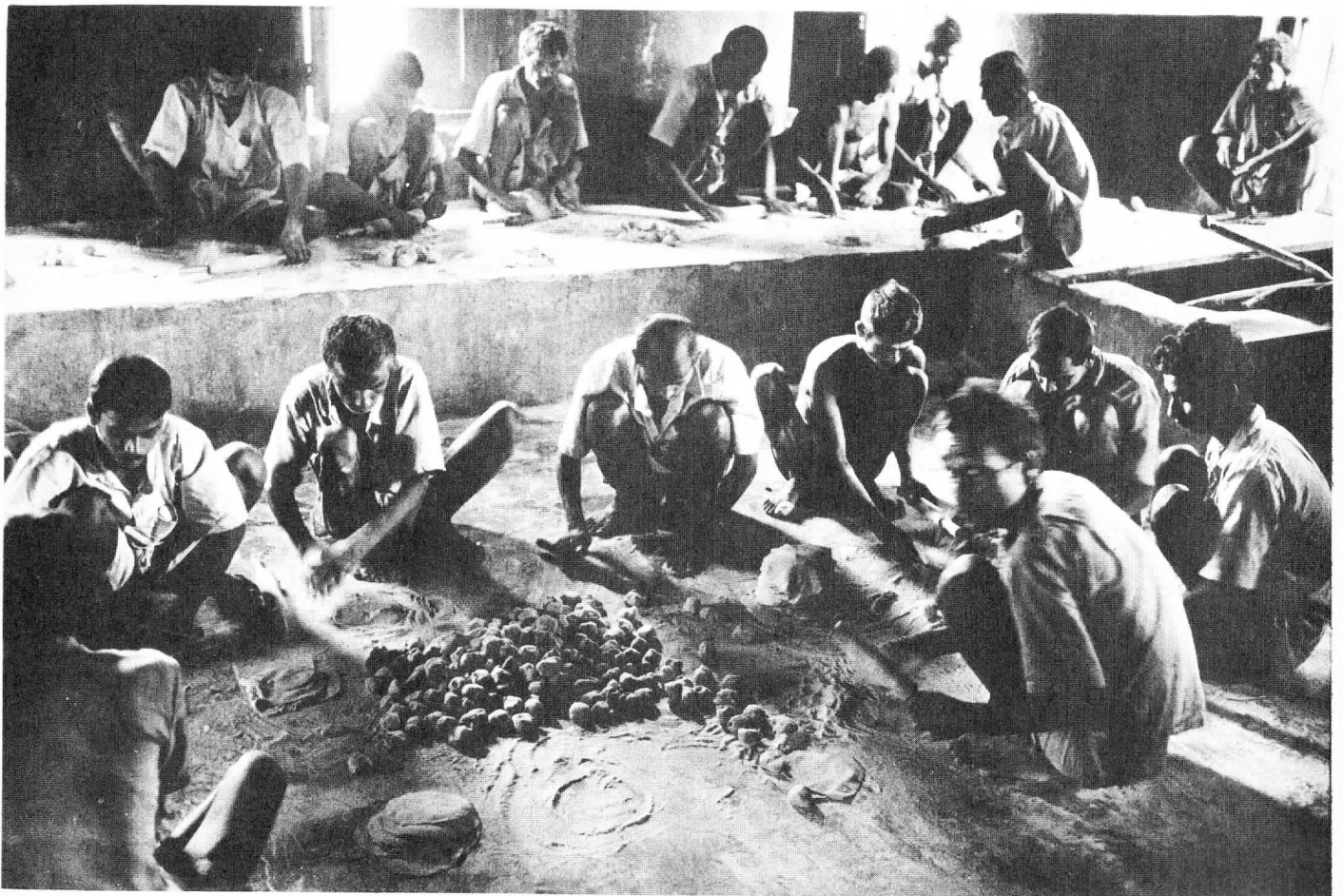
Dogs and patients share food and plates in the women's section and (below) *rotis* being rolled out on the filthy kitchen floor

