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ARTICLE

The Indian Medical Gazette and the imperial mission in mid-nineteenth-century colonial India

Savitri Das Sinha[1]

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Abstract
Colonial medical journals have often been sources for reconstructing the history of medicine, particularly regarding public health and sanitation. However, their specific role in enhancing the imperial mission is less clear. This article on *The Indian Medical Gazette* explores how the imperial narrative permeated its contents and enhanced its role in furthering the imperial mission of the British in India. This journal was one of the most influential in mid-nineteenth-century colonial India, with editors and contributors mostly drawn from the Indian Medical Service, the most powerful body of doctors at the time of imperial consolidation. The Imperial mission, implicitly and explicitly, permeated the journal. While there was professional debate on aspects of medical science, the support for the imperial goals was never questioned and indeed highlighted. The journal went to great lengths to justify the key role of the 'medical man' in building and consolidating the Empire. This article shows how a general medical journal, primarily a vehicle for propagating the latest research and views on professional knowledge and practice, could internalize and propagate the imperial mission in colonial times. Primary professional journal sources convey an immediacy in their narratives, which is useful for capturing the spirit of the times.

Keywords Medical journal · Imperial mission · Military campaigns · Colonial medicine

1 Introduction

It is generally believed that colonial medicine is as integral to the process of imperial expansion and governance as any other colonial intervention. While a doctor's professed vocation is to heal, the primary role of medicine in the colonies was to serve the Empire rather than the colonized communities (Greenwood, 2022). The organization of medical systems reflected this dichotomy. Medical journals are important vehicles for conveying medical thought, practice, and professional values; thus, studying medical journals can be a way to directly access the views of this community. These provide a lasting means of conveying thoughts, policies, new knowledge, and advances in medical practice, and they also represent the views of the editorial board (mostly influential elites) and their contributors. This tradition continues even today. India, earlier a British colony, was no exception.

The primary sources for the article are from *The Indian Medical Gazette (Ind Med Gaz)*, covering the period 1866 to 1900, and are available at the National Medical Library and PubMed. Also, other contemporary relevant journals and related secondary sources have been consulted.

The *Ind Med Gaz* was perhaps the first medical journal in India that commenced publication after the 1857 Mutiny. (The term 'Mutiny' has been used to keep it in consonance with the usage in the journal). It started as a private venture by a Civil Surgeon in Darjeeling, West Bengal, in 1865. Later, it was acquired by Messers Thacker Spink and Company, a well-known publishing firm of Calcutta, which put it on a firm financial footing.[1] The first issue of the journal appeared in 1866 and continued, even after Indian Independence, until 1955. Since then, it has continued off and on but has now ceased publication. A notable aspect of the journal was that all the editors, except one (L.E. Napier), belonged

✉ Savitri Das Sinha
savitrisinha21@gmail.com

[1] The National Medical Journal of India, All India Institute of Medical Sciences, New Delhi, India

[1] It is not clear from accessible records as to what were the processes that went into the initiation of the *Ind Med Gaz*, how the editors were appointed, the nature of the journal, its financing and publication were determined. The Government supported the journal by buying issues for free distribution, including a free copy to every district hospital. Editorial "The woes of an editor". *Ind Med Gaz* Oct 1927, pp. 573–5.

to the Indian Medical Service (IMS). Over a period of time, managerial and editorial control was primarily with the members of the IMS. This was understandable, as the IMS was the most influential medical organization of the time. This also ensured the enormous influence of the *Ind Med Gaz* within the medical community in early British India.

While the *Ind Med Gaz*, undoubtedly, had a stellar role in advancing medical and social issues, from discovery to application and implementation, in British India, this article attempts to trace the role of the journal in fulfilling the British imperial mission. Every journal has a unique context, and by virtue of its strong association with the IMS, it was often perceived as having a better insight into military affairs. It was mentioned approvingly in the *Journal of the Association of Military Surgeons,* 1902, which said that it was more military in its character than some of the self-declared medico-military publications of the time (Pilcher, 1902).[2] The *Ind Med Gaz*'s widespread reach and long history of publication provide a window into how a medical journal participates in the larger political themes of the state.

2 Evolution of the Indian Medical Service (IMS) and the pursuit of knowledge

To provide an overview of the linkage between the *Ind Med Gaz* and IMS, a brief history of the IMS's evolution will be helpful. The East India Company (EIC) initially relied on unorganized surgeons (called Ship's Surgeons in India) to provide medical aid to its establishments. After the foundation of the IMS in January 1764, the personnel appointed to the Service were required to be attached to every company ship (Indiaman), and to the permanent trading outposts (factories) with their small standing garrisons. Subsequently, in 1766, the medical service was divided into civil and military branches. After the 1857 Mutiny, the British Crown took over all activities and the IMS was formally integrated into the British Empire. During the suppression of the Mutiny, a number of medical officers arrived in India with the British troops; the IMS was shut down temporarily from 1860 to 1865. However, by 1865, it had become clear that a Medical Service made up of highly educated professionals was essential for India.[3] The three provincial components of the Medical Services—Calcutta (Kolkata), Bombay (Mumbai), and Madras (Chennai)—were amalgamated in 1897 and combined into the IMS. The service became more important as the number of wars increased, and it was made primarily a military service, with opportunities for lucrative civil appointments for senior IMS officers. They were, however, liable to be recalled for military duty in case of war (Crawford, 1914, p. 249). A number of changes followed this transition, including the reorganization of the Armed Forces, a more pronounced social distance between Indians and the English, and the deployment of a combination of concessions and coercion to maintain imperial power and authority (Rai, 2014; Zaheer, 1996).

