



Christian Missionaries and Their Medical Undertaking in Princely Kashmir

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Abstract

Medical history has piqued the interest of social scientists in the past. The material gathered by our forefathers over centuries of heritage, experiences, and relationships is preserved and made easily accessible to a wider readership thanks to this academic activity. Medical missionaries arrived in Kashmir's valley, introducing modern kinds of medicine, and colonial overlords eventually urged them to do so while reforming and reorganizing state government. The entrance of medical missionaries must be considered in the context of history as a whole. This study seeks to provide a comprehensive account of Kashmir's health situation before the arrival of contemporary medical missionaries, as well as an examination of how English Medical Missionaries altered the health and medical landscape in Kashmir. A feature that has been largely overlooked by the current corpus of Kashmiri study, which has focused on these missionary initiatives in isolation, rather than tying them to what was going on in the Indian subcontinent. Without delving into the deeper currents of history, missionaries have been depicted as people's messiahs in such texts. As a result, this study argues that these medical missions must be understood not just in terms of bigger narratives of Kashmir's socio-economic and political realities, but also in terms of larger themes in Indian history.

Keywords: Ayurveda, Hakim, Medical missionaries, Colonialism, Health, Unani medicine.

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Introduction

Under the guise of enlightening the colonies and giving the common people more agency, the colonial powers ushered in the modern era. As the colonial power saw it, "colonial modernity" prepared the way for the development of new forms of education, industry, agriculture, commerce, and other forms of social welfare. Extending this line of thinking, the consequences for the field of science and technology were inescapable. Lots of initiatives were launched for colonial subjects that benefited them specifically. Inspiring steps included the introduction of allopathic medicine and the improvement of public health in India. In the latter part of the 20th century, the history of science and technology emerged as a central topic of discussion in Indian historiography. It

became a popular topic of study, piquing the attention of academics who wanted to learn more about the various aspects of colonialism.¹ These academics and researchers brought new information and asked a wide range of questions, including those about the connection between medical knowledge and colonial power, public health and British politics, the meeting of western medicine and indigenous practices, sanitation, the medical market, and "daktari" medicine. Historians argue that a close examination of these colonial practices revealed that they benefited the colonial masters primarily in restoring their own empire. When historians began to incorporate insights arising from Michael Foucault's works, health and medicine study gained traction. The concepts of "governability," "biopower," and



"biopolitics" guided the new era of academia, persuading people to comprehend the structures and tactics involved in human behaviour.² While researching science, most historians began to see it as a tool of cultural imperialism, reflecting the west's power and superiority.³ It started off as a scientific endeavour, but it's now considered as a state-run control mechanism. Meanwhile, science began to be viewed as a tool of imperial control rather as a source of advancement. Medicine, being one of the most important fields of knowledge, also aided in "consolidating imperial control and promoting trade."⁴ Despite this renewed focus on the subject among historians, researchers have largely been focused on just two questions. The first concerns the social, economic, and political effects of colonial medical intervention. The second is the general public and native state's reaction to indigenous medical systems. As a result, according to Michael Worboys, the growth of medicine in the colonies had "both mission and mandate, the goal of spreading Christianity and bringing contemporary scientific reasoning, and the mandate of strengthening colonial power and encouraging material progress."⁵

Traditional Health Practices in Kashmir

Throughout history, people have fallen prey to a wide range of illnesses; in response, they have developed a wide range of medicines and therapies to combat the negative consequences of these illnesses, allowing them to continue living and thriving. In the course of history, numerous advancements have been made in the areas of healthcare delivery, prevention, and treatment. Traditional medical practises in Kashmir date back nearly as far as the region's written history.⁶ Some of the traditional health practices imbibed by people are mentioned here firstly, Ayurveda was practiced in the state of Jammu and Kashmir of which we get references from RajTarangini of Kalhana. In

