

Organizing Missions into Distant Lands: Medical Missionaries and the Politics of Health in Kashmir

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Abstract: *This paper analyzes the medical measures initiated by medical missionaries in the second half of nineteenth century in Kashmir. It was a significant period in the history of Kashmir on account of various economic and political developments. Similarly the valley of Kashmir witnessed an arrival of medical missionaries who introduced the modern forms of medicine and later on this task was persuaded by the colonial masters while reforming and reorganizing state administration. This arrival of medical missionaries has to be studied in the larger contours of history. An aspect relatively neglected by the existing body of Kashmiri scholarship who studied these missionary measures in isolation and not relating them what was happening largely at the Indian subcontinent. In such writings the missionaries have been presented as messiahs for the people without going into the deeper currents of history. Thus it is under this background, this paper argues that these medical missions have to be understood not only in the larger narratives of the socio-economic and political conditions of Kashmir, but, equally in the greater issues of Indian history.*

Keywords: *Kashmir, medical missionaries, colonialism, health and politics.*

The colonial masters initiated modernization on the pretext of modernizing colonies and empowering the masses at large. This ‘colonial modernity’ paved the way for what colonial power believed in the opening of modern means of education, industries, agriculture, commercial activities and many other welfare measures. Taking this argument further the impact on the sphere of science and technology was too inevitable. For colonial people a lot of steps were taken in order to benefit the colonial subjects directly. The noteworthy measures included modern allopathic practices and the development of public health in India. The history of science and technology became an essential discourse in the Indian historiography during the closing decades of twentieth century. It appeared a prominent area of research and generated interests among researchers to study the different facets of colonialism.¹ These researchers cum scholars arrived with novel findings and started to pose a whole range of questions, like for example relation between medical knowledge and colonial power, public health and british politics, encounter between western medicine and indigenous traditions, sanitation, medical market and ‘*daktari*’ medicine. A critical analysis of these colonial policies made historians believe that these measures largely benefitted the colonial masters in rescuing their own empire.

The research on health, medicine gained momentum when the historians began to incorporate insights derived from the works of Michael Foucault. The notions of ‘governmentality’, ‘biopower’ and ‘biopolitics’ governed the new age of scholarships and persuaded them to understand the structures and strategies involved in operating human behavior.² While investigating science, most of the historians increasingly viewed it as an agent of cultural imperialism, which reflected the dominance and superiority of west.³ It was primarily a scientific project, but now seen as a mechanism of state to

¹A score of texts have been written on this area in the Indian subcontinent from the second half of the 19th century. Prominent authors who pioneered this historical tradition are Mark Harrison, David Arnold, David Hardiman, Deepak Kumar, Seema Alavi, Guy attwell, Projit B mukherjee etc

² Majia holmer Nadesan, *Governmentality, biopower and everyday life* (New York, London Routledge, 2008), 1-3

³ Mark Harrison, “Science and British Empire” in History of Science Society, *Chicago: University of Chicago Press*, Vol. 96, No. 1 (March 2003): 57.

control its subjects. In the meantime science came to be looked as an instrument of imperial control rather than the key to development. The arena of medicine being one of the essential branches of science also helped 'to consolidate imperial rule and promote trade.'⁴ While investigating medicine in the colonies Marcos Cueto argued that scholars have extended their work in three directions:

firstly by considering the place of medicine in the spread of Christianity through the efforts of Christian missionaries; second, in exploring the deployment of medical ideas, practices and institutions as forces in the modernization of colonial societies and indigenous cultures; and third, in recognizing the work that state and voluntary institutions undertook, albeit unevenly to protect the health and welfare of indigenous societies.⁵

Nevertheless, it is also a fact that in spite of this recent flow of interests among historians, the trends of research in the given field of enquiry has been broadly confined to only two major themes. The first is the issue of colonial medical intervention and its social, economic and political implications. The second is response of indigenous systems of medicine-both from the masses as well as the native state. Thus the picture of medicine in the colonies as opined by Michael Worboys showed its development as "both mission and mandate: the mission of spreading Christianity and introducing modern scientific rationality and the mandate of consolidating colonial rule and promoting material development."⁶

This paper, under this theoretical background, would largely engage with the medical missionaries in the distant land of Kashmir and attempts to argue that colonial masters interfered in the affairs of Kashmir even before its direct intervention in the closing decade of nineteenth century. It became blatantly possible with the decisive presence of medical missionaries in the Kashmir. The valley of Kashmir witnessed a marked transition in the second half of late 19th century. The state in general and Kashmir in particular had undergone through many socio-economic and political changes. One sees a remarkable flow of colonial travelers over different junctures of time with a definite variance in their infiltration. Initially it were geographical travelers who directed their ways towards Kashmir, followed by a adventurers, administrators and missionaries. Here we are much concerned about missionaries and that too its specific section called medical missionaries who were perpetuators of allopathic medicine to the distant land of Kashmir.