3 Science and the imperial mission

Faith in science and technology as an integral component of the government and administration was increasingly reflected in the professed state policies. Medical personnel who were in the IMS also worked across various fields and made significant contributions to the growth of the broader natural sciences in British India. They were enthusiastic contributors to the natural science journals published during the period. Bernard S. Cohn stated that there was an intricate connection between the exercise of colonial power and the accumulation of literary, scientific, and linguistic knowledge (Cohn, 1983). The acquisition of the languages and literatures of India was perceived by Sir William Jones (1746–1794), the founder of the Asiatic Society of Bengal in Calcutta in 1784, as an essential component of the investigation of indigenous scientific knowledge. 'Orientalist' scholars complemented scientific investigations. In this era, science and medicine were intertwined, and medical discussions were part of the overall advancement of the sciences. Aware of the great strides science was making in their home country, the British were quick to recognize the role and importance of science in empire-building. As a historian of science, Roy MacLeod has stated that British India, like Ireland and other colonies, constituted a "social laboratory", or a testing ground for a number of policies that could be transferred to Britain and other parts of the Empire (MacLeod, 1975). Deepak Kumar says the colonizers did subscribe to a particular ideology of science in both their administrative and individual capacities. Their pursuit of science was closely tied to the Empire's needs (Kumar, 2000).

There were several English-language journalistic ventures before medical journals began publication in India. The first English-language periodical in India—the *Bengal Gazette,* also known as *Hicky's Gazette*—broadly covered contemporary society and health concerns, but became infamous for its scandalous reporting. Such periodicals were followed by the general academic journals such as the *Journal of the Asiatic Society* (1788). *Asiatick Researches, or, Transactions of the Society, instituted in Bengal for inquiring into the history and antiquities, the arts, sciences and literature of Asia,* 1799 also provided a formal channel for the communication of scientific exploration and research. These and other such

[2] "Military Medical Journals." *Ind Med Gaz* Aug 1902, p. 317.

[3] "Surgeon-General Beatson on the Indian Medical Service." *Ind Med Gaz* Jan 1903, p. 22.

journals also carried medical science-related articles. At this stage, medical science was a component of the broader body of knowledge essential to empire-building.[4] The first journal solely dedicated to medicine was the *Transactions of the Medical and Physical Society of Calcutta* (1825) (Sinha, 2022). The earliest literary organ of the IMS**,** according to Fielding H. Garrison, the author of the *History of Medicine,* was Frederick Corbyn's *Indian Journal of Medical and Physical Science,* also known as *Corbyn's journal,* (1836–45). It was founded in 1834 by John Grant and John Thomas Pearson, which continued intermittently for some ten years (Garrison, 1914). There was also the *Indian Annals of Medical Sciences* (*IAMS*): *a half-yearly journal of practical medicine and surgery (1853–77),* edited by Alexander Grant and Norman Chevers, and later by Joseph Ewart and J.G. French. This journal was also a relatively short-lived venture, running for only twenty-three years (1854-77) and overlapping with the *Ind Med Gaz*.

The *Ind Med Gaz*, as a general medical journal, emphatically stated that science, in its broadest sense, was a noble goal, and Europeans were the pioneers to 'discover' an alien land for themselves. The journal celebrated scientific exploration in India and the role of medical men in this process. In the very first year of its publication, for the broad area of scientific discovery, it commented '... so much has been accomplished' by a few Europeans.[5] For the pursuit of knowledge, by the men connecting the Empire, the *Ind Med Gaz* exuded enthusiasm'... there is no country in the world which has greater claims on the man of science than India'.[6] They believed there was no other country that offered abundant opportunities across all fields—ranging from Astronomy and Meteorology (including electrical and magnetic phenomena) to Geology, Chemistry, and Biology (incorporating all information relevant to human history)—if only the efforts were pursued vigorously and in an organized manner. A sense of pride in the medical men embarking on this scientific mission was also evident. One such person was the future Nobel Laureate, Sir Ronald Ross, born in India, who worked at the IMS for twenty-five years. He, on his return from an expedition in Sierra Leone, where he was working on malaria, delivered a lecture in December 1899 to the Liverpool Chamber of Commerce. He said that he believed 'in the coming century the success of imperialism would largely depend upon success with the microscope'.[7] The journal provided a voice to the men who were discovering, understanding, and governing the Empire and became a repository of their collective consciousness. This new knowledge was essential to the colonial mission.

4 *The Ind Med Gaz* and the 1857 Mutiny

The 1857 Mutiny had highlighted the insecurity of British military power in India. It was decided that the defence of India would be under the direct control of the British Government; thus, the 'British army serving in India' should form part of the British Imperial Army. After reorganization and the transfer of European troops to the British army, the administrative element in the IMS exceeded the requirements of the native army.[8] It was felt that medical men in military service could also be released for civilian duties. After the British Government decided to assume direct responsibility for administering the country, the Crown professed that India was being ruled for the welfare of its people. Notwithstanding the well-studied economic outflow from India to Britain, this was clearly enunciated in The Proclamation of Queen Victoria, Allahabad, Nov 1, 1858, to the Princes, Chiefs and the People of India.[9] The Charter officially transferred the authority over the Indian territory previously enjoyed by the EIC to the British Crown. This stated policy required the Government to act on matters of health and education, including science education and research.

The way in which the *Ind Med Gaz* addressed the 1857 Mutiny has an immediacy and relevance for those times. The journal commenced publication in 1866, i.e., less than

[4] *Centenary Review of the Asiatic Society of Bengal., from 1784 to 1883, Part IL History of the Society,* Calcutta, Thacker, Spink and Co., 1885; p. 5.

[5] A small group of Europeans spread across a vast nation, whose climatic conditions hinder vigorous activity, found themselves among a population whose social customs were vastly different from theirs, and who historically offered little empathy in terms of thought or emotion. Yet, they persisted in their noble determination to contribute to the advancement of human good and knowledge. "On science in India." *Ind Med Gaz* Feb 1866, pp. 39–40.

[6] Ibid., p. 40.

