

## CHAPTER VI

### SHIFAKHANAS, DARUSH SHIFA AND HOSPITALS

#### i. HOSPITALS IN PRE-COLONIAL INDIA:

The historical fact shows that the hospitals for human beings as well as cattle were in India since pre-colonial times. Asoka arranged for medical treatment throughout his empire for both men and cattle. According to his Rock Edict No II (Girnar text):

“Throughout the dominions of king Pridarsin, Beloved of gods, so also in the boarding territories, such as Choda, Pandya, Satiyaputra and Ketalaputra as far (south) as Tamraparni (that of) the Greek king named Antiochus, or even (those of Greek) kings who are neighbours of the said Antiochus,- everywhere king Priyadarsin, Beloved of the Gods, has arranged for two kinds of medical treatment, that for men and that for animals. The medicinal herbs have been caused to be supplied and planted wheresoever there are not to be found. The medicinal roots and fruits, too, have been caused to be supplied and planted wheresoever these are not available. On the roads wells (and the like) have been caused to be excavated, and the shade-tree planted for the enjoyment of men and animals.<sup>1</sup>

Fa-hien (AD 405-411), a Chinese traveller who visited India during the reign of Chandragupta Maurya, provides us details about the charitable dispensaries functioning at Pataliputra. According to him, the nobles and householders of this country took keen interest in establishing hospitals within

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<sup>1</sup> Bein Madhab Barua, *Inscription of Asoka*, Translation, Glossary and General Index, Part II, University of Calcutta, 1943,p.180.

the city for the destitute of all countries, the poor, the crippled and the diseased. The patients were treated freely and provided with every kind of help. After inspecting their diseases the physicians treated them with all their efforts and when cured, they depart for their respective destinations at their convenience.<sup>2</sup>

Hiuen Tsang (A.D. 629-645), another Chinese traveller contemporary to emperor Harsha, also provides similar kind of information regarding state's concern for health and establishment of hospitals for its subjects. According to him on all the major highways and in the towns and the villages throughout India there were 'hospices' (*punya-salas*). These hospices were provided with food and drink as well as physicians and medicines to provide medical facilities to the travellers and poor people. These institutions that helped the poor and the needy were also known by several other names such as *punyasthanas*, *punasalas*, *dharmasalas*, *viharas* and *maths* and were equivalent to the western almshouses, monasteries and infirmaries of those times.<sup>3</sup>

During the period under concern regional states of peninsular India witnessed similar developments in the field of medicine and health. There are

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<sup>2</sup> *The Travels of Fa- hsien (399-414 A.D.), or Record of the Buddhist Kingdoms*, re translated by H. A. Gills, Routledge & Kegan Paul, London, 1923, pp37-48.

<sup>3</sup> Samuel Beal (tr.), *Buddhist Records of the Western World*, translated from the Chinese of Hiuen Tsang A.D. 629, Munshi Manoharlal, New Delhi, 1983, p.166; See also O.P. Jaggi, "Hospitals in India", in D.P. Chattopadhyaya (Ed.). *History of Science, Philosophy and Culture in Indian Civilization: Medicine in India: Modern Period*, Vol. IX Part I, PHISPC, OUP, New Delhi, 2000, p. 70.

some epigraphical evidences that show the existence of dispensaries in the Deccan during the Pallava period between A.D. 574 and A.D. 879. Cholas are also said to have given special attention to this field. Interestingly enough few Epigraphical findings of the Chola period (A.D. 900-1200) tell us about the grants given to the physicians, village dispensaries as well as the town hospitals. The records of Chola kings show that words like *atulasalai* or *vaidyasalai* were used for dispensary, while the words like *atula* or *vaidya* were used for medicines. There were a large number of dispensaries in the villages, most of which were maintained by a local physician of hereditary nature for whose maintenance there were provisions for tax free land.. However, some times the physicians were appointed by the king or the queen or by some religious institution or local authority.<sup>4</sup>

One of the temple inscriptions of the Cholas provides us a detailed description of a hospital, a medical school and a hostel for the students. Veera Rajendra Deva of the Cholas issued an order in A.D. 1067 which inscribed on the walls of the inner sanctuary of the temple of Venkateshwar at Tirumakudal in the district of Chingelput.<sup>5</sup>

From the epigraph it appears that there were fifteen beds in the hospital which was meant for the treatment of the members of the temple, the students and the teachers of the school. The hospital was administered by Kodani Rameshwathan Bhattar (a physician) who was paid about 90 *kalam* of

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<sup>4</sup> cf. O.P. Jaggi, "Hospitals in India", op .cit., pp.70-71.

<sup>5</sup> Ibid. p.71.

paddy per year Calliyakkirivai Pannuvan (a surgeon) in the hospital on the other hand paid only 30 *kalam* of paddy per year. Besides the physician and the surgeon, there were two persons who fetched medicinal herbs for preparation of medicines and two attendants who attended to the patients and administered medicines. The persons who fetched medicinal herbs were paid 6 *kalam* of paddy and 2 *kasu*\*, while the attendants were paid 30 *kalam* of paddy and one *kasu*. Some money was also spent on some other accounts such as a barber was paid 15 *kalam* of paddy, a waterman was paid 15 *kalam* of paddy and there was also a provision for a lamp to be kept burning in the hospital during the nights. Each patient was provided with a *nail* (?) of rice per day. The names of twenty different medicines that are kept in the store of the hospital were also mentioned in this inscription.<sup>6</sup>

Hospitals were also attached to the temples in Chola period. According to an inscription dated A.D.1262, found on a stone pillar of Malakapur in Andhra Pradesh the Kakatiya Queen Rudramma and her father Ganapati donated several villages to the south of the river Krishna to Vishweshwara and the income accruing from these holdings was divided into three parts, one part of which was used for a maternity home, another for a hospital and the rest for maintaining a school. Kings, princes and rich persons who built various

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\**Kasu*=A small copper coin equal at 64 to rupee.

<sup>6</sup> S. Grumurthy, "Medical Science Dispensaries in Ancient South India as Gleaned from Epigraphy", *Indian Journal of History of Science*, 5, 1, 1970, p.76.

hospitals and supported them with money were considered pious and philanthropic.<sup>7</sup>

Hospitals as we know them today first developed in Western Asia more than a thousand of years ago. The first and most elaborate of them was built during the eighth century under Caliph Harun Al-Rashid. Before long, dozens of such hospitals flourished between Asia Minor and the Maghreb. Such hospitals existed in Cairo, Baghdad, Damascus, and later in many Turkish cities.<sup>8</sup> Caliph Harun Al Rashid appointed many superintendents and a chief Physician known as *rais al atibba*.<sup>9</sup> A large hospital was founded by Abdud ul Dowlah at Baghdad in 978-979 A.D. It was known as Abudi Hospital. One of the finest such hospitals however was founded in 1200 A.D. at Marrakesh in North Africa. These hospitals not only provided free treatment but food and other necessities also.<sup>10</sup> The Chief pharmacist called as *Saydalani* and the director of hospitals was known as *Saur al Bimaristan*.<sup>11</sup> In Mughal India the chief physician was known as *saramad-i-atiba* or *saramad-i-hukama*.<sup>12</sup>

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<sup>7</sup> cf. O.P. Jaggi, "Hospitals in India", op. cit., p.71.

<sup>8</sup> H. R. Turner, *Science in Medieval Islam: An illustrated Introduction*, OUP, New Delhi, 1999, pp. 133-34.

<sup>9</sup> See M. A. Aziz, "Hospitals and Medical Aid in the Muslim Period", *Studies in History of Medicine*, Vol. I, No.2, June 1977, p.110.

<sup>10</sup> cf. O.P. Jaggi, "Hospitals in India", op. cit., pp.71-72.

<sup>11</sup> Ibid., p.72.

<sup>12</sup> Khwaja Kamgar Husaini, *Maasir-i-Jahangir*, edited by Azra Alavi, Centre of Advanced Study In History , Aligarh Muslim University, Aligarh, 1978,pp.50-52.

In India, during the medieval period, extending state's patronage to the physicians and surgeons and establishing hospitals and collages for the students was continued. According to Firishta forty five prominent physicians (*hakims*) were in imperial service during the reign of Alauddin Khalji. During the reign of Muhammad Bin Tughlaq (1325-1352 A.D.), there are said to have seventy dispensary and hospitals in vicinity of Delhi where 1,200 *hakims* were employed.<sup>13</sup> Significant development took place during reign of Firuz Shah Tughlug who added five more hospitals and ordered the establishment of 30 medical schools.<sup>14</sup> According to some other estimates however Firuz Shah added fifteen more hospital and general physicians, specialists were associated with them.<sup>15</sup> These hospitals were meant to cater to all classes of patients. Physicians were appointment to them and free medicine and food was also supplied to those admitted within.<sup>16</sup> Rulers from various regional kingdoms also made sincere efforts in this regard. *Darush shifa* or

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<sup>13</sup> Abul Qasim Firishta, *Tarikh-i Firishta*, Eng. tr. *The History of the Rise of the Muhametan Power in India*, Lodon, 1829, vol. I, p. 35; *Tarikh-i Firoz Shahi*, Eng. tr. R.C. Jauhari, *Medieval India in Transition- Tarikh-i-Firoz Shahi: A First Hand Account*, New Delhi, 1968, pp.200-203; See also M .Z. Siddiqi, *Studies in Arabic and Persian Medical Literature*, Calcutta University, Calcutta, 1959, p. xxxiii.

<sup>14</sup> cf. S. L .Bhatia, *A History of Medicine with Special Reference to the Orient*, Office of the Medical Council of India, New Delhi, 1977, p.119.

<sup>15</sup> See Kaifi, Abdul Khaliq, *Socio-Economic Determinants of Health System in India under the aspects of Colonial Structures*, Frankfurt, R.G. Fisher Verlag, 1991, pp.100-101. See also Neshat Qaiser, "Politics, Culture and Colonialism: Unani's Debate with Doctory", in B. Pati and Mark Harrison, *Health, Medicine and Empire: Perspectives on Colonial India*, Orient Longman, New Delhi, 2001, p.324.

<sup>16</sup> Jauhari, op. cit., pp.200-203; See also M .Z. Siddiqi, *Studies in Arabic and Persian*, op. cit., p. xxxiii.

*Shifakhanas* (hospitals) were established by state patronage throughout not only the territories of Delhi Sultanate but also in other regional kingdoms. According to a well-known eighteenth century lexicon the terms connoted a building established by a ruler or an established person for the medical treatment of the poor and needy.<sup>17</sup> Sultan Mahmud Shah Khalji of Malwa for example issued order in 1442-43 A.D. to establish a *Darush-shifa* (hospital) and a *Darukhana* (pharmacy) at Mandu. In these institutions were appointed ‘those who had knowledge of drugs (*adwiya shinas*) who were both Muslim and Hindu (*brahman-i Hind*) as well as accomplished physician to look after and treat the patients.<sup>18</sup> Sultan Muhammad Qutub Shah IV also built a *darush-shifa* in 1595 A.D. at Hyderabad.<sup>19</sup>

Although not much information is available on government established hospitals during the reign of Akbar, we do have some documents which throw some light on the functioning of these. According to this documentary evidence certain physicians were granted revenue free grants (*madad-i ma’ash*) to treat the ‘poor and the delight’.<sup>20</sup> Monserrate refers to a ‘school of

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<sup>17</sup> Munshi Tek Chand Bahar, *Bahar-i Azam*, 1739-40, litho. Nawal Kishore, Lucknow, 1336/1916, Vol. II, p.166.

<sup>18</sup> *Maasir-i-Mahmud Shahi*, p.64, cf. S. A. N. Rezavi, “Physicians as Professional in Medieval India”, in Deepak Kumar (ed.), *Disease and Medicine in India: A Historical Overview*, Tulika Books, New Delhi, 2001, p.49.

<sup>19</sup> cf. O.P. Jaggi, “Hospitals in India”, op. cit., p.73.

