

Medical Education in Western India

Medical Education in Western India:

*Grant Medical College
and Sir Jamsetjee Jejeebhoy's
Hospital*

Sunil Pandya

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By Sunil Pandya

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This book is respectfully dedicated to

Sir Robert Grant

Sir Jamsetjee Jejeebhoy

Dr. Charles Morehead

Dr. John McLennan

Dr. William Mackie

and all the others
who developed my *alma mater*
and medical education in Bombay

‘Our object, however, is to suggest to some of our own countrymen to study medicine according to the European system and by that means, while they secure a livelihood for themselves, contribute to the savings of the lives of numbers who for want of regularly brought up medical men are obliged to entrust their lives to inexperienced practitioners...’

- Bal Gangadhar Shastri Jambhekar (1835)

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PREFACE

The Grant Medical College and Sir Jamsetjee Jejeebhoy's Hospital were created with noble aims:

- i) education of natives in modern medicine using the highest standards
- ii) treatment of poor native patients who had no access to the European doctors in private practice in the city.

Graduates from these institutions were expected to serve their community as full-fledged medical practitioners. They were not intended to serve government or attend to native soldiers in its employ.

The odds against the creation of these institutions were high. Failure of an earlier medical school led some in the corridors of power to believe that natives were incapable of higher education. It is to the credit of Sir Robert Grant and Dr. Charles Morehead that they persisted in attaining their goals, although Sir Robert Grant would not live to see the realisation of the project he had championed so ably.

Grant and Morehead found a kindred spirit in the munificent Sir Jamsetjee Jejeebhoy. He gave freely of his wealth and provided a hospital that was a superb complement to the medical college. This is the first instance of such a donation in the country.

Prior to the establishment of these institutions, Dr. W. Mackie and Dr. John McLennan had played stellar roles in attempting to provide medical education to natives.

The first graduates from the Grant Medical College lived up to the expectations of their teachers. Dr. Bhau Daji, Dr. Atmaram Pandurang and Dr. J. C. Lisboa are three examples.

I have restricted the present history of the Grant Medical College and Sir Jamsetjee Jejeebhoy Hospital to the period 1845 – 1861. The emphasis has been on the foundation of these institutions and the education of students up to 1851, when the first batch graduated from the college.

In order to place my narrative on an extended foundation, I have included notes on

- medicine in India before the advent of the Europeans
- the East India Company and its establishment in Bombay
- East India Company's policy of recruiting doctors from Britain for Bombay
- education of local citizens in Bombay in English
- the medical education and practice in the local population before the formation of the first medical school
- public health in Bombay up to the formation of the college and hospital in 1845
- medical institutions in Bombay (including the ill-fated medical school) preceding the college
- the work of Dr. William Mackie

I have reproduced several details from each of the annual reports of the Grant Medical College prepared by Dr. Charles Morehead. These illustrate the extent to which the teachers went to prepare a syllabus that was unique not only in India but also in many Western countries. The system of examination of pupils each year and at the final assessment has also been covered in considerable detail for the same purpose. Medical educationists, practitioners and students will recognise the high standards set by Dr. Morehead, his colleagues and Dr. John McLennan.

I realise that lay readers may wish to skip these details.

At the end of the account on the college and hospital, I have discussed briefly

- i. events of medical significance elsewhere in the world between 1845 and 1851.
- ii. the creation of the University of Bombay
- iii. a comparison of medical education in Grant Medical College with that in the medical institutions in Britain and America, Calcutta and Madras
- iv. introduction of medical education of women in the colleges in India
- v. the beginning of nursing in Sir Jamsetjee Jejeebhoy's Hospital
- vi. the advent of the medical councils in Britain and in India

Appendices provide details on some of the persons who played important roles in furthering medical education and practice in Bombay and some of the graduates of 1851.

I have also included an appendix on:

- formation of Bombay from the original seven islands
- life in Bombay in the 1840s

in order to permit the reader to place developments described in this book in perspective.

