Incarcerating the insane: debating responsibility for criminal lunatics between prisons, hospitals, and families in British mandate Palestine

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Although much has been written about counterinsurgency, policing, and incarceration under the British mandate in Palestine, little work has been done on those who entered the ambit of the carceral system as 'criminal lunatics'. Criminal lunatics – the term used at the time to specifically designate those found 'guilty but insane' by the mandate's criminal courts, and retained throughout this article both for the sake of analytic clarity and to avoid misdiagnosing individuals by the retrospective imposition of contemporary medical terms – confounded the mandatory government by potentially falling under the responsibility of both its criminal-legal and medical wings. While the focus in the wider scholarship on psychiatry has often been on its expansionist appetites, the struggle over responsibility for criminal lunatics in mandate Palestine offers a case study in the reverse; an attempt to abdicate, not aggrandise, as the health department staved off repeated efforts to make them take responsibility for these cases. This article traces these disputes, and the development of a distinct institutional landscape attendant on their outcome. But the fate of criminal lunatics was not merely determined by debates internal to government; families were important interlocutors too, who variously sought the release of their incarcerated mentally ill relatives, or – more worryingly for the mandate – exploited the criminal-legal system as a back-door to the overcrowded and underfunded government mental institutions. Far from seeing psychiatry as a tool of social control, the government expressed concern about the potential misuse of psychiatric ideas, processes, and institutions by Palestinian families as a way to escape obligations to mentally ill relatives. Foregrounding these fraught contestations brings into focus the sharp limits of the mandate's ambitions in the sphere of the intimate, and the attempts of some Palestinians to expand those limits for their own ends.

Keywords: British mandate; Palestine; history; colonial psychiatry; criminal lunatics

> There were no proper asylums for the insane in Palestine in those days… Any lunatics who were criminally inclined or dangerous we had to lock up in our prisons, where they lay like sick animals in a cage. (Duff 1953, p.144)

Perhaps unsurprisingly, counterinsurgency, policing, and incarceration have long been subjects of interest in the historiography of British mandate Palestine (Townshend 1988, Kolinsky 1993, Norris 2008, Hughes 2009, Khalili 2010). But these works have tended – also perhaps unsurprisingly – to focus on the years of heightened violence and tension bookending the Second World War, rather than the more quotidian dimensions of policing and prisons across the mandate period as a whole (Knight 2011; Knight 2015). This article addresses that lacuna in the scholarship from a seemingly marginal position, by examining the incarceration of the mentally ill. As the quote from Douglas Duff, who served in the Palestine police from 1922 until the outbreak of the Second World War, suggests, police and prisons were important to the management of the mentally ill. Though Duff's comments spotlight the earliest years of the British occupation of Palestine, before the opening of the first government mental hospital at Bethlehem late in 1922, the involvement of the police and prisons in the management of the mentally ill continued right across the mandate period.

The existing literature on the management of mental illness in mandate Palestine has tended to approach this period as the story of the struggle of European Jewish psychiatrists to establish private institutions, set up professional associations, and ultimately lay down the foundations of the Israeli mental health system (Zalashik 2012). Insofar as this literature has considered the mandatory government, it has generally been in order to paint a picture of increasing separation and distinction between Arabs and Jews even in the fields of health and welfare across the mandate period, with the former served by an underfunded government system, and the latter by innovative private institutions (Simoni 1999). Certainly private Jewish institutions were important. Before the establishment of the first government mental hospital in 1922, the only medical option for the mentally ill locally was the Ezrath Nashim private mental home in Jerusalem – or, slightly further afield, the Quaker-run Lebanon Hospital for Mental Diseases at Asfuriyeh. Though the mandatory government expanded its provision for the mentally ill across the period, establishing a second mental hospital at Bethlehem in 1932 and a third at Jaffa in 1944, these institutions were always overstretched, and treatment was never a priority. But the government's interventions in the lives of the mentally ill deserve attention nonetheless, and as more than just a foil for private institutions. For one thing, focussing specifically – as this article does – on the place of police and prisons in this history suggests the limits of the picture of bifurcation which the existing historiography has drawn. Palestinian Arabs and Jews alike could find themselves labelled criminal lunatics by the mandate's courts, and debates about who was to be responsible for them turned not on the question of whether they were Arab or Jewish, but whether criminal lunatics were properly the wards of the police and prisons as criminals, or the health department as patients.

It is tempting to try and slot this story into existing frameworks of analysis within the wider historiography of colonial policing and prisons; to figure police involvement in the handling of the mentally ill and their incarceration in colonial prisons as merely additional practices in the 'coercive network' of the colonial state (Sherman 2009). But histories of colonial policing and histories of colonial psychiatry do not map neatly onto one another; instead, this article argues that putting pressure on their point of intersection recasts both these histories. In Palestine as elsewhere, the incarceration of the mentally ill

sparked protracted debates within the government about who had responsibility for the mentally ill, especially those found 'guilty but insane' by the courts (Evans 2016). On the part of the police and prisons staff, responsibility for the mentally ill was not seen as adding another weapon to their arsenal of coercive techniques, but was assumed reluctantly; even Duff, hardly known for his reservations about the conduct of the Palestine police, expresses unease at holding the mentally ill in prison 'like sick animals in a cage'. More surprising still is the reluctance of the department of health to take responsibility for the mentally ill. In the wider scholarship on the history of psychiatry, the focus has often been on the expansionist appetites of the discipline and its practitioners, who sought – with no small success – to transplant themselves from their marginal positions as the custodians of backwater institutions to the very heart of everyday life by the early twentieth century (Lunbeck 1994). The case of Palestine suggests the limits of this narrative, with the department of health staving off repeated efforts to make them take greater responsibility for so-called criminal lunatics across the mandate period.

