

Tense Networks:
Exploring medical professionalization, career making and
practice in an age of global empire, through the lives and
careers of Irish surgeons in the Indian Medical Service, c. 1850-
1920

Kieran Fitzpatrick

Thesis submitted in fulfilment of the requirements for the degree of
Doctor of Philosophy in the Faculty of History at the University of
Oxford

St John's College, University of Oxford

Michaelmas Term 2016

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Short Abstract

This thesis explores the historical relationships between the professionalization of medicine and Britain's Empire across the Indian subcontinent between c. 1850-1920. That relationship is focused on through the lives and careers of Irish surgeons who, over the course of the period, enlisted in the IMS, the GoI's paramilitary medical service.

As a result of tracking the networks these men occupied between Ireland and India, professional status emerges as a series of negotiations between the State and the profession, negotiations that were in turn a result of cultural values, social relations and institutional politics. Such a view of professionalization stands in distinction to the predominant narrative authored to date about our period. Within that narrative, occupations that became and maintained professional status did so through cordoning off areas of knowledge in the pursuit of financial gain and socio-political prestige. That approach has fostered assumptions about the ease of relations between States and professions. Furthermore, little has been written about how those relations were shaped, and disrupted, by the dominant polity of the time: global empires.

Britain's Empire undoubtedly aided the professionalization of medicine. Our first two chapters highlight how the subjects of this thesis were drawn from a variety of social, cultural and economic backgrounds, whose differences were, to an extent, ameliorated by a growing professionalism in medicine. That professionalism was incubated by the material needs of Britain's Empire, especially in India, which triggered administrative reforms to rationalise entrance requirements to the IMS, and provide potential applicants with a seemingly sure-footed career path. However, life in India for these medical men was not as well administered. Although the GoI required their professional services, politicians and administrators were not as keen to acknowledge their professional status, except for when absolutely necessary to uphold the moral order of imperial rule.

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Long Abstract

This thesis explores the historical relationships between the professionalization of medicine and Britain's Empire across the Indian subcontinent between c.1850-1920. That relationship is focused on through the lives and careers of two hundred and thirty-two Irish surgeons who, over the course of the period enlisted in the IMS, the GoI's paramilitary medical service.

As a result of tracking the networks these men occupied between Ireland and India, professionalization emerges as a historical process that combined aspects of social class and moral culture in a specific national context (Ireland), with a transnational project of creating a coherent profession, and understanding how those aspects of life and career formation were shaped by a particular polity, the British Empire. This is an original method for analysing the history of professions in the nineteenth century. To date, that history has been written with an emphasis on professionalization as a medium for the accumulation of financial and social capital. Such an approach has fostered assumptions about the ease of relations between States

and professions. Furthermore, little has been written about how those relations were shaped, and disrupted, by the dominant polity of the time: global empires.

The research has been organised into five chapters, with the first two focusing on the early lives and education of these men in Ireland and the United Kingdom more broadly. Chapters three, four and five then shift to India and focus on the contexts occupied by IMS surgeons from broad, institutional removes, before turning towards two more intimate accounts of individual surgeons.

Chapters one and two are founded on an aggregation of the applications that these men submitted to the IMS, which have been preserved at the BL as the *Assistant Surgeons Papers* (ASP), part of the IOR collections. Chapter one establishes who these men were before entering the Service, focusing on questions surrounding faith, place of birth and social class. This allows for a detailed understanding of how potential imperial employment was interpreted by the communities that produced them, and their inculcation within a very particular social and cultural order, surrounding the moral character of ‘middle-class’, professional employment. Chapter two then takes the same collection but asks another set of questions of the sources, concerning how these men became professional and what that status meant for them. The history of professionalization that emerges is a transnational one, extending across the constituent nations of the United Kingdom, as that polity existed between 1801 and 1922.

The third chapter is an institutional study of the IMS, derived from various administrative documents and correspondence in the IOR. The chapter acts as a bridge between the concerns of chapter two, and those of the final chapters, in that it highlights how the institutions that regulated the IMS (the WO, IO and GoI) were capable of making extensive provisions for better-trained professionals to occupy

positions within the IMS. However, the chapter also uncovers how those capabilities were only effective in satisfying the State's needs, not in satisfying the professional ambition of the surgeons they subsequently employed. Therefore, the chapter should be thought of as preoccupied with both professional potential and professional problems.

Chapter four retains bears these 'macro' concerns in mind, and relates them to the career of a particular Irish surgeon in India: Peter Johnstone (P.J.) Freyer (1851-1921). The archive that has preserved the content of Freyer's career is very extensive and, as a result, only one episode has been focused upon here, his treatment of Mohamad Mushtaq Ali Khan, the Nawab (a Mughal term for 'Native Governor') of the Princely State of Rampur. As a result of his private practice on the Nawab, Freyer was paid the sum of a *lakh* of rupees (one hundred thousand), equivalent to approximately £10,000, or £598,900 in contemporary valuation. The GoI reacted by entering into a period of protracted criticism of Freyer, requesting of him to return the fee because he was a public servant, and therefore should have first established the appropriateness of being paid such an amount with his Government. The tenor of these debates, between an IMS surgeon and the offices who regulated his employment, encapsulated contemporary tensions between professional ambition and responses to them by the institutions of a State.

The final chapter focuses on another individual Patrick Hehir, and his involvement in a case of fatal abortion in Hyderabad, a native principality in central India, brought before the District Court there in 1895-96. The case has been recreated from a set of previously unacknowledged documents stored at the BL. These originated from the legal case itself, but also from related collections within the administration of the IMS. The chapter again focuses upon the relationship between

State and profession, but with more of an emphasis on the way in which those relationships were founded in social relations and cultural values, especially as regards sexuality, friendship and moral values. Although aspects of Hehir's conduct towards the woman who died as a result of the abortion, Marion Edith Whittaker, were questionable, and deserved legal scrutiny, the consequences of the case for him were relatively minor. Rather than placing emphasis on Hehir's possible technical and professional failings, those culpable were deemed to be Whittaker herself, and her lover, Arthur Napoleon Templeton, for publicly subverting an established moral order. That moral order was the same that Hehir and his contemporaries had been raised and trained in relation to, an order that ultimately preserved Hehir from closer scrutiny, and saw him build a successful life and career in the wake of Whittaker's death and Templeton's demise.

In being structured as described, the thesis seeks to open up the field of the Social History of Medicine in colonial societies to a set of new concerns, focused less on often abstract notions of 'powerful professional men', and more on understanding who those men were socially and culturally. Such a shift necessitates understanding them as more than surgeons, as men with ethnicities and social contexts that extended beyond professional credentials, but also shaped and influenced the nature of those credentials. In addition, focusing on the social and cultural contexts of surgery invites us to consider what occurred when nominal professional power was placed in contexts that could often be hostile to the application of professional status. Little work has been carried out on this to date, but suggests that future work might examine, for example, the history of ethics and decision-making in medicine when carried out in colonial societies.

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Abbreviations

AAPC	Asia, Africa and Pacific Collections
AIML	All-Indian Muslim League
ASP	Assistant Surgeon's Papers
AMD	Army Medical Department
AMS	Army Medical Service
BMA	British Medical Association
BMS	Bengal Medical Service
BMJ	British Medical Journal
Bod. Lib.	Bodleian Library, Oxford
BL	British Library
CCCA	Cork City and County Archives
CU-A	Calcutta University, Alipore
DIB	Dictionary of Irish Biography
DG	Director General, Indian Medical Service
DMS	Director of Medical Services
EIC	East India Company
GoI	Government of India
HCPP	House of Commons Parliamentary Papers
ICS	Indian Civil Service
IMG	Indian Medical Gazette
IMS	Indian Medical Service

IMSDC	Indian Medical Service Defence Committee
IMSGA	Irish Medical School's and Graduates' Association
IO	India Office
IOR	India Office Records
IFS	Irish Free State
IRA	Irish Republican Army
LiSTHM	Liverpool School of Tropical Hygiene and Medicine
LSTM	London School of Tropical Medicine
MGH	Madras General Hospital
MNI	Madras Native Infantry
NUIG	National University of Ireland, Galway
NLI	National Library of Ireland
NLIK	National Library of India, Kolkata
NWFPO	North Western Frontier Provinces and Oudh
ODNB	Oxford Dictionary of National Biography
OIL	Oriental Institute Library, Oxford
PLU	Poor Law Union
PMO	Principal Medical Officer
PRONI	Public Record Office of Northern Ireland
PWD	Public Works Department
QCB	Queen's College Belfast
QCG	Queen's College Galway
RAMC	Royal Army Medical Corps
RCPE	Royal College of Physicians, Edinburgh
RCPEng	Royal College of Physicians, England

RCPI	Royal College of Physicians, Ireland
RCSI	Royal College of Surgeons, Ireland
RHS	Royal Historical Society
UCC	University College Cork
UCD	University College Dublin
UD	University of Dublin
TCD	Trinity College Dublin
TCD RMD	Trinity College Dublin, Records & Manuscripts Dept
WO	War Office

Introduction: Defining Professions in an age of Global Empire

The professions naturally divide themselves into two principal classes – the *privileged* and the *unprivileged* professions. Amongst the privileged professions are reckoned: 1. The church; 2. The law; 3. The medical profession; 4. The army; 5. The navy; 6. The mercantile marine; 7. The public civil service. The entrances to these professions are regulated by law, and are closed (except partially in the case of the medical profession) to free competition without.¹

Henry Byerley Thomson, the author of the passage quoted here, was a member of one of these ‘privileged professions’. He was a barrister, having been admitted to the Inner Temple in April 1846, who specialised in military and international law. After twelve years of practice in London, the Secretary of State for the Colonies, Lord Stanley, appointed him Queen’s Advocate to Ceylon in 1858.²

Did Thomson’s thoughts on the nature of professionalization changed in the years after he published *The Choice of a Profession*? To what extent did his experiences in Ceylon expose him to a relationship between the State and his fellow professionals that, rather than being convergent and ‘natural’, was more challenging and historical? Asking these questions about Thomson performs a rhetorical, rather than an analytic purpose, as Thomas Seccombe’s Dictionary of National Biography (ODNB) article about him shows that he left behind very little archival material. However, the question’s rhetorical power is still important, for it invites us to identify the key places and themes around which this thesis is structured.

¹ Henry Byerley Thomson, *The Choice of a Profession A Concise Account and Comparative Review of the English Professions* (London, 1857), p. 4.

² Thomas Seccombe, ‘Thomson, Henry William (1822–1867)’, rev. Roger T. Stearn, *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, Sept 2013 [<http://ezproxy-prd.bodleian.ox.ac.uk:2167/view/article/27305>, accessed 16 Nov 2016].

Thomson's conception of *elite* professions will be challenged here, by recreating the social history of a small group of *elite* medical men against a background of local, regional and global contexts. Knowing those contexts allows us to write that history from a perspective focused on the manner in which the interests of the State and various professional groups diverged. In relation to the men being studied here, those tensions were born of disagreements over the value and nature of professional work; disagreements that were, in turn, a product of Britain's attempts to govern an Empire, especially in India. Approaching the historical study of professions in this way demands viewing professional power and authority as bestowed not solely by legislation, politics or economics, but by culture.

Thomson himself wrote in *The Choice of a Profession* that, aside from possessing technical ability and professional qualifications, medical had to be conversant with 'High Culture', derived from the study of literature and philosophy. Only then would they be true, *bona fide* members of their profession. In Thomson's own terms, medical men should be the hosts of 'enlightened minds', which would lead them to both of these imperatives. Their professional practice needed to be founded upon 'a degree of literary acquirements', because the 'moral as well as the intellectual advantages belonging to a well-trained mind are nowhere, indeed, more conspicuous than in the various departments of the medical profession.'³ Indeed, without these moral aptitudes, a young medical man would cease to be a true professional. Instead,

Unadvised, unable to guide himself either morally or in the conduct of his studies, he soon falls in with other idle students, by whose example he enters into the little

³ Thomson, *The Choice of a Profession*, pp 139-140.

miserable dissipations by which he is surrounded. He passes his examinations by the aid of a 'crammer' and thus enters the world no better than a quack.⁴

If these ideals had been realised, Irishmen entering the IMS would have had few tribulations in their professional lives; chapter two shows how many entered the Service with both degrees in the Liberal Arts and Medical Sciences. However, ideals about moral character and professional knowledge could not be relied upon to favourably shape the institutions within which they worked in India. As will be shown in chapters three to five, those ideals and competencies could actively work *against* a stable professional career through the politics of administration, and cultural values regarding gender, sexuality and race.

Defining Professionalization

Thomson's delineation between 'privileged' and 'unprivileged' professions has been echoed and appropriated by scholars in a number of disciplines. Those bodies of scholarship have made a number of assumptions about the way professionals and their contexts should be understood. These can be summarised as follows: that medical professionals can be meaningfully understood on a spectrum that runs between 'altruism' and 'self-interest'; that their professional prospects and interests have been strongly shaped by their national origins; that doctors or surgeons working in the Empire were working unconditionally *for* the Empire.

The sociological study of professions has shifted from early concerns with enumerating attributes that defined the fault-line between occupations and professions, to more recent stances that sought to analyse the ethical bases

⁴ *Ibid.*

underpinning those attributes.⁵ Defining the period between 1930 and 1960, the ‘list’ or ‘taxonomic’ approach looked to locate professions relative to ‘intrinsically unique characteristics’ that separated them from other occupations and constructed them as ‘playing a positive part in society’.⁶

Although staunch critiques of this approach emerged in the 1970s and 1980s, especially from Marxist and Foucauldian perspectives, the impulse to list general characteristics of professions and their motivations endured into the 1990s. At this point, Burrage, Jarausch and Siegrist attempted again to devise a list of the attributes necessary for an occupation to be differentiated as a profession. Some of these included: the ability to establish a monopoly in a given labour market in exchange for expert services; the attainment of self-governance or autonomy from control by outsiders, whether that be the state, clients or lay persons; inculcation in a specialized training curriculum that was systematic and scholarly; a belief by the recipients of the service and observers (for example, the general public) that the compensation the profession received was commensurate with their provision of services that were of special importance for society and the common weal.⁷

Marxist and Foucauldian critiques of professions, as well as those who labelled themselves ‘functionalists’ and ‘interactionists’, challenged these original, ‘list’ perspectives.⁸ Functionalists were closest to the taxonomists, viewing professions magnanimously as ‘being granted relatively high-ranking social and

⁵ Thomas Brante, ‘Professions as Science-Based Occupations’, *Professions & Professionalism*, Vol. 1, No.1 (2011), p. 5.

⁶ ‘List’ and ‘taxonomic’ approaches were summarized by Mike Saks in ‘Analyzing the Professions: The Case for the Neo-Weberian Approach’, *Comparative Sociology*, 9 (2010), p. 888.

⁷ Brante, ‘Professions’, p. 5.

⁸ A summary of the critiques can be found in Douglas Klegon, ‘The Sociology of Professions’, *Sociology of Work and Occupations*, Vol. 5, No. 3 (August 1978), pp. 259-283.

economic position in exchange for using esoteric knowledge of great importance to society in a non-exploitative manner.’⁹

Interactionists were far more scathing in their appraisals of professions, believing that their functionalist colleagues were the ‘dupes of professions’ who helped them ‘justify their dominant position and its pay off’.¹⁰ Neo-Marxist and Foucauldian perspectives on professions were focused case studies of the larger preoccupations of both those schools.¹¹ Neo-Marxists particularly emphasized the role of the state in defining a given profession, although some scholars have questioned the viability of these conceptions of the relationship between the state and professions, viewing them as prone to determining that the state and professions are forever and always manifestations of capitalist interests.¹²

A final sociological current of thought was neo-Weberianism, which – along with neo-Marxism – has been identified as the ‘main sub-stream[s] of critical research on professionalization’.¹³ Neo-Weberian conceptions of professionalization revolve around Max Weber’s concept of ‘social closure’. According to Mike Saks, one of the foremost proponents of Neo-Weberianism in the study of professions, social closure is the tool that professions use to exclude competition from the appropriation of their specialist knowledge. He writes:

... occupational groups gain and/or maintain professional standing based on the creation of legal boundaries that mark out the position of specific occupational groups – be they

⁹ Saks, ‘Analyzing the Professions’, p. 888.

¹⁰ Saks, ‘Analyzing the Professions’, p. 889.

¹¹ For summaries of both these schools and their contributions to the study of professions see Bryan S. Turner, *Medical Power and Social Knowledge* (California, 1987).

¹² Wai Fong Chua and Chris Poullaos, ‘Rethinking the profession-state dynamic: the case of the Victorian Charter Attempt, 1885-1906’, *Accounting, Organizations and Society*, Vol. 18, No. 7-8 (1993), p. 694.

¹³ Chua and Poullaos, ‘Rethinking the profession-state dynamic’, p. 692.

in accountancy and architecture or law and medicine. Professionalisation in this sense is centred on attaining a particular form of formal legal regulation with registers creating bodies of insiders and excluding outsiders.¹⁴

Saks' work illuminates how closely Neo-Weberian perspectives on professional motivation skirt to Thomson's conception of professionals in *The Choice of a Profession*. Although neo-Weberianism came much later, after Weber's contributions to sociology, assumptions concerning how professions became professional pre-dated the terms used by Weber and his successors.

Historians have seldom directly interacted with their colleagues in sociology on issues pertaining specifically to the professions, but the neo-Weberian school has exerted a tacit impact on the way in which the history of professions has been written. In his *The Rise of Professional Society*, Harold Perkins implicitly grounded his historical approach to professions in England in terms of the ability of professions to commit acts of social closure. He distinguished between pre-industrial society, characterized by the passive use of capital in land by an aristocracy; industrial society, typified by actively managed capital by entrepreneurs and industrialists; and professional society, based on 'human capital created by education and enhanced by strategies of closure, that is, the exclusion of the unqualified.'¹⁵

Elsewhere, echoes of neo-Weberianism rang through historical scholarship. Laurence Brockliss, Marcus Ackroyd, Michael Moss, Kate Retford and John Stevenson referred to Perkins' definition of professionalization in their study of the members of the medical community in Britain and Ireland in the first half of the

¹⁴ Mike Saks, 'Defining a Profession: The Role of Knowledge and Expertise', *Professions & Professionalism*, Vol. 2, No. 1 (2012), p. 4.

¹⁵ Harold Perkin, *The Rise of Professional Society England since 1880* (London, 2002), p. 2. Another non-sociological scholar who has made similar, implicit invocations of professions as defined by social closure is Albert Pionke. See Albert D. Pionke, *The ritual culture of Victorian professionals: competing for ceremonial status, 1838-1877* (Surrey, 2013), p. 8.

nineteenth century, focusing especially on those who joined the Army Medical Service (AMD) between 1793 and 1815.¹⁶ Some of those who have made general statements about the practice of medicine under imperialism have also assumed a comfortable relationship existed between the political institutions that administered the Empire, and the surgeons and physicians employed by those institutions. This represents, *via* Saks and then Perkin, the essence of a neo-Weberian perspective on the relationship between state and profession.

Roy MacLeod and Milton Lewis, in the introduction to their *Disease, Medicine and Empire*, wrote that ‘European medicine, and its handmaiden, public health, served as ‘tools of Empire’, of both symbolic and practice consequence, as images representative of European commitments, variously to conquer, occupy or settle...’¹⁷ Steven Feierman, in his work on Africa, also drew attention to the fact that usually,

... professionals who wish to improve social services develop constituencies among those who could benefit. But in the colonial situation the ultimate arbiter was in the metropole; employers of labour were well-represented there, but the potential African beneficiaries of improved health care had little influence in the colonial mother country.¹⁸

Most polemically, Andrew Cunningham and Bridie Andrews wrote in 1997 that unerring and unquestionable authority, vested in the medical profession, characterized practitioner-patient relationships under colonialism. The profession’s authority was exercised ‘... over the patient and indeed over the population at large. That authority,

¹⁶ Marcus Ackroyd, Laurence Brockliss, Michael Moss, Kate Retford and John Stevenson, *Advancing with the Army Medicine, the Professions, and Social Mobility in the British Isles, 1790-1850* (Oxford, 2005), preface.

¹⁷ Roy MacLeod and Milton Lewis, *Disease, Medicine and Empire* (London, 1988), x.

¹⁸ Steven Feierman, ‘Struggles for Control: The Social Roots of Health and Healing in Modern Africa’, *African Studies Review*, 28 (1985), pp. 93-124.

in turn, is itself premised [*sic*] on the scientific basis of this medicine... Thus the patient is not a participant in the diagnostic or curative processes, except in a trivial sense.’¹⁹

In sum, these interventions viewed the medical profession as powerful, monolithic, unchanging in character and mission, and designed to act as the ‘handmaiden’ of a political project to subjugate peoples beyond its pre-existing social, cultural and racial boundaries. These characterisations are problematic for a number of reasons. Why, for example, do they treat professional identity as a fixed frame of reference, devoid of institutional, geographic and cultural context? Furthermore, how effective are these arguments in light of archival material in existence that allows us to recover multiple types of relationship between state and profession? Finally, are these arguments sustainable as regards recent shifts in how Empires functioned during our period?

Concerns about a rigid deployment of identity frameworks motivated Rogers Brubaker and Frederick Cooper to pursue historical and sociological analysis that moved ‘Beyond Identity’.²⁰ In this article, published at the turn of the millennium, they argued that ‘the social sciences and humanities have surrendered to the word “identity”’, and that as a result, identity emphasized ‘sameness over time or across persons’, emphases which the authors saw as entailing ‘a series of deeply problematic assumptions.’²¹ In order to resolve these problems, they recommended using the term ‘identification’ rather than ‘identity’, and justified that shift as follows:

¹⁹ Andrew Cunningham and Bridie Andrews, ‘Introduction: Western medicine as contested knowledge’ in Andrew Cunningham and Bridie Andrews (eds), *Western medicine as contested knowledge* (Manchester, 1997), p. 6.

²⁰ Rogers Brubaker and Frederick Cooper, ‘Beyond “identity”’, *Theory and Society*, Vol. 29, No. 1 (2000), pp. 1-47.

²¹ Brubaker and Cooper, ‘Beyond “identity”’, p. 1.

As a processual, active term, derived from a verb, ‘identification’ lacks the reifying connotations of ‘identity’. It invites us to specify the agents that do the identifying. And it does not presuppose that such identifying (even by powerful agents, such as the state) will necessarily result in the internal sameness, the distinctiveness, the bounded groupness that political entrepreneurs may seek to achieve. Identification – of oneself and of others – is intrinsic to social life; ‘identity’ in the strong sense is not.²²

Brubaker and Cooper’s emphasis on processes of identification, necessitate asking an auxiliary question: ‘If we speak of identification as a process, what other factors at a given place and time, beyond the subjective claims or statements made by an individual, contribute to how someone identified?’ In this thesis, I am concerned with how these issues have played out amongst medical professionals. Those who have worked on the social significance of that group have touched upon similar issues before now, especially as regards the relationship between professionals and the form of political organization dominant at their time.

M.S. Larson, for example, declared in her sociological work that, ‘some professions developed in aristocratic societies, some in democratic ones, still others under corporate capitalism and bureaucracy. The course of professionalization varies in each regime.’²³ Larson’s insights here, especially her emphasis on change and variation, match well with those of Brubaker and Cooper on the broader issue of how best to talk about the ways in which people identify. However, others have noted how she was a proponent of far more fixed conceptions of professionalization. Penny Corfield noted in her book on the professions in Britain, published in 2000, that Larson detected an ‘undeclared but unstoppable professionalization “project”, which

²² Brubaker and Cooper, ‘Beyond “identity”’, p. 14.

²³ M.S. Larson, *The Rise of Professionalism: a sociological analysis* (Berkeley, 1977), p. ???

sought to ‘translate one order of scarce resources – special knowledge and skills – into another – social and economic rewards.’²⁴

Others have mirrored Larson’s initial insights, which lent an emphasis on professional context rather than categories or types. Meg Stacey, posited that, ‘theorists of the professions have sometimes talked of the concept of professions as if professions are somehow the same wherever they are found or at least there are certain characteristics which can be extracted regardless of time and place.’²⁵ Stacey’s tacitly historicist approach to uncovering the meaning and function of professionalism over the course of our period, and in relation to the British Empire, strongly motivates what follows.

Aside from those already acknowledged who have studied the relationship between the medical profession and colonial empires, another group of scholars have actively, if unwittingly, endorsed Stacey’s thoughts on the importance of context. Starting in the late 1990s with the work of John Iliffe, historians began to generate conceptions of professionalism that were very different to those voiced by Feierman, MacLeod, and Andrews and Cunningham. These new perspectives were rooted in the specific dynamics of colonial governance and society, and dispensed with pre-existing definitions, concerned with suppositions about power, authority and ambition. In his study of East African Doctors, Iliffe wrote that,

It is no longer helpful to see the essence of professionalism as either knowledge or power or something else. The essence of professionalism is ambiguity. It embraces specialised knowledge, altruistic service, thirst for power, and blatant self-interest. That is why it has been such a potent idea in East Africa, attracting the professionals by the promise of

²⁴ P.J. Corfield, *Power and the professions in Britain 1700-1850* (London, 2000), p. 24.

²⁵ Meg Stacey, ‘The British General Medical Council: from Empire to Europe’ in Terry Johnson, Gerry Larkin and Mike Saks, *Health professions and the state in Europe* (London, 1995), p. 116.

power and profit while attracting the poor by the promise of altruism and trustworthy care.²⁶

Iliffe's emphasis on the many types of interest and motivation that have defined professionalism, and his specific attribution of characteristics of life in East Africa to the nature of a professional career, speak to the analysis carried out below, especially in chapters three, four and five. These chapters will show how professionalism was pulled tense between competing ethnic, sexual and political agendas.

After Iliffe, a small number of intermittent contributors argued along similar lines in contexts both the same and different to those focused upon by him. For example, Anna Crozier, in her comprehensive study of the British East African Colonial Medical Service, wrote that professionalism resonated in a range of forms for the men she studied. She wrote that Africa was 'intimately associated with the practice of tropical medicine' and 'for the formation not only of a professional, but also a social, political and cultural identity, based on race, Britishness, and the new tropical medicine.'²⁷

In 2010, Sokhieng Au produced an insightful study of medical practice in French Cambodia, which moved the study of professionalism and medicine in colonial societies further away from earlier interventions concerned with medicine as a 'Tool of Empire'. She defied that line of inquiry, stating that its proponents' presumption that medicine and its practitioners always colluded with empire, "can... fail to characterise the living experiences and active responses of these same

²⁶ John Iliffe, *East African Doctors A History of the Modern Profession* (Cambridge, 1998), p. 3.

²⁷ Anna Crozier, *Practising Colonial Medicine The Colonial Medical Service in British East Africa* (London, 2003), p. 1.

[colonial] populations.”²⁸ What Au sought to achieve was a detailed analysis of indigenous, specifically Cambodian, social practices, which interacted with and changed the way in which Cambodia and its indigenous peoples negotiated Western, French medicine. In her own words: “The comparison being made is not between French and Cambodian medicine; it is between concepts of the body, of politics, and of social relations along the fault line of French medical interventions.”²⁹

Most recently, Charlotte-Ann Chopin scrutinised the institutional nature of professionalism in French Algeria, again drawing attention (*a la* Iliffe) to ambiguity, rather than power or authority. Recreating a particular doctor’s reflections on his professional context, Chopin offered that he was ‘a servant of many masters’, serving not just... ‘the French authorities in the North African territory, but [...] also held to account by the European settler community of which he was a part, and the members of the medical profession to which he belonged.’³⁰ These ‘many masters’ were also prevalent in the lives of our men; points of stress within their professional lives were regularly deployed by the competing interests of the Government of India (GoI), War Office (WO) and India Office (IO), as well as more informal ties to their patients, and their patients’ friends and families.

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²⁸ Sokhieng Au, *Mixed Medicines: Health and Culture in French Colonial Cambodia* (Chicago, 2011), p. 5.

²⁹ Au, *Mixed Medicines*, p. 4.

³⁰ Charlotte Ann Chopin, ‘Embodying “the new white race”: Colonial Doctors and Settler Society in Algeria, 1878-1911’, *Social History of Medicine*, Vol. 29, No. 1 (2016), p. 1.

The summary provided so far shows the distinct lines of inquiry that have emerged in a number of disciplines about what professions mean and what they represent for society. Of these lines of inquiry, the work assembled here is most in tune with that referenced latterly, which argues for an approach flexible enough to fully reflect the possible social, institutional, political and cultural changes in how professionalization was perceived, as well as how professionals interpreted themselves. However, with the exception of Anna Crozier, all of those who have worked on Empire and the medical profession have either written too generally or too specifically about their topic. MacLeod, Lewis, Feierman, and Andrews and Cunningham wrote of the relationship between Empire and medical professionalism in abstract terms, paying little attention to the specific institutions and personnel that actually managed professionalism in colonial societies.

Iliffe and Chopin, whilst providing keener local insights, have not yet shown how the types of professionalism that they detected in British East Africa and French Algeria interacted with a network of global connections, a topic which has come to be one of the strongest and most recurrent themes of imperial and colonial history scholarship in the past fifteen to twenty years. Crozier nodded towards this global context in the introduction to *Practising Colonial Medicine*. She wrote that her book relied upon ‘a familiar post-colonial literature that explores whether group identities were created by the peculiarities of the colonial situation, or whether they were primarily replications of familiar, traditional cultures back home.’³¹ Borrowing from the work of Eric Hobsbawm and Terence Ranger, Crozier argued that ‘the imperial subject, dislocated from a familiar home *milieu*, imported to his new social, cultural,

³¹ Crozier, *Practising Colonial Medicine*, p. 11.

political and economic space, brought presumptions and expectations that were adapted to the specificities of the colonial context.’³²

In viewing her subjects as such, Crozier was, at time of writing, playing on themes of connection and exchange that became increasingly important over the course of the next decade and a half. In the late 1990s and early 2000s, scholars of empire – and how empires have functioned – fixated upon themes of connection, deploying metaphors such as ‘networks’, ‘ties’ and ‘sinews’ to describe different processes of exchange.

Ann Laura Stoler has been one of the foremost contributors to this seam of work. Aside from co-authored theoretical books and essays³³, her work has focused on the socio-cultural contexts of sexuality and gender under colonial rule. In a journal article she wrote in 2001, Stoler analysed the ways in which these connective metaphors had been deployed in her own field of study, especially by Alberto Hurtado, the author of a study on ‘Sex, Gender and Culture in Old California’. Specifically, Stoler drew attention to Hurtado’s phrase, ‘the intimate frontiers of empire’, and transmitted his definition of these frontiers: ‘... a social and cultural space where racial classifications were defined and defied, where relations between colonizer and colonized could powerfully confound or confirm the strictures of governance and the categories of rule.’³⁴ Alongside her invocation of Hurtado’s work, she placed that of Sylvia van Kirk, who wrote of women in the fur-trade in Western

³² *Ibid.*

³³ See Frederick Cooper and Ann Laura Stoler, ‘Between Metropole and Colony: Rethinking a Research Agenda’, in Frederick Cooper and Ann Laura Stoler (eds), *Tensions of Empire Colonial Cultures in a Bourgeois World* (West Sussex: University of California Press, 1997), pp. 1-59.

³⁴ Ann Laura Stoler, ‘Tense and Tender Ties: The Politics of Comparison in North American History and (Post) Colonial Studies’, *The Journal of American History*, Vol. 88, No. 3 (December 2001), pp. 830-31.

Canada between 1670-1870 in terms of “‘tender ties” as a way to explore the “human dimension” of the colonial encounter.’³⁵

The ‘ties’ that, in Stoler’s purview, defined racial and sexual relations between peoples in colonial societies, were intimate connections detected in other forms elsewhere in the administration and expansion of empires. Scholars have used the word ‘network’ to describe these forms of connection. In their estimation, these networks were overlapping and co-constitutive, and operated locally, regionally and globally. These various modes of operation were created, maintained and linked by a number of organisations, institutions and commercial entities, such as reform associations, offices of imperial or colonial rule, and businesses, carrying people, goods, ideas and, unwittingly, diseases *via* their ‘nodes’ and ‘edges’.³⁶

Nodes and edges are terms derived from the formal body of knowledge on the structure and function of social networks in the mathematical and computer sciences. Nodes describe objects within a network, whilst edges describe the connections between these objects. These two terms will be used where appropriate below to describe the people and connections that substantiated ‘imperial networks’.³⁷ As Mark Harrison has recently argued, tracing the history of these networks and their structures, across assumed national, imperial and colonial boundaries, is the ‘essential

³⁵ *Ibid.*

³⁶ The terms ‘nodes’ and ‘edges’ come from the formal body of knowledge on the structure and function of networks in the mathematical and computer sciences. Nodes describe objects within a network, whilst edges describe the connections between those objects. For key readings on the topics mentioned in the global history of empire see: Julia Moses and Martin J. Daunton, ‘Editorial – border crossings: global dynamics of social policies and problems’, *Journal of Global History*, Vol. 9, Iss. 2 (July 2014), p. 177 and, specifically on reform associations, p. 183; Nir Shafir, ‘The international congress as scientific and diplomatic technology: global intellectual exchange in the International Prison Congress, 1860-90’, *Journal of Global History*, Vol. 9, Iss. 1 (March, 2014), pp. 72-93; Zoe Laidlaw, *Colonial connections 1815-45: patronage, the information revolution and colonial government* (Manchester, 2005), especially chapter 2; on the spread disease through global commerce see Mark Harrison, *Contagion how commerce spread disease* (London, 2012), especially Chapter Seven on ‘Plague and the Global Economy’, pp. 174-211.

³⁷ For a formal collaboration between historical research and social network theory see John Haggerty and Sheryllyne Haggerty, ‘Visual Analytics of an Eighteenth-century Business Network’, *Enterprise & Society*, Vol. 11, No. 1 (March, 2010), pp. 1-25.

characteristic of global history' that allows historians 'to dispense with rigid compartmentalization.'³⁸

In one sense, networks have been invoked with a tone of optimism, as a method for tracing forgotten historical connections between seemingly disparate locations, peoples, ideas and commodities. In a journal article from 2010, in which he reviewed then recent evolutions in imperial historiography, Tony Ballantyne noted a consensus amongst historians of empire that '... reconstructing the movement of plants and animals, people, capital, commodities, information, and ideas is fundamental to understanding how the empire developed and how it operated on a day to day basis.'³⁹ Slightly earlier, P.D. Morgan wrote, in more sweeping prose, that melting a hard distinction between metropolitan and colonial societies, and laying emphasis on transfers and exchanges, was necessary for imperial history to grasp its fullest analytical potential. Specifically, he stated:

The real challenge... will be to... integrate the local and the general... Only then will we glimpse whole worlds... that have not been seen before. A synoptic view, bringing metropole and colony, coloniser and colonised, British and indigenous peoples into one frame, into a single analytical field, will reveal not merely a catalogue of differences and similarities, not just a series of intriguing parallels, but whole configurations, general processes, an entire interactive system, one vast interconnected world.⁴⁰

³⁸ Mark Harrison, 'A Global Perspective: Reframing the History of Health, Medicine, and Disease', *Bulletin of the History of Medicine*, Vol. 89, No. 4 (Winter 2015), p. 641. Also, see Tony Ballantyne, 'The changing shape of the modern British Empire and its historiography', *The Historical Journal*, Vol. 53, Isis. 02 (June 2010), especially p. 442 and his mention of networks as fundamental to understanding the 'day-to-day' operation of empires.

³⁹ *Ibid.*

⁴⁰ P.D. Morgan, 'Encounters between British and 'Indigenous' Peoples, c. 1500-1800', in M.J. Daunt and R. Halpern (eds), *Empire and Others: British Encounters with Indigenous Peoples, 1600-1850* (London, 1999), p. 68. Morgan and Ballantyne's words are but two well-worded examples of a number of references that could be given on this topic. For specifically imperial examples see: Richard Drayton, 'Imperial History and the Human Future', *History Workshop Journal*, Issue 74 (August 2012), p. 169; Kathleen Wilson, 'Old Imperialisms and New Imperial Histories: Rethinking the History of the Present', *Radical History Review*, Vol. 95 (2006), pp. 211-234; Cooper and Stoler, 'Between

However, within this consensus there have been calls for caution, predicated on warning against a conception of networks as rational, balanced or structured in a pre-determined sense. For these critics, networks ‘[were] always markedly asymmetrical’⁴¹, and the relations they created were ‘... always stretched in contingent and non-deterministic ways, across space, and they did not *necessarily* privilege either metropolitan or colonial spaces [emphasis in original].’⁴² Robert Peckham, in his book on panic, public health and ‘colonial anxieties’ has even shown that, although these ‘novel pathways helped to knit diverse dominions together’, the ‘complexity of these selfsame networks also acted as a destabilising influence working to undermine empire.’⁴³ Similarly, in a book concerning the relationship between communications technologies and British India, Deep Kanta Lahiri Choudhury wrote that the networks he studied ‘led to a heightened and more apparent degree of state surveillance that provided impetus to information panics.’⁴⁴ In the work of both of these scholars, networks were not significant just for where they connected, but also what those connections forced the state to negotiate and manage.

Metropole and Colony’ in Cooper and Stoler (eds), *Tensions of Empire*, pp. 1-59. In the history of global health see Joseph S. Alter, ‘Introduction: The Politics of Culture and Medicine’ in Joseph S. Alter (ed.), *Asian Medicine and Globalization* (Pennsylvania, 2005), p. 3 and Mark Harrison, ‘A Global Perspective: Reframing the History of Health, Medicine, and Disease’, *Bulletin of the History of Medicine*, Vol. 89, No. 4 (Winter 2015), pp. 639-689. In the history of social policy see Moses and Daunton, ‘Editorial’, p.177.

⁴¹ Daniel T. Rodgers, “Bearing Tales: networks and narratives in social policy transfer”, *Journal of Global History*, Vol. 09, Iss. 02 (July 2014), pp. 307-308.

⁴² Alan Lester and David Lambert (eds), *Colonial Lives Across the British Empire Imperial Careering in the Long Nineteenth Century* (Cambridge, 2006), p. 8.

⁴³ Robert Peckham, ‘Empires of Panic: Epidemics and Colonial Anxieties’ in Robert Peckham (ed.), *Empires of Panic: Epidemics and Colonial Anxieties* (Hong Kong, 2015), p. 7.

⁴⁴ Deep Kanta Lahiri Choudhury, *Telegraphic Imperialism Crisis and Panic in the Indian Empire, c. 1830* (Basingstoke, 2010), p. 6.

Issues of clarification

Thus far, I have identified whom this thesis is about, and how I intend to study their lives and careers. However, there are still outstanding issues that should be resolved before moving into the first substantive chapter. The first concerns the singular nature of the institution being focused upon: ‘Why is the IMS being studied in particular?’ Charlotte-Ann Chopin’s work is particularly relevant here, especially in her emphasis on the ‘interests’ that defined the professional culture and practice of doctors in French Algeria.

The multiple administrative and political interests that defined the work of a doctor in Algeria resonated with the professional context in which our surgeons worked. Chapter three, in particular, shows how the administration of their professional lives was juggled and passed between a number of colonial and imperial offices. Each of these offices had very different priorities (civilian, military, economic, political), which reflected the ambiguous nature of the IMS, a civilian and military medical institution expected to administer healthcare provision across those two remits.

Commentators within our period were acutely aware of the irregular nature of expectations placed on IMS surgeons. In what amounted to a polemic written in 1923, one of our key *dramatis personae*, Patrick Hehir, referenced the deluge of responsibilities expected of these surgeons in comparison with their colleagues in the Royal Army Medical Corps (RAMC). Whilst officers in the latter were to act as medical officers to British troops, the IMS was expected to perform the same duties for the Indian Army, as well as ‘administrative and executive medical and sanitary work of the whole Army in India’. Furthermore, in civilian life, IMS officers were to perform administrative and executive duties for ‘all State hospitals and dispensaries,

medical treatment of all Government servants, medico-legal work of the country, asylums, sanitation of the Indian Empire and medical education.’⁴⁵

Hehir’s insights into the division of labour of medical work in India shows how unevenly distributed responsibilities and duties could be between institutions and, consequently, the value of studying individual institutions and their organization.⁴⁶ In response to scholars such as Andrews and Cunningham, or Lewis and McLeod: the potential for a doctor, surgeon or public health official to act as an effective ‘Tool of Empire’ very much depended on the shape, size and quality of toolbox, as well as the number of labourers who sought to make use of the contents.

My specific focus on the IMS necessitates working with sources produced about India under British rule during our period. The majority of these sources have been drawn from archives in the UK and Ireland, with some derived from repositories in Kolkata, notably Calcutta University’s Alipore Campus and the National Library of India, Kolkata. Specific references to these Indian documents are made in chapters three and five, with the British and Irish documents representing a far higher proportion throughout. In stating as such, I am conscious of Philip D. Curtin’s longstanding argument in regards to the African continent that colonial history written predominantly from metropolitan archives - whether in London, Paris or Brussels - is ‘the history of European interests in Africa, rather than the history of Africa itself.’⁴⁷ However, this is unapologetically a history of European interests in India. Stating as

⁴⁵ Patrick Hehir, *The Medical Profession in India* (London, 1923), 3-4.

⁴⁶ This division of medical labour was also one of the recurrent themes in a rancorous public discourse about pay and conditions for IMS officers conducted across the 1870s, 1880s and 1890s in the pages of journals such as the *British Medical Journal* (BMJ). More extensive reference will be made to these exchanges in chapter three.

⁴⁷ See Philip D. Curtin, ‘The Archives of Tropical Africa: A Reconnaissance’, *Journal of African History*, Vol. 1, No. 1 (1960), p. 145. For commentary on Curtin’s work see Derek R. Peterson and Giacomo Macola, ‘Homespun Historiography and the Academic Profession’, in Derek R. Peterson and Giacomo Macola, *Recasting the Past History Writing and Political Work in Modern Africa* (Ohio, 2009), pp. 1-2.

such does not mean that the research below is uncritical or hagiographic of Crown rule. Rather, it seeks to use sources that have previously gone largely unnoticed by historians to shed new light on the ways in which power and influence was mediated within and between the institutions of colonial rule on the subcontinent.

The unbalanced, ambiguous nature of the IMS' composition and duties were also unusual in comparison to the institutional and legislative reforms undertaken across the nineteenth-century in the United Kingdom, designed to cohere the medical profession around a singular set of principles and measures. These processes accelerated increasingly after the mid-1840s, when Robert Peel's Home Secretary, James Graham, first pitched the idea of a legally defined profession to medical practitioners.⁴⁸ Post-1858, with the codification of medical practitioners and the creation of the General Medical Council under the auspices of the *Medical Act*, the profession gained an unprecedented degree of legal coherence. As will be shown in chapter three, these processes were not just of relevance in the United Kingdom, but were also deemed desirable by institutions and administrators seeking to attract medical personnel to the colonies.⁴⁹

Therefore, although caution is necessary in assuming that such coherence quickly made physicians and surgeons more effective, competent or humane⁵⁰, there can be little doubt that medicine was more institutionally self-confident and powerful

⁴⁸ Noel and Jose Parry, *The Rise of the Medical Profession* (London, 1971), 118-120. See also Ivan Waddington, *The Medical Profession in the Industrial Revolution* (Dublin, 1988), chapters 4 & 5, and Thomas Neville Bonner, *Becoming a Physician Medical Education in Great Britain, France, Germany, and the United States 1750-1945* (Oxford, 1995), chapters 7-9.

⁴⁹ See Ackroyd, Brockliss, *et al*, *Advancing with the Army* (Oxford, 2005), especially Chapters One and Four.

⁵⁰ See the work of Kim Price, especially *Medical Negligence in Victorian Britain: the Crisis of Care under the English Poor Law c1834-1900* (London, 2014) and "'Where is the fault?': the starvation of Edward Cooper at the isle of Wight Workhouse in 1877", *Social History of Medicine*, Vol. 26, No. 1 (2013), pp. 21-37.

at the end of the century than it was at the start. In his 2013 volume on medical confidentiality, Angus Ferguson noted that,

The nineteenth century was a period of far-reaching change for medical practitioners. The professionalization of medicine, the founding of medical journals and the BMA, and the establishment, under the 1858 Medical Act, of the GMC with its authority to maintain a single register of qualified practitioners, meant that by the early twentieth century the issue of medical confidentiality was addressed by a more unified and cohesive body of practitioners.⁵¹

Our surgeons were, then, socialized as medical professionals around a number of important hallmarks: the formal codification of medical practice and professionalism; the birth of professional journals and associations that promoted the exchange of knowledge, establishment of reputations, and defence of fellow professionals; and the evolution of a definitive medical education housed within universities and specific training hospitals. However, as will be shown across chapters three to six, the culture in which they spent their careers did not replicate all of these hallmarks of professionalization; imperial networks did not transmit, receive or undergo institutional change at the same rate that IMS surgeons enlisted.

Therefore, the multiple remits expected of IMS officers, and the peculiarities of its institutional composition in comparison to shifts in the political and legislative contexts of the profession in the United Kingdom, make the Service an appropriate object to study singularly. There was certainly a temptation to conduct a comparative study of Irish medical professionals who worked in the IMS *and* the RAMC. However, to do so would have meant diverting attention away from the unique

⁵¹ Angus H. Ferguson, *Should a Doctor Tell? The Evolution of Medical Confidentiality in Britain* (Surrey, 2013), 52.

characteristics of life in the IMS, and what those characteristics meant for the practice of those who enlisted.

Our second point of clarification comes by asking, ‘Why does this thesis focus on Irish surgeons in particular?’ When most scholars speak of the British Empire and those who were employed by its institutions, there is very little acknowledgement made of the manifold ethnic, cultural and economic tensions bound up with using the simple appellation ‘British’. J.G.A. Pocock notably argued throughout the 1980s and 1990s that historians might use the term as a means of creating a regional history of an “Atlantic archipelago”, which included distinctions and connections between Irish, English, Scottish and Welsh people.⁵² Although Pocock’s recommendations for viewing the history of Ireland as trussed up with parallel themes in England and Scotland were very applicable, he was not interacting directly with imperial history.

Recently, the direct interrogation of who, amongst Irish people, carried out the business of managing the British Empire has received more attention than hitherto. There has been a whole range of publications produced since the turn of the twenty-first century that has created a sub-field of the concurrent study of modern Ireland and modern Empires.

On the one hand, this scholarship has attempted to understand whether Ireland, as a geographic, political and economic entity, was comparable as a colony, in the same way as parts of South-East Asia or the African continent.⁵³ This particular

⁵² See in particular: J.G.A. Pocock, ‘The Limits and Divisions of British History: In Search of the Unknown Subject’, *The American Historical Review*, Vol. 87, No. 2 (April 1982), pp. 311-336; ‘British History: A Plea for a New Subject’, *The Journal of Modern History*, Vol. 47, No. 4 (December 1975), pp. 601-621; ‘The New British History in Atlantic Perspective: An Antipodean Commentary’, *The American Historical Review*, Vol. 104, No. 2 (April 1999), pp. 490-500. For a critique of Pocock’s arguments on British History see Richard Bourke, ‘Pocock and the presuppositions of the new British History’, *The Historical Journal*, Vol. 53, Iss. 03 (September 2010), pp. 747-770.

⁵³ Terence McDonough (ed.), *Was Ireland a Colony? Economics, Politics and Culture in Nineteenth-Century Ireland* (Dublin, 2005), especially his Introduction, pp. vii-xiv; Stephen Howe, *Ireland and Empire colonial legacies in Irish history and culture* (Oxford, 2000) and ‘Minding the Gaps: New Direction in the Study of Ireland and Empire’, *The Journal of Imperial and Commonwealth History*,

strand of activity on Ireland's relationship with Empire, which is largely theoretical in nature, will only exert a passing influence over the shape of the work arranged here, especially in chapter two. The transient relevance that this body of work has is due to the fact that my concern here is not with the theoretical application of "colonialism" as a descriptive or analytical term to describe Ireland's political or economic experience of Empire "at home" in the nineteenth century. Instead, I am interested in recreating the history of Irish people who were either born or educated, or both, in Ireland, and then spent their careers working for Imperial institutions elsewhere in the world.