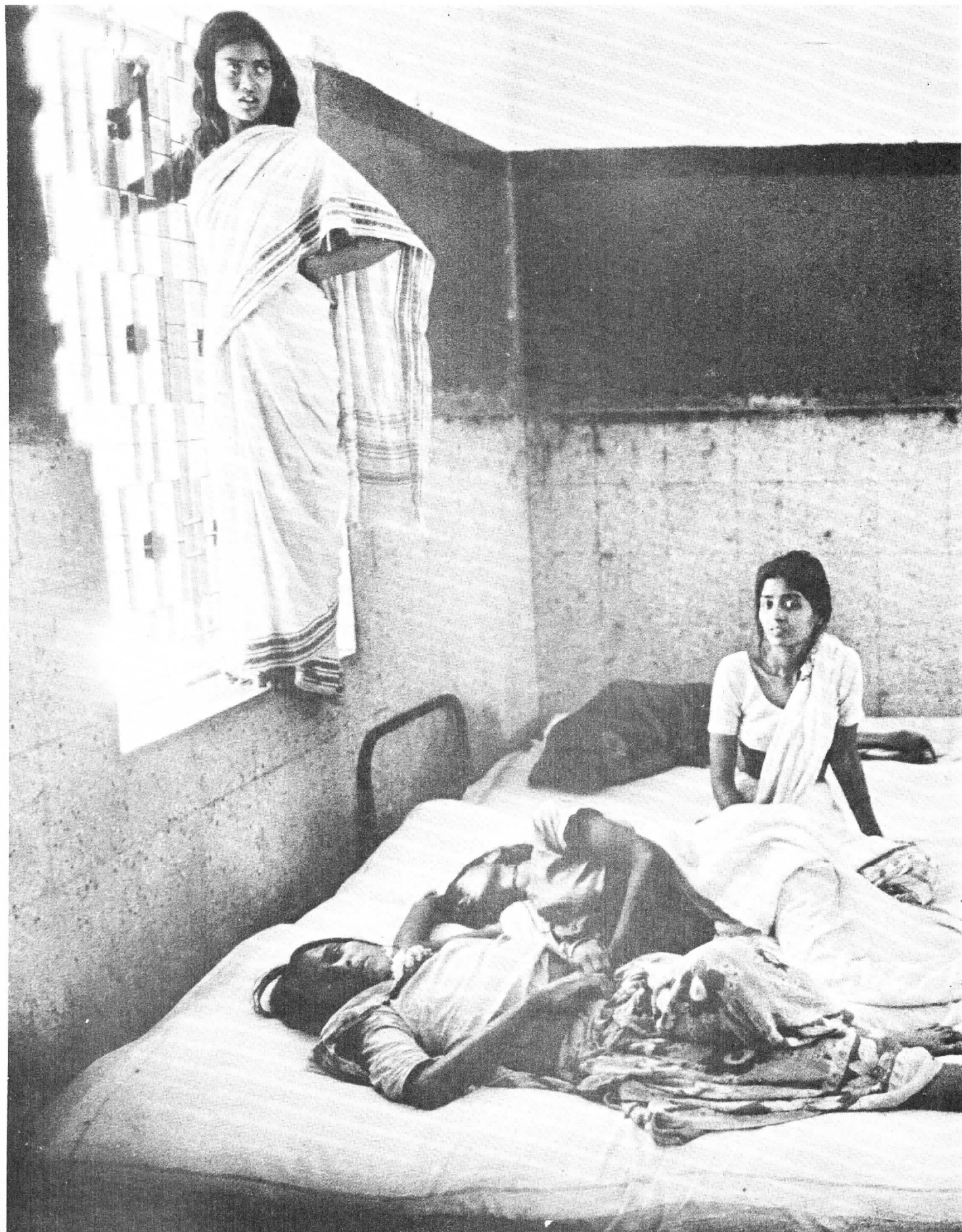
children and families. But unlike the men, who can at least be bread-winners, the women are left to the RMS's mercies for years after they have returned to normalcy.

The reality of the Arogyashala is dehumanising; it produces a helpless anger at the manner in which these wandering minds have been forgotten. Working for years in such an environment, some of the RMS's doctors are themselves hovering on the edge of madness, and privately admit that they are swallowing tranquillisers every day to soothe their jangled nerves.

One of the most nerve-racking of their duties is to subject inmate to Electro-Convulsive Therapy (ECT) in the asylum's "shock shop". There, inmates are held down by a cluster of attendants while a pincer-like instrument dating from the 1930s is clamped on either side of their heads. A current of 110 volts is then rammed through their skulls for half a second—a split second in which enzymes coagulate and brain cells die and the patient rears up in an involuntary convulsion.

Ultimately, RMS doctors console themselves with the rationale that their patients are better off inside the asylum than outside—where they would probably starve to death. But that very rationale symbolises a





Residents of the worst cases ward in the women's section



society that is in fact decaying. The real heroes of the Arogyashala are the patients who have regained enough sanity to be discharged, for, alone and unaided, they have succeeded in groping their way out of this grey world with no windows to let the light in.

—CHAITANYA KALBAG