In doing so, it should be remembered that the missionaries first made their appearance in 1854, when Colonel Martin, a retired army officer of Peshawar, Rev Robert Clark (1825-1900) of the Punjab missionaries and two Indian Christians entered Srinagar.⁷ These two missionaries did not stayed permanently in Kashmir rather it was after ten years that a permanent medical mission by the efforts of British officers through C. M. S (Christian Missionary Society) was established in Srinagar in 1864.⁸ As stated earlier Robert Clarke who was the first medical missionary to Kashmir and he made an extensive tour of the north western borders of India and it was he who evolved the idea of a chain of missionary stations at important posts in the hilly areas.⁹ In the same year, the British government gave special permission to the Maharajah for two Christian missionaries who desired to work in Ladakh, Baltistan, and other hilly areas.¹⁰ It was finally after sometime that a mission was undertaken

⁴ Michael Worboys, "Colonial World as Mission and Mandate: Leprosy and Empire 1900-1940," in History of Science Society, *Chicago: University of Chicago Press*, Vol. 15 (2000): 207-8.

⁵ Marcos Cueto, (ed.) *Missionaries of Science: the Rockefeller Foundation of Latin America* (Bloomington Indiana University Press, 1994), xvii

⁶ Michael Worboys, Op. Cit., 208

⁷ Ishaq Khan, *History of Srinagar 1846-1947: A Study in Socio Cultural Change* New Dehli: Cosmos Publications, 1999), 139

⁸ Tyndale Biscoe, *Kashmir in Sunlight and Shade* (London: Seeley, Service & Co. Limited, 1922), 239-40. The British officers were Sir Montgomery, lieutenant governor of the Punjab, Colonel Martin and Colonel Urmston. These men met together and collected Rs 14,000 and sent it to the C. M. S (Christian Missionary Society) and asked them to send to Kashmir a medical missionary, for he would gain the confidence of the Maharajah and his officials would welcome a doctor to their country. For further details, see chapter, Kashmir Medical Mission of *Kashmir in sunlight and shade*.

⁹ F M Hassnain, *British Policy towards Kashmir* (Srinagar: Gulshan Books, 2009), 40.

¹⁰ Ibid, 40

when Robert Clark, who earlier advocate the initiation of medical missionary to Kashmir, was appointed as the first medical missionary to Kashmir and a regular work was started in 1864.¹¹ This important landmark in the history of Kashmir was followed by a myriad of medical missionaries who were either appointed or visited in Kashmir over different period of time.

Before tracing their history in the valley it is pertinent to remember how Christian missionaries framed their mission in ‘civilizing the uncivilized’ and to ‘perpetuate Christianity’ among people in the valley. This was a larger narrative under which the medical missionaries worked in Kashmir. The standard view of medical missionary work within missionary circles in the late 19th century was that it was done for a purely medical purpose, but used as beneficent means to spread Christianity.¹² These medical missionaries were quite rooted in cultural superiority of the west and wanted ‘to win country [Kashmir] for Christ’¹³; however, their political implication also cannot be taken away. Although rooted in imperial leanings the missionaries in the midst of so called benevolence directed their ways towards Kashmir in order to fulfill their greater consideration. While studying medical missions in Africa and Asia, David Hardiman has argued that, “The missionaries were in accord with the climate of the high age of imperialism, with its social Darwinism and belief in the racial and cultural superiority of the white man, all of which provided a closure against the culture and practices of those who are not white”.¹⁴ further, through a study of Kashmir public discourse in the ‘longue duree’ Chitrelekha Zutshi maintains, “I hope to dispel the notion that colonialism was a historical rupture that politicized religious and regional identities in late nineteenth century Kashmir.”¹⁵ In this regard it can be presumed that these medical missionaries, who were very much rooted in their cultural and religious superiority, became more interested in setting missions at Kashmir. Keeping these notions in the mind they became persistent in spreading Christianity in Kashmir.