Trang 3/461 of this book the author mentions establishment of a hospital in Kashmir and in the fourth Trang description about an epidemic and the symptoms of the disease Luta are discussed. Many other diseases like Yaksham, Dandalsak, Sheet Jwara and therapies of Ayurveda Rasayana and Vajikarna are mentioned by the author in various Trang's of RajTarangini⁷. Secondly, Unani system of medicine which originated in Greece (Yunnan) in ancient times and due to its origin in Yunnan it was called as Unani medicine. The physicians who were learned men in this type of medicine were known as Hakims⁸. The hakims of Kashmir provided great service to the people every time and in the deadly years of 18th, 19th, and even early years of 20th century. Many medical herbs of medicinal use were added to the materia medica of unani and made it more effective in the state of Jammu and Kashmir by the renowned hakims of the state. Their work was praised everywhere in the valley and people had great faith in them⁹. These hakims and vaidyas were the only hope of the people of the valley before the missionaries started allopathic system of medicine. The hakim used to be a good physician and treat all types of patients, but they never do any type of surgical operations. If any patient needed a surgical operation the hakim used to mark that area or vein and the operation was done by the Naavid (Barber)¹⁰. Not only in Kashmir this practice has been experienced in many parts of the world from ancient times. One of the most backward field in the whole Kashmir valley was the health of women's because it seen as an act of shame if the hakim touched the female patient and the people were very shy in this respect from ancient times, but it had become stricter with the advent of Islam in the valley. The whole society of Kashmir was conservative and was backward from ancient times as well as unknown from the outside world but the



concept of midwife was developed in the Sultanate period during Badh Shahs (Zain-ul-Abadin) reign. He brought learned men of all type from Samarkand and well-trained midwives was one of the important necessity of that time which was the need of the hour in the valley to take care of the women subjects of his kingdom¹¹. Therefore, this trend continued till the allopathic medicine made ground in the valley. Nevertheless people used plants and herbs of medicinal use in the valley of Kashmir from ancient times and some of which were also enlisted by Walter R. Lawrence in his book "The Valley of Kashmir" in the 19th century.

Kashmir has been ruled by a number of different dynasties over the centuries, each of which brought with them a new set of customs and religious practices. All facets of life were impacted by the rulers tyrannical ways and their resourcefulness.¹² Even if the land could not provide for its inhabitants, a benevolent ruler could allow them to live comfortably; if the monarch were cruel, however, the situation would be very different. The early stages of Kashmir's history were times of religious, medical, philosophical, literary, sculptural, and astronomical prosperity. A pair of early-period medical science authors, Charaka and Narhari, were both renowned for their work.¹³ During the period of Muslim dominance, there were a number of different rulers that came to the throne; nevertheless, Zain-ul-Abdin is one of the famous monarchs who is still remembered by every Kashmiri regardless of their religious views, i.e. Whether he identifies as Hindu or Muslim, everyone knows him as "Badh Shah." During his rule, he was an advocate for medical care as well as all of the other key social welfare sectors (1420-70 A.D). He devoted his entire life to engaging in social work in order to better his subjects. He had a deep appreciation for the visual arts, written word, and scientific research,

and he supported the endeavors of any brilliant scholar or learned man. He also did the reverse translation, translating several significant Persian works into Sanskrit¹⁴. The wellbeing of women was accorded a position of preeminent significance, and the number of hakims and vaidyas flourished under his administration. At that time, Shri Bhatta, who served as a court physician, had a name that was recorded with the names of the other hakims and vaidyas. When the hakims and vaidyas of the court tried and failed to treat the emperor Zain-ul-Abdin's malicious boil, they called on Shri Bhatta, who was able to treat it successfully. At the time, Zain-ul-Abdin was still the ruler of the empire. After that, he was given a prestigious position in the royal court alongside the other physicians. In addition to this promotion, he was given the responsibility of officer-in-charge of medical sciences for the empire. Karpura Bhatta, Siva Bhatta, and Ramanand were the three other vaidyas who worked in his court and contributed to the development of medical knowledge. It was common practise for the king, who had a keen interest in the field of medicine, to personally dispense prescriptions to his subjects¹⁵.

