University of Kent

Kent Academic Repository

Dikomitis, Lisa, Shergill, Sukhwinder S., Vineet, Chaudhary and Savinder, Singh (2026) *Paper afterlives: Psychiatric records from Partition*. Anthropology Today, 42 (4). pp. 12-16. ISSN 0268-540X.

Downloaded from
https://kar.kent.ac.uk/116769/ The University of Kent's Academic Repository KAR

The version of record is available from
https://doi.org/10.1111/1467-8322.70068

This document version
Publisher pdf

DOI for this version

Licence for this version
CC BY (Attribution)

Additional information

Versions of research works

Versions of Record
If this version is the version of record, it is the same as the published version available on the publisher's web site. Cite as the published version.

Author Accepted Manuscripts
If this document is identified as the Author Accepted Manuscript it is the version after peer review but before type setting, copy editing or publisher branding. Cite as Surname, Initial. (Year) 'Title of article'. To be published in ***Title of Journal*** , Volume and issue numbers [peer-reviewed accepted version]. Available at: DOI or URL (Accessed: date).

Enquiries
If you have questions about this document contact ResearchSupport@kent.ac.uk. Please include the URL of the record in KAR. If you believe that your, or a third party's rights have been compromised through this document please see our Take Down policy (available from https://www.kent.ac.uk/guides/kar-the-kent-academic-repository#policies).

Check for updates

The Sociological Review and founder of the Centre for Medical Anthropology. In 1993, he received the Bronislaw Malinowski Award from the Society for Applied Anthropology. In retirement, he was a visiting professor at Brunel University of London.

Conclusion

The case of Ronald Frankenberg was a footnote to the Cultural Cold War and to the history of anthropology during decolonization after the Second World War. It was part of an anti-communism in British academic life, found most notably when this concerned colonial policy and decolonization. It was carried out administratively by government departments, such as the Colonial Office, with the implicit support of some university authorities and of senior academics such as Edward Evans-Pritchard. This was different from the open campaign in the United States, with its public hearings and accusations. The Frankenberg case was perhaps exceptional in Britain as it received both newspaper coverage and a debate in the House of Commons. It raised questions of academic freedom as the Communist Party was not illegal, and membership of it was not proscribed. The same was only partially true of the United States. By happy irony, at least two American casualties of McCarthyism, Moses I. Finley at Cambridge University and Owen Lattimore at Leeds University, were to have successful, even distinguished, academic careers in Britain.

Understandably, Anthony Cohen did not take the full implications of the case of Ronald Frankenberg into account when he wrote that a debt of gratitude was owed 'to those small-minded colonial administrators who decided that Ronnie was far too troublesome a character to be let loose on their turf. We would have known more about St Vincent, but the anthropological study of Britain would have been even longer delayed' (Cohen 2005: 618). Cohen also wrote, perhaps with unconscious irony, that Frankenberg, like his Manchester colleague, Peter Worsley, continued in an 'enduring idealism which may seem anachronistic, even eccentric, to later and more detached generations. They were both early and enthusiastic visitors to China when the People's Republic began to admit academic tourists in the mid-1970s' (Cohen 2005: 605). Ronald Frankenberg died on 20 November 2015. ●

Paper afterlives

Psychiatric records from Partition

Lisa Dikomitis, Vineet Chaudhary, Savinder Singh & Sukhwinder Singh Shergill

Lisa Dikomitis is Professor of Medical Anthropology and Social Sciences at Warwick Medical School and a National Institute for Health and Care Research (NIHR) Senior Investigator. Her research focuses on mental health, migration and displacement. She previously published in Anthropology Today on Cypriot refugees. Email: Lisa.Dikomitis@warwick.ac.uk.
Vineet Chaudhary is an India-based anthropologist and a former Research Consultant at Kent and Medway Medical School. Email: vineetchaudhary.vc@gmail.com.
Savinder Singh is Director of the Institute of Mental Health, Amritsar, and Consultant Psychiatrist. Email: directorimhasr@yahoo.com.
Sukhwinder Singh Shergill is Professor of Psychiatry at Kent and Medway Medical School and King's College London. He heads the Cognition, Schizophrenia and Imaging Laboratory. Email: Sukhwinder.Shergill@kmms.ac.uk.