From the beginning the British government was interested in annexing territories. This annexation of states provided them an opportunity to protect their interest through diverse fields. It also in a one way or the other secured their political interests. In this regard the British government directed their way to annex Punjab as it would safeguard their interests in the entire northern frontier. Once the Punjab was annexed the British had to look for some other barrier against Russia and it could be no territory other than Kashmir and Kabul.¹⁶

Kashmir, “the sentry state”¹⁷ of the British government, the meeting place the three empires in the east- the British, the Russian, the Chinese was gifted away to Gulab Singh (1846-1857) by the British government in 1846 under the treaty of Amritsar. It was a unique treaty in the sense that it left the Maharaja of Kashmir to exercise powers in the state independently, that was not the case with other princely states, which were liable to appoint a British resident in their territories. The state came under the British imperialism, but it started to wean away day by day from the British government which was also felt by the people in England who had their own trading interests in Kashmir. In the subsequent years the British realized their mistake and wanted to intervene directly in the affairs of state. However it was not possible on account of two reasons. Firstly after the revolt of 1857 the British gave up the policy of direct annexation of states and secondly it would have also violated the provisions of treaty of Amritsar in which it was clearly mentioned of the independent status of state vis-à-vis British government. Even after the treaty of Amritsar the Europeans especially the British businessmen were not clear about the relation of Kashmir with the British government. No doubt the Maharajah accepts British as a paramount power but for the natives of England and importantly to the people who have commercial interests, it is not a matter of much importance that the Maharajah of Kashmir acknowledges the supremacy of the British government and yet no Englishmen can settle in

¹¹ Ernest F Neve, *a crusader in Kashmir*, first edition 1928 (Srinagar: Gulshan Books, 2007), 15.

¹² David Hardiman, *Healing Bodies Saving Souls: Medical Missionaries in Asia and Africa* (New York: Radopi B. V. Amsterdam, 2006), 25.

¹³ Ishaq khan, Op. Cit., 138

¹⁴ David Hardiman, Op. Cit., 14.

¹⁵ Chitrelekha Zutshi, *Languages of Belonging: Islam Religion Identity and the Making of Kashmir* (Delhi: Permanent Black, 2003), 5.

¹⁶ F.M. Hassnain, Op. Cit., 38.

¹⁷ Sachianand Sinha, *Kashmir the Playground of Asia* (Allahabad: R N Lal, 1943), 18

the country or purchase a foot of land in the valley.¹⁸ The transaction of Kashmir was not an advisable for British government and its neighboring areas (under British government, for example Punjab) as they don't have any say in the internal administration of the state. But at the same time, Andrew Wilson remarks that, "Kashmir is the district best suited for Europeans and it affords large room for English colonization."¹⁹ Under these circumstances the British government began to look for an alternative to address these dissent voices with respect to the affairs of Kashmir. And it was around the same time that medical missionaries entered into Kashmir.

Dr Elmslie (1832-1872) the first medical missionary appointed by the C.M.S. arrived Kashmir in the year 1865.²⁰ But it should be remembered that the doctor during his initial years faced insurmountable hardships, being deeply embedded in colonial drive, however, he managed to perform his obligation. His life was hard and difficult as he had no hospital to treat diseases, however, he managed to look after the sick and perform operations under the trees.²¹ Not only this, he even travelled to different areas, moved from bazaar to bazaar in order to provide treatment to the ailing bodies. But the doctor was very much conscious of his aims and did not forget to preach the message of gospel (Bible). In addition to carrying out medical practices, Dr Elmslie in order to give vent to his 'ideological leanings', equally helped in the propagation of modern education in Kashmir. Despite reaction, Elmslie's teaching resulted in demand for modern education, though on small scale.²² Like his predecessor, Dr Elmslie's presence in Kashmir exasperated Dogra state, as the Dogras were never interested in Europeans staying in Kashmir. To them it was a sort of intervention in the internal affairs of Kashmir that would also led to the exposition of character of Dogra state, which, most of the historians, unanimously believe that it was an autocratic and oppressive in nature. At large, he attempted his best to uphold the superiority of Christian religion over the subjects of valley of Kashmir. Rev Mr. Clark while assessing his contribution writes, We could not fail to notice his true missionary spirit, which led him to give himself at once to the work for which he had come to India. He began to acquire the language and quickly commenced his medical labor amongst the people. He divided his work with great method and tact, so as to make the most of every opportunity [possible].²³

