



**MENTAL
HOSPITALS
OF
INDIA**

**DIRECTOR GENERAL OF HEALTH SERVICES
MINISTRY OF HEALTH NEW DELHI.**

PREFACE

Mental illnesses have been known in our country ~~for a long time~~ and methods of their treatment evolved from the earliest times. Elaborate passages on the nature of treatment of mental illness appear in our ancient books. The Bhoze Committee was constrained to comment on the unsatisfactory nature of the facilities available in the country for mental treatment.

Today in India there are 33 Mental Hospitals. A number of patients are kept in various jails for want of better accommodation and where the care they get is mainly custodial. To cover various aspects of the problem as well as to redraft the Indian Lunacy Act 1912 which is outmoded a Conference of Superintendents of Mental Hospitals was called at Agra for two days—25th & 26th November 1960. This Conference recommended a revised draft Mental Health Act. When this draft Bill is finally passed much will have been achieved in simplifying the procedure of admission to Mental Hospitals and General Hospitals as also in the care of patients. I am of firm conviction that mental cases should be diagnosed as early as possible in the outpatients clinics and treatment given to them before they become chronic so that hospitalisation will be considerably reduced.

This compilation of Mental Hospitals of India together with the resolutions passed at the Conference of Superintendents of Mental Hospitals may be of interest to all persons desiring such information.

My thanks are due to the staff of the Directorate and all the Superintendents of Mental Hospitals who have helped in this compilation.

V SRINIVASAN

Lt. Colonel

Director General of Health Services

Dated 4th February 1961

New Delhi 2

CONTENTS

	P R
1 Sh His ry of Mental Hospitals	
ANDHRA PRADESH	Hospital Mental Diseases Hyderabad 1
ASSAM	Mental Hospital Tezpur 2
BIHAR	Hospital Mental Diseases Kank Ranchi 3
GUJARAT	Ranchi Mans k Ar gyash la, Ranchi 10
	Mental Hospital Ahmedabad 14
	Mental Hospital Bhroda 15
JAMMU & KASHMIR	Mental Hospital Jmnagar 16
	Sinagar Mental Hospital Sin ga 16
KERALA	Mental Hospital Th 17
	Mental Hospital Thandrum 18
MADHYA PRADESH	Mental Hospital Gwl 19
MADRAS	Mental Hospital Idre 19
	General Mental Hospital Madras-10 20
MAHARASHTRA	Central Mental Hospital Yra da 21
	N M Mental Hospital Than 22
MYSORE	General Hospital & All India Instt. of Mental Health Bengal 23
	Mental Hospital Dharwar 27
PUNJAB	Punjab Mental Hospital Amrit ar 27
RAJASTHAN	Mental Hospital Jp 31
UTTAR PRADESH	Mental Hospital Agra 33
	Mental Hospital Varanas 35
WEST BENGAL	B gya U mad A ram D ttanaga Cal cutta 36
	L mb Park Mental Hospital Calcutta 37
2 Detailed Analysis of Hospitals (S e-wi)	
Andhra Pradesh	39
Assam	40
Bihar	40
Gujarat	41
Jamm & Kashmir	41
Keral	42
M dhy Pradesh	42
M dra	43
Maharashtra	43
Mysore	44
Punj b	44
R jasth	45
Uttar Pradesh	45
W t Bengal	46
3 Res l t ns passed at th First Conference of S pe tendents of Mental Hospital in India held at Agra th 25th & 26th N mbe 1960	
	48

MENTAL HOSPITALS OF INDIA

ANDHRA PRADESH

HOSPITAL FOR MENTAL DISEASES HYDERABAD

Short History—The Hospital for Mental Diseases was shifted from Jalna District Aurangabad of erstwhile Hyderabad in April 1953 and now is located on a spacious ground covering about 58 acres of land in the old military barracks which were constructed during the World War II. There are 18 barracks in two rows of nine barracks each. On one side there are 9 male wards. In male ward No. 1 newly admitted acute patients are kept for observation and diagnosis. In Ward No. 2 are patients who are under treatment and are likely to be discharged in the near future. In Wards No. 3, 7 & 8 chronic patients are those who are not curable and not claimed. Ward No. 4 is for physically ill patients and Ward No. 9 is for paying patients. Criminal patients are kept in Ward No. 6.

Female patients are kept similarly in second row from Ward No. 1 to 4 with Ward No. 5 as a paying ward.

Sanctioned bed strength of this hospital is 600 but the daily average during the year 1959-60 was 636.50.

Patients are given such forms of treatment as Insulin Coma Treatment, Electric Convulsive Therapy and Tranquillizers with successful results.

Occupational Therapy—As works in the kitchen, tailoring, workshop, garden, needle work, embroidery etc. are given under the supervision of the Occupational Therapy worker.

Patients are entertained by film shows and radio music. Some of them are encouraged to take part in in-door and out-door games in the evening. Regular games as foot ball and volley ball are the features of this Hospital.

The Hospital has a Library. It receives complimentary copies of Deccan Chronicle and Journals and Magazines from the Indian Red Cross Society.

Patients are fed in the Dining Hall under the supervision of the Steward. Nursing Superintendent and Nursing Staff in charge of the Wards. Personal attention is paid in feeding the patients who due to their mental condition refuse to take food. Proteins and vitamin supply is especially kept in mind as it is also one of the precipitating causes. Their weights are recorded on history sheets and at regular intervals. Those losing weights are kept on extra diet and investigated for tuberculosis, cancer, diabetes etc.

MENTAL HOSPITALS OF INDIA

ANDHRA PRADESH

Members of the Board of Hospital Visitors meet at this Hospital once a month and patients who have recovered are put up for discharge. Remarks passed by the Committee are attended to promptly.

Final year MBBS students of Osmania Medical College Hyderabad and Kurnool Medical College Kurnool are sent here twice a year for training in Psychiatry. 14 lectures and 6 demonstrations are given to them.

Buildings—150 bedded Female Wards with a cost of Rs 7.60 lakhs are under construction and work is in progress.

Construction of the Administration-cum-out patient Department at a cost of about Rs 3.22 lakhs is also in progress. Kitchen and Dining Hall at an estimated cost of 1.69 lakhs are also progressing rapidly.

Plans and estimates for constructions of Cottage Wards and 500 bedded male wards have been forwarded to the Director of Medical Services Hyderabad for government sanction. They may probably be taken up in the Third Five Year Plan.

There is one Superintendent, one Deputy Superintendent and 3 Medical Officers (Male) and one Lady Medical Officer. There are twenty Nurses including two Nursing Superintendents (Grade I—Gazetted and two Grade II—non gazetted) and Class IV employees on the staff. The Director of Medical Services Andhra Pradesh takes a keen interest in the training of the Medical and Nursing Staff in psychiatry.

Postal Address

Dr R. Natarajan FRCP DPM FAPA (USA)
Supdt. Mental Hospital, Erragadda
HYDERABAD 18

ASSAM

MENTAL HOSPITAL TEZPUR.

Short History—The Mental Hospital Tezpur was started in 1876 and like every other mental hospital of old it functioned as a custodial hospital. It was reconstructed in 1929 and now has a total bed strength of 755 (660 for males and 130 for females). The Hospital has facilities for electric shock and insulin therapy. Tranquillisers are also in use. There is an occupational therapy department under a fully qualified occupational therapist. Recreational facilities for indoor and out-door games and a laboratory.

Address: D. N. C. Bordalo MBBS Dip. Psych.
Superintendent,
Mental Hospital Tezpur (Assam)

HOSPITAL FOR MENTAL DISEASES KANKE, RANCHI

Short History

The Hospital for Mental Diseases, Ranchi formerly known as the European Mental Hospital is one of the premier institutions of its kind in India. It is located at Kanke about 7 miles from Ranchi town. Kanke occupies a central position in Bihar and West Bengal and possesses a healthy climate. People from the Calcutta can reach Ranchi town either by bus or by train from Muir Station which is one of the stations on the Howrah-Balkana line. Those from Delhi can come to Ranchi town by bus from Ranchi Road which is about 35 miles from Ranchi. Ranchi Road is a station on the Gomoh-Dehri-on-Sone line. Those coming from Bombay side can get to Ranchi town either by bus from Chakradharpur which is 72 miles away and is situated on the Bombay-Howrah line via Nagpur or via Tatanagar by the Tata Patna Passenger. Taxis and cycle-rickshaws are available from Ranchi town to the Hospital.

The Hospital for Mental Diseases should be distinguished from the Ranchi Mansik Arogyashala Kanke which is a different Institution and which is managed by the Government of Bihar. That Hospital is also located at Kanke.

The Hospital for Mental Diseases was established in the year 1918. It was originally intended only for European mental patients. Since 1948 the Hospital is open to the citizens of India. Upto 31st May 1954 the Hospital was under the management of the Board of Trustees with representatives of the participating State Governments constituting the Board. On 1st June 1954 the Hospital was taken over by the Government of India. Since then many improvements have been made to the Institution, so that the Hospital has been equipped and staffed to-day on the most progressive lines.

The Hospital is administered by the Government of India, Ministry of Health assisted by an Advisory Committee which is constituted as follows —

	1. Secretary Ministry of Health	Ex-Chairman
	2. Deputy Director General of Health Service (Medical) New Delhi	Member
3 to 10.	Representatives of West Bengal	Members
11 to 12.	Representatives of Bihar	Members
	13. Representative of Uttar Pradesh	Member
	14. Representative of Orissa	Member
	15. Representative of Assam	Member
	16. Representative of Delhi	Member
	17. Medical Superintendent Hospital Mental Diseases Ranchi	Member Secretary

MENTAL HOSPITALS OF INDIA

BIHAR

The total expenditure in respect of the Hospital is borne by the Government of India. The participating State Governments for whom beds have been reserved at the Hospital pay charges in respect of the patients admitted against the State Quota of beds on per capita basis. The patients have to bear only a fraction of the charges. Charges in respect of Independent patients are borne in full either by the patients or by their relatives/guardians.

The bed strength of the Hospital is 420. Out of this 390 beds have been allocated to various States/Administrations as detailed below —

West Bengal	255
Bihar	60
Utt. Pradesh	35
Madhy Pradesh (includg Bhopal)	10
Delhi	10
Assam	6
Oissa	6
Tripura	4
Rajasthan	1
Punjab (from PEPSU)	1
NEFA	1
Other Areas	1
	390

The beds allocated to States/Administrations are known as State quota beds and are filled through the Directors of Health Services of the respective States. The remaining 30 beds are called Independent beds.

The Hospital is meant primarily for the treatment of acute cases, the duration of illness being less than a year. Mental defectives and epileptics are not ordinarily admitted into the Hospital unless they show behaviour disturbances. Children below 10 years are not admitted for want of suitable facilities in accommodation. Cases needing simple custodial care are not admitted. The relatives of mental patients are advised to write to the Medical Superintendent in advance about the condition of their wards and seek his advice regarding the suitability of the case for admission and treatment in the Hospital. It will be preferable for the relatives to obtain a "Personal History Questionnaire" from the Medical Superintendent and answer the various questions contained therein and return it to him. This will enable a more satisfactory evaluation of the case to be made before he is in a position to advise. Wherever possible the patient may be brought to the hospital for preliminary examination in the Out Patient Department. This is naturally by far the best method of assessing the nature and severity of the case and advice regarding admission or treatment as an out patient will be easier and more satisfactory.