This is an open access article under the terms of the Creative Commons Attribution License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited.

In 1947, as borders were hastily drawn between India and Pakistan and millions were forced to move, the bureaucratic aftermath of Partition reshaped lives far beyond the moment of violence itself (Bharadwaj et al. 2008; Kumawat 2023). Partition has generated an extraordinary body of scholarship, tracing the political, territorial and social consequences of rupture in fine detail. Yet mental health has remained largely absent from this literature. This absence is especially stark in the case of the institutionalized mentally ill, whose lives were profoundly reshaped by the administrative and territorial fragmentation of 1947. While the new states meticulously enumerated land, property and personnel, psychiatric patients were left in prolonged administrative limbo, their futures suspended within emerging bureaucratic systems.

This neglect within post-Partition administration is mirrored by the absence of mental health from much of the scholarship on Partition itself – a double erasure that we seek to address by introducing the Archive of Psychiatry and Partition (PARA), a collection of psychiatric patient records that allows us to follow these overlooked trajectories. By introducing PARA, we recover not only institutional histories and lived experiences long rendered invisible but also challenge the blind spot within Partition scholarship itself. Mental health, we argue, must be recognized as integral to understanding how nation-states were constituted through processes of care, confinement and selective belonging in the aftermath of 1947.

We begin by tracing the bureaucratic neglect of psychiatric patients after 1947, focusing on the delayed transfer of 450 patients from Pakistan to India in December 1950. We then describe the discovery of PARA at the Institute of Mental Health in Amritsar and the curatorial labour through which these scattered records became an archive. Finally, we reflect on the ethics and epistemology of working with psychiatric records in postcolonial contexts and consider what PARA reveals about the enduring marginalization of institutionalized populations.

Partition and psychiatric neglect

The neglect of institutionalized psychiatric patients is starkly evidenced by the fact that a formal mass cross-border transfer (referred to in government reports as 'repatriation') of hundreds of patients did not occur until December 1950, over three years after Partition. This stands in marked contrast to the border exchanges of prisoners that took place as early as April and October 1948 (East Punjab Jail Reforms Committee 1950; Government of Punjab 1951a).

Post-Partition, all three major mental health institutions in the northwest region of British India (Lahore, Hyderabad [Sindh] and Peshawar) went to the territory that became Pakistan (Gadit 2007). The newly formed state of East Punjab in India was left without any specialized psychiatric institution. The Steering Committee of Joint Punjab approved a provisional arrangement allowing the Punjab Mental Hospital in Lahore to continue treating non-Muslim patients from East Punjab for three years after Partition, during which East Punjab was expected to establish its own facility. While this acknowledged the lack of psychiatric infrastructure in East Punjab, official reports noted that 'subsequent events proved that it was impossible for non-Muslims to stay there any longer', even though no alternative hospital yet existed (Government of Punjab 1950).

The government decided to convert the Amritsar Reformatory Settlement into a psychiatric hospital, appointing an officer in May 1948 to organize the institution (ibid.). This process unfolded amid acute financial constraints and shortages of building materials, hospital equipment, bedding and labour. The hospital's first patients were admitted only in March 1949 (ibid.). Now known as the Institute of Mental Health in Amritsar, and located 28 kilometres from the Pakistan border, this hospital is where we first identified the materials that would become PARA.

When the transfer of psychiatric patients finally took place over three years after Partition, it exceeded the original timeline and they were sent not to a fully operational psychiatric institution but to an improvised facility.

Bureaucratic assertions of concern, logistical explanation and procedural effort coexisted with prolonged delay, allowing administrative justification and provisional arrangements to substitute for timely and adequate institutional care.