Yet this is a history which frustrates attempts at narration solely from above, in line with the wider agenda of this special issue to go beyond top-down framings of the history of the mandate era. The fate of criminal lunatics was not determined by debates internal to the mandate government alone. In recent years, histories of colonial psychiatry – following moves in the wider historiography – have come to emphasise the role of families in shaping the therapeutic trajectories of their mentally ill relatives (Wright 1997, Coleborne 2010, Edington 2013). Mandate Palestine was no exception. Families were important interlocutors, who variously sought the release of their incarcerated relatives, or, in other cases, were thought to be reporting relatives for minor offences in order to exploit the colonial criminal-legal system as a back-door to the chronically overcrowded and underfunded mental institutions of the mandate. The latter concerned government officials much more than the former. Historians of colonial rule have long drawn attention to the ways in which the state drew power from its interventions in the intimate reaches of its subjects' lives, ordering their sexualities, regulating their hygienic practices (Stoler and Cooper 1997). This article brings this lens of analysis to bear on the history of mandate Palestine in order to throw new light on the relationship between colonial governance and the intimate. But the encounters between Palestinians and the mandate examined here do not merely corroborate the conclusions of existing scholarship. They challenge those conclusions, revealing both the sharp limits of the mandate's ambitions in the intimate, and the attempts of some Palestinians to expand those limits and lure the state into that domain for their own advantage. Rather than evidence of Palestine's exceptionality, this history speaks to the value of taking Palestine as a site from which to refine the thinking and conclusions of scholarship on colonialism more widely.

Debating responsibility for the insane

The role of the police in managing the mentally ill was already longstanding by the arrival of the British in Palestine in 1917, having been established in the Ottoman law on lunatics. According to this law, amended in 1892, the police were to accompany the mentally ill on the journey to and from the asylum, and local police were to be informed about

mentally ill individuals released into their areas.[1] In this respect, as in others, the British mandate built on 'the razed remains of Ottoman government' (Schayegh and Arsan 2015, p.5). When the time came for the mandate's director of health, G.W. Heron, to establish the procedure to be followed in the detention of the mentally ill in 1923, he assumed close cooperation between the police and staff of the department of health. Even in the case of non-criminal mentally ill individuals who were judged violent, they were to be initially detained in a district police station lock-up until a decision about their admission to the new government mental hospital at Bethlehem could be made; and if admission was possible, they were to be accompanied both by a *tamurgi* – medical orderly – and 'one or more police to restrain the lunatic during his or her transfer by road and rail from the police station to the hospital'.[2]

This is not to say that the role of the police in the temporary detention and transfer of the mentally ill was uncontroversial. In 1922, the medical director of the Ezrath Nashim mental home, a Jewish charitable institution established in Jerusalem in 1895, drew attention to the fact that those policemen charged with escorting the mentally ill from the hospital 'are often changed and not schooled in dealing with insane persons'.[3] More alarmingly, Heron had to issue a circular that same year to discourage police from escorting mentally ill individuals while armed. 'The lunatic', he explained, 'is usually not conscious of being insane and the presence of an armed guard tends to give rise in his mind to ideas of sin or persecution which may adversely affect his recovery.'[4] Some went further in their criticism of this system. Heron, who had come up to Palestine through the Egyptian expeditionary force, not unnaturally turned to John Warnock, director since 1895 of the 'Abbasiyya asylum near Cairo, for advice in the first years of the civil administration of Palestine. Warnock was unsparing in condemning '[t]he disgrace of lunatics and suspected lunatics being in the care of the police for transport purposes to and from the asylums', and argued that this should be done by trained mental medical orderlies who 'should give ordered treatment instead of force'.[5] Heron was happy to take Warnock's advice on the lock system to be installed in the government mental hospital and other matters. But on the question of the role of the police in the management of the mentally ill, he remained stubbornly committed to preserving this status quo right across the mandate period, even in the face of advice to the contrary by his mentor.

Although the desirability of some reform to the system of entrusting non-criminal mentally ill individuals into the care of the police for transport was expressed by a number of figures, including Heron, this debate was ultimately of secondary importance relative to another question of responsibility raised throughout the mandate period: that of responsibility for the custody of criminal lunatics. This question reared its head early, with Norman Bentwich, first attorney general of the new civil administration, addressing the subject in June 1922. Although there was no criminal lunatic asylum in Palestine, so that those found guilty but insane by the courts had to be detained in ordinary prisons, Bentwich nevertheless sought to ensure these individuals were treated as criminal lunatics; they were to undergo regular medical examination, and, if found sane, be

1 Ottoman law relating to asylum for lunatics, Decree of 19 Safar 1293, amended 3 March 1892, in Israel State Archives [ISA] Mandate [M] 6555/8.