He established a large number of schools and assisted the pupils by providing them with a variety of facilities for the education of a variety of disciplines.¹⁶ The emperor established a large number of hospitals and clinics across his realm, staffing them with skilled midwives who had been recruited from Samarqand. He dispatched a large number of intellectuals to India and central Asia to educate themselves in various fields of knowledge, including science. Because he was so interested in learning, many academics from far-flung lands travelled to his court to study under his patronage. He was a generous benefactor.¹⁷ In a similar vein, at the same time, natural disasters such as floods,



earthquakes, deadly fires, and dangerous diseases or plagues were acting as roadblocks to the development that was being made. The harshness of nature has always been present in the valley, as evidenced by the periodic floods that were immediately followed by famines. The crops were ruined as a result of floods that were brought on by early rainfall or snowfall during the harvesting season. These natural disasters had a significant impact on the demographic composition of the valley. One of these natural disasters was the spread of cholera, a fatal illness that had been present in the valley for generations. The first recorded case of cholera happened in the year 1598 (end of 16th century)¹⁸. In addition, sickness and malnutrition spread as a direct result of the food shortage.¹⁹ This pattern persisted even under the control of the Afghans, Sikhs, and Dogras, with each group's subjects subjected to great hardship because virtually all of their rulers were despotic.²⁰ During the second half of the nineteenth century, when several Britishers visited, a report emerged from Dy. Commissioner, "The people in Kashmir are wretchedly destitute and in other countries their status would be nearly one of starvation and famines," the Dy. Commissioner on special duty in Cashmere reported to the Government of Punjab on 10 December 1861.²¹ The Rev Clark, after making two seasonal journeys to Kashmir with his wife Elizabeth, founded the first dispensary in the Downtown district of Srinagar City as a result of these ideas.²² Another traveller, Moorcroft, described the state of the people he saw there as "extremely awful," with many of them suffering from fatal ailments.²³ Thus, their arrival was celebrated by the populace since it provided a window of opportunity to save lives and restore health. In addition, the arrival of a saviour to ease the valley's inhabitants' hardships was a stroke of good fortune. The remainder of India presented

a very different picture; missionaries had long since begun medical work, and as a result, hospitals and pharmacies had been built in several locations, giving locals access to western medicine.²⁴

Medical Missionaries and their Work in Valley of 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. While doing so, keep in mind that the first missionaries to enter Srinagar were retired Peshawar army officer Colonel Martin, together with Rev Robert Clark (1825-1900) of the Punjab Mission and two Indian Christians in 1854.²⁵ Despite the best efforts of British officers channeled through C.M. S (Christian Missionary Society), a permanent medical mission did not arrive in Kashmir until ten years after these two missionaries left. Founded in Srinagar in 1864.²⁶ As was mentioned before, Robert Clarke was the first medical missionary to Kashmir. He also travelled extensively along India's northwestern border, and it was he who came up with the idea of establishing a network of missionary stations at strategic outposts in the Himalayas.²⁷ In the same year, two Christian missionaries requested authorization from the Maharajah to work in the mountainous regions of Ladakh, Baltistan, and other countries under British rule.²⁸ Although Robert Clark had long advocated for the dispatch of medical missionaries to Kashmir, it wasn't until 1864 that one was ultimately dispatched.²⁹ There have been several medical missionaries appointed to or visiting Kashmir in the years since this watershed event.

It was in 1865 that Dr. Elmslie (1832-1872), the first medical missionary designated by the C.M.S., came in Kashmir.³⁰ It's important to



recall that the doctor, who was firmly ingrained in colonial drive, endured incredible challenges in his early years but yet managed to do his duty. He had a tough and challenging existence, as he had no hospital to treat ailments, but he still managed to care for the sick and perform surgeries under the trees.³¹ Beyond this, he travelled from market to bazaar, taking his medicine to those who needed it most. However, the doctor was fully aware of his mission, and he did not neglect to spread the gospel (Bible). In addition to his work as a doctor, Dr. Elmslie also contributed to the spread of modern education in Kashmir as a way to express his own "ideological leanings." Even though his lessons were met with opposition, Elmslie managed to spark a modest but growing interest in progressive education.³² Similar to his predecessor, Dr. Elmslie's stay in Kashmir enraged the Dogra state because the Dogras had no intention of allowing Europeans to settle in Kashmir. It seemed to them like an intrusion into Kashmiri domestic affairs that would also reveal the true essence of the Dogra state, which historians agree was despotic and repressive. More generally, he did what he could to convince the people of the valley of Kashmir that Christianity was the superior faith. We could not fail to observe his true missionary spirit, which led him to dedicate himself immediately to the work for which he had come to India, writes Rev. Mr. Clark in evaluating his contribution. He made an effort to learn the language and immediately began providing medical aid to the locals. He strategically divided his workload in order to make the most of every available window of opportunity.³³ For eight years, Dr. Elmslie worked diligently; he passed away on his way back from Kashmir in 1872. In the early stages of the medical mission, he was joined by the Rev. T.R.Wade, who also did outstanding work. It's crucial to note that the British government saw this medical