Dr Elmslie tirelessly worked for eight years, and died in 1872, on his way back from Kashmir. The Rev T.R.Wade got the opportunity of working with him, and he too did excellent work in the early days of the medical mission. It is important to say that this medical intervention emerged worthwhile enterprise for British government as they would acquire internal information of the state. Andrew Wilson while writing in 1870s pursuit's imperial authority to verify the affairs of Kashmir and to know the inner culture of Kashmir from the accounts published recently.²⁴ He in a way advised British government to take full use of the recently published books on Kashmir and importantly know the internal affairs of Kashmir. Out of these books recently published on the Kashmir, the reference of Dr Elmslie's becomes inevitable. In his vocabulary of the Kashmiri language, the author has managed to compress into it a large amount of valuable and accurate information in regard to valley,

¹⁸ Andrew Wilson, *Abode of Snow* (London: William Blackwood and Sons, 1875), 356.

¹⁹ *Ibid*, 356

²⁰ As I have already mentioned Robert Clarke was the first man who started medical missions into Kashmir. However, Dr Elmslie can be regarded as the real founder of medical mission of Kashmir. Despite facing continuous hardships, he stayed at Kashmir and moved from village to village in healing diseases. See Ernest F Neve, *Beyond the pir panjal: Life Among the Mountains and Valleys of Kashmir*(Srinagar: Gulshan Publishers and Distributors,2003), 260. C Peter Williams has argued that back in United Kingdom it were Scottish Presbyterians who were the first group in Britain to become enthusiastic supporters of medical mission work. It was followed by a class base to medicine that was associated with Edinburgh University and the dissenting medical academics that emerged after Napoleonic wars. Doctors trained in this institution were often patronized by dissenting and non conformist businessman. The Anglican Church or the Church of England by contrast was slow to adopt medical work. In India it was, David Hardiman exhorted, largely result of the pressure put on the church by the government in 1864 that this church agreed to open a medical mission work in Kashmir 1865. See David Hardiman, *op. cit.*, 22-23.

²¹ M Elmslie and W.B.Thompson, *Seed Time in Kashmir* (London: James Nisbet & Co. Benners street, 1875), - 85

²² Ishaq khan, *Op. Cit.*, 142.

²³ M Elmslie and W.B.Thompson, *Op. Cit.*, 282

²⁴ Andrew Wilson, *Op. Cit.*, 358.

its products and its inhabitants.²⁵ While assessing his work and its significance in Kashmir Bishop Cotton wrote, “Dr Elmslie started knocking at the door, which may, through gods help, be opened for the truth to enter in.”²⁶ In this respect one can say the mission started by Clarke gained its momentum by the efforts of Dr Elmslie.

The C. M. S (Christian Missionary society) that was very much interested in the affairs of Kashmir continuously dispatched medical missionaries to Kashmir valley. In order to continue the legacy of Dr Elmslie, the society then sent out Dr Theodore Maxwell, to whom the Maharaja granted a site for the mission hospital, on a hill called Rustum Gari, because he happened to be the nephew of General John Nicholson, the hero of Delhi.²⁷ No doubt the site was granted for the construction of a hospital, however the Dogra state did not assisted it financially and through the writings of medical missionaries, we found that the state was not still interested in it and hated it internally. But this shows that doctor was fortunate enough, as compared to previous doctors, in receiving pleasant response from the Maharaja Ranbir Singh (1857-1885), and promised him to grant good house accommodation. Rulers of the state, who were earlier unwilling with the coming of European into the state, now began to set out for paying tributes in favor of missionary doctors. Nonetheless, Maharaja Ranbir Singh (1857-1885) and Pratap Singh (1885-1925) paid visits to the missionary hospital.²⁸ It is visible that from here onwards a partial departure became evident in state policies vis-a-vis missionary doctors as is narrated by Ernest F Neve, “the work was reopened in 1874 under favorable conditions. Official opposition was withdrawn. The state medical officer was now friendly”.²⁹ A new chapter was opened in the history of medical missionaries through which the people of Kashmir can be confined in hospitals and thereby became an essential for missionaries to demonstrate Christianity without wandering from village to village and area to area.