Nevertheless, questions of Ireland's colonial status are still relevant. The second chapter's examination of the social composition of these surgeons shows the ways in which individuals were often drawn from families who had come to Ireland as part of previous episodes of colonial expansion, specifically attempts at English colonization in Munster during the sixteenth- and seventeenth-centuries. These, exclusively Protestant, families established themselves culturally and economically in local communities, created traditions of imperial service that extended into the nineteenth century, and found these men at a time when medicine was becoming a publicly assertive and attractive profession.

In reaction to the extant data on our surgeons, it seems fair to question the assumptions latent within the first body of scholarship identified above: is it historically accurate to speak of Ireland's status as a colony or not in terms of the island as a whole, given the uneven distribution of colonization and its effects across the island? Do historians, instead, need a localized, time series-based 'heat-map' of

Vol. 37, No. 1 (2009), pp. 135-149; Christine Kinealy, 'At Home with the Empire: the example of Ireland' in Catherine Hall and Sonya O. Rose (eds), *At Home with the Empire: Metropolitan Culture and the Imperial World* (Cambridge, 2006), pp. 77-101; Scott B. Cook, *Imperial Affinities Nineteenth Century Analogies and Exchanges between India and Ireland* (London, 1993), especially his first chapter, 9-39.

colonialism in Ireland, whose metrics are defined by family tradition, land ownership, and cultural identification?

A second distinct, yet related, strand of scholarship within the field has been trained more specifically on acknowledging Irish people who spent their lives maintaining or enforcing British imperial rule across the nineteenth century, although none have approached the topic with the level of documentary or institutional detail that underpins this study. One characteristic of the work produced by this second group of scholars, has been an active effort to move their work away from the confines of a nation-state that exerted a vice-like, and often stifling, grip on the writing of history about Ireland over the course of the twentieth-century.⁵⁴

For example, Ciarán O'Neill's work, that references empire in relation to transnational education and Irish social elites in the nineteenth century, has referenced a broad shift away from nation-state perspectives in their field. Instead, he recounted, the field was more concerned with a transnational framework that both 'expand[s] beyond the boundaries of the nation' and 'take[s] account of international or globalised forms of elite education'.⁵⁵

Elsewhere, Jennifer Regan-Lefebvre's stimulating biography of the Quaker, nationalist, anti-imperial agitator and social reformer Alfred Webb, showed that "some of the appellations cast on nineteenth-century Ireland... now seem unfair: isolated, deteriorating... Catholic and dogmatic..." Instead, nineteenth century Ireland was connected into a global web of imperial connections, which Webb realised provided a framework in which "... Irish and Indian nationalists, from opposite ends

⁵⁴ For a comprehensive summary of debates between nationalists and 'revisionists' in Irish academia, see Ciaran Brady (ed.), *Interpreting Irish History the debate on historical revisionism* (Dublin, 1994).

⁵⁵ Ciarán O'Neill, *Catholics of Consequence: Transnational Education, Social Mobility, and the Irish Catholic Elite 1850-1900* (Oxford, 2014), 2-3.

of the globe could unite in London and find that their goals and ideas were very similar.”⁵⁶

Despite these important and invigorating shifts away from modern Irish history’s fetish for the nation-state, and a much-needed reorientation towards a brand of writing that can comfortably accommodate Empire into Irish historical consciousness, there has been a lack of full-length studies that properly account for and analyse those of Irish origin who worked in imperial institutions. Beyond underlining how quantitatively present the Irish were as imperial servants, in various guises, across the nineteenth century, and some short journal articles on prominent individuals, there have been few substantial attempts to contextualize Irish involvement in imperial rule.⁵⁷

Those who have focused on Irish people once they reached colonial locations have tended to concentrate their attention on Irish people across a number of imperial institutions, which provides a good overview of the ways in which Irish people spent their time and energies whilst on imperial service. However, this approach also tends to assume that the Irish experience of the Empire was notable, or indeed homogenous,

⁵⁶ Jennifer Regan-Lefebvre, *Cosmopolitan Nationalism in the Victorian Empire* (Basingstoke, 2009), p. 3 & 7.

⁵⁷ For evidence from within Irish universities see: Jonathan Jeffery Wright, “‘The Belfast Chameleon’: Ulster, Ceylon and the Imperial Life of Sir James Emerson Tennet’, *Britain and the World* 6:2 (2013), 192-219; Michael Silvestri, *Ireland and India Nationalism, Empire and Memory* (Basingstoke, 2009); Christopher Shepard, “‘I have a notion of going off to India’: Colonel Alexander Porter and Irish recruitment to the Indian Medical Service, 1855-96’, *Irish Economic and Social History*, Vol. XLI (2014), 36-52; Kinealy, ‘At Home with the Empire’ in Hall and Rose, *At Home with the Empire*, pp. 77-101; Keith Jeffery, ‘An Irish Empire’? *Aspects of Ireland and the British Empire* (Manchester, 1996). For short contributions by imperial historians more generally see John MacKenzie, ‘Irish, Scottish, Welsh and English Worlds? A Four-Nation Approach to the History of the British Empire’, *History Compass*, 6:5 (2013), 1244-1263; David Cannadine, *Ornamentalism How the British saw their Empire* (London, 2002); Alexander Bubb, ‘The Life of the Irish Soldier in India: Representations and Self-Representations, 1857-1922’, *Modern Asian Studies*, 46:4 (July 2012), 769-813; Joe Cleary, ‘Amongst Empires: A Short History of Ireland and Empire Studies in International Context’, *Éire-Ireland*, Vol. 42, Nos 1&2 (2007), 11-57.

because of ethnic origins rather than the institutions those men and women frequented.⁵⁸ This method is not one that will be followed here.

Therefore, the lack of extensive studies focused on particular types of Irish people working in imperial institutions provides a key justification for training the focus of this thesis solely on Irish surgeons employed by the IMS. Furthermore, by studying these surgeons, I will also show that Irish peoples' difference to their colleagues from other parts of the then United Kingdom, or that they were always perceived as 'other' on the basis of their ethnic origins, should be demonstrated rather than assumed. Too often, these assumptions, that ethnicity was a constant standard by which Irish people were judged, have led scholars to draw misguided conclusions about the historical experiences of Irish people in the Empire as a whole. A very pertinent example of these gaps between historiographical assumptions and historical realities will be exhibited in relation to chapter two, concerning the assumed cultural legacies of Ireland's Great Famine (1845-51) and the intellectual and professional preoccupations of our surgeons.

Chronology

The Famine is also one of the key reasons why the period this thesis is concerned with begins around 1850. In my early readings on Irish careers in the British Empire, the

⁵⁸ Barry Crosbie, *Irish Imperial Networks Migration, Social Communication and Exchange in Nineteenth-Century India* (Cambridge, 2012). Although Crosbie's later work, on Ireland and 'Colonial Science', becomes more pointedly focused upon 'Irish professional personnel networks' he does not provide a detailed examination of what 'professional personnel' meant institutionally under imperialism. See Crosbie, 'Ireland, Colonial Science, and the Geographical Construction of British Rule in India, c. 1820-1870', *The Historical Journal*, Vol. 52 (2009), 963-987. In a similar vein see Patrick O'Leary, *Servants of the empire the Irish in Punjab, 1881-1921* (Manchester, 2011). Elsewhere Steven O'Connor has published work closer in method to that exhibited here. See Steven O'Connor, 'Irish identity and integration within the British armed forces, 1939-1945', *Irish Historical Studies*, Vol. 39, Issue 155 (May 2015), 417-438 and his book, *Irish Officers in the British Forces, 1922-45* (Basingstoke, 2014).

Famine of 1845-52 emerged as a formative influence on a generation of Irish imperial servants who were born either during or shortly after the blight's presence in Ireland, and then joined one of the Indian public services as a result of the social, cultural and economic consequences arising from The Great Hunger.⁵⁹

Given the multiple impacts that famine had on Irish society, these assumptions are understandable and, in some cases, true; Scott Cook has drawn attention to Anthony Patrick MacDonnell's career in Indian Famine relief, which was most likely brought about because of his early experiences of life in Co. Mayo in the late-1840s.⁶⁰ Elsewhere, Peter Gray has convincingly shown how land and famine relief policies were imagined and relayed between Ireland and India through the career of James Caird, a Scottish, liberal agriculturalist who visited both Ireland and India between 1849-1880, with the support of respective British administrations, to comment on famine relief.⁶¹ Arising from these insights, one of my early research questions was: 'To what extent did the experience of Famine in Ireland between 1845-52, influence the lives and professional careers of Irishmen enlisting in the IMS in the decades after?' In line with these concerns, I estimated that if a man had been born during or immediately after the Famine between 1845-1855, he would have enlisted in the IMS around 1870, as the minimum and maximum ages for enlistment at the time were between twenty-one and twenty-eight years old.⁶²

⁵⁹ See Scott B. Cook, 'The Irish Raj: Social Origins and Careers of Irishmen in the Indian Civil Service, 1855-1914', *Journal of Social History*, Vol. 20, No. 3 (Spring 1987), p. 511 for economic pushes towards imperial employment, which were created by Famine, and p. 519 for Anthony Patrick MacDonnell's career in Famine Relief policy. Also, see Barry Crosbie, *Irish Imperial Networks*, p. 185 and p. 194.

⁶⁰ Cook, 'The Irish Raj', p. 519.

⁶¹ Peter Gray, 'Famine and Land in Ireland and India, 1845-1880: James Caird and the Political Economy of Hunger', *The Historical Journal*, Vol. 49, Iss. 01 (March 2006), pp. 193-215.

⁶² Age ranges derived from William Wilfrid Webb, *The Indian Medical Service, a guide for intending candidates for commissions, and for the junior officers of the service* (London, 1890), p. 9.

However, the formative influence of Famine in Ireland was not uniform or constant. As will be argued in chapter two, there is little to no evidence to suggest that the men being studied here had professional interests in public health or famine relief across their careers; they were far more interested in training as surgeons, and publishing on surgical topics over the course of their time in the IMS. But, when these aspects of their collective experience had been established, changing the beginning of our periodization, to incorporate more Irishmen from earlier in the century, was not viable because of the amount of time left to research and write the rest of the thesis.

Regardless, the time period in which this research is set is an important one for surveying changes in the nature of medical professionalization, and the institutional contexts of IMS surgeons more broadly. As will be demonstrated in chapter two, the professionalization of medicine increased in scale and significance over the course of the period 1858-1880. The processes that supported professionalization included the legislative definition of who was a ‘legitimate’ medical practitioner, and could subsequently avail of the cultural and financial gravitas of calling oneself ‘doctor’ or ‘surgeon’. These privileges were enshrined in the 1858 Medical Act.

The 1860s and 1870s also witnessed the incubation of increasing degrees of coherence in how medical professionals identified themselves and each other, and the standardisation of medical knowledge and training. Chapter three explores how these processes were not just germane to the profession in the United Kingdom, but also the way in which the practice of medicine was thought about and politicised in India. In line with the GoI’s growing public health concerns, the IMS was expected to fulfil an increasing number of roles. Therefore, for the early to middle decades of our period were intensely formative for how the modern medical profession in the Anglo-

European world conceived of itself and practised, both ‘at home’, and in places such as India.

The last year in which applications from Ireland to the IMS are dealt with here is 1914; this is not due to the start of the Great War but, instead, as a result of the fact that the *ASP* collection, my main source base for the first two chapters, ceased in this year. The interests of the thesis extend into the next decade, however, because the lives of the men with which the later chapters are concerned spanned the 1920s and 1930s. The Great War itself does not feature, except in passing, because of the amount of original archival material discovered in the Freyer and Hehir cases. Although both saw war service – Freyer in Britain and Hehir against the Ottomans – the most substantial and interesting portions of their careers for the concerns of this thesis occurred outside of the War’s context.

Chapter summaries

Given the insights of our ‘networked’ conceptions of imperial and colonial history, this thesis acknowledges the formative influence of a number of different spaces and places spread across the British Empire. The professionalism of these men cannot be fully understood until we know the ideas and institutions that shaped them, both before they became socialised as medical men, in their families and local communities, and then during their careers in the IMS. In order to sufficiently understand these influences, Ireland must be connected with the rest of the United Kingdom, and the United Kingdom to India.

Crozier’s methodology and use of sources has strongly influenced the chapters arranged below. Working on the Indian sub-continent, rather than Africa, I trace the

ways in which the socio-economic contexts and education of these Irishmen provided the professional *milieu* in which they entered the Service. Although the significance of these early experiences did not remain constant or linear during their professional lives in India, their importance echoed and reverberated in a number of forms. To demonstrate these processes, I use similar archives to Crozier, derived from both state institutions and individuals, which reflect first the regional and then global nature of colonial medical services, the political administration of medicine, and the social and cultural values surrounding its practice.⁶³

The first two chapters are rooted in the *Assistant Surgeon's Papers (ASP)*, part of the India Office Records (IOR) held at the British Library's (BL) Asia, Africa and Pacific Collections reading room (AAPC). The *ASP* has allowed me to reconstruct a general profile of the two hundred and thirty-two Irishmen who enlisted in the IMS over the course of the period 1870-1914, and provide a strong sense of the families, communities, and universities they emerged from in order to enlist. This exhaustive approach to the *ASP* for a particular group of IMS surgeons is unique. As will be shown in Chapter One, the collection has been referenced sporadically to date, with scholars relying more heavily upon D.G. Crawford's *Roll of the Indian Medical Service*.⁶⁴ 'Crawford's Roll' is a problematic source to be used too extensively, as I will show below that there is a disparity between the numbers of surgeons he listed, and those who actually gained commissions within the Service, as reflected in the *ASP*. The historical context that results from this approach shows that I am studying very particular types of Irishmen here who, although derived from a number of distinct religious and social communities on the island, were similar enough in social and

⁶³ For examples of the ways in which Crozier uses similar sources in her book see *Practicing Colonial Medicine*, Chapters two, three, four and eight.

⁶⁴ D.G. Crawford, *Roll of the Indian Medical Service 1615-1930* (London, 1930).

economic terms to be conversant with a broader regional culture that supported their professional ambitions and valued, in a number of ways, colonial service.

The third chapter then shifts to India, and relies upon the administrative and political archives of the various institutions that governed the shape and function of the IMS. The chapter acts as a bridge between the creation of professional ideals and systems of knowledge, both about the practice of medicine and practitioners themselves, in the first two chapters, and how those aspects of professional life were interpreted and challenged by the priorities of the imperial government in London, and the colonial administration of the GoI. Whereas in Britain and elsewhere in the Empire, the medical profession was either self-regulating⁶⁵, or creating professional associations and print journals to lobby for greater cultural influence, financial recompense and political positioning, the IMS failed to acquire many of these characteristics and methods of power brokerage. Furthermore, there was no real consensus within or between the institutions identified above, spread between London, Delhi and Calcutta, about who was responsible for managing IMS surgeons and their careers.

This administrative ambiguity also characterized the Service in the formulation of its surgeons' professional remits. An uneasy relationship existed between civilian and military service, which set the Service's surgeons apart from their professional cousins employed by the AMD (Army Medical Department). As a result, the IMS was a panoply of pragmatic, administrative and ideological hybrids, situated between the military demands of the AMD, and the relatively liberal, aspirational professional culture emerging in the United Kingdom, which had so heavily influenced these men during their socialisation as medical men.

⁶⁵ For insights into Africa, see Crozier, *Practicing Colonial Medicine*, p. 3.

Chapters four and five take these broad themes, concerning the relationship between political institutions and professional culture in India during our period, and apply them to two specific case studies concerning Peter Johnstone (P.J.) Freyer (1851-1921) and Patrick Hehir (1859-1937). This tapering of our analysis, from a relatively populous sample to specific individuals, has been conducted partially as a result of uncovering entirely original archives that required extensive analysis. However, by narrowing the focus from a group to individuals I also wish to demonstrate how imperial and colonial networks could fluctuate in scale and intensity. As Stoler commented concerning the work of Sylvia van Kirk in ‘Tense and Tender Ties’, focusing on exchanges between small numbers of individuals in specific political and cultural spaces helps to uncover the ‘human dimension’ of colonialism, and document ‘tense ties’, or the ‘sites of production of colonial inequities’.⁶⁶

In Chapter four, these ‘tense ties’ concern inter-professional rivalry between different types of professional men working within the GoI. P.J. Freyer’s archive has resided at his *alma mater*, Queen’s College (now the National University of Ireland) Galway since the 1980s without being examined by historians. Although substantial enough to support writing a biography of a man whose life very much reflected the global nature of the Empire that employed him, that is a singular project, which necessitates the creation of full Irish, Indian and British contexts in their own right.

Instead, our focus will be on the nature and significance of his Indian career, specifically regarding the inter-professional tensions that coursed within the GoI and IO as a result of his treatment of the Nawab of Rampur, the ruler of a nominally independent native principality nested in the British administrative division of the North Western Frontier Provinces and Oudh (NWFPO). Not only did Freyer’s

⁶⁶ Stoler, ‘Tense and Tender Ties’, pp. 830-831.

treatment of the Nawab messily incorporate a native principality into these colonial networks, his professional work also pressed upon cultural perceptions of work and value, the origins of which lay in the United Kingdom.

Our fifth and final chapter negotiates ‘tense ties’ not in the offices of political power, but in the social and professional networks of Patrick Hehir, and European society more broadly, in another principality: Hyderabad, the city-state of the Nizam, Asaf Jah VII, and his Court. In 1895, Hehir, from Templemore in Co. Tipperary, was embroiled in a lawsuit brought against a friend, civil servant and professional collaborator, Arthur Napoleon Templeton, who stood accused of the culpable homicide (*via* abortion) of his extra-marital lover, Marion Edith Whittaker.

Whittaker’s death, and Hehir’s treatment of her, were perceived and phrased as they were because of the structure of Hyderabad’s elite social networks. Through this dense series of connections, Hehir was enmeshed into a social scene consisting of other prominent IMS surgeons, men and women who constituted a European *elite*. These publishers, surgeons, *debutantes* and lawyers frequented various prestigious locations within the city, including the court of the *Nizam*. The networks that connected them were recreated during Templeton’s trial, and reflected a latticework upon which values about medical practice, gender, sexuality and families were constructed and managed under colonialism. Furthermore, focusing on the position that Hehir occupied in Hyderabad, and the consequences of the Whittaker case for him and his contemporaries, unearths the ‘colonial inequities’ that defined the internal operation of European society in India. That phenomenon is less understood than more obvious issues concerning how inequity manifested between Europeans and the vast majority of indigenous peoples incorporated under imperial rule.

The structure and content of these chapters will allow me to demonstrate that being a British medical professional in the nineteenth century was not defined by an internal drive for power, the shelter of the State, or a secure career in one of Britain's colonies. Instead, professionalization in medicine for our subjects was a confluence of social class and institutional change rubbing against the political and cultural tensions induced by the management of a global empire.

Chapter 1 - Before they were surgeons: Ireland as place and space for Irish enlistees to the Indian Medical Service, 1850-1914

Introduction

The last fifteen to twenty years has seen the widespread documentation of the various ways that Irish people, of different religious denominations, social classes, and political persuasions, viewed empire and colonial employment. The metaphor around which these discussions have most prominently revolved is that of ‘Irish imperial networks’, the title of Barry Crosbie’s book from 2012, but also the rubric under which a number of others have published.¹ The prevalence of ‘networks’ in the study of Ireland and Imperialism can be thought of as a response to the shift towards ‘imperial networks’, established in the field of global and imperial history more broadly.

Specifically, these networks have been framed as a way of documenting the transmission of ‘Irishness’ from Ireland to different parts of the British world. In 1996, Keith Jeffery posed a question that drove at the heart of this issue: ‘What needs to be persistently addressed is the question of whether the Irishness of imperial servants and settlers, both individually and as a group, made any specific difference to their experience and service.’² Scholars who have worked on the topic, and quoted Jeffery directly, have tended to support the view that there was a strong correlation between Irish origins and the nature of imperial service.³ Patrick O’Leary, in his study of Irishmen serving in the Punjab, wrote that,

Even if members of the ICS [Indian Civil Service] were regarded, in India, as being socially superior to those in the other professions, the fact that individual members would sometimes find themselves in small stations with no other Europeans than a

¹ Ballantyne, ‘The Sinews of Empire’ in McDonough (ed.), *Was Ireland a Colony?*, pp. 145-165; Regan-Lefebvre, *Cosmopolitan Nationalism in the Victorian Empire* (Basingstoke, 2009), especially chapter one; Jonathan Jeffrey Wright, “‘The Belfast Chameleon’: Ulster, Ceylon and the Imperial Life of Sir James Emerson Tennet”, *Britain and the World*, Vol. 6, No. 2 (2013), pp. 192-219.

² Keith Jeffery, ‘Introduction’ in Keith Jeffery (eds), *‘An Irish Empire’? Aspects of Ireland and the British Empire* (Manchester, 1996), p. 17.

³ A notable exception for a later period, and relating to Irishmen in the British military in the United Kingdom, is Steven O’Connor’s work, referenced previously.

colleague or two... meant it would occasionally be possible to converse at length with fellow countrymen and reinforce each other's Irishness.⁴

Crosbie, who was skeptical of an overarching and cohesive sense of 'Irishness' in the nineteenth century, still made provision for the continuing relevance of Ireland in shaping imperial careers. In *Irish Imperial Networks* he wrote that, although there was no 'single unifying sense of Irishness' to define Irish people's interactions with Empire, Irish enlistees to the IMS were pre-disposed to professional interests in famine relief because of a shared, cultural experience of the Famine in Ireland at mid-century.⁵ His argument concerning the ethnic origins of professional interests for the subjects of this thesis will be challenged in the second chapter. Crosbie's argument shares the hallmarks of other contributions to the 'new', wide-ranging imperial history, one of the projects of which is to deconstruct pre-existing notions of 'Britishness' and seek out the English, Scottish, Irish and Welsh histories of imperial expansion and management. As John MacKenzie wrote on the topic, '... the British Empire was merely a name which obscured many more complex phenomena. Members of each ethnicity interacted with empire, and its indigenous peoples in different ways.'⁶

These scholars are right, in one sense, to trace connections between the ethnic origins of imperial servants and aspects of their later lives; as will be shown below, the men being studied here retained degrees of connection with their place of birth. However, they also run the risk of oversimplifying the relationship between these individuals and the spaces in which they lived and worked across time. As Stephen

⁴ O'Leary, *Servants of the empire*, p. 48.

⁵ Crosbie, *Irish Imperial Networks*, p. 4 and pp. 170-185.

⁶ John M. MacKenzie, 'Irish, Scottish, Welsh and English Worlds? A Four-Nation Approach to the History of the British Empire', *History Compass*, Vol. 6, No. 5 (2008), p. 1244.

Howe wrote, on the debate concerning Ireland's status as a colony or not, 'The... oversimplification involved was compounded by a general failure to think comparatively, theoretically or even definitionally about the very term colonialism... and by tendencies to homogenize Irish experience: across time and space, and across social groups, strata or classes.'⁷

Here, I wish to argue that these men were the product of a broadly homogenous social class, derived from families already supported by professional occupations – sometimes with pre-existing imperial interests – and communal cultures that agreed on what empire represented, and the meaning of a career in the colonies. Furthermore, these men were able to circumvent the politics and culture of locality, and move between their parish, village or county of birth, other parts of Ireland and the United Kingdom, and, ultimately, India. This ability to move was a powerful indicator of social status in mid-nineteenth century Ireland, and was a pre-condition for their entry into a profession.

However, whilst this broad class context was evident, other sources show important variations in the worldviews with which these men approached imperial. Specifically, the denominational cultures in which they were raised supported contrasting conceptions of Empire and how imperial projects were imagined. Therefore, although their entry into the medical profession and imperial service was primed and supported by degrees of convergence in their early lives, their perceptions of what these forms of employment symbolized were also probably divergent. Finally, I demonstrate here that these forms of 'Irishness' were not pre-determined to remain relevant, nor did being Irish shape their prospects within the IMS. Rather an affinity

⁷ Stephen Howe, 'Minding the Gaps: New Directions in the Study of Ireland and Empire', *The Journal of Imperial and Commonwealth History*, Vol. 37, No. 1 (2009), pp. 136-37.

with Ireland later in life was transmitted intermittently, often within families, rather than through a broad cultural experience *en masse*.

The recreation of these social and cultural characteristics has been founded largely on the *Assistant Surgeon's Papers (ASP)*, an archival collection preserved at the AAPC reading room in the British Library. The *ASP* are the surest means of understanding the social, cultural and institutional spaces in Ireland that, firstly, formed these men in their early lives and, secondly, mapping the professional credentials with which they entered the Service. This second function for the collection is explored in chapter two. The *ASP* are so useful because of their preservation of the *pro forma* applications that all enlistees were required to complete and, also, the character references that were written for these men by parish priests, Justices of the Peace, and university professors. This second tranche of source material within the collection is more intermittent than the former, being absent across the period 1892-1914.

Approaching the study of Irish imperial networks through the insights contained within the *ASP* necessitates thinking about the topic differently than has been the case up until now. The chapter has, therefore, been shaped by a number of bodies of scholarship other than that mentioned already. Lawrence Stone's work, on the social history of *elites*, has been of particular importance. His ground-breaking publications in the years between 1965 and 1995 sought to capture as many of the interests and influences pertaining to what he saw as *The Crisis of the Aristocracy* in England spanning the reigns of Elizabeth I, James I and Charles I.⁸ C.S.L. Davies has, in a short biography of Stone, flagged his work in *Crisis* as '... a pioneering attempt

⁸ Lawrence Stone, *The Crisis of the Aristocracy 1558-1641* (Oxford, 1965). From an Irish perspective, Ciaran O'Neill has recently forged new ground on the topic of social elites in Irish history. See O'Neill (ed.), *Irish elites*, especially the introduction.

to import into England the French concept of *histoire totale*, as Stone considered in turn the aristocracy's political power and its attitudes to violence, education, religion, marriage and family, concluding in a generalized "crisis of confidence".⁹

Stone's methodological pursuit of a 'broad church' of inter-connected explanations for historical phenomena was evidenced, also, by his interest in prosopographies of elites, or the study, *en masse*, of changes in their roles, status, titles and associations. In an article from 1971, Stone typified historians as scholars who '... instinctively opt for a simplistic view of human motivation, according to which the springs of action are either one thing or another' but, in his view, 'human nature does not seem to function this way.'¹⁰ Instead,

the individual is moved by a convergence of constantly shifting forces, a cluster of influences such as kinship, friendship, economic interest, class prejudice, political principle, religious conviction, and so on, which all play their varying parts and which can usefully be disentangled only for analytical purposes.¹¹

Stone's emphasis on understanding the social connections that substantiated *elite* society was mirrored by some of his contemporaries in the History of Science and their work on the 'social constructivism' involved in creating scientific knowledge.¹² The work of Steven Shapin, Arnold Thackeray and Barry Barnes applied similar perspectives to Stone's, especially as regards the manner in which

⁹ C. S. L. Davies, 'Stone, Lawrence (1919–1999)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004 [<http://ezproxy-prd.bodleian.ox.ac.uk:2167/view/article/72453>, accessed 25 May 2016].

¹⁰ Lawrence Stone, 'Prosopography', *Historical Studies Today*, Vol. 100, No. 1 (Winter, 1971), p. 65.

¹¹ *Ibid.*

¹² For a summary of the uses of social constructivist perspectives in the histories of science and medicine, see Ludmilla Jordanova, 'The Social Construction of Medical Knowledge', *The Society for the Social History of Medicine*, Vol. 07, No. 3 (1995), pp. 361–381.

scientific communities, drawn from a number of socio-economic strata, interacted in the eighteenth and nineteenth centuries.¹³

Of particular interest to us is Shapin and Thackray's jointly authored article concerning the uses of prosopography as a research tool in the History of Science, published in 1974. The authors actively invoked Stone's work and, as will be shown below, there is much to be gained from viewing the men being studied here as a reflection of what they conceived science as meaning for Britain's nineteenth-century 'middle-classes'. Shapin and Thackray argued for seeing science as attractive to, '... the ascendant industrial, commercial and professional middle-classes who, because of religion, social origins, wealth, or personal disposition, were excluded from the traditional socializing influences of Oxford, Cambridge and other lairs of polite learning.'¹⁴ From the evidence supplied in the *ASP*, Irish enlistees to the IMS very much fit Shapin and Thackray's social profile of science and the professions in Britain. But, crucially, aspects of Ireland's culture and history, which percolated within this regional context, also defined them.

Proceeding in relation to insights from these scholars addresses the need for us to become better at communicating in what forms imperial careerists were Irish, how they were connected to Ireland, and the circumstances in which those connections took place. Although the *ASP* are a fruitful collection to answer these questions about the social and institutional contexts that produced IMS officers, there has been very little systematic use of their contents in this regard. Whilst scholars such as Crosbie have drawn attention to the collection and its contents, their use has been anecdotal and related to individual cases; others working on Irish IMS surgeons have failed to

¹³ See, for example, Steven Shapin and Barry Barnes, 'Science, Nature and Control: Interpreting Mechanics' Institutes', *Social Studies of Science*, Vol. 7, No. 1 (Feb 1977), pp. 31-74.

¹⁴ Steven Shapin and Arnold Thackray, 'Prosopography as a Research Tool in History of Science: The British Scientific Community, 1700-1900', *History of Science*, Vol. 12 (1974), p. 7.

draw attention to them at all.¹⁵ O’Leary cited the Roll of Service of the IMS produced by D.G. Crawford in 1930, but Crawford’s estimations of Irish representation in the Service are dubious.¹⁶ For our period he listed eighty-eight Irish IMS surgeons out of four hundred and sixty-eight overall. However, having systematically analyzed the *ASP*, in line with the relatively broad definition of who constituted an Irish surgeon provided in the general introduction, the total number of Irish commissions granted to the Service was not eighty-eight but two-hundred and thirty-two. Therefore, the uncritical citing of Crawford’s Roll is problematic, and does not provide us with the means to derive a keen sense of what Ireland, as a place and space, represented for these men.

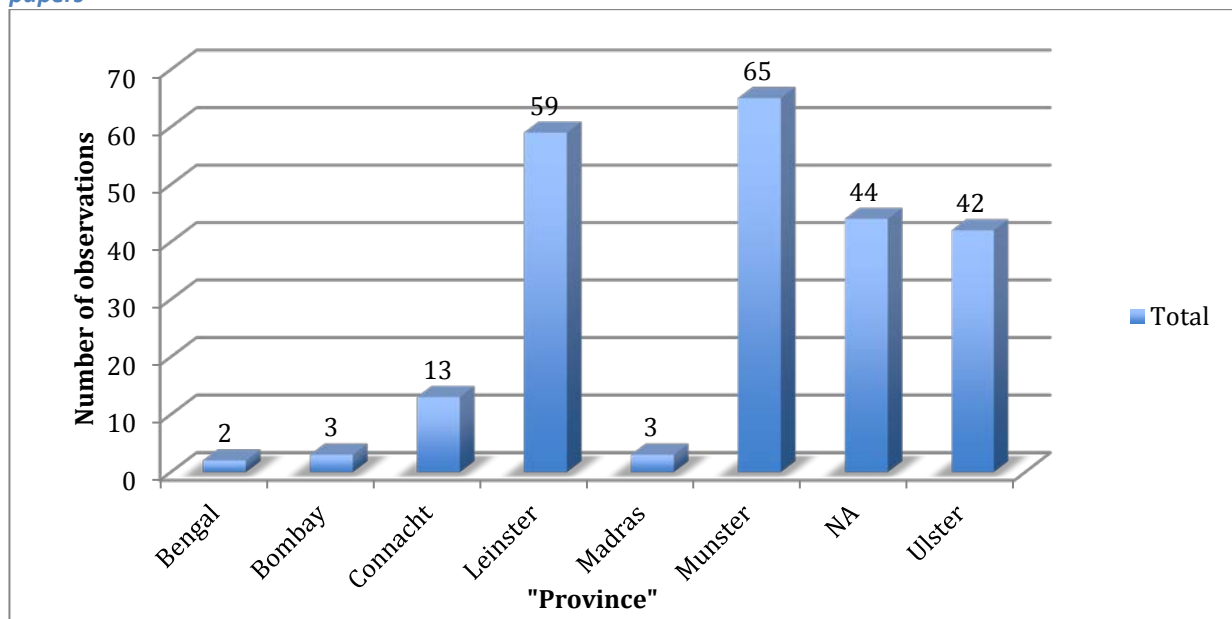
Furthermore, the chapter will subvert the notion, present in pre-existing scholarship, that Irishness determined one’s professional interests, or the dynamics of an imperial institution. Institutionally, there was very little, if any, acknowledgement of the Irish origins of these men whilst they served in India. Their place of birth, or cultural origins, did not determine their career paths through the IMS, their chances of professional success, or how their colleagues and superiors perceived them. Instead, their ‘Irishness’ was experienced by way of a shared sense of purpose in professional associations at the imperial metropole, or in the connections their children maintained with Ireland and its culture.

Where were these men born?

¹⁵ See Crosbie, *Irish Imperial Networks*, ch. 6 and Shepard, “‘I have a notion of going off to India’”, pp. 36-52.

¹⁶ Crawford, *Roll of the Indian Medical Service*.

Fig. 2 – “Province” of birth for Irish enlistees to the IMS, 1870-1914 as derived from the Assistant Surgeon’s papers¹⁷



This first data-set shows that Irish IMS enlistees in this period were most likely to have been born in Munster, the province that contained the southern and western counties of Ireland (Cork, Clare, Kerry, Tipperary, Limerick and Waterford). The next most popular, Leinster, included Dublin, as well as the counties that surrounded the city (the Queen’s County, the King’s County, Meath, Kildare and Louth) and extended southwards, through Wicklow, Wexford and Carlow. Ulster, constituted by Monaghan, Antrim, Down, Armagh, Donegal, Cavan, Fermanagh, Tyrone and Derry or Londonderry, was the third most frequent province of birth within the cohort. Connacht, comprised of Galway, Roscommon, Mayo, Leitrim and Sligo, was the least frequent. The inclusion of Madras, Bengal and Bombay should also be explicitly noted, as a small number of these men were born in India, as a result of their father’s occupation, and then returned to Ireland to be brought up and educated there.

¹⁷ The dataset generated by my research on the places these men were born can be viewed and downloaded from the website www.figshare.com. See Fitzpatrick, Kieran; Hadley, Martin (2016): Place of Birth_MartinHadley.xlsx.figshare. (<https://dx.doi.org/10.6084/m9.figshare.3493370.v1>) [Retrieved: 20 04, Jul 20, 2016 (GMT)]

The eight individuals for whom this was the case were part of a multi-generational experience of imperial careerism in India.¹⁸ Through the noting of their fathers' professions in India on their applications to the Service, the detailed cross-referencing with other documents within earlier caches of the *Assistant Surgeon's Papers*, or the corroboration of those documents with the time and place in which these men served, they all had fathers who were employed by, first, the East India Company (EIC) or, latterly, the Government of India.

Arthur Henry Cole Dane's father, Richard Martin Dane, was a surgeon in Her Majesty's 29th regiment at the time he was born in Meerut on 23 March 1852; his mother's name was Sophia Eliza Dane.¹⁹ Ignatius P. Doyle's parents were William and Jane Doyle, and he was born in Cuddalore on 7 June 1852 whilst his father was a Captain Surgeon in the Madras Army.²⁰ Patrick Percy Kilkelly, whose given address on his application was 12 Upper Fitzwilliam Street, Dublin, was born in Delhi in March 1869, where his father, Charles, was Civil Surgeon of Allyghur (also spelt Aligar).²¹ Charles's position at Allyghur was recorded in *Thacker's Bengal Directory* in 1871, and again on his son's application to the Service twenty years later.²² It would appear, then, that he avoided much of the geographic and professional instability that typified many of his contemporaries' careers in the Service, a topic that will be fully documented in our third chapter. Furthermore, Kilkelly's application to the Service hints at wider Irish networks in Delhi at mid-century; the Catholic

¹⁸ BL AAPC: IOR/L/MIL/9/404, ASP, 'Arthur Henry Cole Dane' (1875), f. 103-109; IOR/L/MIL/9/404, ASP, 'William George Hume Henderson' (1875), f. 314-319; IOR/L/MIL/9/414, ASP, 'Ignatius P. Doyle' (1886), f. 541; IOR/L/MIL/9/415(PT4), ASP, 'James Graham Hojel' (1888), f.497-505; IOR/L/MIL/9/416, ASP, 'F.E. Murray' (1891), f. 402-407; IOR/L/MIL/9/417, ASP, 'R.A. Yeates' (1892), f. 205; IOR/L/MIL/9/418, ASP, 'Patrick Percy Kilkelly' (1893), f. 81; IOR/L/MIL/9/420, ASP, 'de Vere Condon' (1898), f. 167-174.

¹⁹ BL AAPC, IOR/L/MIL/9/404, ASP, 'Arthur Henry Cole Dane' (1876), f. 103-109;

²⁰ BL AAPC, IOR/L/MIL/9/414, ASP, 'Ignatius P. Doyle', f. 541.

²¹ BL AAPC, IOR/L/MIL/9/418, ASP, 'Patrick Percy Kilkelly', f. 81.

²² BL AAPC, *Thacker's Bengal Directory* (1873), p. 476.

chaplain who performed Patrick Percy's baptism had the surname 'Keegan', a name with such prevalence in Ireland to indicate a connection, of some form, with the country and its culture.²³

These generational and social networks are important, because they substantiate one form in which 'imperial networks' manifested themselves: family structures. Although the metaphors has provided a useful way of conceptualizing the connections between Ireland, its people and the rest of the British Empire, the networks themselves have not been described or analysed in any real detail.²⁴

Given, in the Kilkelly family's example, how long Patrick Percy's parents were in India, and how well his father's professional practice was established in Delhi's hinterlands, his family background most likely had a great deal of influence on the profession he decided to enter, and then his choosing the IMS as the institution through which he wished to build his career. However, unlike his contemporary James Kernan, Kilkelly did not return to the Presidency in which his parents were based; he was listed in the *Indian Army List* for 1894 as doing 'General Duty' in the district of Bombay.²⁵ Kernan, on the other hand, was born in Dublin and was the son of James Kernan (Snr), a Judge in the Madras High Court, and Mary O'Donoghue.²⁶ After training at TCD, the RCPI, and the RCSI, he explicitly expressed a preference

²³ BL AAPC, IOR/L/MIL/9/418, ASP, 'Patrick Percy Kilkelly'. f. 86.

²⁴ Some have hinted at the significance of families, see the following: Cook, 'The Irish Raj', p. 511; Crosbie, *Irish Imperial Networks*, p. 85; Anne Crowther and Marguerite M. Dupree, *Medical Lives in the Age of Surgical Revolution* (Cambridge, 2007), p. 292; for a later period and the British military see O'Connor, 'Irish Identity', p. 418 and p. 433.

²⁵ BL AAPC, IOR/L/MIL/17/5/18, *The Quarterly Indian Army List for January 1894*, p. 442.

²⁶ There is a file documenting the circumstances of James Senior's resignation from the High Court in the IOR files at the British Library. See BL AAPC, IOR/L/PJ/6/253, File 921, *India Office Records and Private Papers*, 'Resignation of James Kernan, Judge of the High Court, Madras' (1 May – 17 June 1889).

on his application for returning to Madras, a preference that was granted when he gained a commission in the IMS in August 1881.²⁷

These insights into family networks sustained between Ireland and India also allow us to connect with others who have worked on the theme more generally in the study of imperial and colonial history. Zoe Laidlaw's book, *Colonial Connections*, made an important contribution to our knowledge of information flows and how they created, and were created by, empires. She focused especially on the ways in which, during the early and middle decades of the nineteenth century, those flows of information came to rely less on established and long-standing channels of patronage and informal influence, and more on formalized streams rooted in the collection of statistics and generation of official reports.²⁸ The insights provided here might segue well with the focuses of Laidlaw's work to produce future avenues of research. How, for example, did these imperial families, who often spent one or two generations in places like India, adapt any power brokerage of which they were a part to suit these new, formalized networks of information?

In addition, future inquiries should be made into the extent to which these families were rooted in Ireland, the British Empire, and, also, other contemporary European empires. Caroline Drieënhuizen's recent article illuminated these trans-national and trans-imperial connections between Britain, Indonesia and Holland, and the Dennison-Mooyaart and Quarles van Uffort families. Contextualizing these families and their histories in relation to the same 'networked' conceptions of imperialism referenced here, she wrote that more research should be framed by these concepts, in an attempt to uncover "the interconnectedness of the various empires

²⁷ BL AAPC, IOR/L/MIL/9/408, *Assistant Surgeon's Papers*, 'James Kernan' (1881), f. 246.

²⁸ Zoe Laidlaw, *Colonial connections, 1815-1845: patronage, the information revolution and colonial government* (Manchester, 2005).

with their motherlands and the development of social groups, for example the elite in a broad geographical context.”²⁹

There seems to be evidence that the same processes documented in Drieënhuizen’s work were formative in the lives of Irish social *elites*, too. For example, in St Finbarre’s Cathedral, which still stands in the south of Cork City, where a handful of our subjects practiced their faith³⁰, there were references made to the trans-imperial marriages that frequented the parish.

On a stone tablet in the cathedral’s north eastern wall, the life and work of Bertha Valentine Duret was recorded for posterity. Duret was the daughter of the French Consul at Chandernagore (present day Chandannagar), one of the small urban enclaves that remained of France’s possessions on the Indian sub-continent. According to the memorial, Duret ‘died at Cork 1st December 1905 from a painful disease long and heroically borne.’³¹ She had been resident in Chandernagore previous to her death and was remembered ‘mainly owing to her energy and exertions’ as the founder of the first leper asylum built in Burma.³² The memorial does not state precisely when Duret had founded her leper asylum, although her death dates from less than a decade after the beginning of a concerted effort to manage leprosy in British India, so the assertion is at least plausible, if not proven by date.³³

²⁹ Caroline Drieënhuizen, ‘Social Careers Across Imperial Spaces: An Empire Family in the Dutch-British World, 1811-1933’, *The Journal of Imperial and Commonwealth History*, Vol. 44, No. 3 (2016), p. 415.

³⁰ These were William Henry Thornhill and the Crofts brothers, James and Aylmer Martin. See BL AAPC, IOR/L/MIL/9/405, ASP, ‘William Henry Thornhill’ (1877), f. 321; BL AAPC, IOR/L/MIL/9/405, ASP, ‘Aylmer Martin Crofts’ (1877), f. 148-152; BL AAPC, IOR/L/MIL/9/405, ASP, ‘James Crofts’ (1877), f. 184-192.

³¹ *Kieran Fitzpatrick personal photography collection*, St Finbarre’s Cathedral, Cork, ‘Duret-Citley memorial’ (captured 2 August, 2014).

³² *Ibid.*

³³ For the history of colonial policy towards leprosy see Sanjiv Kakar, ‘Leprosy in British India, 1860-1940: Colonial Politics and Missionary Medicine’, *Medical History*, Vol. 40 (1996), pp. 215-230.

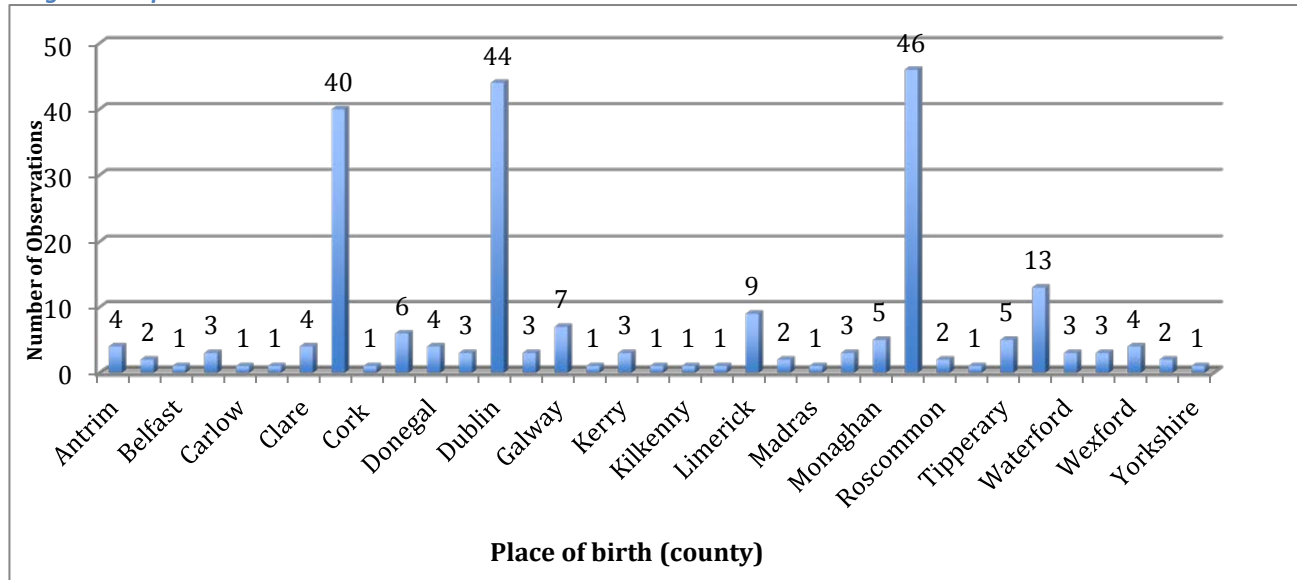
However, multiple keyword searches of both *The Times* and the *Times of India* produce no results related to the establishment of a leper asylum in Burma by Duret.

Although her medical achievements are difficult to corroborate, Duret's life was also an example of the social history of inter-linked European Empires. '[H]er sorrowing husband', Major W.G. Citley, wrote beneath the monument both his name and the name of his British Army regiment, the 34th Sikh Pioneers. Yet as was the case with Duret's supposed founding of Burma's first leper asylum, Citley's career has left behind little documentary evidence. There is no service record or enlistment papers housed in the India Office Library collections at the British Library, and although a search has been performed of the Library's digitized marriage records that took place in British India, a 'paper trail' was not uncovered for this source type either. Therefore, it is very hard to contextualize their lives and careers beyond the information provided in the memorial. Nevertheless, the Duret-Citley tablet allows us an insight – albeit an incomplete one – into the history of a marriage and two lives that were defined by overlapping imperial projects, similar to those uncovered by Drieënhuizen.

What of those born in Ireland rather than India? These future surgeons were most likely to have been born in either counties Dublin or Cork, which followed the statistical trend regarding province of birth. Cumulatively, Dublin and Cork accounted for forty-five per cent of the available observations, and twenty-four and twenty-three percent individually. What is more noticeable is the large deficit between men applying from Dublin and Cork, and those from elsewhere; Tyrone was the next most prevalent county, but only provided seven per cent of the observable total. Notably, whereas there was a strong correlation between the counties hosting the large urban centers of Munster and Leinster (Cork and Dublin) contributing large

proportions of applicants, the same correlation did not hold true in Ulster. In such a case, Down and Antrim would have been the next most prevalent counties, as Belfast is traditionally thought of as straddling both of them.