[7] Ronald Ross. "Correspondence. 'A garbled quotation.' To the Editor of 'The Indian Medical Gazette'."*Ind Med Gaz* July 1900, p. 277. Also Sir Ronald Ross Collection. Available at https://www.lshtm.ac.uk/research/library-archive-open-research-services/archives/sir-ronald-ross-collections (accessed on 24 Jan 2026).

[8] "Correspondence." *Ind Med Gaz* June 1870, p. 135.

[9] The 'Queen's Proclamation' (published by the Governor General at Allahabad, November 1, 1858) was a written Charter prepared by Victoria, the Queen of Great Britain and read by Lord Canning, the first Viceroy of India (1856–61). It declared: 'it is Our earnest Desire to Stimulate the peaceful Industry of India, to promote Works of Public Utility and Improvement, and to administer its Government for the benefit of all Our Subjects resident therein. In their Prosperity will be Our Strength: in their Contentment Our Security; and in their Gratitude Our best Reward. And may the God of all Power grant to Us, and to those in authority under Us, Strength to carry out these Our Wishes for the good of Our people.' Queen's Proclamation. Original 1858 version reprinted in 1908. Available at https://archive.org/details/queens-proclamation/mode/2up (accessed on 14 Sept 2024).

a decade after this cataclysmic event, and reflects the social milieu as perceived by IMS personnel. Although a majority of the Indian troops had remained loyal to the company and the uprising successfully quelled, for many of its primarily British readers, contributors, and their families and friends, the Mutiny would have been a harrowing experience, with a definite impact on their psyche. Lt Col D. G. Crawford, IMS, Civil Surgeon, Hughli, writing fifty years after the Mutiny, says, 'The Sepoy Mutiny shook the British power in India to its foundations.' He lists the IMS casualties. One of them, Asst Surgeon R. H. Bartrum, who was with the British relieving force, was shot through the head on 26 September 1857, the day after that force had entered the Lucknow Residency. Crawford also mentioned Mrs Bartrum, who was there throughout the siege, published her experiences under the title *A Widow's Reminiscences of the Siege of Lucknow.* London: Nisbet & Co., 1858.[10]

It was clear, that whatever might have been the public rationalizations of some of the *Ind Med Gaz* contributors, the events of 1857 had been a major factor in the social alienation of the British and Indians and generated a mentality of stress which acted as an obstacle to the formation of a creative and professional relationship. *The British Medical Journal (BMJ)* totally condemned the mutinous Indian troops by lamenting 'Our brethren who have been brutally murdered by the very men whom they were devoting their lives to assist in the hour of their greatest necessity'.[11] *The Ind Med Gaz,* however, pushed for reorientation and personal interactions to increase professional effectiveness. The declared object of the journal, as stated in the very first page of the first issue, was to do 'good to the suffering humanity, propagating the truth and ennobling the medical profession in India by every possible means.'[12]

Lord Canning realized that the British could not expect to govern the country effectively, if they distrusted all Indians and alienated whole classes. Hence, despite the troubled events, they continued, and indeed increased, their efforts to co-opt and involve Indians in running the country. As the imperial mission did not permit direct and explicit exclusion of the native population, and professional codes demanded at least a portrayal of inclusiveness, the *Ind Med* Gaz, through its editorials, sought to foster a positive attitude towards Indians. 'We have often been told that the natives are deficient in gratitude... We have met many natives who were most grateful for skill, kindness, and attention...the first care of every one of us European and Native, be for his patient, no matter whether we find him in a jail, a dispensary, regiment, hut or palace.'[13]

There was a distinct emphasis in the *Ind Med Gaz* on developing a better relationship, or at least a functional working relationship, between the British doctors and their Indian patients. The journal tried to provide a logical basis for professional commitment to both the European and Indian patients: '...good physician, like the law, is "no respecter of person" and it is all the same to him whether the patient under his charge is European or Oriental, king or peasant, rajah or coolie'.[14] The journal also sought to provide its readers with a better understanding of the country they had come to rule and to convince its readership of the goals of the (British) medical doctor. This also included a degree of personal intimacy with the Indian patients. '... brief visits at our home, or these little friendly chats after seeing the Baboo's child, ... leads to a better appreciation of Englishmen, ...must tend to our advantage and our country's good.'[15]

5 Medicine and the military–intertwining trajectories

Health was also critical to empire-building and administration. It was soon clear that Europeans were not insulated from their environment. The Government was concerned after the Royal Sanitary Commission, in its 1863 report, presented the startling conclusion that mortality among the British troops due to war accounted for only 6%. The rest was caused by four major diseases–fevers, dysentery and diarrhoea, liver diseases and epidemic cholera.[16] All of these, particularly the last one, assumed great importance when the troops were on the march. There was also increased awareness of the inextricable link between the health of natives and Europeans, and between civilians and the military. As the number of troops increased, the economic need to address the well-being of British as well as Indian troops and the desire to demonstrate good governance to the colonies was accompanied by the knowledge that social barriers and segregation were highly ineffective against the spread of disease—an issue the journal was quick to highlight. A better understanding of the various regions occupied by the

[10] Crawford DG. The Medical Services in the Mutiny. *Ind Med Gaz* Jan 1908, p. 1.

[11] "1857". *BMJ* Sept 1857, pp. 811–12.

[12] "Ourselves." *Ind Med Gaz Jan* 1866, 1.

[13] "Ourselves, and the Profession in India." *Ind Med Gaz* May1876, pp. 129-30.

[14] "Ourselves and the Profession in India." *Ind Med Gaz* May 1876, p. 129.

[15] Ibid.

