

Dr. William Elmslie and Progress of Healthcare in Nineteenth Century Kashmir

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ABSTRACT

Medical History is increasingly attracting the mind of social scientists over the past. It is due to this academic occupation that the information gained by our ancestors over centuries of legacy, experiences and interactions is conserved and made easily reachable to a broader readership. Medicinal and health culture of a society is reflective of receptions to exogenous influences, its intellectual status, interactions with the outer world, continuities in change and differences in the society, as medicinal culture varies among different segments of people as per their variegated financial conditions and levels of exposure. It also helps us in understanding the changes in demographic history-stable population in pre-modern times and population explosion after scientific and technological revolution. This paper, aims to offer a holistic overview of health condition of Kashmir during the penetration of modern medical missionaries, and also deals with how English Medical Missionaries changed the scenario of health and medicine.

Key Words : Medical history, Exogenous, Scientific, Missionaries

INTRODUCTION

With the consolidation of colonial control in the nineteenth century, medicine became progressively vital ideological justification for empire, and an indispensable part of the self-image of 'civilizing' imperialism.¹ Modern medicine served both as a emblematic legitimization of colonial rule and as a means for the colonial state to control

and authority the bodies of colonial subjects.² David Arnold, in one of the best works in this field, argued that the dispersal of western medicinal practices in India played a significant role in the increasing regulation of colonial subjects by an expanding state.³

Andrew Wilson remarked that, "Kashmir is the district best suited for Europeans and it affords great room for English colonization".⁴ The paradigm view of

1. Amrith Sunil, S, *Decolonizing International Health, India and Southeast Asia, 1930-65*, Palgrave Macmillan, 2006, p. 23.
2. Arnold D, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India*, Berkeley and Los Angeles: University of California Press, 1993; Prakash G., *Another Reason: Science and the Imagination of Modern India*, Princeton: Princeton University Press, 1999; Anderson W, 'Excremental Colonialism: Public Health and the Poetics of Pollution', *Critical Inquiry* 21, Spring 1995, pp. 640-69; Vaughan M, *Curing Their Ills*. Two historiographical reviews: S. Marks, 'What is Colonial About Colonial Medicine? And What has Happened to Imperialism and Health?' *Social History of Medicine*, 10, 2 (1997) pp. 205-209; Anderson W, 'Where is the Postcolonial History of Medicine?' *Bulletin of the History of Medicine*, 79, 3 (1998), pp. 522-30.
3. Arnold D, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India*, Berkeley and Los Angeles: University of California Press, 1993.
4. Andrew Wilson, *Abode of Snow*, London: William Blackwood and Sons, 1875, p. 356.

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medical missionary work in the late nineteenth century was that it was done purely for medical rationale, but it was used as beneficent means to extend Christianity.⁵ From the beginning medical work was recognized as an essential means of evangelism.⁶ These medical missionaries were rooted in cultural superiority of the west and wanted “to win Kashmir for Christ”.⁷ Medicine and education were the two main tools adopted by the Britishers to mend the society. The people of Kashmir were totally unaware about the exploit of western medicine. This renovation of mind and society was done by English medical men who came to valley mostly during the second half of nineteenth century. This period saw a remarkable development of modern and western medical knowledge in Kashmir. The Medical Missionaries did a wonderful work to build up the modern health care system in Kashmir. True, they were basically Christian missionaries and the modus operandi they followed in Kashmir valley to win hearts was social provision, mainly in the field of health and education.

In 1864, the Reverend Robert Clark, the senior Church Missionary Society missionary in Punjab, went over the mountain passes into the Kashmir valley. He came along with his wife, who opened a dispensary for women, now is the place of the Government College for Women, in Nowakadal Srinagar.⁸ Clark’s wife was not an exceptional and qualified physician, but she knew more than the local *hakims* (herbalists) and very soon number of women, who would have otherwise died of simple illnesses, came to her to receive treatment and cure.⁹