intervention as a lucrative venture because it would allow them to learn about the inner workings of the country. It was Andrew Wilson's imperial pursuit in the 1870s, while writing about the state of Kashmir, to check the state of affairs there and to learn about the interior culture of Kashmir through the stories that had lately been published.³⁴ He implied that the British administration should make advantage of the new publications about Kashmir and, more crucially, learn about the state's internal politics. Recent publications on Kashmir inevitably make reference to Dr. Elmslie's work. The author has included a huge quantity of useful and factual information about the valley, its goods, and its residents in his Kashmiri vocabulary.³⁵ If you believe Bishop Cotton's assessment of his work and relevance in Kashmir, "Dr. Elmslie started knocking at the door, which may, through God's grace, be opened for the truth to enter in,"³⁶ then you'll understand how Dr. Elmslie's efforts gave the mission begun by Clarke a significant boost. Concerned about the state of affairs in Kashmir, the Christian Missionary Society (CMS) regularly sent medical missionaries to the valley. The association then dispatched Dr. Theodore Maxwell to carry on the work begun by Dr. Elmslie; as the nephew of General John Nicholson, the hero of Delhi, the Maharaja provided him a place for the mission hospital on a hill called Rustum Gari.³⁷ Although permission to use the land had been granted for the purpose of building a hospital, the Dogra government never provided any funding for the project, and thanks to the diaries and letters of medical missionaries, we learned that the government had long since lost interest in and even actively despised the hospital. To contrast, this reveals that the doctor was more fortunate than his predecessors in that Maharaja Ranbir Singh (1857-1885) had a positive reaction to him and offered him comfortable quarters in



the royal palace. Despite their initial reluctance, state leaders eventually began making preparations to pay tribute to visiting missionary doctors. The missionary hospital still saw visits from Maharaja Ranbir Singh (1857-1885) and Pratap Singh (1885-1925).³⁸ According to Ernest F. Neve's account, "the work was revived in 1874 under favourable conditions," signaling that a change in governmental policy toward missionary doctors had begun. Efforts to oppose it were dropped at the government level.³⁹ The chief state physician had suddenly become approachable. To effectively exhibit Christianity without having to move from one hamlet or town to another, medical missionaries were able to create a new chapter in their history by confining the people of Kashmir to hospitals.

At set periods of time, one doctor would leave and be replaced by another who was on a medical mission. Dr. Maxwell's health deteriorated after two years of service in India, thus he was asked to leave the country. He was replaced by John Williams, a prominent Indian Christian physician, with the help of Rev. T. R. Wade, whose "valuable services" to the Kashmir medical mission cannot be overstated. After that Dr. Edmund Downes resigned from the Royal Artillery in 1877, he travelled to Kashmir to begin a career as a medical missionary.⁴⁰ He was completely consumed by missionary zeal, and he set his sights on the place he termed "Kafiristan" (land inhabited by infidels).⁴¹ He was fixated on the superiority of the West and considered Christianity a method to civilize the natives of the East. In this context, he argued, "would not the light shine over the darkness around, and, hand in hand with civilization, should we not expect to see the religion of Jesus permeate the barbaric tribes...."⁴² When he goes on to explain that "these are big thoughts and ideas; but something of the type came my mind as I mulled about the topic and I therefore

resolved to attempt to cross our frontier and reach kafiristan,"⁴³. We get a sense of the missionary zeal that drives him. Once he settled into the valley, he gave up his work and done anything he could to keep the colonial missionaries on good terms. While working to eradicate sickness, he was cognizant of his imperial motivations even as he gave his all to the purpose of spreading goodwill. His health continued to decline, and he eventually had to retire. A public farewell conference was conducted in Kashmir to honour him on his retirement from missionary society, where he was given speeches and testimonials from his peers. The British Political Officer assigned to Kashmir presided over the conference.⁴⁴ The arrival of Arthur Neve (1850-1918) in Kashmir coincided with Dr. Downes impending departure from the valley.⁴⁵ Dr. Neve gained much from working with Dr. Downes up until the fall, when they eventually assumed leadership roles separately.⁴⁶ These doctors were treated the same as Mr. Clark was before the British government got involved. When the British government became involved, the anti-medical missionary movement calmed down. A physician by the name of Arthur Neve (1859-1919) also showed there around this time and found the hospital already up and running with access to all of its services unrestricted.⁴⁷ Following this, Nave's medical work was well praised both inside and outside of the missionary community. This leads naturally to the British, who presented him with the Kaisar-i-Hind gold medal 19 years later.⁴⁸ Medical missionaries in Kashmir pushed for health care reform, but their focus lay elsewhere due to ideological bias. Their efforts can be measured in terms of both their short-term and long-term goals, with the former being the improvement of health and the latter, the hegemonization of indigenous.



