In the European cemetery in Srinagar is the grave of Lieutenant Robert Thorpe, a British soldier who gave up his life for the people of Kashmir in the late nineteenth century.1 Like many other British officers, Thorpe came to Kashmir, in 1860, to escape from the heat of the plains and to shoot big game in the mountains. However, he was overwhelmed by the sorrows and the suffering of the people under the maharaja’s rule. He tried to bring the harsh conditions of the people to the attention of the maharaja as well as the British administration in New Delhi, and wrote to various newspapers in England. Thorpe was then ordered to leave the country and, when he refused, was bound to his bed and carried towards the border by other soldiers. He managed to escape and returned to Srinagar; however, the next morning he died of poisoning after taking his breakfast. There was no further investigation from the British authorities in New Delhi, and Thorpe was quietly buried in Srinagar. Other British officers who had been aware of Thorpe’s efforts raised 14,000 rupees for the CMS in London and requested them to send a medical missionary team to Kashmir.2

In the picturesque valley of Kashmir is situated at an altitude of 1,730–7,077 metres above sea level and has a present-day population of more than 6·3 million people; it has two state-run medical schools, multiple tertiary healthcare centres including a supra-regional medical centre, and a large network of district and sub-district hospitals and dispensaries, offering free medical facilities to the people. At the beginning of nineteenth century, however, there was no hospital or dispensary in the state. Then, the country was very poor, and people died of malnutrition and in epidemics of cholera, plague and other illnesses.

EARLY MEDICAL MISSIONARIES

In 1864, the Reverend Robert Clark, the senior CMS missionary in the Punjab, went over the mountain passes into the Kashmir Valley. He was accompanied by his wife, who, without asking anybody’s leave, quietly opened a dispensary for women – now the site of the Government College For Women, Nowakadal – in Srinagar.3 Clark’s wife was not a qualified doctor, but knew more than the native hakims (herbalists) and very soon hundreds of women, who would have otherwise died of simple illnesses, came to her to receive treatment.

A young Scottish doctor of distinction, William Jackson Elmslie (born in Aberdeen in 1832), a graduate of the University of Edinburgh, responded to the Punjab Appeal initiated by the British officers after Thorpe’s campaign, and the following summer arrived and opened his dispensary on 9 May 1865. Elmslie (Figure 1) worked under extremely hard conditions; there was no hospital and he held his clinic in the open under a tree. During that first summer he saw more than 2,000 patients. There was opposition from the maharaja and his officials, who put firm conditions on the team: they were not allowed to stay
Elmslie had to use a tent, adapting its inner part for inpatients. In the summer of 1866, more than 3,500 patients were seen by just two doctors. The work went on for seven summers, and overseas visitors helped Elmslie to carry out his work. The maharaja surrounded the dispensary with a cordon of soldiers to mark who attended, and opened a rival hospital himself, which was all to the good as there had not been anything of the kind before.

Elmslie was a keen surgeon and performed many procedures under abysmal conditions but with successful results. This included the first lithotomy, for bladder stone, performed on 23 May 1866. He reported 30 cases of skin epithelioma and suggested its relationship with the use of Kangri, a clay fire-pot used close to the skin to keep warm in winter. Elmslie died while crossing the mountains in 1872.

Dr Theodore Maxwell, who succeeded Elmslie, was the nephew of General John Nicholson and exerted his New Delhi influence. Thus, the maharaja's government became more favourable and gave land at the foothills of Solomon's Temple in Srinagar for the construction of a hospital.

There was no end to the hardships of the people, with terrible famine following an exceptionally early winter in 1877. Another eminent physician, Dr Edmund Downes, and his team undertook much relief work, distributing food and helping to dig a canal. The plight of the mentally sick was distressing and, as these patients had no home or carers, they wandered through the streets and living as beggars. An asylum was built by the state in 1881–82 and handed over to the Mission Hospital team. Downes opened the asylum for the mentally sick; during its first year more than 250 patients were treated as inpatients. This was followed by the opening of a Leper Hospital, built in 1891–92, in Srinagar. On 15 August 1888, a dispensary that later became a hospital exclusively for women was opened by the Church of England Zenana (Ladies) Missionary Society. Among the notable female medical missionaries who worked hard to run this hospital were Dr Fanny J Butler and Dr Kate Knowles, with trained nurses Miss Irene Petrie and Miss Elizabeth Newman. During 1877–1880 Downes and the Reverend Mr Wade opened an orphanage where more than 150 children were cared for.