On 6 December 1950, a formal exchange of mental patients took place, when 450 patients housed in institutions in Pakistan were transferred across the border to India. Of these, 370 patients were Hindu, 50 Sikh, 13 Christian, 10 from 'other castes',[1] one recorded as unknown in the archive, and for six patients, records were damaged or missing, so their religion could not be ascertained, although an inspection of their names suggests they were most likely Hindu or Sikh. After arrival in India, based on linguistic and regional considerations, 282 of these 450 patients were admitted to the Institute of Mental Health in Amritsar (then known as the Punjab Mental Hospital, Amritsar), while 168 were relocated to the Indian Mental Hospital in Ranchi. In a parallel exchange, 233 Muslim patients in Indian institutions were transferred across the border to the hospital in Lahore (Government of Punjab 1951b).

'Government officers and clerks, along with their chairs, pens and inkpots, were distributed like the spoils of war', as Chughtai (2004: 40) describes the material post-Partition process. While India and Pakistan meticulously apportioned military assets, administrative apparatuses and infrastructural resources, the transfer of psychiatric patients received low administrative priority. This delay signals the systematic marginalization of mental health within postcolonial statecraft. As part of establishing administrative legitimacy, the new governments carefully inventoried furniture, files, office supplies and personnel, turning mundane objects into markers of sovereignty and continuity (Khan 2007: 104-127; Sengupta 2014).

Set against this highly organized redistribution, the delayed relocation of psychiatric patients exemplifies a layered neglect. This is not to suggest an absence of state concern. Archival records indicate that the government was cognizant of the situation of institutionalized patients and had entered into provisional arrangements with the government of Pakistan, including agreements for the continued care of non-Muslim patients in Pakistani institutions for a limited period until arrangements could be made in East Punjab, while also noting the subsequent difficulties faced by non-Muslim patients in Pakistani asylums (Government of Punjab 1950, 1951b).

First, these individuals were already marginalized through confinement in asylums, spaces of institutional and social exclusion. Second, the administrative logic of Partition prioritized property settlements and bureaucratic formalities over the needs of psychiatric patients. Third, transfers proceeded with little regard for clinical necessity or kinship ties, subordinating care to political expediency. This contrast between the precise accounting of objects and the disregard for vulnerable lives reveals how bureaucratic violence operated through exclusion, shaping possibilities for care and belonging long after 1947.

Existing research on the transfer of psychiatric patients across newly partitioned India and Pakistan has relied exclusively on official records and administrative correspondence (Jain & Sarin 2018; Superintendent of Government Printing 1932-1946). No previous study has examined the patient files themselves. We located and catalogued these deteriorating records, bringing provisional order to materials long scattered and neglected. These documents now form PARA, which was created to preserve and make accessible a body of evidence absent from both Partition scholarship and the history of psychiatry. We turn next to the circumstances of this discovery and the curatorial labour through which this archive came into being.

Tracing the archive

Since 2023, we (LD, anthropologist, and SSS, psychiatrist) have conducted anthropological research among Sikhs in the UK and the diaspora, focusing on mental health and migration (Dikomitis & Shergill 2025). During a visit to the Institute of Mental Health in Amritsar, our initial discussions with its director (psychiatrist SS) centred on contemporary practices in the care of psychiatric inpatients. As our conversation shifted towards the Institute's historical processes of admission and discharge, we asked whether any early patient records had been preserved. This question prompted a visit to the document storage areas. What we found was not a formal archive but cluttered records rooms where ageing and fragile files lay in disarray.