Special Medical Mission for Females:Zenana Medical Mission

Like Asia, China and other parts of India the female doctors were send to Kashmir by the Church of England Zenana Medical Society to win the trust of the people in the colonies and Kashmir was also one part of this mission and many female medical missionaries also worked in the valley and did a great job in the field if medicine. With the efforts of these female medical missionary the status of the women witnessed a considerable change.

John Bishop Memorial Zenana Hospital Srinagar

The Church of England Missionary Society found it more necessary to have asses to the females in the British colonies, a separate organization was formed as 'Church of England Zenana (female) Medical Society' in London in 1880.⁴⁹This decision was taken after Dr. Elmslie and Dr. Duff wrote the Church Missionary Society about the importance of lady mission which can have good asses to the female flock of the British colonies.⁵⁰ They suggested the need that only a female can have access to the Hindu and Muslim female flock with the medical skill of healing the body. The first missionary lady to come Kashmir in with the medical skill of healing the body⁵¹. The first missionary lady to come Kashmir in 1888 was Fanny Butler and joined another British lady, Miss Elizabeth Gordon Hull. Fanny Butler was a brainy lady and she was the first student to be registered at London School of Medicine for women. She worked hard and at early age of her life became M.D, and on 24 October, 1880 she was the first lady medical missionary to leave for India. Dr. Butler worked for six years in different places in India and then she went to England to plead the case of Indian women there. She was transferred to Kashmir onthe request of Dr. Neve in May 1888. In the same year Dr. Butler and Miss Hull was joined by two other nurses,

Miss Newman a trained nurse and Miss Rainsford who had two-year medical course. Therefore, they rented a dispensary in the city and on first day 5th August five patients came and got medical treatment. The number of patients increased very fast and sometimes it was more than hundred and eighty patients per day. This was a very fortunate moment in the medical history of Kashmir as the poor and downtrodden women could get better treatment. The progress was good because at the end of year the number of patients treated was five thousand.⁵² One day a lady came into the dispensary and watched Dr. Butler working in poor accommodation and she was stuck by this situation. This lady was Mrs. Bishop (Isabella Bird) and she donated £500 to build a new hospital and it was done with the help of Major General Frederick Roberts who requested Maharaja to grant a site for hospital. Foundation stone of the hospital was laid on October 20, 1889 at Mandir Bagh Srinagar and the name of given to the hospital was John Bishop Memorial Hospital in the memory of Late Scottish doctor John Bishop (husband of Isabella Bird). Only after five days of the foundation of hospital Dr. Butler fell asleep and say good bye to this world. After ten years remembering her work Miss Hull said, "Her work will never die, many Zenanas which we still visit were first opened by her especially the wife of Muslim Pir (religious man) whom she saved by an operation".⁵³ The responsibility of this Zenana medical mission in Srinagar was on the shoulders of Miss Hull, she continued it seasonally with the help of two ladies Miss Judd and Miss Coverdale. The medical work in these years was not good enough, but with the arrival of Miss Irene Petric in 1994 it restored again. Miss Irene Petric worked hard and learned native language like Miss Hull and both were effective in understanding the native people. Irene Petric died in Srinagar on 14 August 1897.