The movement of missionary doctors continued at regular intervals of time in which one doctor used to be replaced by another. After two years of his work, Dr Maxwell’s health deteriorated and he was directed to leave India. A well known Indian Christian doctor, John Williams came to the replace him, and he was assisted by Rev. T. R. Wade, whose ‘valued services’ to the Kashmir medical mission can hardly be overestimated. In 1877 Dr Edmund Downes, who had resigned from commission in the Royal Artillery arrived in Kashmir in order to engage himself in medical missionary work.³⁰ He was highly obsessed with missionary enthusiasm, and for that matter he directed his way to, what he himself called the land of ‘Kafiristan’ (land inhabited by infidels).³¹ Preoccupied in western superiority, he also thought of Christianity as a means to bring light into the uncivilized and barbaric natives of orient. In this connection he maintained that, “would not the light shine over the darkness around and, hand in hand with civilization, might we not expect to see the religion of Jesus enter the barbarous tribes...”.³² His missionary enthusiasm can be understood from his belief when he further narrates that, “these are bold thoughts and ideas; but something of the kind entered my mind as I thought over the subject... and I therefore resolved to attempt to cross our frontier and enter kafiristan”.³³ After entering into valley he conceded his work and did everything in order to sustain and maintain the ‘rapport of colonial missionaries’. While in combating diseases he was aware of his imperial motives and fully dedicated himself for the missionary cause. Soon his health deteriorated and he was compelled to obtain retirement. On his retirement from missionary society, a public farewell meeting was held at Kashmir, in which addresses and testimonials were presented to him.

²⁵ Ibid., 359

²⁶ Robert Clark, *The Punjab and the Sindh Missions of Church Missionary Society* (London: Church Missionary Society, 1885), 151.

²⁷ Tyndale Biscoe, *Kashmir in sunlight and shade* (London: Seeley, Service & Co. limited, 1922), 240.

²⁸ Shafi Qadri, *Biscoe in Kashmir: Noble Work of a Christian Missionary in Kashmir* (Srinagar: Gulshan publishers, 1998), 101.

²⁹ Ernest F. Neve, *Beyond the Pir Panjal...*, 264

³⁰ Ibid., 264.

³¹ Arthur Neve, *Thirty Years in Kashmir* (E Arnold, 1913), 21.

³² Ibid., 21-22.

³³ Ibid., 22.

This meeting was presided none other than the British Political Officer on special duty in Kashmir.³⁴ When Dr Downes was near about to leave from valley, Arthur Neve (1850-1918) at the same time came into Kashmir. Even for some time, they worked together,³⁵ and Dr Neve enjoyed the great advantage of working with Dr Downes till the autumn, when they later took over charge.³⁶ Until the direct intervention of British government these doctors received same treatment that was accorded to the Mr Clark. Once the British government intervened in the affairs of state the opposition to medical missionaries slowed down. DR Arthur Neve (1859-1919) arrived around the same time and he found the hospital established and the doors for service wide open in every direction.³⁷ Subsequently Neve's medical work was profoundly acclaimed within and outside the missionary society. Out of which the reference of British becomes inevitable, who in nineteen years later awarded him Kaisar-i-Hind gold medal.³⁸ The missionary doctors did advocated for the improvements of health in Kashmir indeed they were more inclined towards surrounding territory by dint of ideological persuasion. Technically their exertion can be estimated in terms of immediate and ultimate aim, the former was improvisation of health and the later in fact more significant the hegemonisation of natives.

In 1885 the Kashmir valley was struck by an earthquake in which Baramulla and its adjacent villages were reduced to ruins and thousands of persons were killed. Immediately after the earth quake, Dr Neve hastened to Baramulla and opened an emergency hospital there. In order to make a respectable image among the natives of ravaged areas, the medical missionaries visited the devastated district to collect wounded in boats so that they could be taken to his (Dr Neve's) hospital.³⁹ In doing so the missionaries rendered services vigorously in order to reach the hearts of distressed and miserable Kashmiri's. In 1886 Arthur Neve was joined by his brother Dr Ernest Neve (1861-1946) who had also studied at the University of Edinburgh, where he established a record for thorough work and activity in religious activities. Within a very short period of time, a case of cholera appeared in the city and Dr Neve got the chance to work with the state physician. In doing so, he was directed to take charge of the larger section of Srinagar and it was during this period that his brother Dr Ernest Neve earned recognition by visiting almost every section of the valley.⁴⁰ These two brothers were aware that the policy of aggression had created resentment among the Muslims in which the crusades are finest example and this is the time to replace this bitterness through philanthropic deeds and other tactical policies. As Ernest Neve aptly remarks,

“Was the word of the crusades or the torch of inquisition calculated to promote a good understanding? Did it not rather intensify the hatred which already existed? At the present time, when so vast a number of Muslims are our fellow subjects in the British Empire, we have an opportunity which is unique, of winning them by deeds and kindness.”⁴¹