VINEET CHAUDHARY

Fig. 1. *The Institute of Mental Health, Amritsar, Punjab, India.*



LISA DIKOMITIS

Fig. 2. *Visitors seated by the sacred pond at Harmandir Sahib (Golden Temple), Amritsar.*



LISA DIKOMITIS

Fig. 3. *A bus station in Amritsar, India.*

14678322, 2026, 4, Downloaded from https://rai.onlinelibrary.wiley.com/doi/10.1111/1467-8322.70068 by NICE, National Institute for Health and Care Excellence, Wiley Online Library on [07/10/2026]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

We thank the administrative staff at the Institute of Mental Health in Amritsar, in particular Paramjit Singh Randhawa, for their assistance with the preservation and cataloguing of records; our research assistants, Sawai Singh Panwar and Ashutosh Kumar, for their contributions to the cataloguing process; Kanwaljit Kaur Bajwa for facilitating access to relevant secondary literature; and Elena Dikomitis for photography. Travel grants to LD and SSS were provided through a University of Kent GNCA award (2022), Kent and Medway Medical School funding and through LD's NIHR Senior Investigator Award (NIHR305937, 2025). The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care. Ethical approval was obtained from the Institute of Mental Health, Amritsar (IMH-2025/194).

Fig. 4. *LD in the old record room on the second floor of the Institute.*



SUKHWINDER SINGH SHERGILL

It is important to note that the Institute has made commendable efforts to preserve these records, despite very limited resources. While it is standard practice in India to retain patient records for a minimum of five years (Gajera et al. 2019), the Institute has consistently and exceptionally sought to safeguard records since its inception in 1948. In this context, where resources are limited and clinical care must take precedence, historical patient records have understandably fallen outside the scope of routine institutional attention. The preservation of historically significant materials is a responsibility that ideally falls to the state, particularly given that such efforts require dedicated infrastructure and sustained archival support.

These particular records survived because a few individuals, such as the current and previous directors of the Institute, recognized their value as Partition-associated documents and ensured they were not discarded. There is little evidence of systematic state efforts to locate or manage patient files. They existed as artefacts, lying largely forgotten. In this sense, the records' survival reflects individual agency rather than institutional infrastructure and ironically parallels the fate of many patients themselves, who had to wait several years before their eventual transfer.

We established PARA with careful attention to confidentiality, custodianship and the respectful handling of sensitive data. We discussed all steps in advance with members of the Institute's Ethics Committee and a range of institutional stakeholders. All phases of the initial archiving were carried out in consultation with Institute staff and in line with archival and research ethics. During our archival work (December 2024-October 2025), Institute staff demonstrated commitment to establishing PARA and an awareness of the records' historical significance. However, their efforts are primarily focused on providing clinical care, which limits the resources available for infrastructure and historical record-keeping.

The state of the three record rooms over two floors reflects improvisation rather than archival logic. Two rooms on the second floor contain non-clinical administrative and clinical outpatient records. One is devoted to staff documentation, offering insight into the labour histories of mental healthcare in Punjab; the second room holds outpatient records which are less extensive than the inpatient archive. Across all rooms, files are stored on open metal racks without systematic cataloguing. Handwritten shelf labels indicating dates remain visible but are often faded or inaccurate, and files are frequently misaligned with their markings. The second-floor rooms are rarely opened, resulting in heavy dust accumulation and poor air circulation; the first-floor record room is more accessible but similarly overcrowded.

Records are scattered across ageing cupboards, rusted racks and even the floor, constituting what UNESCO (2009) defines as an at-risk collection. These vulnerable records, containing patient data, administrative correspondence and post-Partition transfer documents, emphasize both the precarity of institutional memory and the broader neglect of psychiatric archives in South Asia. Many records show signs of insect damage, mould and physical deterioration. Patient records span over a century, ranging from the beginning of the 20th century to the early 2000s. Notably, the oldest patient file dates to 1900 and concerns an individual originally admitted to the Mental Hospital in Lahore, underscoring the institutional continuity that Amritsar's Institute shares with its counterpart just across the border, less than 80 kilometres away.