2 Circular from Director of Health, 17 October 1923, ISA M 6628/9.

3 Medical Director, Ezrath Nashim, to Principal Medical Officer, Jerusalem, 23 October 1922, ISA M 6627/23.

4 Circular from Director of Health, 28 July 1922, ISA M 6555/8.

5 John Warnock to George Heron, 8 December 1921, ISA M 6627/24.

recommended for release.[6] This approach made sense in the early years of the mandate, when numbers were low: in December 1922, there was only one mentally ill person confined in prison in Jaffa.[7] But unease with this practice quickly became clear. In 1925, Heron emphasised the undesirability of detaining the mentally ill in prison. Not only was it impossible to place them under adequate medical supervision while they were held in ordinary prisons, but the conditions in prison were 'unsuitable for mental cases', and Heron judged 'such detention in prison cells is likely to adversely affect their mental condition, and in no case tend towards cure'. But it would be even more problematic to place these cases in the new government mental hospital at Bethlehem, Heron contended. In order to ensure they did not escape, police guards or prison wardens would need to be employed in the hospital. Heron believed this to be 'undesirable… on account of the probable excitement that would be engendered amongst other patients'. As a result, he argued that maintaining criminal lunatics in prisons was 'the only possible means of control', until a dedicated institution or at least special section could be constructed.[8] Heron's anxiety about employing prison guards can be set against the backdrop of the institutional histories of both mental hospital and prison. Neither had been purpose-built, with the mental hospital at Bethlehem established on the site of an orphanage and the central prison at Acre in a medieval fort. The difficulties of distinguishing these institutions through the built environment heightened the need to mark their difference by means of other visual clues like the personnel employed within them.

The department of police and prisons was also dissatisfied with this arrangement, however, as Duff's comments have already suggested. In the same year, 1925, they labelled the detention of criminal lunatics in ordinary prisons 'a matter of grave concern'. They shared Heron's fear that such a practice 'mitigates against any improvement in their mental condition', even aggravating it in some instances. But they also drew attention to the disruptive impact of these individuals on the working of the prison as a whole:

> … it must be borne in mind that these unfortunate persons cannot be subjected to ordinary prison discipline, and their presence in the prison is very detrimental to the maintenance of discipline amongst the ordinary prisoners. They are frequently noisy, and other prisoners, who are not aware of the source of these disturbances, become excited and restless, and the difficulties of the staff are greatly accentuated.[9]

In spite of the concerns expressed by both departments, however, the solution proposed by Heron – establishment of a dedicated criminal lunatic institution – appears to have been dropped after 1925. It was only in February 1928 that the question was reopened, when Eric Mills, acting chief secretary, discovered that a man – Darwish M.A.L.[10] – had

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6 Norman Bentwich to Civil Secretary, 9 June 1922, ISA M 6628/9.

7 Note for Director of Health, 6 December 1922, ISA M 6628/9.

8 Director of Health to Chief Secretary, 29 April 1925, ISA M 6628/9; and Director of Health to A/Inspector General, Police and Prisons, 25 May 1925, ISA M 6628/9.

9 Extract from Police and Prisons Department Annual Report for 1925, ISA M 6628/9.

10 To preserve anonymity of patients and their families, all patient names will be given in this style. For a thoughtful discussion of the complex issues surrounding anonymising psychiatric patients, see David Wright and Renée Saucier, 'Madness in the Archives: Anonymity, Ethics, and Mental History Research', Journal of the Canadian Historical Association, 23 (2012), pp.65-90.

been found insane by the district court at Jaffa but detained in prison, rather than placed in a mental hospital. Mills wrote to the directors of both departments to remind them 'the detention of such a person in prison… is only legitimate for a short period until he can be removed to the mental hospital'; it was not to be used, as in this case, as a long-term solution.[11] Heron restated his position that it was impossible to accommodate criminal lunatics in the Bethlehem mental hospital, as this was 'a hospital for the treatment of mental cases, and not a prison'.[12] But he reminded Mills of his suggestion to create a criminal lunatic section at Acre central prison, and in May 1928, the expenditure for the conversion of a wing of the prison into a ward for criminal lunatics was finally approved.[13]

This story might not seem particularly notable: criminal lunatics naturally blurred the lines between different jurisdictions; expensive proposals often got lost by colonial states. But actually it marks a departure from the story of the development of psychiatric institutions in other parts of the British empire in the twentieth century. In colonial Nyasaland, as Megan Vaughan (1983) notes, the Zomba lunatic asylum had been first established as a wing of the central prison in 1910, and remained under the jurisdiction of the prisons department until 1951. In Southern Rhodesia, too, Lynette Jackson (2005) argues the colonial asylum was designed, managed, staffed, and imagined as functioning like a prison from the beginning of colonial rule. What is striking about Palestine, then, is how clearly demarcated the realms of the medical and the carceral were even by the 1920s. As well as being physically separate from the mandate's prisons, the government mental hospital at Bethlehem was under the administration of the department of health from the start. It was this unusual degree of distinction between the medical and the carceral which meant that criminal lunatics, who threatened to blur the lines between two institutions otherwise kept apart, came to represent a particular point of contention. For one thing, it introduced a financial element to the question of responsibility. Though this was never how the argument was framed at the time, there was an economic logic to Heron's refusal to take responsibility for criminal lunatics. Unlike in Nyasaland and other colonies, where asylums fell under the jurisdiction of the prisons department, in Palestine provision for the mentally ill came out of the health department's budget. Outsourcing responsibility for criminal lunatics, rather than admitting them to a government mental hospital, was thus a way for the health department to economise, and so husband resources for seemingly more urgent projects, like tackling malaria (Sufian 2007). But it is difficult to resist the conclusion that this situation was also at least in part the result of Heron's obstinacy. This obstinacy is clearest in his opposition to the proposed use of the government mental hospital for the confinement of criminal lunatics, opposition he reiterated across the period. The mandate may have been slow to respond to Heron's call for the establishment of a criminal lunatic section at Acre central prison. But in refusing to accept responsibility for criminal lunatics, Heron ensured that by the end of the 1920s, male criminal lunatics had not been absorbed into either the prisons or the government mental hospital, and had instead become the subjects of a separate institution: the criminal lunatic section, with its own distinct procedures and regulation.[14]