THE MISSION HOSPITAL

Two significant events changed conditions for the better in the Valley of Kashmir. The first was the arrival of Dr Arthur Neve in 1882 and the second was the Maharaja Rhanbir Singh's death in 1885, leading to his son, Maharaja Pratap Singh, taking over the reins of the state. Upon his arrival, Dr Neve (Figure 2) found the hospital to be a line of mud huts on the side of the hill. His vision was to develop a modern hospital. He and his brother, Ernest Neve (Figure 3), who joined him four years later, gradually gathered enough funds from donations to build and run the 80-bed Mission Hospital, which opened in 1888 (Figure 4). In 1893, the then 135-bed Mission Hospital catered for 20,606 patient visits, including 853 inpatients and 2,589 operations. Other British staff who joined included Dr Cecil Vosper, Dr MR Roche and three English nurses, Nora Neve (Neve's niece), Lucy McCormick and H Smith. A large number of visiting British physicians, surgeons and nurses helped them during the peak periods.

The new maharaja, Pratap Singh, was a reformist who took steps to eradicate poverty by abolishing harsh taxation laws and forced labour. He was very impressed with the Mission Hospital work and gave annual donations and free power supplies, and visited the hospital on several occasions. He also ceased the decree that demanded expulsion of foreigners each winter. However, the maharaja was unable to implement any real social and welfare plans for the improvement of people because of his weak and corrupt administration. Consequently, in 1889 the British government in New Delhi decided to hand over most of the maharaja's administrative powers to the British Resident, Mr C Plowden, and his council in Srinagar.

Kashmir Valley had an epidemic of cholera in 1896 and an outbreak of the plague in 1903–1904, which cost thousands of lives. The Mission Hospital team was at the forefront of relief work and helped the local administration in setting up medical facilities in various towns; including the opening of a new well-equipped...
hospital in Srinagar. In 1899, the now 150-bed Mission Hospital treated 16,158 outpatients with a total attendance of 38,954 patients, which included 4,143 operations.\textsuperscript{3,7,8}

**DR ARTHUR NEVE, FRCSE (1859–1919)**

Dr Neve undertook his medical training at the University of Edinburgh in 1876.\textsuperscript{7} After working as a house physician in the Royal Infirmary of Edinburgh, he was appointed resident medical officer to the Livingstone Memorial Dispensary and Training Institution in Edinburgh, under the Medical Missionary Society. In 1881 he worked as a resident physician at 39 Cowgate, a dispensary and hostel for senior students in one of the poorest districts of Edinburgh. He later joined the CMS and went to Kashmir in 1882. Besides publishing several medical papers in The Lancet, he was the author of numerous books, including *Kashmir, Ladakh and Tibet* (1899), *Picturesque Kashmir* (1900), *Thirty Years in Kashmir* (1913), and *The Tourist’s Guide to Kashmir, Ladakh and Skardo* (1923). He was a keen mountaineer and paid three visits to the 23,409-ft Nun Kun mountain peaks in 1902, 1904 and 1910. Romesh Thong Peak is also called Sunset Peak, a name given to it by Neve. He was awarded the Kaiseri-i-Hind Gold Medal by the British government in India in 1901, served as the vice-president of the Indian Medical Congress in 1909 and was the president of the Medical Missionary Association of India from 1908–1910.\textsuperscript{12}

In 1915, Neve joined the British war effort, returning to Kashmir in the spring of 1919. At the end of August 1919, he was suddenly struck down by a fever and died in Kashmir, at the age of 59, on 5 September. He had spent 34 years of his life in the region, with the sole objective of helping the poor and the sick. The state had never before witnessed such a large gathering of local people to mourn the death of a hero.\textsuperscript{14}

**DR ERNEST NEVE, FRCSE (1861–1946)**

Ernest Neve was Arthur Neve’s younger brother by two years. He joined Arthur in medical training at the University of Edinburgh in 1878 and then followed him to Kashmir in 1886. Ernest was also the author of several books, including *Beyond the Pir Panjal. Life Among the Mountains and Valleys of Kashmir* (1912); *A Crusader in Kashmir* (1928), the story of his brother’s life and work; and *Things Seen in Kashmir* (1931). He pioneered work on Kangri cancers, which, as Elmslie had suggested the
previous century, are epitheliomas induced on the abdominal wall or inner surface of the thigh of Kashmiri people, who warm themselves by braziers containing live coals held under their clothing and thus sustain recurrent burns. In 1923, Ernest Neve reported the results of his success with the surgical treatment of Kangri-burn cancer in a series of 2,491 cases in the British Medical Journal.

CONCLUSION

Within the wider history of the British empire, the work of medical missionaries in India offers an interesting and important insight into the humanitarian role played by these physicians and nurses. It also reflects the level of their dedication in providing modern medical treatment to the sick and the needy. Scottish medical missionaries were the first to establish modern medical care in the valley of Kashmir in 1864. With their own distinct Scottish missionary zeal and healthcare traditions, they were able to initiate, guide and influence the development of medical treatment facilities in the state of Kashmir. They continue to inspire and remind us of the core values of caring for the sick in deprived areas. At the site of the old Mission Hospital in Srinagar now stands the largest Chest Disease Hospital in the valley, a monument to the great medical missionary pioneers who laid down their lives in the service of the Kashmiri people.

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