Fig. 3 – County of birth for Irish enlistees to the Indian Medical Service (1870-1914) as derived from the Assistant Surgeon's Papers

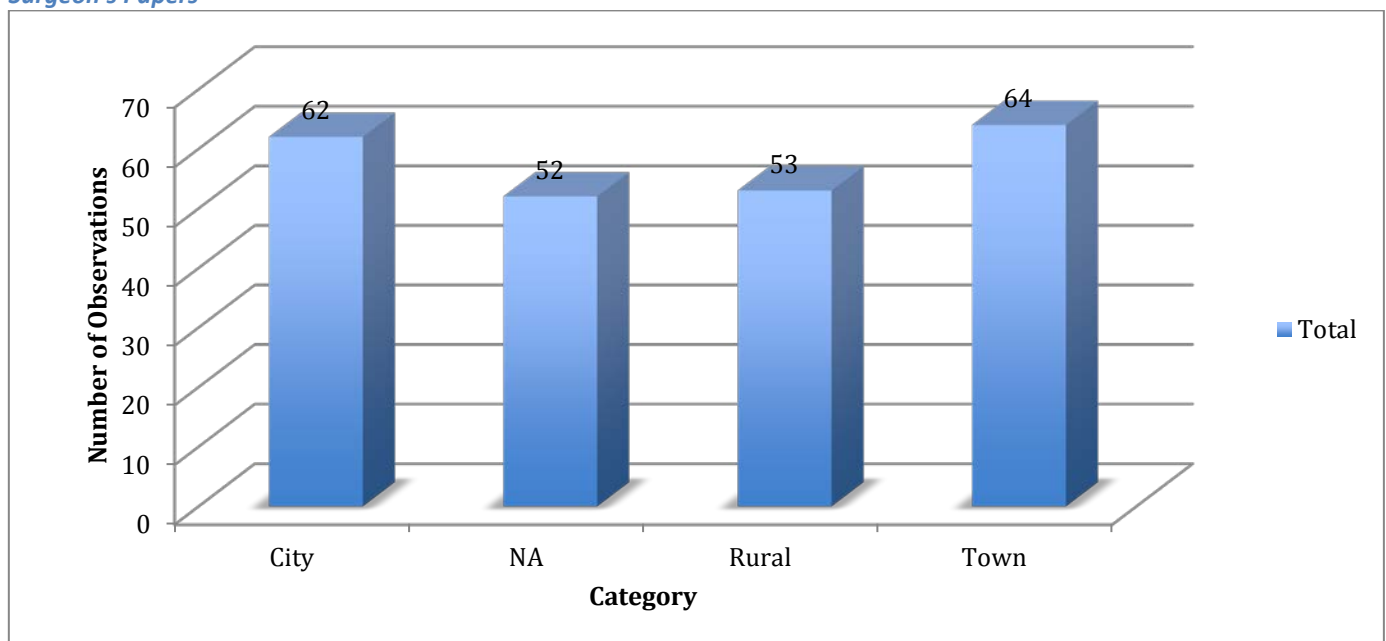


Aside from these three main sites of birth for enlistees, the rest of the locations above can be thought of in terms of a high number of counties providing a small number of men each. For example, Tipperary, Monaghan, Limerick, Galway and Derry all contributed between five and nine enlistees, and so occupied sixteen per cent of the total. Another, larger group of counties (Donegal, Down, Fermanagh, Kerry, Kildare, Kilkenny, King's County, Longford, Mayo, Roscommon, Sligo, Waterford, Westmeath and Wicklow) contributed between one and four applicants and constituted seventeen per cent of the total. Describing these statistics at a county level allows for the importance of certain places to be made apparent. The percentages of each grouping are very similar, all hovering around twenty per cent each, but the

crucial difference is that, in the case of the final group, Cork and Dublin produced the same proportion as fourteen counties combined.

Beyond the county level, the detail that the *Assistant Surgeon's Papers* supplies us with concerning the parishes, townlands and urban districts from where our subjects were born and raised becomes encouraging, in one sense, but also obstructive in another. Encouraging because, as will be shown below, where this detail is accessible, greater clarity can be gained about the position in society that the families of these men occupied. However, that level of detail could also prove obstructive for a reader not familiar with Irish geography, and the social and cultural meaning of these places at the time our subjects were born. Therefore, I have devised a “city-town-rural” metric that separates the men into one of three categories, and that foregrounds those categories as thematic concerns that will be analyzed qualitatively in due course.

Fig. 4 – Place of birth of Irish enlistees to the IMS arranged in accordance to “city-town-rural”, devised from the Assistant Surgeon's Papers



The creation of these categories necessitates an explanation of how they were defined. Firstly, the population of various settlements in Ireland was considered, with Dublin and Cork, alongside Belfast, being most populous. Therefore, these three cities are the only constituents of the category “city” and account for thirty-five per cent of observable data.

Fig. 5 – Population size of Belfast, Cork and Dublin over the period 1841-1881³⁴

<i>Settlement name</i>	<i>Year</i>				
	<i>1841</i>	<i>1851</i>	<i>1861</i>	<i>1871</i>	<i>1881</i>
Belfast	82519	108328	120140	158921	183196
Cork	92038	102334	93389	91965	95846
Dublin	232726	258361	254513	246326	249602

The difference in population size between these main, urban hubs and smaller towns in Ireland was significant for the period. For example, Galway was an anomaly because although it shared a characteristic with these three locations (a university after 1845), its population was small by comparison, never exceeding more than thirty thousand for the same period and, in fact, dropping to approximately seventeen thousand during the 1870s. These disparities in population reflect how relative a term ‘city’ was; although termed as a city officially, Waterford, for example, had a population more similar in size to Galway than to the cities grouped according to the ‘city’ category in figure 4. The next category, ‘town’, accounting for thirty seven per cent of observations, was populated by settlements such as Dungarvan, Co. Waterford and Thurles, Co. Tipperary. These towns, and others like them, had mid- to late-

³⁴ Figures 4, 5 and 6 are all derived from the All-Ireland Research Observatory’s (AIRO) Census Mapping project, which is managed by Maynooth University, a constituent college of the National University of Ireland. Access to the database can be gained here: <http://airo.maynoothuniversity.ie/mapping-resources/airo-census-mapping/local-authority-modules> [date accessed: 2 December 2014].

century populations between six and eleven thousand people, accounting for forty per cent of our subjects' place of origin.

Fig. 6 – Population sizes of a number of examples of settlements in the 'town' category, 1841-1881

<i>Settlement Name</i>	<i>1841</i>	<i>1851</i>	<i>1861</i>	<i>1871</i>	<i>1881</i>
Thurles	11082	11053	7064	6401	5978
Dungarvan	11146	10842	8162	7266	6967
Monaghan	8483	7398	7041	6212	6119
Tullamore	8621	9116	6785	6137	5988
Mallow	10323	9506	6983	6153	6467
Fermoy	8031	9856	10227	8297	7569
Enniscorthy	9536	9817	-	-	-

The final category, 'rural', constituted thirty per cent of the total and has been defined to represent those from small villages and smaller towns near those listed above and that were, by nineteenth-century standards, quite far removed from cities such as Cork and Dublin. As was the case in *figure 5*, a few representative examples are listed below.

Fig. 7 – Population sizes of a number of examples of settlements in the 'rural' category, 1841-1881

<i>Settlement Name</i>	<i>1841</i>	<i>1851</i>	<i>1861</i>	<i>1871</i>	<i>1881</i>
Raphoe (Donegal)	2394	2545	2037	1805	1643
Myshall (Carlow)	1161	887	718	699	609
Taghmon (Wexford)	2279	1848			
Quin (Clare)	2075	1518	1106	866	805

These were the smallest sorts of settlements from which these men originated, with populations ranging from the low thousands to the hundreds. In addition, they would have been reliant upon larger towns such as Fermoy, Mallow, Dungarvan *et al* for the provision of local administration under the authority of Local Government Boards and Boards of Guardians, which were based in this larger category as a result of the Poor Relief Act (1838). This Act created administrative divisions called Poor Law Unions

(PLU), an administrative unit that had their headquarters in a number of the towns in which our future surgeons were born.

The literature in existence on Ireland's nineteenth century social geography makes extensive reference to how these places (towns, cities and rural settlements) interacted and mutually defined their inhabitants. Patrick O'Connor's work on Limerick illuminated how the status of towns evolved over the course of the century. In particular, he emphasized the growing significance of fairs as sites for cultural, as well as economic exchange, and a town's function as a medium for the English language amongst young people, who then disseminated it into rural hinterlands to the detriment of Irish.³⁵

Other scholars have analysed how relevant a village, town or city was to an individual depending on their wealth and social position. In his extensive examination of Protestants in Cork from 1812-1844, Ian d'Alton foregrounded perceptions of distance, and the role that technologies played in distorting those perceptions. He wrote of the early nineteenth-century's improved roads and straighter canals, and their significance for making travel between historically disparate parts of the island more achievable. However, he also cautioned against assuming that the burgeoning of these technologies ameliorated the problem of mobility absolutely. In one particularly convincing section, d'Alton wrote:

If the county was the natural political [and] social... unit, the vast differences involved between one end of the county and another created problems of cohesion, communication and concerted action. It is probably true to say that the further one moved down the economic and social scale, the less were the opportunities and means

³⁵ Patrick J. O'Connor, 'The Maturation of Town and Village Life in County Limerick 1700-1900', in William J. Smyth and Kevin Whelan (eds), *Common Ground Essays on the historical geography of Ireland* (Cork, 1988), p. 150 and p. 158.

for extensive travel. Society became even more localized in structure and outlook in its lower echelons.³⁶

d'Alton established that potential for physical mobility in Ireland during the nineteenth century was defined by social and economic status; the relevance of the national, the regional (county), or the local (town, parish, village, estate), or a blend of all three, was determined by wealth and position in a social hierarchy. Moreover, the contemporary relevance of the relationship between geography and social class, and the instances of social violence and civil unrest that these factors gave rise to, has entered the fabric of Irish collective memory, especially in areas that are either still rural or were rural until the very recent past.

Over the course of two years, between 2009 and 2010, Cork City and County Archives and University College Cork's (UCC) Folklore Department conducted an oral history project with the aim of interviewing elderly people, from a range of locations in the county and city, on their memories of religious customs and practices. Whilst most of the interviews were concerned with aspects of religious practice in twentieth century Cork, some of the interviews contextualized these aspects within a deeper past where religion was often the basis for local rivalry and social tension.

One interviewee named Séan Ó Suilleabháin (O'Sullivan) from Ballingearry, a small village in West Cork on the border with County Kerry, described how community, religion and class structured social life in the village, and also in other settlements on the border between the two counties. He mentioned the early nineteenth century, and how the religious festivals of St Finbarr and St John, also known as the 'pattern days', would be used as opportunities by locals dwelling on either side of the border to violently reinforce local rivalries through alcohol-fuelled faction fights. He

³⁶ Ian d'Alton, *Protestant society and politics in Cork, 1812-1844* (Cork, 1980), p. 2.

spoke of Gougane Barra, a locality to the west of Ballingeary, that he believed was the site for ‘drinking, and dancing and faction fighting’ that was ‘supposed to have been outrageous’. Not only were people from Ballingeary present, he also recollected a process of factions converging ‘from Borlen [in Kerry]... and the people of Ballingeary and the people of Bunán back around Kenmare [to the northwest of Ballingeary]... meeting in Gougane to wallop each other.’³⁷

The common thread that ran through Ó Suilleabháin’s account of life in rural Ireland in his own lifetime, but also in the century preceding it, was one of social rivalry, substantiated by brittle senses of locality and religiosity. Michael Sweetnam, Daniel Edward Tyrrell Lombard, Francis Joseph Tuohy and Charles Joseph MacCartie³⁸ were born and reared in localities either geographically close to places such as Ballingeary or, if not, in localities that would have been constituted by similar social and cultural phenomena. To what extent did faction fights, or similar manifestations of local tensions, have an impact upon these men and the social and cultural forces that formed their early social lives?

Malachi O’Dwyer, who enlisted in the IMS in 1878, was raised in a household and family shaped by local politics, history and customs.³⁹ O’Dwyer was one of

³⁷ Cork City and County Archives (CCCA), OH/RPC/TR, ‘Interview with Seán Ó Suilleabháin, Ballingeary, Co. Cork’, *Religious Practices and Customs Oral History Project* (Vol. 15), pp. 18-19.

³⁸ BL AAPC, IOR/L/MIL/9/403, ‘Michael Sweetnam’, *Assistant Surgeon’s Papers* (1874), f. 381-386; IOR/L/MIL/9/402, ‘Daniel Edward Tyrrell Lombard’, *Assistant Surgeon’s Papers* (1872), f. 306-311; IOR/L/MIL/9/403, ‘Francis Joseph Tuohy’, *Assistant Surgeon’s Papers* (1872), f. 44-49; IOR/L/MIL/9/402, ‘Charles Joseph MacCartie’, *Assistant Surgeon’s Papers* (1874), f. 363.

³⁹ BL AAPC, IOR/L/MIL/9/405, ASP, ‘Malachi O’Dwyer’, (1878), f. 601-607; O’Dwyer is one case study of the many who could have been examined. For another see the following materials pertaining to John George Collis of Fermoy, Co. Cork: BL AAPC, IOR/L/MIL/9/403, ASP, ‘John George Collis’, (1873), ff. 145-153; Hugh Peskett (ed.), *Burke’s Landed Gentry Burke’s Irish Family Records Genealogical Histories of Notable Irish Families*, 5th edition (2007), p. 259; Thomas Davis (ed. Charles Gavan Duffy), *The Patriot Parliament of 1689* (London, 1893); NUIG Landed Estates Database, ‘Collis’ [<http://landedestates.nuigalway.ie/LandedEstates/jsp/family-show.jsp?id=2036>], accessed on: 9 January 2015]; CCCA, OH/RPC/TR, *Religious Practices and Customs*, ‘Interview with John Arnold, Garryantaggart, Bartlemy, Fermoy, Co. Cork’, Vol. 20, p. 14; Sylvanus Urban, *The Gentleman’s Magazine*, Vol. VII (London, 1837), p. 666; R. Barry O’Brien, *Thomas Drummond, under-secretary in Ireland, 1835-54: life and letters* (London, 1889), p. 82;

fourteen children born to John O'Dwyer, a Catholic landowner in Barronstown, County Tipperary, a small village just inside the county's western border with County Limerick. Imperial service was a key source of employment for Malachi and his brothers. Four of the family entered one of the Indian public services, with Michael, John's sixth child, creating the most infamous career.⁴⁰

Described in 1917 by Edwin Montagu, then Secretary of State for India, as 'a little, rough Irishman', Michael O'Dwyer acted as Lieutenant-Governor of the Punjab from December 1912 until May 1919, resigning from his post in the wake of the Amritsar massacre on 13 April 1919.⁴¹ The local military commander, Brigadier-General Reginald E.H. Dyer, who also had Irish connections, ordered troops to fire on a peaceful protest happening at the *Jallianwala Bagh*, a walled enclosure in the town.⁴² By the time the troops ceased firing, 379 were dead and 1,200 wounded, among which were Indians of all ages and genders, but O'Dwyer actively supported Dyer's actions, stating in a telegram to him afterwards: "Your action correct and the lieutenant-governor approves."⁴³ O'Dwyer's approval of Dyer's actions ultimately meant the loss of his life; he was assassinated by a Sikh nationalist, Uday Singh, at a public lecture held in Caxton Hall, London on 13 March 1940. Singh gave his justifications for shooting O'Dwyer in explicit reference to his support for the actions of the troops at Jallianwala Bagh.⁴⁴ However, prior to his death, O'Dwyer wrote an

⁴⁰ Philip Woods, 'O'Dwyer, Sir Michael Francis (1864–1940)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, May 2006 [<http://ezproxy-prd.bodleian.ox.ac.uk:2167/view/article/35292>, accessed 31 May 2016].

⁴¹ For the quote from Montagu see Nick Lloyd, 'Sir Michael O'Dwyer and "Imperial Terrorism" in the Punjab, 1919', *South Asia: Journal of South Asian Studies*, Vol. 33, No. 3 (2010), p.365.

⁴² T. R. Moreman, 'Dyer, Reginald Edward Harry (1864–1927)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, May 2008 [<http://ezproxy-prd.bodleian.ox.ac.uk:2167/view/article/32947>, accessed 1 June 2016].

⁴³ David Murphy, 'O'Dwyer, Sir Michael Francis', in James McGuire and James Quinn (ed), *Dictionary of Irish Biography*. (Cambridge, 2009). (<http://ezproxy-prd.bodleian.ox.ac.uk:3524/quicksearch.do#>).

⁴⁴ Lloyd, 'Michael O'Dwyer', p. 365.

account of his and Malachi's family's place in the locality where they had been raised. Published in 1933 and titled *The O'Dwyers of Kilnahanagh*, the book not only described the O'Dwyer family's negotiations of tensions amongst local landed interests, but also their place in a broader history of Ireland's experience of repeated waves of attempted colonization.

In particular, O'Dwyer focused on relations between the O'Dwyers, a number of other tenant farming families (the Ryans, Greens, Quinns and Heffernans, amongst others) and their landlord, one Mr William Scully. The Scully family had been prominent across Co. Tipperary since the mid-seventeenth century, when one Jeremiah Scully had settled at Cashel, one of the towns as defined above. The William Scully mentioned in Michael O'Dwyer's family history was a direct descendant of Jeremiah, and thus of the family's "Kilfeakle & Mantle Hill" branch. The NUIG landed estates database lists a William Scully, resident at Ballinacloy, Co. Tipperary, as owning 1354 acres in the county during the 1870s, around the time that Michael, Malachi and the rest of their siblings were reaching maturity.⁴⁵ The information provided in the database corroborates with information provided in Michael O'Dwyer's family history, but O'Dwyer also included more qualitative reflections on Scully's demeanour as a landlord.⁴⁶ Scully wished to "clear his newly-acquired estate", in the parish of Ballycohey, where these families had long been resident, and "convert it to a grazing farm or ranch."⁴⁷ Perhaps Scully cultivated these ranching ambitions during the time he spent in the United States during the American Civil War, as has been

⁴⁵ NUIG Landed estates database, 'Scully' [<http://landedestates.nuigalway.ie/LandedEstates/jsp/family-show.jsp?id=2902>, accessed on: 31 May 2016].

⁴⁶ Michael O'Dwyer, *The O'Dwyers of Kilnahanagh* (London, 1933), p. 322.

⁴⁷ *Ibid.*

alluded to by W.E. Vaughan.⁴⁸ According to O'Dwyer, Scully offered unfair terms of clearance, which stipulated that the tenants must quit their land if they did not accept the "iniquitous forms of lease."⁴⁹ However, the tenants resisted Scully's "angry and threatening notices", setting in motion the following train of events:

... the police warned Scully that his attempt to serve [the notices] would lead to bloodshed. Scully was not to be moved from his purpose, and on August 11, 1868, set forth with a police escort and his own bailiffs to serve the ejectment notices. The tenants' houses were found deserted; the party was surrounded by an angry and threatening crowd, and with difficulty fought its way back to Tipperary [town].⁵⁰

At the time these events transpired, Malachi O'Dwyer would have been twelve years old, and probably witnessed the events that unfolded during the 'Battle of Ballycohey'. Therefore, he would have witnessed, quite literally on his family's doorstep, one of the hallmarks of mid- to late-nineteenth century Irish society: civil unrest and disobedience rooted in agrarian relations.

However, what is most interesting about his brother's account of life in Tipperary at the time was how the motivations and allegiances of those involved were related to various markers of *colonial* identification. He delineated, early in his volume, between 'Old Irish', 'Cromwellian settlers', and 'Anglo-Norman invaders', explaining agrarian life through a historical context of previous episodes of attempted colonization. For example, note the following:

⁴⁸ W.E. Vaughan, *Landlords and Tenants in mid-Victorian Ireland* (Oxford, 1994), p. 104.

⁴⁹ O'Dwyer, *The O'Dwyers*, pp. 322-323.

⁵⁰ *Ibid.*

Between 1822 and 1842 the then Viscount Hawarden of Dundrum Castle, for centuries the seat of the Kilnamanagh Chiefs till stormed by Cromwell in March, 1650, carried out a campaign of ruthless eviction of the old tenants, partly to enlarge his demesne from 600 to 2,500 acres, partly to substitute a colony of Protestant farmers for the old Irish tenants. Among the latter were Denis O'Dwyer, Stephen O'Dwyer and William O'Dwyer – descendants of the old owners – who in 1840 were evicted with their families from their holdings in Garryduff, near Dundrum Castle.⁵¹

O'Dwyer's historical commentary opens up our chapter to a number of themes that substantiate the rest of its contents. As will be shown shortly, there was a contemporary awareness amongst affluent Irish Catholics, especially in schools such as William Reed Murphy's *alma mater*, Clongowes, that these previous episodes of colonization in Ireland had been at worst destructive and, at best, formative of their communities. As a result, they approached contemporary imperialism, and imperial employment, with a pointed frame of reference, one distinguished quite markedly from their Protestant peers.

However, his commentary should also make us think about units of space and the horizons, both geographic and metaphorical, which oriented these lives. O'Dwyer wrote his book about these local controversies in 1933, after a lengthy, successful, and controversial career in India. He had travelled across the sub-continent's fractured and contentious North Western Frontier, a region that will become more familiar in chapter four, and, during periods of furlough, would have journeyed back and forth between India, England and Ireland through the Suez Canal. No doubt, his brother Malachi did the same, as did their contemporaries from across the United Kingdom.⁵²

⁵¹ O'Dwyer, *O'Dwyers of Kilnamanagh*, pp. 317-318.

⁵² See, for example, John Alexander Sinton's detailed records of travelling between the North-Western Frontier Provinces, Mesopotamia, Bombay, Belfast and London over the course of his period on active service with the IMS prior to, during and after the First World War. Examples include Public Record

Therefore, although the political economy, social values and cultures of the communities in which these men grew up undoubtedly had formative influences, those communities did not define the extent of their possible future trajectories, which was the case in d'Alton's previously referenced view, for others who were poorer and less socially well-connected. Instead, these men were of a class who had the financial resources, social connections and consequent access to technologies, such as steamships and railways, to extend their lives, careers and influence over vast geographic distances. Although 'locality' was remembered and interacted with in India, those interactions were stored, transported and shaped by different countries, regions and continents. In short, they were negotiable rather than fixed.

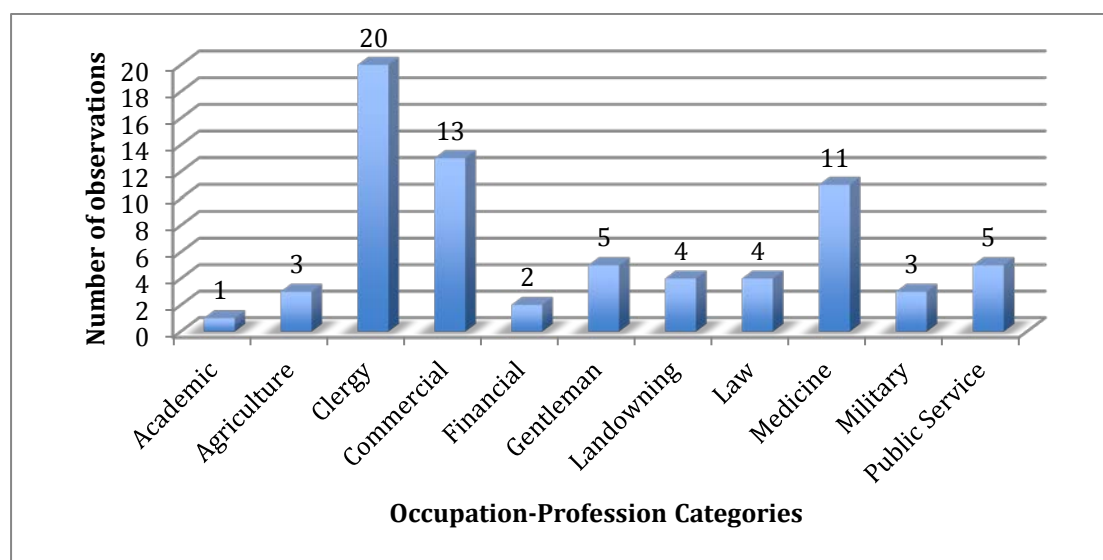
Who were they born to?

O'Dwyer's narration of his own family's history invites us to turn to analyzing the structures of other families. These structures can again be unearthed through extracting data on their father's occupation or profession from the documents included in the *Assistant Surgeon's Papers*. There is only a small amount of observable data within the collection that allows us to capture how the fathers of these surgeons made their living. Of the 232 applications under consideration, only seventy-one made mention of their father's occupation, including the eight instances of multi-generational imperial careering analyzed previously. Those observations reflected a wide variety of roles (hardware merchant, Director of the Botanical Gardens in Dublin, Bookseller, Barrister) but they can be categorized under headings such as

Office Northern Ireland (PRONI), 'Brigadier John Alexander Sinton Papers', D4190/3, *War Diary 1916*, 08/09/1916-09/09/1916, no ff and PRONI, 'Sinton Papers', D4190/6, *War Diary, Feb. – May 1918*, 21/01/1918 – 12/03/1918, no ff.

‘military’, ‘public service’ and ‘clergy’. The sum of each of these categories is exhibited below.

Fig. 7 – Grouped data for paternal occupation amongst Irish IMS enlistees (1870-1914) derived from the Assistant Surgeon’s Papers



Men who were the issue of clergymen, from either the Anglican, Presbyterian, Wesleyan or Unitarian churches, occupied the greatest proportion of the data, a stark contrast in comparison to the absence of men from clerical families in the AMD for the period 1790-1850.⁵³ Even within the period being focused upon here, the number of clergymens’ sons from Ireland was unusual. Nelson Lankford, in his 1976 doctoral dissertation, found that, for the IMS as a whole, 6.5 per cent of men were derived from clerical families.⁵⁴ The above shows that, in the seventy-one cases derived from the *ASP*, twenty-five per cent came from the same backgrounds in Ireland.

How was religion conceived of in professional and social terms for these men? In the sociology of professions, nineteenth-century scientific professions fulfilled

⁵³ See Ackroyd, Brockliss, *et al*, *Advancing with the Army*, p. 72.

⁵⁴ Nelson Douglas Lankford, ‘Status, Professionalism, and Bureaucracy: The Surgeon in the British Army, 1860-1914’ (PhD thesis, Indiana University, 1976), p. 109.

similar social, cultural and epistemological roles as clergymen, shamans and high priests in earlier epochs. Thomas Brante put forth this argument in an article published in 2013 article, writing:

During the pre-scientific era, professionals did indeed represent higher theoretical principles. Priests were the primary, sometimes only, access point to the highest knowledge – that is, the words and will of God. Shamans and other knowledge elites also built their status on esoteric, secret knowledge and skills, which also characterized the practices of their masters of the medieval guilds.⁵⁵

Perhaps the strong presentation of men from formally religious families here suggests an attempt not only to philosophically reconcile a “changing of the guard” between two different types of knowledge elitism, but also to spread the social, cultural and economic risk of declining prestige between these two forms of higher knowledge. As will be witnessed in our second chapter, the contemporary cultural value placed on the figure of the surgeon was high. By providing a path down which a son could pursue a career in surgery, clerical families were providing access to the professional institutions in which their son could become “precisely in accord with the spirit of the times” even if, sometimes, that new form of spirit was in tension with older conceptions of what “spirit” meant.⁵⁶

This transfer of knowledge and influence was particularly present in the case of the MacConaghey family. John MacConaghey provided very little information on his application for a commission in the class of 1872, apart from stating that his father

⁵⁵ Brante, ‘The Professional Landscape’, p. 4.

⁵⁶ Frederick Treves, an eminent surgeon at the end of the nineteenth century, wrote the ‘spirit of the times’ quote. He will be examined in greater detail in the next chapter, but the quotation was included in Christopher Lawrence, ‘Democratic, divine and heroic: the history and historiography of surgery’, in Christopher Lawrence (ed.), *Medical Theory, Surgical Practice Studies in the History of Surgery* (London, 1992), p. 27.

was a Presbyterian Minister.⁵⁷ However, from the work of R.S.J. Clarke and his extensive volume *A Directory of Ulster Doctors*, MaConaghey's origins can be traced. He was from Strabane, Co. Tyrone and had a brother who entered the IMS, too: Dr William MacConaghey, who was granted a commission in 1869.⁵⁸ The McConaghey brothers, in turn, established a professional dynasty. William's son followed his father into the Service, and John's, named John Cunningham MacConaghey, graduated from Edinburgh University in 1898 with Bachelors of Medicine and Bachelors of Surgery, before establishing a practice in Macclesfield, Cheshire.⁵⁹

Gordon Price, also among the class of 1872, was the son of the Reverend Henry Price, a Wesleyan minister in Cork city.⁶⁰ James Armstrong, who enlisted in the Spring of 1874, was the son of the Reverend George Allman Armstrong, and the grandson of one of the leading lights of early nineteenth-century Irish, and especially Ulster, Presbyterianism: James Armstrong whom, presumably, the young IMS surgeon was named after.⁶¹ The historical relationship between Irish Presbyterian communities, especially those who lived in or around Belfast in the nineteenth century, and the new, scientific professions was an interesting one that has been referenced by Andrew Holmes. Holmes focused on contemporary debates across the United Kingdom concerning the possibility of incorporating Christian theology with new types of scientific research.⁶²

⁵⁷ BL AAPC, IOR/L/MIL/9/402, ASP, 'John MacConaghey' (1872), ff. 204-209

⁵⁸ R.S.J. Clarke, *A Directory of Ulster Doctors (who qualified before 1901)*, Vol. 2 (Belfast, 2013), p. 657.

⁵⁹ *Ibid.*

⁶⁰ BL AAPC, IOR/L/MIL/9/402, ASP, 'Gordon Price' (1872), ff. 342-47.

⁶¹ C. J. Woods, 'Armstrong, James', in James McGuire and James Quinn (ed), *Dictionary of Irish Biography*. (Cambridge, 2009). (<http://ezproxy-prd.bodleian.ox.ac.uk:3524/quicksearch.do#>).

⁶² Andrew R. Holmes, 'Presbyterians and science in the north of Ireland before 1874', *The British Journal for the History of Science*, Vol. 41, Iss. 04 (December 2008), pp. 541-565.

He made particular reference to the influence of John Tyndall (1820-1893), a scientist and contemporary of Darwin and Michael Faraday, who was born in Leighlinbridge, Co. Carlow.⁶³ In his presidential address to the Belfast meeting of the British Association for the Advancement of Science in August 1874, Tyndall was strident in arguing for the incompatibility of theology and science. Specifically, he stated, 'We claim, and we shall wrest from theology, the entire domain of cosmological theory. All schemes and systems which thus infringe upon the domain of science must... submit to its control, and relinquish all thought of controlling it. Acting otherwise always proved disastrous in the past, and it is simply fatuous today.'⁶⁴

The expression of such a position, Holmes noted, would have been more welcome amongst Presbyterians in Edinburgh than Belfast; he noted that the members of the denomination in Edinburgh absorbed evolution into their creed, whereas their co-religionists in Belfast repudiated Darwinism, for example, because of Tyndall's 1874 speech. Holmes mentioned none of the three generations of the Armstrong family referenced above, but the way in which he described the acute nature of debates around science and religion in northern Presbyterian communities surely had an effect on Armstrong's reception of ideas about his training, profession and future career. Our next chapter will show how, institutionally and philosophically, the medical profession was evolving into a more cohesive body of practitioners across our period. However, the context provided here, concerning the Armstrong family and their religious community, shows how those evolutions co-existed within their mental

⁶³ Norman McMillan, 'Tyndall, John', in James McGuire and James Quinn (ed), *Dictionary of Irish Biography*. (Cambridge, 2009). (<http://ezproxy-prd.bodleian.ox.ac.uk:3524/quicksearch.do#>).

⁶⁴ Holmes, 'Presbyterians and science', p. 541.

and philosophical landscapes, alongside the social, cultural and religious threads within the fabric of their families.

Figure 7 also shows how present families with commercial interests were within this body of professionals; some of these were scions of provincial trading families. William Edward Bonsall Moynan, for instance, enlisted in 1873 from a family of drapers in Carrick-on-Suir, Co. Tipperary.⁶⁵ James Alexander Nelis followed Moynan in the Spring class of 1877, having been raised in Drimnagh, Co. Tyrone by Georgina and John Nelis, a print and publisher who had died by the time his son enlisted at TCD.⁶⁶ The summer after, in 1878, Richard Maurice Allen pitched for a commission in the Service after a childhood and adolescence in Wexford town, Co. Wexford, where his father, Richard Allen, was a merchant.⁶⁷

However, these commercial interests were often diluted with other forms of capital, too. In the case of Walter Peter Carson, his paternal lineage had been tapping into commercial interests for a number of generations.⁶⁸ His father, Edward Henry Carson, was a prominent civil engineer and architect in Dublin, whose own father, Edward (Snr) had left Dumfries, Scotland bound for Dublin just as the Napoleonic Wars concluded. The elder Edward then established himself in the Cork Hill district of the city as a general merchant, and created enough wealth to see his son established in one of the “new professions” that burgeoned in popularity over the course of the century.⁶⁹

⁶⁵ BL AAPC, IOR/L/MIL/9/403, ASP, ‘William Edward Bonsall Moynan’ (1873), ff. 38-43.

⁶⁶ BL AAPC, IOR/L/MIL/9/405, ASP, ‘James Alexander Nelis’ (1877), ff. 112-118.

⁶⁷ BL AAPC, IOR/L/MIL/9/405, ASP, ‘Richard Maurice Allen’ (1878), ff. 645-651.

⁶⁸ BL AAPC, IOR/L/MIL/9/405, ASP, ‘Walter Peter Carson’ (1878), ff. 608-616.

⁶⁹ For the biography of how the Carsons came to Ireland see H. Montgomery Hyde, *Carson The Life of Sir Edward Carson, Lord Carson of Duncairn* (London, 1953), pp. 4-5 and, for the ‘new professions’, see Albert D. Pionke, *The ritual culture of Victorian professionals: competing for ceremonial status, 1837-1877* (Surrey, 2013), p. 7.

However, Carson's mother, Isabella Lambert was drawn from an old, landed family, previously situated in Yorkshire, but who settled in Galway sometime in the reign of Elizabeth I. According to Geoffrey Lewis, one of the Carson family's biographers, Isabella could count John Lambert, who had served as one of Oliver Cromwell's Major-Generals, as a forebear.⁷⁰ In addition, Walter Peter was probably given that name as a result of family tradition: one of his prominent ancestors was named Walter Peter of Castle Ellen. The man in question's father was killed at the Siege of Derry in 1688-89, one of the key events in defining the trajectories of the "Wars of the Three Kingdoms", whilst Castle Ellen was a reference to the family demesne in Co. Galway, near the town of Ballinasloe.⁷¹

The Lamberts were still significant landowners in Co. Galway at the time that the younger Walter Peter and his brother, Edward (who would go on to become one of the predominant political figures in British and Irish politics during the late-nineteenth and early-twentieth centuries⁷²) were coming to maturity. The family held 3000 acres in landholdings, as well as the Castle Ellen demesne. According to Montgomery Hyde, Edward and Walter would spend their holidays at the demesne, and it was the location where the former first fell in love, with his cousin, Kate.⁷³

The revelation of these family finances through the *Assistant Surgeon's Papers* is significant for recreating the social history of professions in the mid- to late-nineteenth century. Certainly for Harold Perkin who, to date, has been the most extensive reviewer of the history of the professions in England across our period,

⁷⁰ Geoffrey Lewis, *Carson The Man Who Divided Ireland* (London, 2005), p. 2.

⁷¹ NUIG Landed Estates Database, 'Lambert (Castle Ellen)', [<http://landedestates.nuigalway.ie/LandedEstates/jsp/family-show.jsp?id=941>, date accessed: 1 June 2016].

⁷² D. George Boyce, 'Carson, Edward Henry, Baron Carson (1854-1935)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, May 2014 [<http://ezproxy-prd.bodleian.ox.ac.uk:2167/view/article/32310>, accessed 2 June 2016].

⁷³ Montgomery Hyde, *Carson*, p. 25.

modern professions were defined by a philosophical, motivational and economic juxtaposition to landed wealth. Perkin rooted his analysis of the professions in England post-1880 in a professional ideal that he conceptualized as follows:

The [ideal] as it emerged in the nineteenth century was based on the primacy of expert service and selection by merit, measured no longer by aristocratic opinion, the competition of the market or popular vote but by the judgment of the qualified expert. As such it challenged the aristocratic ideal of the primacy of passive property as being idle wealth and patronage as of the right to the whole produce of labour... The collectivist legislation of the Victorian age can be read as one long assault on the irresponsibility of capital and competition by a public opinion moralized by the professional social ideal.⁷⁴

In Perkin's conception of modern professionalization, then, a "united front" of old and new professions cohered around a vision of society that was given its form by an assumption of shared social experiences and social burdens, which in turn needed to be managed by people equipped with specific areas of expertise. In his view, this brand of professionalism stood in distinction from older forms of wealth rooted, either in aristocratic passive property, or the commercially minded man's pursuit of profit. Perkin's thesis may hold true for a political history of the professions; that the quote above ends by referencing the "collectivist legislation of the Victorian age" is indicative of Perkin's predominant interests. Perhaps for men such as Patrick Joseph Walsh, John Alexander Sinton and Edward Galwey Kennedy, whose family wealth was derived from a profession or commerce, this conception of professional life was

⁷⁴ Harold Perkin, *The Rise of Professional Society in England since 1880* (London, 1989), p. 380.

relevant and meaningful, and influenced their decision to enlist in the IMS in order to spread the ‘professional gospel’ in India.⁷⁵

However, when analyses of professions in the nineteenth-century are based on sources more reflective of contemporary *social* realities, the oppositional elements of Perkin’s thesis seem less sustainable. In the case of Carson, his family incorporated distinct forms of capital, and their cultures, very well; as referenced previously, they would spend their holidays at their mother’s family seat in the country, whilst the rest of the years they lived in central Dublin, specifically on Harcourt Street, due to Edward Henry’s profession.⁷⁶ We should also reference again the work of Peter Cain on documenting the relationship between imperialism and gentlemanly character in the nineteenth century. Cain drew attention to the way in which “character”, for imperial administrators, imbricated old and new forms of capital culture. Specifically, he wrote of the “imperial ultras”, the subjects of his article, that:

By education and by social and political connection they were close to the traditional elite, although they rejected older and more static notions of gentility based on landownership in favour of one that was infused with a new work ethic and a striving for efficiency characteristic of industry. A new ‘mutual respect between birth and talent’ emerged as a result. The imperial arm of the Victorian elite exemplified these gentlemanly traits.⁷⁷

⁷⁵ For Walsh, see BL AAPC, IOR/L/MIL/9/427, ASP, ‘Patrick Joseph Walsh’ (1913), ff. 48-51 and Census. 1901. Ireland. Cork City, Co. Cork. (<http://www.census.nationalarchives.ie/reels/nai000558335/>) [accessed on: 2 June 2016]; For Sinton, BL AAPC, IOR/L/MIL/9/426, ASP, ‘Sinton’, f. 149 and *The New Ulster Biography* (<http://www.newulsterbiography.co.uk/index.php/home/viewPerson/1817>) [accessed on 2 June 2016]; for Kennedy, BL AAPC, IOR/L/MIL/9/425, ASP, ‘Edward Galwey Kennedy’ (1910), ff. 338-346, especially f. 338.

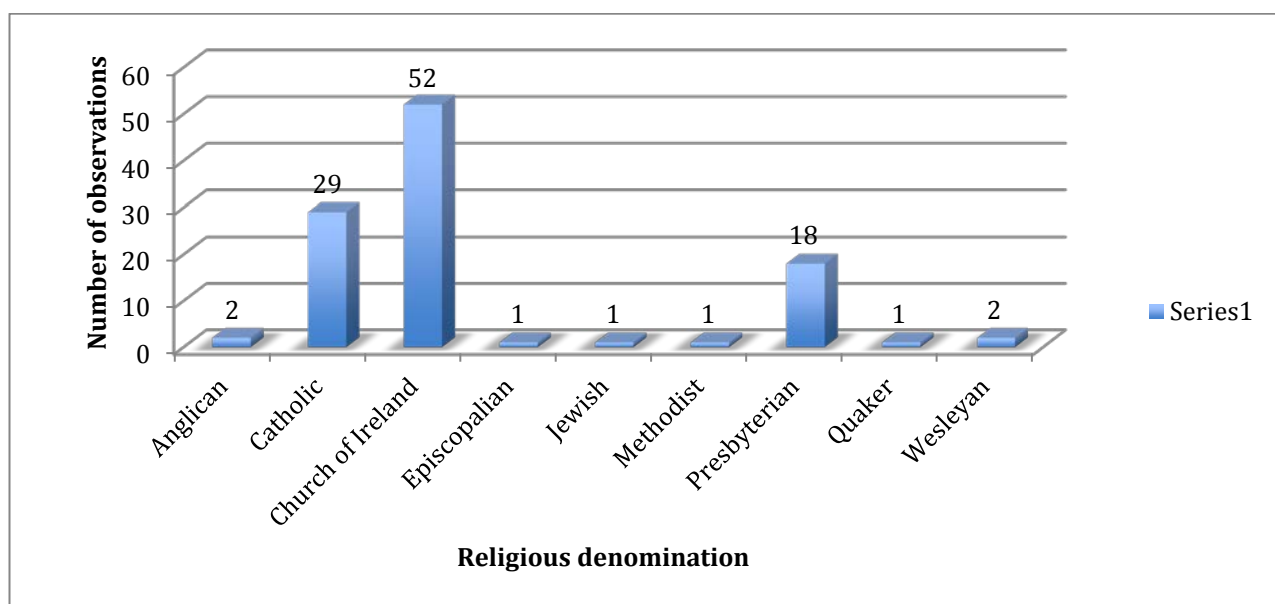
⁷⁶ BL AAPC, IOR/L/MIL/9/405, ASP, ‘Walter Peter Carson’ (1878), ff. 608-616.

⁷⁷ P.J. Cain, ‘Empire and the Languages of Character and Virtue in Later Victorian and Edwardian Britain’, *Modern Intellectual History*, Vol. 4, Iss. 02 (August 2007), p. 251.

These distinct forms of economic culture were present in the lives of the Carson brothers, but also their contemporaries such as Thomas Arthur Hughes, George Henry Mahony and Maurice James Roche.⁷⁸ But, in order to fully understand the impulses and motivations germane to family and professional life in Ireland during the early lives of these men, we should also phrase professionalism in terms of broader cultural and social phenomena namely religion, which is the focal point of our next section.

Where did they observe their faith?

Fig. 8 – Religious denomination of Irish enlistees to the Indian Medical Service (1870-1914)



The way in which religion intersected with social class and the meaning of a professional career was a third constituent of the social climate that these men entered university and the IMS with. Religion is discussed here in relation to case studies of

⁷⁸ For Hughes see BL AAPC, IOR/L/MIL/9/425, ASP, ‘Thomas Arthur Hughes’ (1910), ff. 596-605. For Mahony see BL AAPC, IOR/L/MIL/9/427, ASP, ‘George Henry Mahony’ (1914), ff. 285-292 and 1901 Census, Ireland (<http://www.census.nationalarchives.ie/reels/nai000558335/>) [date accessed: 2 June 2016]. For Roche see BL AAPC, IOR/L/MIL/9/427, ASP, ‘Maurice James Roche’ (1914), ff. 369-376 and 1901 Census, Ireland (<http://www.census.nationalarchives.ie/reels/nai000509550/>) [date accessed: 2 June 2016].

the schools some attended, namely Clongowes, and the material culture of churches around Ireland in which they practiced their faiths.

The figure above provides a window on the denominational profile of Irishmen entering the IMS between 1870-1914. Church of Ireland Protestants were the most prevalent group by quite some margin; they were nineteen percent more prevalent than their Catholic contemporaries. Catholics and Presbyterians were the next most recurrent religious groups, representing twenty-seven and seventeen percent respectively. The remaining denominations were very small in number, with seven per cent being split between a number of Christian creeds, as well as Judaism. The one Jewish man was Asher Leventon, who was born in Russian Poland, before travelling to Dublin with his family, where his father was appointed the Chief Rabbi of the city; his personal papers have been preserved at the AAP reading room in the British Library.⁷⁹ With access to software that would allow for the statistical analysis of a number of variables, and the training necessary to carry out such analysis, a future project could establish the degrees of correlation and statistical significance between the three themes that structure this chapter: religious affiliation, place of birth, and the socio-economic position of the enlistees' families.

Note should also be made that the data presented above is biased towards the period 1870-1891. From 1892-1914, the character references of these men, which are the main source for establishing their religious affiliation in the first period, were not kept as rigorously in the *Assistant Surgeon's Papers* collections. Thus, the documents that provided the basis for collecting denominational data about the men vanished. This means that the completeness of the dataset on this aspect of the enlistees' early lives is not as complete as, for example, medical qualifications.

⁷⁹ BL AAPC, MSS Eur D932, *Papers of Lt-Col Asher Leventon, Indian Medical Service* (1895-1928).

Catholics and Empire, 1850-1914

Establishing what proportion of these men who were Catholics attended which *elite* schools around Ireland, or indeed if they attended a school in Ireland at all, is difficult. As Ciaran O'Neill has shown, the trend for socially elite Catholics in Ireland for the period 1850-1900 was to send their sons abroad, to schools either in England or on the European Continent; in Ireland, Clongowes was one of only four institutions that carried the same socio-cultural cache as their equivalents elsewhere.⁸⁰ These were St Stanislaus's, the feeder school to Clongowes, Blackrock and Castleknock in south Dublin. Only a handful of these men listed these institutions on the forms they completed on applying to the Service, in distinction to the completeness of information concerning the universities they attended, which will be examined in the next chapter. As well as Malachi O'Dwyer, William Reed Murphy was another old 'Clongownian' who entered the Service, and given the extent to which imperial careers were part of the collective consciousness of the school up until the turn of the century, there was surely more former Clongowes men in the IMS than just these two.

However, beyond the proportion of these men who actually attended these *elite* schools, the sources the schools produced, especially their school magazines, provide us with a window into the manner in which imperial careers could be imagined by Catholics. I have not been able to unearth an equivalent set of sources for the Protestant communities that produced IMS enlistees, but have endeavoured to look for artefacts from those communities that performed the same role. Those are the memorials erected to parishioners in Protestant churches in a number of Irish cities, specifically Cork and Dublin.

⁸⁰ O'Neill, *Catholics of Consequence*, pp. 10-11.

The teachers and students at Clongowes regularly produced editions of a school magazine, *The Clongownian*, over the course of our period, which documented Catholic hopes and anxieties for social and professional advancement in the mid- to late-nineteenth century. William Reed Murphy was featured in an issue of *The Clongownian* in 1898, as part of an article dedicated to celebrating past pupils who had forged successful imperial careers.⁸¹ Celebrating the achievements of former pupils was one of the ways in which the journal's editors tapped into a theme that recurred throughout the publication's pages: competition between Catholics and Protestants. In an issue of *The Clongownian* from June 1906, F.R. Cruise, a Clongowes alumnus, the ex-President of the RCPI and Consulting Physician to the Mater Misericordiae hospital, Dublin, wrote

We Catholics, too, have very much to complain of. We are allowed indeed to compete with our more favoured [Protestant] rivals, but practically forced to find almost all endowment for ourselves. This is an old, very old story, of broken promises, and of that hope deferred which sickens the heart.⁸²

The mid- to late-nineteenth century was a time of accelerated change for middle-class Catholics. As has been noted by a number of scholars, a politically assertive, Catholic middle-class grew from the late-eighteenth century onwards, and drew strength from the granting of Catholic Emancipation in 1829, as well as social changes such as the sustained emigration of their Protestant contemporaries through the 1830s and 1840s.⁸³ By the 1860s and 1870s, a status-hungry Catholic middle-class viewed socio-

⁸¹ Bod. Lib., Per. G.A. Kildare 4E3 (2(1898/1)), *The Clongownian* (Christmas 1898), p. 20.

⁸² Bod. Lib., Per. G.A. Kildare 4E3 (1(1895/1)) F.R. Cruise, 'A few words of advice to medical students', *The Clongownian*, p. 14.

