Letter



A psychiatrist on the cusp of independence: Owen Berkeley-Hill on how to nudge social change in India, Jain et al

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Keywords

A psychiatrist on the cusp of independence: Owen Berkeley-Hill on how to nudge social change in India.

Colonial psychiatry carries a whiff of opprobrium, but that should not detract from the contributions that many psychiatrists made to their place of work. Lt. Col. Owen Berkeley-Hill (1879-1944), a psychiatrist in India, joined the Indian Medical Service ('scraped in as the "last but one"" in the qualifying exam) in 1906, served all over India and East Africa, and was the Superintendent of the Europeans-only mental hospital in Ranchi.¹ An inveterate iconoclast, nothing seemed to please him more than pointing out the absurdities of the Colonial Government, and both Indian and European society. His colleagues and superiors were often the target of his sharp wit and apparently 'scandalous' behaviour. He was quite rooted in his life in India, and contributed extensively to the intellectual life of not just the Bengal Presidency, but well beyond. Berkeley-Hill had a great interest in psychoanalysis, was a proponent of mental hygiene and positive mental health, and helped establish the Indian branch of the Royal Medico-Psychological Association (RMPA),² the first outside of Britain in the Empire. He seems to have made a sincere effort to understand the complex and confusing times and place that he lived in. He was fluent in many languages, including Hindustani and Telugu, in addition to being familiar with Arabic, Bengali, Malayalam and Swahili; and of course Latin and French. His household included relatives and staff from all over India, Iraq, Afghanistan and Africa.

He was married to Karimbil Kunhimanny (Janaki), from Cannanore (now Kannur, Kerala) under Brahmo Samaj rites, as he did not want her to have to convert to Christianity, and the customs of the Thiyya community did not have any specific rules for marrying across religions. This 'scandalous' behaviour distanced him from the rigid hierarchies of both British and Indian society. He was well aware of the canker of communal and caste divisions in south Asia, and even hinted that it would be a constant blight, unless resolved. One of his more seemingly outrageous and quixotic suggestions (to try to resolve the Hindu–Muslim conflict) was to invite everyone to a communal feast, so that this most entrenched of social barriers could be broken.³

At that time, eating across the social divide was almost taboo, and railway stations had separate taps or water-carriers for different communities! This suggestion was probably influenced by his awareness of Sahodaran Ayyappan (1889–1968) and the ideas of Ayyankali and many others who had protested against the 'lunatic' 'mad-house' of distinctions that Swami Vivekananda had chastised against, and that contemporary Indian society represented.⁴ Sahodaran Ayappan had practised a simple effective manner of overcoming the 'caste madness', by encouraging and hosting communal meals (*panthibhojanam*) in 1917.⁵ Berkeley-Hill perhaps became aware of these through his extended family, and incorporated this into his writing, proposing that the Hindu–Muslim conflict be treated accordingly, while also dressing it up in psychoanalytic terms.

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Professor Edward Mapother, on his visit in 1937 to India, found Owen Berkeley-Hill to be the most brilliant mind, but someone who had unfortunately rubbed everyone in authority the wrong way and could thus not be entrusted with carrying out the reforms that were necessary.⁶ Berkeley-Hill died in 1944 after a brief illness, surrounded by his family and his friend Mr Ramalingam, an officer in the Bengal-Nagpur Railways. He is buried in Ranchi, where his tombstone reads 'The Care of the Human Mind is the Noblest Profession of Medicine'. The life and career of Lt. Col. Owen Berkeley-Hill shows that the walls of the asylum, and the identities of colonialism, were often porous and permeable, and these intersections of mid-20th-century India encouraged psychiatry in south Asia to be cosmopolitan and inclusive.

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Declaration of interest

None

References

- Berkeley-Hill O. The Ranchi European Mental Hospital. J Ment Sci 1924; 70: 68–76.
- 2 Jain S, Murthy P, Sarin A. The brief existence of the Indian section of the Royal Medico-Psychological Association: a historical note. *Indian J Psychiatry* 2018; 60(suppl 2): s284.
- 3 Berkeley-Hill OAR. Hindu–Muslim Unity. In Collected Papers: 149–56. The Book Company, 1933.
- 4 Harikrishnan S. Communicating communism: social spaces and the creation of a 'progressive' public sphere in Kerala, India. *TripleC Special Issue* 2020; 18(1): 268–85.
- 5 Kulirani BF. The role of panthibhojanam in the Navodhana movement of Kerala. In *Food and Power: Expressions of Food-Politics in South Asia* (ed K Mukhopadhyay): 127–40. SAGE Publications, 2020.
- 6 Mapother E. Suggestions as to some Possible Projects for the Promotion of Psychiatry in India (Royal Bethlem Hospital Archive: EM–01, Papers of Edward Mapother). Bethlem Museum of the Mind/Maudsley Hospital, 1938.