[16] Anil Kumar, *Medicine and the Raj,* New Delhi, Sage Publications, 2000, p. 159; Ramasubban R, *Public Health and Medical Research in India: Their Origins under the Impact of British Colonial Policy*, SAREC Report, Stockholm, 1982, p. 13.

army, their climates, environments, and disease patterns was required to provide a basis for a more scientific selection of sites for camps and cantonments. Also, regular reports on the sanitary conditions of barracks, hospitals, and transport ships would help formulate guidelines for sanitary improvements in the camps and cantonments under Indian conditions. An anonymous letter to the *Ind Med Gaz* pointed out that the extreme prevalence of disease by preventable causes among the Native population, 'was a continual source of danger to the European troops.'[17] It appealed for '... a more extended and systematic application of the science of medicine and sanitation' for improving the living conditions of the people.[18] This emphasis on preventable diseases through sanitary reforms and by raising the standard of comfort and general well-being among people at large continued to be mentioned in the *Ind Med Gaz*.[19]

This understanding contributed to the spread of medical intervention in India. Many editors and contributors of the *Ind Med Gaz* had extensive experience in different military campaigns, working with both British and Indian soldiers during these expeditions. This lived experience was reflected in their own writings as well as in the choice of articles for their journal. It was routine for a doctor in the IMS to shift from a civilian to a military role, and vice versa.

The career of D.B. Smith, the first editor of the *Ind Med Gaz,* 1866, who was also the First Sanitary Commissioner with the Government of Bengal in 1863, exemplifies the seamless transition of an IMS officer from active military service to civilian and academic roles. This would, undoubtedly, have influenced his stewardship of the *Ind Med Gaz.* He entered the service in 1855; served with distinction during the Mutiny, including the siege of Lucknow and Delhi, and received medals and other honours for his service. He also served successfully as Civil Surgeon of Delhi, Mussoorie, Patna, Dacca, and Howrah. Within ten years of his landing in India, he became the first editor of the *Ind Med Gaz*. Afterwards, he was appointed Principal of the Medical College and First Physician in the Medical College Hospital, Calcutta. In 1885, he left for England and was elected Professor of Military Medicine and Tropical Diseases at the Army Medical School at Netley.[20]

In his Introductory lecture at the Army Medical School, Netley, D.B. Smith read out on 3 October 1887 an extract of a letter written by Sir Neville Chamberlain (Commander in Chief of the Madras Army from 1876 to 81, and later on his return to England promoted to General and then to Field Marshal.)[21] This letter, published almost verbatim in both *Ind Med Gaz* and *Br Med J,* perhaps best illustrates how medicine and military campaigns were intertwined. It described the relationship of medicine and imperial military expansion with a compelling immediacy.[22] It stated that 'the peaceful and civilizing influence of the work done in the dispensaries and by regimental surgeons on the frontiers of India, has been in political importance equivalent to the presence of some thousands of bayonets. ...no amount of military coercion or of purity of administration could have exercised the same pacifying effect on the heart of the natives that has been produced by the sympathetic care and successful treatment of diseases, many of which had been previously considered incurable. '[23] Chamberlain had further said that throughout his service on the frontier of India `...when the halt, the lame, and the blind have not flocked into our cantonments or into our camps in search of relief from suffering; and, however distasteful may have been the sight of our soldiers, or, however galling the idea of subjection to British rule, the people have come with confidence from far and wide to seek medical aid. For this, the fame of the English doctors had spread beyond frontiers into the remotest hills and glens, and people overcame vast difficulties to reach the doctors for medical relief.'[24] Chamberlain also claimed that the wounded enemies had recovered and were later sent back to their homes. He went on to say 'It is because of such unexpected philanthropy that, as conquerors, we hold a position in the minds of the people which would not otherwise be possible'.[25] He added that the question that would be of utmost importance to the medical profession, was how 'to bridge over the chasm' between the rulers and the ruled and to create a sympathy between the races.[26] This has been reproduced in detail in this article because it reflects the views of the then senior-most military officer in India on the contribution of medical men to the imperial ideal and captures the essence of the thoughts that built enthusiasm for this goal. The same sentiments of Sir Neville Chamberlain were read out again at the annual address of the President of the South Indian Branch of the British Medical Association,

[17] " Correspondence." *Ind Med Gaz* 1870, p. 135.

[18] Ibid.

[19] "1886." *Ind Med Gaz* Jan 1887, p. 7.

[20] "Current Medical Topics. Dr D B Smith's appointment to Netley." *Ind Med Gaz* Feb 1885; 51–52.

[21] Forrest, G. Sir. *Life of Field-Marshal Sir Neville Chamberlain, G. C. B., G. C. S. I.*.Edinburgh and London, W. Blackwood and Sons, 1909.

[22] "Current Medical Topics. The political value of the Indian Medical Service.", *Ind Med Gaz* Nov 1887, p. 333; Naval and Military Services. Sir Neville Chamberlain on the coming work of the Medical Services in India.' *Br Med J* Oct 1887, p. 857, https://doi.org/10.1136/bmj.2.1398.857 (15 October 1887).

[23] Ibid., *Ind Med Gaz* Nov 1887, p. 333.

[24] Ibid., p. 334.

[25] "Current Medical Topics. The political value of the Indian Medical Service." *Ind Med Gaz* Nov 1887, p. 334.