<sup>20</sup> Hodivala, *Studies in Parsi History*, Bombay, 1929, pp.167-68.

medicine’, probably a medical college with hospital at Sirhind from where ‘doctors were sent out all over the empire’.<sup>21</sup>

Soon after his accession Jahangir ordered the establishment of several hospitals. Under the edicts issued soon after his accession he notes:

“They should found hospitals in the great cities, and appoint physicians for the healing of the sick; whatever the expenditure might be, should be given from the ‘*khalisa*’ establishment.”<sup>22</sup>

*Mirat -i Ahmadi* mentioned about the treatment for travellers who fall ill should be taken to a hospital and his expenses of treatment should be bear by sarkar.<sup>23</sup> During the reign of Shah Jahan a big hospital built on the northern and the southern corners of the Jama Masjid Delhi in 1650A.D.<sup>24</sup>

A numbers of hospitals were also established by the Mughal nobles. Thus during the reign of Jahangir Saif Khan opened a *shifakhana* at Jeetalpur.<sup>25</sup> Another hospital, a *darush shifa*, along with an attached *madarsa* was established at Chiniot, Punjab by Hakim Alimuddin wazir Khan.<sup>26</sup>

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<sup>21</sup> *The Commentary of Father Monserrate*, translated by J.S. Hoyland, annotated by S. N. Benerjee, Calcutta, 1922, p.103.

<sup>22</sup> Jahangir, *Tuzuk-i Jahangiri*, Alexander Rogers (tr.) and edited by H. Beveridge, Royal Asiatic Society, London, 1909, p.9; See also *The Memoirs of Emperor Jahangir: written by himself and translated from Persian Manuscripts*, Major David Price (tr.), Howell and Stewart, Holborn, London 1829, p.8.

<sup>23</sup> Ali Muhammad Khan, *Mirat-i Ahmadi*, edited by Nawab Ali, Vol. I, Baroda, 1972-78, p.162.

<sup>24</sup> R.L. Verma, “The Growth of Greaco-Arabian Medicine in India” *Indian Journal of History Science*, Vol. V, no. 2, 1970, p.358.

<sup>25</sup> Ali Muhammad Khan, *Mirat-i Ahmadi*, op. cit., p.209.

<sup>26</sup> Shah Nawaz Khan, *Ma’asir-ul Umara*, edited by Maulvi Abdur Rahim, Vol. III, Calcutta, p.936.



Another private person person, Hakim Muhammad Rafi opened a clinic (*hawaij kada*) for the treatment of the poor.<sup>27</sup>

During the reign of Aurangzeb a large number of hospitals were established in the capital and other cities in the kingdom. Besides the state's efforts, Nobles and wealthy person also established a few private hospitals. For example, Nawab Khayr Andish Khan Kanboh had established a big hospital in Etawah wherein he appointed both Unani and *Ayurvedic* physicians (*Hakims* and *Vaids*), and free treatment was given to the poor and needy patients.<sup>28</sup>

Nawab Khayr Andish Khan Kimboh, Who was a fauzdar during the time of Aurangzeb also well versed in medicine, and compiled a book entitled *Khayr al-Tajarib* (The Best of experiences) in 1047 A.H. He gave us further information regarding his hospitals in his work *Khayr al-Tajarib* in these words:

“This man of little ability, named Muhammad Khan, alias Khayr Andish Khan, built a hospital in the town of Etawah to get reward in the life hereafter and appointed a number of Unani and Ayurvedic both physicians like Abdul Razzaq Nishapuri, Abdul Majid Asfahani, Mirza Muhammad Ali Bukhara, Muhammad Adil, Muhammad Azam (Hakims), Kanwal Nayn, Sukh Anand, Nayn Sukh (Vaids), who are his old friends. They are directed to provide costly as well as inexpensive

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<sup>27</sup> *Muraqqa-i Hasan*, cf. S.A.N. Rezavi, “Physicians as Professional in Medieval India”, op. cit., p.49.

<sup>28</sup> R.L Verma., “Unani Medicine During the Mughal Reign in India”, in *Scientific Heritage of India*, edited by B. Subbarayappa and S.N. Murthy, Bangalore, The Mythic Society, 1988, p.123

but easily available medicines, food for poor patients, and also necessary items of treatment and nursing in an appropriate volume in the hospitals. By the grace of God, the hospital is functioning as desired.”<sup>29</sup>

From above mentioned quotation we found that both *hakims* and *vaid*s working together in same hospitals and patronized by authorities without any discrimination.

Apart from the official and nobles endeavours in this regard we also hear of ‘private clinics’ flourishing during the seventeenth and eighteenth centuries.<sup>30</sup>

It was not only the hospital for the human beings but animals and birds were also taken into consideration in this regard. And besides the state’s efforts individual’s efforts were also significant in it. During the seventeenth century in the region of Cambay, Surat and Ahmadabad, travellers surprisingly noticed the existence of various hospitals for bird, animals and beasts known as *pinjarpol* which were managed by *bania*.<sup>31</sup> Thevenot and Careri found a hospital for Birds at Ahmadabad where oxen, camels, horses and other wounded beasts were lodged.<sup>32</sup> John Ovington during the travel of Surat found a large hospital for cows, horses, goats, dogs and other animals.

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<sup>29</sup> See R. L. Verma, ‘Unani Medicine During the Mughal Reign in India’ op. cit., p.123; Wasti Nayar, *Tashreehat wa Tanqeedat*, Idara-e-Saqafat-e-Islamia, Lahore, pp.402-403.

<sup>30</sup> S.A.N. Rezavi, “Physicians as Professional in Medieval India”, op. cit., pp.50-51.

<sup>31</sup> Pietro DellaValle, *Travels of Pietro Della Valle in India, 1664*, tr., G. Havers, ed., Edward Grey, Vol. I, London, 1991-92, p. 68, n.d.

<sup>32</sup> M. de Thevenot, *India in the Seventeenth Century: Voyages to India by Ovington and Thevenot*, ed. J. P. Guha, New Delhi, 1976. Vol. II, p.20

The hospital was managed by Bannians.<sup>33</sup> After the recovery, if wild, they were abandoned and if domestic then were given to some pious persons or other who could charitable keep them. In those *pinjrapoles*, there were birds like cocks, peacocks, pigeons, ducks and small birds and beasts like cow claves, goats, oxen, camels, horses, doge, mice, cats, bugs, flies and other vermin's were given treatment for perfect health.<sup>34</sup> The managements of these hospitals were under the supervision of merchant community or *mahajans* of these regions who were mainly follower of Jain and Hindu religion. These hospitals were run by the common funds of the Jain and Hindu merchants, taxed its members and took a small fixed amount from every member in order to run the *pinjrapole*.<sup>35</sup> These efforts were continued for the next two centuries, but disintegration of the empire and disestablishing the economy has an adverse impact on these establishments. Heber during travelling found an animal hospital for sick and infirm beasts, birds and insects at Broach and the condition of the hospitals was very dirty and neglected place. Though, it was managed by Brahmins of the place.<sup>36</sup>

## ii. PORTUGUESE HOSPITALS

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<sup>33</sup> J. Ovington, *India in Seventeenth Century: Voyages to India by Ovington and Thevenot*, Vol. II, ed. by J. P. Guha, New Delhi, 1976, p.133.

<sup>34</sup> Ovington, op. cit., p. 177; Pietro Della Valle, op. cit., I, pp. 67, 68, 70; Thevenot, op. cit., pp.79-88; Tavernier, op. cit., I, pp.77-78.

<sup>35</sup> Ashin Das Gupta, *Indian Merchants and the Decline of Surat, 1700-40*, Wiesbaden, 1979, pp. 79, 80.

<sup>36</sup> Reginald Heber, *Narrative of A Journey Through the Upper Provinces of India from Calcutta to Bombay, 1824-1825*, with notes upon Ceylon, Third edition, Asian Educational Services, New Delhi,1995., Vol.III, p.67.

The Portuguese also set up hospitals in their several colonies during the sixteenth century. We find the mention of several hospitals opened by the Portuguese at Goa and other places.<sup>37</sup> The first European hospital appears to have been founded by Portuguese governor of India, Albuquerque in A.D.1510 at Goa. According to Tavernier in 1614, this hospital was converted into one of the best-run hospitals in the world by the Jesuits.<sup>38</sup>

Jan Huyghen Van Linschoten, the Dutch traveler mentioned the Kings Hospital of Goa:

“The kings hospitall can wel beare witness, wherein they lodge, whenso ever they are sicke, where every yeare [at the least] there entered 500. Live men, and never come forth till they are dead, [and they are] only Portingals, for no other sick person may lodge therein, I mean such are called white men, for the other Indians have an. Hospitall by themselves. In this Hospital they are verie well looked unto by Jesuites, and Gentlemen: whereof every monthe one of the best is chosen and appointed, who personally is there by them, and giveth the sicke persons whatsoever they will desire, and sometimes spend more by foure or five hundred Duckats of their [owne] purses, then the Kings allowance [reached unto], which they doe more of [pride and] vaine glorie, then for compassion, only to have the praise and commendation of liberalitie. It is no shame there to lie in the Hospitall, for many men go thether

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<sup>37</sup> Gaspar Correa, *Lendas de India*, Coimbra, 1921-31 and Lisbon, 1969, (in 4 Volumes), Vol. I, p.785, cf. M. N. Pearson, “The Portuguese State and Medicine in Sixteenth Century Goa”, in K.S. Mathew, Teotonio R. de Souza and Pius Malekandathil, *The Portuguese and the Socio-cultural Changes in Indi, 1500-1800*, Fundacao Oriente, 2001. p.401.

<sup>38</sup> Jean Baptiste Tavernier, *Travels in India*, tr. from the original French edition of 1676 with a Biographical Sketch of the Author, Notes Appendices etc. by V. Ball, (in 2 volumes), London Macmillan &Co, 1889, Vol. I, p.197.

willingly, although they have wherewith to keepe themselves in their houses, and have both wife and children. These Hospitals in India are very necessarie for the Portingals, otherwise they shold consume away like miserable men, but by ye means they are relieved, whatsoever they have, eyther sicknesse, wounds, secrete diseases, pockes, piles, or [any] such like, there they are healed, and sometimes visited by the viceroy [himselpe], when he thinketh upon them, and that his commodities come in. He that wil not lie there, and hath any woundes and privie diseases, may come [therein] twice every day and be drest, and goe his way againe, without any question or denial. When they die [therein], they are by two slaves carried into the church yarde, without eyther singing or ringing, onely one man followeth after [them], and throweth some holy water upon the grave: but if the sicke man chanceth to leave any goods[behind him], and speaketh unto the Priestes to bring him to his grave, and to say Masses for his soule, then they runne [thither] by heapes, and burie him like a man of countenance eyther in the church or chauncell, according it his will and then hath hee singing and ringing enough.”<sup>39</sup>

Francois Pyrard a French seaman who visited Gao in 1607 gives a vivid description of this Kings Hospital of Goa. According to him:

“Viewing it from the outside we could hardly believe it was a hospital; it seemed to us a grand palace, saving the inscription above the gate, *Hospitale del Ray nostro Seignoro*. On one side of the gate are the arms of Castille and of Portagal; on the other those of the Portuguese, Indies, viz., a sphere. At length we were admitted within a large gateway, where were a number of chairs and seats, upon which they lay the sick as they come in from time to time. Nothing is done until the physician, surgeon or apothecary has been them and certifies that they are sick, and

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<sup>39</sup> John Huyghen Van Linschoten, *The Voyage of John Huyghen Van Linschoten to the East Indies*, from the old English translation of 1598, (in 2 Volumes), edited by Arthur Coke Burnell, Vol. I, London, 1885, work issued by The Hakluyt Society, Asian Educational Services, New Delhi, 1988, pp.237-38.

of what ailment, that so be they placed in the proper part of the building. We were examined with many others that were there, including some people of quality that were brought in *palanquins*, or litters. We were then carried up a lofty and magnificent stones stair case, all the sick being kept in the upper story, and none below, except when the number is very great,...as, for instance, on the arrival of the carracks from the Portugal. As soon as we had our place assigned to us, the Jesuit doctor and the superintendent of the house ordered that we should be properly attended to; so it was that two beds brought for us. As soon as a sick person is cured and gone forth, his bed (called *esquif*) is removed with all his apparel. Thus there are no beds made except be sick to occupy them. These beds were speedily prepared. They are beautifully shaped, and lacquered with red varnish; some are chequered and some gilded; the sacking is of cotton, and the pillows of white calico filled with cotton, adorned with different patterns and colours. These are called *Gouldrins*. The sheets etc. are of very fine white cotton. Then came a barber, who shaved all our hair off; then an attendant brought water and washed us all over, and gave a drawers, a white shirt, a cap, and slippers, and also placed beside us a fan and an earthenware bottle of water for drinking, and a chamber-pot, besides a towel and a handkerchief, which were changed every three hours. We had nothing to eat at that time, for we had to await the ordinary. Be it noted that the superiors and officers of this hospital are Portuguese; the servants are Bramenis, or Christian Canarins of Goa, who have to feed and attend upon the sick with great care, and to be always at hand, and who dare not disobey any sick person when he asks anything in reason. There are salaried servants; and the Portuguese officers every hour visit all the sick to see if they want anything, and whether they be doing anything prejudicial to their health, or contrary to the doctors' orders.