It was also around 1889, that the British government in Delhi decided to hand over most of the Maharajah's administrative powers to the British Resident Mr. C Plowden and his council in Srinagar. Therefore the medical missionaries in Kashmir presented their supremacy among the natives through consent, for that matter they left no stone unturned in carrying out their philanthropic deeds. The latter half of nineteenth century presents us with a medical system that attempted to profit missionaries in

³⁴ Ernest F Neve , *Beyond the Pir Panjal...*, 267. This political officer on special duty in Kashmir was a British overseer in Kashmir. The officer was appointed by the Punjab government as the affairs of Kashmir were mediated through Punjab government at that time. However, it must be remembered that the officer had hardly any say in the internal administration of the Dogra Maharajah's. Here it can be argued that the colonial government and the medical missionaries understood each other well. That can be better understood in the subsequent pages of this paper.

³⁵ Shafi Qadri, *Biscoe in Kashmir: Notable Work of a Christian Missionary in Kashmir* (Srinagar: Gulshan Publishers, 1998), 102.

³⁶ Ernest F Neve, *Beyond the Pir Panjal...*, 267

³⁷ James H Franklin, Op. Cit., 200-201

³⁸ Ernest F. Neve, *Beyond the Pir Panjal..* , 267.

³⁹ James H Franklin, Op. Cit., 204 205

⁴⁰ Ibid., 202-203.

⁴¹ Ernest F. Neve, *A Crusader in Kashmir...*, 72.

understanding the native. Under such exploration the general milieu of Europeans lies in the imposition of their culture upon the natives of Kashmir through medical missions. The medical work by medical missionaries in Kashmir can't be taken simply as a means of evangelical importance but a matter of political even Eurocentric aspiration. In order to furnish motives successfully, the medical missionaries used medicine as an important means to win the hearts of a large section of Kashmir society. In this connection David Arnold argues:

Medicine cannot be regarded as merely a matter of scientific interest. It cannot meaningfully be abstracted from the broader character of the political order; on the contrary, even in its moments of criticism and dissent, it remained integral to colonialisms political concerns, its economic intents and its cultural pre-occupations.⁴²

In times of special need, the missionary staff at Srinagar could always rely on the help of the older boys in the mission schools which by the second decade of twentieth century enrolled about hundred's of student of varying ages. Dr Elmslie, the first medical missionary in Kashmir, had begun the educational work. Fortunately, these medical missionaries were wise enough to establish good schools in the valley of Kashmir especially in Srinagar city in order to prepare natives for leadership in Christian movements in their own lands.⁴³ By doing so, the missionaries would seek help from these natives in bolstering Christianity in Kashmir. Every work on the part of medical missionaries was started from the good news of the gospel of Christ and the reading of verses from the Holy Scripture (Bible) followed by a long prayer accompanied by stories of Christ as a savior of men from sin. During one of his visits Dr Neve tells people that his work at the hospital and in the villages is Christ's work, for it is done by one of his disciples, at his command, in his name and for his honor.⁴⁴ Then after a brief prayer, the medical work normally started and was continued until the people receive treatment.

The medical missionaries in their initial years faced a stiff resistance from the Dogra state. The Dogras having occupied the state from the British government without the consent of the native population of valley were very much suspicious of the Europeans. As revealed earlier Robert Clark who came to Kashmir in 1854 and failed in his first attempt, yet one of the results of his first journey was the establishment of Moravian mission of Lahaul in Tibet through the influence and pecuniary assistance of colonel martin.⁴⁵ The Dogras did not allow the Europeans to enter into Kashmir: they feared these Europeans would mix up with the masses, which were living in deplorable conditions, and flout their authority. They utilized dubious method and became highly critical of European penetration in Kashmir. In this respect a special order was issued at the request of Maharaja Gulab Singh (1846-1857) in 1854 by the Governor General Lord Dalhousie, forbidding European visitors to remain in Kashmir during the winter. He established a rule that Europeans were to be admitted to Srinagar by prescribed routes only; and from their entrance to their exit, they were to be kept under vigilant supervision and were not allowed to mix with the local population of the valley.⁴⁶ There presented a no difficulty for an ordinary visitor who wanted merely to spend the summer amidst the natural beauties of valley. As we know that these medical missionaries came to Kashmir with a definite aim, therefore, it put a spoke in the wheel of missionaries as they could not remain in the valley for a long period of time.⁴⁷ They were not allowed to rent a house in Srinagar, where they could pursue their activities. The Dogra state enforced regulations in which they declared that under no circumstances could a European or a British subject own landed property in the domains of a Maharajah.⁴⁸

⁴² David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth Century India* (California: University of California Press, 1993), 8.