As a pilot project, an Out Patient Department has been started at the Hospital since April 1958. The O.P.D. is open from 10 a.m. to 12 noon on five days in a week from Monday to Friday. All the diagnostic and therapeutic facilities of the Hospital and the services of the specialists are

MENTAL HOSPITALS OF INDIA

BIHAR

available for patients in the Out Patient Department. Most cases of psychoneuroses early psychoses psychosomatic problems neurological cases problems of psychological adjustment in home and professional life, problems in connection with vocational choice etc can be treated satisfactorily in the Out Patient Department. The scales of fees charged for the various diagnostic and therapeutic facilities made available at the Out Patient Department are as follows —

	R
1 Fee for initial examination	10
2 Fee for subsequent visits	
3 Fee for each sitting of Psychotherapy	
4 Fee for each Electro-Shock treatment	10
5 Fee for each CO ₂ treatment	10
6 Fee for each breath	1
7 Fee for each Psychological examination and treatment	15
8 Fee for attending patients at Ranch for the Hospital	32 per month

The Hospital runs a Child Guidance Clinic at the Sada Hospital Ranch and the St Xavier's College Ranch. The clinic is open once a week on Mondays from 4 to 5.30 p.m. Children suffering from behavior problems learning difficulties emotional maladjustment etc are examined investigated and treated at the Clinic by a Specialist team from the Hospital for Mental Diseases Ranch comprising a Psychiatrist 2 Psychologists and a Cultural Worker. If necessary the patients attending the Child Guidance Clinic may be investigated at the Hospital without any extra charges. The services at the Child Guidance Clinic are entirely free of charge.

The Hospital has well-equipped Psychological Department with a Psychologist and an Assistant Psychologist who carry out the various diagnostic tests and also participate in individual and group psychotherapy. Special psychological tests are available to detect organic brain damage correct assessment of the level of intelligence and for estimating the personal resources of a patient, etc.

The Hospital has a Pathological Laboratory which carries out routine clinico-pathological investigations like examination of urine blood stools etc and is under the charge of a whole time Pathologist. The Department also carries out special pathological investigations as may be required from time to time like colloidal gold curve test, Widal reaction Protein estimation etc.

Among the diagnostic and therapeutic facilities available in the Hospital, are psychological testing with various tests vocational radiography of the skull including stereoscopic views of the skull electro-caudiography guidance electro-encephalography B.M.R. estimation narco-analysis psycho-analysis Carbon-dioxide treatment, individual and group psychotherapy electro-convulsive therapy Insulin-coma therapy psycho-surgery

(including Cingulectomy) pharmacotherapy occupational therapy and recreational therapy

In line with the more progressive institutions of this kind in the West attempts are made to create a therapeutic milieu for the patient when he is in the Hospital. With this idea in mind the efforts are made by the staff members to give him a sense of belonging with full considerations to him as an individual in his own right and the patient is encouraged by voice his feelings through the Suggestion Boxes installed in the various Wards of the Hospital and the Patients Welfare Committee

Weekly Cinema shows (English Hindi and Bengali) are held in the Recreation Hall. Frequently concerts dramatics etc are also arranged by the patients in the well-equipped stage of the Hospital

The guards enquiring after the health of patients are promptly replied. Periodical reports are not sent automatically unless asked for each time

Free and informal relationship with members of the staff is actively encouraged. The patients who are well enough to benefit by attending the Staff Club are allowed to do so with a view to enable the patient to gain self acceptance and prepare himself for getting back into social circulation after discharge without undue diffidence

The e a e cottages situated outside the hospital where patients are allowed to stay before they are finally discharged. During this period they enjoy a good deal of privileges of going out and visiting friends and staff members

The e a e no fee bed in the Hospital for Mental Diseases Ranch. All the patients are paying patients. The charges however differ according to the nature of bed (State quota or Independent) and the class of bed. The details are given below —

Class	Monthly hire incl. of the cost of maintenance, when admitted		Nights included
	Rs	Rs	
I	400 00	350 00	Tw
II	320 00	200 00	O
Int. room		100 00	N I
III	200 00	50 00	N I

The maintenance charges of the patient include treatment charges special investigations and drugs diet and bed linen. The relatives are advised to deposit some money in the Hospital at the time of admission for any private expenses of the patient like cigarettes pan etc

The patients can be admitted either as a Voluntary Boarder or as a Certified Patient. When he comes as a Voluntary Boarder the patient

goes through no more formalities than he would were he seeking admission in a general hospital for a physical ailment. The patient will be required to sign an application form for admission in the presence of the Medical Officer. The guardian of the patient, undertaking the payment of the maintenance charges has to submit a written Indemnity Bond in the prescribed proforma guaranteeing to pay the maintenance charges of his ward regularly.

A certified patient can be admitted after procuring a Reception Order from the Magistrate of the area the patient has to furnish details of methods of certification of the patient who is willing to come to the Hospital on his own may be obtained by writing to the Medical Superintendent of the Hospital. It is advisable to admit the patient on a Voluntary basis whenever possible. Usually patients are admitted and discharged during office hours.

The following documents should be produced at the time of the admission of a certified patient—

- 1 A Reception Order from Magistrate in the prescribed Proforma which should bear the Court Seal
- 2 Application for Reception Order with a statement of the particulars of the patient in the prescribed form
- 3 Two Medical Certificates in the prescribed form completed by two Medical Officers one of whom should be a Gazetted Medical Officer
- 4 An Indemnity Bond executed on stamped paper before the committing Magistrate (and to be registered) guaranteeing regular payment of Hospital charges
- 5 A certificate of Physical fitness of the patient to undertake journey to Mental Hospital

There are separate wards for the admission of Male and Female Mental Patients. The patients belonging to the States who have been allocated beds at the Hospital can secure admission against the State Quota of beds on production of a certificate from the Director of Health Services of the State concerned sanctioning him/her a bed in the Hospital out of the quota of that State. Without this specific sanction from the Director of Health Services of the State concerned a Government quota bed will not be allotted to any patient. Patient can be allotted independent beds without any restriction of domicile in India. A patient who is unable to get a State quota bed can be admitted to an independent bed. He can be transferred to the State quota bed if and when he is able to secure one through the Director of Health Services of his State.

At the time of admission it is advisable that the patient be accompanied by a close relative who will be able to give a detailed account of the history of the patient's illness and elucidate other points that the Hospital authorities might like to know

The DPM and DMP courses are being planned to be started in July 1961. 12 candidates will be selected by the Government of India for each course and students will be paid at the same rates as sanctioned in the All India Institute of Mental Health Bangalore

Research activities

Dr D S Ty Nand studied the problem of comparative psycho-analysis of the Schools of Freud, Stekel, Klein, Adler, Jung and Horney with the object of validating some of the findings in Indian subjects and of finding the cause of the differences between the findings of the various schools

He found that the methods of Dream Interpretation and the method of assessment of the meanings of symbolism was mainly subjective in the hands of these workers and that this was the cause of their having arrived at conflicting findings. The method of collecting reminiscences was introduced in addition to the method of free associations. The reminiscence method was arrived at by study of recent experimental psychology as well as by researches in the Indian Samadhi method. The methods of research used by him were made as objective as is possible in this field at present.

The over-concentration and over-evaluation of one or the other factor of personality by the above mentioned workers was highlighted by the findings of total psycho-analysis after the use of the above mentioned combined method

In the findings of total psycho-analysis the part findings of the above mentioned workers were co-ordinated in an overall hypothesis

The symbols of Indian mythology were studied by the modern psychological methods. The above mentioned findings have been recorded in three books

Recent advances in biology, physiology, neurology, bio-chemistry and genetics were studied correlatively with the findings in the psychological and sociological fields with the result that a comprehensive preliminary report in the form of articles are being published as the organic basis of memory, symbol formation, character, learning, intelligence and ego-formation

It was found that the self analysis will be more useful in Indian conditions than group-analysis or group therapy because of our conservative

backgrounds Self analysis of Arjuna in Bh gwat Gita and Mahatma Gandhi have been publi hed n Sc entific journals as sample self-analys s as prototype for further work by other workers

It was found that Transo bital Leucotomy is not often successful and Prefrontal Leucotomy damages a good b t of the personality and its functions Cingulectomy s being done in other countries e tens vely but it requires very h ghly equ pped ope ation theatre and staff Therefore after previous experiments and due to his having worked as Civil Surgeon for some years he performed a modified operation on the cingulate gyrus which can be perfo med in a D strict or D vis on hosp ital after training

The results of operation in three cases are be ng published in Indian Journal of Psychiatry He has p blished 30 articl s and three books

Dr K Bhaskaran Deputy Medical Superintendent in conj nction with Dr D Satya Nand and others has assessed the therapeutic values claimed by western workers on vario s psychopharmacological gents like Largactil Serpasil Miltown Meratran Ritalin Frenquel Stemetil Tof ranil M rs lid D amox BZ 55 etc

He has also studied the influence of socio-cultural factors on the psy chopathology of various psychiatric syndromes like schizop h enia depres sion etc and compared the psychodynamics and clinical fe tures of these syndromes with those observed in the West.

He has also been interesting himself in various narco-analytical agents like combination of Sodium Amytal and Methedrine Ritalin intravenous ly etc

He has published 14 papers (7 papers alone and 7 papers in conjunc tion with Dr D Satya Nand)

In the Pathological Department Dr P Subrahmanyam in conj nction with Dr K. Bhaskaran and Dr D Satya Nand, has collaborated in a study of effecti ess of combining BZ 55 with Ins ln in Insulin coma therapy He along with the above mentioned invest gators is also engaged at present in a study of abnormalities of excretion of phosphate and cre tine in the urine of schizophrenics

In the Psychological Department, Shri H N Murthy and Shri P Kumar have attempted to adopt standard diagnostic tests worked out in western countries like work association test, Rorschah test, multiphas c inventory and socio-metric measures in Indian subjects Shri Murthy has also been actively engaged in trying out the effectiveness of the different methods of group psycho-therapy Shri Murthy and Shri Kumar have published about 6 scientific articles in connection with their work.

MENTAL HOSPITALS OF INDIA

BIHAR

Postal Address —Dr D Satya Nand MBBS MRCP DCH,
D Psyche Superintendent Hospital for Mental Diseases
Kanke Ranchi

Telegraphic Address —Menthosp Kanke

Telephone Numbers Residence 7078/8

Office 7978/3

Hospital 7078/7

RANCHI MANSIK AROGYASHALA RANCHI

The idea of starting a Mental Hospital for Indian patients was conceived in 1901 when there was big Bengal which today comprises of the States of Bihar West Bengal Orissa and East Pakistan Ranchi was selected because it happened to be the centre of Bengal There were three Mental Hospitals then in this area They were at Berhampore and Dacca in Bengal and Patna in Bihar The three Mental Hospitals were closed and this Mental Hospital was started in 1925 and it was then decided that with quota wise admissions Bengal would have 75% of its patients and Bihar and Orissa 25% In 1936 when Orissa was separated the Governments of Bihar and Orissa were allotted 20% and 5% of the beds in this hospital respectively In 1947 after the independence of the country the 75% of beds from Bengal were divided equally between West Bengal and East Pakistan each of them getting 37½% of the beds here The East Pakistan paid its contribution only for one year after independence with no further contributions In 1950 all the Muslim patients from East Pakistan staying in this hospital were transferred to West Pakistan Mental Hospitals and the Non Muslim patients staying in West Pakistan Mental Hospitals were transferred to this hospital The result has been that the previous arrangement and percentages have been disturbed and today the beds in this hospital have been allotted to different States as mentioned below —

	Sanctioned strength	Percentage
Bihar	406	29.4
West Bengal	620	44.9
Orissa	83	6.1
East Bengal (which includes East Pakistan West Pakistan & Refugee & Rehabilitation Department)	268	19.4
Tripura	3	0.2
	1380	

The total sanctioned strength of the hospital is 1380 There are about 200 observation cases on an average every month

The hospital is situated at Kanke which is 5 miles away from the town and 7 miles from the Ranchi Railway Station. The place is connected with the Town Bus Service.