In the evening they brought us supper at the appointed hour, to each a large fowl roasted, with some dissert, so we were astonished at the good cheer we received. Next morning we were surprised to see our other companion, who came not only to see us, as we supposed, but by

command of the general, who gave him an order to brought there, and a recommendation to the Father superintendent, although he was only suffering from fatigue. We did not know the reason of this at the time, but afterwards learned that he was anxious not to be treated as a prisoner any sooner than we were; but more of this anon.

This hospital is, as I believe, the finest in the world, whether for the beauty of the building and its appurtenances, the accommodation being in all respects excellent, or for the perfect order, regulation and cleanliness observed, the great care taken of the sick, and the supply of all comforts that can be wished for, whether in regards to doctors, drugs, and appliances for restoring health, the food that is given to it, or the spiritual consolation that is obtainable at any hour.”<sup>40</sup>

He further states that ‘there are physicians, surgeons, and apothecaries, barbers and bleeders, who do nothing else, and bound to visit each of the sick twice a day between 8 AM and 4 PM.’, When these physicians and surgeons entered, he says, the bell rang as if the meals distribution was about to start.’ The head surgeons were always assisted by many others in applying of ointments and medicine. These surgeons also were accompanied by some servants of hospitals who were bearing large lighted braziers, casting forth much incense and other aromatics odours. The apothecary facilities also existed in the hospital. Consequently well stocked shops were running well on the expense of hospital. However, the physicians and surgeons were having their own residence in the town unlike apothecary.<sup>41</sup>

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<sup>40</sup> Francois Pyrard de Laval, *The Voyages of Francois Pyrard of Laval to The East Indies, the Maldives, the Moluccas and Brazil*, tr. from the third French edition of 1619 by Albert Grey, Assisted by H.C.P. Bell, Two Volumes in three parts, Hakluyt Society, London, 1838, Asian Educational Services, New Delhi, 2000, Vol. II, (i), pp.3-5.

<sup>41</sup> *Ibid.*,

Most remarkable thing according to him was that the Indians had their own hospital besides the King's Hospital meant especially for the Christian Indians. He also mentions a separate hospital for the women of the Christian Indians.<sup>42</sup>

People were allowed to visits their patients/friends only between 8 AM to 11 AM in the morning and 3PM to 6 PM in the evening. The sick were not allowed to take wine, although they have a stock of wines of Spain, Portugal, and the Indies; but allowed some times by the permission of Doctors. However the permission granted very rarely.<sup>43</sup>

The Jesuit Fathers have taken charge of this hospital. Father Francis Xavier informs us that he visited India and administered the Goahospital (1552) during his stay in India.<sup>44</sup>

John Albert de Mandeslo, a noted traveller from North Germany who visited Goa around 1639 described the hospital as a noble structure capable of accommodating over a thousand patients. It was fully equipped to meet the requirement of medical care as well. The hospital was also well managed along with kitchen and apothecary shop.<sup>45</sup>

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<sup>42</sup> Ibid., p.7.

<sup>43</sup> Ibid., p.8.

<sup>44</sup> Henry James Coleridge, *The Life and Letters of St. Francis Xavier*, (in 2 Volumes), London, 1874, Asian Educational Services, New Delhi, 2<sup>nd</sup> edition, 2004, Vol I, p. 119.

<sup>45</sup> *John Albert de Mandeslo Travels into the Indies* ed. Tr. by J. Davies, London, 1662, p.101; See also M.S. Commissariat, *Mandeslo's, Travels in Western India*, Asian Educational Service, New Delhi, 1995, p.70.



But when Tavernier visited second time at Goa in 1684, he observed the mismanagement<sup>46</sup> there and also noted that the inmates were not treated well.

“.... Since this hospital has changed its managers, patients are badly treated, and many Europeans who enter it do not leave it save to be carried to the tomb”.<sup>47</sup>

The hospitals facilities for the native inhabitants were organized by Christian missionaries. The missionaries were aware that medicine would help them to gain the confidence of the masses. The Jesuits managed their *Hospital dos Pobres* in the city of Goa. The hospitals catered to the needs of the natives irrespective of caste, creed or colour. The Jesuits managed from time to time from sixteenth to the eighteenth century the famous Hospital Real of Goa and few other places. Hospitals in Portuguese India including Goa, Diu and Bassein had also been maintained by the missionaries of St. John of God.<sup>48</sup>

### **iii. The English Hospitals**

The port of Madras on the Coromandel Coast of India was founded in 1639 and Fort St. George in 1640s by East India Company. The early concern of East India Company was to ensure the health for their soldiers and

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<sup>46</sup> Tavernier, op. cit., p. 197-98.

<sup>47</sup> Tavernier, op. cit., p.160.

<sup>48</sup> Fatima da Silva Gracias, “ The Portuguese and the Social Welfare Activities in the Konkan Region, 1500-1800”, in K.S. Mathew, Teotonio R. de Souza and Pius Malekandathil, (eds) *The Portuguese and the Socio-Cultural Changes in India, 1500-1800*, Fundacao Oriente, 2001, p. 285.

company mates in India. The earliest information about the hospitals for ‘sick soldiers’ comes from a letter dated 10 November, 1664 from Fort St. George, to the Governor of Madras Sir Edward Winter and the agent of East India Company.<sup>49</sup> According to this letter:

“The souldiers in the Fort since Your Worships absence hath bin something strictly held their duty, and according to your order they had noe free guard [i.e. time off duty]. Soe the fresh soldiers which came forth this year taking up their habitation in the bleake winde in the hall, fell sick. Fower of them are dead: aboute tenn remaine at this time very sick, and complaine (and it seems not without reason) that the wages are not sufficient to supply them with the necessary now it this time of their sickness. Soe, rather than see English men dropp away like doggs in that manner, for want of Christian Charity towards them, wee have thought it very convenient that they might have an house on purpose for them, and people appointed to looke after them and to see that nothing comes in to them, neither of meate nor drinke, but what the doctor alloweth...”<sup>50</sup>

The letter also goes on to inform about the approval of a rented hospital in a house belonged to Mr. Cogan at the rate of two *pagotheas* per month.<sup>51</sup> The first English hospital was opened at Madras on 16<sup>th</sup> November 1664 especially for the soldiers and John Clarke appointed as the first surgeon.<sup>52</sup> In 1679, the hospital was expanded and in 1688 it was shifted

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<sup>49</sup> William Foster, *The English Factories in India 1661-64*, Calerendon Press, London, 1923, Vol. XI, p. 373.

<sup>50</sup> William Foster, *EFI*, op. cit., Vol. XI, p. 373.

<sup>51</sup> Ibid.

<sup>52</sup> cf Pratik Chakrabarti, “Niether of meate nor drinke, But what the Doctor allowed”: Medicine amidst War and Commerce in Eighteenth Century Madras”, *Bulletin of History of Medicine.*, no.80, 2006, p. 3.

towards the northern end of the barracks for “more requirement of space which is outside the Fort”.<sup>53</sup>

The second hospital was built at Madras between 1679 and 1688 by the public subscriptions at the cost of nearly Rs. 3000. It was a large two-storied building constructed at the property of the church and vestry. It stood in the Fort near the church and adjoined the Company’s sorting godown, a situation which was found inconvenient in various ways. Subsequently, in 1688, during the governorship of Elihu Yale, the Madras council decided to acquire this hospital building, paying its full value to the vestry, and directed that the new hospital be built near the river.<sup>54</sup>

It seems that the third hospital at Madras was built soon after the acquirement of second building. Towards the end of the year 1697, the charge of maintaining the hospital was transferred to the hands of Madras Council from the church and vestry.<sup>55</sup> When Captain Alexander Hamilton visited Madras around 1708, he noticed a very good hospital in the town.<sup>56</sup>

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<sup>53</sup> cf. Pratik Chakrabarti, *B.H.M.*, op. cit., p. 3; See also Anil Kumar, *Medicine and Raj*, op. cit., p. 90.

<sup>54</sup> cf. Anil Kumar, *Medicine and Raj*, op. cit., pp. 90-91; See also O.P. Jaggi, “Hospitals in India”, in D. P. Chattopdhyaya (Ed.). *History of Science, Philosophy and Culture in Indian Civilization: Medicine in India: Modern Period*, Vol. IX Part I, New Delhi: OUP, PHISPC.2000, p.77

<sup>55</sup> Ibid.

<sup>56</sup> Alexander Hamilton, *A New Account of the East Indies, Being the observation and Remarks of Captain Alexander Hamilton Who Spent his Time There from the Year 1688 to 1723 Trading and Travelling by Sea and Land, to Most of the Countries and Island of Commerce and Navigation, between the Cape of Good Hope and the Island of Japan, 1727*, 2 Volumes, Asian Educational Services, New Delhi, Vol. II, 1955, p.11

Another hospital was built through a collection of subscriptions in which the Company's contribution was 1,500 pagodas (nearly Rs. 5,000). For the purpose a house at Fort St. David was bought for 400 pagodas in 1714. Later in 1728 this hospital was reported to be in a damaged condition and thus rebuilt.<sup>57</sup>

Many more such hospitals came into existence during the eighteenth century, some of which were destroyed while others shifted during the course of Anglo- French war of supremacy from 1740-63. These wars also lead to the opening of a special hospital for the Royal Navy at Madras in January 1744.<sup>58</sup>

Some idea of the working of these English hospitals can be had from the following instructions issued in January 1752 regarding the treatment of the sick there:

“Complaint having made us that the surgeons of our hospital do not give due attendance to our sick and wounded Military, and that, it is the custom for the Surgeons to take their pay during the time they are not in the hospital. We direct that for the future, the surgeons give a due and regular attendance to the sick in the hospital ... We also direct that one of the council, by turns, do visit the hospital at least once in a week or oftener if you shall think it necessary, and report to the Board whether the surgeons are kept clean and have the proper provisions. That the Major do also inspect the hospital in the manner, and make his report to the governor, and that you annually send us an account of the military who have been sent into the hospital, inserting the disorder of each man, when he was received, and when discharged. And we further direct that

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<sup>57</sup> cf. O.P. Jaggi, “Hospitals in India”, op. cit., p.77.

