




The Research Frontline - Journal

A Peer-Reviewed Quarterly Journal of Interdisciplinary
Inquiry and Research

Journal homepage: <https://trfjournal.cdfaindia.org/index.php/trfjournal/en/index>


Modern Medical Science and Christian Missionaries: A Study of the role of St. Joseph Hospital Baramulla, Jammu and Kashmir

Hilal Ahmad Tantray 


To cite this article: Tantray, H. A. (2026): Modern Medical Science and Christian Missionaries: A Study of the role of St. Joseph Hospital Baramulla, Jammu and Kashmir, The Research Frontline - Journal (Vol 1, Issue 2, January - March 2026) DOI:<https://doi.org/10.66871/trf-j.v1i2.022>

To link to this article: <https://doi.org/10.66871/trf-j.v1i2.022>

 © 2026 The Author(s). Published by
Allahabad Academic Press,


 Published online: 05 May 2026.

 Submit your article to this journal 

 Vol. 1, Issue 2, January - March 2026



Modern Medical Science and Christian Missionaries: A Study of the role of St. Joseph Hospital Baramulla, Jammu and Kashmir

Hilal Ahmad Tantray¹ 

¹Research Scholar, Department of History and Culture, Jamia Millia Islamia, New Delhi

ABSTRACT

From the beginning of human civilization, dhawa (medicine) and dua (prayer) have interacted to influence healing across religions and cultures. Interdependence is profoundly ingrained in Kashmiri culture, shaping therapeutic ideas and practices. Christian missionaries disrupted this long-standing medical culture in the second part of the nineteenth century. Missionaries promoted allopathic medicine as a moral and civilizational endeavor out of religious duty and evangelistic ambition. Western medical expertise was institutionalized through hospitals and dispensaries in Baramulla, North Kashmir, to change healing landscapes. This shift is symbolized by St. Joseph's Hospital's growth from a small dispensary in 1931 to a maternity clinic in 1932 and a major hospital by 1937. Missionary medicine negotiated with local faith-based healing rather than replacing it. This study claims that missionary influence on dhawa and dua created a hybrid medical culture in Kashmir where modern medicine, religious belief, and indigenous healing coexisted in tension and accommodation, reshaping colonial notions of illness, care, and authority.

ARTICLE HISTORY

Received: 02 February 2026

Accepted: 30 March 2026

KEYWORDS

Dhawa and dhua, Christian missionaries, Baramulla, pregnancy

Introduction

The Church of England was established during the early sixteenth century after the English monarch Henry VIII decided to dissociate England from Papal authority in Rome and become the Head of the English Church. That allowed him to divorce Catherine of Aragon and have Anne Boleyn as his second wife. Desperate to have a male heir to his throne, coupled with his sexual temptations and indiscretions, resulted in Henry's struggles with the Roman Pope Clements VII, which finally led to the establishment of the Church of England separated from the Roman Catholic Church. In addition to a number of mistresses he ended up having six wives, executing two of them along the way.

The first person who played the role of missionary in India was Francis Xavier (1506-1552), which later on led to the commencement of many institutions in the different parts of the British India. Viz. press, hospitals, schools etc. with the establishment of Princely state of Jammu and Kashmir in 1846, Dogra's became the rulers of the state. After the foundation of the state for about four decades there was no such vibrant development in the medical system. The reason being that the rulers viewed the Christian missionaries with suspicion. Maharaja Ranbir Singh, viewed them as insidious ploys to win converts to Christianity.^[1] Due to the attitude of the Maharaja, Christian missionaries failed to make way towards Kashmir on large scale, only after the first decade of 20th century.

¹ Rai, Mridu. Hindu Rulers Muslim Subjects: Islam, Rights and the History of Kashmir, Delhi: Permanent Black, 2004, p.84.

CONTACT: Hilal Ahmad Tantray  hilalmohiuddin614@gmail.com

© 2026 the author(s). Published by Allahabad Academic Press, India. This is an Open access article distributed under the terms of the Creative Commons attribution license (<http://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. The terms on which this article has been published allow the posting of the accepted Manuscript in a repository by the author(s) or with their consent.