Curating fragility

Recognizing the historical and ethical significance of the neglected patient files, we undertook the task of transforming this disordered collection into a structured archive, in readiness for digitization. PARA brings together fragile documents that offer an unprecedented view into a population largely absent from scholarship in anthropology, history and psychiatry: the institutionalized women and men whose lives were reshaped by Partition. These records illuminate the processes through which patients were categorized, transported and resettled as the infrastructures of empire were divided and reassembled across India and Pakistan.

In their silences, gaps and inconsistencies, the files reveal the classificatory habits, bureaucratic uncertainties and moral sensibilities that governed psychiatric institutions during and after Partition. As historical artefacts, they demand not only careful empirical reconstruction but also ethical and epistemological attention to the afterlives of colonial care. Through PARA, these long-overlooked traces become accessible for the first time, enabling a fuller understanding of how psychiatry operated within and was transformed by the violence and administrative ruptures of 1947.

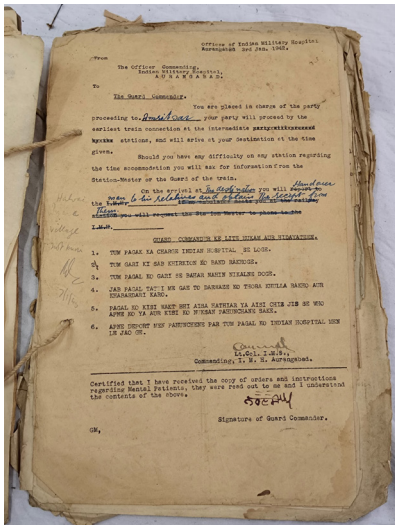
We identified several significant archival materials. These include an original list containing the names of 457 patients, 450 of whom were transferred in December 1950. The remaining seven patients do not appear to have been transferred; their names are struck through in the original list, with the annotation 'cancelled' handwritten over the strikethrough in five cases. The records, however, provide no explanation for these exclusions. Of these 450 patients, we were able to locate 182 files, most of which appear to

14678322, 2026, 4, Downloaded from https://rai.onlinelibrary.wiley.com/doi/10.1111/1467-8322.70068 by NICE, National Institute for Health and Care Excellence, Wiley Online Library on [07/10/2026]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

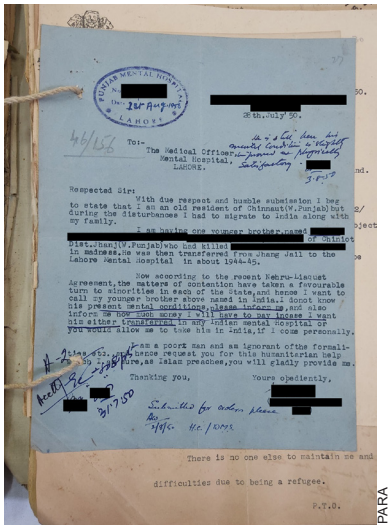


VINEET CHAUDHARY

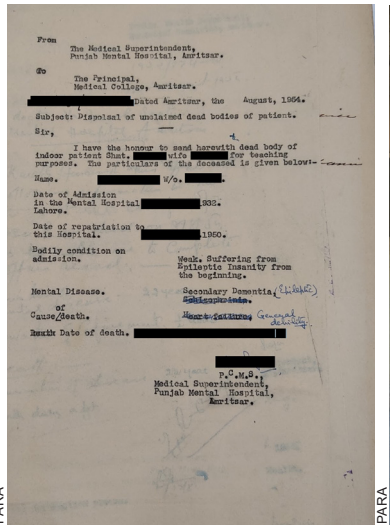




PARA



PARA



PARA



Fig. 5. *Record room on the first floor.*
Fig. 6. *An administrative staff member working in the record room.*
Fig. 7. *Instructions (in Hindi transliterated in Roman script) for a guard travelling with a lunatic.*
Fig. 8. *A letter, dated 28 July 1950, from a family member inquiring about a relative still in what had by then become Pakistan.*
Fig. 9. *A note indicating that the patient's body was given for teaching purposes, as no guardian could be located following Partition.*
Fig. 10. *Corridor, Administrative Block, Institute of Mental Health, Amritsar, Punjab, India.*