⁸³ For literature on sectarian social rivalry and, more broadly, the creation of a Catholic middle-class, see Kerby A. Miller, 'No Middle Ground: The Erosion of the Protestant middle Class in Southern

economic prestige and professional careers as just reward for winning a social competition with Protestantism.⁸⁴ Fergus Campbell has written about the proportion of Catholics in the British civil administration during the latter half of the nineteenth-century. Drawing on statistics compiled from a wide range of sources, Campbell showed that, during the period 1891-1911, an increased proportion of Catholics were low- to mid-ranking members of the British civil service in Ireland; he stated that ‘among the rank and file of the Irish civil service... the proportion of Catholic officers and clerks increased from 39 per cent in 1861 to 61 per cent in 1911’.⁸⁵ Campbell’s quantitative appraisal of these mid-ranks reflected a growing desire for social status among the Catholic middle-classes, even if he also provided evidence for the existence of a strong ‘glass ceiling’ against those same people advancing towards the highest echelons of the civil service.⁸⁶

The competitive social and political climate documented by these scholars was the background against which Cruise made his statements, and *The Clongownian* published them. The pages of *The Clongownian* were repeatedly filled with records of how its pupils had fared in various public examinations; those who had achieved the highest grades and best marks were immortalized in portraits bordered by elaborate

Ireland during the pre-Famine Era’, *Huntington Library Quarterly*, Vol. 49, No. 4 (Autumn, 1986), pp. 295-306; Lawrence J. Taylor, ‘The Priest and the Agent: Social Drama and Class Consciousness in the West of Ireland’, *Society for Comparative Study of Society and History*, Vol. 27., No. 4 (1985), pp. 696-712; Louise Miskell, “‘The heroic Irish doctor’?: Irish immigrants in the medical profession in nineteenth-century Wales’ in Oonagh Walsh (ed.), *Ireland Abroad Politics and Profession in the Nineteenth Century* (Dublin, 2003), pp. 82-95; Fergus O’Farrell, ‘The Rise of the Catholic Middle Class: O’Connellites in County Longford, 1820-1850’ in Fintan Lane (ed.), *Politics, Society and the middle class in Modern Ireland* (Basingstoke, 2010), pp. 48-65; Jacqueline Hill, “‘Carrying the War into the Walks of Commerce’: Exclusive Dealing and the Southern Protestant middle class during the Catholic Emancipation Campaign’, in Lane (ed.), *Politics, society and the middle class*, pp. 65-89.

⁸⁴ See Senia Paseta, *Before the Revolution: Nationalism, Social Change and Ireland’s Catholic Elite, 1879-1922* (Cork, 1999).

⁸⁵ Fergus Campbell, ‘Who Ruled Ireland? The Irish Administration, 1879-1914’, *The Historical Journal*, Vol. 50, Iss. 03 (September 2007), p. 634.

⁸⁶ *Ibid.*, p. 634. In 1911, the majority of high-ranking civil servants were still Protestant, with half being Episcopalians and Catholics remaining under-represented.

displays of flower garlands.⁸⁷ Furthermore, the editor of the journal gave detailed accounts of the individual performances of Clongowes brightest and best in public examinations, and how those achievements contributed to the aggregate reputation of the school as one of Ireland's foremost educational institutions. In 1906 the journal's editor wrote: 'Clongowes secured by the number of its exhibitions and distinction the first place amongst all the colleges of Ireland. It obtained no less than thirteen exhibitions and twenty-two prizes after the final revision. It is a singular distinction that three of the exhibitions were won in the Senior Grade.'⁸⁸ These visual and statistical representations of the intellectual vitality of Clongowes students were designed to act as the tools from which a burgeoning Catholic elite could carve a place for themselves within Irish society.

The socio-economic ambitions of these Irish Catholics and their predilections for success in spite of perceived Protestant oppression were to be sated through, as previously noted, entry into the Civil Service in Ireland but, in addition, by applying for professional positions in the empire. That aspect of their identity given to the pursuit of material improvement was dealt with effectively by the prospect of an imperial career in administrations such as the ICS or IMS. The prospect of an imperial career was actively advertised and encouraged by elite schools such as Clongowes. In an article published in 1895 in *The Clongownian*, one writer described the contemporary state of employment for well-educated young men. He arrived at the conclusion that the medical profession was one avenue for social advancement and job security but that, above all else, the Indian Civil Service was the premium mode

⁸⁷ For an example see the June 1906 edition of the magazine. Bod. Lib., Per. G.A. Kildare 4E3 (4(1906/1)) *The Clongownian*, p. 98.

⁸⁸ Bod. Lib., Per G.A. Kildate 4E3 (4(1906/1)), *The Clongownian* (1906), p. 10.

of employment, citing ‘the evidence afforded by the statistics of the competition for the Civil Service of India during (say) the last ten years.’⁸⁹

However, although the empire was looked upon favourably as a means of establishing a stable career, there was a distinct *cultural* awareness that the Empire was to be used rather than trusted. The editors of *The Clongownian* were keen to promote a sense of Gaelic Irish identity amongst their readership, one that stood in juxtaposition to a history of colonization in Ireland. The articles commissioned on these topics were cognizant that previous early-modern iterations of an English Empire had destroyed and undermined native Irish culture.

In one of the earliest issues of *The Clongownian*, an extensive narrative was written detailing the school’s physical position at the western edge of the English Pale, the boundary that had been created by the English Parliament in the late fifteenth century to delineate between the English colony in Ireland to the east and unconquered Gaelic Ireland to the west. The author of the article states how the Clongowes site was, approximately four hundred years previously, situated at the ‘western limit of the British [sic] Empire’.⁹⁰ Initially in a geographic sense and later rhetorically, the school and its inhabitants stood on a site that had been at a fault line between Gaelic Ireland and colonialism for nearly half a millennium.

‘The wave of the Anglo-Norman invasion, that at first seemed destined to cover the whole island and submerge every trace of Celtic nationality, was soon seen to recoil before obstacles which 400 years of contest could not efface.’⁹¹ The rhetorical trope used here, of struggle and a binary opposition between an enduring,

⁸⁹ Anon., ‘The Civil Service of India’, *The Clongownian*, 1895, p. 17. For further evidence of articles detailing the attractions of an imperial career, see P.J. Corbett’s account of his work as an executive engineer in Sind, North-Western Frontier Provinces, India in *The Clongownian*, Per. G.A. Kildare 4E3 (2(1898/1)), Bod. Lib., pp. 29-31 and the article detailing life in the Indian Public Works Department, BLO, Per. G.A. Kildare 4E3 (3(1902/1)), *The Clongownian* (1902), pp. 29-31.

⁹⁰ Bod. Lib., Per. G.A. Kildare 4E3 (1(1895/1)), *The Clongownian* (1895), p. 10.

⁹¹ *Ibid.*

tough Gaelic identity and its attempted extinction by persecutory English colonization, was recurrent in Irish nationalist discourses in a number of different registers.⁹² The particular context of such a trope being present in *The Clongownian* should not be forgotten; the article above shares page room with others lauding the benefits of a life spent serving the modern British Empire. The positioning of these politically opposed outlooks on imperialism shows that, for these men, reconciling the expansion of empire with local nationality was possible if the two were thought of in separate registers. Whilst the precursor to the Empire that men such as Reed Murphy and O'Dwyer later ended up working for was responsible for the attempted eradication of Gaelic Ireland, imperialism in its nineteenth century form could be used as a means of progression in social status and economic security. However, these men and boys could also recognize and relate to an ancient, 'native' culture.

For instance, in one article entitled 'A Feis' (pronounced 'Fesh') from 1903, the writer described being at a Feis (a traditional Irish gathering typified by traditional song, music and dance) in Galway, in the west of Ireland. They described arriving at the entrance to the hall where the Feis was being held and, hearing only the Irish language being spoken, went on to state their reaction:

I was out of it, utterly out of it! A stranger in my own country! I could not talk her [Ireland's] language: her sweet tongue was strange to me. I could have done very well at the entrance to halls in many capitals of Europe, but in the heart of old Galway that night I was as helpless as a child.⁹³

As with the earlier article that described a sense of abstraction and loss from a

⁹² For other analyses of the prevalence of the struggle (or crisis) theme, see Cook, 'The Irish Raj', pp. 507-08.

⁹³ Bod. Lib., Per. G.A. Kildare 4E3 (3(1902/1)), *The Clongownian* (1902), p. 14.

previous form of Gaelic Irish identity, a similar sense of dislocation pervades this piece. However, there is also a further class-driven aspect to the commentary; the fact that the narrator ‘could have done very well’ at the entrance to halls in great European capitals, and that they are even aware of these capitals and their languages, indicates that they have been educated to a high degree. As was the case with the O’Dwyer family, the tone of these pieces reflected an awareness of history, but not a sense of being shackled by its effects. Through their cosmopolitanism, and the quality of their education, there appears to be a sense of mobility from the destruction, by English colonization, of a Gaelic past.

Protestants and Empire, 1850-1900

The ambivalence with which Empire was imagined by Catholics in our period was not present in the social and cultural experiences of their Protestant contemporaries, which is evident from the churches they and their families frequented. In Cork City, for example, where a number of our graduates were born, raised or educated, a number of the churches they worshipped in were adorned with memorials of parishioners who had died in imperial service across the British Empire. These memorials were configured as triumphant acts of remembrance of these careers and, also, as cues for who young men should aspire to be.

The memorials to various members of the Travers family in St Finbarre’s Cathedral are representative of these cultural values; William Henry Thornhill and the Crofts brothers, mentioned previously in relation to the Duret-Citley memorial, would have passed their installations at Sunday services, or at weddings and funerals. The Travers had a long association with the military and with County Cork. John Travers had migrated from Garstang, a town in Lancashire, England, around the turn of the

seventeenth century and settled at Ballynamona, a townland just south of Mallow, a town in the county's northern reaches.

According to *Burke's Irish Family Records* Travers acted as Registrar of the Consistory Court of Cork and the Diocese of Ross. However, prior to these public engagements, John Travers' migration was as a result of his wife, Sarah, following her brother Edmund Spenser, who had gained swathes of land in Cork following the defeat of the Desmond rebellion in 1583.⁹⁴ John's son, Sir Robert Travers, was an MP for Clonakilty, a judge at Munster's Admiralty Court and a Parliamentarian during the Wars of the Three Kingdoms. He was killed at the Battle of Knocknarness, Cork on 13 November 1647.⁹⁵

Thus, the Travers' early history in Ireland was perceived as being part of the same history documented in the sources from Clongowes surveyed above. Through family links to Spenser, one of the foremost English political actors in Ireland at the time, and through the positions held by John and Robert over the fifty years from 1600-1650, the Travers established high-ranking social, political and economic positions in Cork. From NUI Galway's landed estates database, the extent of landholdings that the family possessed by the eighteenth century becomes apparent, the procurement of which also meant an extension of the family's reach geographically.⁹⁶ By the beginning of the eighteenth century, a branch of the family resided in Cork City, and it was from this urban setting that Robert Travers, later Major-General Sir, was drawn. Robert's seven sons all went on to have military careers, the exploits of which earned them Victoria Crosses, as well as memorial

⁹⁴ Hugh Peskett (ed.), *Burke's Landed Gentry Burke's Irish Family Records Genealogical Histories of Notable Irish Families*, 5th edition (2007), p. 1128.

⁹⁵ *Ibid* and, for his appointment as a judge see Kevin Costello, *The Court of Admiralty of Ireland 1575-1893* (Dublin, 2013), p.7.

⁹⁶ NUI Galway Landed Estates Database, 'Travers', (<http://landedestates.nuigalway.ie/LandedEstates/jsp/estate-show.jsp?id=2640>) (date accessed: 4 December 2014)

stones on the walls of St Finbarre's; three served in India and two died there. Robert William Travers, the Major-General's eldest son, was 'struck down in the flower of his age' on 13 January 1849, whilst 'gallantly leading' the 2nd Foot Regiment during the 'sanguinary conflict of Chillianwallah in the East Indies'; Captain Eaton Joseph Travers, of the 1st Punjab Rifles, died at the Siege of Delhi in August 1857⁹⁷; General James Travers, who served in the Bengal Army, died in Pallanza, Italy in 1884 at the age of sixty-three.⁹⁸ Eaton Joseph's memorial is of particular interest, as his death is contextualized in an imperial tone to an extent not witnessed in relation to his brothers. His 'devoted widow and sorrowing relatives' believed that he was

... one of that heroic band, who, undismayed by treachery, disloyalty, and crime, sustained the honor of the British nation and the authority of the British crown, with a constancy, intrepidity, and chivalry unparalleled in the world's history.⁹⁹

The Travers' construction of what took place during the Mutiny – that a heroic loyal army risked and gave their lives for the sake of the idea of Britain in the face of disenchanted, disloyal sepoys – agreed with most of the commentary on the Sepoy Rebellion in the metropolitan press. More than one provincial newspaper, such as the *Glasgow Herald* and the *Leeds Mercury*, saw the actions of men such as Travers as a

⁹⁷ Kieran Fitzpatrick personal photography collection, St Finbarre's Cathedral, Cork City, 'Travers' (captured 2 August 2014).

⁹⁸ James was awarded the Victoria Cross in March 1861 as a result of 'a daring act of bravery' in July 1857. See *The London Gazette*, 1 March 1861, p. 1007.

⁹⁹ *Ibid.*

brave defense of Empire and, by extension, civilization.¹⁰⁰ Their perspective was shared by the London-based *Times* and *Daily News*.¹⁰¹

The themes that defined the Travers' place on the walls of St Finbarre's were prevalent in Dublin, too. St Patrick's Cathedral, the physical epicentre of much religious life in the city, and indeed in Ireland, since the eleventh century, also hosted the remembrance of imperial service and self-sacrifice. Just as Thornhill and the Crofts brothers were born into the Parish of St Finbarre's, so too was Robert James Polden, who entered the IMS in the summer of 1880, born into St Patrick's.¹⁰²

However, there were important differences in the way that these churches and their parishioners phrased their memorials. Whereas St Finbarre's focused pointedly on military service and sacrifice in the Empire, St Patrick's parishioners erected memorials that emphasized the careers of surgeons, too, those who had practiced in civilian life in Dublin, but also with the imperial military. The memorial that encapsulated those themes most fully was that erected to Sir Robert William Jackson (1827-1921), Deputy-Surgeon General of the AMD. Jackson's imperial career spanned thirty years, during which time he served in Crimea, India (during the 1857 Rebellion), and then in Africa as part of the Ashanti (1874), Zulu (1880) and Egyptian (1882) campaigns. On his retirement, his memorial stated, he was a long-serving member of the cathedral board until his death in the early 1920s.¹⁰³ There was a circularity to the way in which Jackson's life was remembered that recurs throughout

¹⁰⁰ *Glasgow Herald*, 8 July 1857 and *Leeds Mercury*, 14 July 1857. For dissent from this supportive position, and the creation of another that was critical of the Government of India, see *Liverpool Mercury*, 1 July 1857.

¹⁰¹ See letter from the *Times*' correspondence in Bombay (11 June 1857), published in *Lloyd's Weekly Newspaper*, 19 July 1857 and reportage in the *Daily News*, 14 July 1857.

¹⁰² BL AAPC, IOR/L/MIL/9/407, *Assistant Surgeon's Papers*, 'Robert James Polden' (1880), ff. 254-260.

¹⁰³ *Kieran Fitzpatrick Personal Photography Collection*, St Patrick's Cathedral, 'William Jackson' (captured on 1 April 2015).

many of the inscriptions on St Patrick's' walls: an Irish birth, imperial service, and a retirement or death that reinforced the places and spaces of the first two stages.

The life, service and death of Thomas Rice Henn were also couched in these terms. Rice Henn was the son of Thomas Rice Henn Senior, a lawyer and owner of the family estate at Paradise Hill, Co. Clare, which had been in the family's possession since the late-seventeenth century.¹⁰⁴ Henn's memorial is most striking by the lengthy history provided of the circumstances in which he died. He perished whilst leading a detachment of the Bombay Sappers and Miners into battle at Maiwand, a constituent battle of the Second Anglo-Afghan War (1878-1880).

On the tablet, his death was constructed as a glorious ode to 'Queen and Country', with a direct quotation from the government's official dispatch written in the wake of his death, and another from Lieutenant General Sir Garnet J. Wolseley, one of the foremost Anglo-Irish imperial figures of the day: 'No hero ever died more nobly than he did, I envy the manner of his death, If I had ten sons, I should be indeed proud if all ten fell as he fell.'¹⁰⁵ That the replication of Wolseley's thoughts on Rice Henn's death are included on the memorial in the position that they are is significant; directly after the acknowledgement of 'his bereaved parents, brothers and sisters' having erected the tablet in his memory. The effect of Wolseley's 'imperial empathy' directly after such an acknowledgement acts as a rhetorical device: the parents of the bereaved were being comforted by one of the leading imperial personalities of the era,

¹⁰⁴ NUI Galway Landed Estates Database, 'Rice Henn' <http://landedestates.nuigalway.ie/LandedEstates/jsp/estate-show.jsp?id=2054> (accessed: 29 August 2015).

¹⁰⁵ *Kieran Fitzpatrick Personal Photography Collection*, St Patrick's Cathedral, 'Thomas Rice Henn' (date captured: 1 April 2015). See Ian F. W. Beckett, 'Wolseley, Garnet Joseph, first Viscount Wolseley (1833–1913)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, Jan 2008 [<http://ezproxy-prd.bodleian.ox.ac.uk:2167/view/article/36995>, accessed 17 Oct 2016] for a biography of Wolseley.

who bestowed legitimacy on the manner of Rice Henn's sacrifice and established his death as desirable for replication by like-minded families.

Perhaps a young Robert Polden, or one of his contemporaries from neighbouring Protestant parishes such as St Werburgh's¹⁰⁶, stood before memorials such as Rice Henn's. They would have been exposed to very dramatic invocations of imperial service and the motivations that should underpin professional life. Although the professional culture into which Polden passed in his early twenties was constituted by men derived from a number of religious creeds and social origins, he and his Anglican contemporaries elsewhere entered the IMS having frequented a culture with very definite ideas about what being a professional meant: bravery, Christian service, and the glory of death.¹⁰⁷

The St Patrick's memorials are also distinctive because of the prevalence with which they are visual, as well as verbal, sources. In a number of places around the Cathedral, marble monuments stand depicting the deaths of particular soldiers, or recreating idealized battle scenes from wars at the frontiers of empire. Two are especially prominent: one depicting the death of Lieutenant Colonel Tomlinson of the 18th Royal Irish Regiment at the Battle of Chappoo in May 1842 during the First Anglo-Chinese Opium War (1839-42); the other a visual representation of the storming of the 'Shoe Dagon Pagoda' in Rangoon during the Second Anglo-Burmese War (1852-53).

¹⁰⁶ This was the parish where Charles Sibthorpe was baptized in 1849, and the Church that gives the parish its name stands just five minutes walk from St Patrick's. Sibthorpe joined the IMS in 1872 and rose through its ranks to become Director General of the IMS in Madras, before retiring to Dublin, unmarried, in 1900, and dying in 1906. His sisters deposited a substantial collection of his papers and case books to the Royal College of Physicians, where they have been preserved.

¹⁰⁷ A further, vivid example of this final characteristic is the Royal Army Medical Corps' memorial to approximately seven thousand of their fellow soldiers during the First World War. The memorial is concluded by the following quote, 'They loved not their lives unto the death', a stark statement for viewing life as being made noteworthy only in the manner of one's death.

Both are situated in the Cathedral's northern transept and, according to art critics who have published insights on the sculptures, the same sculptor probably created them: Terence Farrell.¹⁰⁸ Farrell was born to a Catholic family in Longford in 1798 and trained as a sculptor in Dublin. After serving his time as an apprentice, he settled in the city with his wife and family and established a sculpting yard just north of the River Liffey. Despite his Catholic origins in Longford, Farrell's most notable sculptures depicted either scenes of Irishmen at the frontiers of empire, as in the Chappoo and Rangoon sculptures, or of prominent members of the Protestant Ascendancy in the early- to mid-nineteenth centuries.¹⁰⁹

Of the two sculptures, Farrell's depiction of Tomlinson's death is of most interest for our purposes here, both in terms of its contents and context. Farrell idealized Tomlinson as a fallen hero, surrounded in his dying moments by other soldiers, presumably members of the Royal Irish Regiment whom he had commanded. However, the way in which these soldiers are depicted strikes a very different, more sombre, tone to the verbal 'shock and awe' seen in Rice-Henn's memorial.

The soldier furthest to the right appears to be digesting the scene before him, or perhaps weeping. The soldier crouched in front of him holds the dying Tomlinson (or his corpse) in his arms, the Lieutenant-Colonel's back supported by the soldier's left thigh and knee. Two other soldiers to the right of Tomlinson and his comforter look on in anguish, or maybe mutual support, whilst in the background two more soldiers, one of them a bugler, walk away from the scene, perhaps in disbelief. Farrell's depiction of Tomlinson's death had the potential to lend nuance to the ways in which imperial professions were received by parishioners attending St Patrick's;

¹⁰⁸ Paula Murphy, 'Terence Farrell, Sculptor', *Irish Arts Review Yearbook* (1991/1992), pp 76-77.

¹⁰⁹ Murphy, 'Terence Farrell', pp. 73-74.

there is a sense of melancholy to the visual aspects of the sculpture, a sense of loss, that stands in opposition to the verbal invocations of a glorious death on distant, foreign battlefields witnessed previously. However, that verbal trope returns in Farrell's small print; below the image of Tomlinson's death, and after a short passage of text that reflects who the sculpture is remembering and why (all members of the 18th Royal Irish who were killed during the first Opium War), a further piece of text is included. It is religious in origin, although its providence is left unclear, and it reads: 'The Trumpet shall sound, and the dead shall be raised incorruptible/Thanks be to God which giveth us the Victory/ Through our Lord Jesus Christ.'¹¹⁰ The focus on self-sacrifice and a glorious death is not as prominent here as it was in previous examples, but these themes are still given their place as footnotes in the sculpture's structure. Whilst melancholy was built into the fabric of the installation, the inclusion of these words reflected a belief that meeting death in the professional service of the empire was not an existential threat of absolute proportions but, instead, would be vindicated, implicitly through a Christian rapture of sorts.

Farrell was not the only, or the first, artist to preserve the Lieutenant-Colonel's death. Tomlinson's death was first remembered by an observer at the scene, one Captain Stoddart of the Royal Navy, whose impression was then modified and published by the famous architect and engraver, Thomas Allom.¹¹¹ Stoddart's and Allom's sketches of Tomlinson's dying moments were substantively different to that of Farrell's; in the foreground the Lieutenant-Colonel is being taken away from the

¹¹⁰ Kieran Fitzpatrick *Personal Photography Collection*, St Patrick's Cathedral, 'Lieutenant Colonel Tomlinson' (Captured on 1 April 2015).

¹¹¹ For context see Peter C. Perdue, 'Hostilities' in 'The First Opium War The Anglo-Chinese War of 1839-1842', at MIT Visual Cultures (2011) (https://ocw.mit.edu/ans7870/21f/21f.027/opium_wars_01/ow1_essay03.html) [accessed on 15 November 2016], p. 25 and Diana Brooks, 'Allom, Thomas (1804–1872)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, Jan 2016 [<http://ezproxy-prd.bodleian.ox.ac.uk:2167/view/article/410>, accessed 15 Nov 2016].

battlefield by three soldiers (two carrying, one directing) and the background is far more expansive, providing a depiction of an imperial frontier, as much as the death of an imperial soldier. Of course, Stoddart's sketch was created eleven years before Farrell installed his memorial to Tomlinson at St Patrick's in 1853, and it would be interesting to know the process that Farrell went through in order to create the monument in the form that he did. Viewed together, Stoddart's sketch and Farrell's sculpture create a storyboard of the dying moments of an Irish professional soldier overseas; was such an intended effect conscious? Did Farrell set out to fill in the few moments after Stoddart's sketch?

Due to a lack of evidence it is impossible to tell, but these are sources that provide the historical residue of empire for Protestant communities in Ireland. The content of memorials to Tomlinson, Rice-Henn and Jackson, although variant in tone, carried a broadly homogenous message: your professional life – whether you be a professional soldier or a profession surgeon – should be spent in service to your country (meaning Britain) and your monarch; if you should meet death, shake its hand with character and zeal, for you will be redeemed by your Protestant faith. This was the archetype expected of men such as Polden and others in Dublin, and their contemporaries (John Lane Corbett, John Leonard and William Henry Thornhill) and leads us to an understanding of the way in which their lives prior to entering the IMS were phrased in relation to the themes of imperial service and professionalism.

The intermittence of Irishness

Gaining a concrete sense of how much these early, Irish influences directed the course of these men's careers is challenging, as the amount of archival material they left behind varies to large degrees between individuals. However, the documentary

residue of some of their careers – sources that include diaries, letters, newspaper cuttings, and official reports – show that childhood experiences, surrounding religion, social class or the imagining of empire, in Ireland were not constant or uniform in their relevance. Rather, Ireland, as a cultural space, manifested alongside other aspects of their lives, especially professionalism.

On the evening of 17 March 1904, at London's Trocadero Restaurant, Peter Johnstone (P.J.) Freyer (1851-1921) was awarded the Irish Medical Schools and Graduates' Association's (IMSGA) Arnott Memorial Medal, an event that will be focused upon in greater detail at the start of our next chapter. Freyer was born near Clifden, Connemara, Co. Galway, in July 1851, the son of a Protestant tenant farmer. After a scholarship-funded academic career at the Queen's College, Galway (QCG), and graduating first from both his Arts and Medicine degrees, he entered the IMS in 1876. His career in India was controversial, and is the basis for our fourth chapter; his treatment of an Indian prince, the Nawab of Rampur, trod on tense and unresolvable issues in professional life in India. The resultant controversies, centred on the Nawab's paying him a gift of a *lakh* of rupees, or approximately £10,000, pushed Freyer out of the Service, and he turned to London and private practice, a move that saw him become the richest Irishman who entered the IMS in our period.

He was awarded the Arnott medal ten years after this second, 'London' chapter of his career started. The medal itself was awarded to a man in remembrance of an 'act of heroism or distinguished service, or an act performed in the discharge of medical duties either in civil life or in the naval or military services, at home, on the high seas, or abroad, or an achievement in medicine[,] surgery[,] or medical

research.’¹¹² During the evening’s events, Henry MacNaughton Jones, a Corkonian, surgeon and close friend of Freyer, remembered his companion’s career to date in the following terms:

He was a brilliant graduate of his old University... He received a fee which no medical man before or afterwards had received. That was his quantity (Laughter). When required to disgorge part of that fee by the Government he refused like a true Irishman. He was ‘agin the Government’. And again, like a true Irishman he beat the Government. (Renewed laughter)... By his audacity and manipulative skill, by the exercise of his art, he had achieved the ultimate aim of surgery, the relief of human suffering, the saving and prolongation of human life.¹¹³

MacNaughton Jones’s act of remembrance portrayed Freyer as a particularly *Irish* success story: as a man whose ethnicity necessitated that he struck blows against the ‘Establishment’, and not only emerged unscathed but prospered in consequence. Given the parenthetical references to laughter his portrayal was probably an act of entertainment and comedy. However, the fact such sentiments evoked that reaction from his audience, and were probably deployed deliberately for that reason, reflects the currency that such an idea had.

Freyer was anything but the Irish radical suggested by his friend’s rhetoric. His career prior to that evening, and in the years afterwards, was defined by an ability to integrate into physical and cultural institutions of political, social and professional influence, and successfully traverse political and racial spectra to secure wealthy, powerful clients. Later in his career, in 1919, he stood for photographs with Winston Churchill and Field Marshall Sir Henry Wilson, who the Irish Republican Army (IRA)

¹¹² NUIG Spec. Coll., Freyer, Box 6 P57/263, ‘*Irish Times* – Irish Medical Schools and Graduates’ Association’ (18 March 1904), no ff.

¹¹³ *Ibid.*

assassinated two years later during one of the most significant closing actions of the Irish War of Independence.¹¹⁴ Freyer served as a medical adviser to the British government during the First World War, from 1915 until the conflict's conclusion, managing the hospital established in Brighton for the evacuation and treatment of injured soldiers of the Indian Army. During his war service, he also became a close friend and correspondent of Sir William Robertson, Commander of the 4th Army during the War and the British Army of the Rhine after the Armistice was signed in November 1918.¹¹⁵

And, finally, at his home and practice on Harley Street, his profession's physical apogee in Britain, he dined with members of the peerage, such as Lord Pirrie, chairman of Harland and Wolff shipbuilders between 1895 and 1924, and operated on John Redmond, one of the definitive figures in contemporary British and Irish politics.¹¹⁶ These connections produced exceptional personal wealth. When he died in September 1921, his estate was valued at £130,053 (see point 39 below), or £2,758,424 in terms of the value of pounds sterling in our own times.¹¹⁷ The average wealth at death for his contemporaries, where data exists, was £18,862.

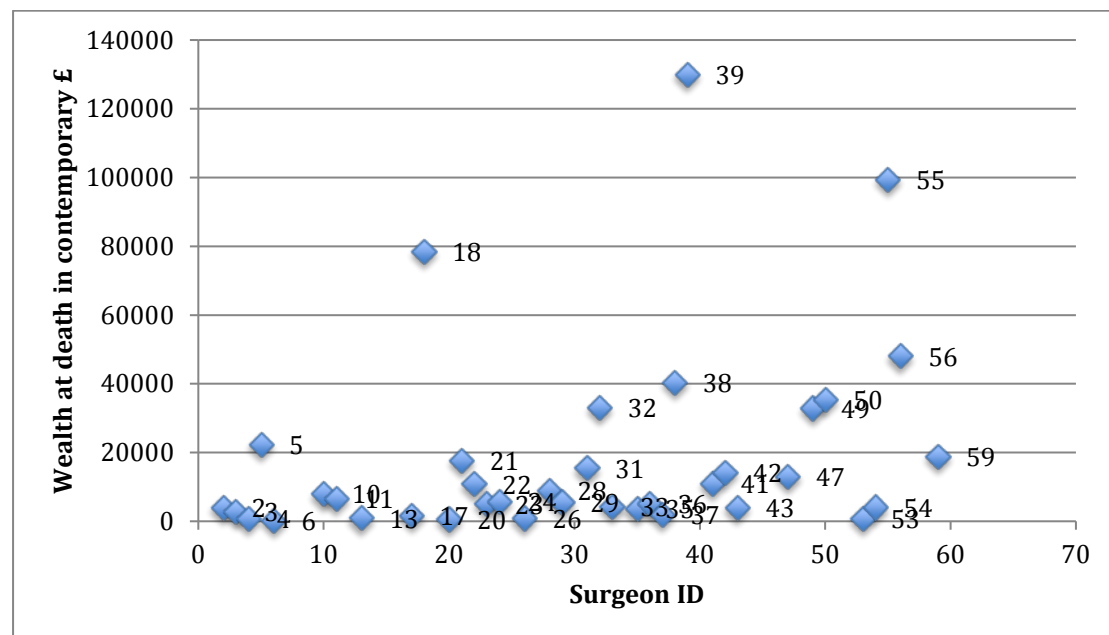
¹¹⁴ NUIG Spec. Coll., *Freyer*, Box 6 P57/387, 'Untitled photograph depicting Freyer in military uniform, alongside Churchill and Wilson, c. 1919', no ff.

¹¹⁵ NUIG Spec. Coll., *Freyer*, Box 1 P57/160-187, 'Robertson correspondence'. For a biography of Robertson see David R. Woodward, 'Robertson, Sir William Robert, first baronet (1860–1933)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, Jan 2011 [<http://www.oxforddnb.com/view/article/35786>, accessed 26 Aug 2016].

¹¹⁶ Introductory biographies can be found on the ODNB and DIB: Michael S. Moss, 'Pirrie, William James, Viscount Pirrie (1847–1924)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, Jan 2008 [<http://ezproxy-prd.bodleian.ox.ac.uk:2167/view/article/35534>, accessed 27 Aug 2016] and Michael Laffan, 'Redmond, John Edward', in James McGuire and James Quinn (ed), *Dictionary of Irish Biography*. (Cambridge, 2009). (<http://ezproxy-prd.bodleian.ox.ac.uk:3524/viewReadPage.do?articleId=a7602>).

¹¹⁷ The total has been sourced from the following sources: NUIG Spec. Coll., *Freyer*, Box 6 P57/292, 'The Evening Standard – Medical Man's Fortune' (11 September 1921) and D'A. Power, 'Freyer, Sir Peter Johnston (1851–1921)', rev. Jeffrey S. Reznick, *Oxford Dictionary of National Biography*, Oxford University Press, 2004 [<http://ezproxy-prd.bodleian.ox.ac.uk:2167/view/article/33277>, accessed 22 Aug 2016]. It would seem from the financial estimates of his solicitors that the majority of his wealth, specifically £100,808, was derived from his acuity in investing in stocks, bonds and shares I

Fig. 9 - Personal wealth at death of Irish IMS surgeons (1870-1914) calculated from available wills and probates



The institutional reactions to Freyer's practice were not framed by his ethnicity; he evoked negative responses from the GoI as a result of his status as a medical professional, and due to the political context in which he worked. The men who passed judgment on his case were often Irish, some of whom attended the same university as him. Anthony MacDonnell, acting in his capacity as Secretary to the Government of India, informed Freyer of the Government's early opinions and stances, and was a fellow QCG graduate.¹¹⁸

One of the Lieutenant Governors of the North Western Frontier Provinces and Oudh (NWFPO) who also formulated policies on Freyer's case was Charles Haukes Todd Crosthwaite. Crosthwaite was born in Donnybrook, Dublin, before being educated at the Merchant Taylor's School, London, and St John's College, Oxford.

markets across the world. NUIG Spec. Coll., Freyer, Box 5 P57/233, 'The Estate of Colonel Sir Peter Johnston Freyer' (13 October 1921), ff. 1- 4.

¹¹⁸ Patrick Maume, 'MacDonnell, Antony Patrick Baron MacDonnell of Swinford', in James McGuire and James Quinn (ed), *Dictionary of Irish Biography*. (Cambridge, 2012). (<http://ezproxy-prd.bodleian.ox.ac.uk:3524/viewReadPage.do?articleId=a5180>).

He entered the ICS in August 1857, immediately being placed in the NWFPO.¹¹⁹ Crosthwaite's maternal grandfather was Robert Hauks Todd, a former President of the RCSI, who was commemorated on the walls of St Patrick's Cathedral by his students who wish to erect 'this tablet to record their high sense of his useful and benevolent life[,] their respect for his distinguished talents[,] and their gratitude for his unwearied attention to their interests.'¹²⁰

At the IO in London, Arthur Godley was also party to the Freyer case, and took a leading role in determining the IO's position. Godley had been born in London in 1847 to John Robert Godley, a landowner from Kilbracken, Co. Leitrim, and global traveller who spent time in New Zealand and the United States.¹²¹ His son would go on to be one of the defining figures at the IO in the late nineteenth-century, acting as permanent Under-Secretary to the Office from 1883 to 1909. On his retirement in that year he was created Baron of Kilbracken, the area that was his ancestral home.

Indeed, the colleagues of these Irishmen within the Government did not distinguish Freyer *via* his ethnicity. To Auckland Colvin, Crosthwaite's predecessor and Freyer's *bête noir* in the NWFPO, Freyer was an 'English officer' who had created 'calumnious insinuations in Native quarters...'¹²² Given the fashion in which MacNaughton Jones characterized Freyer in London, as a 'true Irishman... again the

¹¹⁹ Katherine Prior, 'Crosthwaite, Sir Charles Haukes Todd (1835–1915)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004 [http://ezproxy-prd.bodleian.ox.ac.uk:2167/view/article/32646, accessed 9 Sept 2016].

¹²⁰ Hauks Todd's biography is corroborated by the *ODNB* article referenced previously and the following: John B. Lyons, 'Todd's Paralysis' in Peter J. Koehler, George W. Bruyn, and John M.S. Pearce, *Neurological Eponyms* (Oxford, 2000), p. 100. An image of the memorial to Todd can be requested from *Kieran Fitzpatrick Personal Photography Collection*, St Patrick's Cathedral, 'Charles Hauks Todd' (captured 1 April 2016).

¹²¹ See H. C. G. Matthew, 'Godley, (John) Arthur, first Baron Kilbracken (1847–1932)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004 [http://www.oxforddnb.com/view/article/33436, accessed 29 Sept 2015] and Jane Tucker, 'Godley, John Robert (1814–1861)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, May 2006 [http://www.oxforddnb.com/view/article/10875, accessed 29 Sept 2015].

¹²² NUIG Spec. Colls, *Freyer*, Box 1 P57/74, Colvin to Rice (4 March 1889), f. 4.

Government', this description of him is particularly striking. The juxtaposition of the terms show how a surgeon's ethnicity was fluid, and could change according to the part of Empire he was located in, and the cultural or political context that framed the exchange between him and his interlocutor or audience.

Furthermore, not only were ethnic markers arbitrary, determined by location and audience; they were often completely dispensed with in institutional discourse, and replaced by attestations to a surgeon's physical condition, moral character and professional capabilities. Such was the case in the confidential reports written about Freyer and his contemporaries by their superiors within the IMS, copies of which have been preserved at the AAPC reading room at the British Library for the period 1897-1917.

Jarlath French-Mullen, for example, part of a dynasty of four brothers who originated in Tuam, Co. Galway and populated the colonial medical services – from India to Jamaica – across the 1870s, 1880s and 1890s, was described in 1897 by the Direct General (DG) of the IMS as 'A very capable and clever officer, but somewhat heavy.'¹²³ In the same year, Richard Havelock Charles, a former inhabitant of Cookstown, Co. Tyrone, a graduate of Queen's College Belfast (QCB) and future President of the India Office's Medical Board and Dean of the London School of Tropical Medicine (LSTM), was described by the DG as 'A most accomplished anatomist, an excellent surgeon, and a good all-round man.'¹²⁴ Later, in 1913, John Thomas Daly, born in Donnybrook, Dublin in 1862, was described by the General Officer in Command of the Brigade of which he was a part as 'A good hardworking

¹²³ BL AAPC, IOR/L/MIL/7/467, 'Confidential reports on Indian Medical Service officers in civil employ', Director General of the IMS concerning Jarlath French-Mullen' (1897), p. 7.

¹²⁴ BL AAPC, IOR/L/MIL/7/467, 'Confidential reports', DG of the IMS concerning Richard Henry Havelock Charles' (1897), p. 9. For his application to the Service see BL AAPC, IOR/L/MIL/9/413, *Assistant Surgeon's Papers*, 'Richard Henry Havelock Charles' (1882), ff. 18-25.

officer' with 'regular habits of life'.¹²⁵ The non-Irish colleagues of these men were judged by the same standards. F.D. Browne, for example, who was either Welsh, Scottish or English, was described in 1912 as of 'temperate habits, tactful and of good professional ability and education'.¹²⁶ As will be shown in subsequent chapters, words such as 'habits' were part of a political and moral lexicon with fundamental importance and authority in Indian institutions in this period, which borrowed from and no doubt influenced a broader, moral culture in Victorian life.

In referencing these sources, I do not wish to argue against Ireland's relevance for these men during their IMS careers. However, I wish to be pointed about the terms upon which Ireland was present. Institutionally, there was no advantage or disadvantage to having been born in Ireland and later practicing as a surgeon in the IMS. Instead, what these men were defined by in their professional lives were perceptions of what their work meant to other types of professional, especially in the ICS, and also their estimation by contemporary standards of moral conduct and character. These will be examined in greater detail in subsequent chapters.

Ireland was still experienced by these men outside of their professional lives, and influenced the dynamics of their family, as well as literary and cultural interests that some of them fostered within those families. Freyer, for example, kept up close associations with Ireland, and with Connemara. He named his children Dermot and Kathleen, to this day common Irish names, and his financial ledgers show how he relayed money back to Clifden for the upkeep of the Freyer family's plot in the

¹²⁵ BL AAPC, IOR/L/MIL/7/489, 'Confidential reports', General Officer Commanding Brigade on John Thomas Daly (1913), no pp.

¹²⁶ BL AAPC, IOR/L/MIL/7/489, 'Confidential reports', Officer Commanding Units on F.D. Browne (1912), p. 2.

town's Protestant graveyard.¹²⁷ After his death in September 1921, his body was interred there, too.¹²⁸

Dermot's subsequent career is of particular interest. After taking a degree at Cambridge, and flirting with a life in politics by standing as the Labour candidate for Huntingdonshire in the 1922 General Election, Dermot carved out a niche as an art and literary critic, creating networks of his own across Ireland and England with some of the most prominent cultural figures of his time. In 1973 his son, Grattan, P.J.'s grandson, published a previously unseen review that his father had written of James Joyce's *Dubliners* in January 1908, a book that Joyce was, at the time, trying to find a publisher for; he would not be successful for another six years.

Grattan wrote that, although his father never met Joyce or read *Ulysses*, he was 'oddly proud of the fact that when the book first appeared, certain people, who can hardly have known him or like him very well, suggested he was the prototype for the Englishman, Haines!'¹²⁹ Haines was the character that Joyce created to parody a particular type of English attitude to Ireland: one of genuine interest in Irish literature and history, but with an accompanying ignorance about England's role in colonizing Ireland, and therefore subverting the very culture he found intriguing. Grattan Freyer also drew attention to another canonical figure in Irish literature who was both a friend of his father's and the inspiration for another character in *Ulysses*. Oliver St John Gogarty, as is well known, was the incarnation of 'plump Buck Mulligan', Stephen Dedalus's interlocutor at the Martello Tower in the first scene of Joyce's *magnum opus*. Dermot Freyer was, Grattan wrote, '... probably Oliver St John

¹²⁷ NUIG Spec. Colls, *Freyer*, P57/220, 'Account Book (1910-1921)', Vol. 2, f. 52.

¹²⁸ NUIG Spec. Colls, *Freyer*, P57/292, 'Newspaper Cuttings', *Connacht Tribune*, 17 September 1921, f. 19.

¹²⁹ Grattan Freyer, 'A Reader's Report on "Dubliners"', *James Joyce Quarterly*, Vol. 10, No. 4 (Summer, 1973), p. 455.

Gogarty's closest lifelong friend and often visited Gogarty during the time the latter was lessee of the Martello Tower at Sandycove.¹³⁰

Grattan Freyer's report that, in the eyes of some, his father had provided the model for a character who represented a particular type of cultural exchange, specifically rooted in the history of English colonization in Ireland, illuminates the way in which the careers our subjects had could form the cultural landscape that subsequent generations of their family occupied. Had Freyer decided not to enlist in the IMS, but pursue professional success in Ireland, Dermot Freyer and his son would have been perceived in very different social and cultural terms. That P.J. Freyer had the Indian career he did, and then installed himself as one of the most prestigious surgeons of his day in England, meant that his son and grandson were party to a liminal cultural space, suspended between some of the hallmarks of English culture (both studied at Cambridge) and hardening conceptions of what it was to be Irish in the period immediately preceding the Irish War of Independence and Civil War, and after the establishment of the Irish Free State (IFS).

However, father and son seemed able to traverse these cultural spaces, with both living in the west of Ireland, relatively close to their paternal home place, and making contributions to Irish culture. Dermot Freyer lived in Corrymore House, on Achill Island, Co. Mayo, for twenty-five years between 1945 and his death in 1970, and was a renowned enthusiast for Irish step dancing.

Grattan, after completing an undergraduate degree in Natural Sciences and English at Cambridge, and a PhD thesis on the political thought of Machiavelli at TCD, relocated to Pontoon, Co. Mayo, eighty kilometres from Achill, in the summer of 1950. Here he established an artisan pottery business having received training in

¹³⁰ *Ibid.*

the art from Bernard Leach. Leach was one of the twentieth centuries foremost authorities on the subject, and would have shared a cultural sensibility for the Empire with Grattan Freyer; he had been born to missionary parents in Japan, and spent the early years of life there and in China.¹³¹ In a brief biography of Grattan Freyer, written as part of an article on his work as a potter in 2000, Peter Lamb created a direct link between the establishment of Freyer's craft business and his grandfather's work in India sixty years before. Lamb referenced P.J.'s treatment of the Nawab, and the handsome reward he had received as a result, before stating, 'Although much of the money was gone by the time Grattan came back to Ireland, there was still enough to enable him to set up the Terrybaun Pottery.'¹³²

Aside from these commercial activities, that blended profit with art, Grattan also continued to publish academic works until just before his death in 1983. These included a study of W.B. Yeats' place in 'the anti-democratic tradition', as well as a prose and verse anthology of modern Irish writing, co-authored with Conor Cruise O'Brien.¹³³

Conclusion

The extent of the Freyer family's physical and cultural attachments to Ireland was not representative of how this group of men experienced Ireland during and after their Indian careers. The relatively small amount of sources and data available to us concerning the end of their lives (fifty-six observations out of 232 men), especially the places where they died, indicate as much. These sources include census returns,

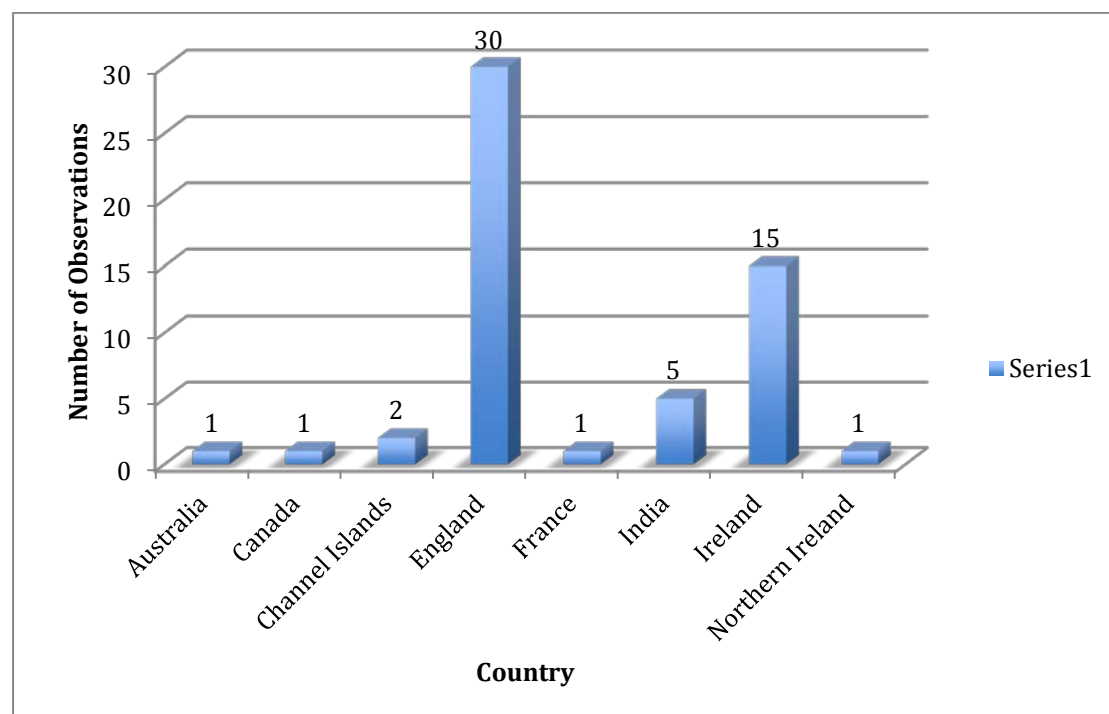
¹³¹ Emmanuel Cooper, 'Leach, Bernard Howell (1887–1979)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, May 2010 [<http://www.oxforddnb.com/view/article/31342>, accessed 17 Oct 2016].

¹³² Peter Lamb, 'A Kiln Fired by Turf Grattan Freyer and the Terrybaun Pottery', *Irish Arts Review Yearbook*, Vol. 16 (2000), p. 63.

¹³³ See Grattan Freyer, *W.B. Yeats and the anti-democratic tradition* (Dublin, 1981) and Grattan Freyer and Conor Cruise O'Brien, *A prose and verse anthology of modern Irish writing* (Dublin, 1979).

wills and probates, and newspaper obituaries. Whereas some (twenty-seven percent) returned to Ireland, settling back into the same or similar localities from which they emerged decades before, fifty-four percent were resident in England at the time of their deaths. Smaller numbers of their colleagues resided on the Channel Islands, Continental Europe, and as far afield as Australia and Canada. When these locations are taken into account, this sample shows that seventy-five percent of these died outside of Ireland.