[26] Ibid.

delivered by Surgeon-General G. Biddie, MB, CIE.[27] This key role of medicine in advancing imperial interests was reflected in a spirit of encouraging medical intervention from the era of the EIC onward and was further advanced by the British Government.[28]

6 Military campaigns and the *Indian Medical Gazette*

In addition to how the health of civilians could affect that of military personnel, the *Ind Med Gaz* often included direct references to the campaigns or alluded to them in its editorials. The journal extensively dealt with Indian troops being used for an imperial mission, 'imperial in the larger sense of the term as denoting British rather than Indian interests.'[29] The British and Indian troops had 'taken the field together in both cases (Afghanistan and the Mediterranean), in behalf of a common sovereignty, on ground which may be pronounced foreign to both, and in a struggle which really raises the issue of the political ascendancy in Asia of one or other of two great European powers.'[30] In addition to the Mediterranean, the troops were dispatched to Abysinnia (present Ethiopia), Burmah (Myanmar), China, and on and beyond the Eastern and North-Western frontiers and the expeditions in Malta (the Republic of Malta), (which involved extensive sea voyages), and Kabul where 'exposure to a severity of cold and circumstances of hardship and fatigue fitted to put the most robust European constitution to a severe test'.[31] For Cyprus, in a clear cost–benefit analysis of political advantage of what proved to be a sanitary disaster, it was clear that, 'if the political advantage of the occupation is not worth a serious sacrifice of life, the sanitary science must be called in to complete' (the campaign)[32] For the Afghan campaign it stated that the Sikhs at Peshawar were 'saturated with malaria'.[33] It was felt that Indian troops were as capable as any other, provided they were 'properly tented or hutted, clothed and fed', but '. ...sanitary precautions are a cardinal condition of success, and their neglect will inevitably lead to military disaster and political humiliation'.[34] The editorial, written in the shadow of the severe famine that occurred in 1876–77, emphasized the central role of sanitary science in consolidating the issues underpinning imperial governance and the need for a common health executive for medical and sanitary functions.

The military operations in the Burmese war in 1886 were termed as a 'doctor's war', because the editor felt that it was not the humans but the disease that was a much more 'formidable enemy than dakoits, and the hospital a more useful aid to conquest than a rifle'.[35] The editor hoped that one day the medical history of military campaigns would be clearly chronicled. He alluded to a notable event which was the 'fitting up of a hospital-steamer' for the purpose of cruising in the Bay of Bengal.[36] The '1887' editorial opined that 'the dispensary accompanies or follows the occupation or sojourn of our officers and troops, and the inhabitants flock to it for succour'.[37] It also mentioned the movement initiated by Lady Roberts for supplying nurses to military hospitals.[38] There were also several references to campaigns and to the services of medical officers who had been recognized by the military and civil authorities. Some of the notable campaigns with IMS involvement mentioned in the journal included Chitral in 1895, the Tirah frontier in 1897–98, and the China campaign in 1900. This was highlighted to justify the recall of IMS officers from civil employment to military duty in time of war and their retention as a reserve for the Army.[39] The direct involvement of IMS officers in the British campaigns was often mentioned with pride in their obituaries. One such example was of Deputy Surgeon-General Thomas Gillham Hewlett. During the Indian Mutiny he served with the Rajpootana Field Force, and was the only medical officer present at the capture of the fortified village of Rewah in January 1858. As Health Officer of Bombay, he organized the Public Health Department and, for many years, had to deal with the most difficult and complicated sanitary questions. Finally, he served as Sanitary Commissioner for the whole of the Bombay Presidency. When the Order of the Indian Empire was established, he was made a Companion.[40]

Another example is the obituary of Surgeon-General Robert Harvey, the Director General of the IMS in 1898. It mentioned how he combined both military and civil duties during his service period which included direct military expeditions to Bhootan (Bhutan) in 1865–1866, Lushai (present Mizoram) in 1871, Miranzai and Hazara in 1891, Isazai

[27] "Transactions of Medical Societies. The South Indian Branch of the British Medical Association." *Ind Med Gaz* Oct 1888, p. 312.

[28] "1886." *Ind Med Gaz* Jan 1887, p. 9.

[29] "1878". *Ind Med Gaz* Jan 1879, 19.

[30] Ibid., pp. 19–20.

[31] Ibid., p. 20.

[32] Ibid.

[33] Ibid.

[34] Ibid.

[35] "1886". *Ind Med Gaz Jan* 1887, p. 7.

[36] Ibid.

[37] "1887". *Ind Med Gaz* Jan 1888, p. 18.

[38] Ibid.

[39] "Special article. The Medical Services in 1914." *Ind Med Gaz* Apr 1915, p. 151.

[40] "The late Deputy Surgeon -General T.G. Hewlett". *Ind Med Gaz* Nov 1889, p. 344.

in 1892 (all are tribal areas located in Khyber Pakhtunkhwa, Pakistan) etc. and civil duties as Civil Surgeons of Simla 1876–77, Sanitary Commissioner, Bengal and later Professor of Midwifery in the Calcutta Medical College, the post he held for ten years.[41] Dr Harvey also held the administrative post of Principal Medical Officer (PMO) of the Peshawar District in 1890 and later of the Punjab Frontier Force. In his opinion IMS officer who had served long in Civil Employ, would have no difficulty in doing the work of a PMO of a Field Force. Through laudatory examples such as these, the journal fostered a sense of pride in the combined military and civilian roles of IMS personnel and presented them as role models to its readers. The policy of deputing IMS officers on civil duties to war zones continued till much later. It was on a massive scale during the first World War, much larger than seen earlier.

Lieutenant-Colonel Ferdinand Simeon Le Quesne (Medical Staff) was a Surgeon in Her Majesty's Army. He was the recipient of the Victoria Cross, the highest gallantry award in the British Army for exemplary bravery during the attack on the village of Tartan,(upper Burma) on May 4, 1889. This was awarded for dressing wounds while being under constant fire from close quarters. [42] The *Ind Med Gaz* also voiced the aspirations of the IMS to be declared as combatants instead of 'non-combatants'. It took the example of Le Quesne to protest at being designated as 'non-combatant' and said 'in light of this remarkable fact, it seems the height of absurdity to call medical officers non-combatants and to deny or grudge them military rank'.[43]