The word native in quotations from official and other documents has been retained here as it was common usage. It refers to citizens of Indian origin, differentiating them from those from foreign lands who either served here or made India their home.

Where required, I have used the following spellings: Hindoostanee (for Hindustani), Mahratta (for Marathi), Guzerattee (for Gujarati), vaid or weid (for vaidya), hukeem (for hakim), Mussulman (for Muslim) and Parsee (for Parsi) as these are the spellings used in the original Government files and other documents. Elsewhere I have followed the current spellings: Hindu, Muslim, Marathi, Gujarati, vaidya, hakim and Parsi. A surname has been variously spelt as Sunkershett or Sunkersett.

I have quoted extensively from works published over 150 years ago as many of these are not easily accessible. These may provide the reader perspective and a better understanding of the subject. The copyright act does not apply to them. In all instances I have provided references to the original publication.

In the text I have quoted several sums in pounds sterling and in rupees in their historical context. The curious reader may wish to know how much those sums would be worth today. Such readers are requested to use the tools and online services referred to in <http://projects.exeter.ac.uk/RDavies/arian/current/howmuch.html>. Unfortunately, the old Indian rupee is not specifically referred to in these sites. Most conversion sites for Indian rupees start their calculations from 1947 onwards.

https://en.wikipedia.org/wiki/Indian_rupee tells us:

“For almost a century since the Great Recoinage of 1816 until the outbreak of World War I, the Indian rupee sustained parity with the U.S. dollar while

pegged to the pound sterling that was exchanged at Rs. 4 12a 10ps (or 50 old pence per rupee). Effectively, the rupee bought 1s 4d (or Rs. 15 per sterling) during 1899-1914.”

A note on some primary references:

Files created by the Government of Bombay Presidency or the Government in Calcutta of the period have been accessed in the Department of Archives, Government of Maharashtra in Mumbai or at the India Office Records and Private Papers in the British Library in London, England.

Many matters pertaining to the development of medical colleges and hospitals in Bombay Presidency are to be found in files of the Military Department (Bengal Military Consultations, Bombay Military Proceedings or India Military Proceedings). Others are in files of the Education Department (ED) or General Department (GD).

Some important papers of relevance to us are also placed in the Board's Collections.

ACKNOWLEDGEMENTS

The material used here has been collected over decades. I am especially grateful to the University of Bombay; Department of Archives, Government of Maharashtra, Mumbai; the Library of the Asiatic Society in Mumbai (formerly the Bombay Branch of the Royal Asiatic Society); the India Office Library, at 197 Blackfriars Road, London (now subsumed in the British Library near St. Pancras Station) and the Wellcome Library, Euston Road, London. Additional material was obtained from the library of the Mumbai Marathi Grantha Sangrahalaya.

I received a grant from the Wellcome Trust for study at the Wellcome Library and the British Library in London during the month of August 2015. I am grateful to the Trust for this grant as it helped fill in several gaps in my historical account of the Grant Medical College and Sir Jamsetjee Jejeebhoy Hospital.

It is a pleasure to pay tribute to the late Dr. D. N. Marshall who, as the chief librarian of the University of Mumbai in south Mumbai, encouraged me in my studies and allowed me to explore the rich collections under his charge.

Many have helped. The names that follow are illustrative and not exclusive.

Even before I joined medical college as a student, Dr. Ashok B. Vaidya had set me on the path I have eagerly followed since. He advocated the study of the works of Sir William Osler and of the lives and works of the pioneers in India and abroad who built the edifice of medicine we have inherited. The late Dr. Rustom Jal Vakil sparked off the quest to learn more about my *alma mater* when he delivered a series of lectures on its history in the Physiology Lecture Theatre of the Grant Medical College in the 1960s. The late Dr. Jaggubhai Parekh stimulated writing on historical topics by publishing my offerings in the *Journal of the Grant Medical College and Sir J. J. Hospital* whilst I was still a postgraduate student. The late Mr. Chandu Sanzgiri eagerly followed my discoveries as I ventured forth into libraries and even accompanied me when I went to interview Mr. Dhananjay Keer, author of a biography of Dr. Bhau Daji Lad. The late Dr. Samuel Aptekar

– teacher par excellence – continued to emphasise the need to learn from history throughout our impressionable undergraduate days.