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11 Eric Mills, Acting Chief Secretary, to Director of Health, 28 February 1928, ISA M 6628/9.

12 Director of Health to Chief Secretary, 5 March 1928, ISA M 6628/9.

13 Eric Mills, Acting Chief Secretary, to Director of Public Works, 7 May 1928, ISA M 6628/9.

14 For instance, the procedures set down in the Decree of 19 Safar 1293 were not to be followed by the criminal lunatic section. Director of Health to Senior Medical Officers, 27 December 1929, ISA M 6628/9.

But the criminal lunatic section established at Acre in 1929 was for male criminal lunatics only. From the beginning, Heron's calls for the creation of a criminal lunatic section had only been aimed at resolving the problem of male criminal lunatics; the position of female criminal lunatics was judged less urgent on account of the lower numbers involved.[15] This changed in January 1931, when Margaret Nixon, government welfare inspector, raised concerns about the treatment of female criminal lunatics who were being held in the women's prison, Bethlehem. Nixon brought the case of Sarwi S. of Nazareth, who was awaiting trial for theft in the women's prison, to the attention of the commandant of police, requesting that she be removed to the mental hospital immediately. She was, Nixon reported, 'raving mad, tears her clothes and her bedding to pieces, breaks everything she can get hold of, shouts all day and all night, so that the other prisoners get no peace'.[16] In March 1931, she wrote again, this time to the chief secretary of the government. Five mentally ill women had been detained in recent months in the women's prison, Bethlehem. They were not, Nixon declared, criminal lunatics, but rather had been charged with offences like 'disturbances of the peace', 'indecency', and so on, 'simply because the poor women do not know what they are doing'. The other inmates were being disturbed by their 'raving night and day', and the women themselves were at risk, with no one in the prison to look after them properly. 'These are cases for the public health department and not for the police and prisons', Nixon argued.[17] The commandant of police, A.S. Mavrogordato, agreed; more than this, he sought to fix responsibility for these cases. These women, he argued, 'would never have come into the hands of the police if there had been accommodation available for them in the mental hospital at Bethlehem as, in all these cases, they have been charged with offences as a last resort in order to get rid of them'. They 'should not be treated as criminal lunatics', but were 'cases for a mental hospital', as Nixon had argued.[18]

As with the male criminal lunatics who had been confined in the prisons in the 1920s, the emphasis in the prison department's complaints was on the damaging effect the presence of these individuals had on 'ordinary' prisoners. One inspector noted that inmates found it impossible to sleep on account of a particularly loud case;[19] the problem was so acute that prisoners submitted their own petition to the commandant, urging him to remove the woman in question from the prison. In their petition, they pleaded with him 'not to convert the prison into a home for the insane'.[20] In spite of this pressure from all sides to take responsibility for such cases, Heron consistently rejected calls for the department of health to intervene. There was simply no room in the government mental hospital; to take in these female criminal lunatics, it would be necessary to discharge the same number of 'equally lunatic patients', as well as convert rooms to accommodate the criminal cases.[21] But the debate continued across 1931, with R.G.B. Spicer – newly appointed to oversee the drastic reform of the Palestine police – taking a more aggressive

15 In part this was a question of numbers: even by May 1942 the total number of female criminal lunatics was just twenty. See Note on Criminal Lunatics by Superintendent of Prisons, 26 May 1942, ISA M 323/30.

16 Margaret Nixon to Commandant of Police, 15 January 1931, ISA M 6628/9.

17 Margaret Nixon to Chief Secretary, 4 March 1931, ISA M 6628/9.

18 Commandant of Police to Chief Secretary, 23 March 1931, ISA M 6628/9.

19 S.W. Graham to Superintendent, Central Prison Jerusalem, 17 January 1931, ISA M 6628/9.

20 Petition from 'The Political Women Prisoners in the Bethlehem Prison' to Commandant of Police and Prisons, enclosed with letter from the Commandant to Chief Secretary, 23 March 1931, ISA M 6628/9.