7 Politics and (medical) science

The Imperial mission was also explicitly stated in an article in 1899, reflecting the views of the then Viceroy, Lord Curzon. This article laid out the intellectual assumptions about the politics of science.[44] Western medical science formed part of the civilizing mission, which also included religion, law, literature and science. While the Viceroy was concerned about differences of opinion regarding the roles of some of the components, he was absolutely certain about science, especially medical science. He quoted Rudyard Kipling and said, 'every hospital we build in this country, every doctor we train, every nurse we turn out, every patient we cure, is part of the service that we owe to India; is an element of our duty in this country; is part of the home-coming gift which the Aryans of the West have brought back to their kith and kin.'[45] One can also see here an attempt to publicly acknowledge the civilizational and racial similarity of the conquerors and the conquered, something not often stated. The article calls Kipling not only an Anglo−Indian poet, but 'also the property of the world'. His poem 'On the White Man's Burden', placing imperialism as a succour from famine and illness, was fully reproduced in the *Ind Med Gaz:*

'Take up the White Man's burden
The savage wars of peace,
Fill full the mouth of famine,
And bid the sickness cease.[46]

Increased legitimacy and confidence in medical science were provided by what we know as scientific medicine. 'It is built on the bed-rock of pure, irrefutable science; it is a boon which is offered to all, rich and poor, Hindu and Mohammedan, woman and man.'[47] No doubt the IMS felt it was the torchbearer of this medical mission articulated in the journal.

The *Ind Med Gaz* had earlier appealed for better wages and status for Indian practitioners of modern medicine. Indeed, their contribution to medicine in fulfilling the "White Man's Burden" was also of importance, as important as their humanitarian role. The Indian 'Natives' in the medical services were a critical link in the imperial chain. However, their pay, promotions and overall prestige in the medical hierarchy remained very low. *The Ind Med Gaz* recognized their importance and said that `To educate a respectable Native to the highest pitch of excellence in a profession which tended to establish England's power in India, and whose professional influence is more likely than anything else of a secular nature to assist in the promotion of England's mission in India, and then to give him no more than the wages of a good French cook, ...'[48] It was a matter of grave 'inconsistency'. It appealed to the Viceroy to intervene and resolve the discrepancy between qualifications and wages.

7.1 Medical officers and governance

Lt Col D.G. Crawford (Civil Surgeon, IMS, Hughli) traced the history of the IMS back to a period of uncertainty before it was finally reorganized in 1864.[49] He commented

[41] "The late Surgeon-General Robert Harvey". *Ind Med Gaz* Jan 1902, p. 21.

[42] " Service Notes. The Victoria Cross." *Ind Med Gaz Nov* 1889, p. 349.

[43] Ibid.

[44] "The Viceroy on Western Medical Science", *Ind Med Gaz* Apr 1899, p. 134.

[45] Ibid.

[46] Ibid.

[47] Ibid.

[48] "Sub Assistant Surgeons." *Ind Med Gaz* May 1866, p. 130.

[49] D.G. Crawford. Doctors as civil and political officers. *Ind Med Gaz Jan* 1904, p. 1.

on the multidimensional roles of many medical personnel in executive functions and quoted approvingly and extensively from the minute of 2nd January 1860 of Sir James Outram, who was then Military Member of the Council in India (Apr 1858 to Jul 1860). His comparisons are interesting. Outram placed the IMS officers 'on a level, in respect of intellectual accomplishments, with the average of those with whom it is our good fortune to recruit our Covenanted Civil Service, and above the average of our purely military officers; and their profession of (professional?) education gives them special qualifications for aiding in developing the resources of the country, and in ameliorating the condition of its inhabitants.'[50] He based it on their knowledge of the Natural Sciences, Medical Jurisprudence (for legal and criminal jurisprudence), as well as their knowledge of medicine and sanitation. He gave examples of the political and civil roles of earlier IMS personnel, which were then rapidly diminishing due to specialization, and called for recognition of this function. In the later part of the nineteenth century, even as the direct appointment of IMS Officers as political officers or into the senior bureaucracy decreased, the role of health and sanitation in governance was increasingly recognized.[51] The role of IMS personnel in Indian prisons was perceived to be exemplary. A significant decrease in the mortality rate in Bengal jails from 138 per thousand in 1864 to merely 17 in just over fifty years was said to be an impressive accomplishment, and unmatched in the history of sanitation in tropical regions. The role of health in peacetime governance increased as the Empire consolidated. The scope of the IMS in governance further increased as a result of the rationalization of the British and Indian armies.[52] The medical mission was looked upon as an integral component of the colonizing mission as a whole.

The importance of health to governance and the value of a historical perspective to medicine were recognized early on in the *Ind Med Gaz*. 'Events of medical history, ... often exercise a much greater influence on the existence of a people, or on the prospects of the human race, than the usual circumstances which the historian considers as all important. ... The average historian pays far less attention to the discovery of vaccination than to probably one of the most insignificant events ... the coronation of George the Fourth.[53] The article 'Transactions of Medical Societies, Calcutta Medical Society', was a report on a meeting on 9 February 1887, and also had a unanimous resolution that congratulated Queen Victoria on the 50th Anniversary of her ascension to the Throne of Great Britain and Ireland, and lauded her reign for promoting education, social advancement and political prosperity.[54] It mentioned the rapid growth of medical training in her rule so that the 'benefits of European medicine and surgery were largely extended to the native poor by establishing charitable hospitals and dispensaries over the length and breadth of the empire, officered by native graduates and licentiates, while for the "wealthier classes", "duly qualified" doctors were available.' The resolution further stated that 'through the untiring efforts of the medical officers of Government, medical science has undergone a development in India unparalleled in any other country or time.'[55]