No doubt western medicine was brought to Kashmir valley by Mr Robert Clark and his wife, but the concrete base was laid by William Jackson Elmslie. He was born, brought up and got his education in Scotland. He received his medical knowledge and training in Edinburg and was

recruited as a medical missionary in 1864 April, by Church Missionary Society (CMS) to Kashmir by a particular order. Dr William Elmslie arrived in the valley and reached to Srinagar in 1865, May 4. His life and stay in Kashmir was hard and difficult in, because he had no hospital, and he performed his operations under the trees; orders were issued by the dogra government that the people should not visit the missionary doctor and sepoy’s were stationed around the missionaries to keep the people away, as the ill persisted in coming for treatment, cure and relief. Some patients were imprisoned for defying the order of the establishment.¹⁰ Elmslie rented a small house near Amirakadal Srinagar and also became his place of residence as well as health clinic. He started his job to see the patients and five days afterwards on 9 May, 1865 Dr Elmslie wrote in his diary:

“9th May: Today is memorable day in the history of the Kashmir Medical Mission, from the fact that I opened dispensary this morning. I had given notice that I intended receiving my patients from this date. The verandah on the southern aspect of the building was prepared for the sick people to meet in. Punctually at 7 O’ clock a.m., I, and Qadir, the catechist, and my two native assistants went into the verandah, after supplicating together the blessing of God on the job which we were about to initiate in Srinagar. Qadir read the opening verses of the 5th chapter of the Gospel of Matthew, and made a suitable and running commentary on the passage. The service was closed with a short prayer for the divine blessing. I now retired to the small verandah on east side of the house, which I had had fitted up very rudely, I must confess as a dispensary. Here the patients were seen one by one. The number of patient

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5. David Hardiman, *Healing Bodies Saving Souls: Medical Missionaries in Asia and Africa*, New York: Radopi B. V. Amsterdam, 2006, p. 25.
 6. Nalini, Dr. Mrs. Marthal, Pioneer Woman Physician as Medical Missionary to the Women of the Orient Clara A. Swain, M. D (1834-1910), *International Journal of Innovation, Management and Technology*, Vol. 1, No. 2, June 2010, p. 147.
 7. Ishaq Khan, *History of Srinagar 1846-1947: A Study in Socio Cultural Change* New Dehli, Cosmos Publications, 1999, p. 138.
 8. Tyndale Biscoe, *Kashmir in Sunlight and Shade*, London: Seeley, Service & Co. Limited, 1922, p. 234–52.
 9. Mir, N. A. Inspirational people and care for the deprived: Medical missionaries in Kashmir, *J R Coll Physicians Edinburgh* 2008; 38: pp. 85–88
 10. Tyndale Biscoe *Op. Cit.* p. 240.

present today was ten.¹¹

Despite the solid opposition of the authorities and continuous visits by the Maharajas men, the number of patients visiting William Elmslie increased progressively. At the end of the month (May) fifty-three patients were seen in a single day, of whom seventeen were women.¹² A schedule was established whereby patients and attendants, and any passers-by, were gathered at the verandah and a preaching sermon was delivered by the catechist with the doctor in attendance or by doctor with the catechist acting as the interpreter, followed by consultation with the doctor. The number of patients visiting the AmiraKadal Mission Dispensary increased, that included women also. This dispensary slowly changed into a small hospital as Dr Elmslie started using his specialty skills. He described a number of visiting patients with various diagnosis and treatments including breast cancer, nasal polyps that had been treated by others by slitting the nose, removing fibrous breast tumour, removing cataracts from eye by depression method, case of lung consumption (meaning tuberculosis), reducing a dislocation of lower jaw. He also performed a number of interesting but extinct surgical procedures that included Chopart's Operation (amputation of foot for tuberculosis) and resection of a wrist, about which he wrote:

“Assisted by the Rev. Mr. Yeates, performed resection of the wrist-joint. The patient was a young- woman. Her parents were present during the operation”.¹³

Dr William Elmslie was trying his best to induce the Kashmiri people for treating their diseases using modern medical facilities. This is evident as he wrote on 15th of June 1865,

“15th May : The number of patients this morning was forty. Excised a cystic tumour

from a young man. Having explained the object and effects of chloroform, I asked him if he wished me to give it to him. After some slight hesitation he consented. In all probability this is the first time a native Kashmiri has been anaesthetised in the valley with chloroform.¹⁴

The response of the people towards modern medical care was continuously increasing day by day and the popularity of the dispensary continued to grow William Elmslie was satisfied with his overall medical work. He wrote on 8th of June 1865;

“The number of patients present was sixty-three, seventeen of whom were women. As usual, people were very attentive to the section of Scripture which I read. With the aid of chloroform, I removed another tumour in the forenoon. Have great reason for heartfelt thankfulness to God, in as much as hitherto nothing unpleasant has happened with respect to my medical work.”¹⁵