21 Director of Health to Chief Secretary, 11 April 1931, ISA M 6628/9.

line against Heron in his demands that the department of health take charge of these cases. Spicer's position on this matter can be seen as part of his wider attempt to put the Palestine police on both a more ordinary and professional footing; in his view, responsibility for the mentally ill was one 'the police… are not trained or fitted to deal with'.[22] But Heron reiterated his commitment to the separation of the medical from the carceral; it was unthinkable to take criminal cases, because in those cases where criminal lunatics *had* been admitted to ordinary mental hospitals, it had 'militated against the proper evolution of the hospital as a place for the treatment of disease', with the hospital 'developing on the lines of a gaol and not of a hospital'.[23]

Heron's argument won the day; in January 1932, the government decided in favour of his proposal that a female criminal lunatic section be established at the women's prison, Bethlehem, as had been done previously for male criminal lunatics at Acre.[24] Heron managed to combine an aspirational vision of the working of the mental hospital with hard-nosed pragmatism. Even as he declared that the mental hospital 'must not be a place for the incarceration of criminal lunatics… it must be a hospital and not a gaol', he lambasted Spicer for obsessing over 'the ideal arrangements', thereby missing 'the immediate requirements of the situation'.[25] From this point on the department of police and prisons had conceded the wider jurisdictional argument. Heron had succeeded in delimiting the scope of the health department's responsibilities, and by consistently pressing for the establishment of separate criminal lunatic sections attached to existing prisons, he had managed to push responsibility for criminal lunatic cases onto a reluctant department of police and prisons.

While the focus in the wider literature on the history of psychiatry has often been on the expansionist ambitions of psychiatry, encroaching on the everyday and the working of the law in an attempt to annex and subordinate these domains to its own, the struggle over responsibility for criminal lunatics in Palestine offers a study in the reverse; an attempt to abdicate, rather than aggrandise. But the most striking feature of this case is that the careful delimiting of the department of health's responsibility for criminal lunatics sat alongside, and indeed was underpinned by, an idealised vision of mental hospitals as sites for care and cure, not merely confinement, even in the earliest years of the mandate. Heron's long-term and strategic commitment to this vision is in striking contrast to the 'tactical' governance which prevailed elsewhere in Palestine. Though Michel de Certeau saw the tactical as the realm of the everyperson, Ilana Feldman (2008, p.3) redeployed the term to describe the style of governing in Gaza during, and after, the British mandate: this was 'a means of governing that shifts in response to crisis', rather than in line with long-term planning rooted in any sort of stability. In spite of the series of scandals which plagued the question of the mentally ill across the 1920s and 30s, Heron refused to shift course. Yet the continued significance of the police in managing the mentally ill of Palestine cannot be credited to Heron's strategies alone. The police were under pressure not just from within government to take responsibility for these cases, but also from below, from ordinary Palestinians who turned to the police to free themselves from their obligations to mentally ill relatives, friends, and neighbours; who – to borrow from de Certeau (1984, p.37) – poached in the 'cracks that particular conjunctions open in the surveillance of the proprietary powers'. It is to them that we now turn.

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22 Commandant to Chief Secretary, 29 January 1932, ISA M 6628/10. For Spicer's attempts to 'civilianise' the police force, see Knight, 'Securing Zion?'.

23 Director of Health to Chief Secretary, 13 November 1931, ISA M 6628/9.

24 Chief Secretary to Commandant, 28 January 1932, ISA M 6628/10.

25 Director of Health to Chief Secretary, 25 February 1932, ISA M 6628/10.

Escaping responsibility for the insane

Although the mandatory government attempted to distinguish the criminal lunatic sections at both Acre and Bethlehem from the ordinary prisons to which they were attached, some Palestinians did not see them as distinct. Thus, just as government officials expressed concern about the detention of the mentally ill in regular prisons in the first decade of the mandate, so too did families criticise the arrangements made for those relatives found guilty but insane by the courts in the second half of the period. Miriam O., of Tel Aviv, wrote to the inspector-general in October 1945, pleading with him to release her son who had been held at the criminal lunatic section of Acre prison for almost a year. In her letter she described how, when she visited him, he 'begged me to set him free as he is feeling himself alone and his body has been greatly affected'; he was, she wrote, 'suffering very horribly'.[26] In these cases, families often offered to find accommodation for relatives in other, private institutions at their own expense. Abdul K., for instance, whose brother had been found guilty but insane in relation to a charge of assault, wrote to the high commissioner in 1947 to ask that his brother be released from the lunatic section at Acre. The family had reason to believe that he had recovered, but even if there remained some uncertainty as to his recovery, 'we are prepared to receive and admit him into a private asylum for the necessary treatment'.[27]

The discharge of criminal lunatics was a complicated procedure, however. In the first place, the authorities had to be convinced that 'there is a reasonable probability that the state of mind in which the crime was committed will not recur'.[28] Two medical experts had to examine the person and testify to their sanity. This was far from easy. As the acting solicitor general noted in November 1947, 'it is difficult for a medical officer to state categorically that a man was sane'.[29] But medical opinion alone was not enough to secure release. The police were also crucial in the decision-making process. In addition to a medical report, the police submitted their own report on each case which assessed the probable position and circumstances of the person if discharged. This included their prospects for work, whether friends or family were able and willing to receive them, their own wishes, and whether they were likely to reoffend.[30] Sometimes the police got it wrong, reporting that no friends or relatives could be found, only for them to turn up later, and Dr Kurt Blumenthal, who submitted a thoroughgoing report on Acre criminal lunatic section in 1946, cautioned that 'police inquiries into family and local communities must be carried out more carefully'.[31] But such mistakes notwithstanding, the police were extremely active in this area, locating and interviewing the relatives of criminal lunatics, receiving assurances from them about the upkeep of these individuals, even putting pressure on reluctant families to accept their relatives so that they could be discharged

26 Miriam O. to Inspector-General, 19 October 1945, ISA M 348/19.

27 Translation of Petition by Abdul K., Mukhtar, to High Commissioner, n.d. [1947], ISA M 351/57.

28 Memorandum enclosed with letter from Eric Mills, Acting Chief Secretary, to Commandant of Police, 22 December 1929, ISA M 6628/9.