Dr. Sanjay Pai has kept my nose to the grindstone by checking on progress in my work and has served as a gentle and amiable critic. Dr. Amar Jesani roped in experts in the United Kingdom to help. Among these experts I must list Ms. Estela Dukan, librarian at the Royal College of Physicians of Edinburgh; Dr. Jennifer Haynes, Archives and Manuscripts Manager, Wellcome Library; Ms. Lauren Couch of the Wellcome Trust; Dr. Sarah Hodges of the University of Warwick; Dr. Carolyn Heitmeyer of the University of Sussex.

Dr. Hemant Sane, a keen student of the history of medicine in and around Nagpur, has been greatly helpful. He has shared his own publications on the subject and pointed out several helpful references.

Ms. Nandita Kulkarni, whose expertise in English literature I admire greatly, has painstakingly studied the entire text and made valuable suggestions that have been implemented.

Mr. Satish Kulkarni, Nandita's father, helped with the formatting of the entire book in accordance with the requirements of the publisher. He has also helped with the illustrations and in many other ways.

I remain blessed by my association with my fellow-student, Shubhada, who, despite everything she knew of me, made me her husband. A doctor of philosophy specialising in history in addition to being a medical doctor, she continues to provide nuggets unearthed during her own studies that have been of immense help to me. This is as much her account of the tale of our *alma mater* as it is mine.

PART I

MEDICINE IN INDIA BEFORE THE ADVENT OF THE
EUROPEANS

THE EAST INDIA COMPANY

EDUCATION OF LOCAL CITIZENS IN BOMBAY IN
ENGLISH

CHAPTER ONE

MEDICINE IN INDIA

BEFORE THE ADVENT OF THE EUROPEANS

Indian expertise in medicine has been developed over the millennia. Legends on the passage of medical truths from divine sources via the Atharva Veda to sages such as Dhanvantari are not amenable to scientific validation but this Veda, in Sanskrit and in English translations is available for study.

An important text introducing ancient Indian medicine to modern readers was provided by Dr. P. Kutumbiah (1962). Written whilst he was Professor of Medicine at the Christian Medical College and Hospital in Vellore, it is a scholarly work. The Preface, spread over five pages, provides information on why he wrote this book. In it, he quotes Mr. H. G. Rawlinson, who taught at Deccan College, Poona and later Emmanuel College, Cambridge: “India suffers today in the estimation of the world, more through the world’s ignorance of her achievements than in the absence or insignificance of these achievements.”

Whilst there is no disputing the achievements of the ancient masters in Indian medicine – among them Çaraka, Susruta, Vagbhata, the Ashwini Kumars, Bhela, Vagbhata, Jivaka – the spirit of enquiry and innovation later gave way to learning by rote.

Two streams of medical practice were rooted in India when Europeans arrived in India. Gallagher (1993) has summarised them well and I can do no better than quote her. I have inserted some comments in brackets.

“The term Indian medicine usually refers to Hindu or Ayurvedic medicine. Ayurvedic scholars trace its root to verses from the ancient Vedic hymns, dating as early as the second millennium B. C. (The principal veda from which Indian medicine was derived is the Atharva Veda.)

“The knowledge and information imparted within it were supplemented by commentaries on medical practice by the schools founded by such scholars and practitioners as Susruta and Çaraka in samhitas named after them.