One of the main instruments the British employed to change society was medicine. The Kashmiri people had no idea that modern medicine even existed. The Kashmiris approach of treatment was nothing more than giving gasoline to the flames. When a sickness spreads, it is frequently attributed to God's will. Instead of taking any resource or medical aid, the people decided to employ traditional techniques. The traditional methods were usually based on superstitious beliefs which debarred them from making use of modern medical facilities. However with the advent of modern medicine and education the people began to leave superstition. People began to understand that diseases were caused by germs or infections and could be cured or treated with correct treatment. English medical men who arrived in Kashmir in the second part of the nineteenth century brought about this mental and social shift. This period saw a significant growth of modern medical knowledge in Kashmir. Many medical missionaries came to Kashmir during the second half of the nineteenth century and first half of twentieth century. They treated and healed thousands of our ancestors. For that Kashmiri nation should feel lucky and grateful. However, Dr Elmslie, known to locals as the Padr Doctor Sahib was the founder of modern Medicine in Kashmir. Mr. and Mrs. Clark introduced modern medicine to Kashmir, although the firm basis was created by William Jackson Elmslie, a Scottish doctor.^[2] Dr. Elmslie landed in the valley and reached Srinagar on May 4, 1865.^[3] His life was hard and difficult, for he had no hospital, his operations being performed under the trees; also orders were issued by the Jammu and Kashmir Govt. that the people should not visit the doctor and sepoys were stationed around to keep them away, as the sick persisted in coming for relief.

St. Joseph's Hospital Baramulla

This Hospital was opened under the Franciscan Sisters^[4] of Mary, which was a Roman Catholic congregation of religion sisters which founded Hospitals for service of mankind.^[5] Since the British ruled India and governed Kashmir, it was inevitable that in both territories the missionary activity was directed and administered from Britain principally by the Church of England through various missionary organizations. But the Roman Catholic Church did get involved with missionary work in British India, first in Madras where five priests and a medical missionary journeyed in 1875, and later in northwest India.^[6]

²William Jackson Elmslie who laid the solid foundation of western Medicine William Jackson Elmslie was born on 29th of June 1832 in Aberdeen Scotland. Elmslie began learning boot closing, his father's trade, at the age of nine, and continued throughout his university years of a Scottish. Between trips to India, Elmslie married Margaret Duncan, the daughter of a reverend, on February 1872. Following his sudden death a few months after their marriage, Margaret Duncan. Elmslie worked in various institutions in Amritsar, until 1878. Elmslie was recruited by the Church Missionary Society (CMS) in 1864 through the Edinburgh Medical Missionary Society, which had funded his medical education at the University of Edinburgh. In 1866 unable to obtain adequate accommodation for the clinic in valley, Dr. Elmslie pitched the outer covering of a large tent for patients, and the inner part of the same tent was all the accommodation for patients which he could provide. Elmslie was offered a post at CMS with a 5-year term and given the responsibility of working in Srinagar, Kashmir. His correspondence with William Thomson resulted in a piece in the Medical Missionary Journal that contributed in the creation and funding of the Kashmir Medical Mission. Elmslie's work in Kashmir was limited to the summers due to visa restrictions imposed by Kashmir's ruler Maharaja Ranbir Singh, which prohibited foreigners from staying in Kashmir during the winter. Elmslie first arrived in Srinagar on 4 May 1865.

³Khan, Mohammad Ishaq. History of Srinagar 1846-1947: A Study in Socio Cultural Change. New Delhi: Cosmos Publication, 1999, p. 129.

⁴Yasin, Mohammad and Yasin, Madhvi Mysteries and Glimpses of Kashmir, Raj Publication, Delhi, 1996, p.168.

⁵Dr. Anita D. Rana, Unpublished thesis, State Policy and Development of Health Services in Jammu and Kashmir, 1856-1947, p. 253.

⁶Report of the Administration of Jammu and Kashmir state Sambat era 1990-91 (1933-34 A.D)

The Mill Hill Fathers, who had previously founded a school at Baramulla in northern Kashmir, invited the Franciscan Roman Catholic nuns of Mary to visit Kashmir on September 21, 1921. The Jhelum valley road, by then a well-established conduit connecting the valley to the rest of the Indian subcontinent, was used by the first four sisters as they made a trip from Rawalpindi via mountain slopes. According to Sister Elizabeth Kurien, the administrator in the charge of St. Joseph Hospital, at the beginning the lady missionaries saw patients under a huge chinar tree.^[7] A small dispensary was started in 1921 and the sisters began visiting near the distant villages, travelling on foot, on horseback or by boats through the river. In 1930 the foundation stone was laid for a maternity hospital and a dispensary opposite it. It was the first and only Catholic Christian hospital in Jammu and Kashmir. Everything from finance, administration to all medical and academic work was managed by the female staff. The inpatient facilities at the hospital proved inadequate; during 1931 the building was extended and adjoining private rooms were added to the complex. Changing ^[8]clinical demand necessitated further extension in 1937 to four general wards and more private rooms, and commissioning of an X-ray plants and a clinical laboratory. The hospital was started primarily to serve women and child of the area, but in due course it transformed into a centre of treatment for patients coming from different corners of the Baramulla. From 1941 to 1950 the hospital went through a very difficult period. A bad epidemic of typhus swept through the area in 1941; the victims of the disease included one of the lady missionary doctors and two nurses working at the hospital.^[9]