29 Acting Solicitor General to Chief Secretary, 11 November 1947, ISA M 352/18.

30 All this information was given in Form P.329, filled out by the Palestine Prisons Service. For an example, see ISA M 334/28.

31 Dr Kurt Blumenthal, Report on the Lunatic Section of Acre Prison, 1 February 1946, ISA M 351/41, p.16.

safely. Their importance in this connection can be seen in the fact that medical authorities sometimes approached the police to play a similar role in facilitating the discharge of non-criminal patients from government mental hospitals too. In 1942, to take one example, the senior medical officer at Jerusalem reported that 'police authorities were approached to bring pressure to bear' on a number of relatives to accept patients on their discharge from hospital.[32]

The ability of the police to operate in this way even in the final fraught years of the mandate is striking. But more striking still than the police seeking out the families of criminal lunatics is the fact that this traffic went both ways, such that the families, friends, and neighbours of the mentally ill approached the police as a potential source of succour. In a number of cases, angry neighbours reported particular individuals to the police as nuisances.[33] Their priorities in these cases were clear: asking 'why a population of 140,000 souls should be terrorised by one person', one Jerusalemite in August 1942 demanded the police take immediate steps to remove a particular lunatic 'for the safety and peace of the entire population'.[34] But families could come to see the appeal of handing over responsibility for particularly troublesome relatives to the authorities too, especially from the 1930s, as pressure on household budgets grew.[35] In such cases, drawing the attention of the police to the criminal behaviour of their relatives was not uncommon. At the end of 1938, for instance, an elderly man at Bir Zeit was reported to the police as 'more than usually troublesome', allegedly threatening a woman in the streets.[36] But in this case, as in many others, the medical authorities put a brake on proceedings. The medical officer who examined the man described him as 'not of a dangerous type'; he roamed the streets, but only 'trying to remove stones and clean roads'. The medical officer speculated that 'his old wife does not want to be burdened with him and is anxious to get rid of him',[37] perhaps throwing light on the identity and motives of the individual who had reported him in the first place.

A case, which highlights the ambiguities and complexities that informed the attitude and actions of families towards the confinement of their relatives, is that of Daoud A., of Jerusalem. In August 1933, Daoud wrote to the director of health about his sister, who had been brought before the district court of Jerusalem on a charge of attempted arson and detained as guilty but insane at the pleasure of the high commissioner. Daoud obviously expected that she would end up in the government mental hospital at Bethlehem, but his sister had been held in the women's prison at Bethlehem instead for the last few weeks, a detention that threatened to stretch into the foreseeable future. Daoud – clearly unaware of Heron's commitment to keeping criminal lunatics out of the government mental hospital – attributed this to a chronic lack of accommodation at the

32 Senior Medical Officer, Jerusalem, to Director of Medical Services, 15 January 1942, ISA M 6627/30.

33 Esther F., Jerusalem, to High Commissioner, 18 April 1937, ISA M 6627/28.

34 Translated and abridged letter from Jacob Rosenberg, Jerusalem, to Chief Secretary, 3 August 1942, ISA M 6627/30.

35 Many petitions from this period note the importance of financial pressures in making their decision to seek the admission of relatives to mental institutions: see Chris Wilson, 'Petitions and pathways to the asylum in British Mandate Palestine, 1930-1948', Historical Journal (2018).

36 Director of Medical Services to Senior Medical Officer, Jerusalem, 17 December 1938, ISA M 6627/29.

37 Medical Officer, Ramallah, to Senior Medical Officer Jerusalem, 28 December 1938, ISA M 6627/29.

hospital slowing down the process, and he pleaded with Heron to transfer her to a mental hospital speedily on the grounds that the conditions in the prison meant that her mental state 'has grown from bad to worse'.[38] Unlike Abdul K., Daoud did not request her release and offer to take the arrangements for her care into his own hands. But this is exactly what Heron suggested he do: since it was not possible to accommodate her in the hospital, if he was worried about her health, then he should apply for her discharge into his care.[39] There is no extant reply to this, suggesting that Daoud's initial failure to inquire into the possibility of his sister's release had not been oversight on his part, and indeed, when a number of criminal lunatics were released from the women's prison at Bethlehem after pressure from Margaret Nixon, Daoud's sister had to remain in the prison for a few additional days because, Nixon noted, her family 'did not want to take the woman back'. In the end, she was returned to them under the escort of a warden of the prison.[40]