The Hospital is built on modern lines on a Villa system. It is divided into two Sections—the Men's Section and the Women's Section. Both the Sections cover an area of 100 acres. The Men's Section contains nine two-storeyed buildings with four dormitories and eight single rooms in each of them. Besides these there are two other buildings—one is the Infirmary and the other the Refractory Ward. The Infirmary serves as the Reception Ward, Observation Ward and Ward for a five treatment of mental and physical disorders. The Refractory Ward is meant for agitated, restless and those patients who are likely to prove dangerous to themselves or to others. The Men's Section provides accommodation for 1108 patients. The Women's Section is planned on a similar line and provides accommodation for 272 patients. The expenditure of this hospital is borne by the different States as mentioned above. The hospital has electrical installations and adequate supply of filtered water. There is a project to provide water closet system.

The Hospital is run on modern lines and all up-to-date and modern methods of treatment are carried out. Electric Convulsive Therapy, Insulin Shock Therapy, Hydrotherapy, Organotherapy, Psychotherapy and treatment with modern drugs are available here. Recently a Neuro-Surgical Unit has been started at Ranchi. The hospital is taking full advantage of the services of the Neuro-Surgeon and about 100 Prefrontal Leucotomy operations have been carried out during the last one and a half years. The Occupational Therapy and Recreational Therapy are still the sheet anchor of all treatments. Majority of patients are employed in various occupations both outdoor and indoor such as gardening, weaving, tailoring, cane and basket making, carpentry, smutty, dree-making, book binding etc. The Occupational Therapy Department of this hospital is one of the best organized departments in the country. About 60 to 70% of the patients staying in this hospital are regularly employed here. Most of our requirements of furniture and other necessities of the hospital are had from this department. The female patients are also suitably employed in weaving, needle and embroidery work, lace making, coir teasing and mattress making, domestic and other miscellaneous works.

There is also plenty of provision for recreational therapy including religious therapy for all patients who take part in various indoor and outdoor games such as football, hockey, tennis, badminton, cricket, rope-quoit, tennis, volleyball etc. and cards, chess, carrom, ping pong, ludo etc. There is also a fairly big library containing suitable English, Bengali, Hindi, Urdu and Oriya books. The total number of books today in our library is 4270.

The following news papers and monthly magazines are supplied to the hospital and are kept in the hospital library where the patients read them

- 1 The Statesman
- 2 The Amrita Bazar Patrika
- 3 The Indian Nation
- 4 The Searchlight
- 5 The Sentinel
- 6 The Andhra Bazar Patrika
- 7 The Jangam
- 8 The Aryavarta
- 9 Vishal Bharat
- 10 Basmati

The hospital has a Recreation Hall where patients are occasionally entertained with theatrical and variety shows. We have a cinema projector of 35 mm by means of which we show films to our patients on 3 days in the week. We are thus able to provide recreation which is extremely popular with them. The Hospital has four Reading Rooms which are used by the patients and when they desire they also take part in dramatic performances which they organize with the help of the staff. A special type of drama known as psycho-drama is also staged whenever we have suitable patients for the purpose. This is a modern method of treatment and helps in preventing relapses. The patients also take part in music for which they have been provided with a number of instruments. They are taken out to the town for motor drives and shopping twice a week in the hospital bus. The patients also go for picnic and for the Annual Sports once a year. Special feature of this Institution as of any modern Mental Hospital is the complete absence of treatment in all forms and the patients are permitted to move freely in any part of the hospital.

The hospital has a clinical laboratory where all pathological examinations including W.R. of blood are done.

The patients have organized themselves into a Hari Kirtan party which has a great significance for them. Religiously as well as emotionally they are able to abreact during Hari Kirtan singing and dance to their satisfaction. Their religious sentiments are also catered to by providing them with special feeds on festive occasions.

The Hospital has its own vegetable garden which covers an area of 100 acres and is run mostly by patients under the supervision of the Garden Overseer. It supplies to the hospital 15 maunds of vegetables on an average every day.

The Hospital has a small Medical Library and has 621 books.

The Medical students from Patna, Darbhanga and Cuttack are sent here in batches to undergo intensive course of lectures and practical demonstrations and training in mental diseases.

There are eight medical officers including the Superintendent. There are at present four nurses for the Women's Section and two sisters and eleven nurses for the Men's Section under the supervision of a Matron. Besides other clinical staff, there are Occupational Therapists. There are 336 male attendants and 94 female attendants to look after the patients.

Research work done and which were printed in Journals

1940 — Opium Addiction — Patna Journal of Medicine—Volume 15 pp 254—276

1941 — Electro Encephalograms — Patna Journal of Medicine—Volume 16 pp 1—11

1941 — Convulsions The apex of Schizophrenia — Patna Journal of Medicine—Vol 16 pp 113—119

1942 — Observation on the constitution in Schizophrenia — Patna Journal of Medicine—Vol 17 pp 19 to 36

1942 — A Study of the Marital status of the Schizophrenics — Patna Journal of Medicine Vol 17 pp 165—177

1942 — A Study of Personality in Schizophrenia — Patna Journal of Medicine Vol 17 pp 219—237

1943 — The Evolution of the Concept of Schizophrenia — Patna Journal of Medicine Vol 17 pp 126 to 136

1943 — Mental Symptoms in Pellagra and Nicotinic Acid Deficiency — The Indian Medical Gazette Vol 78 pp 543—546

1943 — The Study of Twins — Antieptic Vol 40 pp 1—5

1944 — Psycho Analytic Contributions to the study of Schizophrenia — Patna Journal of Medicine Vol 19 pp 10—24

1944 — Medical Reorganisation with Special Reference to Psychological Medicine — Patna Journal of Medicine Vol 19 pp 181—188

1944 — Neurosis After Dogbite — Journal of Indian Medical Association Vol 13 pp 252—254

1951 — Brief Stimulus The apex — Indian Journal of Neurology and Psychiatry Vol 3 pp 22—34

1952 — The Incidence and Clinical Features of General Paresis — Indian Journal of Neurology & Psychiatry Vol. 3 pp 141—163

- 1952 — General Paresis II—Its Diagnosis & Course —Indian Journal of Neurology & Psychiatry Vol 3 pp 259—287
- 1952 — General Paresis III—Its Prognosis —Indian Journal of Neurology & Psychiatry Vol 3 pp 345—364
- 1953 — History of Psychiatry in India and Pakistan I—Indian Journal of Neurology & Psychiatry Vol 4 pp 138—140
- 1953 — History of Psychiatry in India and Pakistan II—Indian Journal of Neurology & Psychiatry Vol 4 pp 138—140
- 1954 — Leprosy and Mental Disorders —Indian Journal of Neurology & Psychiatry Vol 5 pp 22—43
- 1956 — Recent Advances in the Treatment of Mental Disorders — Patna Journal of Medicine Vol 30 pp 437—452
- 1958 — Experiences with Chlorpromazine in the treatment of Institutionalised Psychotics —Journal of the Indian Medical Association Vol 30 pp 1—4

Postal Address

Dr L P Varma MD DPM

Superintendent, Ranch Mansik Arogyashala Kanke (Ranchi)

Telegraph Address Arogyashala Kanke (Ranchi)

Telephone No Residence 709/1

Hospital 709

Office 709/8

GUJARAT

MENTAL HOSPITAL AHMEDABAD

Short History —The present Mental Hospital built on a jail pattern in 1863 is situated in the heart of Ahmedabad. It has a male Section which consists of 4 wards and a Female Section which has two wards. Recently an Outpatient Department was added. Staff consists of the Medical Superintendent and his two medical assistants, Psychiatric Social Worker, 7 female nurses, 62 attendants both men and women and 2 overseers and a compounder. A Hon. Physician is also attached.

Patients are being treated on the line of multidimensional approach. Merit is paid on seeing of the patients.

The following treatments are being given

(1) Psychopharmacotherapy

(2) Physical Therapy ECT Insulin—Coma—Sub-coma Modified ECT

- (3) Carbon Dioxide Abreactio
- (4) Narco Analysts
- (5) Environmental Manipulation Therapy
- (6) Socialization Therapy
- (7) Recreation Therapy
- (8) M d Projects
- (9) The ape tic Community P oject
- (10) Occ pational Therapy
- (11) Child G d nce Clinic
- (12) Socio-Drama
- (13) Vario s Psycho Ther p es Individual & Gro p

Since a few years the adm ssion rate has been observed to be increasing The Hospital was being overcrowded and the Government has started construction of a new M ntal Hosp tal

The daily ave age ate of the OPD attend nce is 23 It has definitely affected the adm ssion rate At the Mental Club the Day Hospital patients and in loor pat ents get together for entertainments and social gatherings A Mental Shop has been started where articles are manu factured and sold by the patie ts in Occupational Therapy A Mental Canteen prepares ed bles and sweets as chocolate c garettes etc and sold to the relatives of patients coming for v s ts A Day Hospital practice is started The two projects under way are the M d Pr ject and a Therapeutic Community Project

Postal Add ss —Dr Bhupatlal H Desai MB BS DPM
S perinte dent, Mental Hospital Ahmedabad

Telegr phic Address M tal Hospital Ahmedabad

Telephone N mbe s Residence
Hosp tal 2485

Not available

MENTAL HOSPITAL BARODA

Sho t H tory

The Mental Hosp tal Baroda w s established in the year 1898 by the then Baroda State and had a bed strength of 75 The merger of Baroda State with Bombay St te n the year 1955 led to the add tion of 30 beds and another 50 beds in the same year Thus at present the authorised bed strength of this hosp tal stands at 155

This hospital is to have in near future a sanctioned bed strength of 400 beds Buildings etc for the said purpose are ready by now
Postal Address —

Dr A N M kherjee M Sc (Psy) MB (Calcutta)
Superintendent, Mental Hospital Baroda
Telegraphic Address Mental Hospital Baroda
Telephone Numbers Residence
Office 2353
Hospital 2353

MENTAL HOSPITAL JAMNAGAR

Short History

The Mental Hospital Jamnagar started to function from June 1960 under the scheme of the Second Five Year Plan and work is still under progress It is affiliated with the M P Shah Medical College Jamnagar Further expansion is envisaged in the 3rd Five Year Plan
Postal Address —

Dr P N Odedra MB BS DPM
Superintendent, Mental Hospital Jamnagar
Telegraphic Address
Superintendent, Mental Hospital Jamnagar
Telephone Numbers
Residence
Office 447
Hospital 447

J & K

SRINAGAR MENTAL HOSPITAL, SRINAGAR.