Besides devoting his full vigour to Christian and medical responsibilities, Dr Elmslie was burning midnight oil to learn languages like Kashmiri, Persian and Sanskrit and in 1872 he authored and published a dictionary from English to Kashmiri.¹⁶ It became an established practice to deliver sermon to the gathering who visited doctor, every day in the morning except Sundays, followed by treatment of the unwell. The turnout of patients had swollen to ninety per day at the end of August by the same year. On October 17, 1865 Doctor Elmslie left for Amritsar and the dispensary got closed. He again returned in April 1866.¹⁷ This time Elmslie made entry in his diary on April 30, 1866, “heard today that the gentleman who rented me his house last year is barred to do it again, as it is too near the city”.¹⁸ This time Elmslie opened his

11. Elmslie, M. and W. B. Thompson. *Seed Time in Kashmir: A Memoir of William Jackson Elmslie*. London: James Nisbet & Co. Banners Street, 1875. p. 96.

12. Mufti Gulzar, *Kashmir in Sickness and in Health*, Srinagar: Ali Mohammad and Sons, 2013. p. 46.

13. Elmslie, M. and W. B. Thompson. *Op. Cit.* p. 103.

14. *Ibid.* p. 98.

15. *Ibid.* p. 103.

16. A vocabulary of the Kashmiri language by William Jackson Elmslie, Published by Church Missionary London, 1872.

17. The arrival of Elmslie and his associates in April or May and departure from Srinagar to the plains in the month of October, year after year, became cyclical. The routine became familiar; collect the crowd in the morning, deliver the sermon in Kashmiri language and followed by consultation and treatment.

18. Elmslie, M. and W. B. Thompson. *Op. Cit.* p. 134.

dispensary near the European Quarters at Munshibagh on the right bank of Jehlum. This site during those days was a hamlet, well away from the crowds of downtown Srinagar. Here, Doctor Elmslie practised his medical and surgical proficiency in a tent. Firstly the response of the people was poor because the intention of the medical missionaries was to evangelize the people. There was a common fear among the people that their religion (both Islam and Hinduism) is under threat from the Christian missionaries under the zeal of providing medicinal facilities to the people affected by diseases. Moreover there were lot of restrictions put by State Government on the movement of Britishers in the valley of Kashmir. They were not able to move freely without the prior permission from the government. Despite the restrictions, criticism and opposition from the authorities, people from faraway places would come with the passage of time to seek medical advice. It reflects the level of their dedication in providing medical service to the sick and the needy.¹⁹ On August 11, 1866 he wrote to his mother;

“You will be happy to hear that, in a medical point of view, my work in Kashmir is prospering. In spite of opposition on the part of the authorities, the work continues to progress. A few days ago I had as many as 183 patients, and at this moment a fine-looking elderly Muslim of rank, from the east end of Kashmir, has called to ask my advice. Many of the patients come from a great distance; and never a day would pass without one or two surgical operations. The result is that I am becoming more and more expert in this field. At present three men are living in my tent that were totally blind, but now they are able to see. As to spiritual fruit, I wish I had something more specific to say. The people listen attentively to our expositions of the divine Word, and accept our religious books gladly. Two Hindus profess

to believe on the Lord Jesus Christ, but, as yet, lack courage to come out; and until they do confess Him openly, one cannot believe sure of their profession. I long, above all things, to see souls turning to Christ. What honour can be compared to that of leading a soul to Jesus, the Fountain of Life?”²⁰

Dr Elmslie visited the valley of Kashmir in each summer, and by his expertise, skill and kindness continued to gain the confidence of the Kashmiri people.²¹ He went on outings to various parts of Kashmir and received people there for an outdoor speech. These speeches were then followed by medical diagnosis and consultations. He worked hard, relentlessly and persistently during the outbreak of cholera in 1867 and he suffered a soft bout of the disease, from which he recovered. Elmslie was a keen and special surgeon and know his profession well. He was also a specialist in lithotomy.²² Elmslie is first doctor who did a surgery of a Kashmiri patient to remove his bladder stone. He operated three patients, out of which one died and two stayed alive, to which he describes:

“Today my poor lithotomy patient died from gradual sinking. I panic this may interfere with my medical accomplishment, but all things are in God’s hands, and there I leave this”.²³

These surgeries were the first surgical procedure undertaken in the valley, done by Dr William Elmslie and the first one was performed under the anaesthetic, using chloroform inhalation. Elmslie was perhaps the first person to exemplify what we now term as ‘kangri cancer’ and also proposed its aetiology.