be complete, while some are partial or incomplete. These files originated in the psychiatric institutions at Lahore, Peshawar or Hyderabad and were later maintained by the Institute. There are around 330 files of patients who had been admitted to psychiatric institutions located in what is now Pakistan, who had either died, been discharged or, in a small number of cases, been transferred to the Institute before the patient exchange of December 1950, but whose documentation was sent to India post-Partition. The work of recovery is still ongoing. Based on the condition and organization of the record rooms, we anticipate that more such files may still be recoverable.

Reading along the archival grain

These multilingual records are predominantly printed or typed in English, with handwritten additions. Urdu appears in most files in the form of letters, handwritten notes and occasionally printed or typed text, while Punjabi appears only rarely, mostly in post-Partition entries. This linguistic mix signals the bureaucratic imprint of British India as well as Punjab's multilingual clinical environment.

In general, each record contains a range of demographic, clinical, legal and administrative information. This typically includes details such as the patient's name, age, gender, caste, religion, marital status, occupation and place of residence, along with admission dates and duration of illness. Clinical documentation includes symptoms, use of intoxicants, comorbid conditions like tuberculosis or epilepsy and medical officer observations. Legal documents include detention orders, declarations of insanity or pauper status, reflecting the involvement of judicial and state authorities. Many files also contain death records, cause of death and, in some cases, correspondence related to anatomical donation.

Some records contain letters from family members written over the years, reflecting a range of concerns, from inquiring about the well-being of relatives to requesting their transfer to institutions in India. One such letter, dated 28 July 1950, invokes the Nehru-Liaquat Agreement, appealing for the transfer of a patient institutionalized since the mid-1940s in the Punjab Mental Hospital in Lahore.

PARA's records represent entwined histories of illness, displacement, state power and medical practice. They document a transitional moment in South Asian psychiatry, shaped by colonial legacies and ruptured by Partition. The richness of linguistic, material, legal and medical detail renders these patient records valuable resources for historians, anthropologists and scholars of public health and human rights. Drawing on interdisciplinary frameworks from archival studies, postcolonial psychiatry and medical anthropology, we approach PARA as an artefact of the bureaucratic and epistemic regimes that governed the lives of institutionalized individuals in colonial and postcolonial South Asia.

Archives are not neutral repositories of the past, but dynamic sites where power, memory and knowledge are negotiated. As Stoler (2002, 2009) argues in her work on colonial archives, it is essential to read 'along the archival grain' to understand how documents reflect not only what was recorded but also how bureaucracies thought, operated and governed. In this sense, these patient files are not simply records of clinical encounters; they are also artefacts of colonial and postcolonial administrative logics, revealing how mental illness and social exclusion were

1. The term 'other castes' is retained from the original records, which reflect administrative practices that often conflated caste and religious categories.

Wiley Online Library on [07/11/2026]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

institutionalized, categorized and managed. The files are imbued with the political and epistemic logics of their time, reflecting what was deemed worth recording, how institutionalized lives were categorized and who was rendered knowable or unknowable within state frameworks.

The governmental colonial reports, devoid of patient voices, narratives and subjective accounts, stand in contrast to the patient files, which include admission dates, diagnoses, notes and orders. These silences, omissions and inconsistencies are not accidental. They are structural, reflecting what Hartman (2008) terms 'the violence of the archive'. PARA, therefore, is a space of erasure as much as it is a space of preservation. The missing voices of patients, especially those who died, disappeared or were never transferred, signal the bureaucratic and epistemic violence enacted upon those deemed socially and politically marginal.

Ethics and epistemology

PARA now allows postcolonial critiques of psychiatry to interrogate how colonial models of mental healthcare were institutionalized in South Asia. Building on the work of scholars such as Ernst (1991, 2014), Sadowsky (1999) and Vaughan (1991), we situate colonial psychiatry as deeply entangled with regimes of control, discipline and racial categorization. Even after formal decolonization in 1947, the underlying frameworks of psychiatric governance persisted, both in India and in Pakistan: the confinement of psychiatric patients, the use of asylums for social deviance and the pathologization of the colonized subject.