Although we cannot be certain, Daoud appears to have expected that his sister's sentencing as a criminal lunatic would eventually open up the path to her admission to the government mental hospital, which was otherwise impossible to enter on account of overcrowding. In an ideal world, detention in the prison would be just a temporary step on the way to the mental hospital, but once it became clear to Daoud that this was not going to be the case, he appears to have decided that however damaging detention in a prison was to his sister's health, it was preferable to her being kept at home. Medical authorities were acutely aware of this potential use of criminal charges as a way for families to relieve themselves of responsibility for difficult relatives. In February 1936, Heron – still director of medical services – sounded a note of caution in connection with an apparently urgent case, in which transfer from prison to the government mental hospital was urged. He wrote to the senior medical officer of Jerusalem with a warning: 'You are no doubt aware that relatives and persons responsible for the care of mentally unsound persons frequently attempt to get those persons admitted to the mental hospital by having them committed to prison in the first instance.'[41] The issue here was not the acuteness of the condition of the woman under discussion; she had previously been admitted to the government mental hospital and diagnosed with acute mania. Rather, it was her criminality which was in question, not least because the charge against her was the relatively minor one of giving false evidence.[42] The concern that charges were being fabricated in order to bring the mentally ill into government mental hospitals via the back door was laid out in greater detail by Blumenthal, in his report on the lunatic section at Acre in 1946:

> A mental defective interferes or threatens his surroundings. The neighbours report the occurrence to the police. The police reply that one should refer to the health department. The police can only take action when a crime exists. The health

38 Daoud A., c/o School for the Deaf, Mamilla, Jerusalem, to Director of Health, 3 August 1933, ISA M 6627/26. I will refer to the lunatic under discussion as Daoud's sister rather than identifying her by name.

39 Director of Health to Daoud A., c/o School for the Deaf, Mamilla, Jerusalem, 29 August 1933, ISA M 6627/26.

40 Telephone conversation between Chief Secretary and Margaret Nixon, Government Welfare Inspector, 16 July 1934, ISA M 324/1.

41 Director of Medical Services to Senior Medical Officer Jerusalem, 20 February 1936, ISA M 6627/28.

42 Medical Officer, Government Mental Hospital, Bethlehem, to Senior Medical Officer Jerusalem, 8 February 1936, ISA M 6627/28.

> department declines to transfer the patient to an asylum owing to lack of accommodation. A crime is thereupon arranged for. Furniture is destroyed; damage to property. Or a mother or sister are attacked; assault. In this way the patient obtains a bed in the lunatic section without waiting on the health department's list. A large number of such arranged cases are familiar to me.[43]

Blumenthal's conclusion that charges like damage to property or assault of family members were 'arranged' in order to secure a bed in the criminal lunatic section at Acre is to a degree borne out by the statistics relating to criminal lunatic cases from the late 1940s. Looking at the files of nearly seventy criminal lunatics from these years, it becomes clear that there were indeed patterns in the kinds of crimes for which they had been sentenced. There were, of course, serious charges as well: two murders, a manslaughter, an attempted murder. But over twenty were charged with assault, in the main against family members; another ten with disturbances of the peace of various kinds; and half a dozen cases with theft and trespass each. While these patterns do not give any indication of how far these crimes were purposefully 'arranged' in order to draw criminal-legal and then medical attention, they would certainly have added to the suspicions of the medical authorities that families were taking advantage of public security concerns in order to bypass hospital waiting lists.

43 Blumenthal, Report, p.10.

Table 1: Number of criminal lunatics sentenced for particular groups of crimes in late 1940s[44]

Type of crime	Number of cases
Damage to property	19
Assault of family	15
Assault (other)	12
Theft	10
Trespass	9
Disturbance of peace	8
Arson, attempted arson, firestarting	3
Attempted suicide	1
Attempted sodomy	1
Attempted murder of wife	1
Attempted slaughter of sheep	1
Manslaughter	1
Murder of father	1
Murder of wife	1
Rape	1

44 These figures are drawn from nearly seventy criminal lunatic case files in the ISA, mostly from the final years of the mandate. Many defendants were charged with more than one crime, but I have entered each occurrence of a type of crime, whether occurring on its own or with others. This is not a comprehensive but rather illustrative list of charges.

What all of this suggests is that the role of the Palestine police in managing the mentally ill cannot be understood by reference to the jockeying of different departments within government alone. The police were so important in the management of the mentally ill because it was to them that Palestinians turned in order to deal with mentally ill relatives or neighbours. Certainly this was at root a consequence of the overcrowding and underfunding of the government mental hospitals; had there been more beds in these hospitals, and admission therefore easier, families would likely have taken different routes. But these engagements between Palestinians and the police also speak to the question of the legitimacy of the police force, which John Knight (2015) has addressed. For Knight, the Palestine police force enjoyed a degree of legitimacy in the eyes of Arabs and Jews, who turned to it in cases of crimes like theft and assault. But in his view, this was due to what he terms the 'successful failure' (Knight 2015, p.199) of the attempt to reform the police force under R.G.B. Spicer in the 1930s; the police only retained their legitimacy and were able to operate successfully precisely *because* Spicer failed in his quest to integrate the force and involve British officers in the everyday policing of Palestine, so that Arabs continued to police Arabs and Jews continued to police Jews. The role played by the Palestine police in the management of the mentally ill develops this paradox of the 'successful failure' of the reform of the police further, because it demonstrates at least one way in which the legitimacy which the police continued to enjoy in terms of everyday policing in their own communities was, for the government, double-edged. As a result of the fact that Palestinians were willing and able to turn to the police for help in the matter of their mentally ill relatives and neighbours, the government found itself dragged into areas of life which it had no interest in governing.