Short History

The Srinagar Mental Hospital was established in 1958 to accommodate 50 patients There is a plan to expand the hospital to 150 beds under the Third Five Year Plan A Psychiatric out patient section has been started in the General Hospital at Jammu Arrangements for giving different therapies including ECT insulin coma, carbon dioxide abreaction psychotherapy have been completed in the newly constructed building The Hospital is to have a separate female section kitchen and dining rooms recreation and occupational therapy warm and cold baths and play grounds Quarters for staff are at present requisitioned until the new constructions are completed

The hospital has a Medical Superintendent a Medical Officer (graduate) a trained technician for the fully equipped clinical laboratory two compounders and other class IV staff There are no nurses or occupation

MENTAL HOSPITALS OF INDIA

J & K

therapists Admissions in the hospital are free as no facilities have been provided for paying patients The recurring grant comes to Rs 103 350 which excludes the cost of drugs and other materials

Year	N of inpatients admitted	Discharged	Cured	Relieved	Otherwise	Dead
1958 59	216	10	101	86	X	13
1959 60	301	X	135	111	X	7

Postal Address

Dr B N Khashu DPM

Superintendent,

Mental Hospital Srinagar

Telegraphic Address MENTHOSP

No telephone installed so far

KERALA

MENTAL HOSPITAL, TRICHUR

Short History

The present State of Kerala is formed by the integration of the former States of Travancore-Cochin and Malabar each of them possessed a mental hospital The total number of inpatients in the above 3 mental hospitals comes to about 1500 There are many mental cases in the State who require hospitalization but for lack of facilities and increasing economy domestic stress of un-employment, a big problem for the State of Kerala

The Mental Hospital Trichur was opened in 1914 in a single block with 15 cells for both males and females At that time there were 3 females and 30 male patients Additional blocks were built and gradually the female section was separated

There are now 7 blocks built for the male patients and 3 for female in an area of about 13 acres The major portion of the land is vacant. Though the accommodation is now for 157 patients there are 324 which includes 94 female and 230 male patients

There is only one male doctor who is also the Superintendent of the Hospital He has had training under Lt. Col Parasuram, the Retired Superintendent of the Mental Hospital, Madras There is an out patient department attached to this Hospital not for the purposes of treating mentally ill cases

MENTAL HOSPITALS OF INDIA

KERALA

but for the general public of the area. The doctor in-charge of this out-patient Department is appointed mainly for the purpose and not for the mental hospital. There are 7 nurses including 2 men with no special training in Psychiatry. The other staff consists of 27 ward boys and 8 cleaners, 2 cooks, 2 lascars, a lady Weaving Instructor, a compounder, a barber, a dhobi and 2 clerks.

It may be stated that the hospital was formerly the place for the internment of dangerous and wandering lunatics. Insulin treatment is now being given to certain selected cases.

A Committee was recently appointed by the State Government to consider the possibility of effecting improvements for all the 3 mental hospitals of the State and it is learnt that the reports have already been submitted.

Post 1 Address: Dr. A. Porinchi, M.B.B.S., B.A.

Superintendent, Mental Hospital, Trivandrum-4

Telephone No.—Hospital—389

Telegaph Address†

†Not available

MENTAL HOSPITAL TRIVANDRUM

Short History

The Mental Hospital Trivandrum was constructed in the year 1870 for the primary purpose of custodial care of mental patients belonging to the State of Travancore. It is situated to the east of Trivandrum town in Oolmpara in an area measuring about 30 acres. Patients are segregated in a separate enclosure. It has a bed strength of 201 but the number of patients admitted are 653.

Out-patient Psychiatric Clinics are attached to the hospital and Medical College Trivandrum both of which have treated about 2,000 new cases in 1959-60.

The staff consists of the Chief Psychiatrist (Civil Surgeon) and the Assistant Surgeon, two Grade I Nurses, twelve Grade II Nurses and three other Grade Nurses with a compounder, a weaving instructor, and X-ray attender, one laboratory attender, thirty-three warders, seventeen lascars, thirteen cleaners, six cooks, and two dhobies. One steward is on the staff strength. This hospital is also a Teaching Institution for the final MBBS of the Medical College Trivandrum. A committee was recently formed to go into the question of improving the Mental Hospitals of the State of Kerala. The report has been submitted and is under consideration of the Government of Kerala.

MENTAL HOSPITALS OF INDIA

KERALA

Address Dr K V Jacob MBBS DPM Assistant Professor of Medicine & Chief Psychiatrist in the Mental Hospital Trivandrum

Telephone Res 2508

Hosp 2680

MADHYA PRADESH

MENTAL HOSPITAL GWALIOR

Short History

The Mental Hospital Gwalior was started in 1935 as a part of the Central Jail where mental cases were kept outside the jail premises though fed by the Jail. It was later converted into a special wing with a bed strength of 120 (90 males and 30 females). It is envisaged that with further expansions the bed strength will be raised to 200. 2055 cases were treated at the out patient

Address Dr B S Kale MBBS DPM Psychiatrist Mental Hospital Gwalior MP

Tele No Office 178

Hospital 178

MENTAL HOSPITAL INDORE

Short History

The Mental Hospital Indore is one of the two Mental Hospitals in the present state of Madhya Pradesh. It is situated about two miles away from the centre of the city on the Indore Ujjain Road. The construction of this Hospital dates from 1927 when this region was under the Holkar State Administration. In those days this hospital had an accommodation for about 25 male and 25 female patients only. The Hospital provided only custodial care and management. They were treated with sedatives and other allied drugs.

Since the formation of Madhya Pradesh in 1948-49 the accommodation of the Hospital was increased to 75 beds with more staff and budget sanctioned.

It is very difficult to comment on the incidence of Mental Diseases in the State of Madhya Pradesh. It is generally presumed that the incidence in general public varies around about 2 or 3 per thousand of the population. Comparatively more cases are observed from the cities and other urban areas than those coming from the villages.

The high incidence in the more developed parts of the State can be attributed to the increased stress and strain of mechanized and industrialized life of the people. At the same time it may also be due to better and

MENTAL HOSPITALS OF INDIA

MADHYA PRADESH

easier medical facilities available in the cities and also to some extent to larger percentage of the educated public

With the formation of the New Madhya Pradesh in the year 1956 the tempo of progress has increased. During the Second Five Year Plan period a new hospital building worth 2.5 million rupees was constructed on modern lines. It will accommodate about 50 more beds thus bringing the strength of the hospital to 125. Modern facilities of treatment are available in this hospital and it is the aim to further improve—including the Psychiatric Social Services during the 3rd Five Year Plan Period.

Postal Address

Dr. V. G. Dhodapkar MBBS D.P.M. Medical Officer Mental Hospital
Indore, Indore City (Madhya Pradesh), Indore

Telegraphic Address: Mental Hospital, Indore

Tele. No. Res.—

Off 6210

Hosp 6210

MADRAS

GOVERNMENT MENTAL HOSPITAL MADRAS 10

Short History

Government Mental Hospital Madras is situated at Lococks Garden Kilpauk in an area of about 66½ acres. This hospital was started in 1795 in a leased building with a provision to accommodate about 20 patients. The present site of the hospital was occupied on 15th May 1871 and accommodated 145 patients then. Gradually it was expanded and the present authorised bed strength is 1800.

The daily average number of patients treated in this hospital is 2700 of whom 900 are women patients. The criminal patients of this State are housed in a separate enclosure within the compound. The various modern methods of treatment are adopted and there are facilities for recreational and occupational therapy.

Early mental cases are treated in the Outpatient Department of this hospital. The average attendance of Outpatients is about 8 per day. *Mental defective children admitted in this hospital are separated and kept in separate blocks.* There is a school building and a trained teacher whose services are well utilised for the benefit of children. Teaching aids as well as facilities for their games are available.

There is a post of Welfare Assistant and of a Psychiatric Social Worker to guide and give necessary assistance to the relatives of the patients and to help in history taking etc.

MENTAL HOSPITALS OF INDIA

MADRAS

The students of the Medical Colleges of this State attend lectures and are given ward postings in this hospital

The staff particulars of the hospital are as follows —

Medical Officers	23	Attendant	285
Nursing Staff	71	Miscellaneous Staff	238
Ministerial Staff	33		

Since the number of patients treated is more than the bed strength construction of additional buildings has been given top priority in the Third Five Year Plan. There are a number of chronic mental cases and also patients for whom relations have not come forward to claim them. In order to house such patients establishment of an after-care colony has been suggested. The mental defective children are housed close to the adult cases due to the shortage of space. This is not considered advisable and a home for mental defectives has also been envisaged in the Plan. Construction of an Open Air Theatre for additional recreational facilities and remodelling of the existing kitchen laundry and opening of a Day Hospital ward has also been suggested.

Postal Address Dr T George MB BS DPM (England) Superintendent Government Mental Hospital Madras 10

Telegraphic Address

Telephone No Residence—Extension from 61086

Office—61086—Hospital—61086

Not available.

MAHARASHTRA

CENTRAL MENTAL HOSPITAL, YERAVDA

Short History

The Central Mental Hospital, Yeravda Poona 6 has been established since 1950. It is about 5 miles from Poona Railway Station with regular bus service. It is the biggest hospital in the State with a sanctioned bed strength for 1297 patients. The average number of patients during 1960 (upto 31st October 1960) was 2658 which included 1641 males and 1017 females. Class I and Class II type of accommodation are available at Rs 12 and Rs 8 per day respectively. A proposal has been submitted to the Government to consider further expansion of the hospital due to abnormal increase in the number of patients demanding facilities. Sanction is being awaited. A Committee has been appointed by the Government for reporting on the possible expansion and improvement of Mental Hospitals in Maharashtra State. Action will be taken on receipt of their report.

Research carried out —

- (1) Effects of emotional stress on the blood glucose of diabetic and non-diabetic humans
- (2) Use of reserpine in mental diseases
- (3) Study of reserpine in mental diseases
- (4) Value of pascatal in mental disease
- (5) Use of tofrand in mental hospital

Postal Address Dr. Sha. ti. Sh. th. MBBS D.P.M. Superintendent Central Mental Hospital Yeravd. Poona 6

Telegraphic Address Menthosp

Telephone Nos Residence—2514

Hospital—2515

Office—2515

N M MENTAL HOSPITAL THANA

Short History

The N M Hospital Thana is named after Shri Narottamas Madhavasdas. It was started in the year 1901. The sanctioned strength of beds are 440 the present number being 1699. In view of the heavy admissions there and resulting overcrowding at this Hospital 3 new dormitories and two dining halls have been added each having an accommodation capacity for 100. Two more buildings for excited patients: for 32 males and 20 females are under construction under the Third Five Year Plan Schemes.

A proposal for increasing the bed strength of this hospital and appointment of additional staff on the basis of 1700 patients is submitted for inclusion in the Third Five Year Plan Scheme.

It is seen from the annual report of the last five years that the number of admission of mental patients on the increased scale. The most common diseases are as under —

Disease	Year 1955 to 1959 and the number of the patients				
	1955	1956	1957	1958	1959
1 Mental deficiency	8	6	8	22	374
2 Manic Depressive insanity	110	114	137	116	
3 Mania	86	83	103	20	12
4 Melancholia	55	71	79	10	2
5 Schizophrenia including Dement praeco	343	673	625	570	367

MENTAL HOSPITALS OF INDIA

MAHARASHTRA

6	Seco dary Dem t					
7	Par nd par no d t tes	38	42	45	8	13
8	Ep l p y Ep l pt ns ty	21	24	25	14	12
9	T	112	99	84	19	119
10	Organ P y ho	79	90	97	56	48
11	N and psy ho-N uro					
					1	
12	N pprec bl di eas				104	
13	N t y t di gn sed (di harged bef re Cert fi d)	193	235	98	76	90
	T L	1045	1447	1301	1016	1037

Postal Address Dr R V Shirvaikar MB BS DPH (Eng) Superintendent, N M Mental Hospital Thana

Telegraphic Address

Telephone Nos Residence 641010

Office 641010

Hospital

IN U

MYSORE

GOVERNMENT HOSPITAL AND ALL INDIA INSTITUTE OF MENTAL HEALTH BANGALORE

The Mental Hospital Bangalore one of the major medical institutions of the Mysore Medical Department, is situated about two miles from Lal Bagh on a hillock south-east of the City. It commenced working in the year 1938 with an inpatient population of about 200. New departments have been added and the staff has been increased to deal with the increasing demands on the services of the hospital. Now there are about 600 patients and the annual admissions about 1500.