This continuity is evident in the bureaucratic treatment of institutionalized individuals during Partition. The transfer of 450 patients from Pakistani mental hospitals to facilities in India in December 1950 was not merely an act of humanitarian concern. It was part of a larger process of population exchange, driven by religious classification and political expediency. The fact that most patients transferred to India were Hindu or Sikh, and not a single Muslim patient was transferred from Pakistani institutions to India, reveals the deep entanglement of psychiatric governance with communal identities and state-making processes. Official records explicitly describe the repatriation of 'non-Muslim mental patients from Western Pakistan', while noting a parallel transfer of Muslim patients from India to Lahore, indicating that religious identity structured the process (Government of Punjab 1951b).

This pattern is particularly problematic given that Muslims constituted a significant proportion of India's population and that a significant number of Muslim patients in Pakistani institutions are likely to have had geographical origins in India, and it underscores how communal logics shaped state decisions even in ostensibly clinical or administrative matters. This selective transfer also hints at the biopolitical logics at play: who was deemed worth saving, who was left behind and how institutional care became a mechanism of inclusion and exclusion in the postcolonial nation-state.

Despite the state's slow violence of disregard, PARA also contains traces of resistance, humanity and survival. The patient files include letters from family members, photographs, marginal annotations and medical notes that offer glimpses into lived experiences. These fragments resist total erasure and invite what Hartman (2008) has termed 'critical fabulation': a method of reading against the grain, of reconstructing lost narratives through imagination, empathy and historical insight. In our ongoing research, we treat these fragments not merely as data but as entryways into the institutional biographies of individuals who have long remained invisible within Partition historiography and mental health research.

Such framing allows us to ask broader questions about how archives shape historical memory: who is remembered, who is forgotten and what forms of knowledge are preserved? How should researchers engage ethically with records never intended as historical texts but produced as clinical or bureaucratic instruments? These questions are particularly urgent in South Asia, where institutional records are often inaccessible, decaying or politically sensitive. By foregrounding PARA's materiality, precarity and ethical stakes, we seek not only to document its contents but also to reflect on the responsibilities of archival research in postcolonial contexts. As Stoler (2009) reminds us, bureaucratic archives often reveal more about the classificatory anxieties of states than the lives they record – and PARA is no exception: its forms, categories and silences speak as clearly as its case notes.

Conclusion

The bureaucratic logics, diagnostic silences and institutional violences that shaped the fate of transferred patients were not historical aberrations. They reflect enduring patterns of psychiatric governance and structural abandonment that continue to characterize mental healthcare in postcolonial South Asia. At the Institute of Mental Health in Amritsar, the spatial disarray of the record rooms – with files scattered on floors, mislabelled cabinets and documents exposed to decay – is not merely logistical, but also reflects a deeper disregard for the lives these records represent and mirrors the long-standing marginalization of the populations they document. Through the labour of recovering and curating PARA and making it visible, we advance a case for archival justice by foregrounding patient files as ethical documents rather than mere administrative records.

PARA also speaks beyond historical recovery. Contemporary displacement – from Palestinian refugee camps to Ukrainian borders – continues to strand those deemed less capable or less valuable in institutions and no-man's-lands, excluded from protection regimes (Fassin 2012; Malkki 1996). These patterns closely parallel the post-Partition entrapment of psychiatric patients: bureaucratic systems that prioritize some lives while leaving others suspended.