But in thinking about the role of the police in the management of the mentally ill, the emphasis placed by Knight on the question of legitimacy may be misplaced; as Natasha Wheatley (2015, p.236) has argued, in another context it was quite possible for Palestinians to '[maintain] that their use of the mandate in no way indicated their acceptance of it'. Questions of legitimacy might profitably be divorced from questions of use. Though we might not agree with the government's characterisation of their behaviour as cynical, the way Palestinians approached the state evinces a certain worldliness which sits uncomfortably with a historiographical interest in questions of legitimacy. Thinking about the usefulness of the police to Palestinians can also highlight occasions on which police officers went beyond their remit to deal with the 'problem' of the mentally ill. In May 1940, the director of the Ezrath Nashim hospital wrote furiously to the district superintendent of Jerusalem to complain about an extraordinary incident involving the police. While leaving the hospital, he had been stopped by two police officers who demanded the immediate admission of a woman to the institution; he refused, but on his return to the hospital discovered that the police had forced their way into the hospital and left the woman in the yard of the institution anyway.[45] While rare, it was not a unique occurrence, with a number of other private institutions recounting occasions on which police had demanded that they too accept particularly troublesome individuals into their charge.[46] Duff (1953, pp.143-4) offers an insight into the frustrations which could drive police to take matters into their own hands. Recounting the suicide of a man whom the police had on multiple occasions taken into custody following unsuccessful earlier

45 Medical Director, Ezrath Nashim, to District Superintendent, Jerusalem, 13 May 1940, M 6627/29.

46 District Officer, Settlements, to the Assistant District Commissioner, Ramle, 18 November 1938, ISA M 1752/20; Medical Officer, Jaffa, to Senior Medical Officer, Jaffa, 30 December 1930, ISA M 6629/16.

attempts, he reflected: 'The pity was that he was always certified as being sane when we had him examined, and so we had been unable to lock him up for his own protection.'

Conclusion

For Jonathan Saha and others (Saha 2012; Muschalek 2017), such 'malpractices' on the part of the police should not be seen as oppositional to the ordinary functioning of the colonial state, but rather as constitutive of the state, expanding its purview, providing it with precedents and procedures. What is overlooked in these discussions is who *wanted* the state to be extended in these directions. It is still easy to assume the state is naturally driven to expansion, monopolisation and aggrandisement. If the shadow of Foucault's reading of modern state power as capillary has been difficult to escape, Fred Cooper (2005) has subverted this image by suggesting that the colonial state at least is better characterised as arterial, husbanding its limited resources to apply at particular points, disinterested in gaining encyclopaedic knowledge of its subjects. On the surface, the British mandate in Palestine seems a case in point; but as this article has suggested, we must also be alert to the ways in which the subjects of such arterial states sought to extend its circulatory system in directions of their own design, and draw blood into areas which would otherwise be left dry.

The police played an important role in managing the mentally ill of mandate Palestine in large part because that role was thrust upon them, first by the department of health, and then by Palestinians themselves. R.G.B. Spicer, outraged by the department of health's abdication of any responsibility for criminal lunatics, also complained bitterly of the relatives and friends of the mentally ill who 'turn them out into the streets or trump up charges against them in order to get rid of the responsibility of looking after them'.[47] These twin pressures meant the number of criminal lunatics in Palestine was notably high by the end of the mandate, certainly in comparison to the figures for metropolitan Britain.[48] In foregrounding both sets of relationships, this article has argued that not only the history of policing but also that of mental illness cannot be fully understood except by taking into consideration the complex and often fractious relationships between police, medical authorities, and Palestinian families. While histories of psychiatry in general and colonial psychiatry in particular have moved towards a recognition of the agency of 'laypeople' in determining the fate of the mentally ill, they have tended to focus on just one of these sets of relationships, rather than their interplay. By foregrounding the police, who were often caught between medical authorities and families, this article has thrown sometimes surprising light on the priorities and strategies of all three, revealing a health department which resisted the imperialising impulses of early twentieth-century psychiatry; a police service which was useful not only to a brutal and repressive colonial state, but also at times to its Palestinian subjects; and an array of Palestinian Arabs and Jews who, even into the 1940s, apprehended the mandate not as a rationalised welfare

47 Commandant of Police and Prisons to Chief Secretary, 13 August 1932, ISA M 6628/10.

48 In his report, Blumenthal noted: 'the reception in the lunatic section in Palestine takes place in a much wider degree than in Great Britain'. He examined 118 cases in the second half of 1945 at the criminal lunatic section of Acre prison alone, at a time when the total number of patients in the government mental hospitals was 385. See Blumenthal, Report, p.10; p.1. For the government mental hospitals, see Annual Report of the Department of Health, 1946, ISA M 323/23.

state which could be approached through fixed impersonal procedures, but as a 'tactical' entity, responsive to crises rather than regimented by long-term plans. Heron may have been strategic in his long-term commitment to a particular vision of the role of government mental hospitals; yet it was not principally through Heron, but the police and their improvisations, that ordinary Palestinians encountered the everyday state and came to understand its workings. The 'arrangement' of crises in the form of criminal disturbances which forced the hand of the police suggests both the capacity of Palestinians to exploit this mode of operating to their own advantage – and an anxious self-consciousness on the part of British officials about the mandate's vulnerability to its own subjects.

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