The hospital occupies an area of 130 acres and consists of the main hospital buildings, quarters for the staff and extensive gardens for the patients. The hospital is well served with buses and other transport facilities.

Since September 1954 the hospital which is administered by the Government of Mysore is associated with the All India Institute of Mental Health established by the Government of India. The Institute has on its staff specialists including those appointed by the W H O. The medical graduates and graduates in psychology from all parts of India undergo a

two-year course leading to post graduate diplomas in Psychological Medicine and Medical (Clinical) Psychology respectively. There is also a programme (one year) for the training of psychiatric nurses. In addition to teaching the Institute is engaged in research projects in the field of mental health.

The Out patients Department of the hospital works five days in the week. The services are supervised by qualified specialists. Patients if manageable at home are brought to the Out patients Department for consultation. The cases are fully investigated and most of the modern forms of treatment are administered.

Before the patient is taken to the specialist in charge of the Out patients the name and other particulars should be registered with the Receptionist. The patient thus registered will be seen and necessary investigations carried out. It is desirable that relations and friends who know the behaviour changes in the patient intimately should accompany the patient.

There is a separate department for the investigation of children suffering from behaviour and other disorders. Here psychological mechanisms at work in the development of the child's abnormal behaviour are investigated and the necessary treatments indicated. If there is any bodily cause that is at the root of the trouble the Psychiatrist attached to the same department will be consulted and the medical aspect of the treatment indicated. This department works for five days in a week.

This department functions under the guidance of a WHO expert and with the help of a trained neurologist. Patients suffering from headache, fits, paralysis etc. are required to attend this section of the hospital on Mondays and Thursdays. If any of the patients need inpatient care the provision is made for the admission of such cases.

The hospital is meant for the treatment of acute cases and preference is given to cases which would respond favourably to modern form of treatment in a short time. Children below 10 years are generally not admitted for want of suitable accommodation. It is proposed to have a separate children's unit in the near future.

Cases needing simple custodial care are generally not admitted. Before the patient is admitted to the hospital the relative is advised to consider seriously whether he thinks that admission of patient is unmanageable or when a specialist advises admission in patient treatment will be considered. If a patient offers to enter the hospital for observation and treatment, he is admitted a voluntary boarder.

If the patient's or guardian's income is over Rs 50 per month the maintenance charge is Re 1 per day and Rs 30 should be paid in advance.

towards diet and accommodation. Special wards are also available and the charges vary from Rs 60 to Rs 150 per month. For patients who cannot afford to pay treatment is free of charge.

It is always advisable to admit the case on a voluntary basis. Usually patients are admitted and discharged during the day.

Cases who refuse to come in voluntarily need to be certified. The procedure for this is to get the patient examined by two doctors, one of them being a gazetted medical officer. Certificates are to be written on special forms. These are not readily available with all general practitioners. To avoid unnecessary delay the relative may go to one of the major hospitals (Victoria or the Bowring Hospital) and get the certificates. The concerned Magistrate (in Bangalore the City Magistrate and the First Class Magistrate Civil Station) must be approached with the medical certificates and the patient and a petition on 75 nP stamped paper submitted. The Magistrate then takes evidence and if satisfied issues a Reception Order. The patient will then be admitted by the doctor on duty without any other formality. At the time of admission the guardian is required to sign a declaration permitting the doctor in charge to administer electrical, insulin and other forms of treatment as these involve some small risk. Considering the unfortunate outcome of many untreated cases there should be no hesitation on the part of the patient or his guardian to avail himself or herself of the benefits of the modern forms of treatment.

After admission the guardian should give a detailed history of the patient's illness. This will help in understanding the illness as well as in planning treatment. It will also help in arriving at the possible outcome of the illness.

Diet, clothing and linen are supplied by the hospital and care and supervision exercised over the patients. For extra diet a suitable amount, usually Rs 25 may be deposited in the hospital office. Out of this any reasonable expenditure will be supplied in addition to the basic diet. For all payments made in the office the guardian should insist on getting a receipt.

The patients may receive letters about once a week, the guardian may also make enquiries from the Superintendent about once a week for the progress of the case in the hospital. The patients are encouraged to write as frequently as possible to their relatives and friends. It is inadvisable to disturb the doctors on the telephone at all odd hours. Normally the patients can be visited only between 4 and 6 P.M. on all days. In the case of seriously ill patients the doctors in charge will report to the guardian that the case is serious and the visiting hours in each case are extended at the discretion of the doctors.

No visitor is allowed to give food in the mornings without the specific permission of the doctor as the patients on Electrical and Insulin treatment must be on an empty stomach until the treatment is over.

Voluntary patients when sufficiently recovered are sent out on parole for not more than 3 days at a stretch. The guardians are encouraged to utilise this facility as it will help in the early recovery of the patient. At first it is desirable to take out the patient in the morning and bring him back before dark. Any relevant observations should be reported to the doctors. When a patient is taken out on parole the guardian should see that there are no dues payable to the hospital. Certified patients are not permitted to go out on parole.

Voluntary patients will be discharged from hospital on giving notice in writing of the route to follow at least 24 hours before the intended departure. Certified patients if they are well enough are also discharged on a formal application by the petitioner. Other types of cases are dealt with by the Board of Visitation which meets once a month. When this body recommends the discharge of a patient the guardian is expected to take the patient out of the hospital at once. Patients who have been admitted under Section 14 as wandering and dangerous lunatics may be discharged by the Magistrate who has ordered the committal of the patient to hospital. Accused and criminal patients cannot be discharged in the ordinary way.

Patients who show temporary mental disturbance after epilepsy (fits) and cases who show speedy improvement with treatment should be taken out as early as possible. Prolonged stay in hospital is unnecessary and inadvisable. They can attend the Out-patient Department for further treatment if necessary. The guardians are requested to keep in touch with the institution and reply letters addressed to them. This will benefit the patient and also help in adding to our present knowledge of mental disorders.

The patients are given modern forms of treatment electrical, insulin and drug treatment. The Electro-Departments of Biochemistry and Psychology where in exhaustive investigations are undertaken. There is an EEG Department for the investigation of epilepsy, suspected brain tumour, etc. The fee for EEG recordings is Rs 30. There is a department of Neuro-surgery where operations on the brain will be conducted on chronic patients who have not responded to other forms of treatment. No operations are conducted without a full explanation to the patients and/or their guardians. A written consent from the nearest relation is necessary. A week's notice is given prior to the operation. There are facilities for individual and group psychotherapy and recreational and occupational treatments. Patients are permitted to go out on parole. Friends may take the patient out for hairdressing, cinema, etc.

Results of Treatment

The rate of recovery is high in cases which are not chronic—75—80%
With modern forms of treatment most of the patients can be rendered manageable at home

MENTAL HOSPITAL DHARWAR.

Short History

The Mental Hospital Dharwar was opened in the year 1851 as a Lunatic asylum and converted into a Mental Hospital in 1923. Modern treatment was introduced in 1950 and consists of Electric Convulsions, Therapy, Insulin Therapy, Hydrotherapy, Drug therapy, Occupational therapy and Psychotherapy. Though the sanctioned bed strength is 249 (188 males and 69 females) the number of patients has increased to 350. Due to overcrowding and limited accommodation plans were put forward and additional buildings sanctioned. They are under construction. There are about 6 acres of land under cultivation of which 3 acres are farmed and the rest cultivated for flowers and vegetables which has won several prizes at the Garden Shows in the last 5-6 years. The other Occupational Therapy consists of mat making, tailoring, carpentry and tin smithy.

Address: Dr S M Chan basavanna MBBS DPM Superintendent, Mental Hospital Dharwar

Tele No Hospital 158

PUNJAB

THE PUNJAB MENTAL HOSPITAL, AMRITSAR

Short History

The Punjab Mental Hospital was planned in October 1947 shortly after the partition of Punjab and built hurriedly by extensive additions and some modifications to a Reformatory Settlement building. It was built as a hostel for 500 patients. Apart from a section of 32 rooms for men and 20 for women the rest of the accommodation is in barracks. It was opened in March 1949 with a few patients. In May 1950 about fifty patients were received from an improvised Mental Hospital for Refugees but the rest of the accommodation was kept vacant for the Non-Muslim patients from West Pakistan who arrived here on 6th December 1960.

An Outpatient Clinic was opened even before the actual opening of the hospital. Its clientele increased progressively so that more disturbed patients from outside Amritsar started staying in Verandahs of the Outpatient Clinic and under the trees. In 1956 these patients were allowed to stay in tents in the hospital compound till by the end of 1959 about

100 tents were constantly pitched within the hospital compound where the outpatients lived with their families some of whom had young children as well. In 1958 the main prison like gate was replaced by a gatekeeper's lodge and entrance to the hospital compound made open. About 6000 patients were treated in the Outpatient Clinic last year of whom half of them were given Electric Convulsive treatment. A further recent development has been the opening of an outpatient ward of 16 beds and five single rooms in which psychologically ill and very disturbed patients are housed. They are fed and looked after by their families while the hospital provides free medical attendance. This work has been in the nature of Voluntary Service by the doctors having been done in off-duty hours from 5 p.m. to 10 p.m. by almost all the doctors and till midnight or past midnight by one on 3 days a week. Separate staff for this Clinic was sanctioned in 1958 and some appointments were made early during this year. The Voluntary work is however being continued in the same tempo as before as the attendance of the Clinic has increased.

During the 2nd Five Year Plan a ward of 80 beds (40 beds each for men and women patients) 6 isolation rooms for infectious cases 12 beds for insane children a psychology laboratory a family ward of 5 suites and a new Occupation Therapy barack for mental patients have been added. An outpatient ward of 8 rooms is under construction. Of these the 1st (namely 80 bed accommodation) has been completed and is in use since January 1960. This is built on modern lines and has such amenities as sitting room dining room play room art room music room and library. There are eight single rooms each with an attached flush lavatory and bath instead of 40 beds for accommodating disturbed patients. Plans for 400 bed accommodation for chronic incurables at a cost of 8 lakhs are under preparation and the work is expected to be taken in hand this year.

Other distinctive features of this hospital are that all the medical officers have voluntarily given up private practice and hold interview with patients 12 hours a day. The guardians are encouraged to give company to their wards as long as they like and are permitted to stay at night if they so wish.

Modern methods of treatment (except psycho-surgery and individual psychotherapy) are available here. Patients are given an insight into mental illnesses generally in lecture-meetings in which a convalescent patient recites the story of his illness or gives it, in writing. Apart from psychological and physiological explanations of symptoms solace provided by basic teachings of religion and the need to respect social ethics are stressed in these meetings.

Occupation therapy is given its due place although to a relatively limited extent.

There were 380 patients recorded on 1.1.51 (1st January 1951) and 917 on 1.11.1960 (against authorized accommodation of 600) of whom 81 (79 men and 2 women) are criminals and 836 (504 men and 332 women) are non-criminals. Out of these 917 inmates 850 are classified as incurable insanes. Most acute cases are handled and treated in the out patient Clinic and the people have become used to it and prefer to stay with their wards even at the expense of discomfort and absence from work to running about in the Courts for securing orders of admission. But for the out patient service the plight of the mental patients in the state would have been miserable.

About 400 patients are admitted every year of whom nearly 40% are incurable at the time of admission and 300 patients are discharged. Manageable patients who are not classified as social recoveries are not discharged from the hospital unless desired by their guardians because such patients are likely to be a burden on the families and a bad influence for the children in the home and in the locality. Death from natural causes claim 30 to 40 patients every year and about 60 are added yearly to the incurables of the hospital.