In 1947, the Hospital was ransacked in tribal raids and seven lives in the Hospital were brought to their

⁷Mufti Gulzar. Kashmir in Sickness and Health. Srinagar: Ali Mohammad and Sons, 2013, p.103. See also G. M. Rabbani, Kashmir Social and Cultural History, (Delhi: Anmol Publication, 1986), 91. In Kashmiri tradition, the Chinar tree is affectionately known as Booin, a term believed to have evolved from the Sanskrit word Bhawani, which denotes the goddess or “blessing mother.” This linguistic and symbolic connection reflects the tree’s deep-rooted cultural significance in the Kashmir Valley. The Chinar is not merely a botanical entity but is regarded as a maternal guardian—providing comfort, protection, and spiritual presence. Botanically identified as *Platanus orientalis* (Oriental Plane), the Chinar is renowned for its broad leaves and wide canopy, which offer cool shade during the intense summer months. Its radiant foliage and sturdy branches enhance the landscape’s aesthetic appeal and serve as natural shelter during torrential rains. It typically grows at elevations ranging from 4,000 to 6,000 feet above sea level, flourishing in the region’s temperate climate. Historically and culturally esteemed, the Chinar is designated a “royal tree,” and its felling is strictly prohibited by state regulations. This legal protection underscores its environmental importance and its revered status in the collective memory and identity of the Kashmiri people. As both a cultural symbol and ecological asset, the Chinar continues to embody the intertwined relationship between nature, heritage, and sacred tradition in Kashmir.

⁸ Administrative report of Jammu and Kashmir 1939 A.D. Civil Medical Department. Department of Archives Archaeology and Museums, Srinagar, Kashmir.

⁹Talbot, Ian, Safety First: The Security of Britons in India 1946-47, Transactions of the Royal Historical Society, Sixth Series, Vol. xxiii, Cambridge University Press, 19 Nov.2013, p. 209.



Picture: St. Joseph's Hospital - Baramulla/Credit: Portal

ends and many more were injured.^[10] British India and Kashmir were partitioned in 1947, which resulted in anarchy, tit-for-tat killing and horrific slaughter of men, women and childrens with no boundaries of religion or colour. Twenty-nine year old mother Teresalina, a Spanish nun who had joined the hospital a few weeks before, Mother Aldertrude, Mother superior of the convent; Miss Philomena, a nurse from south India, and Jose Barretto whose wife great Barretto was the hospital doctor, were brutally murdered when St Joseph's convent and mission hospital Baramulla was ransacked by tribal ragbag militiamen. Some of the staff members were held captive for day. Despite the horrific experience the hospital carried on with its work. In 1965 a new operating theatre complex was build and a dispensary was also set up in the neighbouring town of Sopore. Auxiliary nurse Midwifery [ANM] course and female multi-purpose health worker [FMHW] courses were started at the hospital in 1967.^[11] The décor and cleanliness, the discipline and dedication, and the personal attention to patient care were noteworthy, which left a lasting impression on me. The hospital and its associated school continue to be a beacon of healthcare and education to the inhabitants of Baramulla and its suburbs even today.

Contribution of St. Joseph Hospital Baramulla

The role played by the Christian missionaries through the St. Joseph Hospital Baramulla is dynamic in nature. This hospital became the blessing in disguise for the common people of Baramulla. Because the real motive of the Christian missionaries behind the medical mission was to attract more people towards the Christianity, in which they did not got much success. This hospital helped in the betterment of the health of the women and children, which resulted in the fewer death rates during the pregnancy. Children were given the inoculation of different diseases from time to time, the result of which was fewer death rates of the infant babies. From the medical point of view this Hospital bloomed in full blossom till the first decade of the 21st century. After that due the development of the Govt. Hospitals and the Private clinics the flow of patient towards the St. Joseph Hospital has declined to some extent. But even today it still provides all the basic facilities to the women and children.