Fig. 10 – Country of residence at time of death for Irish enlistees to the IMS, 1870-1914



An obvious way of understanding their dislocation from Ireland was as a social and cultural manifestation of political change. Whilst Dermot Freyer was able to traverse the contentious politics of his time, maybe that was because he received the Empire through his father, rather than having been employed in India, or another colonial location, himself. Perhaps his father's contemporaries felt less comfortable, and less welcome in Ireland. Given their experience of European culture in India, maybe they

felt more comfortable in London, or one of the Home Counties, which is where the majority of them settled. However, other work has shown that, for a slightly later period, the sectarian politics of mid-twentieth century Anglo-Irish relations had little impact upon the experience of Irishmen working in the British military. As Steven O'Connor argued in his work on Irish identity in the British Armed Forces during the Second World War, 'In spite of the sectarian tensions created by partition in the previous twenty years [1919-1939], the most remarkable aspect of Irish wartime accounts is the absence of such tensions in relations between those from North and South.'¹³⁴

In light of such comments, and in the analysis undertaken in this chapter, transnational and global histories of Ireland, first in relation to Empire and then in relation to more recent, post-colonial, should be written with an emphasis on social processes and the documentation of cultural values, as well as politics. One of the ways in which Ireland's place within imperial networks has been conceived to date is through the assumption that broad political change in Ireland and the United Kingdom correlated with the motivations of Irish people to seek out imperial employment. In O'Leary's work, and to an extent in Crosbie's, there was a tacit assumption that something must have been different in the Irish experience of colonial locations like India because they were Irish. My contention here has been that historians must be more aware of the assumptions they make about the nature of Irish people's experiences in the Empire, and allow room for understanding those experiences alongside other aspects of their experience, rooted in social history. For example, some of the men being studied here were members of families who had populated colonial and imperial institutions since the seventeenth century. The careers they had

¹³⁴ O'Connor, 'Irish identity', p. 417.

in the IMS were rooted in a long history of colonization and imperial expansion, which may well have provided them with particular conceptions of their place in those institutions. In addition, those familial experiences may have provided them with networks of influence not available to others, for whom imperial service was a new style of work. Historians of Ireland and Empire should endeavour to create a ‘social turn’, inspired by the work of others on *elite* education, family and Empire in the nineteenth century.¹³⁵

Writing the history of Ireland and Empire from this, socially oriented perspective necessitates, as Crosbie indicated in 2012, dispensing with assuming an overarching sense of ‘Irishness’ that connected these men. Whilst they bore common traits rooted in particular localities and communities, those places often bound together social and cultural forces that were in tension with one another. However, these tensions within Ireland were not constant influences on the course or shape of their careers. To answer Keith Jeffery’s question raised in the introduction: being Irish for these *elite* Irishmen made no difference to their experience of the IMS, nor their prospects for succeeding in the Service. An interesting future project could model the determinants of success within the IMS. Through using source collections such as the confidential reports, variables such as perceptions of ‘ethnicity’, ‘moral character’ and ‘professional competence’ could be tested against the frequency with which surgeons were promoted. Undertaking such research would amount to a study of social and cultural capital in an imperial institution. In this chapter I have expanded and deepened our understandings of ethnicity as it related to the subjects of this thesis, and

¹³⁵ I am thinking of O’Neill, *Catholics of Consequences* (Oxford, 2014); Esme Cleall, Laura Ishiguro, and Emily J. Manktelow, ‘Imperial Relations: Histories of family in the British Empire’, *Journal of Colonialism and Colonial History*, Vol. 14, No. 1 (Spring, 2013), *Project MUSE*, doi: 10/1353.cch.2013.0006; Drieënhuizen, ‘Social Careers Across Imperial Spaces’, pp. 397-422; David Veevers, “‘Inhabitants of the universe’: global families, kinship networks, and the formation of the early modern colonial state in Asia”, *Journal of Global History*, Vol. 10, Iss. 01 (March, 2015), pp. 99-21.

shaped their place in particular social (and imperial) networks. In subsequent chapters I wish to focus more on the other topics listed, especially ‘professionalism’. What did ‘professionalism’ mean for these men during their socialization as surgeons in Ireland, and how were those values and competencies incubated and challenged by imperial employment?

Chapter 2 - The creation of a modern profession across national boundaries: a contextualization of enlistment credentials among Irish applicants to the IMS, 1870-1914

Introduction

In the early 1980s, J.G.A. Pocock sought to establish 'British history' as a historiographical field that, instead of being a synonym for 'English history', appropriately incorporated Ireland, Scotland, England and Wales as part of a broader regional perspective, an 'Atlantic archipelago'. Pocock's proposed shift was premised on the following terms:

... the various peoples and nations, ethnic cultures, social structures, and locally defined communities, which have from time to time existed in the area known as 'Great Britain and Ireland,' have not only acted so as to create the conditions of their several existences but have also interacted so as to modify the conditions of one another's existence and that there are processes here whose history can and should be studied.¹

Pocock's premises, rooted in processes of regional exchange and creation between and within these national groupings, provide the framework through which this chapter will be used to promote understandings of the professional and educational contexts that produced the men being studied here. Other scholars, such as John MacKenzie and Stephen Howe, have referenced similar frameworks in thinking about

¹ J.G.A. Pocock, 'The Limits and Divisions of British History: In Search of the Unknown Subject', *The American Historical Review*, Vol. 87, No. 2 (April 1982), p. 317.

the British Empire, and the politics of writing a ‘colonial’ history of Ireland.² Naomi Lloyd-Jones and Margaret Scull, doctoral researchers at King’s College London, are also leading the way in broadening a ‘Four Nations’ approach to British history, by supporting the production of insights from various topics in social and cultural history.³

However, this chapter is unique in being the first extensive study of the medical professional in Ireland through a broader, regional lens. Whilst recent years have seen a modest flowering of interest in that history, scholarly perspectives have been trained specifically on the national context in which the profession existed. Although contributions by Laura Kelly⁴, Barry Crosbie⁵ and Catherine Cox⁶ have furthered our knowledge in important ways, which will be discussed below, my argument here is that the profession in Ireland cannot be fully understood without highlighting the significance of the ‘United Kingdom’ more broadly. Therefore, with our emphasis on medical professionalization, the chapter should be read through Richard Bourke’s conception of Pocock’s British history; as a mode of interpretation not designed to ‘generate a chain of connections, but to investigate the terms on which historical connections ought to be made.’⁷

² See John MacKenzie, ‘Irish, Scottish, Welsh and English Worlds? A Four-Nation Approach to the History of the British Empire’, *History Compass*, Vol. 6, No. 5 (2008), p. 1245 and Stephen Howe, *Ireland and Empire colonial legacies in Irish history and culture* (Oxford, 2000), pp. 7-9.

³ See their successful blog, *Four Nations History Network* (<https://fournationshistory.wordpress.com/>), as well as their forthcoming edited collection, Margaret Scull and Naomi Lloyd-Jones (eds), *United Kingdom? Four Nations Approaches to Modern ‘British’ History, 1700-1960* (Forthcoming, Palgrave Macmillan, 2017).

⁴ Laura Kelly, *Irish women in medicine, c. 1880s-1920s Origins, education and careers* (Manchester, 2012).

⁵ Crosbie, *Irish Imperial Networks*.

⁶ Catherine Cox, ‘Discursive Essay: A better known territory? Medical history and Ireland’, *Proceedings of the Royal Irish Academy. Section C: Archaeology, Celtic Studies, History, Linguistics, Literature*, Vol. 113C (2013), pp. 341-362.

⁷ Richard Bourke, ‘Pocock and the presuppositions of the new British History’, *The Historical Journal*, Vol. 53, Iss. 03 (September 2010), p. 753.

The photograph included as *Appendix 1* is one of the many documents that constitute P.J. Freyer's archive, held in the Special Collections reading room at NUI Galway.⁸ This particular photograph has been included because the location at which it was captured, the Association it depicted, and the members in attendance encapsulate the connections and exchanges between 'the national' and 'the regional' in the professional lives of the men under scrutiny here.

The occasion was the 1904 annual dinner of the Irish Medical Schools and Graduates Association (IMSGA). The *British Medical Journal* (BMJ) report on the event noted that, in a room at London's Trocadero restaurant filled with two hundred and thirty guests, 'Mr. P.J. Freyer was introduced to the chairman [Charles Sibthorpe] by Dr H. MacNaughton Jones and presented with the Arnott memorial medal for his services in the advancement of surgery.'⁹

Freyer's presentation of the medal took place in a setting with two competing sets of significance. On the one hand, the manner of dress of those in attendance, and the location of the meal in London's Trocadero, spoke to the apotheosis of cultural prestige at the hinge of the Victorian and Edwardian eras. Other depictions of similar, contemporary social settings, such as the Grand Foyer of the Ritz, or the entrance hall to London's Savoy, show men and women very similarly dressed and in comparably opulent surroundings.¹⁰ In addition, the collective *curriculum vitae* of those in

⁸ National University of Ireland Galway (NUIG), Special Collections (Spec. Coll.), *Peter Johnstone Freyer Collection* (Freyer), Box 6 P57/360-62, 'Irish Medical Schools and Graduates Association Annual Dinner' (1904), no ff.

⁹ *BMJ*, 26 March 1904 (Vol. 1, Iss. 2256), p. 890. McNaughton Jones was also a professional collaborator of Freyer's, which Freyer noted in his case diary for 1896-97. See NUIG Spec. Coll., *Freyer*, Box 2 P57/191, f. 18. For more on McNaughton Jones, see his obituary in the *BMJ*, 4 May 1918 (Vol. 1, Iss. 2992), pp. 521-22.

¹⁰ Bridgeman Education, 'Edwardian dining culture slideshow': *The Elegant Restaurant* (1909); *The Grand Foyer, Hotel Ritz* (1909); *The Entrance Hall, Savoy Hotel, London* (n.d.); *A private ball at the Savoy Hotel, London* (early twentieth century). [accessed at <https://www.bridgemaneducation.com/en/> via Oxford Libraries Information Platform (OxLip+) on 5 May 2016].

attendance, especially men such as Freyer and Sibthorpe, soldered an imperial project to these visual and material cultures.

However, a second historical narrative coursed through the evening's proceedings: the distinctiveness of being Irish within that Edwardian, imperial *milieu*, a characteristic that was underscored in the report published by the *BMJ*. Firstly, the IMSGA was gathered not only to celebrate another year of its existence, but also the most quintessentially Irish celebration in the annual calendar: St Patrick's Day. Furthermore, the *Journal's* correspondent wrote, 'although some of the speeches were a trifle longer than necessary... the native wit of the orators saved them from becoming wearisome.' The cultural trope of a 'native Irish wit' has endured to the present day, constituting a mini-sector of the popular publishing industry. When the keyword search 'Irish people wit' is entered into even the most scholarly of library systems, such as Oxford University's SOLO system, a number of these titles emerge.¹¹ Furthermore, the *BMJ* often published obituaries of notable Irish medical people, and documented their contemporaries' invocation of an 'Irish wit and [talent for] ready invention...'¹²

Finally, Sir Robert Anderson (1841-1918) one of the foremost figures in creating secret intelligence on Fenianism during the period 1865-1885, 'proposed [a toast of] "Ourselves", which was suitably acknowledged by the chairman who added some well-earned words of thanks to the honorary secretaries for their successful efforts.'¹³ The use of the word 'ourselves' in a toast by Anderson is ironic for us,

¹¹ See for example: Cormac O'Brien, *Just for the craic: the very best Irish jokes* (Chichester, 2013); Aubrey Dillon-Malone, *The Guinness book of humorous Irish anecdotes* (Enfield, 1996); David Brown, *Really wicked Irish jokes* (London, 1998); Peter Townsend, *The world's best Irish jokes* (London, 1994).

¹² See 'Dr Gertrude Grogan', *BMJ*, 11 October 1930 (Vol. 2, Iss. 3640), p. 623.

¹³ All preceding quotes from the report can be attributed to *BMJ*, 26 March 1904 (Vol. 1, Iss. 2256), p. 890. For Anderson and his brother's careers in espionage for the British state see Richard Hawkins, "Anderson, Sir Samuel Lee and Anderson, Robert" in James McGuire and James Quinn (eds),

given the subsequent import of that word for Irish Republicans; Arthur Griffith (1872-1922) translated the name of his political party, *Sinn Féin*, as ‘ourselves alone’, although in recent years the phrase has been recast as meaning ‘we ourselves’.¹⁴ At a very similar point in time to Griffith’s first political use of that word, Anderson, with his professional life lived in anti-separatist espionage, used ‘ourselves’ to encapsulate the *esprit de corps* of his countrymen who worked to sustain Britain’s Empire in India and elsewhere. Furthermore, he raised that toast in a hotel in London, one of the symbolic heartlands of that Empire, surrounded by men who were the capillaries of another: India.

Therefore, the context of the photograph included above encapsulated the complex brand of Irishness that our surgeons oriented themselves and their work in relation to, and augments our understanding of their social and cultural background, which were explored at length in the previous chapter. Theirs was an existence constituted not just by politics, social values, and cultural communities rooted in Ireland itself, the topic of chapter one, but also the professional institutions, careers and values of a life in the service of empire. As Roy Foster has stated concerning William Orpen (1878-1931), one of the foremost cultural contemporaries of the men seated in our photograph, ‘... for Orpen’s life and times, there is an argument that “British” could include and encompass a certain kind of Irishness.’¹⁵ Elsewhere, and in a similar tone, Peter Gray has said of Ireland during Queen Victoria’s time on the throne that ‘her reign witnessed a series of attempts to “complete” the project of the

Dictionary of Irish Biography (Cambridge, 2009), (<http://ezproxy-prd.bodleian.ox.ac.uk:3524/viewReadPage.do?articleId=a0152>)

¹⁴ Christopher Hitchens, ‘Ireland “We Ourselves”’: Suffering, faith and redemption’, *Critical Quarterly*, Vol. 40, No. 1 (1998), pp. 94-106.

¹⁵ Roy Foster, “‘Old Ireland and Himself’: William Orpen and the Conflicts of Irish Identity’ *Estudio Irlandeses*, No. 0 (2005), p. 40. For more biographical detail on Orpen, see Bruce Arnold, ‘Orpen, Sir William Newenham Montague (1878–1931)’, *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, Jan 2011 [<http://ezproxy-prd.bodleian.ox.ac.uk:2167/view/article/35331>, accessed 9 May 2016].

1801 Union’, attempts that produced, in Gray’s view, ‘the articulation and interplay of “Irish” and “British” identities’.¹⁶

The analysis conducted in this chapter is concerned with how this backdrop of ‘articulation and interplay’ informed the socialization of these men into the medical profession, a process preserved through their applications to the Service.¹⁷ The Rubicon over which these men passed in order to become medical men was defined by a transnational professional context. That context exhibited a number of characteristics (administrative value placed on standardised professional qualifications, dialogues between medical faculties in the formation of curricula, the refashioning of professional philosophies and social obligations in the public realm) and, in turn, fundamentally shaped those either entering or already a part of the profession across the constituent nations of the United Kingdom, as that polity existed between 1801 and 1922.

The idea of a surgeon

In their professional training and credentials, the subjects of this thesis were surgeons before they were anything else.¹⁸ Due to the entrance requirements the Service expected of them, all of these men entered with at least one combination of medical degrees, with some presenting second, third and fourth combinations of degrees from either the same or different medical schools and universities in Ireland, England or Scotland. Across these various stages in their educational careers, the recurrent theme

¹⁶ Peter Gray, ‘Introduction: Victoria’s Ireland? Irishness and Britishness, 1837-1901’ in Peter Gray (ed.), *Victoria’s Ireland? Irishness and Britishness, 1837-1901* (Dublin, 2004), p. 9.

¹⁷ BL AAPC, IOR/L/MIL/9/402-418 & IOR/L/MIL/17/3/498/1, *Assistant Surgeons’ Papers (Board of Examiners)* (1870-1914).

¹⁸ All statistics quoted here have been aggregated from the *Assistant Surgeon’s papers*.

of degrees, licentiates and diplomas in surgery, and to a lesser extent general medicine, was manifest.

Those who enlisted from Ireland during the period 1870-1914 were most likely to have acquired Licentiates in Medicine as their first qualification; this license accounted for nineteen per cent in the first combination of degrees presented, which was the highest of any combination. They were second most likely to have taken a Bachelor of Arts, Bachelor of Medicine and Diploma in Surgery, or a Diploma in Medicine and a Diploma in Surgery; both of these combinations occurred in thirteen per cent of cases.

For those men who also had a second set of qualifications (ninety six of two hundred and thirty-two), surgery was, by some margin, the most popular medical speciality amongst the cohort. Seventeen per cent of them applied to the Service with Licentiates in Surgery, and the next most popular qualification at this stage was the Licentiate in Medicine, constituting eight per cent. Surgery was third most prevalent, with six per cent having passed the requirements for a Diploma in the subject.

Those with a third set of qualifications were also most likely to be qualified in surgery. Fifty-four per cent possessed a Licentiate in Surgery, and they were next most likely to note a Diploma in the subject on their burgeoning *curriculum vitae*. The emphasis on surgery in the collective educational profile of these men as they entered the Service was not as a result of a lack of options in other subjects. Some of their fellow enlistees possessed Diplomas in Public Health (two), Licentiates in Midwifery (thirteen), and various Masters, Diplomas and Licentiates in Obstetrics and Tropical Medicine. However, these other medical specialities were far less common than surgery.

How should these trends be interpreted? One method involves viewing the cohort's proclivity for qualifications in surgery as part of a contemporary reverence in the United Kingdom for the figure of the surgeon. In relation to the history of surgery in Britain, exclusive of Ireland, Christopher Lawrence has consistently argued that the surgeon was, at the time these men qualified, a metonym for the modernization of the medical profession. Although, as he and his collaborator Michael Brown recently argued, modernity is a 'capacious term' that is perhaps better used in the plural rather than singular tense, surgeons resembled a type of 'modern hero'.¹⁹ The late-nineteenth century surgeon was modern, they posited, through a historical process of deriving 'the exercise of reason, firm standards of morality, and admirable self-discipline' from prominent figures in the preceding century, such as Benjamin Franklin, a process facilitated 'with the encouragement of the new democratic times.'²⁰

Elsewhere, Lawrence has drawn attention, in more specific terms, to this link between democracy and surgery in the later nineteenth century. The link he created was not only substantiated by democratic and moral ideals transplanted from Revolutionary America. In addition, the democratic nature of the surgeon was produced from a crucible of industrial modernity that had revolutionized the United Kingdom over the course of the century. In a book chapter from 1992, Lawrence argued that surgery was to democracy in the nineteenth century what physic had been to aristocracy in earlier ages, a state of affairs resulting from two factors: 'the surgical concept of disease' and 'the organisation of surgery itself'.²¹ To substantiate his

¹⁹ Christopher Lawrence and Michael Brown, 'Quintessentially Modern Heroes: Surgeons, Explorers, and Empire, c. 1840-1914', *Journal of Social History*, Vol. 50 (2016), pp. 148-178.

²⁰ Lawrence and Brown, 'Quintessentially Modern Heroes', **PAGE OXF.**

²¹ Christopher Lawrence, 'Democratic, divine and heroic: the history and historiography of surgery', in Christopher Lawrence (ed.), *Medical Theory, Surgical Practice Studies in the History of Surgery* (London, 1992), p. 27.

claims he referenced Frederick Treves, a pre-eminent surgeon of the day and best known as the practitioner who founded a friendship with Joseph Merrick, known colloquially as The Elephant Man. The two factors that Lawrence identified were, for Treves, the embodiment of an 'earnest democracy... precisely in accord with the spirit of the times.'²²

The excerpt from Treves that Lawrence referenced was part of an address that the former gave to the British Medical Association (BMA) in August 1899. Titled 'The Surgeon in the Nineteenth Century', Treves' address amounted to a sweeping history of the surgeon as he related to the social, political and cultural contexts of the recent past and present. He argued that, at the end of the eighteenth century, a surgeon had been 'but a sorry element in social life' defined as 'an ignorant, illiterate, sordid creature, not above the allurements of money-grubbing, and not without suspicion of dishonest practices and of a leaning towards the bottle.'²³ However, by the end of the nineteenth century, Treves believed, the surgeon had been transformed, and was now the essence of social, political and scientific progress. In his own words,

But here at the close of the century the disposition of affairs is wholly altered. Where there was one surgeon there are now ten, and throughout the breadth of the land and to its utmost limits the work of the operator has extended the more ambitious performances of surgery that are no longer restricted to great centres, but are carried out in the little town, in the cottage hospital, and even in the cottage itself... the exclusiveness of the practice of operative surgery is quietly vanishing with the century. This change is well. It is a change that is inevitable. The democratic movement is the active power of the day, and that an

²² *Ibid.*

²³ Frederick Treves, 'The Surgeon in the Nineteenth Century', *BMJ*, 4 August 1900 (Vol. 2, Iss. 284) p. 285.

oligarchy in the community of surgeons should be replaced by an earnest democracy is precisely in accord with the spirit of the times.²⁴

Treves' rhetoric is interesting for a number of reasons. Firstly, the way in which he described the supposed spread of surgical operations from a traditional 'core', in cities such as London, to 'peripheral' locations in, presumably, country towns and villages, spoke to surgery as a vehicle for a sort of democracy. Although he was not referencing democracy in a formal, political sense (the spread of electoral rights, or increased representative power for a greater section of the population), his conception of the institutional nature of surgery at the turn of the century was rhetorically democratic.

To what extent did Treves' perceptions and rhetoric actually mirror social and institutional realities. P.J. Freyer, for example, was adept at creating a broad base of rich, powerful and prestigious clientele that flocked to see him, from all over the United Kingdom and the rest of the world, at his private practice in Harley Street.²⁵ He was also a highly talented surgeon, having been noted as intellectually gifted from his earliest days as a student at the Erasmus Smith School and QCG. Therefore, until further work is carried out on the extent and quality of the 'spread of surgery', it would seem that the best surgeons of the age were still ensconced in the opulent and attractive surroundings of 'great centres', rather than carrying out their 'democratic duty' in the provinces. Furthermore, were these democratic ideals relevant in societies that were not defined by a burgeoning sense of democratic rule? Did surgeons working in the colonies think of themselves as representative of democratic culture

²⁴ Treves, 'The Surgeon in the Nineteenth Century', *BMJ*, p. 288.

²⁵ Freyer treated patients from across the world, including from locations as far-flung as Trinidad and South Africa, as well as from across the United Kingdom. For examples see *NUIG Spec. Coll, Freyer, P57/191*, 'Casebooks of Sir Peter Freyer K.C.B. M.Ch, 1896-97' and 'Casebooks of Sir Peter Freyer K.C.B. M.Ch, 1903'.

and, if so, did they express any dissonance between these self-conceptions and the political philosophies and institutions under which they worked? Chapters Three and Four will excavate these issues in more detail.

However, Treves's rhetoric should not be dismissed. As will be shown in the sections that follow, the subjects of this thesis were taught at institutions in Ireland by similarly prestigious medical men and scientists, who espoused very similar rhetoric in public forums throughout the 1860s, 1870s and 1880s. In short, a belief in the contemporary ideals of surgery and its practice, which has been documented narrowly in relation to Britain exclusive of Ireland, is one of the ways to explain why these men enlisted in the IMS with such an interest in surgery over any other type of medical specialization.

Little has been made of this connection between contemporary ideas about surgery and Irish enlistment to the IMS; those who enlisted have, to date, been depicted in a narrowly Irish manner. As mentioned in chapter one, Barry Crosbie has argued that Irish enlistees to the IMS in the later nineteenth century were professionally predisposed towards interests in public health, which was to be explained by a shared, *national* experience of famine between 1845-1851. He made this argument at various points in *Irish Imperial Networks*, but the following provides the best example for our purposes here:

... in the aftermath of the Great Famine in Ireland in the 1840s and its effect on the conditions, management and ideology of medical practice in Ireland, Irish personnel would bring a distinctive experience-driven contribution to bear on imperial policy dealing with corresponding conditions in India.²⁶

²⁶ Crosbie, *Irish Imperial Networks* p. 185 and p. 194.

The work presented above showed that the surgeons being studied here did not have any particular interest in public health, at least not when viewed through the prism of their qualifications to the Service; only two of the men for the entire period 1870-1914 enlisted with formal qualifications in the subject.²⁷

This is not to say that these men did not grow up in communities and families directly affected by the Famine. P.J. Freyer was born in 1851, into a family where his grandfather and namesake, P.J. Freyer (Snr), was the chief constable of the Clifden, Connemara branch of the Royal Coastguard Service in Co. Galway. Five years before his grandson's birth, in 1846, P.J. (Snr) was responsible for a portion of the relief efforts being carried out in his locality, part of a region that was most acutely damaged by the effects of the Famine.²⁸ He wrote in a letter to the Government's Relief Commission, '... that I have witnessed with regret the numerous persons who had travelled over 10 miles with an expectancy of getting from me a portion of Indian Meal free of charge, but which I could not give, not being armed with authority.'²⁹

However, there is a necessary distinction to be made between social, cultural and institutional connections to events that might have formed the professional interests of these men, and assuming that such a connection was constant and uniform. Another cache of evidence to suggest that these men had little formal interest in public health, regardless of their social or cultural backgrounds, lies in recreating the topics on which they published during their Indian careers. Such a project can be done through quantifying and categorizing the titles of research papers they published in the *Indian Medical Gazette (IMG)*, and taking a sample of those titles. For the period 1895-1910,

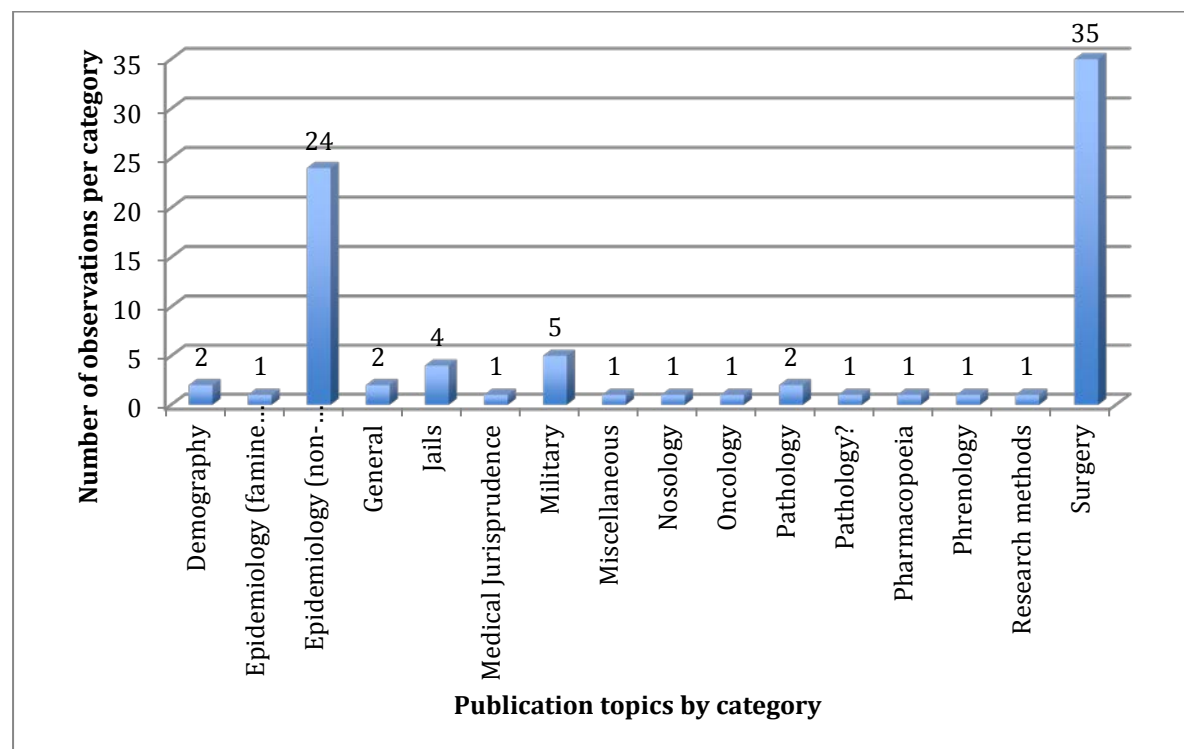
²⁷ See BL AAPC, IOR/L/MIL/9/423, ASP, 'Hampton Athinson Dougan', f. 251 and BL AAPC, IOR/L/MIL/9/426, ASP, 'John Alexander Sinton', f. 149.

²⁸ For geographic distribution of the Famine's effects see John Crowley, William J. Smyth and Mike Murphy (eds), *Atlas of the Great Irish Famine* (Cork, 2012).

²⁹ *Ancestry*, Peter Johnstone Freyer (Snr) to The Relief Commission (16 May 1846) [<http://mv.ancestry.com/viewer/26ccde12-7ba2-4309-8d51-0ebb35074068/26055506/1770224234>, date accessed: 24 January 2016].

members of the cohort published eighty-three different papers in the *IMG*. Of this total number, thirty five (or forty-two per cent) were focused on surgery, with titles such as ‘Extraction of Cataract in Capsule’, ‘Transposition of Viscera’, and ‘Abscess of Ovary presenting all signs of ovarian cyst’.³⁰ A further twenty four (twenty-nine per cent) were focused on epidemiology but, crucially, these papers were focused on the subject very broadly and there was no distinct pattern of research on famine. John Adam Cunningham published the only famine-focused epidemiological paper across the sample as a whole under the title, ‘Cholera in a Famine Camp’, with others producing the same amount of research papers on Nosology, Oncology, and phrenology.³¹

Fig.1 - Contributions to medical print culture in India as observed in the Indian Medical Gazette (1896-1910)



³⁰ Henry Smith, ‘Extraction of Cataract in Capsule’, *IMG*, Vol. 35 (1900), pp. 241-246; Joseph Kinnear Close, ‘Transposition of Viscera’, *IMG*, Vol. 35 (1900), p. 436; Crossdaile Miller Thompson, ‘Abscess of Ovary presenting all the signs of ovarian cyst’, *IMG*, Vol. 38 (1903), pp. 415-416.

³¹ John Adam Cunningham, ‘Cholera in a Famine Camp’, *IMG*, Vol. 35 (1900), pp. 385-387. See his application to the Service at BL AAPC, IOR/L/MIL/9/408, *Assistant Surgeon’s Papers*, ‘John Adams Cunningham’ (1881), ff. 36-43.

By identifying and analysing the professional interests of these men across a number of sources, framing their professionalism in relation to the contemporary contexts of their national origins does not provide a sufficiently satisfying or faithful conception of their careers. The transnational elements that underpinned those careers have been enumerated and discussed thus far in relation to the cultural significance of their professional credentials as surgeons, and some of the outcomes of that significance. In the section that follows, the institutions that incubated them during their socialisation as surgeons will be examined, and, in addition, how those institutions were plugged into conceptions of professionalism beyond their immediate, national context.

Universities and Professors

The wide-ranging institutional and cultural changes effecting Ireland's universities across the nineteenth century have been recognised for some time. There was a proliferation of new universities in Ireland from mid-century onwards in the shape of the Queen's University and its constituent colleges at Belfast, Cork and Dublin. The University was founded as a result of questioning political and sectarian assumptions about who should receive a university education. That inquisitiveness was, in turn, a result of the era's most acute questions, concerning political self-determination, religious affiliation, and civil liberties.³² With Anderson's rhetoric from our introduction in mind, the second half of the nineteenth-century in Ireland was pre-occupied with defining who the 'selves' were in 'ourselves', not least regarding the

³² For the creation of the political and denominational communities that contributed to these debates, especially after O'Connell's successful campaign for Catholic Emancipation in 1829, see Liam Kennedy, *Unhappy the Land The Most Oppressed People Ever, the Irish?* (Dublin, 2016), chapter two, and d'Alton, *Protestant society*, chapter six.

‘education question’.³³ At the end of the century, the gazette of the Catholic University, an institution that laid the foundations for University College Dublin (UCD), noted in relation to the University’s medical students’ debating society that,

... it should be stated... that the principles which are actuating the present Irish Revival have been readily embraced by all the members of the Society; the success of the vernacular tongue [Irish], the revival and maintenance of the Home Industries, and the abolition of West-Britainism are the ideals of the members individually and collectively.³⁴

As seen in the previous chapter, these sentiments, pertaining to a distinct sense of Irishness, were common among middle-class Catholics at schools and universities, but became more assertive as the nineteenth-century lapsed into the twentieth, and nationalism in Ireland became ever more assertive and, after 1916, extreme.

However, were these universities and their students only concerned with how they related to the ‘National Question’? There is a wide-range of archival material held at a number of universities across Ireland, and at the British Library in London, to suggest that nationalist-inflected politics was not the sole pre-occupation of the medical faculties and university boards that produced the men being studied here. Ciarán O’Neill has recently written of the strength of transnational approaches to Irish history for those interested in areas beyond formal politics, referencing the work of Enda Delaney, of Edinburgh University, in the process:

³³ For histories of the ‘University Question’, and how it related to the composition of educational and political institutions in Ireland, see Pašeta, *Before the Revolution*, chapter one; Campbell, ‘Who Ruled Ireland?’, pp. 623-644; T.W. Moody & J.C. Beckett, *Queen’s Belfast 1845-1949 The History of a University* (London, 1959), chapter one.

³⁴ National Library of Ireland (NLI), IR 3784105 S 1, *St Stephen’s*, vol. 1, no. 1 (1 June 1901), pp. 16-17. For similar sentiments expressed elsewhere see the quotation from Archbishop William Walsh in Pašeta, *Before the Revolution*, p. 14.

Transnational history, by shifting the emphasis from ‘national histories or a chronicle of inter-state affairs’, to one of ‘transnational connections and circulations, by people, goods, capital, ideas and tastes’, promises to take those interested in Irish history beyond what Enda Delaney has recently characterised as an ‘island story’.³⁵

Therefore, as well as viewing these institutions as sub-arenas for the political questions of the day in Ireland, they were also plugged into these connections and circulations. In the evidence arranged below, these were substantiated predominantly by ideas, not least in extensive dialogues with members of faculty in Dublin, Oxford and Cambridge concerning a shared curriculum for State Medicine. In addition, the Queen’s Colleges generated a range of discourses and dialogues that had intellectual and cultural parallels with other institutions across Britain and North America. These were most prominently displayed in terms of what they expected their medical graduates to become, and where they wished to place them within the hierarchy of their chosen profession.

³⁵ Ciarán O’Neill, *Catholics of Consequence: Transnational Education, Social Mobility, and the Irish Catholic Elite 1850-1900* (Oxford, 2014), p. 4.

Fig. 2: Most popular institutions attended by Irish enlistees to the IMS (1870-1914)

Rank	Institution (1)	Institution (2)	Institution (3)	Institution (4)
1	TCD (71)	RCSI (50)	RCSI (5)	KQCPI and TCD (1 each)
2	QUI (71)	KQCPI/RCPI (15)	RCSE (3)	N/A
3	KQCPI/RCPI (31)	Rotunda (9)	TCD, RUI, RCSEng, KQCPI/RCPI, Cantab (1 each)	N/A

A good example of an individual who took multiple degrees from multiple institutions was John Alexander Sinton, referenced above, who took four qualifications from Queens College Belfast (QCB), and then one each from the Liverpool School of Tropical Hygiene and Medicine (LiSTHM), and Cambridge (Cantab.).³⁶ The two individuals who took four degrees experienced similar trajectories but with fewer overall qualifications. Francis J. Drury initially trained in medicine at the Adelaide Hospital in Dublin, before taking Bachelor of Arts, Bachelor of Medicine and Bachelor of Surgery qualifications at TCD.³⁷ William Henry Banner (W.H.B.) Robinson was awarded a Bachelor of Medicine after training at the Carmichael school in Dublin, received further training at the Meath Hospital, and then took Licentiates in Medicine and Surgery from the Royal College of Physicians (RCPI).³⁸

There are a number of interesting insights arising from the data included here, but also from that which has not been included, namely the amount who trained at

³⁶ *Op.Cit.*, footnote 19.

³⁷ BL AAPC, IOR/L/MIL/9/414, ASP, 'Francis J. Drury' (1885), ff. 96-101.

³⁸ BL AAPC, IOR/L/MIL/9/414, ASP, 'W.H.B. Robinson' (1886), ff. 335-343.

hospitals such as the Adelaide, Cecilia Street or Carmichael. Universities and specialized medical schools, such as the Royal Colleges of Ireland, England and Scotland, were strongly recurrent on the applications these men submitted to the Service. Only one training hospital, the Rotunda, was present across the four institutional stages witnessed in the *Assistant Surgeon's Papers*, and the alternatives were only ever present across the profile in no more than three instances *per stage*.

How should these leanings towards university education over training more oriented towards practical apprenticeship be interpreted? Ireland has been highlighted on a number of occasions as a site for extensive investment and innovation in university medical schools over the course of the nineteenth century. Barry Crosbie's work, and especially his 'Famine thesis', can be referred to once again here. He argued that that *An Gorta Mor* ('The Great Hunger' in the Irish language) resulted in a 'proliferation of hospitals and medical training institutes in Ireland in the mid-nineteenth century.'³⁹ However, no empirical work has been carried out on the number of dispensaries, medical schools and hospitals in existence in Ireland post-1850, how that compares with institutional change elsewhere in the United Kingdom or western Europe, and whether or not such growth could be related specifically to the effects of the Famine.

Elsewhere, John A. Murphy's history of the Queen's College Cork noted that the medical school, alongside engineering, was one of the leading attractions of attending the new university due to a hunger amongst matriculants for financial and social gains. Murphy stated, 'Professional ambition was much too powerful to be frightened off by ecclesiastical disapproval. As early as 1854-55, there were more students in medicine

³⁹ Crosbie, *Irish Imperial Networks*, pp. 170-71.

than arts', a trend that endured to the end of the century.⁴⁰ However, Murphy qualified the attractions of entering the medical school by referencing how many of those who matriculated left QCC before they completed their course of study and graduated. The reasons for this high rate of attrition, he thought, were as a result of 'family circumstances, taking up appointments in the public services or in commercial life, lack of staying power, or the severity of a particular course.'⁴¹

However, it would appear that the men who listed QCC as their *alma mater* in the *Assistant Surgeon's Papers* had avoided these structural issues, and were either wealthy, talented or focused enough (or a combination of all three) to complete their training at the medical school. In short, they were socially and culturally elite enough, prior to entering the profession, to increase their chances of academic success. The application form required them to insert their place of education after the following sentence, 'I received my Medical Education and completed my course as a Medical Student at...', and then, further down the *pro forma*, include their qualifications after the statement, 'I have the following registrable [*sic*] qualifications...'⁴² Therefore, they either possessed the qualifications stated on their forms, or they had actively decided to not tell the truth about their academic attainments.

A second method for understanding the high representation of university-based medical training, in distinction to an apprenticeship model at hospitals, can be contextualized in terms of what contemporary universities represented symbolically for the medical profession. The Queen's Colleges, other universities in Ireland and those across the United Kingdom, represented spaces in which medical students

⁴⁰ John A. Murphy, *The College A History of Queen's/University College Cork* (Cork: Cork University Press, 1995), p. 78.

⁴¹ *Ibid.*

⁴² An example of the structure of the application form could be given from any one of the two-hundred and thirty-two. However, for an example from a QCC graduate, see BL AAPC, IOR/L/MIL/9/423, ASP, 'Robert George Gibbon Croly' (1906), f. 415.

became part of an *elite* stratum of the profession defined by an appreciation of the liberal arts, as well as the human and natural sciences.

Certainly, Robert Kane (1809-1890), the first President of the Queen's College in Cork and one of the pre-eminent scientific figures of his time⁴³, believed that the students who studied medicine at his college should be as accomplished in practicing rhetoric, history and literature as they were anatomy, physiology and chemistry. His reasons for these beliefs were made clear in an address to the College's governing body for the academic year 1859-60. Kane stated that, 'In no profession, in no sphere of life, is the possession of extensive and varied information in literature and science of so much, and such immediate practical import as to the medical profession.'⁴⁴ The need for a medical man to be intellectually rich was, in Kane's view, as a result of an ever more interconnected world, where he might encounter a panoply of different peoples and, therefore, '... referring to the works of various countries and of different languages is... an object of special importance.'⁴⁵ Kane expressed these ideas in other contexts to other audiences, which placed him in a 'reformist' intellectual culture.⁴⁶ He and his contemporaries were supported by universities linked, through their members' social networks, to scientific societies and institutes, who viewed themselves as part of a nominally humanitarian movement with local, national and international relevance.⁴⁷ The word nominally has been used intentionally for, as one

⁴³ Patrick M. Geoghegan, 'Kane, Sir Robert John', in James McGuire and James Quinn (ed), *Dictionary of Irish Biography*. (Cambridge, 2009). (<http://ezproxy-prd.bodleian.ox.ac.uk:3524/viewReadPage.do?articleId=a4378>) [date accessed: 13 May 2016].

⁴⁴ University College Cork (UCC) Special Collections (Spec. Colls), 'Address', *President's Report* (1859-60), p. 83.

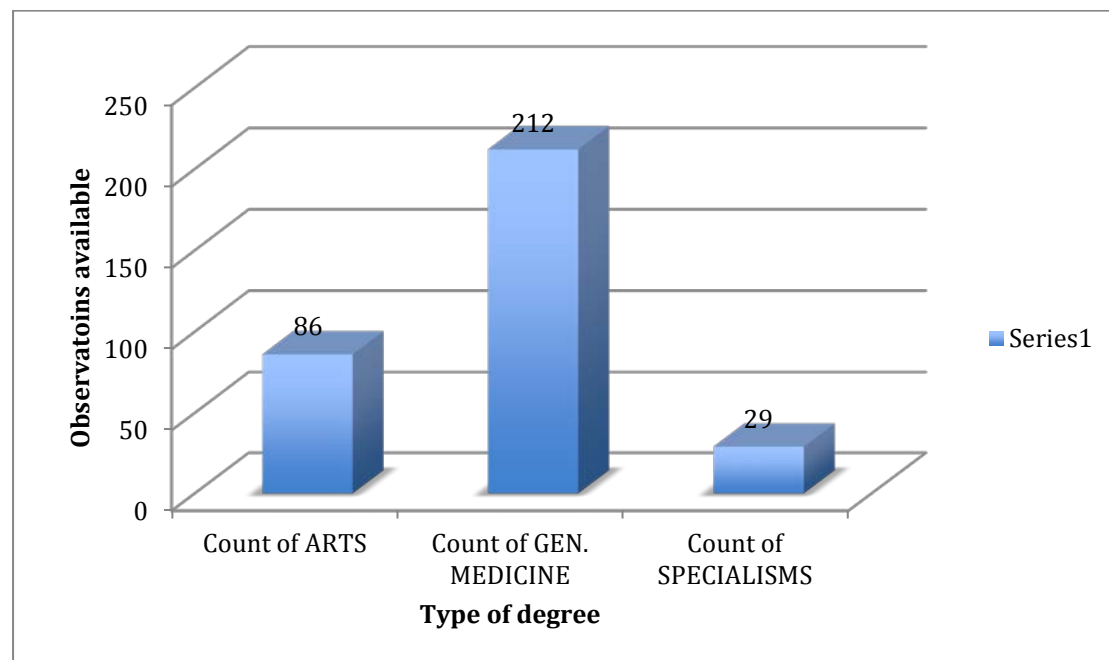
⁴⁵ *Ibid.*

⁴⁶ See his various addresses to the *Dublin Statistical Society*, but for a particularly pertinent example, see Sir Robert Kane, 'Report of the Address at the opening of the Fifth Session of the Dublin Statistical Society', *Dublin Statistical Society* (1851), p. 4 & p.11.

⁴⁷ For examples of this scholarship see: Nir Shafir, 'The international congress as scientific and diplomatic technology: global intellectual exchange in the International Prison Congress, 1860-90',

commentator has noted in relation to colonialism, ‘... projects are routinely valorized as “progressive” and “humanitarian”. Today, as in the past, the subjects of intervention are rarely if ever asked for their opinion or consent.’⁴⁸ Therefore, we must make a distinction between the form and content of ideas, and the politics of their implementation.

Fig. 3 – Type of degrees with which Irish IMS surgeons entered the Service, 1870-1914



However, these men were clearly receptive to this conception of their profession, whether for genuinely humanitarian beliefs or in order to display greater degrees of professional prestige. Forty per cent of our enlistees to the IMS entered with degrees in the Liberal Arts, a significantly higher proportion than those who entered with

Journal of Global History, Vol. 9, Iss. 1 (March 2014), especially p. 78 & p. 91; Rob Skinner and Alan Lester, ‘Humanitarianism and Empire: New Research Agendas’, *The Journal of Imperial and Commonwealth History*, Vol. 40, No. 5 (2012), pp. 729-747; Alan Lester, ‘Personifying Colonial Governance: George Arthur and the Transition from Humanitarian to Development Discourse’, *Annals of the Association of American Geographers*, Vol. 102, No. 6 (2012), pp. 1468-1488; in specific relation to Ireland see Barry Crosbie, ‘Ireland, Colonial Science, and the Geographical Construction of British Rule in India, c. 1820-1870’, *The Historical Journal*, Vol. 52 (2009), pp. 963-987, especially p. 975.

⁴⁸ David Nally, “‘That Coming Storm’: The Irish Poor Law, Colonial Biopolitics, and the Great Famine”, *Annals of the Association of American Geographers*, Vol. 98, No. 3 (2008), p. 716.

medical specialties beyond those in surgery and general medicine (fourteen percent), as can be seen in the figure above.⁴⁹ Amongst these interests in the Arts, modern languages ranked highly, although marginally more spoke multiple languages than presented degrees in the Liberal Arts to the Service, suggesting that they were also learning languages beyond their formal education. Forty-two percent stated that they wished to be examined in French for the Service's voluntary examination, whilst eight per cent stated the same for German, and 1 per cent for Hindustani. The voluntary examination was a means for men to gain a further portion of marks on their exams for the Service after they had passed through a period of military medical training at the Royal Victoria Hospital near Netley, Southampton.

In an extensive examination of medical education across the nineteenth and twentieth century, Thomas Bonner showed how a university education in the liberal arts, as well as the natural sciences, was viewed prestigiously by those both shaping and entering the medical profession for the first time. He drew attention to the fact that those from backgrounds not wealthy enough to have provided a university education 'were sensitive to the charge that they were less competent as physicians'.⁵⁰ As evidence he cited one medical graduate from Rush Medical College, Chicago in the mid-nineteenth century, who 'without either education, knowledge of the world, a faithful preceptor, good books... or influential friends' had, in less than two years, 'a more complete training than half of the physicians with whom I was acquainted.'⁵¹ This delineation between 'elite' and 'mundane' practitioners also has traction in the educational experiences of the men being analyzed here. Given their intellectual

⁴⁹ These statistics, and those below on languages, are again derived from aggregating the information held in the *Assistant Surgeon's Papers*.

⁵⁰ Thomas Neville Bonner, *Becoming a Physician Medical Education in Great Britain, France, Germany, and the United States 1750-1945* (Oxford, 1995), p. 205.

⁵¹ *Ibid.*

interests, qualifications, and the institutional culture of which many of them were a part, they were the elites amongst their peers who received much of their training through a medical apprenticeship.

The emphasis that Robert Kane placed on the value of studying the arts was augmented by the thoughts of Sir William Stokes, Regius Professor of Medicine at TCD, where approximately a third of the cohort graduated from with their first degrees. In an address to the annual meeting of the BMA in August 1867, the first meeting of the Association to take place in Dublin, Stokes argued thus:

In the practice of medicine, in these countries [of the United Kingdom], two methods exist: one, that in which the trade element is a very prominent, if not the governing principle; and the other truly professional – that is, the scientific spirit. The gradual elimination of the first and the consequent advance of the second are great objects for all who seek to raise the status of our calling in a social and scientific point of view.⁵²

Stokes believed that the ‘scientific spirit’ was grounded in a broad, liberal education (‘In most cases a general cultivation of the mind is the best preparation for the pursuit of any special branch of knowledge’) that not only raised the quality of his profession internally, but also drew medicine level, in terms of prestige, with lawyers and the clergy.⁵³

Stokes’ invocation of status should be noted, as the concept was invoked, both implicitly and explicitly across our period, both in terms of the present and future triumphs of the medical profession, and, also, more introspectively to convey a sense

⁵² *BMJ*, 10 August 1867 (Vol. 2, Iss. 345), p. 101.

