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Research Topic: Diseases and Medicine: A Study of Medical System in the Princely State of Jammu & Kashmir (From 1846-1947CE)

Findings

The study demonstrates that disease and medicine in the princely state of Jammu and Kashmir between 1846-1947 CE were shaped by a complex interaction of political, economic, social, and cultural factors. Public health interventions during the nineteenth century were not solely humanitarian endeavors; they were closely linked to colonial and state interests. British officials viewed sanitation measures, particularly in Srinagar, as essential for maintaining political stability, protecting state revenues, and safeguarding economic productivity. Cholera control and urban sanitation were therefore as much political and economic projects as they were medical initiatives.

The research further reveals that widespread poverty, inadequate housing, poor nutrition, and close human-animal cohabitation created conditions conducive to the spread of infectious diseases. The continuation of the *begar* (forced labour) system under the Dogra administration exacerbated these conditions by exposing workers to overcrowding, poor sanitation, malnutrition, and limited access to medical care. Similarly, low literacy rates restricted public awareness of hygiene and disease prevention, increasing the vulnerability of local communities to epidemics.

The study also highlights the epidemiological consequences of infrastructural development. The construction of the Jhelum Valley Cart Road enhanced connectivity between Kashmir, Jammu, and Punjab, facilitating trade, migration, and tourism. However, increased mobility also accelerated the transmission of infectious diseases, demonstrating how modernization could simultaneously promote economic development and generate new public health challenges.

A major finding of this research is the transformative role of Christian missionaries in the fields of healthcare and education. The arrival of missionaries in Kashmir introduced new forms of medical knowledge and practice that significantly altered the existing healthcare landscape. Initially providing treatment through informal dispensaries and itinerant medical services, missionaries gradually established permanent hospitals and clinics as local confidence in Western medicine increased. Their success in treating diseases, particularly through scientific diagnosis, surgery, vaccination, and modern therapeutics, encouraged many Kashmiris to seek missionary medical services. As a result, the dominance of indigenous systems of medicine was increasingly challenged, leading to a gradual reconfiguration of medical authority in the region.

The introduction of Western medicine also brought a new institutional framework for healthcare. Unlike earlier medical traditions, which largely relied on individual practitioners and community-based healing, Western medicine emphasized organized healthcare institutions, professionally trained medical personnel, systematic record-keeping, and state-supported health policies. This institutional model influenced the Dogra administration to establish hospitals, dispensaries, vaccination programmes, and public health initiatives. Consequently, healthcare evolved from a largely localized and informal practice into a more structured and bureaucratic system.

Overall, the study argues that the transformation of medicine in Jammu and Kashmir was not merely a medical phenomenon but a broader process connected to colonial governance, missionary activity, state formation, social change, and modernization. The emergence of modern healthcare institutions fundamentally reshaped patterns of disease management, medical practice, and public health in the princely state during the period under study.