She sacrificed her life for the wellbeing of the valley of Kashmir. The hospital was staffed by many distinguished doctors and nurses from time to time and the site of hospital also changed many times due to various reasons. Among the noteworthy was Elizabeth Newman who worked from 1888 to 26 June 1932 till her death in the valley. She was awarded Kaise-i-Hind Medal for her notable work in Kashmir. This hospital was taken by the present government on 14 October 1970 under the Chief Ministership of Ghulam Mohammad Sadiq and was renamed as Jawahar Lal Nehru Memorial Hospital (JLNM).⁵⁴

John Bishop Memorial Zenana Hospital Anantnag

After Srinagar zenana hospital one more hospital for female was started at Anantnag (Islamabad) which is 60 miles away from capital city Srinagar and is one of the largest towns in the Valley. The hospital is situated on the Anantnag Phalgham road and is easily assessable. Robert Ferderkagain helps CMS (Church Missionary Society) in securing the piece of land for hospital from Maharaja in Anantnag. Christian Missionary Society had to pay Rs 6, 11 annas and 3 paise to the state as yearly rent for the land. This site is adjacent to the main town and is known as Sarnal. This hospital was also named again as John Bishop Memorial Zanana Hospital in the memory late Mrs. Bishop (husband of Isabella Bird). Isabella Bird donated money for the construction of this hospital and she had to devoted ladies in charge, both work with great zeal and passion.⁵⁵

St. Joseph Hospital Baramulla

On the request of Mill Hill Fathers, a fortunate moment occurred for the people of Baramulla when the Franciscan Roman Catholic Sisters of Mary opened a dispensary in 1921. The four sisters started their journey from Rawalpindi and crossed the lofty Himalayan

mountains and stepped in the valley. Before the arrival of these sisters the medical work was done under a chinar tree and the then government had not taken any steps to improve this primitive practice of medical care. The four sisters worked hard and started to see patients in the whole area on foot, by boats through rivers and sometimes on horseback. A temporary dispensary and a maternity hospital was erected in 1931. But it was transformed into well-developed hospital in 1937 when four wards, an X-ray plant, a laboratory and some private rooms were constructed. At that time this hospital was working for women and children only, but little later it was transformed into a general hospital.⁵⁶

Leper Hospital Kashmir

The foundation of Leper Hospital was laid by Maharaja in 1895 on the state expenses, but the work is done by missionary doctors. At that time the expenditure of building the hospital was Rs.4000 given by Maharaja and the yearly expenditure was also accepted by the state. The rooms of this hospital were well ventilated, and the floors have been decorated with tiles and could accommodate more than 100 leper patients back time. The hospital was founded on the cape of Dal Lake Srinagar, where the Lepers had a beautiful outside view.⁵⁷ Lepers came to the hospital on their own and were not isolated by family. Some of them came for treatment and medical care while others for healthy environment, food, good natured life and light work etc.⁵⁸ Those who came to hospital and stay were given little work to do so that they can keep the rooms and surrounding clean in which they live. Most of the lepers who were in hospital were from the hilly areas and belong to the herdsmen class. All of them lived happily and had not any problem in the hospital.⁵⁹



Conclusion

Despite the fact that missionaries undertake excellent medical work in many nations, their contributions to the field of medicine in Kashmir were truly remarkable. People from all across the valley came to the mission hospital to be treated because of the reputation they had earned. The church missionary doctors brought new medical expertise from the West to the valley's inhabitants, who were suffering from horrible diseases, extreme poverty, famines, and other natural disasters. In treating their patients, the doctors did not discriminate on the basis of their patients' caste, colour, religion, sex, or race. Through their kindness and generosity, the attitudes of the illiterate, superstitious, and economically disadvantaged were changed, and they gained respect. The doctors encountered stiff resistance from state authorities and occasionally from individuals, but they persisted. Church Medical Missionaries created the hospital in Kashmir not out of any colonial zeal like in other parts of India, but rather to help the sick. It's fascinating to see how the missionary doctors have embraced the local medical system rather than trying to undermine it. The missionary doctors who came to Kashmir were all dedicated to doing good work among the locals. The most important thing was improvement of female health and prosperity. Therefore, the Zanana Hospital in Srinagar proved to be of great significance for this purpose. Many devoted ladies doctor, nurses and helpers who came from British and other countries laboured day and night for the upliftment of diseased women and children of Kashmir Valley. These doctors and nurses also faced many hardships while working in the valley. Without caring of their own lives, they saved the lives of thousands of downtrodden people who were even rejected by nature.

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Foot Notes

1. A 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
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50. Lowe, John, "Medical Missions" Fleming H. Revell Company, p. 177.
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