⁵³ *Ibid.*

of insecurity around whether medicine was a lowly trade or an exalted profession.⁵⁴ In 1859, for example, T.L. Mackesy, the President of the Medical Association of Ireland and Fellow of the RCSI, and E.J. Quinan, the Secretary of that Association and also a Fellow of the RCSI, wrote a public letter to the then Prime Minister, Edward Stanhope, the 14th Earl of Derby. In their letter, Mackesy and Quinan lobbied the Prime Minister to invite medical men ‘fitted by education and experience to discuss questions of medical policy’ at Westminster on the basis that such policy could successfully manage a society whose classes were rapidly becoming co-dependent through industrialization.⁵⁵

Later in the century, Thomas Wrigley Grimshaw, born in Co. Antrim, Registrar General of Ireland from 1879-1900, and Fellow of the Royal College of Physicians in Ireland, made similar pronouncements, noting that the health of society was contiguous with the degrees of political status bestowed upon him and his fellow professionals. In a speech given in Dublin in January 1887, titled ‘An Address on the state in its relation to the medical profession’, Grimshaw argued that,

we [the medical profession] have high political authority for stating that ‘the health of the people should be the first care of government’, and if this is so, and if *sanitas sanitatis et omnia sanitas* is ever to become a reality... it is manifest that our profession must take a highly important position in the fabric of the State.⁵⁶

⁵⁴ This theme of introspection on social prestige has also been referenced by Christopher Shepard in his recent article on the career of Alexander Porter, another Irish surgeon in the IMS who slightly predated our cohort. See Christopher Shepard, “‘I have a notion of going off to India’: Colonel Alexander Porter and Irish recruitment to the Indian Medical Service, 1855-96’, *Journal of Irish Economic and Social History*, Vol. 41 (2014), pp. 36-52, especially p. 42.

⁵⁵ *BMJ*, 5 February 1859 (Vol. 1, Iss. 110), p. 108. See also Mackesy’s later public pronouncements lobbying for the creation of medical constituencies and their representation as Members of Parliament (MP), *BMJ*, 11 August 1860 (Vol. 1, Iss. 189), pp. 624-25.

⁵⁶ *BMJ*, 29 January 1887 (Vol. 1, Iss. 1361), pp. 189-192.

In invoking ‘*sanitas sanitatis et omnia sanitas*’, meaning approximately ‘Health of healthiness, all is health’, Grimshaw used a language associated with an education in the classics, and thus tinged his argument with an ancient brand of prestige.

The phrase also possessed significant contemporary political value. Besides books published with the same title⁵⁷, the most prominent usage of the phrase came in 1872, when the then Prime Minister, Benjamin Disraeli, addressed the Free Trade Hall in Manchester and titled his speech *Sanitas Sanitatum, Omnia Sanitas*.⁵⁸ In the speech he bound up his Conservative Party’s values (a belief in English Constitutionalism and social improvement twinned with self-reliance) with the sanitary science of public health, reaching his rhetorical *crescendo* by invoking his Latin title. Grimshaw was, therefore, aligning his profession’s standing with contemporary political interests, under the rubric of a fashionable phrase.

Elsewhere Grimshaw’s contemporaries were less sure-footed in defining the profession’s public standing. Dr Isaac Ashe, another Fellow of the Royal College of Physicians and medical superintendent of Dundrum Lunatic Asylum, Dublin, published a volume in 1868, titled *Medical Education and Medical Interests*. The title of his work is thought-provoking, as he aligned a medical education with ‘interests’, presumably referring to the methods by which the medical profession could rise in the contemporary social, political, economic and cultural order. In addition, and almost at the same time as William Stokes’ address to the BMA meeting in Dublin, Ashe acknowledged the division in medicine between identifying as a trade or a profession, adding a further level of social complexity to the professional landscape, asking, ‘...

⁵⁷ See, for example, Richard Metcalfe, *Sanitas Sanitatis et Omnia Sanitas* (London, 1877).

⁵⁸ For a transcription of Disraeli’s remarks see Sir Humphry Rolleston, ‘The Progress and Pioneers of Preventive Medicine’, *Annals of Medical History*, Vol. 6 (1934), p. 95

are we a profession or are we a trade, are we gentlemen or are we not?’⁵⁹ Again, mirroring Stokes, Ashe wrote that a medical man could not only concern himself with self-conceptions, or defining the work and character of his fellow practitioners, but must also be aware of ‘what light [we are] looked upon by the external world.’⁶⁰ He concluded that, in order to achieve the status of a profession, he and his fellow medical men must be the members of ‘a learned and liberal profession’ and should be ‘held the equals of gentlemen in education and position [and] as the equals of the other learned professions.’⁶¹

However, Stokes’ address to the BMA in Dublin was significant for a reason other than providing a connection between contemporary values placed on medical education, on the one hand, and, on the other, a preoccupation with prestige and the pursuit of social and political status. He also addressed the Association on that occasion about the inclusion of qualifications in public health between Dublin, Oxford and Cambridge. The topic provides a key example of how the professional culture that these Irishmen were socialized into operated, even if they themselves were not interested in public health qualifications.

Between December 1869 and July 1871, the members of faculty at TCD’s School of Physic frequently and extensively corresponded with a number of high-ranking and influential authorities on the topic of public health, both as that subject related to the United Kingdom, but also to India. Dr Edmund Alexander Parkes was a leading thinker on public health and military hygiene, who would become a significant

⁵⁹ Isaac Ashe, *Medical Education and Medical Interests* (Dublin, 1868), p. 146. Ashe cultivated wide cultural interests, publishing poetry as well as medical treatises, and also working in psychiatric administration. It was this latter branch of work that eventually killed him; the reports of his death and obituaries related that a deranged inmate at the Dundrum asylum murdered him on 19 December 1891. See the following sources: ‘Obituary’, *The British Journal of Psychiatry*, Vol. 38, No. 160 (January 1892), p. 172; *Dublin Daily Express*, 23 November 1891; D.J. O’Donoghue, *The Poets of Ireland A Biographical and Bibliographical Dictionary of Irish Writers of English Verse* (Dublin, 1912), p. 13.

⁶⁰ Ashe, *Medical Education*, p. 146.

⁶¹ *Ibid.*

intellectual figure for men passing into the IMS; his *Manual for Hygiene* was a staple of the course they passed through at Netley, and was also a recurrent presence in the medical sections of TCD's annual calendars.⁶² *Manual for Hygiene* was one of the results of his career in the AMD, sister service to the IMS, and the time he spent as an army surgeon in India. Other works of his included analyzing manifestations of hepatitis and dysentery in India, and also 'Asiatic Cholera'.⁶³

George Edward Paget, on the other hand, spent his career in the United Kingdom, and was best known as the Regius Professor of Physic at Cambridge. Besides being one of the leading figures of his era in pursuing, in his view, truly scientific medical education at universities across the United Kingdom, Paget also cultivated interests in grafting public health onto pre-existing medical curricula, believing that sanitation should be a core part of any professional education in medicine.⁶⁴

Parkes was first mentioned in the minutes of the Professors' Meetings on 17 October 1869, when their scribe noted that a letter had been received from Dr John Toleken, registrar of the college, 'asking for the observations of the Professors of the School of Physic on a letter of Dr Parkes' enclosing [a] report of [the] Committee of the Medical Council respecting medical education.'⁶⁵ Further entries in the minute books for meetings in November and December recorded discussions on the specific topic of a Diploma in State Medicine. These reached their culmination on 1 February

⁶² For inclusion of Parke's work at Netley see William Wilfried Webb, *The Indian Medical Service a guide for intending candidates for commissions and for the junior officers of the service* (London, 1890), p. 18.

⁶³ For a full biography see Mark Harrison, 'Parkes, Edmund Alexander (1819–1876)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004 [http://ezproxy-prd.bodleian.ox.ac.uk:2167/view/article/21352, accessed 15 May 2016]

⁶⁴ Mark W. Weatherall, 'Paget, Sir George Edward (1809–1892)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, Oct 2009 [http://ezproxy-prd.bodleian.ox.ac.uk:2167/view/article/21109, accessed 15 May 2016].

⁶⁵ Trinity College Dublin Records and Manuscripts Department (TCD RMD), TCD MUN/MED 10/1, 'Professors' Minute Books 1863–1895', 17 October 1869, f. 33.

1870, when the recurrent chair of the meetings, Regius Professor Stokes, ‘laid before the meeting his memorandum relating to State Medicine’ and, in addition, two documents on the subject, dated 7 May 1868 and 27 January 1870, from Paget.⁶⁶ As a result of Stokes’ action, ‘the Professors unanimously resolved to recommend the Board of Trinity College to take steps to institute a qualification in State Medicine, in the University of Dublin’. The action was recommended under the condition that ‘the attainments of candidates for the certificate of [S]tate [M]edicine, might be satisfactorily attained by examination, without prescribing a curriculum of study.’⁶⁷

These private interactions between Parkes, Paget and Stokes were not unprecedented, but had their roots in a very public forum eighteen months before: the BMA’s annual meeting held in Dublin in August 1867, referenced previously. Aside from his comments on the need for a deep crucible of education from which the science of medicine could be distilled, Stokes created a context in which State Medicine was the proving ground upon which a new relationship between the state and the medical profession could improve society. He invited his audience to look at the ‘great question of the social and scientific advancement of medicine’, identifying ‘that among the general *desiderata* there are some dependent on conditions more or less extrinsic to the profession.’⁶⁸ Although others had addressed these extrinsic factors in writing some years before, their practical implementation was dependent ‘first on the education and consequent influence of the profession itself, and next on the progressive enlightenment of society and of government.’⁶⁹ As was shown above, on the theme of surgery and democracy, these themes of ‘enlightenment’ were utilized

⁶⁶ TCD RMD, TCD MUN/MED 10/1, ‘Professor’s Minute Books’, 1 February 1870, f. 37.

⁶⁷ *Ibid.*

⁶⁸ *BMJ*, 10 August 1867 (Vol. 2, Iss. 345), p. 101.

⁶⁹ *Ibid.* For Stokes’s ‘extrinsic factors’ see Henry Wyldebore Rumsey, *Essays on State Medicine* (London, 1856).

repeatedly to characterize the contemporary medical profession, substantiated in the scientific and philosophical reformation of society as a result of co-operation between political institutions and medical men.

These first public pronouncements by Stokes were followed by the above-referenced private interactions between Paget in Cambridge and his fellow Regius Professor in Dublin. However, they were also keen to include the third Regius Professor, Henry Acland at Oxford. Acland, Paget and Stokes had all sat on the first General Medical Council in 1863, and were acolytes of Henry Rumsey, an early medical writer concerned with the topic of State Medicine. According to Roy Acheson, the four were bonded by a relationship with biblical characteristics: ‘... Rumsey, the charismatic master of words, as John the Baptist, who heralded a powerful triumvirate (if not a Trinity); the triumvirate comprised the medical Regius professors in Oxford, Cambridge, and Dublin.’⁷⁰

These connections between Acland, Paget and Stokes produced a scheme of mutual inclusion for public health in their respective curricula. In Trinity’s case, the Diploma in State Medicine required knowledge of relevant sections of jurisprudence and engineering, with members from each of those faculties attending meetings of the School of Physic in 1871.⁷¹ Also, the mutual co-operation between these institutions was made so extensive as to allow students from Oxford and Cambridge to travel to Dublin and attend the course at TCD. Acheson has argued that this provision was in reaction to the small number of medical students affiliated to the faculty in Dublin. He stated that approximately twenty students attended Trinity’s medical school per year, so even if ten per cent of the total intake wanted to sit the examination, the numbers

⁷⁰ Roy M. Acheson, ‘Three Regius Professors, Sanitary Science, And State Medicine: The Birth of An Academic Discipline’, *British Medical Journal (Clinical Research Edition)*, Vol. 293, No. 6562 (December, 1986), p. 1602

⁷¹ TCD RMD, TCD MUN/MED 10/1, ‘Professor’s Minute Books’, 14 February 1870, f. 39; 10 March 1870, ff. 39-40; 16 March 1870, ff. 40-41.

doing so would be miniscule. Therefore, the course was opened to students from Oxford and Cambridge, too.⁷²

The implementation of these connections and transfers in ideas, knowledge and policy were not simple stories of professional success. Our subjects were clearly not convinced by the merits of the Diploma in State Medicine that resulted from these dialogues between Paget, Acland, Stokes and his colleagues at TCD. They were, instead, far more invested in fashioning careers as surgeons. However, the roots of why that Diploma came about are still of interest to us, and feed back into our central premise that the medical profession in Ireland was as much, if not more, defined by ideas, institutions and values that stretched across the professional, political and social interests of the profession elsewhere in the United Kingdom.

Drawing out these parallels between the constituent nations of that Kingdom should not obscure national distinctions. Laura Kelly, for instance, has drawn our attention to the ways in which an Irish medical education was noticeably different in terms of how liberal attitudes were towards women in medicine. She couched her argument as follows:

Importantly, I will highlight the distinctiveness of Irish medical education and suggest that there were important differences between Ireland and Britain: most significant were that Ireland, and in particular Dublin, was seemingly more liberal than Britain with regard to attitudes towards women's medical education and that the Irish system of medical education appears to have been very much inclusive and paternalistic towards women students.⁷³

⁷² Acheson, 'Three Regius Professors', p. 1604.

⁷³ Kelly, *Irish women in medicine*, p. 15.

Whilst Kelly convincingly shows over the course of her book that Irish institutions appeared to be more liberal than those in England or Scotland, her specific findings should be compared to the archival sources referenced here. Instead of extrapolating broad conclusions from a specific case study, those comparisons should be used to ask questions about the nature and functioning of the medical profession in Ireland. For example: was a medical education in Ireland distinctive epistemologically, or politically (which is the difference between Kelly's work and that assembled here)? When differences were present between England, Ireland or Scotland, did those differences relate back to the institutional structures and values of the medical profession in these countries and, if so, how?

Relating the answers to these questions back to professionalism and professionalization, and using the structure of the profession as a variable by which questions of curriculum formation, for example, can be formulated, is an appropriate way of unifying topics that span a number of issues in the history of medicine in 'these islands'. Assuming that there was an absolutely distinctive characteristic to the Irish medical profession or, in the *parlance* of one writer an 'Irish School of Medicine', does not further our knowledge of the profession in Ireland or outside of it.⁷⁴

⁷⁴ The phrase is attributable to Davis Coakley, an eminent gerontologist and latterly a medical historian. See Davis Coakley, *The Irish School of Medicine Outstanding Practitioners of the 19th Century* (Dublin, 1988) and *Irish masters of medicine* (Dublin, 1992). The model has gone unchallenged and, in some cases, promoted by professional historians; for the latter see Crosbie, *Irish Imperial Networks*, p. 170. For a skillful treatment of the relationship between the history of medicine, professional historians, and former medical practitioners see Catherine Cox, 'Discursive Essay: A better known territory? Medical history and Ireland', *Proceedings of the Royal Irish Academy. Section C: Archaeology, Celtic Studies, History, Linguistics, Literature*, Vol. 113c (2013), pp. 341-362, especially pp. 343-344.

The IMS as a destination for professional employment, 1850-1930

Thus far, these men have emerged as experiencing medical training that would enable them to become elite members of the medical profession in the United Kingdom. This elite professional status mirrored their earlier experiences as social and cultural elites in the communities and schools they lived in as children and adolescents. Part of their socialization into that professional stratum was knowledge of employment in the public medical services, of which the IMS was one. For example, TCD's annual calendars were replete with the professional requirements, application deadlines and demographic characteristics that defined the application criteria for the Indian Civil Service (ICS), IMS and AMD, as well as the grades of officer that applicants for the medical services could hope to attain if successful in their applications.⁷⁵

Elsewhere, in November 1852, a meeting of the medical faculty at Queen's College Belfast (QCB) noted that,

... the majority of Medical Students attending the Queen's Colleges intend to become general practitioners, or to enter the public service; and require to comply with the regulations, not only of the Queen's University, but of the licensing bodies, and of the Army, Navy and East India Medical Board.⁷⁶

The professors noted that these medical boards required three, and sometimes four, courses in the study of anatomy and, as a result, 'it is indispensable to the medical students, whose time and means are limited, to attend one course of anatomy in the

⁷⁵ For an example see TCD RMD, TCD MSS G3, *Dublin University Calendars* (1865), p. 27.

⁷⁶ Queen's University Belfast Special Collections (QUB Spec. Coll.), QUB/1/8/1/2/1, 'Minute Book of the Queen's College Medical School, 1852-1863' (8 November 1852), no ff.

first year of his... studies.’⁷⁷ These insights into curriculum formation at universities in Ireland are important because, although scholars such as Crosbie and Greta Jones have referenced how important imperial medical institutions were for Irish medical graduates, very little detailed analysis has been undertaken about what those institutions’ importance actually meant for their training in Ireland.⁷⁸ However, the minutes referred provide a direct link between the formation of curricula at Irish universities and the requirements demanded by the IMS and other institutions of the imperial state in India.

Away from curriculum formation, the annual presidential reports published at QCC often contained segments on the number of graduates who had successfully passed the examinations for the imperial public services, and reflected what those successes symbolized for the health of the institution. Kane wrote, in his report for 1865, that,

As Vice-Chancellor of the University, I have only to deal with the present and refer to the past; and in this retrospect I feel happy in the reflection that these institutions have borne good fruit in the labour of instruction, have helped and sustained numerous classes in their career of learning, and sent forth many an able and well-taught public officer to the service of the State in every region of the British empire.⁷⁹

These reports and calendars served purposes both as advertisements for members of the public, whether prospective candidates or their parents, who might be interested in

⁷⁷ *Ibid.*

⁷⁸ See Crosbie, *Irish Imperial Networks* but also Greta Jones, “‘Strike Out Boldly for the Prizes that are Available to You’: Medical Emigration from Ireland 1860-1905’, *Medical History*, Vol. 54, No. 1 (January 2010), pp. 55-74.

⁷⁹ UCC Spec. Colls, *Presidential Reports* (1865), p. 7. Also, for introspection about why more QCC graduates were not being awarded places in the public services see UCC Spec. Colls, *Presidential Reports* (1859-60), p. 81.

the prospect of a career in India, but also as a way of validating these Irish universities as producers of successful, imperial servants.

However, members of faculty at these institutions went further than documenting the importance of public services such as the IMS to their students. They also actively supported them by acting as their referees, emphasizing the quality of their moral and professional characters whilst attending medical school. P.J. Freyer was identified by J.A. Richardson, self-described as scholar of the Arts at QCG, as ‘uniformly honorable’, and believed that ‘a student of more unquestionable conduct, and of more studious habits has never come under my notice than Dr Freyer, whom I believe to be a credit to this college and university.’⁸⁰

Elsewhere, Thomas Wrigley (T.W.) Grimshaw stated that he ‘had the pleasure of knowing Dr P.J. Freyer while a student at Steeven’s Hospital [Dublin]’ and that he took ‘great pleasure in certifying to his high aptitude as a medical man’, which he substantiated by referencing Freyer’s ‘thoroughly practical and scientific knowledge of his profession...’, exhibited in his recent exams.⁸¹ The use of the word ‘scientific’ by Grimshaw invites particular pause for thought, as his description of Freyer as such creates a link in the contemporary professional lexicon between the characteristics of an individual’s application of the IMS, and the use of the word in more grandiose and rhetorical terms, by men such as Stokes, to describe the professional aspirations of the age.

In addition, the emphasis placed on the personal, as well as the professional, qualities of men such as P.J. Freyer should be acknowledged. The references were phrased in relation to the imperial culture that these men were incorporated into but,

⁸⁰ NUIG Spec. Colls, P57/45, *Freyer*, Box 1, J.A. Richardson to the Under Secretary of State for India, 11 November 1874, no ff.

⁸¹ NUIG Spec. Colls, P57/60, *Freyer*, Box 1, T.W. Grimshaw to the Under Secretary of State for India, 17 November 1874, no ff.

furthermore, supplied evidence of the role that the staff of universities such as TCD and the Queen's Colleges played in supporting that culture. Freyer's description as being 'uniformly honorable' and of always conducting himself unquestionably were recurrent tropes used by the various professors, Justices of the Peace, and clergymen whom these men relied upon to act as referees to the Service.

Charles Dawson, a former Lord Mayor of Dublin, Home Rule nationalist under Isaac Butt, and MP for Carlow, wrote a glowing reference for Thomas Henry Delany in 1898.⁸² He said of Delany, 'It gives me much pleasure to certify to the high character of Dr Delany. I know [sic] him all his life, and his family are [sic] of the most respectable position. I am deeply interested in his success.'⁸³ Dawson's status as a prominent Home Rule nationalist is of interest here, as it provides another example of Grey's 'articulation and interplay' of 'Britishness' and 'Irishness' in the Victorian era. The brand of nationalism that Dawson supported, of devolved Irish political power within an imperial system, was compatible with the support of a close acquaintance in his applying for a position as a surgeon in the service of that empire.

Dawson's specific use of the word 'character' was most likely not accidental. Not only did others who wrote references for the Service invoke its use, scholarship on Victorian political philosophy and social thought has shown how important a word 'character' was in the contemporary, specifically middle-class, lexicon.⁸⁴ Stefan Collini has shown how important the idea of character was across the political

⁸² Patrick Maume, 'Dawson, Charles', in James McGuire and James Quinn (ed), *Dictionary of Irish Biography*. (Cambridge, 2013). (<http://ezproxy-prd.bodleian.ox.ac.uk:3524/quicksearch.do#>) [date accessed 17 May 2016].

⁸³ BL AAPC, IOR/L/MIL/9/420, ASP, Charles Dawson to the Under Secretary of State for India, 28 July 1897, , 'Thomas Henry Delany' (1898), f. 66.

⁸⁴ For other uses pertaining to these men see: BL AAPC, IOR/L/MIL/9/420, ASP, Thomas J. Foy to the Under-Secretary of State for India, 11 June 1897, 'Godfrey Tait' (1898), f. 105; IOR/L/MIL/9/420, ASP, Benjamin Williamson to the Under-Secretary of State for India, n.d. , 'De Vere Condon' (1898), f. 173; IOR/L/MIL/9/423, ASP, The Registrar of TCD to Under-Secretary of State for India, 6 July 1905, 'William Jackson Powell' (1903-1906), f. 398.

spectrum in Victorian Britain. In a paper given to the Royal Historical Society (RHS) in 1985, Collini argued that socialists partially justified their desired social and economic relations ‘... on the grounds that they would produce a “higher type of character”, and argued that the end of the State... is, in fact, the development of character’.⁸⁵

More recently, in 2007, Peter Cain showed how important the idea of character was for more conservative, fervently imperialistic occupants of the political spectrum. His ‘imperial ultras’, who lived in a state of fear about the decline of the British Empire from mid-century onwards, believed that such a decline would occur due to a lack of character, analogous to moral fiber, rather than a dearth of material or political opportunities. Character, for men such as Alfred Milner, Evelyn Baring and Frederick Lugard, was a rubric under which a tapestry of concepts could be arranged; ‘[i]t included energy, industry (in its broad meaning), thrift, prudence, perseverance, honesty.’⁸⁶

Most recently of all, the previously referenced work of Mike Brown and Christopher Lawrence has referenced these elements of social life and political philosophy as they related to surgeons. Brown and Lawrence argued that surgeons were part of a political, social and gendered moment, defined by a shift in ‘bourgeois masculine ideals’ in Britain after 1850. The ideals they referred to were given substance by the Crimean War (1853-56) and the ‘Sepoy Rebellion’ in India (1857-59), and included a performance of ‘... authority, independence, discipline, a sense of

⁸⁵ Stefan Collini, ‘The Idea of “Character” in Victorian Political Thought’, *Transactions of the Royal Historical Society*, Vol. 35, Fifth Series (1985), p. 30.

⁸⁶ Cain, ‘Empire and the Languages of Character’, p. 252.

duty, the dignity of labor, and moral responsibility: which overlay deeper associations with vigour, virility, endurance, and, above all, courage.’⁸⁷

Therefore the ways in which Dawson and his fellow referees repeatedly highlighted the ‘character’ of the men they supported were loaded with specific values, attractive to an imperial institution. By deploying ‘character’ or one of its synonyms, they encapsulated a whole range of ideas about gender, professional competence, and political vitality. Furthermore, many of these referees were significant figures in their local communities in Ireland, and clearly knew the *lingua franca* in which it was necessary to converse and convince the gatekeepers of these institutions that ‘their men’ were worthy of a commission.

To an extent, the presence of these references provides evidence of the changing methods by which one could gain entry to public services: through personal credentials rather than patronage.⁸⁸ These Irishmen had to rely on third parties who could attest to their intellectual, moral and professional characters, rather than on their personal connections to a figure already inside the India Office or Government of India. However, the documents also show how well positioned many of these men were in their local communities, and so had access to social networks that afforded them the opportunity to obtain references from Justices of the Peace, clergymen, or politicians. Therefore, although patronage as a method of administration *within* imperial institutions appeared to be waning across the century, the local networks beyond those institutions’ purview played an important role in determining who could realistically meet the criteria required by the Service.

⁸⁷ Brown and Lawrence, ‘Quintessentially Modern Heroes’, p. 7.

⁸⁸ For the changing ethics of administration into the imperial medical services see Marcus Ackroyd, Laurence Brockliss, Michael Moss, Kate Retford and John Stevenson, *Advancing with the Army Medicine, the Professions, and Social Mobility in the British Isles, 1790-1850* (Oxford, 2005), chapter one. Also, more broadly on the topic of Colin Newbury, ‘Patronage and Professionalism: Manning a Transitional Empire, 1760-1870’, *The Journal of Imperial and Commonwealth History*, Vol. 42, No. 2 (2014), pp. 193-214.

These sorts of references to the Service could also provide tantalizing glimpses into the socio-economic status of the men being described. For example, although he was being educated in the style of an *elite* member of the medical profession, J.A. Shorten was hampered from continuing a career in scientific research due to ‘circumstances’, the term used by Bertram Windle, President of QCC between 1904 and 1919, and writer of Shorten’s reference in 1908.⁸⁹ Windle described Shorten as ‘one of the most brilliant students whom I have ever had’ and that he deeply regretted that ‘circumstances oblige him to go into the public services as he would have had a splendid career if he had been able to stick to science.’⁹⁰

The President’s effusiveness about Shorten continued, ‘He is a first rate physiologist, a man of extraordinarily wide reading and, in a word, the kind of student whom one only comes across about once in every ten years and I speak from the experience of twenty-five years teaching of medical students.’⁹¹ Beyond these exceptional professional capabilities, ‘Shorten’s general character could not be better & he is a delightful & stimulating personality. He will be an ornament to any service that gets hold of him.’⁹² After his resounding endorsement of Shorten, Windle’s reference for another candidate, J.B. Lapsley, written on the same sheaf of papers,

⁸⁹ John A. Murphy, ‘Windle, Sir Bertram Alan Coghill’, in James McGuire and James Quinn (ed), *Dictionary of Irish Biography*. (Cambridge, 2013). (<http://ezproxy-prd.bodleian.ox.ac.uk:3524/quicksearch.do#>) [date accessed: 16 May 2016] and John J. Horgan, ‘Sir Bertram Windle (1858-1929)’, *Hermathena*, No. 94 (July 1960), pp. 3-20.

⁹⁰ BL AAPC, IOR/L/MIL/9/424, ASP Bertram Windle to the Under Secretary of State for India, 15 January 1908, ‘James Alfred Shorten’ (1907-1908), f. 210. His fears about Shorten not having a career in scientific research were, however, somewhat unfounded, as he later published on the remedial qualities of flora in India. See James Alfred Shorten, ‘The Antiscorbutic and Antiberiberi Properties of Certain Sun-dried vegetables’, *Biochemical Journal*, Vol. 15, No. 2 (1921), pp. 274-285.

⁹¹ BL AAPC, IOR/L/MIL/9/424, ASP, ‘Windle to the Under Secretary of State for India’, 15 January 1908, f. 210.

⁹² *Ibid.*

must have made the latter look decidedly less decorative: ‘He is not a genius, like Shorten, but he is a good fellow’.⁹³

The evidence arranged here concerning perceptions of the IMS within the universities and communities from which these men came gives the impression that the Service was well thought of, influential, and a prestigious destination for men trained to think and practice as medical *elites*. However, alongside the references, university calendars and presidential reports, another cache of evidence should be scrutinized. This second cache consists of advice pamphlets, autobiographies of former IMS surgeons, and correspondence spread through the public domain via the pages of the *BMJ*, which paints a picture of the IMS across our period as ailing, dangerous and a dingy destination for the Colonial career.

Patrick Hehir, a man who shall become more familiar in chapter five, wrote in 1923 that having spent the majority of his professional career in India, it was a ‘subject of great regret’ to witness the ‘falling off that is now in progress, and which has impelled me to place the facts before the medical profession of the Empire.’⁹⁴ Hehir had entered the service in 1886 after an unusual educational career; although born in Templemore, Co. Tipperary in 1859, he received his medical education exclusively outside of Ireland, in Bengal, Brussels, Edinburgh and London.⁹⁵

The ‘facts’ he placed before that profession were arranged in a volume titled *The Medical Profession in India* and, although alluding to the objectivity of his work by using the word ‘facts’, what he wrote amounted to a polemic against change rather than a deep analysis of the state of the IMS. One of the subjects that Hehir focused upon most heavily was a lack of interest in the IMS amongst ‘young graduates of the

⁹³ *Ibid.*

⁹⁴ Patrick Hehir, *The Medical Profession in India* (London, 1923), p. 2.

⁹⁵ BL AAPC, IOR/L/MIL/9/414, ASP, ‘Patrick Hehir’ (1884-1886), f. 224.

home medical schools, because of the rapid Indianization of that service following the Reforms Scheme...'.⁹⁶ The reforms he referred to were the Montagu-Chelmsford reforms (particularly their report of 1918), which led to the first of a series of devolutions in political power from the central offices of the Government of India to ethnic Indian subjects in the provinces.⁹⁷ In addition, in the same year that Hehir published *The Medical Profession in India*, the Lee Commission was convened to enquire specifically into the racial composition of the public services under the Government of India. The following year, in 1924, the Commission recommended that the majority (sixty per cent) of entrants to these services should be ethnic Indians.⁹⁸ The practical and institutional impacts of these changes to the racial composition of the Service will be examined more fully in chapter three, but for now they can be viewed as representative of a perception that the IMS was, by the early 1920s, a Service in decline and had been for a number of years. As Hehir himself wrote, 'Those who know what a calamity to India the disappearance of the Europeans of the IMS would be, view with no small degree of surprise the supineness [*sic*] of the authorities who have it in their power to prevent it, and hope ardently that the real situation will be appreciated before it is too late.'⁹⁹

However, Hehir's tale of institutional decline, from one populated by ethnically white, apparently professionally superior surgeons, to a professional landscape over-run by ethnic Indians of dubious credentials, was not the only polemic

⁹⁶ Hehir, *The Medical Profession in India*, p. 1.

⁹⁷ For the effects of the reforms on medicine see Pratik Chakrabarti, "'Signs of the Times': Medicine and Nationhood in British India', *Osiris*, Vol. 24, No. 1, Science and National Identity (2009), p. 194.

⁹⁸ For Irish medical contributors to the Commission on the topic of 'Indianization' see BL AAPC, IOR/L/MIL/Q/11/3, *Royal Commission on the Superior Civil Services in India, (Lee) evidence, Nos 73-130* (1924). The sixty per cent provision made for Indian composition of the public services was found at the following: 'Lee Commission', *Encyclopaedia Britannica. Britannica Academic*. Encyclopedia Britannica Inc., 2016. [date accessed: 21 May 2016 <http://academic.eb.com/EBchecked/topic/334619/Lee-Commission>].

⁹⁹ Hehir, *The Medical Profession in India*, p. 2.

against the Service during our period. As early as 1878, an anonymous pamphlet blandly titled *The Public Medical Services* was similarly gloomy about the prospects of life in a public medical service. India, in particular, was highlighted as a place to be avoided, as the small print in the volume's frontispiece read, 'Better fifty years of Europe than a cycle of Bombay.'¹⁰⁰ The pamphlet's substance then provided a very negative conception of, not only life in India, but also, the training paths that a young surgeon had to tread in order to gain a commission.

When writing about training at Netley, the author stated that a budding IMS surgeon was the equivalent of a young sub-lieutenant in the military, '... [a] young cub [who] has to be lived into shape and taught his place; he has to learn the traditions of the service.'¹⁰¹ Such an atmosphere was, in their view, inappropriate, given the professional credentials of the men present. 'At the same time, I think it hardly wise to treat men of from 21 to 27 years of age, who are qualified members of a liberal profession, in the way that you would treat lads of 17...'.¹⁰²

As was the case with Hehir's volume above, the full significance of the tensions between military and civilian modes of medicine referenced in *The Public Medical Services* will be examined in the next chapter. However, perhaps our surgeons could have quite possibly read these sorts of insights during their time at university, and as they prepared to submit their applications to the Service. Was their decision to apply, supported by the institutions at which they learnt how to be professionals, challenged at all by these sorts of volumes? If so, why did they then choose to continue with the application process?

¹⁰⁰ Anon., *The Public Medical Services. The Army, Navy, and Indian Medical Services, what they are what they are not being hints to candidates for commissions on the choice of a service* (London, 1878), frontispiece.

¹⁰¹ Anon., *The Public Medical Services*, p. 21.

¹⁰² *Ibid.*

These two volumes were not atypical of the tone of public discourse surrounding the IMS. Over the course of 1870-1920, the pages of the *BMJ* were replete with complaints about a lack of prestige and poor pay and conditions for IMS surgeons or, in contrast, that those in the IMS were better paid than their peers in the AMD.¹⁰³ On 27 September 1879, for example, ‘Peterkin’ wrote a letter to the *BMJ* that enumerated various complaints surrounding his life as an AMD surgeon. One of these was that

... there is no possible way open to the surgeon of the Army Medical Department of adding to his 317 rupees per month. Lock hospitals... jails, staff appointments, are chiefly held by officers in the Indian Medical Department; but in cases where they are held by officers in the Army Medical Department, surgeons-major apply for and get them, thus adding to their already comfortable incomes.¹⁰⁴

Peterkin’s grievances were manifold, aimed laterally at his contemporaries in the IMS and vertically at fellow members of his service who occupied a higher rank and, from his perspective, were mopping up well-paid positions that allowed them to add to the higher pay they already received.

A few months later, on 14 February 1880, a similarly toned submission to the journal placed the boot on the opposing foot, and advised young medical men not to enter the IMS ‘until it has been placed on at least the same footing as regards pensions as the British Medical Service’.¹⁰⁵ In the summer of that year, a third letter – replicated from correspondence with Sir Charles Wahab, Secretary of the Indian Medical Service

¹⁰³ The references provided below are indicative examples. For further insights see *BMJ* on the following dates and pages: 25 August 1883 (Vol. 2, Iss. 1182), p. 396; 15 September 1883 (Vol. 2, Iss. 1185), p. 551; 22 September 1883 (Vol. 2, Iss. 1186), p. 604; 10 January 1885 (Vol. 1, Iss. 1254), p. 102; 13 June 1885 (Vol. 1, Iss. 1276), p. 1226; 29 January 1887 (Vol. 1, Iss. 1361), pp. 189-192; 27 February 1892 (Vol. 1, Iss. 1626), p. 472; 9 July 1898 (Vol. 2, Iss. 1958), p. 118; 4 July 1903 (Vol. 2, Iss. 2218), p. 44; 27 August 1904 (Vol. 2, Iss. 2278), p. 477.

¹⁰⁴ *British Medical Journal*, 27 September 1879 (Vol. 2, Iss. 978), p. 521.

¹⁰⁵ *BMJ*, 14 February 1880 (Vol. 1, Iss. 998), p. 268.

Defence Committee (IMSDC), an organization that will be examined later – recommended that

... there should be no closer union with the British Army Medical Department. Any of us who wanted it, could have taken it from its present owners in open competitions, but we did not want it; we worked hard for the Indian Service, and if there are any ‘plums’, we earned them fairly, and we hope we shall not be robbed (to use the proper term).¹⁰⁶

The letter to Wahab certainly speaks of a sense of professional pride amongst IMS officers; that in some sense (although that sense was nebulous) they were a ‘cut above’ medical men in the army and, as a result, felt entitled to any ‘plum’ jobs on offer. The expression of these beliefs relates back to our analysis above of the formation of an *elite* stratum within the profession, and how a sense of professional prestige could cause discontent between medical men affiliated to different imperial institutions.

¹⁰⁶ BMJ, 7 August 1880 (Vol. 2, Iss. 1023), p. 234. A further example of the same grievance between the AMD and the IMS was published a few months afterwards: BMJ, 19 March 1881 (Vol. 1, Iss. 1055), p. 450.

Conclusion

The formation of the modern medical profession in the United Kingdom included important philosophical and institutional exchanges between Ireland and the other countries then incorporated into that Union. The motivations, substance and significance of these exchanges has hardly been noted by scholars to date, leading to a distorted image of the historical formation of the profession in ‘these islands’ bounded, either implicitly or explicitly, by national concerns.

In highlighting these transnational exchanges in knowledge and ideals, a number of indications about further work to be completed have arisen, especially in relation to the men who enlisted to the IMS from across England, Scotland and Wales, as well as Ireland. How did the men being studied in this thesis compare to their contemporaries? How many enlistees from elsewhere in the United Kingdom completed degrees at institutions in Ireland? Did they possess the same interest in surgery?

Furthermore, the exchanges and transfers mapped here were substantiated relative to shared definitions of what medical work and knowledge was worth, both within the profession but also in relation to society and politics. ‘Democracy’, ‘character’, ‘prestige’, and literacy in the liberal arts were all part of a climate of ideas that provided these men with a sense of why they were practicing and, importantly, the power and recognition they were due as the elites of their profession. The disputes that a number of these men had concerning their professional status and remuneration later in their careers were often fundamentally about the inability of the institutions that governed the IMS to successfully manage the expectations of the professionals they employed. As will be shown later, this inability was brought about partially through

maladministration and poor governance. But, in addition, it was also shaped by the currency that these ideals had during the early experiences of these men at medical schools and universities in Ireland. Therefore, the careers they experienced in India were not just defined by local issues of governance, politics and economy, but also the export of professionals and their philosophies from the United Kingdom, inclusive of Ireland.

The chapters that follow will also build on the importance of personal characteristics and behaviours for surgeons in the IMS. This chapter has shown that these men were judged in their applications on the basis not only of their professional competencies, but also their moral behaviours and habits. These elements of a moral economy were of distinct importance, both in terms of their use in the references provided for these men and, also, in the body of scholarship that has shown how important these concepts were for defining contemporary perceptions of an individual, and the contributions they were consequently able to make to the imperial project. As was noted in relation to professional ideals, these moral ideals also existed in a relay between metropolitan Britain and its colonies; the subject of the fifth chapter, medical malpractice relating to abortion, shows how the private contravention of these ideals could be acutely damaging for a surgeon if displayed in public. Again, although the case study examined in that chapter was given some of its contours by local circumstances, the tone of debates and discourses about the case in question was traceable to the mores and sensibilities of London, but also towns and villages across Ireland, too.

Finally, mention should be made of tensions in how public medical services and their employees were perceived. On the one hand, the institutions through which these men passed in order to become surgeons were replete with information on and

support for employment in these services, of which the IMS represented a prominent pathway. Bertram Windle, T.W. Grimshaw, and Charles Dawson, all significant figures in public life across the United Kingdom in the mid- to late-nineteenth century, actively sponsored Irish medical graduates in their pursuit of a commission in the Service. In the cases of Windle and Grimshaw, the institutions that they managed had the IMS and its equivalents coursing through their collective consciousness.

However, the IMS and the other public medical services were also devalued and excoriated very publicly over the course of our period; the promise of professional prestige and resultant financial rewards was, in the minds of a number of writers, distinctly lacking in an Indian career. But, as mentioned above, the IMS was only one of the public medical services; as was witnessed above members of the RAMC could also pitch into these debates. Was the tone of these debates as much about a general cultural shift in the relationship between the State and professional expectations, as it was about specific grievances within these Services? Extensive comparative work should be carried out, with this relationship at its core, to establish whether or not the professional prospects of an IMS surgeon were any worse or better than their contemporaries in the AMD or, more broadly, the Indian Civil Service (ICS) or Public Works Department (PWD).

These tensions, between political administration and political discourse, form the basis for our remaining chapters. The *ASP* archive has allowed us, over the course of these two chapters, to view the ways in which the connections between these men and imperial institutions became increasingly dense. Starting from the broad social and cultural context into which they were born and had their earliest experiences, the collection has allowed us to reconstruct the ways in which their time at university brought them into imperial networks of professional prospects. Their degrees of social

and cultural prestige, evidenced by the families they were born into and the positions they occupied in their communities, were honed within a professional context that thirsted for prestige, power and advancement. The chapters that follow are concerned with what these men found when they formally entered imperial institutions, and the ways in which their professional credentials were courted, but also challenged and sometimes devalued. Henceforth, the imperial and colonial politics of professional employment is my main concern.

Chapter 3 - The mediation of professional power in the Indian Medical Service, 1850-1930

Introduction

John Alexander Sinton (1884-1956) was one of the most highly decorated and educated Irish medical men to have a career in the IMS during our period. He entered the Service in 1911 with four qualifications from QCB, adding two more from Cambridge and the recently established Liverpool School of Tropical Medicine (LisTHM).¹ His later exploits in current day Iraq during the First World War, especially near the southern city of Basra, saw him awarded the Victoria Cross, and he later became one of the foremost malaria researchers in India.

Sinton's career was, in one sense, the very embodiment of the professional medical ideals that he and his contemporaries were socialised with at university, and that were attractive to the GoI and its associated institutions in the late-nineteenth and early-twentieth centuries; he was replete with 'character', practical intelligence and bravery. However, the archival material he left behind, which has been preserved at the Public Record Office of Northern Ireland (PRONI), provides us with an insight into how his career in the IMS was often defined by a disparity between the clarity of his own ambition, and the opacity of the administrative and bureaucratic processes within which he worked.

In his diaries, Sinton inscribed his professional achievements, and forecasted the sort of life he wished to create through working in the IMS. At Dehra Ismail Khan, on the banks of the river Indus in Afghanistan, he wrote on 3 April 1920 of the

¹ BL AAPC, IOR/L/MIL/9/426, ASP, 'John Alexander Sinton' (1911), f. 149-156. For a general biography see James S. Porterfield, 'Sinton, John Alexander (1884-1956)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, May 2010 [<http://ezproxy-prd.bodleian.ox.ac.uk:2167/view/article/61406>, accessed 25 Oct 2016].

fortunes he envisaged for himself over the following years. He wished 1920 to be the year in which he got his first photograph taken, and expressed a desire to buy a gold ring; he yearned to be married by 1922, and to have three children; his wife was to have either brown or blue eyes, and be of medium height. Once these personal ambitions had been fulfilled, he wanted to leave the Service as a colonel.² However, these personal goals existed alongside a career in military medicine defined by the First World War in north western India and Mesopotamia. Sinton's experience of the conflict was one of frustration at a number of factors: the professional roles offered to him; the lack of vital resources, such as functional transportation; and the bleakness of the landscapes in which he found himself.

One of the roles he occupied during the War was as commander of an Indian Cavalry Field Ambulance, which was part of the Seistan Force, or East India Cordon. The Force's role was to act as a form of military insulation against any effects from Russia's then splintering political landscape expanding into and destabilising north western India.³ What this amounted to for Sinton was many days spent being transported around or marching in the landscapes of present day Pakistan, Afghanistan, and Turkmenistan, a process from which he appeared to draw little pleasure.

He described the plains around the city of Askabad (or Ashgabat, now Turkmenistan) in the following broken terms: 'Over flat plain, few bushes. Lots bastard strong south wind. Sandstorm. Butterfly at Tedgend Bridge... old Russian bully beef tins show position of enemy's trains.'⁴ Sinton's noting of a single butterfly

² PRONI, *John Alexander Sinton Papers*, D4190/11, Diary entry (3 April 1920), no ff.

³ The Seistan Force has been seldom acknowledged by historians, and typified as a 'military side show' by those who have written anything about it. One of the only summaries of the force's establishment and remit is in Colonel C.H. Ellis, 'The transcaspian episode', *Journal of The Royal Central Asian Society*, Vol. 46, No. 2 (1959), pp. 106-118.

⁴ PRONI, *Sinton*, D4190/10, Diary entry (12 March 1919), no ff.

perhaps indicated the lack of fauna to enliven an otherwise bleak sounding landscape. Later, in Quetta, now a city in Pakistan, he noted that he was part of a heated exchange with one of his superior officers, a General Henley, who had not offered him the job of his choice: the Deputy Directorship of Medical Services. He was, instead, offered the management of sanitation policy and, after a ‘long talk (argument)’, noted he felt ‘very homesick’.⁵

The rest of this chapter examines how political and administrative aspects of employment in British India shaped and stretched the professional credentials and ambitions of Sinton’s Irish contemporaries within the IMS. This approach to recreating the history of medical professionalization, one rooted in creating a robust institutional framework around medical practice and ideals, has been invoked but seldom used by scholars in general, and is novel in relation to the study of allopathy in India. I have described this approach elsewhere as a ‘funnelled’ view on the history of medicine and empire, one which begins with ‘broad insights into the relationship between the policies of political institutions and surgeons in the nineteenth and early twentieth centuries’, before moving into ‘the more intimate, practical spaces of surgical wards and patients’ houses...’ in an attempt to trace the effects of institutional structure into everyday professional life.⁶ The final two chapters of this thesis are rooted in the second half of this methodology.

However, understanding professionals through a ‘funnelled’ framework, ranging from the nature of the institutions that employed them through to the spaces in which they practiced, means viewing medical men more subtly than has been the case to date. The predominant history written about modern professionals in general

⁵ PRONI, *John Alexander Sinton Papers*, D4190/10, Diary entry (3 July 1919), no ff.

⁶ See Kieran Fitzpatrick, ‘Surgery, Imperial Rule and Colonial Societies (1800-1930): Technical, Institutional and Social Histories’ in Thomas Schlich (ed.), *The Palgrave Handbook in the History of Surgery* (London, forthcoming 2017).

has been concerned with who accumulates resources, when they accumulate them and how that accumulation happens. As was witnessed in chapter two, Perkin told the history of modern professionalization in England as a transfer of economic, social, cultural and political power from one set of social interests, the landed gentry, to another set, the professions.⁷

As was shown in the first two chapters from the information stored in the *ASP*, these resource transfers were not linear, nor absolute. Our surgeons straddled the fault line between ‘landed gentry’ and ‘professionals’, coming from gentry families but being educated in order to accrue capital through their knowledge and skills, rather than – or in addition to – property rents. Also, as we know, the history of professionalization has not gone unnoticed in relation to colonial societies and imperial governance; many of those who have written on the topic have laid greater emphasis on the ambiguity of professional life in colonial settings, which influences the institutional history being written here. In 1998, John Iliffe stated that ambiguity, rather than unbridled power, defined the lives and careers of medical professionals in the colonies. In his own words, ‘it is no longer helpful to see the essence of professionalism as either knowledge or power or something else. The essence of professionalism is ambiguity.’⁸

Iliffe’s work will be referenced in specific relation to the career of P.J. Freyer, analysed in chapter four, but his emphasis on institutional ambiguity – in which professionalism has multiple meanings according to the interests present – should also be compared here to Charlotte Ann Chopin’s work on French Algeria, in which she detected the presence of multiple ‘interests’ in the lives of medical men in the colony,

⁷ Perkin, *The Rise of Professional Society England since 1880* (London, 1989), p. 1.

⁸ Iliffe, *East African Doctors*, p. 3.

interests defined as the State, fellow European settlers, and other medical professionals.⁹

These insights, concerned with building a context around professional work, is the project embarked upon in this chapter; I seek to distance myself from analytical spectra concerned with ‘power’ and ‘authority’, which have sometimes been invoked to describe the IMS¹⁰, and move closer to a keen and detailed understanding of the institutional dynamics and values that enveloped the professional work of the men we are studying here. Much of the scholarship that has been written about the IMS to date has emphasized its role in policy-making, or contributions to themes (such as public health) that have dominated the history of medicine in colonial India to date. However, little emphasis has been placed on understanding how the IMS’s structure as an institution impacted the careers of those it employed; rather the ‘hegemony’ or ‘power’ of the IMS has been assumed, rather than proven.¹¹

In an economic sense, a commission in the IMS did indeed represent a form of power and influence; officers were assured a generous and stable monthly income that provided them with access to the socio-cultural elite of European society in India. In addition, depending on their ability to strategize and exhibit the correct character traits, they could derive further income from faculty positions at the growing number of

⁹ Chopin, “‘Embodying ‘the new white race’, p. 1.