At present, the archive remains closed to the public, with access restricted to authorized personnel of the Institute of Mental Health in Amritsar. The Institute is in the process of obtaining the necessary government approvals to enable broader access, and we are seeking further funding to support its preservation and digitization. This will allow historians, anthropologists and scholars of psychiatry to engage with these materials, and we hope PARA will encourage the recovery of similar collections elsewhere in South Asia. ●

Bharadwaj, P. et al. 2008. *The big march: Migratory flows after the Partition of India*. HKS Faculty Research Working Paper RWP08-029. Cambridge, MA: Harvard Kennedy School.

Chughtai, I. 2004. Communal violence and literature. In *No woman's land: Women from Pakistan, India and Bangladesh write on the partition of India* (ed.) R. Menon. New Delhi: Women Unlimited.

Dikomitis, L. & S.S. Shergill 2025. Why psychiatry needs ethnography. *The British Journal of Psychiatry* 227(4): 664-666.

East Punjab Jail Reforms Committee 1950. *Report of the East Punjab Jail Reforms Committee, 1948*, Vol. 1: *Report & appendices*. Simla: Government of East Punjab.

Ernst, W. 1991. *Mad tales from the Raj: The European insane in British India, 1800-1858*. London: Routledge.

— 2014. *Colonialism and transnational psychiatry: The development of an Indian mental hospital in British India, c. 1925-1940.* London: Anthem Press.

Fassin, D. 2012. *Humanitarian reason: A moral history of the present* (trans. R. Gomme). Berkeley: University of California Press.

Gadit, A.A.M. 2007. Psychiatry in Pakistan: 1947-2006: A new balance sheet. *Journal of the Pakistan Medical Association* 57(9): 453-463.

Gajera, G. et al. 2019. Newer documentary practices as per Mental Healthcare Act 2017. *Indian Journal of Psychiatry* 61(S4): S686-S692.

Government of Punjab 1950. *The annual report of the working of Punjab Mental Hospital for 1949*. Simla: The Controller of Printing and Stationery.

— 1951a. *Punjab on the march: Police, jails and campaign against corruption*. Simla: Government Printing.

— 1951b. *Report on the working of the Punjab Mental Hospital, Amritsar, for the year 1950*. Simla: Government Printing.

Hartman, S. 2008. Venus in two acts. *Small Axe* 12(2): 1-14.

Jain, S. & A. Sarin (eds) 2018. *The psychological impact of the Partition of India*. New Delhi: SAGE Publications.

Khan, Y. 2007. *The great Partition: The making of India and Pakistan*. New Haven: Yale University Press.

Kumawat, K. 2023. Scars of separation: Exploring the persistent tribulations post-Partition. *International Journal of Creative Research Thoughts* 11(8): c846-c855.

Malkki, L.H. 1996. Speechless emissaries: Refugees, humanitarianism, and dehistoricization. *Cultural Anthropology* 11(3): 377-404.

Sadowsky, J. 1999. *Imperial bedlam: Institutions of madness in colonial Southwest Nigeria*. Berkeley: University of California Press.

Sengupta, A. 2014. Breaking up: Dividing assets between India and Pakistan in times of Partition. *The Indian Economic and Social History Review* 51(4): 529-548.

Stoler, A.L. 2002. Colonial archives and the arts of governance. *Archival Science* 2(1-2): 87-109.

— 2009. *Along the archival grain: Epistemic anxieties and colonial common sense*. Princeton: Princeton University Press.

Superintendent of Government Printing 1932-1946. *Report on the working of Punjab Mental Hospital Lahore 1932-46*. National Library of Scotland, Medical History of India. https://digital.nls.uk/77777243.

UNESCO 2009. Archives at risk (Document code: BPI/EPP/2009/PI/60M/15). UNESCO, UNESDOC Digital Library. https://unesdoc.unesco.org/ark:/48223/pf0000181803.

Vaughan, M. 1991. *Curing their ills: Colonial power and African illness*. Stanford: Stanford University Press.

14678322, 2026, 4, Downloaded from https://rai.onlinelibrary.wiley.com/doi/10.1111/1467-8322.70068 by NICE, National Institute for Health and Care Excellence, Wiley Online Library on [07/10/2026]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License