Out of the 917 110 only are paying patients and the rest are non-paying. The tariff for ordinary class diet is Rs 60 per month and Rs 130 p.m. for better class diet, against Rs 78 and Rs 128 respectively actually spent by the Government on each of these two categories of patients. As in most Government Mental Hospitals admission is available only to the Punjab domiciled person but outpatient services are available to all. The Punjab Government charges Rs 2503 per annum as capitation charges from States of states other than Punjab.

The total annual income of the hospital is about Rs 70,000 from paying patients, Rs 80,000 as fixed contribution from municipalities and district boards in the States and Rs 15,000 are miscellaneous receipts. The annual expenditure of the hospital is about 6 lakhs rupees.

Information on Mental hygiene is given to the convalescent patients and their guardians in the thrice weekly meetings mentioned earlier. In addition lectures on the subject are given by the senior medical officer in about a dozen training colleges for teachers and in some schools every year.

A psychiatric Outpatient Clinic was opened at the Amritsar Medical College Hospital in 1958 and at the Medical College Hospital Patiala in 1960 under qualified psychiatrists. Manageable psychotic patients

have been allowed to be treated as out patients and in patients at the Civil Hospital Gobindgarh where the Medical Officer has had training in Psychiatry at the Hospital for Mental Diseases at Ranchi

The increase or decrease in the incidence of mental diseases cannot be judged properly from the number of patients admitted to the Mental Hospital or attended at the Psychiatric Outpatients Clinics because these Clinics have been recently established and people are coming to know about these slowly by the word of mouth of recovered patients or their guardians. However the senior medical practitioners who have practised in a particular area for years are of the opinion that the incidence of major mental breakdown (psychoses) which are relatively easily spotted out is increasing progressively. Those who have had some knowledge of neuroses think that these illnesses are also much more frequent than before. His own experience of work at the psychiatric outpatient Clinic Amritsar is as below —

- 1 Organic psychoses are comparatively fewer than in European Countries
- 2 Alcoholic addiction in Punjab is not so pronounced as to cause alcoholic psychoses
- 3 Syphilitic encephalitis and meningo—encephalitis are extremely rare conditions being not more than one per cent of major psychoses
- 4 Incidence of major mental breakdown a little before or after marriage is increasing particularly in girls
- 5 Hysterical illnesses are getting fewer during the course of years
- 6 Anxiety neuroses psychosomatic illnesses and obsessional neuroses appear to be increasing
- 7 Toxic delirium in continued fever appears to be more frequent during the last two years (as compared to the period 1951—58) particularly in cases who have had large doses of chloramphenicol and tetracycline antibiotics

Psychoses occurring shortly after puerperium (but not of the type of toxic psychoses) are getting progressively more frequent in younger persons of 18-25 years of age who have had poor health and comparatively frequent pregnancies

Psychoses from opium withdrawal (due to the recent stoppage of sale of opium in licensed shops) has been insignificant either because the addicts have adjusted to the reduced quantities available on a permit or perhaps have access to smuggled opium

MENTAL HOSPITALS OF INDIA

PUNJAB

The Punjab Medical Directorate has approved the following schemes for extension of Mental Health Services in the State during the period of the 3rd Five Year Plan

		Cost 5 years
PRIORITY A		
1	Psychiatric Outpatient Clinic at 15 District Hospital Quarters	
2	District Hospital Amritsar 100 patients	Rs. 620 thousand R 610
PRIORITY B		
3	District Hospital Patiala 100 patients	R 500
4	Hospital Medical District Patiala (100 beds)	R 1200
PRIORITY C		
5	Accommodation for Medical District Amritsar (100 beds)	R 1100
6	100 bed accommodation for Medical District 3rd Medical College at Raigarh	R 1100
Total		R 5030 thousand

Postal Address —

Dr Vidya Sagar PCMS

Medical Superintendent

Punjab Mental Hospital AMRITSAR.

Telegraphic Address MENTAL HOSPITAL AMRITSAR

Tele No Off 3965 Hosp 3965 Resi Nil

RAJASTHAN

MENTAL HOSPITAL JAIPUR

Short History

The Mental Hospital Jaipur is one of the two hospitals under the departments of Medical and Health Services Govt of Rajasthan the other being at Jodhpur. It is about 1½ miles from the city and is situated at Adarsh Nagar Jaipur on the main Jaipur Agra Road. The outlay of the Hospital is based on the lines of the Mental Hospital Bangalore and half the building has so far been completed the remaining expected to be completed during the Third Five Year Plan. The Hospital has an Acute Psychiatric Centre and admits only acute treatable mental patients and not mental defectives and chronic mental patients. Though the authorised bed strength is 180 the number of inpatients exceeds 200 at any time. It has a Psychiatric Clinic, Seizure Clinic and a Child Guidance Clinic attached to it. The source of referrals from the Government Hospital and from Delhi. Of the 429 patients admitted in 1959-60 100 cases were

from outside Rajasthan 87% of the patients were admitted as voluntary boarders and the remainder under Government or Court orders. The history of the hospital shows that there was a similar institution inside the Ghāt Darwaza in Jaipur. But there does not appear to be any record of the Asylum excepting the existing road known as Pagalkhanna ka Rasta. The Lunatic Asylum at Chandpole Gate Jaipur began to take care of the insane. It was in the true sense an Asylum. The Medical Officer attached to the Central Jail looked after the mental patients admitted to the Chandpole Gate Asylum while another doctor supervised the hospital. The staff consisted of on whole time compounder who was always ready with his universal remedies of Brahmī Syrup and bōmides. When patients became intolerant a stiff dose of Hawa Jahaj (severe beating after tying the legs and hands of the patients) was administered. The first real change that took place was when the Asylum was transferred from the Jail Department to the Medical Department in 1932. At that time the number of patients varied from 80-90 including females. The Asylum was recognised for Psychiatric training for the medical undergraduates (M.B.B.S.) of the SMS Medical College Jaipur in 1946. A wing of the present building was founded by Sr. Mrza Imaail and with the coming of the new Superintendent the post of darogās (ward boys) was abolished and treatments like Electric Shock, Insulin took the place of the terrifying Hawa Jahaj. More compounders were taken on the strength of the staff. With the first transfer of patients from the Chandpole Asylum only chronic female patients were brought to the present building and it was in 1953 that the Asylum was completely transferred to the present building. Occupational Therapy as well as gārd gāndōo and outdoor games was started in August 1954 and the number of patients increased from 80-90 to 125. The Hospital was highly catering to chronic and inrecoerable patients upto 1956 after which it was modernised to have a fully staffed and equipped hospital for taking in cases from the neighbouring States and the development of regular OPD services. Thus the chances for recovery were greater when the cases of recent origin were admitted. Chronic cases were discharged to be looked after by their relatives. A Psychiatric Laboratory X-ray and Electric-Cardiogram had been added. Electric Convulsion Shock Therapy E.C.T. with a sonner Electric Narcosis, Carbon Dioxide and Psycho-surgery have come to take their proper place in the hospital. The introduction of group and individual Psychotherapy and drug therapy (Phenothiazine) have given relief to patients. Research on the different problems of childhood psychosis, psycho-physiological studies on schizophrenia and M.D.P. epilepsy have been conducted. New posts have been created and the list being that of a Psychiatricist for Child Guidance Clinic. The staff of the Hospital are being trained at the All India Institute

MENTAL HOSPITALS OF INDIA

RAJASTHAN

of Mental Health Bangalore The hospital is being used not only for under graduates but also by post graduates for the r MD examinations The University of Rajasthan has introduced the D P M courses from 1960 at the Hospital

Year	N Adm on	R sults f treatm t f l rea g			M t l	V l tary p	O t d or P t	B dget G t		
		Cu red	R l d w	O h D y						
1955	105	45	30	20	25	20	150	6 8	193	79 885
1956	153	80	62	25	10	125	300	11 4 /	86	1 24 12
1957	355	85	145	12	22	325	300	24 5 /	322	1 48 052
1958	400	85	270	12	0	475	1250	53 3 /	1236	1 52 990
1959	429	230	660	20	22	475	3000	87 2 /	2132	1 70 651

Postal Address

Dr Balkrishan Vyas MBBS MS
13 Adarsh Nagar
Jaipur (Rajasthan)

Telegraphic Address

Tele Residence 2856

Hospital 2838

Office & Hospital 3828

UTTAR PRADESH

MENTAL HOSPITAL AGRA

The Mental Hospital Agra was opened in 1869 as the Agra Lunatic Asylum For many years this hospital continued as a collectal charge of the Civil Surgeon Since 1904 it has been run by a whole-time Superintendent In the year 1925 the word Asylum was omitted and the title of Mental Hospital was granted to Mental Hospital, Agra

Though Agra Mental Hospital was supposed to admit patients only from certain districts of UP it serves the need of a major part of North India comprising of UP Delhi and eastern parts of the Punjab It has now become one of the most important psychiatric institutions in the country where modern treatments are available

In Western countries the incidence of psychoses is approximately 4 per thousand excluding psycho-neurosis and mental deficiency If the number of psychotics is taken 2 per thousand in India, there should be approximately 1 26 400 persons suffering from certifiable mental diseases This number does not include the psycho-neurotics and the mental defectives The total number of beds for mental patients in the whole of UP is 1407

including the 408 beds of the Mental Hospital Bareilly 331 beds of the Mental Hospital Varanasi and 668 beds of this hospital. Another 60 beds have been added to the Mental Hospital Agra.

Large scale improvements are expected in the Third Plan and considerable improvements have already been effected after the Second World War. The Hospital lays great stress on employment and encouraging the patients in various types of activities—occupational, recreational and social. The institution is being developed as an open psychiatric hospital and the staff has learnt to adopt a very progressive outlook.

Post graduate training for the M.D. degree in Psychiatry is given here. Teaching programme for under graduate of Agra, Kanpur and Lucknow Medical Colleges and Lady Harding Medical College Delhi is also carried out.

Medical Offices have carried on researches on the following subjects —

1. Tranquilisers
2. Treatment of excitement in mental patients
3. Epilepsy

There have been other drug trials like Diamox in epilepsy and Topramil made available by the Indian Council of Medical Research. Apart from such researches an important investigation into the incidence of mental illness in Indian populations under active consideration. When the grants available this research of National importance will be carried out.

A new kind of research into the effects of open ward is a unique experiment under way. Another very novel project to keep patients occupied all the time when they are either not sleeping or eating by attending to daily duties under experiment. It is awaited for this might revolutionise the way of handling a mental patient.

For further improvements proposed are given in sequence —

1. Improvement of the existing hospital to make it really 1st rate institution capable of providing high standard of care and treatment.
2. Occupational Therapy Department costing over Rs. 25 lakhs has been recommended National grants by Government.
Establishment of out patient Clinic. The building is ready.
4. Opening of a 60 bed ward.
5. Establishment of a Child Guidance Clinic.
6. Teaching and Research.

MENTAL HOSPITALS OF INDIA

UTTAR PRADESH

- 7 A substantial sum is provided in the 3rd plan to improve this hospital generally by improving building and providing more staff and equipment.

Postal Address

Dr K C Dube MBBS DPM
Superintendent, Mental Hospital Agra.

Telephone Numbers

Residence

Hospital/Residence 4011

MENTAL HOSPITAL, VARANASI.

Short History

The Mental Hospital is situated on the North side of the Collectorate Varanasi and near the village Pandepur. It is an old institution built by the Government in 1809 and located in Hukulganj. It was expanded in 1817 and again in 1855 and entirely rebuilt on the present site. Before the 1928 period, the Hospital was used for both criminal and non-criminal patients but after that period the non-criminal wing was closed down and the hospital chiefly utilised for housing the criminal mental cases. The non-criminal patients were transferred to Agra and Bareilly Mental Hospitals.