¹⁰ See, for example, Pratik Chakrabarti, *Medicine & Empire 1600-1960* (Basingstoke, 2014), p. 108.

¹¹ There are numerous examples of this: Mridula Ramanna, *Western Medicine and Public Health in Colonial Bombay, 1845-1895* (New Delhi, 2003); Michael Worboys, ‘The Colonial World as Mission and Mandate: Leprosy and Empire, 1900-1940, *Osiris* (2nd series, Vol. 15), Nature and Empire: Science and the Colonial Enterprise (200), pp. 207-218; Kakar, ‘Leprosy in British India’, pp. 215-230; Deepak Kumar, ‘Medical Encounters in British India, 1820-1920’, *Economic and Political Weekly*, Vol. 32, No. 4 (Jan. 25-31, 1997), pp. 166-170; Arnold, *Imperial Medicine*; Biswamoy Pati and Mark Harrison, *Health, Medicine and Empire Perspectives on Colonial India* (London, 2001), pp. 1-37; Sanjoy Bhattacharya, ‘Redevising Jennerian Vaccines’ in Pati and Harrison, *Health, Medicine and Empire*, pp. 217-269; Jane Buckingham, *Leprosy in Colonial South India: Medicine and Conflict* (Basingstoke, 2002); John C. Hume, ‘Rival Traditions: western medicine and *yunan-i tibb* in the Punjab, 1849-1889’, *Bulletin of the History of Medicine*, Vol. 51, No. 2 (Summer, 1977), pp. 214-231. A good review article on the history of medicine in India, and how it pertains to ‘new’ imperial history is Rohan Deb Roy, ‘Science, medicine and new imperial histories’, *The British Journal for the History of Science* (Vol. 45, No. 3), September 2012), pp. 443-450.

medical schools in India, or through providing bureaucratic services in medical administration. Others attempted private practice, although for the two surgeons whom we will come to know in more depth later, Patrick Hehir and P.J. Freyer, acting as such proved to be ethically and professionally hazardous.

However, understanding professionalism in terms of economic power does not allow for us to adequately recreate the nuances of relations between the medical profession and the GoI in India during our period. In a political sense, perceptions of IMS officers within the GoI were not assured of being favourable or conducive to exploiting their professional status. Often they could be viewed as unworthy of recognition, or politically subversive, perceptions that were a result of the tensions of colonial rule in India. As will be shown below, politicians and administrators were regularly confused as to whether or not IMS officers were military or civilian personnel, confusion that had tangible effects on the ways in which our surgeons practiced and whether or not they received full payment for services rendered. Furthermore, their primacy as the leading exponents of allopathic medicine in India was increasingly scrutinised and questioned by Indian *elites* who, having trained in the United Kingdom, wished to return to India and gain a commission in the Service. The presence of these challenges to the supremacy of the IMS would, by the end of our period, see a dearth of interest in the Service by potential recruits, and cause pre-existing officers to question its viability as an institution.

Thus, my argument here is that in order to understand a group of professionals, their work and their conditions we must understand how the polity in which they lived and worked influenced them. As M.S. Larson has declared, ‘Some professions developed in aristocratic societies, some in democratic ones, still others under corporate capitalism and bureaucracy. The course of professionalization varies

in each regime.’¹² The variants produced by imperial rule constitute the foundations of the analysis that follows.

The power bestowed by an IMS commission: pay, privilege and promotion

Both at the time, and in recent scholarship, enlisting as a member of an imperial institution has been expressed as a means of establishing oneself professionally and gaining access to a stable, well-paved career path. This belief about the surety of imperial careers was evidenced at elite Irish secondary schools, as we witnessed in the volumes of *The Clongownian* in our first chapter.

For those of our cohort who attended TCD in the 1860s and 1870s, the entrance criteria for the IMS, ICS and engineering services were important subsections of the university’s calendars, providing a template of goals to be achieved if a commission to one of these institutions was desired by a young medical student, or their contemporaries in another of the university’s faculties.¹³ In a similar educational context in Scotland, Captain Wilfrid Harvey of the IMS confidently wrote of the Service that, ‘once an entrance is gained, the doctor is forthwith relieved of all anxiety as to his being a success in practice. An Indian Medical Service officer... draws his pay month by month just the same, and also knows exactly what pay he is going to draw.’¹⁴

Although in a more critical vein, Greta Jones has also placed emphasis on a similar conception of why a young surgeon might enlist in an imperial medical

¹² M.S. Larson, *The Rise of Professionalism* (1977), p. See Abbott, *The System of Professions*, p. 13 for a contextualization of Larson’s work.

¹³ For an example see TCD RMD, TCD MSS G3, *Dublin University Calendars* (1865), pp. 27-28.

¹⁴ Wilfred Harvey, ‘The Indian Medical Service as a Career’, *The Dollar Magazine* (n.d.), pp. 1-7. For a contextualization of *Dollar*, see Ian Brown, ‘Colonialism and Empire as Natural Order in the Early *Dollar Magazine*’ in Theo van Heijnsbergen and Carla Sassi (eds), *Within and Without Empire: Scotland Across the (Post)colonial Borderline* (Newcastle, 2013), p. 123.

institution: for the ‘possibility of a distinguished and lucrative medical career elsewhere.’¹⁵ In particular, Jones referenced Sir Thomas Myles, then President of the Royal College of Surgeons in Dublin, and his words to the graduating class of the College in 1901. Myles said that they could either ‘embrace a life of servitude’ aggravated by the ‘insane competition for the position of dispensary doctor’ or they could choose to relocate and access ‘a vista of success in one of the large towns of England or [a subsequent] settling in one of the colonies’. In making their decision Myles encouraged his young charges to look past the worst excesses of the British Empire and not to forget ‘that under the flag of that Empire and thanks to the growth of that Empire, thousands of Irish medical men are making a comfortable living and hold posts of honour and emolument in every part of the globe’.¹⁶

Myles was a committed nationalist and supporter of the Home Rule movement, who would go on to assist Erskine Childers in obtaining arms for the Irish Volunteers in 1914. Therefore, the choice of professional vistas he laid before the class of 1901 relay as much about the complexity of Irish relationships with the empire and imperialism as they do about attitudes towards the prospects offered by professional employment under its flag.¹⁷

These recollections and thoughts concerning the surety of a professional life in the IMS should be approached with caution, as all those working for the Service were not equally successful. As will be shown in our next chapter, the average wealth at death for these surgeons was £18,862, but some expired with personal fortunes worth

¹⁵ Greta Jones, “‘Strike Out Boldly for the Prizes that are Available to You’: Medical Emigration from Ireland 1860-1905”, *Medical History*, Vol. 54, No. 1 (Jan., 2010), pp. 54-75.

¹⁶ Jones, “‘Strike Out Boldly’”, p. 74.

¹⁷ David Murphy, 'Myles, Sir Thomas', in James McGuire and James Quinn (ed), *Dictionary of Irish Biography*. (Cambridge, 2009). (<http://dib.cambridge.org/quicksearch.do;jsessionid=F56D104963389BE4E407A9073C1A16E2#>)

far in excess of that figure.¹⁸ At the same time, these sources do reflect that, to a degree, the IMS was a professional institution that could provide a young surgeon with a financially stable career path and, as a result, provide them with a route into the socio-cultural *elite* of European society in India.

This stability was created through initial bureaucratic innovations in defining who was a preferred candidate for the IMS, and providing them with a clear route to pass into the Service. The sociologist Roger Jeffery provided a useful schema through which to conceptualize these changes in the nature of the IMS as it related to its surgeons. He perceived there to be three stages in the history of the Service: pre-1860, the Service was organised in an *ad hoc* fashion, recruited its members from a variety of backgrounds, and did not provide sufficient clarity in terms of career path or professional remit; between 1860 and the turn of the century, Jeffery detected a shift towards more concrete forms of bureaucratic organization, and a professional profile for surgeons that was more homogenous and in line with the institutionalization of medical education in the United Kingdom; after the turn of the century, Jeffery argued, the clarity of the middle period was challenged by the political and social mobilization of Indians around various nationalist causes.¹⁹

Jeffery's periodization is useful for contextualizing the financial stability that bureaucratic innovation by the GoI, WO, and IO lent the career of IMS surgeons over the course of our period. A good example comes from early on, just prior to the first of our surgeons entering the Service, when entry to the Service was revolutionized by the then Under-Secretary of State for India, Sir Charles Wood (1800-1885).

¹⁸ P.J. Freyer, for example, died with a personal estate worth approximately £130,000, largely derived from his investments in stocks and shares, which will be referenced in the fourth chapter.

¹⁹ Roger Jeffery, *The Politics of Health in India* (London, 1988), p. 68.

Over the course of his tenure at the IO, from 1859 to 1866, Wood was questioned repeatedly in the House of Commons about the state of the IMS and its surgeons in relation to legislation designed to secure their professional status in India.²⁰ In private, too, he received correspondence from one of the pre-eminent medical men of his time, and an ex-India hand too, James Ranald Martin. Martin wrote to Wood long before quality of life in the IMS became a matter for public politics. In that correspondence he expressed how urgently he believed reform of the Service was needed, especially in relation to making a surgeon as effective as possible through education in preparation for an Indian career. Martin wrote:

Our system of medical education for the cure of disease has at all times been highly creditable; but the absence of all instruction in the higher department of the prevention of disease has for long been lamented by every thinking man in our profession; and it is only of late years that this most important subject has engaged the attention of the authorities of the state.²¹

The content and context of Martin's letter highlighted what the practice of medicine was, and would come to be, in India: a profession in tow of the state. Whilst Martin referred to them both in a discursive manner, in terms of what the profession valued as a means of promoting health and how the state might come to value those means too, Wood's tenure represented pragmatic attempts to create a distinct working relationship between state and profession in India.

²⁰ See Hansard House of Commons, 16 March 1860, *HC Deb vol. 157 cc 726-7*; 18 July 1861, *HC Deb vol. 164, cc 1089-90*; 25 February 1864, *HC Deb vol. 173 c1067*.

²¹ Sir James Ranald Martin to Sir Charles Wood, 12 September 1859, British Library (BL) Asia, Africa and Pacific Collections (APAC), IOR/L/MIL/7/14091, *Indian Medical Service Rules Governing admission and Instruction or Regarding the formation of a Medical School at Chatham, and conduct of exams, 1859-1864*, no ff. Martin wrote the letter from Acton Park, near Wrexham in Wales. Acton was the family seat of the Cunliffe Baronets, one of whom (Robert Cunliffe) had been a member of the Bengal civil service at the same time that Martin was a resident of the presidency's medical establishment; Indian connections abound in the source at a number of removes.

Why were Martin and politicians in the House of Commons so preoccupied with the status, well being and effectiveness of the medical personnel who occupied positions in imperial institutions? Why were they so insistent that Wood accounted for any possible shortfalls in their prospects? These preoccupations reflected the growing store placed on the medical professional acting as a source of sustenance for the Empire. As Mark Harrison and a number of other historians have noted, the late 1850s and 1860s represented a paradigm shift for medical practice under imperialism, especially in India.

In the wake of the Sepoy's Rebellion, imperial administrations reflected on the health of their military and, as a secondary concern, the health of the populations that they sought to govern and control. A special commission into the health of the army was established in 1859, publishing its report in 1863; the early 1860s saw the first uniform public health measures deployed by the GoI, in the shape of an attempt to gather demographic statistics about subject populations; in 1868, the quasi-military nature of medical practice in India was established by the creation of separate administrative titles for those practicing military and civilian medicine.²² Whilst accounts of these shifts in institutional attention have focused on their policy ramifications or changes in information gathering practices, the extent to which they spurred the imperial state to innovate in its recruitment of medical professionals should also be acknowledged.

Wood brought a Bill to Parliament in 1864 designed to reform the Government of India Acts of 1853 and 1858 as they impacted upon the appointment of Assistant Surgeons. Specifically, he wished to change the method that appointed

²² For these examples, and a reconstruction of this changing health paradigm in India, see Mark Harrison, *Public health in British India Anglo-Indian Preventive Medicine 1850-1914* (Cambridge, 1994), especially chapter one, and Sanjoy Bhattacharya, Mark Harrison and Michael Worboys, *Fractured States: Smallpox, Public Health and Vaccination Policy in British India, 1800-1947* (London, 2005), again with an emphasis on chapter one.

Surgeons to the Service, as well as the personnel who administered those appointments, by transferring these latter powers from the Board of Commissioners for the Affairs of India to the Secretary of State in India in Council.²³ The Bill met with strong resistance and, was defeated on the three occasions that it was read before the Commons between 15 and 25 July 1864. At its third reading, Wood was accused of wishing to eradicate recruitment to the service *via* open competition, and transferring the power to make appointments to the Service to the office of the Secretary of State for India.²⁴ Particularly pointed in his criticisms of Wood was Sir Minto Farquhar (Baronet Farquhar of Mauritius, 1837-1872), who explicitly stated that

... he wished to know whether the right hon. Baronet meant to do away with open competition. The refusal to answer that question created suspicion. He had reason to believe that the competitive system had succeeded well, and he made the statement on the authority of an Indian medical officer.²⁵

The principle of competitive entry to the service is an important one to note, and segues with Martin's thoughts on professional education, as together they provide us a view upon a political consensus, at least at the imperial metropole, about what constituted a professional medical man and how those ideals should be used in an Indian context. For Martin, the ability of the Government of India to sustain the health of the Indian Army and, secondarily, the health of subject populations, was through an ideal of education: a medical profession versed in the *prevention* of disease, as well

²³ House of Commons Parliamentary Papers (HCPP), 'Indian medical service. A bill to repeal certain parts of the act of the sixteenth and seventeenth years of Her Majesty, chapter ninety-five, and to make provision for the medical service of Her Majesty's Indian forces' (1864) [Bill 213], lines 20-25, p. 2.

²⁴ Hansard, 'Bill 213 Third Reading' (25 July 1864), *HC Deb*, vol. 176, col. 2035.

²⁵ Hansard, 25 July 1864, *HC Deb vol. 176*, col. 2036.

as (if not more than) cure. The second ideal was that of a meritocracy, not just amongst those within the service but, as exhibited by Farquhar, for interested political onlookers without, too.

As others who have written about the medical profession's relationships with the British Army have noted, the military was precocious in recognizing that military medical personnel should be professionally qualified. Marcus Ackroyd, Laurence Brockliss *et al* drew attention to this military ideal of professionalization when writing about the half century prior to our period, especially in the administrative career of James McGrigor.

McGrigor was Surgeon-General with Wellington's Army during the Peninsular Wars and, from 1815, Surgeon-General of the Army Medical Department (AMD).²⁶ Although the patronage that had defined his own entry to the service (he had purchased a commission in the Connaught Rangers in the late-eighteenth century) was certainly not banished immediately, Ackroyd, Brockliss and their co-authors exhibited how McGrigor established relatively strict entry requirements to the service that had to reflect a degree of competency in surgical practice before joining the AMD.²⁷ As will be shown in the case of the IMS careers our subjects experienced, meritocracy was not a constantly applied principle in the administration of the Service. However, they *were* assessed by rigorous entrance requirements to the Service and were uniformly a well-trained, broadly educated group of men.

But, to return to Wood's navigation of these issues: was he really attempting to divot one of the key professional ideals pertaining to the practice of medicine? If he

²⁶ H. M. Chichester, 'McGrigor, Sir James, first baronet (1771–1858)', rev. J. S. G. Blair, *Oxford Dictionary of National Biography*, Oxford University Press, 2004 [<http://ezproxy-prd.bodleian.ox.ac.uk:2167/view/article/17525>, accessed 25 Oct 2016].

²⁷ Ackroyd, Brockliss *et al*, *Advancing with the Army*, especially chapter 1, pp. 38–40. See also, Colin Newbury, 'Patronage and Professionalism: Manning a Transitional Empire, 1760–1870', *The Journal of Imperial and Commonwealth History*, Vol. 42, No. 2 (2014), pp. 193–214.

was, the private correspondence he wrote as Bill 213 fell before the House suggested that he was willing to be compliant in tacking a different course. On 3 August 1864, he had a letter drafted by one of his secretaries to the Under Secretary of State for War, then Spencer Compton Cavendish, the Marquis of Hartington. His second point in this memorandum reflected that, rather than transferring powers of appointment to the Service to his office, he now believed that ‘the regulations regarding the qualification and examination of candidates for Commission in the general [Army] medical service might, with slight modifications be made to apply to examinations to be held for admission to H.M’s Indian Medical Service.’²⁸ Thus, the principle of entry *via* competition was upheld in the wake of Wood’s defeat in the Commons.

Moreover, as a result of these debates about meritocracy and the professionalization of entry to the Service, Wood devised the method of publicly announcing the results of IMS examinations that provided the medium through which our surgeons were most likely made aware of their success in gaining a commission. In order to practically uphold the principle of competition, the Under Secretary believed that an advertisement should be issued ‘inviting Candidates for appointment to the Indian Medical Service under those [previously referenced] regulations’ and to submit their supporting documentation for examination by the Director General of the AMD.²⁹ Once these documents had been verified, and applicants were deemed suitable candidates for commissions, Wood recommended a preliminary examination of every candidate and a course of instruction at Netley, the site of the Army Medical School. If the candidates were then perceived ‘qualified for the practical duties of an Assistant Surgeon in India’, the names of the successful candidates should be

²⁸ Charles Wood to Spencer Compton Cavendish, 3 August 1864, BL APAC, IOR/L/MIL/7/14091, no ff.

²⁹ *Ibid.*

submitted to the Secretary of State for India and published in Britain's official public record, the *London Gazette*.

Wood's memorandum to Hartington is a foundational document in the modern history of the IMS, as it reinforced and cohered pre-existing institutional parameters for who might possibly think of themselves as an Assistant Surgeon, and what the Service expected of them during their initial years in India. It is then, in addition, a foundational document for understanding the history of the allopathic medical profession in its relation to 'non-western' cultures. The IMS was the first institution of the modern medical profession to have such an extensive stake in a culture radically different and opposed to that in which its practitioners had been inculcated with their professional values.³⁰

As witnessed in chapter two, those values revolved around the primacy of scientific inquiry, coupled with a belief that a medical man should also be a 'gentle' man, learned in languages and the liberal arts, and proud of his ability to earn an income rather than relying on inherited wealth. These values were already present in those who enlisted during the few decades before our cohort began to seep into the Service, but they were grafted onto the Service's body politic in the late-1850s and early-1860s.

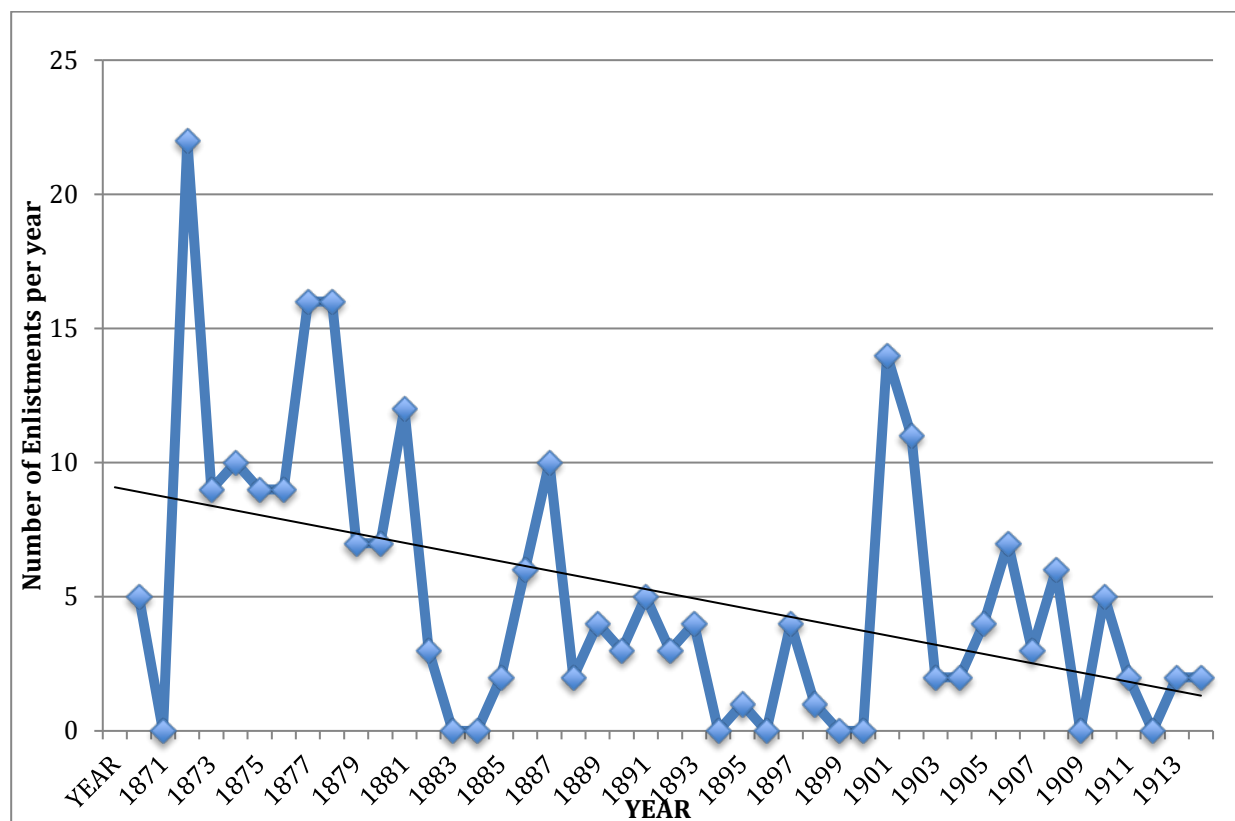
The first two chapters of this thesis were based on *pro forma* application documents similar to those that Wood postulated in his memorandum to Hartington; our Irish surgeons were put through their professional paces by a course of instruction at Netley; and their success in gaining a commission to the service was announced for public consumption in the *London Gazette*, a practice that first took place on 3

³⁰ According to the IMS's earliest historian, D.G. Crawford, the IMS was formally organised on 20 October 1763, by an East India Company (EIC) Government Order. According to Crawford, the document enshrined the incorporation into one occupational body of all surgeons then practicing under the various regiments of the EIC. See D.G. Crawford, 'The Indian Medical Service', *IMG*, Vol. XLII, Nos. 4-9 (April-September, 1907), p. 3.

October 1865, a little over a year after Wood's memorandum. Therefore, after the contestations over the IMS's nature as a professional institution in the late-1850s and early 1860s, and the innovations that these debates spurred, the gateways through which our surgeons passed into the Service were far clearer than before. However, if these professional gateways were made sturdier, why then was recruiting a recurrent problem for the IMS over the course of our period?

The dynamics of private bureaucracy and public politics: institutional inertia and change in the IMS

Fig. 1 – Irish Enlistment rates to the Indian Medical Service, 1870-1914



After a spike in enlistment in the early 1870s, and an increase in 1901³¹, the overall trend of Irish enlistment to the Service was downward over the course of period. Why was the decline so terminal? This section shows that once a practitioner was provided with a commission, bureaucratic attitudes to pay and conditions – in a confusing array of imperial and colonial offices – were ambivalent towards their status as professionals and the value of their work. Such incoherence had a negative impact on how the IMS was perceived by the surgeons it employed, which led to recurrent official conversations about reform in the name of sustaining recruitment levels. However, that those conversations kept recurring, and dissatisfaction kept being expressed, reflected much about the ability of the institutions who governed the IMS to effect meaningful change.

For three months, between December 1882 and March 1883, Surgeon Winthrop Benjamin (W.B.) Browning of the Madras establishment was placed in temporary medical charge of a field battery of the Royal Artillery (O-1st Royal Artillery), a regiment of the British rather than the Indian Army. Browning's normal duties were with the 22nd Madras Native Infantry (MNI), in line with an IMS officer's remit to predominantly provide medical support to Indians in the employ of the Indian Army. However, at the turn of the year, he was serving European soldiers, who were marching from St Thomas' Mount, a small hill that stands in Madras' south western corner, to Kampee, a cantonment town approximately 650 miles north of the city.³² Browning was born in Croom, Co. Limerick and had received his medical training at the Royal Colleges in Dublin before receiving an IMS commission in the spring of

³¹ The increase in 1901 can probably be attributed to the effects of the South African War between 1899-1901. In that year, a committee made recommendations about better working conditions for medical men in the AMS, which induced a spike in enlistment for that Service. Perhaps enlistment to the IMS also benefited from these reforms, or the IMS was seen as a comparable career choice with the AMS being over-subscribed.

³² All distances are approximate and provided via Google Maps.

1880.³³ After his experience with the 22nd MNI, he went on to build a successful career, acting as Professor of Medical Jurisprudence at Madras Medical College, Professor of Surgery at the Madras General Hospital and Surgeon to T.E. Lord Wenlock, Sir A. Havelock and Lord Ampthill, all Governors of Madras.³⁴

After his period of service with the Royal Artillery had come to an end, Browning sought compensation for costs incurred. However, upon submission of that application Lieutenant-Colonel C.A.E.S. Carter, Controller of Military Accounts in Madras, believed that the Indian pay code then in force stated explicitly ‘that Indian medical officers when in charge of British troops, and not on duty with regiments or corps of their own service, will not be entitled to any extra pay beyond the pay and allowances of their rank’.³⁵

In his initial letter, Browning had pre-empted such an official position. He stated that although ‘there were no rules under which my claim was admissible’ he believed that this was more because ‘the question has never before been raised, as probably it was never contemplated that officers of the Indian Medical Department would be placed in charge of European troops...’³⁶ In contravention of official opinion on what he was due, Browning then included eight codified clauses from various regulations (the Queen’s Regulations, the Indian Pay Code, the Medical Code) that justified his position and concluded the letter with a plea for justice: ‘I believe that there is some section of the Pay Code which debars me from the

³³ BL AAPC, IOR/L/MIL/9/407, ASP, ‘W.B. Browning’ (1880), ff. 108-115.

³⁴ See Browning’s entry in Who Was Who online: ‘Lt-Col Winthrop Benjamin Browning’, (<http://www.ukwhoswho.com/view/article/oupww/whowaswho/U206757>) [date accessed: 09/09/2015].

³⁵ BL AAPC, L/MIL/7/160, *Indian Medical Service Reorganisation Grievances of Junior Officers. Application of British rates of pay sanctioned*, Lieutenant-Colonel C.A.E.S. Carter to the Secretary of Government of Madras, Military Department (11 June 1883), f. 6.

³⁶ BL AAPC L/MIL/7/160, *Indian Medical Service Reorganisation*, Surgeon W.B. Browning to the Deputy Surgeon General, Her Majesty’s Forces, ‘Eastern District’ (21 March 1883), f. 7.

allowances I claim; so that my application is not based upon any rules, but is on the grounds of justice'.³⁷

Those of a higher rank in the IMS in Madras viewed Browning's case favourably: Brigade-Surgeon Bidie wished to know why Browning, rather than an officer of the Army Medical Department, had been selected for duty with the Artillery Battalion³⁸, and Surgeon-General Chapple drew attention to the dearth of medical personnel at the administration's disposal at the time of Browning's temporary appointment.³⁹ Even though Surgeon-General A.D. Home believed that, in line with the regulations Browning's claim should be quashed, he also believed that those regulations were badly designed and short sighted. In consequence, Home recommended a course of action that saw Browning's pay increased in recognition of his duties and, as a result of his use of a horse whilst on the march, that he should be allowed to draw the horse allowance of his rank.⁴⁰

However, these favourable official positions were not enough to resolve the matter. The case remained open into October 1883, when its serried evidence was brought before the most senior civil servants of the India Office for their opinion. That opinion viewed the initial, local disagreement over Browning's service as a symptom ultimately induced through badly designed employment policy, namely General Order forty-six from earlier in the year. The Earl of Kimberley, then Secretary of State for India, and an assortment of secretaries wrote on 15 October that, whilst the situation had thus been handled *per* the relevant codes and rules, their

³⁷ *Ibid.*

³⁸ BL AAPC L/MIL/7/160, *Indian Medical Service Reorganisation*, Memorandum by Brigade-Surgeon G. Bidie, Secretary to the Surgeon-General, Her Majesty's Forces, Madras (28 March 1883), f. 7.

³⁹ BL AAPC L/MIL/7/160, *Indian Medical Service Reorganisation*, Memorandum by Deputy Surgeon-General R.A. Chapple, Deputy Surgeon General, Her Majesty's Forces, Eastern District (4 April 1883), f. 7.

⁴⁰ BL AAPC L/MIL/7/160, *Indian Medical Service Reorganisation*, Surgeon-General A.D. Home to the Secretary to the Government of India (23 August, 1883), f. 7.

contents were no longer applicable to the employment of IMS officers. Kimberley stated that,

Hitherto the rule has caused no inconvenience, as it has not been usual to place officers of that Department in medical charge of British troops; but such cases may now occur not infrequently under the operation of the above quoted order, and it seems desirable that the rule should be modified.⁴¹

In consequence, the India Office were unanimous in believing that Browning should be allowed 'some extra remuneration' for services rendered to the O-1st RA, although they steered clear of defining how much 'some extra' would be in effect. Kimberley and the other signatories also believed that Browning's case should set precedence for other cases of a similar nature and proposed that the Indian Office be allowed to devise a revised scale of staff pay. However, there are no documents remaining in this sub-section of the India Office Records to prove conclusively that Browning received his extra pay for horse and charge.

Why did Browning's case produce such an amount of official tension? Fundamentally, the case appears to be a simple matter of reimbursing a medical professional for the labour he had carried out, including the costs incurred in doing so. However, relative to its historical context, the handling of Browning's case was redolent of the inter-play between racial identities, the institutional value placed on types of work, and debates surrounding the appropriate composition of military and medical services that recurred in official discourse.⁴²

⁴¹ BL AAPC L/MIL/7/160, *Indian Medical Service Reorganisation*, The Earl of Kimberley to unknown, (15 October 1883), ff. 4-5.

⁴² Although the context here is different, there are parallels with Heather Streets' work on martial race theory in terms of connections between social philosophies about racial identity and their impact upon the composition of colonial and imperial institutions. See Heather Streets, *Martial races The military*,

Browning's case occurred just after the GoI and IO had jointly decided to make relatively large curtailments to the amount of officers entering the IMS and AMD. In a series of memoranda between the offices in 1881-1882, the proposals were discussed as a result of a reduction in the number of native regiments incorporated into the Indian Army, the primary demographic under IMS control.⁴³ The proposed reductions were to remove thirty officers from the AMD, and thirty-five from the IMS, with a tapering of commissions to the service between 1881-1883, rather than an abrupt halt, in order to cater for the interests of Indian students then studying in England and intending to apply for a position in the Service.⁴⁴ The gradual reduction of surgeons to the IMS provides a hypothesis in response to Brigade-Surgeon Bidie's question concerning why Browning was placed on medical duty with the RA, rather than an officer of the AMD; both services had less officers at their disposal at the time and, therefore, Browning was caught in the crosswinds of two medical administrations trying to carry out the same amount of work with fewer personnel.

In addition, Carter's reply, in line with regulations stating that officers of the Indian service could not be compensated because they were serving with British troops, echoed institutional beliefs about the substantively different nature of medical work in relation to the racial identities of the individuals being treated. Throughout the 1860s, 1870s and 1880s, debates endured as to whether two separate medical administrations treating European and native troops were necessary. Some voices believed that 'the first and most flagrant... waste of power and money... is that of European Medical Officers now attached to Native Regiments' as these officers were

race and masculinity in British imperial culture, 1857-1914 (Manchester, 2004), especially her introduction and Chapter 4.

⁴³ BL AAPC, IOR/L/MIL/7/156, *Reorganization and reduction of the British and Indian Medical Service Ripon to Hartington* (17 June 1881), ff. 8-9.

⁴⁴ BL AAPC IOR/L/MIL/7/156, *Reorganization and reduction of the British and Indian Medical Service*, GoI to IO (18 August 1881), ff. 2-3.

deemed as having ‘little or nothing to do’ because of the ‘trifling sickness occurring in native corps’ and, if allowed to continue ‘without adequate professional employment’, they would inevitably rust and deteriorate in ‘their value as Government servants.’⁴⁵

What was meant by using the phrase ‘trifling sickness’? Although it is difficult to establish exactly what medical diagnoses from this period meant, given that diagnostic codes were still decades in the future, we do know that one of our surgeons treated a number of Indian soldiers in Madras for fractures, dislocations and ruptures of internal organs.⁴⁶ Therefore, the expression of these sorts of sentiments expressed more about the racial politics and philosophy of the individual writing, than they did about the sorts of ailments being suffered from by soldiers of the Indian Army.

Other contributors to the issue posited that the maintenance of the segregation of medical officers in line with the race of those they treated should be upheld, because ‘medical officers of the Indian Army (whether administrative or executive) have no experience of British troops or British hospitals, nor of the rules or regulations under which they are conducted.’⁴⁷ By extension, their introduction as Medical Officers to European regiments would lead to a contagion of incompetence and misunderstanding. More observers, including at one point the Secretary of State for India, could not see the sense of defining the services by the racial composition of the military men they treated, and instead proposed that the future administration of health in India be premised on the nature of medical work under consideration:

⁴⁵ BL AAPC L/MIL/7/156, *Reorganization*, ‘Report by Sir William Muir concerning the reorganization of the medical staff in India’ (3 February 1879), f. 21.

⁴⁶ See Royal College of Physicians Ireland (RCPI), ‘Surgeon-General Charles Sibthorpe - Case books and other documents of Surgeon-General Charles Sibthorpe from his time in the Indian Medical Service’, CS/1, *Case Book – Nagode and Banda* (1873-75), ff. 114-120.

⁴⁷ BL AAPC L/MIL/7/156, *Reorganisation and Relocation*, ‘Report by Sir William Muir concerning the reorganisation of the medical staff in India’ (3 February 1879), f. 21.

It [a proposal] is framed on the basis acknowledged by the Secretary of State for India that the future administration should consist of two branches, the one representing military hygiene in its broadest sense and dealing with the European and native force *as a whole*, the other having charge of *purely civil duties* and becoming the representative and exponent of *State medicine* [emphasis author's own].⁴⁸

Suggestions were floated from both the War and India Offices in early 1882, concurrent with Browning's contentious tour of service with the RA, about the formation of a medical service subordinate to the IMS, composed of ethnically Indian medical officers to lend medical support to native regiments of the Indian Army.⁴⁹ Such a scheme was designed to prevent the splitting of European medical officers between European and Indian regiments. However, the fraught and indecisive nature of institutional wrangling over who European medical officers should be treating meant that, at least for the sample of officers referenced in the figures above, the segregation of their medical work, and the administrative and bureaucratic problems that caused, continued into the 1890s.

Browning's case, and the contextualization of its characteristics, shows how the institutions that governed the IMS were far less effective at creating a navigable professional landscape for their surgeons to work in once they had passed through the well-defined gateways created for entry to the Service in the 1860s. Whilst gaining a commission to the Service provided a man like Browning with access to a consistent wage for however long he spent in India, obtaining those rewards was often a trying process. He faced significant amounts of time and effort in taking full advantage of those pecuniary rewards on offer when the terms of his commission, and the value

⁴⁸ BL AAPC L/MIL/7/156, *Reorganisation and Relocation*, Surgeon-Major J. Ogilvy, Secretary to the Surgeon General, to the Secretary to the Government of India, Military Department (4 December 1876), f. 56.

⁴⁹ BL AAPC IOR/L/MIL/7/156, *Reorganisation and Relocation*, Hugh Childers, Secretary of State for War, to the Marquis of Hartington (24 February 1882), no ff.

attributed to his professional work, rubbed against the racial politics of imperial rule.⁵⁰

In another example, George Hewitt (G.H.) Frost became the subject of debate when his access was cut to a portion of income on the basis of a language proficiency rule in Hindustani applied to officers of the IMS.⁵¹ On 5 March 1894, the Principal Medical Officer (PMO) for the Army in India wrote a despatch to the Secretary of the GoI's military department. In that despatch, the former included appendices with the names of a number of IMS surgeons and the service they had completed in various parts of the country over recent months and years, of whom Frost was one.

The PMO stated that the 'medical officers [sic] names in the margin were employed during the period mentioned in the letter under acknowledgement' and that, as a result of 'the many changes of station and duties required from these officers' they found it 'almost impossible... to carry on that steady and consecutive study which is necessary... to pass the present Lower Standard Test in Hindustani'.⁵² The chart showing Frost's movements dated between his first appointments as an IMS surgeon, as the medical officer to an attachment of Gurkha Rifles in Abbottabad, Hazara, NWFPO in November 1891, to his provision of medical support to the 2nd Punjab Cavalry in Rajanpur, Punjab in September 1892.

⁵⁰ For additional examples of these tensions see memoranda on how 'unemployed pay' was defined: 'Indian Medical Service Rates of Unemployed pay of junior officers', BL APAC, IOR/L/MIL/7/160, ff. 2-21, and for opinions on the 'harmful' effects that civilian service could have on military medicine, see Ripon's correspondence in BL APAC, IOR/L/MIL/7/154, f. 18 and, in addition, the proposals of the Government of India for revisions to the IMS in 1883. BL APAC, IOR/L/MIL/7/157, 'Minute on the Proposed Scheme for Reorganisation of the Indian Medical Service', f.8.

⁵¹ Frost was born in Ennis, Co. Clare on 2 April 1867, received his Bachelors of Medicine from the Royal University of Ireland and, after a brief spell as a surgeon on probation at the Royal Victoria Hospital in Hound, Hampshire, enlisted in the IMS in the summer of 1891. These biographical details are taken from Frost's application to the service BL AAPC, IOR/L/MIL/9/417, ASP, 'Frost' (1891), ff. 57-62 and the extensive family tree pertaining to the Frost family on [ancestry.com](http://trees.ancestry.com/tree/61954777/person/44227697853) (<http://trees.ancestry.com/tree/61954777/person/44227697853>).

⁵² BL AAPC IOR/L/MIL/7/189, *Indian Medical Service Reorganisation. Passing lower standard Hindustani to entitle officer to receive staff pay*, Principal Medical Officer, Her Majesty's Forces in India to Secretary to the Government of India, Military Department Calcutta (5 March 1894), f. 210.

Over the course of this nine-month period, he moved station on nine occasions changing regiment each time and travelling 3100 kilometres in the process.⁵³ The rate at which Frost was moved around the NWFPO mattered because the frequency with which he moved prevented him from working towards passing a qualification in Lower Standard Hindustani, which in turn prevented him from being able to draw a portion of the income that was part of his commission: staff pay. This stipulation had been written into the professional terms of the Service since 16 November 1864, included in paragraph seven of a despatch to the GoI from the IO.⁵⁴

In one sense, these sorts of provisions might be viewed as evidence of a progressive attitude towards Indian people, both those within and outside imperial and colonial institutions. In a letter from January 1871 to the Secretary to the Government of Bengal, Judicial Department, J.C. Brown, the Inspector-General of Hospitals, wrote that young assistant surgeons on temporary hospital duty should ‘study the language of the country’ and observe ‘the treatment of tropical diseases by experienced men, in order to qualify them for independent charges.’⁵⁵ Acquiring these skills and paying attention to the treatment of disease was, in Brown’s estimations, only right, for ‘... it would be unjust to the patients, who come to this institution expecting to obtain the best skill available in India, to place them in the hands of young unskilled men.’⁵⁶

Also, as mentioned above in relation to the reduction in the number of commissions available in the 1880s, the civil servants and administrators who

⁵³ *Ibid.* Estimates of distance have been given by using Google Maps and selecting the ‘pedestrian’ option to calculate the distances between these places, as that usually provides the most accurate, direct route.

⁵⁴ Despatch to the Government of India from the India Office No. 340, 7 November 1864, as quoted and referenced in BL AAPC IOR/L/MIL/7/189 *Indian Medical Service Re-organisation. Passing lower standard Hindustani to entitle officer to receive staff pay*, India Office Memorandum regarding the Position of Officers to be appointed to Her Majesty’s Indian Medical Service (April 1894), , f. 207.

⁵⁵ BL AAPC, IOR/P/172, *Medical Proceedings – Bengal*, J.C. Brown, Inspector-General of hospitals, Indian Medical Department, to the Secretary to the Government of Bengal, Judicial Department (17 January 1871), ff. 7-8.

⁵⁶ *Ibid.*

populated the GoI and IO could be sympathetic to Indians who were attempting to gain entry to professional institutions such as the IMS. In addition, earlier official correspondence had made reference to the fact that IMS surgeons should be trained in a variety of European languages in order to keep abreast of the latest scientific techniques that might be applicable to their work in India. Such proficiency also related to an assumption that ‘the higher the general education of the Medical Officer, the better and more efficient he is.’⁵⁷ Moreover, scholars have detected that, generally speaking, the imperial government in India was happier to ‘power-share’ with well-educated, western-influenced Indians in matters of health and medicine, of which these linguistic stipulations for IMS officers might be considered a part.⁵⁸ However, language provisions such as these would also have served the very practical purpose of allowing medical officers to engage in basic conversation with the troops they were treating, hence meaning that medical procedures could be carried out with a lesser degree of miscommunication.

One of the differences between Browning’s case and Frost’s is that a search for compensation did not start, at least formally, with a presentation of grievances from the individual themselves. The first official recognition of some officers’ inability to sit the Hindustani exam, and to gain the full amount of income associated with their positions, was in a series of memoranda between the GoI and the IO between May and July 1894. The anonymous author of the first memorandum stated that the provisions of the rule ‘provide that these examinations take place quarterly at all military stations where there are candidates and where the services of a qualified examiner are

⁵⁷ BL AAPC, IOR/L/MIL/7/14096, *Indian Medical Service Rules for Admission 1885-86 Regulations revised in accordance with changes in the rules for the British Medical Service*, India Office to the War Office (2 February 1885), no ff. The memoranda in this collection also make reference to the 1864 Hindustani proficiency rule as well, placing emphasis on how important such a stipulation was but leaving open why that stipulation was important.

⁵⁸ See for example Bhattacharya, ‘Redevising Jennerian Vaccines?’ in Pati and Harrison (eds), *Health, Medicine and Empire*, p. 24.

available.’⁵⁹ The scribe went on to state that, under normal circumstances, the exam could be passed quite easily if the surgeon in question was willing and able to sit it.⁶⁰ However, in the case of officers like Frost, ‘a medical officer appears to be posted to a regiment or detachment almost immediately on arrival in India, in such circumstances that he is delayed by the very fact of employment in obtaining the qualification necessary to entitle him to the extra pay for employment.’⁶¹ Therefore, the GoI sought a relaxation of the rule in language proficiency in cases where the spatial demands placed on IMS officers occupied too much of their time to study for the Hindustani examination.

The IO’s reply was receptive, but cautious in making sure that these exceptions did not transpire as a movement to reform the rule. Whilst Henry Fowler, then Secretary of State for India in Lord Rosebery’s Liberal cabinet, thought that ‘very exceptional cases can always be dealt with by your Government by a special exemption’, the relaxation of the rule in principle was not a viable option.⁶² Fowler’s support for the continued application of the rule in general was twofold. Firstly, ‘the contingency of being for a time prevented by active employment from passing the examination... is not confined to medical officers, and is one of those chances of the service which an officer must be prepared to accept.’⁶³ Secondly, he reminded the GoI that since the rule had been introduced, ‘the pay of junior Indian Medical officers not

⁵⁹ BL AAPC, IOR/L/MIL/7/189, *Indian Medical Service Reorganisation*, GoI to IO (May 1894),, f. 202.

⁶⁰ The documents in the collection explicitly state that Frost had applied to sit the examination but was called away on duty before he had the opportunity to do so. BL APAC IOR/L/MIL/7/189, *Indian Medical Service Reorganisation*, f. 212.

⁶¹ BL AAPC, IOR/L/MIL/7/189, *Indian Medical Service Reorganisation*, f. 203.

⁶² BL AAPC IOR/L/MIL/7/189, *Indian Medical Service Reorganisation*, Henry Fowler to GoI (12 July 1894), f. 205.

⁶³ *Ibid.*

in receipt of staff salary has been improved, and is now the same as that of British Medical officers of the same seniority, when serving with British troops.’⁶⁴

Fowler’s conservative response to the situation in which Frost and his contemporaries found themselves was one premised on a very clear idea, from a politician’s perspective, about what the remit of the IMS was, and that their professional services were well remunerated regardless of whether or not they received the maximum of what was potentially owed to them. However, Fowler did not express acknowledgement of the ways in which these employment and remuneration issues were given their shape by assumptions on the part of imperial institutions about the nature of medical work, nor that IMS officers were expected to fulfil a number of conflicting requirements concurrently.

Frost’s inability to access the maximum amount of income available to him was a result of the institutionalization of racial politics, as was the case with Browning. However, for Frost, the challenges of race and imperial rule were added to by official expectations of the IMS to be a mobile medical service. The challenges presented by and expectations of mobility were referenced recurrently and in a number of different media over the course of our period.

Yet again, the roots of these debates about the mobility of the Service lay in the mid-1860s, and in memoranda between two of the IMS’s governing institutions: the India and War Offices. Concerned with the future provision of terms of service in the IMS, an anonymous IO secretary authored a memorandum based on finding answers to two fundamental questions: ‘The best mode of providing medical officers in future for service of every description in India’ and ‘The course to be adopted with reference

⁶⁴ *Ibid.*

to the officers at present forming the Indian Medical Establishment'.⁶⁵ In considering these questions of the present and future of their medical personnel, the India Office's secretary replicated the Government of India's working premises for providing answers to the questions posed; they were, without exception, designed to deconstruct the Indian Medical Service as a specifically Indian establishment and create a global, British medical service:

1. To declare the whole of the present Indian Medical Service part of the Royal Medical Service, the Officers being eligible to serve anywhere.
2. To make all new appointments to a united British Medical Service.
3. To form one Staff for the Civil and Military Medical duties of all India to be composed of officers of both services and equal strength to the present Indian Medical staff.
4. To give the Medical Officers of India the pay of their equivalent [military] rank, Head Money being abolished and Staff Salary for medical charge confined as at present.⁶⁶

These policy issues could lead our discussion in a number of directions, about how these changes would be financed, or the tension between civilian and military modes of medical practice, but the most pertinent to Frost's case is the first. What was the rationale underlying the Government's plans to create a transient medical service liable to support not just the Indian government and army, but combatant personnel of the British military stationed anywhere in the world? In addition, the impact upon the practice of medicine in India, especially on the civilian side, was left unstated. Whilst a medical service without geographic roots might have suited a military framework

⁶⁵ BL AAPC IOR/L/MIL/7/14091, *Indian Medical Service Rules for Admission and Instruction Files 1 to 2, 4, 4a, 5a & 6 to 10*, Anonymous memorandum from the India Office to the War Office (August 1864), f. 1.

⁶⁶ BL AAPC IOR/L/MIL/7/14091, *Indian Medical Service Rules for Admission*, f. 2.

(surgeons could travel with regiments and battalions required in disparate parts of the subcontinent) it would be far less feasible to make such a requirement work in the case of civilian practice.

Whereas military service (with its high potential for life-threatening injury and, especially in India, the dangers of infectious disease that were perceived to arise from the marching season⁶⁷) made the presence of surgeons a necessity, the perceived value of a civil surgeon by their patients was far more negotiated. Indian people could often be sceptical of the promises and efficacy of the brand of medicine that IMS surgeons offered,⁶⁸ but certain civil surgeons could build a rapport with individual patients and prove vital to the confidence expressed in his professional competency by the Indians he treated.⁶⁹ How would civil surgeons build these sorts of relationships effectively, and to a scale where they might become an effective mode of changing the dominant medical culture in India, if they were in perpetual professional motion?