“The medicinal doctrines based on treatment with extracts of plants (vegetable decoctions, oils and ghee) featured in classic Ayurvedic medicine are, however, not found in the vedic hymns and may have been derived from the herbal medicines of Buddhist monks. Yunani (also spelt Unani – of Ionian or Greek origin) medicine was probably introduced into India with the Turco-Afghan conquests of the 13th century and the expansion of Persian culture in the 15th century. Lahore, Agra, Delhi and Lucknow became renowned centers of Islamic learning. Ayurvedic medicine reached its highest point of development from the 1st to the 6th century A.D. (Indian scholars place the zenith of Indian medicine in the 6th century B.C.)

“Islamic medicine, on the other hand, reached its highest point from the 9th to the 13th century A.D. Medical knowledge was generally transmitted from a master practitioner to his pupil. Often medical knowledge was handed down from father to son for many generations. Students also studied at medical establishments attached to large temples or in schools and universities. In Indian as in Islamic medicine, there was no systematic experimental research.

“In the 16th and 17th centuries, Ayurvedic and Islamic physicians were even less exposed than were their western counterparts in the Middle East and North Africa to the new ideas of the Scientific Revolution. In 1841 a British medical surgeon found that only four or five Ayurvedic medical practitioners could read the Sanskrit texts.”

CHAPTER TWO

THE EAST INDIA COMPANY



Fig. 2-1: *East India House* by Thomas Malton, the younger. Wikipedia Public Domain

The East India Company was established in 1600 as an association of English merchants who received exclusive rights to trade with the ‘Indies’. Queen Elizabeth I granted a royal charter to George, Earl of Cumberland and 215 knights, aldermen and burgesses under the name *Governor and Company of Merchants of London trading with the East Indies*.

The Company acquired the islands of Bombay on 27 March 1669 on lease from the Crown for an annual sum of ten pounds sterling. The East India Company appointed Sir George Oxenden as the first British Governor of the islands. The next year, he was succeeded by Gerald Aungier. Anderson (1854) felt that “*Sir George Oxenden, and his successor Gerald Aungier, would have done credit to any age or nation. When the detestable licentiousness and political debasement which degraded Charles the Second’s reign were leavening Anglo-Indian society, these two men remained uncorrupted.*”

Between 1672 and 1675 Gerald Aungier attracted traders and ship-builders from Gujarat to this developing city. The administrative offices of the East India Company were moved from Surat to Bombay in 1687. Aungier constructed the Fort, the local mint and courts of law. The walls between the Apollo gate to the south, Bazar gate to the north and Church gate to the west formed the boundaries of Bombay Castle and the Fort on land. The enclosed area measured two miles from south to north and $\frac{3}{4}$ mile from east to west. The other three gates provided access to the harbour.

Towards the end of the 17th century, Great Britain was obliged to borrow money to meet the costs of wars with foreign powers. It was decided that the East India Company be dissolved and a new Company be established in its stead to favour those who had helped the Government by subscribing money for the war loan.

For a while two companies operated, the old one being called *The London Company* and the new undertaking being called *The English Company trading to the East Indies*. One claimed the support of Parliament, the other the backing of the King. After almost a decade of dispute, the Earl of Godolphin, Lord High Treasurer of England, '*after a most patient investigation of the question in dispute published on the 29th September 1708 his famous award*'. The two companies were amalgamated into *The United Company of Merchants of England Trading to the East Indies*.

The united company had 24 directors, twelve each from the earlier companies. The meeting of the first Court of Directors was held on 25 March 1709. The United Company lent to the Government without interest £ 1,200,000 in lieu of the right to exclusive trade for fifteen years. This right was eventually extended up to 1833, the Company paying the Government considerable sums for each extension.

Three Presidencies were established – Calcutta, Madras and Bombay. A Governor, a General of the local army and a Council were appointed for Bombay. (Anderson 1854) The Governor was aided by a Council consisting of Members '*... selected from the class of civilians who continued to discharge other duties and, of course, took care that they held the most lucrative offices... All important business was transacted by the Governor and Council...*' (Anderson 1854)

This 'new' East India Company was transformed during the second half of the eighteenth century from a predominantly commercial body with