⁴³ Ernest F. Neve, *Beyond the Pir Panjal...*, 205

⁴⁴ *Ibid.*, 211-12.

⁴⁵ Robert Clark, *Op. Cit.*, 148.

⁴⁶ Martyn Clark, *Robert Clark of the Punjab: Pioneer Missionary and Statesman* (New York: F. H. Revell, 1907)190.

⁴⁷ Ishaq Khan, *Op. Cit.*, 138.

⁴⁸ E.F.Knight, *Where Three Empires Meet* (London: Longmans, Green and co. And New York: 15 East, 16th Street, 1893), 37.

In the initial years, the medical missionaries at every step faced in numerable adversities, even their first medical mission met with much opposition. The officials comprised the governor and the head of the police were most antagonistic. They told medical missionaries the Dogra state will permit them only if they did not organize any mob violence.⁴⁹ However, it must be presumed here that the Dogra state used every possible means to keep medical missionaries under control. It was because that they were aware of the fact that the Punjab government played an important role in making of the mission. The requisition of Kashmir medical mission was signed by R Montgomery, Sir Donald Mcleod, Sir Herbert Edwards, General Lake, Mr R Cust, General Maclagen, General James Crafton and almost every leading officer then in the Punjab government.⁵⁰ The document begins thus, “we, the undersigned residents in the Punjab, deeply feeling our responsibility as Christians living in a heathen land, to use every means that lies in our power to spread abroad the knowledge of the word of god to...cashmere (Kashmir), whom we will endeavor to aid”.⁵¹ Therefore the Dogra Maharajahs were very much suspicious of the medical missionaries. Everything that was done by medical missionaries was closely watched by certain police spies, their movements were frequently visualized in the guise of patients.⁵² In fact, the Dogra state was not interested in the safety and security of the missionaries. In this connection Rev. Robert Clark remarked very aptly:

The house was literally besieged with men and noisy boys. They stood by hundreds on the bridge and lined the river on sides, shouting and one man striking a gong, to collect the people. Not a *chuparsse* (peon), or police officer, or soldier, or official of any kind appeared. When I went to *wazir* to ask for protection, it was said that he was asleep. He kept me waiting for two hours and did not even give me a chair. He promised to send a guard and never did so. The police also announced that if any one rented house to the missionaries, all the skin would be taken off their backs.⁵³

The Dogra rulers were so hostile to missionaries that they issued state declaration in which they strongly condemned natives not to visit missionary doctors. The copies of prohibition were circulated to each *ziladar* (District officer) and more active measures were being taken to prevent the people from coming to missionary dispensary. The man and women who ventured to visit were beaten publicly and their names along with their belongings were enlisted.⁵⁴ Robert Clark who was first directed by Maharaja Ranbir Singh (1857-1885) not to remain in Kashmir during the winter, even the secretary to state government of Punjab issued a letter that the Maharajah of Kashmir disapproved his (Robert Clark) stay in Kashmir and hence the decision stands that runs as, “that Rev Robert Clark should not remain in Kashmir against the will of Maharajah”.⁵⁵ In a letter to the lieutenant governor to Punjab and its dependencies, the Maharajah of Jammu and Kashmir makes an assessment of the previous year work of Robert Clark and shows dissatisfaction with him.⁵⁶ He further added that the missionary and his disciples continued to castigate the fallacy of Islam which has displeased the people of Srinagar. Again this year the same Robert Clark who has been at Srinagar took up his lodging at the heart of city and made encroachment upon their religion previously as a step towards proselytiasation, this, recount Maharajah, “would be an act of oppression and tyranny on the people of city”.⁵⁷ Now defining the Muslims of Kashmir the Maharajah narrates:

The *Mussulmans* of Srinagar are very bigoted and under former governments had often disturbed peace. For instance, during Sikh rule, a religious dispute arose between *shiah* and *sunni* sects: there can be no doubt that the people are heartily displeased by the residence of

⁴⁹ Ernest F Neve, *Beyond the Pir Panjal...*, 261

⁵⁰ Robert Clark, *Op. Cit.*, 149.

⁵¹ *Ibid.*, 149-150.