Doctors often are in a position of closeness to powerful individuals by virtue of their profession. One of the earliest mentions of the extended political role of medical officers arises from the *Ind Med Gaz* protesting the downgrading of the civil surgeoncies in many influential political agencies. In 1867, just a decade after the Mutiny, the *Ind Med Gaz* affirmed the role of doctors in making contacts and increasing the influence of the British through their medical skills, and used this to plead for a higher status with the Government. 'All know how much England owes to a medical man for her present position in India. ...' It felt that the doctor's strong and extended relations with "powerful and independent princes" could be a useful objective of the Government. '[56] Another report underscored the role of medical men to the Courts of Indian princes to promote such 'matured friendships'. Such influence was valued by the British Political officers. The North West Frontier of the British Empire was still quite unstable, and the British were trying to subjugate the tribes by either coercion or influence. The article highlighted the role of medical treatment '...in bringing the tribes to become open to other influences has been publicly acknowledged.'[57] An article tracing the history of the IMS by Surgeon-General W. B. Beatson was published in the *Asiatic Quarterly Review* (Oct 1903; p. 272). The *Ind Med Gaz* critically discussed the review and also highlighted Beatson's views on 'how the medical service has been closely associated with the foundation of the Empire in India, and how great its influence has been in harmonizing differences and in reconciling the multitudes of tribes and races that constitute the people of India to British'.[58]

Bureaucratic dynamics, however, have their own insecurities, sometimes reflected in the *Ind Med Gaz.* An editorial, 'What the Indian medical service has done for India,'

[50] Ibid.

[51] . Ibid.

[52] "Our special IMS number." *Ind Med Gaz* June 1912, p. 225.

[53] "1876". *Ind Med Gaz* Jan 1877, p. 16.

[54] "Transactions of Medical Societies. Calcutta Medical Society". *Ind Med Gaz* Feb 1887, p. 52.

[55] Ibid., p. 53.

[56] "Medical charge of political agencies". *Ind Med Gaz* Oct 1867, p. 249.

[57] Ibid.

[58] "Surgeon- General Beatson on the Indian Medical Service". *Ind Med Gaz* Jan 1903, pp. 21–22.

responded to somewhat negative comments by an unnamed Senior member of the Viceroy's executive council. It was written as a need to reiterate the role of doctors. It felt that just by carrying out their duties in a diligent and responsible manner, as the vast majority of the medical profession seemed to be doing (along with their civil and military colleagues), they would have satisfactorily fulfilled their duties to the nation. ' ...The doctors sacrificed their lives by scores 'in plague, pestilence, and famine, in battle, murder and in sudden death'.[59] In addition, the journal highlighted their 'contribution to the advancement of knowledge or to the advancement of the country of their adoption.'[60]

A view of how the *Ind Med Gaz* perceived the role of a doctor in the IMS during its early years may be obtained from some of the retrospective assessments published in the journal. In the June 1912 issue, there are articles that look back on the IMS's key contributions over the previous century in all aspects' in addition to everyday work in peace and war', including geology, zoology, botany, economics, the study of ancient languages and governance. In particular, there was the appreciation of IMS officers in the North West Frontier where 'satisfactory relations (were) established by the medical skills and the scientific knowledge' of the medical men.[61]

The succeeding article on what the IMS had done for India developed on the theme of the then British doctors in India, continuing their lineage from the time of Shah Jahan, who used their healing skills to gain privileged access and then trading concessions from the Mughal court. The article then referred to the work of the IMS personnel in the North West Frontier. 'It was once said of H. W. Bellew that his presence on the frontier was worth two regiments of the Government' [62] a capsule of the multipurpose role of an IMS doctor in those times. Henry Walter Bellew had served on many occasions in Kandahar (Afghanistan), Seistan (Iran and Pakistan border), Kashgarand Yarkhand (Xinjiang, China) in 1871, and as Chief Political Officer at Kabul during the second Afghan War (1878–79). Bellew's *Pushtu Dictionary and Grammar,* published in London in 1867, would also have been useful in helping the British attempts to govern the region. It felt that members of the IMS served 'in every war of importance in which the British army was engaged during the nineteenth century, with the exception of the final advance on Omdurman' (a major city in Sudan), referring to the 1898 war.[63]

The imperial mission was also recognized and appreciated across the Atlantic. The above-mentioned article also formed a substantial basis for the article 'The Anglo-Indian Surgeons' by Fielding H. Garrison, the pioneering American medical historian (Medical Reserve Corps, US Army), published in the *Edinb Med J*, May 1914.[64] The globalized nature of medical communications at that time is evident from 'An American appreciation of the IMS' published in the *Ind Med Gaz* August 1914.[65] This article was highly appreciative of the role of the IMS, not only in medicine and science but also as part of the Imperial Governance of the Indian Peninsula.[66]

The following lines from 'Poems' by Lecky William Edward Hartpole (1838–1903) (Lecky, 1891), Irish historian were quoted in both the above articles. The poem, summarizes the essence of the role of colonial medicine, as part of the 'White Man's Burden', as internalized in the self-image of those who were at its forefront and as propagated in medical journals:

"....Where beneath the Indian sky.
For some strong guide the nations cry,
In lands where deeds, not words, have sway,
Where men can rule and men obey".

8 Representation across the medical profession

The IMS, on account of its numerical superiority and its close linkages with the officialdom, had naturally been the chief supporter and the source from which the *Ind Med Gaz* drew its main contributors and strength. The columns of the journal were 'open to all who wish to bring to the notice of their fellow-practitioners anything for the good of medicine and for the benefit of mankind.'[67] The journal served as a link to the Empire's far-flung medical outposts and its academic centres. To broaden the representation of contributors beyond their Bengal-centric bias, during D.M. Moir's editorship in 1903–4, Associate Editors were appointed in Madras (Chennai), Bombay (Mumbai), and Rangoon (Myanmar). The "London Letter" announced that this change would enable the *Ind Med Gaz* to 'assume the imperial position'

[59] "What the IMS has done for India." *Ind Med Gaz* June 1912, pp. 229–30.
[60] Ibid.
[61] "Our special IMS number". *Ind Med Gaz* June 1912, p. 225.
[62] "What the Indian Medical Services has done for India." *Ind Med Gaz* June 1912, pp. 229–30.
[63] Ibid.
[64] "The Anglo-Indian Surgeons". *Edinb Med* J May 1914, p. 435.
[65] "An American appreciation of the IMS." *Ind Med Gaz* Aug 1914, p. 323.
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[66] Ibid.
[67] "Sir Walter Buchanan, IMS and 'The Indian Medical Gazette'" *Ind Med Gaz May* 1919, p. 181.