¹⁰Administrative report of Jammu and Kashmir 1945-46 A.D. Department of Archives, Archaeology and Museums, Srinagar, Kashmir. The profession of a midwife has ancient roots, dating back to the history of the human species. Hippocrates, often regarded as the father of scientific medicine, played a pivotal role in organizing, training, and supervising midwives. He held the belief that the fetus had to actively navigate its way out of the womb. Aristotle (384-322 BC), the father of embryology, described the uterus and the female pelvic organs. Midwifery stands as the world's first holistic profession, consistently centered around women's care. It is a socially constructed practice that has undergone numerous historical transitions, many of which have sparked social controversies regarding the definition of care, the extent of its practices, and the standardization of its skills. The term 'midwife' originates from the concept of being 'with women,' emphasizing the fundamental quality of companionship in caring for women throughout history. The philosophy of midwifery involves perceiving pregnancy and birth as ordinary life events, and the primary role of midwives is to provide support during this naturally occurring phase in women's lives. Even within the realm of midwifery, a high degree of perfection has been achieved. Ancient Greek civilization regarded midwifery as a significant social factor, shaping it into both an art and a scientific profession. In contrast, in ancient India, the care of women and the practice of midwifery were exclusively carried out by village dais. The occupation of being a dai was hereditary, and all dais belonged to lower castes, reflecting the belief that the period of childbirth was considered a time of impurity. Midwives possess expert knowledge and skills for providing care to women during pregnancy, childbirth, and the postpartum period. The midwife's role is to provide care that acknowledges the goals and choices of each individual woman and her family. A midwife assists a woman in making decisions about how to cope with labour, explains pain relief options, helps women develop a personalized birth plan that aligns with their needs and desires, discusses realistic expectations about labour and delivery, and suggests position changes and movements that facilitate the birthing process. Kashmir exhibited a highly conservative society during the early Dogra rule. Elderly females discreetly manage gynaecological diseases and ailments within an exclusively female environment. These knowledgeable women attended to minor ailments within families, villages, and communities. However, the obstetrics aspect of healthcare was the expertise of a skilled female attendant known as the warden, or midwife. The warden would diagnose pregnancies and oversee antenatal care. When labor pains commenced, the nearby warden was summoned for assistance. In this speciality, the hakim played no role. Unlike Western societies of that era, Kashmiri barber-surgeons were not involved in obstetric or gynaecological care. In 1895, there were 75 warden in the Valley. Similar to hakims, these women inherited their skills from their predecessors, with daughters following in their mother's footsteps.

This Hospital became the hub of patients, especially for women and children coming from different corners of the Baramulla. This hospital laid the foundation of the path on which the modern medical system in the district developed, which resulted in the better health care facilities to the peoples. As this Hospital provided better facilities, the traditional method of Ayurveda gradually declined. We can't say that there was an altogether end of the use of traditional Ayurvedic medicines. Ayurveda has continued from the antiquities. Even today after the 100 years of functioning of this Hospital in Baramulla, the traditional methods are still used by the peoples belonging to the far flung areas.

In the Kashmir Valley, the Catholic Church started a boys school at Baramulla, a town situated in the northwest of the Valley, about 35 miles away from Srinagar. Initially it was a boarding school. It was subsequently taken over from Mill Hill Fathers by the Society of Jesus and then handed over to the Diocese of Jammu-Srinagar established in 1901, the school provided education to the people of the area for all these years.^[12] It was later upgraded to the status of a higher secondary school. Recently the school has started online education, the first in the Kashmir Valley, and has a plan to upgrade to a professional college in the near future. Its alumni include the slain Afghan President Mohammad Najibullah and a number of senior bureaucrats and politicians of present day Kashmir.

Father Ignatius Brower and Rev. Father Simmons created the Boys Degree College in Baramulla in 1905 as a primary school with an English medium of instruction for the Catholic Missionaries at the Baramulla settlement. In 1913, it was upgraded to become a high school. The institution received the designation of Intermediate College in 1938. In 1943, it became a Degree college, linked with the Punjab University in Lahore. After becoming a Degree College, it was taken over by the state government on 1st April 1963. It is now associated with the University of Kashmir and approved under the provisions of the 1956 University Grants Commission Act. Government Degree College Baramulla was the first institute of Jammu and Kashmir State to start undergraduate course in Mass Communication in 2002. Recently in June 2022, this college was given the autonomous status by the National Assessment and Accreditation Council (NAAC) for its outstanding performance.

Modern education started by the Christian missionaries initiated certain cultural changes which have been both intensive and extensive. The influence extended to domestic institutions such as wedding customs. The influence of the new ideas was mostly displayed at weddings, which otherwise were celebrated in the traditional manner, indicates an assimilation of a new type of behavior rather than a displacement of old by a new patterns of behavior. In 2005 the earthquake hit the state of Jammu and Kashmir, which resulted in loss of thousands of lives, live stock and buildings. The health center extended immediate relief to the earthquake affected families in the far flung areas of Baramulla. The hospital was also the base came for many NGO's involved in the rehabilitation work.