In comparison to earlier years opposition from people as well as from the government was lessened with the passage of time. A vast amount of respite had been afforded to sufferers.²⁴ Firstly in 1866, a building was constructed for him by Dogra government and was handed over to Dr William Elmslie where he operated his job. About this work Ernest Neve wrote, “This was

19. Mir, N. A, *Op. Cit.* p. 88.

20. Elmslie, M. and W. B. Thompson. *Op. Cit.* page 148.

21. Neve, Ernest F. *Beyond the Pir Panjal: Life among the Mountains and Valleys of Kashmir.* London: Church Missionary Society, 1915. Reprint, Srinagar: Gulshan Publishers and Distributors, 2003. p. 71.

22. Lithotomy (litho means stone and otomy means removal). So he did operations of number of patients in Kashmir to remove stones from their bladder.

23. Elmslie, M. and W. B. Thompson. *Op. Cit.* page 140.

24. Neve, Ernest, *Op. Cit.* p. 71.

William Elmslie's first building which was grudgingly constructed by the state. Another was promised, but it did not materialize. This, then, was the first Mission Hospital in Kashmir, and the only building deliberately constructed with a vision to extend the benefit of Western medical proficiency and science to the people of Kashmir".²⁵

Dr William Elmslie also known to locals of Kashmir as *Padre Doctor Sahab*²⁶ was the founder of Allopathic medicine in Kashmir or modern medicine. He along with other prominent Christian medical missionaries treated thousands of Kashmiri patients. He was a competent, proficient surgeon, dedicated physician and a compulsive Christian Missionary. Dr Elmslie was a fundamentalist, man of faith and an orthodox Christian, to the extent that he considered it as a sin to unlock his mail on Sunday-the Christian Sabbath.²⁷ He and his supporters went to Hazratbal in Srinagar, on May 20, 1865, to preach Christianity in the market there. He was not familiar with the reverence and importance of Hazratbal Shrine and the attachment and affection of Kashmiri Muslims to this holy place. This entire incident created uproar and anger among Kashmiri Muslims; he and his accomplices flee from the spot. He along with his catechist received a swift reaction from the state Government. Later Elmslie had to guarantee not to repeat the exercise again.²⁸

Despite pressure from the government, he did not give up his job. Dedicatedly persevered with his evangelic and medical effort he changed the healthcare picture of the Kashmir. In spite of all the hindrances and obstacles he continued his work in Kashmir for almost five years. With every passing day he became prominent among the people of Kashmir for the service he rendered to the poor, deprived, diseased and helpless Kashmiri's. For his kind and noble service he was offered with gifts by the patients. His kindness and talent continued to gain the confidence of the masses, in spite of the hostility of the authorities, and the fact that the avenues leading to his building were closely monitored by sepoys, who intimidated the sick people and exacted money from them.²⁹ On May 26, Elmslie recorded:

"The young man from whom I extirpated the cystic tumour, called today to show himself. He presented me with two rupees as a gesture of his gratitude. I hardly touched them and returned them. The poor guy seemed at a loss to find words to say how indebted he felt towards us".³⁰

Conclusion:

Elmslie did a wonderful job to develop and consolidate the modern health care system in Kashmir. No doubt he was a Christian missionary but he served tremendously in the field of health and medicine. He is undoubtedly the first doctor who did a surgery of a Kashmiri patient. Dr Elmslie burned his midnight oil to reach the wretched, deprived, oppressed and diseased Kashmiri's. Initially he faced lot of disapproval for his medical service, he had no hospital, and his operations being performed under the trees and his life was very hard and difficult in Kashmir. With the passage of time the response of the people towards modern medical care was continuously increasing day by day and the recognition of the western medicine reached to its climax.

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25. Neve, Ernest Fredric, *Crusader in Kashmir*, Seeley, Service and Company Limited, 1928, p. 90.

26. Mufti, Gulzar, *Op. Cit.*, p. 51.

27. *Ibid.*

28. Elmslie, M. and W. B. Thompson. *Op. Cit.* page, 100.

29. Neve, Ernest F. *Op. Cit.* p. 71.

30. *Ibid.*

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