The hospital has a bed strength of 252 male and 79 female adults in which Observation cases from Varanasi Districts alone are admitted. The hospital provided for the education and treatment of criminal lunatics of Himachal Pradesh.

A scheme has been forwarded to the State Government for considering the expansion of the hospital by the opening of a non-criminal wing comprising of 100 beds.

Postal Address

Dr S S Misra, MS MBBS
Superintendent, Mental Hospital Varanasi (UP)

Telephone Numbers

Residence 4044

Hospital/Office 4068

BANGIYA UNMAD ASRAM DUTTANAGAR, CALCUTTA 30

Bangiya Unmad Asram is the only mental hospital in India where treatment is followed according to the Indian system of medicines. This is a private mental hospital which is run without taking any help from outside.

This hospital was started on January 26, 1935 in a garden house at Lilluah Howrah with only 25 beds. In 1940 this institution was shifted to the present site at Duttanagar in its own buildings and on its own lands measuring about 20 acres. At present the hospital has got 110 beds for 60 males and 50 females.

The peaceful surroundings of this institution are very pleasant and its well laid-out gardens with play grounds and a park in front of the newly built Silver Jubilee Block are attractive. This hospital has cultivated a large collection of Indian medical plants in its garden. This institution had organised Mental Health Exhibitions on three occasions: first in 1954 which was inaugurated by H.E. and Dr. H. C. Mukherjee, Governor of West Bengal, a second time in 1958 inaugurated by Dr. A. B. Roy, Minister of Health, West Bengal and for the third time in 1960 inaugurated by Sri B. K. Banerjee, Mayor of Calcutta. Many rare collections and valuable publications and informations collected from different countries of the world on Mental Health Services were shown at the Exhibitions and exhibits preserved in the library. Kaviraj Atul Behari Dutt is the founder-Superintendent of this Institution.

During the next 3rd Five Year Plan it is intended to complete the work of the new building of the female ward, the foundation stone of which was laid by Her Excellency Shrimati Padmaja Naidu, the Governor of West Bengal on 20th March, 1960 and to expand the research work on mental diseases.

Postal Address

Kaviraj Atul Behari Dutt, B.Sc. Kaviratna (Ayudc)
Medical Superintendent, Bangiya Unmad Asram Duttanagar
Calcutta 30

Telegraphic address UNMAD ASRAM CALCUTTA

Telephone Numbers

Residence

Office 33 5220

Hospital 56-2205

LUMBINI PARK MENTAL HOSPITAL CALCUTTA

Short History

The Lumbini Park Mental Hospital was started in 1940 under the auspices of the Indian Psycho-Analytical Society which is affiliated to the International Psycho-Analytical Society and within the jurisdiction of the Calcutta Corporation. It has then only 3 beds for treatment of cases of mental ill health. In the last 20 years the hospital expanded and now accommodates a total number of 185 patients, 150 male and 35 females, 15 of whom are treated free by the West Bengal Government. Further the Institute maintains 2 free and 8 concessional beds from its own funds. The Hospital receives grants from the West Bengal Government from time to time. It is gratifying to state that the Union Relief and Rehabilitation Department donated 40,000 rupees for the construction of new two-storey building to accommodate 20 more beds. The construction work is now almost complete. The building of both male and female wards, the two-storey building and the area including the compound of the 2 wards covers nearly 2 b ghas in the case of the male ward and 2½ b ghas in the case of the female ward. The building of the male ward was donated by the late Rajsekhar Bose of Calcutta. The Institute maintains the following Departments —

1 *Clinics*—Two Out-door Clinics, one for mental and the other for general patients were opened in 1940. The treatment and medicines are given free. The other city clinic was opened in 1948 at 14 Parsi Bagan Lane, Calcutta.

2 *Bodhayana*—Since January 1949 the Institute started a school for the education of young children named Bodhayana. A new section of the Bodhayana was opened from August, 1951 for mentally defective children and children with gross problem behaviour due to other cases.

3 *Child Guidance Centre*—With effect from the 10th December 1958 the Institute started a Child Guidance Centre at 14 Parsi Bagan Lane, Calcutta, the aim being to help the problem child and to guide the patient's parents for the proper rearing of such children. Mental testing and vocational guidance is given under experts.

4 *Magazine*—For publicity in Psychology the Institute on behalf of the Indian Psychological Society brings out a popular Bengali quarterly magazine the Chutta.

5 *Research*—3 candidates are preparing for their Doctorate of the Calcutta University at this Institute. Further students of the DPM course attend the hospital on 5 days of the week. Final year students of

the Psychology Department and students of Applied Psychology Department Calcutta University also attend as a regular feature. A Library is provided both for the use of staff and patients.

Postal Address

Dr Tarun Chandra Sinha D Sc
Superintendent Lumbini Park Mental Hospital Calcutta
67 Jatindas Road Calcutta 29

Telephone Numbers

Residence 46 3156
Hospital 44-3088

MENTAL HOSPITALS OF INDIA (1960)

ANDHRA PRADESH

Estimated population —

3 crores 10 lakh

Estimated number of cases in the State — +

Name of Mental Hospital	Beds & Cases			Facilities					
	(a) Actual number of beds	(b) Institutional cases	(c) Actual number of cases in hospital during 1959	OPD		Occupational therapy	Physical form of treatment	Centres & Services	Teaching Hospital
	(a) I	(b) II III	(c) I II III	(a) Regularly attended	(b) Regularly attended	(a) New cases	(b) Old cases	(a) I II III	(a) Undergraduate (b) Postgraduate (c) DPM and other courses (d) Nurses, DPN
1 Government Mental Hospital Waltair	(a) 300 (b) 297 (c) 581	Nil	(a) 10 (b) 3	(a) 80 (b) 30	Sports Tailoring Gardening Weaving Agriculture Carpentry Sheep rearing Embroidery Metal making Lace Weaving	(a) Yes. (d) (f)	(a) Child Guidance Centre (b) Youth Co-education Centre (c) Vocational Guidance Centres (d) Premises for Counselling (e) Marriage Guidance Services (f) Other Services	(a) Andhra Medical College Vizakhapatnam.	

MENTAL HOSPITALS OF INDIA

1	2	3	4	5	6	7	8	9
2	Hospital Mental Diseases Hyderabad	() 600 (b) 358 () 621	NI	4 16 () (b) NI	33 28 () (b) Nil	Book reading, embroidery, sports & crafts gardening	() t (f) Yes. II 310 (b) t (f) N ()	{ 1 Usman Medical College Hyderabad 2 Gadh Medical College Hyderabad ASSAM
Estimated Population		—1 000 000 (ppro)		Estimated number of cases in the State		—		It is difficult to know the total number of cases less than 10 000 need treatment
3	Mental Hospital Tezpur	() 795 (b) 341 () 770	() t () NI	() 2 t 3 (b) NI	() 45 60 () (b) Nil	Yes and fully qualified OT	() t (d) Yes () N (f) Yes	() Assam Medical College Dibrugarh BIHAR
Estimated Population		—40,218 916 (1952)		Estimated number of cases in the State		2180		
4	Hospital Mental Diseases Kanke Ranchi	() 453 (b) 201 () 399	() t () NI	() 0 66 (b) 0 08	() 8 (b) 2 4	Yes will equip department.	() t (f) Yes () I 0 11 II 3 4 (b) NI () I 0 20 II 6 2 (d) t (f) Nil	Courses likely to start soon.
5	Ranch Manasik Arogyashal Kanke Ranchi	() 1380 (b) 632+ 1702(O) () 1297+ 166(O)	() t () NI Old case and medical supervision.	() 217 () 66 00	() 66 00 () (b) Nil	Yes fully equipped OT Deptt	() t (f) Yes () t (f) N	Medical undergraduates from Patna, Cuttack & Dibranga attend courses.
		(O)—Observation.						

1	2	3	4	5	6	7	8	9
GUJARAT								
Estimated popul ti	— 162,00 000	Estimated number f cases in th State — +						
6 Mental Hospital Ahmedabad	() 317 (b) 318 () 620	() & (b) N 1 () Recently t rted.	() 3 (b) 20	() 143 (b) 315	Var us	() t (f) Yes	() t (f) N	() B J Medical & Colleg Ahmedab d (b) Med l Coll ge, B da
7 Mental H pital, B roda	() 155 (b) 123 () 221	Nil	N 1	Nil	T l r i g C pe t ry W ing & G de ing	() (b) () (f) Y (d) () (g) N	() t (g) N	
8 Mental H pital, Bh vnag	() 18 (b) 2 () 18	Nil	Nil	Nil	Nil	() to (g) N	() t (g) N	Nil
9 Ment l H pital Bhuj	() 16 (b) 34 () 14	N 1	Nil	Nil	N 1	() & (f) Y (b) t () & (g) N	() t (g) N	N 1
10 Ment l H sp tal J mnag	() 50 (b) Nil. () Nil.	Nil	Nil	Nil	N t yet t ted (A h spital t rted funct ing in J 1960 nly)	() t (d) & (f) Yes (b) & (g) N	() t (g) Nil	M R. Shah Med cal College, J mnagar
JAMMU & KASHMIR								
Estimated P pul ti	— 400 000	Estimated umbe f cases in th State — +						
11 Ment l H pit l, S inagar	() 50 (b) 259 () 51	Nil	() 1245 (b) 1050	() 103 75 (b) 87 5	() N t provided N f treat ment g () to (g) Y s.		() t (g) Nil	N 1
						1958-59	1959-60	
						() 967	729	
						(b) 240	475	
						() +	+	
						(d) 249	301	
						() 120	135	
						(f) +	+	
						(g) 27	26	

1	2	3	4	5	6	7	8	9
KERALA								
E t m ted P p l t	—150 00 000 pp		E t mated	mb	f case in th	St t	—+	
12 Govt M t l H p t l K zh k d	() 364 (b) 435 () 730	Nil	N 1	N 1	Wea g Sp g T l g C m k g G d g f m d m b d ry w k f m	() t (d) Y () t (g) N 1	() t (g) N 1	Nil
13 M t l H p t l T h	() 157 (b) 252 () 344	N 1	N 1	N 1	W g d A g l re	() N () N (d) N () Y (f) Y (g) N	() t (g) N	Nil
14 M t l H p t l T d m	() 201 (b) 2014 () 569	N 1	4 43 () + (b) +	133 () + (b) +	W g d m t man f t g	() t (f) Y (g) N	() t (g) N	() Med cal C ll ge, T and m
MADHYA PRADESH								
E t m d p p l t h	2 6 es		E t m t d	mb	f ca es	tl	St te	52 000
15 M t l H p t l G l	() 120 (b) 242 () 150	() I II III	N 1 6 6	() 5 6 (b) 15 20	() 171 (b) 600	Wea g Gard ni g F r g C k g t	() t (f) Y (g) N	() t (g) N () G R M d cal C ll ge Gw l
16 M t l H p t l I d re	() 75 (b) 121 () 96	N 1	() 3 (b) 15	() 71 (b) 259	G d i g F r m i g cal	() t (f) Yes (g) N	() t (g) N	() M G M Med cal C ll ge I d re