that it aspired to and `information from every part of the empire' would flow in full stream.[68]

9 Circulation and government support

The Government's role in supporting the journal through subscriptions is well documented. The Lt. Governor of Bengal had sanctioned 50 copies for distribution amongst Sub-Assistant Surgeons stationed in different parts of the province. The object of the Government in supporting the *Ind Med Gaz* by circulating it among subordinate medical officers who could not afford to pay for a medical journal was to give them the means of studying the work of medical authorities practicing in different parts of India. They were invited to record their own experiences and keep themselves up to the standard of the science of the day. The journal welcomed and solicited government support. 'The future of the journal must depend on the support and assistance vouchsafed by the members of the Army, Indian, and Colonial medical services in India, Ceylon, the Straits Settlements and China.'[69]

A few months after its June 1866 publication, the circulation of the *Ind Med Gaz* reached 700 copies per month across all parts of India.[70] Of these, 200 copies were taken by the Governments of Bengal, Northwest Provinces, Punjab, Bombay and Madras, and the rest were from private subscriptions. Circulars were sent out to each of the administrative wings of the Indian Government, such as Nagpur, Lucknow, Kurrachee, Rajpootana, Hyderabad and Pegu. It was expected that the commander-in-chief of the army would extend his patronage to the *Ind Med Gaz*, which would serve as an incentive to work and write for the direct good of the Army.[71] The dynamics of contributorship and subscription clearly indicate the journal's official patronage. While not an 'official' organ of the IMS, *Ind Med Gaz* was clearly a journal that the officials wished to promote.

An interesting aspect of economics, subsidies, and the journal's reach was also reflected in the number of published pages. The limit of 24 pages was sacrosanct because Sub-Assistant Surgeons and Hospital Assistants used to receive the journal at a subsidized rate of Rs 10 after producing an income certificate from their superiors. The page numbers were restricted to limit costs and subsidies. Perhaps nothing speaks more to the close alignment between the journal and the Government than economics. K. McLeod (Editor, *Ind Med Gaz)*, writing in 1905, said that without the intervention of the Government of India, the publication of the *Ind Med Gaz* would have ceased, for there was a 'dismal lack of enterprise and liberality in its management'.[72] Col L.A. Waddell, MD, CB, who served as editor in 1884–85 during McLeod's furlough, entrusted the journal's publication to Thacker, Spink and Company.

10 Conclusion

The Ind Med Gaz was broadly indistinguishable in form from the general medical journals of today. The period covered in the study is largely restricted to the nineteenth century, when the Empire was expanding and consolidating, and does not address the first half of the twentieth century, where the journal would be responding to a different set of social and political circumstances related to the World Wars and the freedom movement. This study has assessed the role of the journal in terms of its origins as a 'non-official' voice of IMS officers and their desire to give voice to their discoveries and opinions through a medium with a wide and influential readership in their community. It covers the Government's collaboration with a medium outside its direct purview, yet heavily influenced by its officers, professing independence while remaining steadfast to its larger goal. While broadly any form of health-related activity in the colonies could be related to the imperial mission, this article emphasizes issues directly related to colonial governance and its underlying imperialistic philosophy.

When the journal first came into existence, the events of the 1857 mutiny were fresh in the minds of both the British and the Indians. As the Mutiny led to the direct rule of India by the British Crown, medicine was one of the ways of spreading the message of good governance and benevolent intentions. The early volumes of the *Ind Med Gaz* provide examples of professional rationalization for doctors to provide care to people who, as a group, had revolted against them. In the early years, less than a decade after the Mutiny, the journal sought to build consensus on how doctors should treat Indian patients. This would have been very relevant to many of the medical men who had seen active military service and had lost near and dear ones. The Empire continued to expand in the second half of the nineteenth century. The realization that no colonizer could isolate himself from disease came early on. The success of campaigns depended as much, if not more, on the health of the troops as on military tactics, as reflected in the pages of the journal. Several of the campaigns are described in detail, along with the awareness that the health of the British and Indian components of the

[68] "London Letter". *Ind Med Gaz* March 1898, p. 110.

[69] "Indian Medical Gazette." *Ind Med Gaz* Oct 1897, p. 382.

[70] "A word with our Friends."*Ind Med Gaz* Jun 1866, p. 158.

[71] Ibid.

[72] Mcleod K. "London Letter. The last of Netley". *Ind Med Gaz*, Aug 1905, p. 308.

army could not be isolated, nor could the army's health be insulated from that of the people at large. The role of medical care in providing inroads into Indian society was often mentioned, whether in people flocking to doctors even during campaigns, the aspirational impact of institutional ventures, or the closeness with the ruling elite through personal doctor-patient relationships. Medicine as an integral part of colonial governance and a means of gaining an inroad into Indian society is a theme that permeates the journal, as also its role in building goodwill among the subjects. This was also eulogized by generals and administrators, whose words were quoted appreciatively in the journal. While modern, high-quality medical care remained out of reach for most, the journal often highlights the showcasing of highly visible institutions and the strategic, selective provision of healthcare to further the imperial mission.

That an 'independent' academic journal would perhaps be holding together the imperial mission was not as dichotomous as it sounds, mainly because imperialism was the very basis of existence of the personnel who formed the bulk of the journal's editors, correspondents and readers. Most of the contributors worked for the Government, which also supported it by providing subsidies and subscriptions. Even though there were numerous debates and discussions on medical themes and policies, the unquestioning acceptance and eulogizing of the imperial mission was a consistent feature of articles and editorials across the medical hierarchy.

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Declarations

Conflict of interest None.

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