<sup>58</sup> cf. Anil Kumar, *Medicine and Raj*, op. cit., p. 91.

in case our surgeons are amiss in their duty, unequal to their employment, you are, without regard, to dismiss such persons from our service.<sup>59</sup>

Another large hospital was completed in 1772, which later became the Madras General hospital. This hospital was built for both European and native, civil and military.<sup>60</sup>

During the course of the second Carnatic war when the Indian population was shifted to a new location in 1752 the hospital was ordered to be shifted outside the fort for the first time.<sup>61</sup> Subsequent wars also created the need for enlargement of the hospital facilities. In November 1758 the surgeons Robert Turing, James Wilson, and T. S. Hancock sent a comprehensive proposal to George Pigot, president and governor in council of Fort St. George, for a new hospital; the first outline of a modern hospital in Madras.

The new hospital was to be divided into separate wards for patients suffering from fevers, fluxes, venereal diseases, malignant fevers, and smallpox, and for invalids and 'Incurables'. There was also to be a room each for operations and the dispensary. Every patient was to be examined by the surgeon or one of the assistants upon admission.<sup>62</sup> The diets of the patients

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<sup>59</sup> Quoted in O.P. Jaggi, *op. cit.*, p. 78

<sup>60</sup> Cf. Anil Kumar, *Medicine and Raj*, *op. cit.*, p. 91; See also O.P. Jaggi, *op. cit.*, p. 78

<sup>61</sup> *Diary and Consultations (Public Department), Records of the Fort St. George, 1752*, Vol. 80, Madras Government Press, 1941, pp. 120, 123.

<sup>62</sup> *Ibid.* 1758, Vol. 88, Madras Government Press, 1952, p. 225.

were also specified.<sup>63</sup> Assistant surgeons were to help the principal surgeon in performing operations. One of the assistants was also to act as the apothecary, prepare and distribute medicines, give injections, and slobber patients with the help of two Indian *coolies* who were also to act as cooks. The Indian under assistants and the *dubashes* were to make and prepare dressings as well as to help in preparing medicines by pounding the mortars. Local women were to clean the wards and provide the hospital with water, and a ‘head coolie’ was to supervise the Indian subordinates.<sup>64</sup>

In 1788, Surgeon Maxwell Thompson wrote to the Hospital Board (also referred to as the Madras Medical Board, established on 14 April 1786) in Madras that for the want of *doolies* (doli/litter to carry sick) the sick had to walk to the hospital, a distance of two to three miles, under the hot sun; this problem of logistics was also related to the confusions regarding command and authority faced by English surgeons in Madras, for he added:

“I also request to know if these Dooley boys are to be under my immediate direction, the difficulty of getting them when wanted, having often occurred from the Dooley boys believing that they are to obey no orders given them but from the person who pays them.”<sup>65</sup>

Throughout the later decades of the eighteenth century the Madras Medical Board continued to experiment with new designs for *doolies* and

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<sup>63</sup>Ibid., p. 265.

<sup>64</sup>*Diary and Consultations*, 1758, Vol. 88, n. 13, p. 266.

<sup>65</sup>Maxwell Thompson to the Hospital Board, 18 January 1788, Surgeon General’s Records, Vol. 3 (1 January 1788 to 22 December 1788), G. 12440, p. 62, *Tamil Nadu State Archives*, Chennai; cf. Pratik Chakrabarti, “Niether of meate nor drinke”, op. cit., p.1-38.

bullock-drawn carts to carry the sick and the wounded.<sup>66</sup> The supply of medicines was the main concern in the field and the provincial hospitals. The main provision for the Madras hospital came in the form of medicine chests from Europe; these were often destroyed or lost on the long voyages from Europe, and the surgeons then had to resort to the private collections of the Europeans.<sup>67</sup> In 1722, when the ship *Nightingale* with the annual supplies of medicine for Madras was lost at sea, crisis struck the hospital, the president wrote to the Board that the surgeons had frequently told him:

“...of the want of Medicines in the Hospital occasioned by the loss of the *Nightingale*. It is therefore agreed that the same be purchased allowing twenty five per cent advance and that the amount thereof be paid for out of Cash”.<sup>68</sup>

Complaints were also made about the poor packaging of medicines from Europe. In 1774 Gilbert Pasley and James Anderson wrote to the Board about the European medicines received for 1773, which had arrived ‘much damaged on account of the careless and injudicious Package of

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<sup>66</sup>See, *Tamil Nadu State Archives*, Vol. 1 (1 January 1787 to 26 December 1787), G. 12438, pp. 38, 189–90; Vol. 3 (n. 23), pp. 3–5; cf. Pratik Chakrabarti, “Niether of meate nor drinke”, op. cit., p.1-38.

<sup>67</sup>D. V. S. Reddy, “The Origin and Evolution of the Madras General Hospital,” *Madras Medical Journal*, 17, 1937, p. 12.

<sup>68</sup>*Diary and Consultations*, 1722, vol. 53 (Madras: Government Press, 1930), p. 142.

them,’ and they added that the ‘supply of surgical Instruments is likewise greatly deficient’.<sup>69</sup>

In 1787 the Hospital Board wrote to the government about an “evil”- the poor condition and quality of medicines sent from England:

“The Hospital Board beg leave to take this opportunity of informing Government of the imperfection and indeed the inutility of several of the Medicines brought from Europe, especially Cantharides or blistering flies, the efficacy of which is so considerable in many critical disorders, and the consequent disappointment so great.”<sup>70</sup>

The situation was grave in the provinces particularly for those which were depending on Madras Presidency for their supply of European medicine. In 1787 John Duncan, an assistant surgeon with the Battalion of Native Infantry, represented the “great want” of a medicine chest to carry medicine easily and to protect it from pests.<sup>71</sup> Pasley and Anderson described the “indigenous” modes used for transporting the medicines to the provinces:

“the annual supply is divided, parcelled out and packed in such awkward utensils as the Country furnishes, put into wicker baskets and sent on the head of Cooleys along the Coast almost from Cape Comorin

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<sup>69</sup>“*Letter from Gilbert Pasley and James Anderson,*” 5 February 1774, *Ibid.* P/240/37, p. 69; cf. Pratik Chakrabarti, “Niether of meate nor drinke”, *op. cit.*, p.1-38.

<sup>70</sup>Hospital Board, 8 October 1787, *Tamil Nadu State Archives*, Vol. 1 (n. 24), p. 139; cf. Pratik Chakrabarti, “Niether of meate nor drinke”, *op. cit.*, p.1-38.

<sup>71</sup>*Hospital Board, 9 August 1787*, *Ibid.* p. 112; cf. Pratik Chakrabarti, “Niether of meate nor drinke”, *op. cit.*, p.1-38.



to Balisore [Balasore]. . . many are lost by carelessness, in Rivers, Monsoon, and by Enemies.”<sup>72</sup>

George Binney, a doctor from Machilipatnam wrote in 1792 that the European medicines sent from Madras were damaged and fresh supplies were needed in large quantity.<sup>73</sup>

#### **iv. HOSPITALS ESTABLISHED BY THE FRENCH**

Like Portuguese and the British the French established their hospital in 1701 at Pondicherry which had become the colonial headquarters of the French India. The necessity of a hospital was felt in 1700 to treat the French soldiers. As a result, the construction of a small hospital began in May 1701 and was completed in August 1704. The building comprised of three halls, four wards, a kitchen and a big store. Jacque Theodore Albert (1675-1721) became the first chief surgeon of the hospital and his assistant Dujarry was the second surgeon of the hospital. The company appointed another surgeon Jego to assist Dujarry on October 15, 1721 on a salary of 600 livres per annum. The French East India Company appointed Ferrier as a surgeon in 1723 on the recommendation of Dujarry.<sup>74</sup>

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<sup>72</sup>Gilbert Pasley and James Anderson to the Governor, Fort St. George, 23 January 1775, Madras Military Consultations, P/251/77, p. 76, OIOC; cf. Pratik Chakrabarti, “Niether of meate nor drinke”, op. cit., p.1-38.

<sup>73</sup>“From George Binney to James Anderson & Hospital Board, dated 29 November 1792,” *Tamil Nadu State Archives*, vol. 7 (6 January 1792 to 31 December 1792), G. 12444, p. 58; cf. Pratik Chakrabarti, “Niether of meate nor drinke”, op. cit., p.1-38.

<sup>74</sup> M. K. Ramanathan, “French Hospital of Pondicherry during First half of Nineteenth Century” *Indian Journal of History of Medicine*, Vol. 7, 1962, p. 22.

In 1734, another construction was started for a big hospital in the south west corner of the town. The plan for this hospital was conceived in 1732 in Paris and the plan drawn up by a French Capuchin missionary, Father Louis, who was in Pondicherry in earlier times, was adopted. Architecturally, the building of the hospital was rectangular with a number of wards and two great halls. It is reported that this hospital was not only to serve the French sick soldiers but also to serve as a lodge for European orphans. There was a special ward for the violent maniacal cases. This hospital was managed by a French capuchin missionary and run under the direction of the chief surgeon. There were 30 to 40 soldiers in patients at a time. The first chief surgeon of this hospital was Cayrefourg. Later, La Haye, Jean Lafitte, Aubert, Vittal Guyonnete were served as the surgeons during the first half of eighteenth century.<sup>75</sup>

#### **v. HOSPITALS IN BOMBAY PRESIDENCY**

The first proposal for a hospital in Bombay seems to have been made in 1670. The Surat Diaries (1669-75) contain instructions in this regard as Commission of Instructions, Bombay 5 March 1669-70 observed.

“The necessary tender we have for the health of our people have put us on a resolution to build a small hospital for the entertainment [care] of the sick and weaken yet rather because experience has proved the natural disease of the country to be infections and therefore dangerous to the

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<sup>75</sup> cf. O. P. Jaggi, “Hospital in India” op. cit., p.77; (when the French left, this hospital was upgraded by Government of India into Jawaharlal Nehru Institute of Postgraduate Medical Education and Research Centre)

Garrison, wherefore we have pitched on a convenient place for the hospital and desire you to order it to be erected in a frygall [frugal] way as may consist with prudence, but though the company are in charge of building the hospital, yet those who receive the benefit therefore must bear their own expenses otherwise not to be admitted".<sup>76</sup>

A letter from Bombay to Surat (January 24, 1676-77) reports the opening of the new hospital as follows:

"our souldiers, tanks be to God, continue very health-full, for whereas last year from October to February there died above 100 men, this year not lost 15, most of them of impothumation in liver, much of the benefit we must attribute to our new hospital; we have taken old court of judicature for use; it being a thing to highly necessary.....for to person in flux and which is ye country disease, strong drink and flesh is mortal, to make an English souldier leave of is almost as difficult as to make him divest his nature, nay though present death be laid down before him as the reward... whereas in Hospital noting can come in or out without passing ye Doctors eyes yet we have great confidence, this Hospital will save... some hundred pounds yearly which...transport of souldiers exacts".<sup>77</sup>

Another hospital in Bombay seems to have been built in 1737, near the marine Yard. The consultation of June 30, 1738 contains regulations for the hospital, which state that the patients admitted were to be divided between the two surgeons, those admitted in one week going to the first surgeon, and in the next week to second surgeon. The pay of the hospital assistants was fixed at six rupees, and of outdoor assistants at eight rupees per months. In 1745-46,

<sup>76</sup> *Surat Diaries*, 5 March N. 70, Vol. III, 1669

<sup>77</sup> G. W. Forested (ed.), *Selections from the Letters, Despatches and other State Papers, preserved in the Bombay Secretariat Home Series*, Vol. I, pp. 74, 78, 120

a lunatic asylum was added to the building and in 1755, ‘a room for Chirurgical [surgical] operations’ was planned to be built. In 1771, a ‘Chemical Elaboratory [laboratory]’ was ordered to be added.