1	2	3	4	5	6	7	8	9
MADRAS								
Estimated pop lat	—3 43 02 000					Estimated	number of cases in the State —	+
17 Govt Mental Hospital Madras	() 1800 (b) 1825 () 2539	* Nil	(a) 4 (b) 4	() 120 (b) 120	1 Carpentry 2 Blacksmithy 3 Blackbinding 4 Weaving 5 Spinning 6 Tinting 7 Gardening 8 Dhoby work 9 Kitchen work 10 Embroidery 11 General work 12 Mat weaving	(t f) Yes (g) N	() I 20 II 160 (b to g) No ()	1 Madras Medical College 2 Kripak Medical College and 3 Stanley Medical College, Madras.
MAHARASHTRA								
Estimated population	—3 19 70 613					Estimated	number of cases in the State —	1045
18 General Mental Hospital Yerande.	() 1297 (b) 130 () 2631	Nil	Nil	Nil	Yes	(t f) Yes (g) No.	(t to g) N	—
19 Mental Hospital Nigdi	() 610 (b) 321 () 68	Nil	() 302 (b) 1640	() 5790 (b) 31455	Fully well organised occupational Therapist	(t f) Yes (g) N	(t to g) N	—
20 Mental Hospital Ranigiri	() 226 (b) 159 () 328	Nil	Nil	Nil	Yes.	(a, b, d, f) Yes. (g) N	(a t to g) N	—

1	2	3	4	5	6	7	8	9
								MAHARASHTRA
21	N M M tal Hos- p tal Thana () 440 (b) 426 () 1704	Nil	NI	NI	T som ext t (b d f) Yes (t g) N (& g) N			{ 1 Gra t Med cal Coll ge and (& { 2 T p wall (b) { N t nal Me- d cal College, B mb y
								MYSORE
	Estimated pop l t — +						Estimated mbe f cases	th St t — +
22	G t M tal H s- p tal Bangal re () 500 (b) 2424 () 524	Nil	() 5 (b) 12	() 60 (b) 156	Yes	() Yes (b t g) N	() Yes I 5 II 120	(b) All I d I t t t f M t l Health B g l
23	M tal H p tal Dh rwar () 249 (b) 128 () 429	NI	() 108 It h tarted ce 18 8 60 nly	NI	V get bl g d Fl we gard Tail g Car pe tary and Sm thy M t Mak g t	(d f) Y (b g) N	(t g) N	—
	Estimated p pul t — [1 70 00 000]							PUNJAB
							Estimated umbe f ca es	th Stat — 1 Ab t 36 000 I ane, 2 Ab t 72 000 m t lly d fi ent 3 N ur t cs S eral lakhs.
24	Ment l H p tal Amr tsa () 600 (b) 443 () 799	NI	() 14 37 (b) 120 64	() 431 1 (b) 3619 2	Yes +	(t f) Yes (g) N	(t g) N	() M d cal C l l ge, Am tsa

1	2	3	4	5	6	7	8	9
RAJASTHAN								
Estimated population	—	Abolition of	20	or	res	Estimated number of cases in the State	—	+
25 Mental Hospital Jipur	() 180 (b) 429 () 177	Nil	() 9 (b) 20	() 251 3 (b) 589 7	Yes.	() Yes () No	() I 15 II 38 1 (b) I 0 8 II 24 8 () No	—
26 Mental Hospital Jodhpur	() 60 (b) 140 () 78	Nil	() + (b) +	() + (b) +	Outdoor & day hospital work, Gurdaspur	() Yes () No	() No	—
UTTAR PRADESH								
Estimated population	—	63	more			Estimated number of cases in the State	—	+
27 Mental Hospital Agra	() 668 (b) 461 () 597	Nil.	() 6 47 (b) 0 58	() 194 1 (b) 17 4	Yes.	() Yes () No	The present problem with OPD	Udgraduates from Agra, Kanpur, Lucknow & Delhi & P.M.D. Psychiatry attend the Hospital
28 Mental Hospital Bareilly	() 408 (b) 68 () 389	Nil.	() 2 03 (b) 0 05	() 60 (b) 150	1 Typhoid 2 Cholera 3 Wingo 4 Typhoid 5 Gardening & Farming 6 Smithy	() Yes. (b) At present expanded	() No	—

MENTAL HOSPITALS OF INDIA

1	2	3	4	5	6	7	8	9	
UTTAR PRADESH									
29	M t l H p t l V ana	() 331 (b) 29+84(O) () 257	N1	() 1 (b) 1	() 8 (b) 8	N1	() Yes (b) } () } (d) } N () } (f) } (g) }	(t g) N	—
	(O)—Obser t on,								
WEST BENGAL									
	E t m ted pop l tu	—3 00 00 000					E t m ted mb	f case i th St t	—
30	B g ya Unm A m D tt g C l ita	() 90 (b) 113 () 53	N1	N1	() + (b) +	R d g b k l ght m rning & n g w lk I d & O t d g m wing wool w k ttend g m t	(-e & g) N P t t t ted w th Ayur ed med	N1	—
31	L mb l P k M t l H p t l Cal tt	() 165 (b) 356 () 129	+	() 2 (b) 10	() 52 (b) 260	Y	(to f) Y (g) N	(to g) N	—
32	M nt l Ob rv l t W d Bh wan p re C l utt	() 30 (b) 125 () 23	N1	N1	N1	L ght G d g Needl w k I d & O t-d g m d L brary	() } (b) } Y () } (d) J () N (f) Y (g) N	(to g) N	—

1	2	3	4	5	6	7	8	9	
33	Mental Hospital Mankundal Calcutta	() 80 (b) 111 () 74	Number of beds	15 () 036 (b) 11	45 () 10 (b) 33	Yes	(b, c, & g) No (d, f) Yes	() 115 II 45 (b) No () Yes (d) No () No (f) Yes (g) No	WEST BENGAL Psychology Department University of Calcutta

No. I Number of Authorized beds
 II Number of Actual admissions
 III Number of cases treated in 1959
 IV Daily Average
 V Attendance (Monthly)

MENTAL HOSPITALS OF INDIA

RESOLUTIONS PASSED AT THE FIRST CONFERENCE OF SUPERINTENDENTS OF MENTAL HOSPITALS IN INDIA HELD AT AGRA ON THE 25TH & 26TH NOV 1960

RESOLUTION No 1

THIS CONFERENCE after considering in detail the draft Mental Health Bill RECOMMENDS for adoption the Bill with the changes proposed by them

THIS CONFERENCE also wishes to place on record its appreciation of the work undertaken by Dr S ty a Na d and his colleagues in drafting this Bill

RESOLUTION No 2

THIS CONFERENCE noting with concern that there is a great shortage of trained doctors and paramedical personnel in the field of psychiatry and that the number of centres available for training them is not adequate to meet the requirements recommends that immediate steps should be taken for

- (i) increasing the number of trainees in the existing private or government training centres by expanding and strengthening them
- (ii) opening additional centres for post graduate training in psychiatry at appropriate places. The trainees should be given adequate stipends. In order to ensure that the personnel trained get suitable assignments THIS CONFERENCE recommends that the State Governments should sponsor the personnel already employed in their medical institutions as well as others so that in course of time nuclei of trained personnel in psychiatry are made available
- (iii) improving the pay emoluments opportunities of promotion and service prospects for persons in the field of Psychiatry so as to attract suitable persons

RESOLUTION No 3

THIS CONFERENCE emphasises that it is necessary for selected medical auxiliaries working in Medical and Health Institutions to be given a short period of training in Psychiatry after their normal training. Short training courses of 3 months may be arranged at training centres which already exist and/or which may be set up in future

RESOLUTION No 4

The developments in the field of medicine especially in the field of Psychiatry are advancing at a very rapid pace and this CONFERENCE

MENTAL HOSPITALS OF INDIA

recommends that short refresher courses may be arranged for the following categories of personnel

- (i) those already employed in Mental Hospitals
- (ii) those who are employed in other Medical & Health Institutions
- (iii) General Practitioners

The Governments concerned should sponsor the candidates and give them stipends

RESOLUTION No 5

The attention given to Psychology and Psychiatry in the present undergraduate medical course is considered to be insufficient. The casual visits to a mental hospital are not obviously likely to give the undergraduates sufficient knowledge of the subject. Without increasing the duration of the medical course the curriculum may be reviewed and improved and strengthened.

THIS CONFERENCE further resolves that full use of Medical Hospitals which have sufficient facilities and clinical material for teaching should be made use of by the medical college and university centres if such mental hospitals are in close proximity and Professorial Chairs in Psychiatry should be created in all medical colleges and all trained specialists of these hospitals should be utilised as teachers.

RESOLUTION No 6

THIS CONFERENCE recommends that the government should provide senior travelling fellowships for exchange visits to other parts of the country and other countries to enable Psychiatrists to keep in touch with modern developments in Psychiatry.

RESOLUTION No 7

THIS CONFERENCE viewing with concern the poor standard obtaining in most mental hospitals in the country considers

- (i) That the improvement of the existing mental hospitals e.g. remodelling and modernising the buildings provision of improved treatment facilities and amenities provision of adequate staff etc is the most important need today and should be given the highest priority in the National Planning during the Third Five Year Plan
- (ii) That hospitals for chronic patients with wings for mentally defectives senile and epileptic patients should immediately be set up

MENTAL HOSPITALS OF INDIA

- (iii) That Psychiatric clinics and Psychiatric wards be added to all general hospitals and hospitals attached to medical colleges. There should be at least one clinic for each district. Such clinics and wards should be in charge of qualified Psychiatrist
- (iv) That special schools for education and training of lesser degrees of mentally retarded children may be opened
- (v) That Day Hospitals be established wherever practicable
- (vi) That the system of maintenance of hospital records should be immediately revised and detailed history and exhaustive psychiatric examination and progress notes should be maintained according to standard Psychiatric techniques. Such records should be uniform in all the mental institutions
- (vii) That the standard nomenclature for the diagnosis of mental disorders as adopted by the World Health Organisation in their detailed list of nomenclature of diseases be adopted uniformly by all Psychiatric institutions
- (viii) That a sub-committee be appointed to revise the various forms and returns used for statistical purposes

RESOLUTION No 8

THIS CONFERENCE noting that the drugs used in Psychiatry are either too expensive or are not readily available recommends that government should take steps for the import of such drugs as are not available and also should encourage a manufacturing programme of these drugs in India

THIS CONFERENCE further recommends that steps be taken to encourage the manufacture and fabrication in India of ECT, EEG and other electro medical equipment used in Psychiatry

RESOLUTION No 9

THIS CONFERENCE noting with concern the tendency for the excessive use of tranquilizers and other drugs urges upon all concerned to exercise the utmost care and restraint in this regard

RESOLUTION No 10

THIS CONFERENCE recommends that an Adviser in Mental Health be appointed by the Government of India in the Ministry of Health to advise the government on mental health and that similar Advisers be appointed in the States also

MENTAL HOSPITALS OF INDIA

RESOLUTION No 11

THIS CONFERENCE recommends that no non-criminal mental patients be observed/or detained in a jail. All such patients should be kept for necessary observation in general hospitals, where mental hospitals do not exist

RESOLUTION No 12

THIS CONFERENCE is of the opinion that it is essential to segregate criminal psychiatric patients in institutions solely meant for them. The Government is urged to take urgent steps for this purpose

RESOLUTION No 13

THIS CONFERENCE recommends the training of Child Psychiatrists from among qualified psychiatrists and the establishment of mental health services for children and adolescents such as child guidance clinics, Mental Health Services in Schools and Colleges, youth counselling, Premarital counselling and Marriage Guidance Clinics

RESOLUTION No 14

THIS CONFERENCE endorses the recommendation of the Estimate Committee of Parliament regarding the setting up of Councils of Mental Health by the Central and State Governments

RESOLUTION No 15

THIS CONFERENCE recommends that Governments sponsor health education in the field of mental health

RESOLUTION No 16

THIS CONFERENCE endorses the WHO's recommendation of integration of mental health in all fields of public health activities

PRINTED IN INDIA BY THE GENERAL MANAGER,
GOVERNMENT OF INDIA NEW DELHI