Conclusion:

While concluding we may say that the St. Joseph Hospital Baramulla acted as a torch bearer in the development of the different aspects of the society. Society was more or less static until the advent of the Christian missionaries in Kashmir in general and in Baramulla in particular in the second half of the 20th century, when a significant change came about. Besides the educational development which resulted from the activities of the missionaries in Baramulla, the different administrative methods of the British affected the social structure and the social institutions of the district. The impact of the social services rendered by the missionaries during famine, flood and cholera is judged by the fact that the govt. also evinced a great interest in the welfare of its subject.

¹² Biscoe C.E Tyndale, Kashmir in Sunlight and Shade, London: Seeley, Service and Co. Limited, 1922. p. 234.

Bibliography :

1. Rai, Mridu. 2004. *Hindu Rulers, Muslim Subjects: Islam, Rights and the History of Kashmir*. Delhi: Permanent Black.
2. Bamzai, P. N. K. 1925. *Geography of Jammu and Kashmir State*. Delhi: Light and Life Publications.
3. Khan, Mohammad Ishaq. 1999. *History of Srinagar, 1846–1947: A Study in Socio-Cultural Change*. New Delhi: Cosmos Publication.
4. Lawrence, Walter. 1895. *The Valley of Kashmir*. London: H. Frowde.
5. Mufti, Gulzar. 2013. *Kashmir in Sickness and in Health*. Srinagar: Ali Mohammad and Sons.
6. Biscoe, Tyndale. 1922. *Kashmir in Sunlight and Shade*. London: Seeley, Service and Co. Limited.
7. Thompson, Burns. 1875. *Seedtime in Kashmir*. London: James Nisbet and Company.
8. Civil Medical Department. *Administrative Report of Jammu and Kashmir, 1939 A.D.* Srinagar: Department of Archives, Archaeology and Museums, Kashmir.
9. *Administrative Report of Jammu and Kashmir, 1945–46 A.D.* Srinagar: Department of Archives, Archaeology and Museums, Kashmir.
10. Rana, Anita D. *State Policy and Development of Health Services in Jammu and Kashmir, 1856–1947*. Unpublished thesis.
11. Neve, Arthur, (1913). *Thirty Years in Kashmir*, London: Edward Arnold, reprinted M.D. Publications .
12. Neve, F. Ernest, (2018). *Beyond the Pir Panjal; life and missionary enterprise in Kashmir*, publisher Forgotten Books.
13. Bamzai, P. N. K. 1987. *Socio-Economic History of Kashmir, 1846–1925*. Delhi: Metropolitan Book Company.
14. 1994. *Culture and Political History of Kashmir*. 3 vols. New Delhi: M.D. Publications Pvt. Ltd.
15. Biscoe, C. E. 1998. Tyndale. *Kashmir and Its Inhabitants*. Delhi: Shubi Publications.
16. Tantray, H. A., & Farooq, I. (2025). Women medical missionaries in Kashmir and their services in healthcare (late 1800s to early 1900s): A study. *Kakatiya Journal of Historical Studies*, 18(1). https://www.researchgate.net/publication/385080718_Women_Medical_missionary
17. Sopory, S. K. (Ed.). (2004). *Glimpses of Kashmir: Science and Kashmir heritage*. A.P.H. Publishing Corporation.
18. Elmslie, M., & Thompson, W. B. (1875). *Seed time in Kashmir: A memoir of William Jackson Elmslie*. James Nisbet & Co.
19. Bamzi, P. N. K. (2007). *Socio-economic history of Kashmir, 1846–1925*. Gulshan Books.
20. Akbar, M. (2011). *Folk medicine of Jammu and Kashmir*. Gulshan Books.
21. Chohan, Amar Singh, (2021). *Health services in Jammu and Kashmir, 1858-1947*, Publisher Atlantic publishers and distributors Pvt Ltd;.
22. Clark, Robert. (1885). *The Punjab and Sindh Missions of Church Missionary Society*. London: Church Missionary Society.
23. Doughty, Marion. (1901). *A Foot Through the Kashmir Valley*. London: Sands and Company.
24. Hugel, B.C., (1972). *Kashmir and Punjab*, Jammu: Light and Life Publishers.
25. Dar Abdul Kabir, (2012). *AYUSH IN J&K: A Historical Perspective to Unani System of Medicine*, JK-Practitioner, Sept, 17.
26. Dhar, Asha, (2000). *Women of Kashmir in Glimpses of Kashmir- Jammu-Ladakh* in P. N. Pushp Memorial Volume by Pandit, S. L., Kachroo, P., Dhar, S. N., (Eds.), New Delhi: Gyan Sagar publication.