Plans for a large new hospital, at a cost of Rs. 5, 15,025, were prepared in 1781 but were found too expensive. The hospital was to be made bomb-proof.<sup>78</sup>

In 1748, there were three large hospitals in Bombay; one within the Fort for Europeans, another on the Esplanade for sepoys, or native troops in the Company’s services and a third for convalescents on the adjacent island.<sup>79</sup>

A Bombay Military Letter of March 25, 1801 reported that the hospital within the fort had been completed. In 1824, new buildings were erected for the hospital off Hornby Road. It attended the sick both of the garrison and of the civil population. In 1861, the hospital was moved to temporary quarters in the grounds of the artillery barracks in Fort George and in 1876, to a building called the Officers’ Quarters. The foundation stone of St. George’s Hospital was laid on February 22, 1889, on the site of Old Fort George and the buildings were completed in 1892, at an estimated cost of Rs. 5, 69, 667.<sup>80</sup>

A native hospital existed in 1809, and there were about twenty patients being treated daily in it. It had enjoyed the support of the government. The

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<sup>78</sup> *Consultations of June 20 and September 25, 1781*;

<sup>79</sup> James Forbes, *Oriental Memoirs :Selected from a series of familiar Letters Written During Seventeen Years Residence in India*, A new Introduction by W. H. Siddique, in Four Volumes, Gian publishing House, First reprint in India, 1988, Vol. I, p. 152

<sup>80</sup> Cf. O. P. Jaggi, “Hospital in India”, *op. cit.*, p.80.

Bombay Native dispensary was opened in 1834 and the Girgaum dispensary in 1846. During the latter half of the nineteenth century a large number of hospitals were constructed and opened in Bombay. They allocated their existence to the charity of the wealthy inhabitants. The important among them were the following.<sup>81</sup>

Sir J. J hospital at Bombay was founded in 1843 and the foundation stone was laid by Sir James Burns, the then secretary of the Medical Board on January 3, 1843. The building was erected at the joint expense of Sir Jamsetji Jejee bhoy and of the East India Company. It was formally opened as a hospital for natives in May 1845. It contained an eye dispensary and obstetric ward.<sup>82</sup>

Some other hospitals like Gokuldas Tejpal Hospital for native people were completed on April 8, 1874 and the Pestonji Hormusji Cama Hospital for women and children on the Esplanade was opened in August 1886. The Bai Motlibai Wadia Obstetric Hospital was founded on March 9, 1889. The Sir Dinshaw Manekhi Petit Hospital for women and children was opened in March 1892. The asylum at Colaba was established in 1872. The All Bless leprosy Home on Trombay Island was founded on March 25, 1890 and the Leprosy Hospital at Parel was completed in June 1891.<sup>83</sup>

## **vi. GROWTH OF HOSPITALS IN BENGAL**

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<sup>81</sup> D. G. Crawford, *History of Indian Medical Services*, op. cit., Vol. II, p. 399

<sup>82</sup> cf. O. P. Jaggi, "Hospitals in India" op. cit., p.81.

<sup>83</sup> Ibid.

The first hospital at Calcutta was founded in 1707 to serve the Company's soldiers and sailors. In October 1707, the Council of Fort William resolved to build a hospital, selecting as its site 'a convenient spot close to the burial ground'. The company contributed Rs. 2,000; the rest of the money was raised by public subscription.<sup>84</sup>The order of construction mentioned in Fort William Consultations of October 16, 1707 as:

“Having abundance of our soldiers and seamen yearly sick (this year more particularly our Soldiers), and the doctor representing to us, that for want of an hospital or convenient lodging for them is mostly the occasion of their sickness, and such a place will be highly necessary as well for Garrison, and sloops as Company's Charter party shipping to keep the men in health, its therefore agreed that a convenient spot of ground near the Fort be pitched upon to build an hospital on, and that the cashiers pay out of the company's cash for the said occasion, towards perfecting it, the sum of two thousand rupees, and what more may be gathered in by Subscriptions from the Commanders of the European and Country shipping and the Inhabitants, which is to be forwarded and gathered in by Mr. Ab. Addams, who look after the building, the same under the direction of the council.<sup>85</sup>

Captain Alexander Hamilton, a sailor who wrote an account of his journeys in the east satirically commented about this hospital at the time of

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<sup>84</sup> C.R. Wilson, “The First Two Hospitals in Calcutta”, *Indian Medical Gazette*, Vol.38, no. 1, January 1903, p.2; See also W. J. Buchanan, “The First Hospitals in Calcutta”, *Bengal Past and Present*, Tercentenary Special, Vol. 109, part 1-2, No. 208-09, 1990, p.120. (The hospital was close by the Burial ground of St. John Church. The main building was about 175 feet long and 60 feet wide. It had at first no upper storey.)

<sup>85</sup> C. R. Wilson, *The Early Annals of English in Bengal being The Bengal Public Consultations for the First Half of the Eighteenth Century*, Summarized, Extracted and edited with Introductions and Illustrative Agenda, in two Volumes, Calcutta, 1895, Vol. I, pp. 289-90.

his stay at Calcutta. According to him it was a ‘pretty good hospital’ where many went ‘to undergo the penance of physic, but few come out give an account of its operation’.<sup>86</sup>

In 1710, the hospital was walled around and barracks erected for the soldiers to live under the supervision of their officers.<sup>87</sup>

According to the hospital regulations of August 20, 1713 framed by the famous surgeon William Hamilton and his colleague Richard Harvey, 20 to 30 patients were to be admitted at a time. All unmarried soldiers when unwell were obliged to go to hospital. The charges were four *annas* a day for a soldier, six for a corporal and eight for a sergeant.<sup>88</sup>

The second hospital was a temporary building erected inside the Old Fort on the victory of Calcutta by Lord Clive in 1757. The hospital does not seem to be a well-managed one as it had few ill-furnished dingy rooms bereft of free and open air. When the Old Fort was converted into a customs house, it became absolutely necessary to build a new hospital. The Council, accordingly in October 1762, judged it expedient that a commodious one be erected as soon as possible at Kiddepore.<sup>89</sup>

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<sup>86</sup>Alexander Hamilton, *A Account of the East Indies being the Observations and Remarks of Captain Alexander Hamilton from 1688-1723*, Second Edition in Two Volumes, Asian Publishing House, New Delhi, 2005, Vol II, p. 11.

<sup>87</sup>*Consultations* of February 13, 1710, quoted in, C.R. Wilson, op. cit. Vol. I, p.327; See also W. J. Buchanan, “The First Hospitals in Calcutta”, op. cit., p. 120.

<sup>88</sup> C.R. Wilson, “The First Two Hospitals in Calcutta”, op. cit., p. 1.

<sup>89</sup> *Ibid.*

In 1787 the government erected a hospital for inoculation at Dumdum and 101 persons in that year and 72 in the following year were successfully inoculated. Apparently those inoculated were all soldiers and their families. Inoculation, however, had a very short run among the Europeans in India, for within 15 years it was superseded by vaccination.<sup>90</sup>

The first General Native Hospital, for natives not in the service of government, appeared in 1792. It was the precursor of the present Calcutta medical College Hospital. The returns of the hospital for the year 1805-06 show that during the year 220 in patients and 2,874 out-patients were treated and 1,286 were relieved and discharged, while 62 patients, 19 in and 43 out, remained under treatment at the close of the year.<sup>91</sup>

After the establishment of the first Native Hospital at Calcutta, there was a long spell of indecisiveness in this direction in the *mofussil* areas of this wide-ranging presidency. The *mofussil* towns started getting attention of the government since the third decades of the nineteenth century and some of the most-well known *mofussil* hospitals were established during this period by the civil surgeons of those divisions who were there. Thus in Muzaffarpur a hospital was set up by Kenneth Mackinnon who was a civil surgeon at Tirhut and the Imambara Hospital at Hugli in 1836 and Thomas Wise (a civil surgeon) became the principal of Hugli College. In 1838, the Bengal Government decided to establish dispensaries at four stations namely, Dacca,

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<sup>90</sup> D. G. Crawford "Notes on the Early Hospitals of Calcutta, *Indian Medical Gazette*, Vol. 38, no. 1, January 1903, p. 6.

<sup>91</sup> *Ibid.*, pp. 3-6.



Murshidabad, Patna, and Chittagong.<sup>92</sup> In 1853, there were 53 dispensaries, entirely or mainly supported by the governments of Bengal and the North Western Provinces and that year 15 more sanctioned for the Punjab.<sup>93</sup>

The Calcutta Medical College Hospital had its beginning on 1<sup>st</sup> April 1838 when a small clinical hospital with 30 beds and an out-patient dispensary was opened to provide clinical instruction to the students of the new college. To earnestly tackle the periodical recurrence of malarial fevers, Baboo Muttylal Seal donated a piece of ground in the immediate vicinity of the Medical College in 1844 for the purpose of erecting a fever hospital. Also it was felt that in none of the hospitals and dispensaries of Calcutta, any special provision was made for the indoor treatment of fevers.<sup>94</sup> For this a Fever Hospital Committee was constituted and was asked to raise funds through subscriptions.

Prior to such moves, as early as 1835, at the suggestion of James Ranald Martin a surgeon at that time of the Native Hospital, a committee was appointed by the government to enquire into the state of health of the city and suburbs of Calcutta, and to collect information regarding its ventilation, drainage and municipal arrangements generally. This Committee continued in existence for 12 years and published three voluminous reports on the health

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<sup>92</sup> NAI, Home, Pub., 20 April 1795, No.15, cf. Anil Kumar, *Medicine and Raj*, op. cit., p. 96.

<sup>93</sup> *DPI Report, Bengal, 1852-53*, Calcutta, 1853, p.92, cf. Anil Kumar, *Medicine and Raj*, op. cit., p.96.

<sup>94</sup> *DPI Report, Bengal, 1844-45*, Calcutta, 1845, p.134, cf. Anil Kumar, *Medicine and Raj*, op. cit., p.96.

needs of the people and found the present hospital facilities to be grossly inadequate. After considerable deliberations it was decided that it would be inadvisable to have a large establishment solely for the reception of fever cases. The prevalence of other epidemics and the frequent recurrence of accidents in a large town required a hospital for all diseases both medical and surgical. Accordingly, the old fever hospitals funds amounting to around Rs 60, 000 were handed over to the Council of Education to erect a new hospital to serve as ‘useful appendage to the medical college at the metropolis of British India’.<sup>95</sup>

The foundation stone of the new hospital was laid by Lord Dalhousie on 3 September 1848. It was completed in 1853 at a cost of 20,000 pounds and contained 500 beds spread over 24 wards, one ward being reserved for women and children. It also absorbed the old Eye Infirmary and Lying-in-Hospital..<sup>96</sup> The hospital was open to both Europeans and natives with just regard paid to the ‘prejudices of the race’. Since 1853, many new additions many new additions were made to the College Hospital-Eden Hospital in 1881-82, the Extra Hospital in 1887, and the Shama Charan Laha Eye Hospital in 1891 and the Prince of Wales Surgical Block opened in March 1911 at a cost of over Rs. 10, 00,000.

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<sup>95</sup>*DPI Report, Bengal, 1852-53, Calcutta, 1853, pp. 63-64, cf. Anil Kumar, Medicine and Raj, op. cit., pp.96-97*

<sup>96</sup>*DPI Report, Bengal, 1852-53, Calcutta, 1853, pp. 75-77, cf. Anil Kumar, Medicine and Raj, op. cit., pp.97*

Among the other prominent hospitals at Calcutta, the Campbell Hospital at Sealdah was opened by the Justices of Peace for Calcutta, the predecessors of the Municipal Corporation, on 1 July 1867 as a hospital for paupers, and on 1 December 1873 was transferred to government as the hospital attached to the Campbell Medical School. The hospital was almost entirely re-built in 1908-10. Next to it Shambhu Nath Pandit Hospital was opened in 1897 at Bhowanipur. The establishment cost of this hospital was jointly met by the government, Calcutta Municipal Corporations and the fund of old S. N. Pandit outdoor dispensary.