⁵² Ernest F Neve, *Beyond the Pir Panjal...*, 27

⁵³ *Ibid.*, 261.

⁵⁴ M. Elmslie and W.B.Thompson, *Op. Cit.*, 181.

⁵⁵ Foreign Department (Political A), Decision that Rev. Robert Clark should not remain in Kashmir against the will of the Maharaja, September 1864, Nos. 74-76, NAI (National Archives of India), 1-4.

⁵⁶ Foreign Department (Political A), Proceedings, September 1864, Nos. 74-75, NAI, 3-4.

⁵⁷ *Ibid.*3-4

the missionary at Srinagar and his misleading the people of the place. God forbid, should some accident happen to the missionary by the hand of an inconsiderate fellow, it would bring obloquy and blame on the Maharajah from all quarters and therefore by consideration of the consequences, the Maharajah, feels anxiety and concern on that account.⁵⁸

The Maharajah, therefore requests him (missionary doctor) that he should act like other British officers, and not interfere with the people in a manner which may unnecessary cause any tumult and general discontent.⁵⁹ The story does not end here. Let's see the attitude of masses towards these missionaries, how they received them and the narrative of medical missionaries with respect to natives of Kashmir and Dogra state. Regarding the feeling of Mohemmedan portion, F Cooper Esquire (special officer on duty in Kashmir) in his demi-official letter to R. H. Davies maintains that the priesthood is very much averse to the establishment of the mission, and in this view he was supported by his intimate knowledge of the country and Colonel Gardener, a commander in the Maharajah's army.⁶⁰ When Robert Clark made his visit to Kashmir in 1864, he was not allowed by the people of Kashmir to enter to his rental house. Although he managed somehow to enter into the bungalow which he had taken from Ghulam Hossein of Amritsar its owner on rent of Rs 300. However, before this could be accomplished, a man Sheikh Aziz came in and asked why he had gone into his house. Within no time he went away, and in an hour or two the house was literally besieged with men and noisy boys: they stood by hundreds on the bridge and lined the banks of the river on both sides shouting, and one of them striking a gong to collect the people.⁶¹ He further asserts that it was very unfortunate to see that not a *chuprasie* or a police officer, or a soldier, or an official, of any kind appeared. The tumult quickly increased and no efforts of any kind were made to stop it; the people began to throw stones, and some of them broke down the wall of the compound, and try entering also by the stables. Our servants became greatly alarmed, for they threatened to burn the whole house down: the number present we computed at between 1, 000–1,500.⁶² A few weeks later Mr. Clarke wrote in journal, "men are again stationed on the bridge, as they were for weeks together last year to prevent anyone from coming to us. Our servants cannot buy the mere necessities of life, and we have to send strangers to the other end of the city to purchase flour."⁶³ This seems that the medical missionaries were largely unacceptable to both Muslims and the Dogra rulers.

It was also during these years that medical missionaries in Kashmir received a sigh of relief in the state. Over a period of short time, the official ban upon medical missionaries was withdrawn when the British government intervened in the matter. The administrators in the center received attention and decided to reconcile situation by advocating improvements in between state and medical missionary relations.

These colonial travelers who came into Kashmir at different periods of time have praised its scenic beauty but were highly cynical of Kashmiri people. Hence the process of introducing medical measures to Kashmir appears to be a part of European scientific understanding of 'other', being here the people of Kashmir. This view can be associated with the larger euro-centric notion of superiority of their religion, race, culture etc over the natives of Kashmir. It seems that it could not be limited to only 'question of understanding' but a 'conquest through understanding' of other, an ideology to propagate Christianity to the distant land of Kashmir. Under the purview of such ideology, medicine was used as methodology to win more and more converts. The coming of medical missionaries into Kashmir was followed by a resistance from the Dogra rule, and later led to the repellent of their decision with the British interference. Thereby it provided an opportunity to colonial government to interfere in the affairs of Kashmir which was first marked by the institution of residency and then the establishment of state council. In the meantime Dogra rulers became puppets in the hands of British government who asserted their authority that brought major political and economic shifts in the affairs of Kashmir.

⁵⁸ Ibid., 3-

⁵⁹ Ibid., 4

⁶⁰ Foreign Department Political A), consultation, July 1864/ Nos. 79-81, NAI, 3-4.

⁶¹ Ibid.3-4

⁶² Ibid. 3-4

⁶³ James H Franklin, *Ministers of Mercy* (New York: Missionary Education Movements of the United States and Canada, 1919), 200.

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