Outside Calcutta, there was an important hospital at Dacca due to the earnest efforts of Justice Mitford of Dacca who left a legacy of Rs. 1, 75, 000 for the hospital. It was named after him as 'Mitford Hospital' it was erected in 1854 and later in 1875 a medical school was also attached to it.<sup>97</sup>

#### **vii. LOCK HOSPITAL:**

Officers in the military and medical establishments of colonial India agreed that preserving the health of European troops in India from the danger of 'mercenary love' must be the one of their highest priorities.<sup>98</sup> The step to check the venereal diseases was taken in the three major presidencies of British possessions in India independently in Madras, Bombay and Bengal and a proposal for the establishment of Lock Hospital in these Presidencies

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<sup>97</sup> D.G. Crawford, *History of Indian Medical Service*, op. cit., Vol. II, pp. 428-30, See also Anil Kumar, *Medicine and Raj*, op. cit., pp. 97-98.

<sup>98</sup> K. Ballhatchet, *Race, Sex and Class under the Raj: Imperial Attitude and policies and their Critics, 1793-1905*, Vikash Publishing House, New Delhi, 1979, pp.10-11.

was brought out. Although before that measure of Government many regiments had established *lal bazaars*. These *lal bazaars* were the red light areas or brothel areas of the regimental bazaar and supervised by elderly women whose duty was to ensure that the prostitutes were healthy and those infected were to be either expelled or sent to hospital. The *lal kurti* was a synonym for the British Cantonment.<sup>99</sup>

The medical treatment in lock hospitals was directed by British medical officers who also oversaw the cantonment hospital. The day-to-day administration of the lock hospitals was usually in the hands of Indian medical staff either matrons or ‘Native Dressers’ and they were in turn assisted by a complement of cooks, peons, and sweepers. Additionally, a number of lock hospitals employed either a matron or a *dai* (Indian midwife) to visit and, when necessary, inspect registered women at their homes.<sup>100</sup>

By the end of eighteenth century, the Governor General in Council had authorized the building of ‘hospitals for the reception of diseased women’ at Berhampur, Cawnpore (Kanpur), Dinajpur and Fatehgarh but at that time the term ‘lock hospital’ was not in use and *lal bazaars* were also not mentioned. However it was stipulated that the *kotwal*, the Indian office in charge of the regimental bazaar was responsible for the conduct of women attached to it.

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<sup>99</sup> Kokila Dang, “Prostitutes, Patron and the State: Nineteenth Century Awadh”, *Social Scientist*, Vol. 21, Nos. 9-11, 1993, p177.

<sup>100</sup> See Sarah Hodge, “Looting the Lock Hospital in Colonial Madras during the Famine Years of the 1870s”, *Social History of Medicine*, Vol. 18, No. 3, 2005, p. 384.

Women found to be ‘disordered’ on the customary days of inspection were to be sent at once to the hospital.<sup>101</sup> The ‘diseased Public women’ hospitals were also established at Agra and Muttra in 1807.<sup>102</sup>

Finally, by the end of the eighteenth century, the lock hospitals were set up within the premises of the most of the European regiments to protect European soldiers from venereal diseases. In the lock hospitals Indian women were subject to periodic medical examination and if found healthy they were certified to carry on prostitution with the soldiers as usual and if found infected they were retained for the treatment at the hospital. When they were found to be incurable then were expelled from the regiment or the premises of cantonment.<sup>103</sup>

More systematic consideration was made in 1805 at when assistant surgeon Price of 12<sup>th</sup> regiment had written from Trichinopoly about ‘the vast proportion of venereal cases’ in his corps and advocated for appropriate measures. The letter referred to Medical board and finally the first venereal "lock" hospitals in India were established in the Madras presidency under the

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<sup>101</sup> Adj. General to Government, 22-6-1799, *Bengal Military Proceeding* 16-7-1799, p. 12; *Military Board to Government*, 11-12-1797; *Bengal Military Proceeding* 15-12-1797, 392f, cf., K. Ballhatchet, *Race, Sex and Class under the Raj*, op.cit., pp. 11-12

<sup>102</sup> Adj. General to Government, 5-9-1807, *Bengal Military Proceeding* 15-09-1807, 28; General Order 21-09-1807, *Bengal Military Proceedings*, 21-09-1807, 145; cf. *Ibid.*

<sup>103</sup> *Ibid.*

supervision of the civil magistracy. Special police force was also appointed to control the prostitutes and the hold of compulsory examinations.<sup>104</sup>

The 'lock' hospital, which originally housed lepers, had become an exclusively venereal institution by the mid-eighteenth century.<sup>105</sup> The Madras army proceeded to establish lock hospitals at most of their major station and in 1808 some 3,502 women were under treatment in seventeen lock hospitals.<sup>106</sup>

After few years of establishment in 1809, the Madras Government began to think about the economies and soon asked to Medical Board for an assessment of the effectiveness of lock hospitals based on the available statistics.<sup>107</sup> The Medical Board was embarrassed to report that the number of European soldiers annually admitted into hospital with venereal diseases had more than doubled since the establishment of the lock hospital system.

There had been the arrival of new regiments from Europe with many young men and also of many young Recruits whose habits are ill calculated to

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<sup>104</sup> Philippa Levine, "Venereal Disease, Prostitution, and the Politics of Empire: The Case of British India", *Journal of the History of Sexuality*, Vol. 4, No. 4, Apr., 1994, (pp. 579-602), p. 583

<sup>105</sup> C. A. Gordon, "Notes on the Early History of the Contagious Diseases Acts in India," *Medical Press and Circular*, Vol. 100, 1890, p. 444; See also Philippa Levine, "Venereal Disease, Prostitution, and the Politics of Empire" op. cit., p. 583.

<sup>106</sup> *Oriental and India Office Collection, Statement on Military Lock Hospitals in Madras, 1808*, F/4/345; cf. Douglas M Peers, "Soldiers, Surgeons and the Campaigns to Combat Sexually Transmitted Diseases in Colonial India, 1805-1860", *Medical History*, 42, 1998, p. 150.

<sup>107</sup> *Government to Medical Board, 30-11-1808, Madras Military Proceeding, 30-11-1808, 11203f.*; cf., K. Ballhatchet, op. cit., p.13

guard against temptation. At the same period the system had not been fully introduced too. There were no efficient police to take all infected or suspicious women to hospital. Only the most wretched or the starving women brought to this hospital.<sup>108</sup> By the 1810 the Court of Directors were convinced of the utility of lock hospital and directed that facilities to be established at all stations in India where Europeans were likely to be cantoned.<sup>109</sup>

Dr. D.G. Crawford quoted from Calcutta Gazette of 17 January 1811 and puts forward the fact that lock hospitals were already well-recognized institutions in India by 1811. According to the General Order of 7<sup>th</sup> January 1811, the Governor General-in-Council authorized the establishment of *Bazar* Hospital for native women at Ghazeepore under the same regulations as were prescribed for those at the other stations of the army where such hospitals were established.<sup>110</sup>

Though on the other hand the number of the venereal patients had increases and need for the establishment of more hospitals was felt, but owing to the economic unviability the Medical Board suggested closer of nine lock hospitals. For the rest of the hospitals, government passed specific proposal it proposed that the in charge of each of the remaining eight there should be a

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<sup>108</sup> *Medical Board* 1-05-1809, *Madras Military Proceeding*, 09-05-1809, 3310ff; cf. K. Ballhatchet, op. cit., p.13.

<sup>109</sup> *Oriental and India Office Collection, Military Letters to Bombay*, 5 January 1810, F/4/563, Collection 13819; cf. Douglas M Peers, "Soldiers, Surgeons and the Campaigns", op. cit., p. 150.

<sup>110</sup> D. G. Crawford "Notes on the Early Hospitals of Calcutta, *Indian Medical Gazette*, Vol. 38, no. 1, January 1903, p. 7.

decent woman of caste and proper years. The Board without any doubt wanted more prosperous patients. In the existing hospitals, however, there were over 1,300 patients, and many of them were ‘wretched objects’ would suffer severely if hospitals were suddenly closed before they were cured.<sup>111</sup> The Government Surgeons thus were instructed that they should guard in the strictest manner against exposing the unhappy objects now under care in them to any unnecessary distresses. In other words, no new patients would be admitted, and hospitals would only be closed when they were empty.<sup>112</sup>

The decision of closing lock hospitals by the government had faced strong protests in military circles. Lieutenant- Colonel Gibbs, commanding at Bangalore wrote in 1810 that venereal diseases among the soldiers had greatly increased as a result: the proportion affected was now one man in seven.<sup>113</sup> The Commander-in-Chief urged that the lock hospital at Bangalore be reopened, and that as a matter of policy there should be one at every station where a European regiment was quartered. The Government realized the importance of these suggestions; it promptly agreed and asked the Medical Board to take essential steps to improve this system.<sup>114</sup>

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<sup>111</sup>*Medical Board to Government*, 12-6-1809; *Madras Military Proceeding*, 16-06-1809, 4387ff; cf., K. Ballhatchet, op. cit., p. 13

<sup>112</sup>*Medical Board to Government*, 9-6-1809; *Madras Military Proceeding*, 4-7-1809, 4808ff; cf., K. Ballhatchet, op. cit., p. 13

<sup>113</sup>*Lt. Col., S. Gibbs to Assist. Adj. General*, 19-1-1810, *Madras Military Proceeding*, 20-3-1810.

<sup>114</sup>*Major General F. Gowdie to Miato*, 14-3-1810, *Madras Military Proceeding*, 20-3-1810, 2011f.; 3310ff; cf., K. Ballhatchet, op. cit., p. 13



Unsurprisingly, the Medical Board repeated their previous recommendations for special police and appropriate buildings. These buildings explained by them should have to be erected at a considerable distance from the barrack. Less unescapably, they also recommended a refinement of the *lal bazaar* system- ‘some internal regulations in Regiments by which inducements might be held out to the men to attach themselves individually to individual Native women’. After all, it was well known, how much more efficient those were which have not been so provided. The Board perceived numerous advantages:

“The soldiers so attached, if they have been at all cautious in their choice, are not only kept free from the venereal infection, but have more attention paid to the providing and dressing of the victuals and to other comforts conducive to health than can be given in this climate by European women, who in general are not equal to the exertions necessary”.<sup>115</sup>

In other words, what members of the Medical Board had seen in some regiments should be enforced by regulations in all. This was too much for the government to accept, but the proposal for special police was sanctioned.<sup>116</sup> After this, the lock hospital system continued to operate in the Madras Presidency until 1835.

In 1824, it was reported that venereal disease was spreading to an alarming degree in the Baroda Subsidiary Force- the contingent which the

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<sup>115</sup>*Medical Board to Government*, 4-5-1810; *Madras Military Proceeding*, 11-5-1810, 4340ff.; cf. K. Ballhatchet, op. cit., p. 14

<sup>116</sup>*Government Resolution* 11-5-1810; *Madras Military Proceeding*, 11-5-1810, 4340ff; cf. K. Ballhatchet, op. cit., p. 14

Gaekwad (the ruler of Baroda) was bound by the terms of his alliance with the British to admit within his territories. T. P. Weeks, a surgeon to the First Bombay Light Cavalry who was stationed there shocked to find the two-thirds of his hospital cases were Venereal. He thereupon established a 'lock hospital' and maintained it at his own expense for six months.<sup>117</sup>

Hence the Bombay Government agreed to maintain the hospital on behalf of an Indian regiment.<sup>118</sup> In the following year a lock hospital was established at Rajkot because of the extent of venereal disease among the soldiers and camp followers both European and Native.<sup>119</sup> A lock hospital was also established at Poona where much venereal disease was found among British troops. At Dapoli, much venereal disease among the 1<sup>st</sup> Grenadier Regiment of the Bombay Native Infantry also pervasive.<sup>120</sup>

Lock hospitals were established at other military stations also where venereal disease was said to be prevalent. At many places these hospitals were soon closed if venereal disease was appeared to be lessened. For example, the lock hospital at Bhuj was closed in 1827 because it had only

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<sup>117</sup>*Weekes to Government, 27-2-1805, Bombay Military Proceedings, 29-6-1825, 29; cf. K. Ballhatchet, op. cit., p. 13*

<sup>118</sup>*Government to Commander in Chief, 25-6-1825, Bombay Military Proceeding 29-6-1825, 32, cf., K. Ballhatchet, op. cit., p. 14*

<sup>119</sup>*O. C. Rajkot to Assistant Adj. General 27-6-1825, 32; Bombay Military Proceeding 29-6-1825, 30 & 32; cf. K. Ballhatchet, op. cit., p. 15*

<sup>120</sup>*Superintendent Surgeon, Poona, 16-7-1825, Bombay Military Proceeding, 17-8-1825, 59; Superintendent Surgeon Suvarndurg, 7-9-1826, Bombay Military Proceedings, 18-10-1826, 10., cf. K. Ballhatchet, op. cit., p. 15*

held to patients in the previous three months.<sup>121</sup> Similarly in 1830 the Satara lock hospital was also closed.<sup>122</sup> It was noticed that in the Bombay Presidency, there was no clear policy of establishing lock hospitals on a permanent basis. This was merely for the benefit of British troops. They were opened only when the need was reported and they were closed when they no longer seemed to be needed.<sup>123</sup>

George R. Darnell, Inspector general of the Hospitals wrote ‘on the prevalence and severity of Syphilis in the British Army and its prevention’ and mentioned during his stay in India mentions that in 1827 an interesting regulation adopted by government authority at the Portuguese territory at Gao on the Malabar coast. He found that there was a native village of prostitute about two miles from the city and under the control of government, who derived special revenue from this village by sell of licenses to women. The women were licensed solely for the European soldiers of the garrison. A native doctor attached to the establishment who regularly inspect the women and diseased women were sent to the hospital. He further mentioned that there were rare complaints of venereal diseases among the soldiers.<sup>124</sup>

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<sup>121</sup> *Adj. General to Government, 20-1-1827, Bombay Military Proceedings, 9-2-1827, 17.*, cf. K. Ballhatchet, op. cit., p. 15

<sup>122</sup> *Medical Board to Adj. General, 22-04-1830, Bombay Military Proceeding, 23-06-1830, 308a*; cf. K. Ballhatchet, op. cit., p.15.

<sup>123</sup> cf. K. Ballhatchet, op. cit., p.15.

<sup>124</sup> George R. Darnell, “On the Prevalence and Severity of Syphilis in the British Army and its Prevention” *The British Medical Journal*, Original Communications, Vol. I, No. 174, 1860, p.318.

Lock hospitals soon became accepted as in the nature of things and guaranteed employment opportunities to the doctors. At Bombay when the question arose of providing for a Dr. Kennedy who had lost his existing appointment, a proposal was made that he should be given charge of the lock hospital at Belgaum.<sup>125</sup>

These lock hospitals had been supplemented by special police for efficient functioning. In 1825 the superintending Surgeon, Poona Division had argued that in view of the danger to British troops there were two peons should have to be appointed to bring diseased women to the lock hospital. He was proposed a basic wage of five rupees a month with a bonus of a quarter of a rupee for each woman brought in.<sup>126</sup> The Medical Board disliked the ideal of such a bonus as liable to abuse, but it was strongly supported by the Commander-in-Chief who suggested the appointment of two steady old police peons or constables on account of their knowledge of the regulations and of haunts of prostitutes.<sup>127</sup>

Meanwhile the Governor-General of Bengal, Bentinck begun to question the utility of lock hospitals, although as Governor of Madras he had once presided over the establishment of lock hospital system. In 1830 the lock hospital in Bengal were accordingly abolished and the Governor-General in

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<sup>125</sup>Malcolm to Beckwith, 29-11-1830, Minute Bombay Military Proceedings, 2-2-1832, 484., Ballhatchet, op. cit., p. 15

<sup>126</sup> Superintendent Surgeon Poona, 16-7-1825; *Bombay Military Proceedings*, 17-08-1825, 59, cf. K. Ballhatchet, op. cit., p. 16

<sup>127</sup>*Medical Board*, 1-8-1825; Military Secretary, Commander in Chief, 6-8-25; Ibid.

Council reported with satisfaction to the Court of Directors that this would save thirty thousand rupees a year.<sup>128</sup> This abolition was protested by the governments of Bombay and Madras and produced statistics in support of its argument that venereal disease among the troops had decreased since the establishment of lock hospitals and *lal bazars*, although there had been some increase since the reduction in the number of person.<sup>129</sup>

Bentinck was cautious about the Bombay statistics. There might be ‘fluctuations’, for example when a regiment moved from one station to another. More seriously, he thought it ‘impossible’ for peons to ascertain who ‘the idol and deceased women without intrusive, impertinent and disgusting research such as must be extremely offensive to the more decent prostitutes and from which research the more decent no doubt purchase exemption by submitting to any degree of extortion’.<sup>130</sup>

This humane argument was supplemented by Dr. Burke, the Inspector-General of Hospitals for the King’s forces in India. When a lock hospital was established, only the poorest and the most wretched prostitutes could be induced to enter it. These were probably the most harmless as they did not

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<sup>128</sup> *Oriental India Office Collection Military Letters from Madras*, 6 March 1835, F/4/1532; *Oriental India Office Collection Military Letters from Bengal*, 29 May 1832, F/4/1338; *Bengal Military Letter received* 10, July 1830, Para.3, cf. K. Ballhatchet, op. cit., p. 16; See also Douglas M. Peers, “Soldiers, Surgeons and the Campaigns”, op. cit., p. 151

<sup>129</sup> Bombay Govt. to Supreme Govt., 11-11-1831, *Bengal Military Proceedings*, 23-01-1832, 20, cf. K. Ballhatchet, op. cit., p. 16

<sup>130</sup> Minute 27-12-1831; *Bombay Military Proceedings*, 23-1-1832, 23., cf. K. Ballhatchet, op. cit., p. 16-17

attract the soldiers. The others high class prostitutes had to go some distance away and in consequence the soldiers went in search of them. The nature of weathers in India appeared to be harmful for them. This hunt brought rise to Fevers, Dysenteries, and Cholera etc. to the soldiers'. These incidents testify the requirement of the lock hospital as well. With the abolition of the lock hospitals, the men became healthier and also, a better class of prostitutes came to attend to their needs. He agreed with Bentinck that these women found the lock hospitals horribly revolting to their habits and customs. But he was unusual in suggesting that the native curative means which they had known for years or ages were held in estimation by them which would not be the case if they found them less efficacious than those employed by the Europeans.<sup>131</sup>

Burke presented statistics of the incidence of venereal disease among British troops in Bengal (See Table VI):

**TABLE VI**

**Incidence of Venereal Diseases amongst British Troops in Bengal**

Year	Total strength	Venereal Diseases Cases	Proportion venereal disease cases to total strength
1827	8760	2545	29
1828	8812	2746	31
1829	8315	2500	30
1830	8914	1891	21
1831	8898	2055	23
1832	7872	1584	20
1833	7431	1182	16

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<sup>131</sup> *Burke to Supreme Government*, 21 March, 1834, , *Bombay Military Proceedings*, 28 May, 1832, 19., cf. K. Ballhatchet, *op. cit.*, p. 17

It seemed the venereal disease began to decline in 1830, the very year which the lock hospitals had been closed. Burke examined the statistics of Bombay and argued there was more venereal disease in stations with lock hospitals than in stations without them. But this was to forget or ignore the Bombay Government's policy of opening lock hospitals where there was much venereal disease and closing them where there only a little. He also compared Poona with Kanpur and Meerut.

At Poona, with its lock hospital and peons venereal disease cases in 1831 and 1832 were 36.5 per cent of strength. At Kanpur and Meerut, without lock hospitals, venereal disease cases in the same years only 12.9 per cent of strength. But such cohorts were unconvincing. They took no account of differences between the two areas or indeed between different units in the same station: for example, in one troop of horse artillery at Poona venereal disease cases were 41 per cent of strength and in another troop they were only 13.5 per cent.<sup>132</sup> Surgeon MacKinnon records for 21 regiment at Dinapur indicate that there were 473 cases of venereal diseases in 1840 out of a total strength of 763.<sup>133</sup> The artillery hospital at Meerut registered 279 admissions

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<sup>132</sup> K. Ballhatchet, *op. cit.*, pp. 17-18

<sup>133</sup> Kenneth MacKinnon, *A Treatise on Public Health, Climate, Hygiene and Prevailing Diseases of Bengal and the North-west Provinces*, Cawnpore press, Cawnpore, 1848, appendix. cf. Douglas M Peers, "Soldiers, Surgeons and the Campaigns", *op. cit.*, p. 140.

per thousand for syphilis and 166 cases of gonorrhoea per thousands in between January 1833 and June 1837.<sup>134</sup>

Another reference came from Madras Army where 207 officers stationed and 12 of them admitted to hospital for syphilis and 18 of them for gonorrhoea.<sup>135</sup>

Moreover, if we bear in mind the rough and ready methods of diagnosis and treatment, all such statistics must seem highly suspect, significant more for their effect on opinion and policy than for any relation to medical realities. Methods of treatment were hazardous, especially for syphilis, mercury and dichloride of mercury were of doubtful efficacy and had unpleasant side effects. Iodide of potassium, which was also in general use by the 1850s, was only a little more effective. The optimism which the doctors claimed that they could cure patients, both men and women, seems to have been based more on self-confidence than on clinical evidence. Indeed, when the primary lesion disappeared, patients were discharged as cured. In the statistics to distinction was made between fresh case and the readmission of former patients. However, when these reservations have been admitted, it may be granted that the confinement of patients in hospital during the most infectious stage of their illness did prevent them from infecting others when they were most likely to

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<sup>134</sup> John Murray, *On Topography of Meerut*, Huttmann, Calcutta, 1839, p.17. cf. Douglas M Peers, "Soldiers, Surgeons and the Campaigns", op. cit., p. 142.

<sup>135</sup> *Report on the Medical Topography and Statistics of the Presidency Division of the Madras Army*, Madras, Wellcome Institute for the History of Medicine, 1842, RAMC 2046, cf. Douglas M Peers, "Soldiers, Surgeons and the Campaigns", op. cit., p. 144.



do so.<sup>136</sup> The European soldiers were more than twice in number hospitalized as Indian soldiers in year 1836 in Bengal<sup>137</sup> and after twelve years the situation was almost same total deaths of European soldiers from venereal diseases were 847 from 15,558.<sup>138</sup> At least 30 per cent of European soldiers in India were in hospital with venereal complaints. The regimental hospital of the Bengal treated 2400 venereal cases each year in 1820s and 1830s and the total strength of European army was about 8500. Hence the venereal diseases became a strategic as well as a medical imperative.<sup>139</sup>

By the 1835 the system of Lock hospital discontinued throughout the empire but after the 1858, the lock hospital system be introduced with a greater degree of compulsion than previously.<sup>140</sup> The two measures were passed for the control of venereal disease - the Cantonments Act of 1864 and the Indian Contagious Diseases Act of 1868. The first organized the sex trade within military cantonments as part of a broader regulation of trade within garrison towns.<sup>141</sup> Prostitutes were divided into two classes: 'public prostitutes

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<sup>136</sup> cf., K. Ballhatchet, op. cit., p. 18

<sup>137</sup> 'The Health of the Army', *Quarterly Journal of Calcutta Medical Physician Society*, Vol. 4, 1837, pp.684-93; See also Douglas M Peers, "Soldiers, Surgeons and the Campaigns to Combat Sexually Transmitted Diseases in Colonial India,1805-1860", *Medical History*, 42, 1998, p. 137.

<sup>138</sup> *Oriental and India Office Collections, Health of European Troops in Bengal*, E/4/808, 1848. cf. Douglas M Peers, "Soldiers, Surgeons and the Campaigns", op. cit., p.137.

<sup>139</sup> Douglas M Peers, "Soldiers, Surgeons and the Campaigns", op. cit., p.138

<sup>140</sup> M. Harrison, *Public Health in British India: Anglo- Indian Preventive Medicine, 1859-1914*, Cambridge, 1994, pp.72-73.

<sup>141</sup> Philippa Levine, "Venereal Disease, Prostitution, and the Politics of Empire: The Case of British India", *Journal of History of Sexuality*, Vol.4, No.4, 1994, p.581.

frequented by Europeans' and others. Only the first group was required to register with the cantonment authorities and to undergo monthly medical examination. The women were usually restricted to what were effectively areas of regimental brothels, known as *lal-bazaars*. If found to have a venereal disease, they could be detained in a lock hospital until declared cured. The second act provided for the supervision, registration, and inspection of prostitutes in major Indian cities and ports.<sup>142</sup>

The cantonment Act made provision for the medical inspection and regulation of brothels and, in 1868 and the system was formulated and extended under the Indian Contagious Diseases Acts on the pattern of British Act which was passed in England two year later.<sup>143</sup>

The application and enforcement of the Acts varied widely across the India but the more systematically institutionalized in Madras. There were ten lock hospital under the presidency administrated under the Contagious Disease Acts which included three in Madras administered British Burma i.e. Seetabuldee, Thayetmyo, and Tonghoo. The Madras administered British Indian territories of South India having seven lock hospitals such as Madras city, St. Thomas Mount, Trichinopoly, Wellington, Cannanore, Bangalore, and Bellary. In above mentioned ten hospital, nine of them were located in the

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<sup>142</sup> Linda Bryder, "Sex, Race and Colonialism: A Historiographical Review", *The International History Review*, Vol. 20, No.04, 1998, p.817.

<sup>143</sup> M. Harrison, *Public Health in British India*, op. cit., pp.72-73.

Cantonments across the presidency while only one in the centre of the city of Madras in ‘Black Town’.<sup>144</sup>

The Bangalore and Bellary hospitals larger undertaking but most of Madras presidency lock hospital housed around half a dozen inmates at any given time. Some lock hospitals were small bungalows that had been converted into an examination room and a ward for in-patients; others were larger with multiple wards and had built for the purpose.<sup>145</sup> The security measures used to prevent escape are not uniformly clear from the lock hospitals records, but a compound escape sometimes topped with broken glass was a salient feature of lock hospitals across the India during the period when the Contagious Disease Acts were in force.<sup>146</sup>

The lock hospital reports a picture of soldier-prostitute relationships as a fluid and heterogeneous. The soldiers demonstrated a remarkable eagerness for comradeship which is reported as:

“The soldiers often take a fancy to one particular woman, and by previous arrangement follow one after the other to have connection [*sic*] with her. A young woman of about 25 years was recently brought into the hospital here for treatment, from whom I have learnt that as many as ten soldiers visited her between the hours of 2 and 8 PM. On the very day of his discharge cured, eight soldiers visited her.<sup>147</sup>

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<sup>144</sup> Sarah Hodges, “Looting the Lock Hospital” op. cit., pp.382-83.

<sup>145</sup> Ibid., p.384.

<sup>146</sup> Ibid.

<sup>147</sup> *Mountains and Marine Sanitaria, Medical and Statistical Observations on Civil Stations and Military Cantonments, Jails-Dispensaries-Regiments-Barracks within the presidency*

Sometimes soldier would not wait until favoured prostitutes were discharged from lock hospitals and would engineer a ‘jail-break’ of sorts by including incarcerated prostitute to climb over the lock hospital enclosure and meet them.<sup>148</sup>

Thus the systems devised to regulate sex between European men and indigenous women were imposed by the imperial powers. It was assumed that men needed an outlet for their sexual energies and prostitution was the preferred one. There was little concern for the rights or health of the women involved, who were blamed for the spread of venereal disease. The status of prostitutes in indigenous societies generally meant, moreover, that they had few champions among their own men folk who, in some instances, encouraged or forced them into prostitution out of poverty. Only when prostitutes were white did the imperial authorities ask whether the correct social distance and even the imperial relationship itself were being threatened.

#### **viii. MENTAL HOSPITAL OR LUNATIC ASYLUM:**

The history of the lunatic asylum in India provides an opportunity to study the spread of ideas and motions of care and responsibilities across

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*of Madras, the Straits of Malacca, the Andaman Islands and British Burma.* From January 1858- January 1862, Madras, 1863, p.387; cf. Sarah Hodges, “Looting the Lock hospitals”, op. cit., p.387.

<sup>148</sup> Ibid

culture and time. Although there were suggestions that hospitals has been known in the South Asian region from antiquity.<sup>149</sup>

The European medicine had greatly facilitated the overseas expansion. Ships doctors did their best to ensure the sailors and military recruits' health on long voyages and military and nurses look after Europeans illness and affliction. It is also noticed that the vaccinations, inoculations and prophylactic measures against malaria and other diseases of worn climates helped Europeans to penetrate into area that had previously been considered to unsafe for them.<sup>150</sup> The history of British specialist institutions for the mentally ill in Bengal began during the second half of the eighteenth century. The procedure involving 'mad' Indians and Europeans at that point closely associated and engaged through private individuals, they offered rooms in their homes to local authorities and the free paying relatives of mentally ill people. The colonial communities at Calcutta were annually catered by Mr. G. Kenderine's private lunatic asylum.<sup>151</sup>

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<sup>149</sup> L. P. Verma, "History of Psychiatry in India and Pakistan", *Indian Journal of Neurology and Psychiatry*, 4, 26-53, 1953, pp. 138-64; See also S. Jain and P. Murthy, 'Madmen and Specialists: the Clientele and the Staff of the Lunatic Asylum, Bangalore', *International Review of Psychiatry*, August, 18 (4), August, 2006, pp.345-54

<sup>150</sup> Waltraud Ernst, "Colonial Psychiatry, Magic and Religion: The Case of Mesmerism in British India", *History of Psychiatry*, 15, 2004, pp. 57-58.

<sup>151</sup> D. G. Crawford, *A History of Indian Medical Sciences, 1600-1913*, London, 1914, Vol. 2, p. 400; See also Waltraud Ernst, 'Institutions, People and Power: Lunatic asylum in Bengal, c. 1800-1900' in B. Patti and Mark Harrison (ed.), *The Social History of Health and Medicine in Colonial India*, Rutledge, London, 2009, p. 129.

The European efforts to establish a kind of lunatic asylum was in existence in Calcutta even before 1787. The Hospital Board recommended to the government for the foundation of a regular asylum and also nominated Assistant Surgeon William Dick to its charge in a letter dated 7<sup>th</sup> May 1787. This was meant for the European insane.<sup>152</sup>

In 1793, a building was constructed under the East India Company's assistant surgeon namely Valentine Canolly for the treatment of mentally ill people of Madras.<sup>153</sup> Prior to 1818, the majority of European mental cases were confined in the Presidential Asylums, in Calcutta, Madras and Bombay. In 1794 the Madras lunatic asylum was opened in order to afford security against violent lunatics.<sup>154</sup> In 1795, the government decided to build a hospital at Munghyr for the insane sepoy.<sup>155</sup>

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<sup>152</sup> NAI, Home, Pub., 20 April 1795, No.15. cf. Anil Kumar, op. cit., p.98; See also Waltraud Ernst, "Asylum in Alien Places: the treatments of the European Insane in British India", in W. F. Bynum, Roy Porter and Michael Shepherd, *The Anatomy of Madness: Essay in the History of Psychiatry*, Vol. III, Rutledge, London, 2004, p.51.

<sup>153</sup> *India Office Record, London: Madras Military Letter*, 18.2.1794, 88, *Madras Military Dispatch*, 6.2.1795, 72; *Madras Military Letter* 16.10.1794,3; cf., Waltraud Ernst, "Colonial Lunacy Policies and the Madras Lunatic Asylum in the Early Nineteenth Century" in Patti and Harrison, *Health, Medicine and Empire: Perspectives on Colonial India*, Orient Longman, New Delhi, 2001, p. 137.

<sup>154</sup> *Madras Military Letters*, 18 February 1799, 88; cf. Waltraud Ernst, "The European Insane in British India, 1800-1858: A Case Study in Psychiatry and Colonial Rule", in David Arnold (ed.), *Imperial Medicine and Indigenous Societies*, OUP, New Delhi, 1989, p.27.

<sup>155</sup> NAI, Home, Pub., 20 April 1795, No.15. Cf. Anil Kumar, op. cit., p.98.

The number of patients' during the second half of nineteenth century was very small.<sup>156</sup> The Rasapagla asylum Calcutta was the main institution providing for irritating, mischievous and violent Indians taken of the capital's streets. It contained on average 150 lunatics.<sup>157</sup>

The Bengal Government showed greater willingness to find measures that alleviated the conditions of the inmates at the Calcutta lunatic asylum. The erection of building for that purpose was completed at two miles from Calcutta through government facilities in 1817.<sup>158</sup>

In the Calcutta asylum prior to the 1817, civil servants and the gentle women were admitted at the high rate of Rs. 120 a month while penniless civilians had to make with a mere amount Rs. 15. The army, navy and military employees were being provided with their earlier rate which was as low as Rs. 8 per month for an ordinary soldier. It was interesting to note that the unconnected independent gentlemen with the company services were still considered eligible for a monthly rate of Rs. 100 per month due to their earlier social status.<sup>159</sup> The rate to take care of insane varied from presidency to presidency and over time. There were various reductions also made but the rate depended upon the social status of the insane always.<sup>160</sup> In the Calcutta

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<sup>156</sup> Waltraud Ernst, 'Institutions, People and Power: Lunatic asylum in Bengal, c. 1800-1900' op. cit., 129.

<sup>157</sup> Ibid.

<sup>158</sup> Ibid. p. 132.

<sup>159</sup> *Medical Board to Government, 20 October 1847, Bengal Public proceedings*, 21 June, 1848, 6; cf. Waltraud Ernst, "The European Insane in British India", op. cit., p.34.

<sup>160</sup> Waltraud Ernst, "The European Insane in British India", op. cit., p.34.

Lunatic Asylum the quarters for the first class patients were more spacious and comfortable in compare to lower-class inmates. The first class inmates were lived in a separate apartment; however lower-class were kept in general wards.<sup>161</sup> In the Bombay Lunatic Asylum allotments of the rooms were made on the basis of race, social status, gender and secondarily on medical grounds. The Indians had to house forty inmates on the basis of average accommodation on each floor while the second class European ward was accommodated with only four inmates.<sup>162</sup> The mortality rate in the Calcutta Lunatic Asylum amounted to 4.1 per cent among the first class and 7.7 per cent in second class European inmates.<sup>163</sup>

There was also a private Lunatic Asylum opened by Mr. Beardsmore<sup>164</sup> known as ‘Beardsmore’s Bedlam’ which was being run in a private owned house and the East India Company began to send its lunatics to ‘Beardsmore’s Bedlam’ from 1821 onwards.<sup>165</sup> Beardsmore was owner of Asylum from 1821 to 1840 and started his business venture with private patients prior to his contract with the government.<sup>166</sup>

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<sup>161</sup>*Asylum Report*, 14 June 1856, *Bengal Public Proceedings*, 24 June 1856, 52; cf. Waltraud Ernst, “The European Insane in British India”, op. cit., p.35.

<sup>162</sup>*Asylum Superintendent to Medical Board*, 28 February 1850, *Bombay Public Proceedings*, 12 June 1852, 3815; Ibid. 35.

<sup>163</sup>*Medical Board to Government*, 10 March 1851, *Bengal Public Proceedings*, 24 June, 1852, 6; Ibid. p.36

<sup>164</sup> He was a former soldier and subsequently a keeper in the earlier asylum.

<sup>165</sup> Waltraud Ernst, ‘Institutions, People and Power’, op. cit., p. 132.

<sup>166</sup> Ibid.,p.134.



The early nineteenth century was the period in which the psychiatry had an integral part of the social welfare