Although the ideas raised in this memorandum remained mostly as policy suggestions, Frost's case showed that the expectation of surgeons to be geographically flexible had real consequences in the course of an individual's career. Although Frost's case was a concern of military medicine rather than civilian, the theme of conflicting expectations of IMS surgeons by imperial institutions remained constant. The WO, IO and GoI were proficient at creating provisions for learning language

⁶⁷ See for an example Bod. Lib. OIL, *Annual Report of the Sanitary Commissioner with the Government of India, 1891, with appendices and returns of sickness and mortality among European troops, native troops, and prisoners, in India, for the year* (Calcutta, 1891), p. 28.

⁶⁸ Bod. Lib., OIL, *Report of the Sanitary Commissioner of Bengal for 1872* (Calcutta, 1872), p. 27. See also Kumar, 'Medical Encounters', p. 168; Battacharya, Harrison and Worboys, *Fractured States*, chapter 1; Harrison, *Public Health*, chapter 3; Klein, 'Plague, Policy and Popular Unrest', pp. 723-755.

⁶⁹ For an example, see the case of Malhar Rao's, the deposed Gaekwad of the Princely State of Baroda, insistence that he be treated by one Surgeon Simpson rather than any of the other IMS surgeons in attendance. See Royal College of Physicians Ireland (RCPI), *Casebooks and other documents of Surgeon-General Charles Sibthorpe from his time in the Indian Medical Service*, CS/4, 'Notes on the case of the Ex-Gaekwar of Baroda, Malhar Rao', ff. 22-28.

skills that made surgeons more culturally accessible to the soldiers of the Indian Army to whom they were expected to offer medical support.

However, those same institutions placed pressure on the men they managed to be mobile enough to serve the interests of the military across various parts of the subcontinent. This tension in political administration provides an insight into the value placed on differing forms of medical work.⁷⁰ The clash of cultural and geographic requirements, that sought to mediate political philosophies on race, not only limited the ability of surgeons such as Frost and Browning to efficiently access the income that was such a boon of the Service; it also prevented them from acting as effective media for instilling faith in scientific medical practice and culture. As will be shown in the final section of this chapter, these tensions created by the confluence of race, imperial governance and medicine were not just matters of internal disputes; they provided fodder for public debate, too.

The IMS in Print and Parliament

The cases examined thus far were not anomalies, but exemplars of a much wider culture of discontent amongst IMS surgeons during our period. This culture was defined, predictably, by the incoherent manner in which imperial and colonial institutions thought of and managed medical men in India. By never fashioning a sustainable consensus about what the IMS, or those that populated the AMS,

⁷⁰ The documentary evidence for this is interesting in and of itself. For examples Charles Wood thought there would be harmful effects on the practice of military medicine by surgeons spending too long in civilian practice. See BL AAPC IOR/L/MIL/7/154, *Indian Medical Service Reorganisation – Miscellaneous Papers*, WO to Major-General Pears (22 June 1863), , f. 18. Also, see the subtle stratification of medical work in terms of ‘military first, civilian second’ in clause four of BL AAPC IOR/L/MIL/7/157, *Indian Medical Service Re-organisation Proposed amalgamation of the Indian Medical Service and Army Medical Dept*, ‘Minute on the Propose Scheme for Reorganisation of the Indian Medical Service’ (26 December 1882), f. 8.

constituted pragmatically, these institutions created the field on which internecine games of professional rivalry could be played out.

Although such traits were displayed by these institutions in their handling of Frost and Browning's cases, they were applied specifically to public grievances in 1906, when administrators in these offices turned their attention to an editorial published in *The Lancet*. An anonymous memorandum from the IO to either the WO or GoI listed six expressed grievances by members of the IMS, which ranged across a broad number of topics. These included the unfairness of the regulations regarding their proficiency in Hindustani; doubts cast about the fairness of pay structures in comparison with their contemporaries in the RAMC; the strict regulations that the Government of India placed on the potential for an officer of the IMS to earn money from private practice outside of his publicly-funded duties.⁷¹ With only one exception, these grievances were interpreted by the anonymous scribe of the memorandum as either unreasonable or having already been discounted by the Secretary of State for India. They wrote of the third grievance, concerned with the potential for an IMS officer to earn anything more than his official wages: 'a similar complaint was made by the British Medical Association in 1904, and the S[ecretary] of S[tate] in Council [St John Brodrick] upheld the rules published by the Govt of India.'⁷² The response to the fourth grievance ('the neglect of the rule that the office of P[rinciple] M[edical] O[fficer] to His Majesty's Forces in [in India] may be held by an officer of the IMS') reflected more than simple disagreement with the position taken on the issue by those writing in *The Lancet*. Instead, disagreement was replaced by apathy:

⁷¹ *The Lancet*, 1 September 1906, p. 614.

⁷² BL AAPC, L/MIL/7/241, *Indian Medical Service Reorganisation Criticism of IMS regulations by "Lancet"*, September '06, 'Anonymous memorandum from the India Office to the Government of India', f. 3. St John Brodrick was Secretary of State for India between 1903-1905.

This question was raised by the British Medical Association in 1903. The Govt of India thought that ‘no remarks were called for from them regarding the representation of the association on this point’, and the S. of S. in Council let the matter drop.⁷³

One of the recurrent themes in this chapter, displayed again here, has been the overlapping political interests of imperial and colonial governance that defined the IMS. Although a body of organized medical professionals, political secretaries more often defined their terms of service than IMS officers themselves. In the case of the original presentation of the third grievance in 1904, Brodrick used his veto on the issue raised and did not see the need to implement reform of the rules governing a surgeon’s earning potential. When pressed a year earlier for reform in terms of the fifth grievance, Brodrick allowed the issue to fall fallow and could do so because the Government of India were unconvinced of the truth of the complaint raised. These sorts of exchanges exhibited the IMS as a fractured medical institution; an organised group of medical practitioners who - although bearing the hallmarks of a profession in terms of education, professional qualifications and method of entry to the Service - were restricted in their ability to use the various institutions that governed them to their own advantage.

What is more, the presence of *The Lancet* and the British Medical Association (BMA) in the 1906 memorandum was microcosmic of a longer-term trend in the history of the Service that stretched back to the 1870s, when the earliest of our Irishmen first set foot on Indian soil. The pages of the *BMJ*, the official organ of the BMA, and to a lesser extent *The Lancet*, were recurrently filled with letters from current and past members of both the IMS and the AMD whose contents listed the

⁷³ *Ibid.*

various grievances that members of these services had with their pay and conditions. As was noted in chapter two as regards the letters from ‘Peterkin’ and the anonymous letter to Sir Charles Wahab, the grievances raised were usually one of a family of issues, namely: inter-service strife between the IMS and AMD; the amount of physical movement that life as a surgeon in the IMS required as a result of the strategic imperatives of the GoI; intra-institutional rivalries between those surgeons who wished to focus more fully on civilian practice, and those who wished to remain integrated into military life; and how the economic rationales of imperial institutions impacted upon a surgeon’s material circumstances.

However, such attitudes should not be perceived solely as evidence of two bodies of medical professionals lobbying to feather nests already thick with comfortable down. They also speak to the institutional attitudes witnessed earlier in relation to Browning and Frost. If IMS officers sustained these attitudes towards their military counterparts, their continued relevance was traceable to how relevant the WO, IO and GoI unwittingly made such attitudes. Additionally, the ‘dual remit’ of IMS service remains relevant, one split ambiguously between civilian and military medicine. The evidence arranged thus far shows that the twin expectations placed on IMS surgeons were often counterproductive to making the Service a contented and operational medical institution. In fact, the confusion over military and civilian practice in ideological and pragmatic terms was one of the fundamental reasons why the IMS was not as effective as it might have been.

The figure of Charles Wahab, as recipient of the letter, should also pique our interest. As noted in the *BMJ*, Wahab was the secretary for the IMS Defence Committee (IMSDC), which was a stillborn medical association incorporated to lobby on behalf of surgeons in the Service. The IMSDC has left behind scant archival

evidence, a recurrent theme when seeking to recreate the public history of the Service. Personal correspondence with archivists at the BMA has drawn my attention to the fact that there is no specific reference to IMS officers in the BMA's archival catalogue. Even in the records of the Dominions Committee of the BMA, which the archive holds for the period after 1914, there is no reference to the Service or those it employed in the index of the committee volumes.⁷⁴ Such an absence is surprising on two fronts given, firstly, the Committee's remit as professional defender of all those medical men who worked in the colonial medical services and, secondly, that the IMS was so integral a part of medical provision in India.

The one set of documentary evidence left that pertains to the IMSDC comes from the India Office Records at the British Library. The documents are a facsimile of the Committee's meeting in June 1880 sent in a military dispatch from the IO to the GoI. The meeting was between a deputation representing the IMSDC and Lord Hartington, the Secretary of State for India, called to draw 'his Lordship's attention to the grievances of the Indian Medical Service generally, and more particularly to those created by the recent orders of the Government of India'.⁷⁵

The structure of the delegation was striking in its composition, which reinforces the strength of viewing our subjects as part of a medical context rooted in regional networks and associations. The delegation was composed of politicians, medical men, ex-IMS officers and journalists from the length and breadth of the UK. Men who represented the most elite of interests in India at the time, those like Henry

⁷⁴ Lee Sands to Kieran Fitzpatrick, 20 June 2014. Lee Sands is an Information Officer in the Records & Archives division of the BMA.

⁷⁵ BL APAC IOR/L/MIL/7/155, *Blue Book of Correspondence from 1862 to 1881, and Departmental Minute of 1862*, Military Dispatch to India, No. 231, 'Indian Medical Service Defence Committee' (22 July 1880), , f. 151.

Wylie Norman⁷⁶ and Joseph Fayrer⁷⁷, were joined by MPs drawn from Dublin, Limerick, Galway, Edinburgh and Glasgow⁷⁸, as well as medical men who doubled as prominent voices of the profession in print media.⁷⁹

Of particular note was the presence of Dr Robert Spencer Dyer Lyons (1826-1886) a native of Cork. By 1880, not only was Lyons one of the most esteemed members of the medical profession in Ireland but, in addition, was also liberal MP for Dublin, a position that he held until 1885. One of the characteristics he shared with our IMS surgeons was that he had forged his position of professional seniority through intimate interest in the health of the British military. During the Crimean War, in June 1855, he was appointed the Army's pathologist and, using the diseases that were running rampant through the military encampments prior to the Battle of Sebastopol, began researches on the nature of pathology that would define his subsequent career.⁸⁰

By 1880, Lyons was playing the role of medical politician, attempting to protect IMS surgeons against recent changes to their terms of Service. Although the terms of those changes remained implicit in the documents, it can be reasonably assumed that these were the same changes that were referenced as part of the context to Browning's case. Therefore, Lyon made his presentments as part of a global relay of opinions and

⁷⁶ Brian Robson, 'Norman, Sir Henry Wylie (1826–1904)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004 [<http://www.oxforddnb.com/view/article/35251>, accessed 28 Sept 2015].

⁷⁷ H. P. Cholmeley, 'Fayrer, Sir Joseph, first baronet (1824–1907)', rev. W. F. Bynum, *Oxford Dictionary of National Biography*, Oxford University Press, 2004 [<http://www.oxforddnb.com/view/article/33099>, accessed 28 Sept 2015].

⁷⁸ The Irish contingent, present as well as *in absentia* consisted of: Dr Robert Spencer Dyer Lyons, surgeon and Liberal MP for Dublin; D.T. Gabbett and E.J. Synan, MPs for Limerick City and County; Messrs Plunkett and Gibson of Dublin University; and Mr Orrell Lever, MP for Galway.

⁷⁹ This is a reference to Ernest Hart. For his biography see P. W. J. Bartrip, 'Hart, Ernest Abraham (1835–1898)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004 [<http://www.oxforddnb.com/view/article/12475>, accessed 28 Sept 2015]. For some of his other, more duplicitous, dealings with the IMS see *Edinburgh Medical Journal* (Vol. 41 – January to June 1896), pp. 731-738.

⁸⁰ David Murphy, 'Lyons, Robert Spencer Dyer', in James McGuire and James Quinn (ed), *Dictionary of Irish Biography*. (Cambridge, 2009). (<http://dib.cambridge.org/quicksearch.do#>).

ideas. His opposition in London to the changes made to the structure of the IMS by the GoI and IO unwittingly recognised the trials that those changes had subjected Browning to in Madras. Lyons warned Hartington that the reduction in numbers of the IMS, and the changes in their terms of service, had already created rancour amongst existing members of the Service and, if not reformed, would have a destructive effect on recruitment. On this latter point he stated:

Not only is there a great need in the present, but in the future there is a great need of keeping up the supply of men. It is of the greatest importance that a very high class of men should be induced to go to India, and that you should not have the refuse of the profession, or that any inferior grade of men should be selected, but that men of the very highest class should continue to discharge their duties in India...⁸¹

As was demonstrated in the figure above, these concerns that Lyons expressed held true over the course of our period: the state of the field of professional service offered by the IMS was enough to repel young, Irish medical graduates from passing through the well-defined gateways created by Wood in the 1860s.

Despite the prestigious composition of the delegation, and their meeting with an individual in Hartington who possessed the potential to make the reforms they wished to see, the IMSDC proved to be ineffective in representing the public interests of IMS surgeons. Strong associational culture has been perceived in other scholarship as one of the core factors that constitutes a successful profession, and that differentiates it in character from an occupation.⁸² However, it would appear from the history of the IMSDC, and from references made in the literature pertaining to the

⁸¹ BL AAPC IOR/L/MIL/7/155, *Blue Book of Correspondence*, 'Dr Lyons quoted in the proceedings of the meeting between the IMSDC deputation and Lord Hartington' (22 July 1880), f. 152.

⁸² See Xiaoqun Xu, *Chinese Professionals and the Republican State The Rise of Professional Associations in Shanghai, 1912-1937* (Cambridge, 2001), introduction and Eliot Freidson, *Profession of Medicine: A Study of the Sociology of Applied Knowledge* (New York, 1970).

IMS, that the constituents of the Service were ineffective at creating strong associations to lobby for improvements in their professional conditions.⁸³ What does this mean for our conception of these men as professionals? It pertains to the recurrent theme running through the arguments made here: men such as Frost, Browning and their contemporaries were professional in the sense that they drew on a shared set of skills and knowledge, skills and knowledge that were attractive to the governing institutions of the IMS and that came to provide the basis upon which entry into the Service was attained. However, their professional identity became far more ambiguous after point of entry. In their day-to-day lives, and in terms of their ability to act as self-governing, powerful medical professionals, these men were constrained by the institutions that employed them, and had limited recourse to break free from those restraints whilst remaining as members of the Service.

The use of the word 'Defence' in the title of the IMSDC provides a neat segue into the final sub-section of this chapter; in using it, the Committee thought of itself as defending surgeons employed by the IMS against external interests that harmed their prospects. As previous shown, these external interests were often the institutions that managed the Service but, increasingly over the course of our period, hollers and shouts emanated from India's Muslim nationalists that questioned the ethnic composition of the IMS, and the hegemony that the Service held over the best medical jobs in India.

As the twentieth-century begun, there was internal recognition in India and London that the IMS was not sustainable in its current form; after three decades of turmoil, introspection amongst the bureaucrats and administrators that governed these institutions and the Service became more prevalent. This process took the form of policy discussions about the nurturing of an independent medical profession,

⁸³ See Jeffery, *The Politics of Health in India*, p. 177.

populated by private practitioners of both European and Indian medical men alike, and the restriction of the IMS's growth and sustenance.⁸⁴

However, this process of introspection and belief that fundamental reform of the Service was needed came about from external actors, too, most notably from a conservative brand of nationalism originating in India's elite Muslim communities. Syed Hussain Bilgrami (1842-1926), a civil servant in the service of the Nizam of Hyderabad and an early leader of the All India Muslim League (AIML), represented them in these debates on the composition of the IMS. On 24 March 1908, Bilgrami sent a telegram to Sir Arthur Godley (1847-1932), then in his final year as long-standing Permanent Under-Secretary of State for India and a man with significant Irish connections.⁸⁵ Bilgrami's telegram took aim at the monopoly that he perceived the IMS to have over the most lucrative appointments to professorships in Indian medical schools, and believed that such a state of affairs prevented those he represented from pursuing their careers to the fullest extent possible. He related to Godley that,

I have already pointed out that the invariable practice of drawing upon the Indian Medical Service for all such appointments is indefensible. The Indian Medical or the Army Service is an administrative and practical service which contains many highly qualified Surgeons and Physicians, but it can not be maintained that they are also trained teachers.⁸⁶

⁸⁴ BL AAPC IOR/L/MIL/7/249, *Indian Medical Service Reorganisation Restriction on civil cadre of Indian Medical Service and revision of civil medical administration (1907-1914)*, 'Minute with Reference to Government of India Despatch No. 21 (Medical)' (17 November 1910), ff. 9-13.

⁸⁵ On retirement Godley was made Baron of Kilbracken, a seat attached to land in County Leitrim that had been occupied by his father, John Robert Godley, before him. The elder Godley was born in Dublin and had been a significant figure in colonial administration himself. See H. C. G. Matthew, 'Godley, (John) Arthur, first Baron Kilbracken (1847-1932)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004 [<http://www.oxforddnb.com/view/article/33436>, accessed 29 Sept 2015] and Jane Tucker, 'Godley, John Robert (1814-1861)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, May 2006 [<http://www.oxforddnb.com/view/article/10875>, accessed 29 Sept 2015].

⁸⁶ BL AAPC, IOR/L/MIL/7/249, *Indian Medical Service Reorganisation*, Syed Husain Bilgrami to Sir Arthur Godley (24 March 1908), ff. 85-86.

Bilgrami skilfully created an archetype of a good teacher, and why the structure of an IMS officer's career was not conducive to his acting as such. In doing so, Bilgrami drew inspiration from one of our most prevalent themes here, the geographic instability of an IMS officer. He stated that a period of time must be spent closing the deficit between an officer's knowledge of civilian and military medicine, and the knowledge needed to act as a good lecturer and teacher.

However, even if that took place, the whole enterprise was neutered by the same officer's liability 'by virtue of belonging to an administrative service to be spirited away to some other urgent duty not connected with teaching, or transferred on promotion, or worse still are deputed to lecture on some scientific subject totally unconnected with their present speciality.'⁸⁷ In the name of 'raising the Standard of Scientific education in India and [placing it] once for all on an efficient footing', he made a number of reformatory suggestions. These included the obvious steps of no longer reserving the positions solely for IMS officers and that, in a number of different ways, somebody holding such an esteemed position should not also be allowed to fill positions in private practice or public service.⁸⁸

Bilgrami's telegram was typical of the brand of nationalism he represented. The AIML was established as a result of a number of shifts in Muslim political awareness, arguably dating from 1886 but most pointedly from the autumn of 1906. Drawing their political philosophy from the 'integrationist' ideals of Syed Ahmad Khan (1818-1896), the AIML consisted of a group of elite Muslim activists united by the shared ideal of lobbying the GoI to ensure that Muslims played an increased role

⁸⁷ *Ibid*

⁸⁸ BL AAPC, IOR/L/MIL/7/249, *Indian Medical Service Reorganisation*, Bilgrami to Godley, ff. 87-88 and f. 90.

in government under imperial rule, especially in terms of education.⁸⁹ Although the AIML cohered over a number of issues, its most notable point of convergence occurred when a delegation was sent to Simla in October 1906 to address the Viceroy, Earl Minto.

At this meeting, the AIML laid before the Viceroy a manifesto of their aims and desires for those they represented. Whilst most of the manifesto was given to arguing for increased electoral representation for Muslim communities, there were important aspects that dealt with employment. The delegates related to Minto that ‘... a due proportion of Muslims should find employment in the Government service...’ and, in order to secure such positions, ‘... additional sentences were added [to the manifesto] so as to make the demand for more employment almost as important as that of separate electorates.’⁹⁰ Although Matiur Rahman has argued that Minto ignored the pleas of the delegates specifically pertaining to increased employment opportunities⁹¹, the memoranda referenced above exhibited that these initial pleas from Muslim communities in the mid-1900s had, by the start of the following decade, begun to effect official discussions about employment.

In Godley, Bilgrami had addressed his telegram to a man with significant interests in both Ireland and India; another of a similar nature supplied an interpretation of how best to act in its wake: Sir Garrett O’Moore Creagh, who had been born in County Clare in April 1848. Like Godley, he was a year away from

⁸⁹ Francis Robinson, ‘Ahmad Khan, Sir Saiyid [Syed Ahmed Khan] (1817–1898)’, *Oxford Dictionary of National Biography*, Oxford University Press, 2004 [<http://www.oxforddnb.com/view/article/47667>, accessed 29 Sept 2015].

⁹⁰ Matiur Rahman, *From Consultation to confrontation A study of the Muslim League in British Indian Politics, 1906-1912* (London, 1970), p. 12 & p. 22.

⁹¹ Rahman, *From Consultation to confrontation*, p. 27. For further context on the AIML, nationalism and Islam in India see Bimal Malhotra, *Reform, Reaction and Nationalism in Western India (1885-1907)*; M. Rafique Afzal, *A History of the All-India Muslim League* (Oxford, 2013); Syed Sharifuddin Pirzada, *Foundations of Pakistan All-India Muslim League Documents*, Vol. I 1906-1924 (Karachi, 1969).

retirement in his capacity as military secretary to the India Office when Bilgrami authored the telegram, and Creagh sent his initial thoughts on what had been proposed to Godley in a series of memoranda.⁹²

Both men prevaricated over whether or not the matter should be dealt with publicly for, as Godley wrote on 22 May, ‘it seems to me clear that, if we deprive the I[ndian] M[edical] Service of the prospect of these appointments, we must compensate them in some way, otherwise our recruitment will be most seriously damaged and we are not, at present, in a position to offer compensation.’⁹³ Godley was echoing to O’Moore Creagh the sentiments expressed by C.J. Lyall, the IO’s judicial and public secretary until 1910, in a further communication from two days before.⁹⁴ Lyall believed that the telegram should be sent out in an unofficial capacity to be reviewed and interpreted by the GoI, and that proceeding unofficially would prevent ‘disturbing the minds of the Indian Medical Service’ and avoid the creation of rumours that the GoI and IO had perpetrated a ‘breach of faith which might have a prejudicial effect on the recruitment of the service.’⁹⁵

These exchanges between the three men provide an intriguing perspective on the internal manoeuvring of political institutions, attempting to manage the expectations of nationalists ‘on the outside’ and the perceptions of surgeons ‘on the inside’. In his reply to Godley, and implicitly to Lyall as well, O’Moore Creagh was less concerned about managing public perception, and more pragmatic about responding to the logic of Bilgrami’s arguments. Overall he believed that the Muslim

⁹² C. V. Owen, ‘Creagh, Sir Garrett O’Moore (1848–1923)’, rev. T. R. Moreman, *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, Jan 2008 [http://www.oxforddnb.com/view/article/32622, accessed 29 Sept 2015].

⁹³ Arthur Godley to Garrett O’Moore Creagh, 22 May 1908, BL APAC IOR/L/MIL/7/259, f. 70.

⁹⁴ William Foster, ‘Lyall, Sir Charles James (1845–1920)’, rev. Katherine Prior, *Oxford Dictionary of National Biography*, Oxford University Press, 2004 [http://www.oxforddnb.com/view/article/34642, accessed 29 Sept 2015].

⁹⁵ BL AAPC, IOR/L/MIL/7/249, *Indian Medical Service Reorganisation*, Charles James Lyall to Arthur Godley (20 May 1908), f. 71.

nationalist had made an astute appraisal of the flaws in the institutional character of the IMS. O'Moore Creagh stated that he saw it as 'impossible that the medical profession in India can continue to be kept as a close preserve' and, in consequence believed in 'the advisability of separating the military from the civil side of the I[ndian] M[edical] Service', which had in truth 'been under discussion for many years...'⁹⁶ Although Bilgrami had not made explicit mention of separating the two in his initial communication, the logic of his arguments suggested that such a division needed to be made.

By the time that Bilgrami, his nationalist colleagues and imperial administrators had entered into these discussions, the tenor of imperial attitudes towards the composition of the IMS had changed markedly. However, the same underlying issues that were witnessed at the beginning of our period (the tension between civilian and military practice, the ability for imperial institutions to make a convincing case for young medical professionals to spend their careers in India, the desire to manage these institutions with stringent political economy) had remained the same. What made their continued relevance different in the early 1900s and 1910s was that there were more voices 'on the outside'⁹⁷, who took inspiration from ideas about nationalism and social reform, and could pursue extensive reform of the Service.

As noted in the form of questioning pursued by the Lee Commission, which was established in 1923 to investigate and report on the ethnic composition of Indian

⁹⁶ BL AAPC IOR/L/MIL/249, *Indian Medical Service Reorganisation*, Garrett O'Moore Creagh to Arthur Godley (25 May 1908), f. 63.

⁹⁷ Note that Bilgrami and others in the AIML were not the only group of nationalists who took an interest in the reform of the IMS at this time. For the involvement of Irish constitutional nationalists see the representations made to the House of Commons by Tom Kettle, John MacNeill and a host of others in *Hansard* from 26 May 1908 to 5 April 1910 and, for the terse official reaction to these representations, see BL AAPC IOR/L/MIL/7/253, *Indian Medical Service Reorganisation Parliamentary Questions – Encouraging growth of civil medical profession: amalgamation of IMS and AMS employment of native doctors and chemists* (1909), ff. 10-84.

public services, the Euro-centric nature of the IMS was steadily eroded between 1908-1909 and the mid-1920s.⁹⁸ It would be overly simplistic to attribute these changes in the IMS solely to Bilgrami, the AIML or nationalist agitation at the heart of metropolitan society. These reforms were part of a broader, legislative phenomenon that diluted the ethnic imbalance of power in the governance of India, most prominently witnessed in the provisions of the Morley-Minto reforms of 1909 and the Government of India Act that followed ten years later in 1919. However, the rhythm of discussions about reforming the IMS is notable in terms of what it relates to us about the nature of professionalism that these surgeons found themselves exposed to and living under. That it took the presence of assertive forms of nationalism at the turn of the century to speed up the pace of reformatory discussion, after such discussions had been bandied across continents and imperial institutions for the proceeding three decades, shows how little able our surgeons were in excavating and replanting their professional landscape from the United Kingdom to India.

Conclusion

In October 1909, the Viceroy of India, Lord Minto, addressed an Imperial Malaria Conference at Simla. Minto emphasized the expertise of the men in the audience, many of them IMS officers, and how that expertise was to be crucial in the Government's battle against 'the ravages of malaria.'⁹⁹ The Viceroy cast himself as a mere 'layman on hygienic matters', and that 'it is with the utmost humility that I

⁹⁸ See 'Questionnaire on the Organization of the Services' in BL AAPC IOR/L/MIL/Q/11/3, *Royal Commission on the Superior Civil Services in India, (Lee) evidence, Nos 73-130* (1924), p. 5.

⁹⁹ Calcutta University (Alipore) (CU-A), Acc No. G.P 614 (54) In 7, *Proceedings of the Imperial Malaria Conference held at Simla October 1909*, 'Viceroy's Address', p. 1.

venture to address the galaxy of expert talent I see before me.’¹⁰⁰ Furthermore, he stated, he was one ‘layman’ amongst many; ‘the people of India are laymen like myself’ and ‘we look to you as experts to help us.’¹⁰¹

In response to the Viceroy’s acclamation of expertise, J.T.W. Leslie, an IMS officer and organiser of the Conference,¹⁰² responded with sobering realism. He wished to provide a ‘rough sketch of the position of the problems of which we are to endeavour to find some solution’, many of which he related back to the GoI’s inability to successfully collect ‘vital statistics in India.’¹⁰³ Those statistics were collected by ‘an illiterate agency, and although in many provinces the total figures are surprisingly correct, the registered causes of death are always very misleading.’¹⁰⁴

The foregrounding of these themes by Minto and Leslie at the Conference illustrated the nature of many of the problems that I have explored in this chapter. Just as Minto was eager to acknowledge the worth of medical expertise in managing the Indian Empire, so too were his predecessors in the highest offices of imperial rule. The clarification of who was a suitable recruit to the IMS in the 1860s was the administrative equivalent of bureaucratic laymen ‘doffing their caps’ to the expertise of young, medical graduates. In one sense, then, the administrative offices of the British Empire wanted and needed professional men. Without possessing a specific set of qualifications, references of their professional and personal characters, and successfully passing through the various examinations necessary to secure entry, they could not have become surgeons to Her Majesty’s Indian Medical Service and availed of the pecuniary rewards that, at least nominally, resulted.

¹⁰⁰ *Ibid.*

¹⁰¹ *Ibid.*

¹⁰² For an account of Leslie’s life see *BMJ*, 8 April 1911 (Vol. 1, Iss. 2623) pp. 848-849.

¹⁰³ CU-A, *Proceedings of the Imperial Malaria Conference*, J.T.W. Leslie, ‘Malaria in India’, p. 4.

¹⁰⁴ *Ibid.*

However, Leslie's emphasis on the problems of making expertise work encapsulates many of those same Offices' failings in adapting or creating administrative processes that allowed the expertise of professionals to function appropriately. In W.B. Browning's, he was used to bolster two public medical services, his own and the AMD, that had witnessed shrinking numbers of surgeons as a result of political economy. In tandem, the regulation of these services *via* contemporary racial politics, meant that he was expected to provide more expertise, but without any guarantee of recompense. In a similar fashion, George H. Frost was expected to exhibit proficiency in Hindustani but, because of the demands of military medicine in India, was never in one place long enough to study for and sit the required examination.

Therefore, beyond the surety of the professional gateways devised by men such as Charles Wood, the status of IMS officers as medical professionals was far less coherent and assured once they reached India. Neither the War Office, the India Office or the Government of India were able to form a consensus about how the Service's surgeons should be employed, how many surgeons were required for the successful administration of health in India, or whether or not their status as medical men was ever fully congruent with imperial and colonial governance. Furthermore, the IMS never created and maintained a vehicle for pursuing their political interests and seeing through the reforms that were so often mooted over the course of our period. This lack of a viable association culture and, from the Service's absence in the BMA archive, their inability to enter into productive dialogues with other colonial medical services in pursuit of professional interests, places the IMS at a tangent with dominant themes in historical and sociological assumptions about professions.

The history of the IMS in our period shows that integration into a state's institutions does not automatically loosen a faucet of power for a profession; the ease with which that process takes place depends on how receptive the mode of government in a particular time and place is to professional power. As can be seen in the photographs included in the appendices at the end of this thesis, the extant images of Irish IMS surgeons such as Peter Johnstone Freyer, Charles Sibthorpe and John Alexander Sinton do not depict these men dressed in the trappings of the medical profession, but festooned with the sartorial hallmarks of the imperial military. That these three men were also some of the most successful of our cohort in terms of the prestige of the positions they held, the contributions they made to medical science, and the capital they accumulated over the course of their lives, was not a coincidence. Furthermore, these surgeons not only had to mediate a tension between civilian and military life but also fend off the growing calls of nationalists in India who wished to see greater numbers of their countrymen installed in positions of power in Services such as the IMS.

Given these challenges to professional coherence, and the weak associational culture within the IMS itself, passage into the Service could not be solely relied upon to provide opportunities for financial success and the fashioning of a prestigious career. An IMS surgeon also had to possess individual characteristics, such as the ability to create personal networks, and negotiate the delicacies of inter-professional rivalries within the GoI, in order to reap the rewards of the qualifications he had gained through attending university. Our next chapter recreates these processes in the career of Peter Johnstone Freyer.

Chapter 4 - Peter Johnstone (P.J.) Freyer and the politics of professional labour in the North-Western Frontier Provinces and Oudh, 1887-1895

Introduction

As was noted in the general introduction, colonial empires in our period have increasingly come to be seen as constituted by a series of overlapping and co-constitutive global, regional and local networks. Invoked as a series of connections, that helped spread imperial power and also to undermine that same power, networks have been shown as ‘novel pathways [that] helped to knit diverse dominions together’ but, in addition, as the means by which colonial and imperial administrations often descended into ‘panics’.¹

Over the course of this chapter I examine one of the sets of circumstances that determined the shape and function of imperial networks in India, but also that connected the sub-continent with institutions of imperial rule in London: the politics of professional labour. Such an examination is novel as, although the topic of professional practice and politics in colonial societies has produced a small body of work, which will be referenced in the third section below, the sort of investigation conducted here has not been conducted concerning colonial India before. The topic itself is examined in relation to a particular “imperial career”, that of Peter Johnstone (P.J.) Freyer (1851-1921).²

¹ See Peckham, ‘Empires of Panic’ in Peckham (ed.), *Empires of Panic*, p. 7 and Lahiri Choudhury, *Telegraphic Imperialism*, p. 6.

² The topic of ‘imperial careers’, across a number of fields, has been examined by a range of scholars. See Lester and Lambert (eds), *Colonial Lives Across the British Empire*, but also the following: Bubb, ‘The Life of the Irish Soldier in India’, pp. 769-813; Lester, ‘Personifying Colonial Governance’, pp. 1468-1488; Jonathan Jeffrey Wright, “‘The Belfast Chameleon’: Ulster, Ceylon and the Imperial Life of Sir James Emerson Tennet’, *Britain and the World*, Vol. 6, No. 2 (2013), pp. 192-219; M Anne

Freyer's archive has resided at his *alma mater*, Queen's College (now National University of Ireland) Galway since the 1980s without being examined by historians. Although substantial enough to support the re-creation of his life and career in its total geographic reach, stretched between Ireland, India and the United Kingdom, that history is a project in and of itself. Therefore, in this chapter, only the nature and significance of his Indian career is examined, specifically regarding the controversy that resulted from his treatment of the Nawab of Rampur, a nominally independent native principality nested in the British administrative division of the NWFPO. The Nawab had, under Mughal rule, been the governor of the province.

The examination being conducted here is strongly influenced by one particular contribution to the subject of imperial networks: that of Alan Lester and David Lambert in their edited volume *Colonial Lives Across the British Empire*. In their introduction to that book, they wrote perceptively about the relationships between 'projects' and 'networks' under colonial and imperial rule. For Lester and Lambert, 'networks' were the medium through which multiple colonial 'projects' were pursued, but 'there was never a single European colonial project'. In fact, the authors stated, 'the agendas of colonial interests, their representations of colonised places and peoples, and their practices in relation to them, were not only differentiated, but also constructed in opposition to one another.'³

The first three chapters of this thesis have identified two types of 'project' within the lives and careers of the men being studied here. Those are the 'professionalization of medicine' and the 'evolution of British governance in India'. Although the first project was not an entirely colonial one, the first chapter showed

Crowther and Marguerite W. Dupree, *Medical Lives in the Age of Surgical Revolution* (Cambridge, 2007).

³ Lambert and Lester, *Colonial Lives Across the British Empire* (Cambridge, 2006), p. 9.

how the professionalization of medicine in the United Kingdom was firmly contiguous with the administration of the empire and its colonies. The connection between professionalization and imperialism was substantiated by the second project, which sought to attract young, uniformly trained surgeons to work for the GoI, in an increasing number of capacities, through a system of competitive examination.

Building on the arguments presented by Lester and Lambert, my argument here is that local, geopolitical circumstances could inflame pre-existing tensions between different types of professionals within the GoI, and how they perceived one another. The context in which the Government asked Freyer to practice was defined by the regional politics of north western India, and political concerns surrounding the reliability of the Nawab, Muhammad Mushtaq Ali Khan (1856-1889), his family, and their council of advisors, to rule in a manner that was favourable to British interests. Therefore, concurrent to his role as a surgeon, the GoI expected Freyer to act as a political agent. With his rare access to the inner-chambers of a native elite's palace, the Local Government believed Freyer could provide a unique perspective on a ruling dynasty who, for them, represented a historically troublesome ethnic, diplomatic and geopolitical context in north western India.

Rubbing against Freyer's political role was a second, rooted in his professional credentials and affiliation to the IMS. Numerous sources written during the Rampur controversy portrayed Freyer as an exceptionally capable surgeon, who could prosper from a reputation built on his skill. One stated in September 1888, "Dr Freyer is undoubtedly a medical officer who has made a name for himself in India, and has acquired a reputation in England very rarely acquired by Indian medical

officers.”⁴ The career he later forged from an address in Harley Street, established perhaps with the help of the Nawab’s money, was further proof of these abilities. He died in September 1921 as the wealthiest man to have enlisted in the IMS from Ireland over the course of the period 1870-1914; his estate was valued at £130,053, or £2,758,424 in terms of the value of pounds sterling in the early years of this century.⁵

However, the State’s administration of Freyer’s practice in the principality showed that the personal ambition and competence of a medical man were never allowed to easily co-exist with State employment in India in the late-nineteenth century. This dysfunctional relationship between a surgeon’s credentials and the political framework in which their practice took place was the result of an acute inter-professional rivalry between two networks of imperial professionals stretched across the geographic expanse of the empire: the medical men of the IMS, and the lawyers and civil servants of the ICS.

A node with many edges: Freyer in the North Western Frontier Provinces

In a very recent journal article concerned with the colonial medical service in French Algeria, Charlotte Ann Chopin documented the various forms of authority that a medical man was responsible to:

⁴ *Case of Surgeon-Major PJ Freyer; new rule for acceptance by medical officers of fees for professional services*, W.R. Rice (Inspector of Civil Hospitals in the NWPO) to J.R. Reid (Chief Secretary to the Government of NWPO), 26 September 1888, no ff.

⁵ The total has been sourced from the following sources: NUIG Spec. Coll., *Freyer*, Box 6 P57/292, ‘*The Evening Standard* – Medical Man’s Fortune’ (11 September 1921) and D’A. Power, ‘Freyer, Sir Peter Johnston (1851–1921)’, rev. Jeffrey S. Reznick, *Oxford Dictionary of National Biography*, Oxford University Press, 2004 [<http://ezproxy-prd.bodleian.ox.ac.uk:2167/view/article/33277>, accessed 22 Aug 2016]. It would seem from the financial estimates of his solicitors that the majority of his wealth, specifically £100,808, was derived from his acuity in investing in stocks, bonds and shares I markets across the world. NUIG Spec. Coll., *Freyer*, Box 5 P57/233, ‘The Estate of Colonel Sir Peter Johnston Freyer’ (13 October 1921), ff. 1- 4.

Not only did he answer to the French authorities in the North African territory, as a representative of the state, but he was also held to account by the European settler community of which he was a part, and the members of the medical profession to which he belonged... the interests of his three so-called 'masters' did not always neatly converge.⁶

Chopin's emphasis on multiple forms of authority within colonial spaces and institutions is highly relevant for our purposes here. The photograph in Appendix 2 below provides a snapshot for viewing the multiple forms of authorities that formed P.J. Freyer's career in India, especially his time in the principality of Rampur. Freyer was, in the photograph and in life, a medical man woven into a network of interests that his co-occupants of the photograph represented: colonial administrators; an heir to the throne of Rampur; and various actors within the State's Court. Indeed, the men standing on the left of the image may well have been *hakims*, the practitioners of the 'Islamic' brand of medicine known as *Unani-Tibb*, who, as we shall see, resented his presence.⁷

Freyer is not immediately noticeable in the photograph; with his side-parting and substantial moustache he could be any one of the Anglo-Europeans facing the lens. However, he was made identifiable by the faint, pencil inscription, at the bottom of the page, bearing his initials ("P.J.F.") and a cross to highlight him in the sea of

⁶ Chopin, 'Embodying "the new white race"', p. 1.

⁷ *Unani* was also practiced by Hindus, hence Islamic being included within quotation marks. See David Arnold, 'Cholera and Colonialism in British India', *Past & Present*, No. 113 (Nov. 1986), pp. 137-38; Neshat Quaiser, 'Politics, Culture and Colonialism: *Unani's* Debate with Doctory; in Pati and Harrison (eds), *Health, Medicine and Empire*, pp. 317-355; John C. Hume, 'Rival Traditions: western medicine and *yunan-i tibb* in the Punjab, 1849-1889', *Bulletin of the History of Medicine*, Vol. 51, No. 2 (Summer 1977), pp. 214-231; Seema Alavi, *Islam and Healing Loss and Recovery of an Indo-Muslim Medical Tradition, 1600-1900* (Basingstoke, 2008), especially chapter five, which explores the relationship between *Unani* medical knowledge and the Urdu and Arabic languages; Guy Attewell, *Refiguring Unani Tibb Plural Healing in Late Colonial India* (Delhi, 2007), especially chapter 3, which covers the institutional context of professionalism in *Unani*.

faces. We also know what he looked like because of the other photographs in his archive, which confirm his appearance.⁸

As was referenced in Chapter One, Freyer was born in Cleggan, Connemara, Co. Galway, a townland close to the larger settlement of Clifden, on 26 July 1851, the son of Samuel, a farmer, and Celia Freyer.⁹ The Freyers were Protestants, and thus denominationally very typical of the families that produced Irish IMS officers in the nineteenth century. However, in terms of socio-economic status, Freyer's family seemed financially stable, but not wealthy to the same degree as some of his Anglo-Irish contemporaries who entered the Service.

We know from the records of the Famine Relief Commission, documented in our first chapter, that Freyer's grandfather was a member of the local division of the Royal Coastguard Service and, on his application to the IMS, Freyer's father was listed as a farmer.¹⁰ Notably, the Freyers were tenants rather than landowners, occupying a plot on the estate of Sir Christopher Lighton, one of the Lighton Baronets, whose estate in Co. Galway amounted to 945 acres at the time.¹¹ Whereas contemporaries, such as Walter Carson, divided their youth between multiple family properties in Dublin and Galway, Freyer's seemed a far more local, and less well-heeled, affair.

Also, when Freyer's references to the Service are compared with those of his contemporaries, the importance of attending university for his social and economic mobility is made clear. Whereas others could rely on former Lord Mayors of Dublin

⁸ NUIG Spec. Coll., *Freyer*, Box 6 P57/352-353, 'Miscellaneous photographs of Freyer in military uniform, and of his wife and son, Dermot', no ff.

⁹ BL AAPC, IOR/L/MIL/9/404, *Assistant Surgeon's Papers*, 'Peter Johnstone Freyer' (1875), ff. 149-156.

¹⁰ *Ibid.*

¹¹ NUI Galway Landed Estates Database, 'Estate: Lighton' (<http://landedestates.nuigalway.ie:8080/LandedEstates/jsp/estate-show.jsp?id=776>) (accessed on 5 October 2016).

for references, men they probably knew through family connections or friendships, Freyer's were provided by individuals within his profession, all of whom he met through his education and training.

James Valentine Browne, the Professor of Surgery at QCG, reported that Freyer's "conduct as a gentleman is exceptional" and that he took pleasure in testifying to Freyer's "steadiness, sobriety and entire prudence from any habits unbecoming that character."¹² Browne also noted that Freyer had attended the College through attaining scholarships. Their mention indicates that, although his parents or extended family may have been able to support his secondary education at the Erasmus Smith College in Galway, they did not have the financial wherewithal to cover the costs of a university education, too.¹³

Freyer's route into the IMS was convoluted by delays in his sitting the entrance examinations for the Service at Burlington House, London. On folio five of the bound volume of *Assistant Surgeon's Papers* that included his application, an India Office administrator noted on 15 February 1875 that he had failed to appear for the examination in the winter session of that year.¹⁴ Within the sheaves of his application, a note related that he was examined, instead, during the summer, on 6 August 1875, alongside Irish contemporaries such as James Crofts, Joseph Fitzgerald Blood and Henry Hamilton.¹⁵

¹² NUIG Spec. Coll., *Freyer*, Box 1 P57/41, James Valentine Browne to The Secretary of State for India (11 November 1874), no ff. Browne was also a member of the landowning Browne family, whose seat was at 'Brownville', to the north east of Galway city. See NUIG Landed Estates Database (<http://landedestates.nuigalway.ie:8080/LandedEstates/jsp/estate-show.jsp?id=918>) [date accessed: 27 August 2016]. According to the NUIG database, James Valentine was later found to be an imposter, parading as his cousin to increase control of his part of the family's landholdings.

¹³ For a further example of Freyer's references to the Service, see NUIG Spec. Coll., *Freyer*, Box 1 P57/60, Thomas Wrigley Grimshaw to the Secretary of State for India (17 November 1874), no ff.

¹⁴ BL AAPC, IOR/L/MIL/9/404, ASP, 'Peter Johnstone Freyer' (1877), f. 3, 5, 145, and ff. 149-156.

¹⁵ BL AAPC, IOR/L/MIL/9/405, ASP, 'James Crofts' (1877), ff. 184-192, 'Joseph Fitzgerald Blood' (1877), f. 199, 'Henry Hamilton', (1877), ff. 333-338.

For the first twelve to thirteen years of his career in India, Freyer appears to have practiced in much the same way as his fellow IMS officers. His first posting, as per the requirements of the Service, was as a military surgeon attending the 45th Native Infantry Division. He subsequently transferred into civilian practice in locations across northern India: Manipur, Azimgarh, and Bareilly.¹⁶ However, in 1887, his relationship with the State started to deteriorate rapidly, spurred by the reception of his treating the Nawab, and various others members of his Court and Government. This was the incident that came to define his Indian career, and fashioned him into a *cause célèbre*.

Standing slightly off-centre and to the front of Freyer in the photograph was Auckland Colvin, the Lieutenant Governor of the NWFPO between 1897 and 1893.¹⁷ Between 1888 and 1893, Colvin was one of Freyer's key adversaries in the NWFPO, and the Government of India (GoI) more generally, as a result of how he perceived the surgeon's practice in Rampur. Freyer treated the Nawab for what was described as "paralysis", implied as having arisen from an advanced case of syphilis.¹⁸ Having been branded a "paralytic imbecile" by contemporary observers, the Nawab improved considerably under Freyer's care, to such a degree that he was able to ascend to his late father's throne.¹⁹ The success of Freyer's treatment was branded "by no means a trifling achievement in medical practice."²⁰

By way of reward, the Nawab saw fit to make a payment to Freyer, in open *darbar* (a public festival arising from the gathering of a monarch's court) on 5 August 1888, amounting to Rs 100,000, or one *lakh*, which Freyer duly accepted. Several of

¹⁶ For an example see BL AAPC, *Quarterly Indian Army List* (March 1877), p. 355.

¹⁷ B. R. Tomlinson, 'Colvin, Sir Auckland (1838–1908)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004 [<http://www.oxforddnb.com/view/article/32516>, accessed 29 Sept 2016].

¹⁸ NUIG Spec. Coll., *Freyer*, Box 1 P57/67, 'Nawab of Rampur controversy', *Report of P.J. Freyer to the Government of NWPO* (n.d.), ff. 1-2.

¹⁹ BL AAPC, IOR/L/PJ/6/283, File 1793, *Case of Surgeon-Major PJ Freyer*, Rice to Reid (26 September 1888) no ff.

²⁰ *Ibid.*

the newspapers that reported on Freyer's death, in September 1921, estimated that the sum was equivalent to £10,000 and, therefore, by nearly contemporary valuations of pounds sterling in our own time, the Nawab presented Freyer with a gift of £598,900 for twenty months' work.²¹

The Nawab's public feting of Freyer was the tinder spark that lit seven years of rancour between him and Colvin, but also imperial and colonial offices across the Empire. The substance of that reaction can be summarised by Colvin's letter to Freyer on 4 March 1889: '... in the opinion of the Government of India, [your actions were conducive to] to calumnious insinuations in Native quarters, to the effect that it [the fee] was given less in acknowledgement of medical than of political services tendered.'²² As a result, he requested Freyer to return at least half of his "Rampur fee" and, when Freyer refused, he placed an embargo on his promotion in the IMS that was upheld by Colvin's colleagues and successors until, eventually, Freyer resigned from the Service in frustration sometime in late 1895.

The young boy standing chest-high to Colvin's right was, probably, Hamid Ali Khan (1875-1930), the future Nawab. That the heir was present without his father, and alongside Colvin who was suited in dress uniform, suggests that the photo reflected the meeting of "Colvin's Durbar", which Freyer mentioned in a letter to a colleague written on 21 September 1888. The event was held the previous February at Bareilly, seventy kilometres south east of Rampur, and Freyer recollected that he had spent much of the time attending the Nawab, "as he was suffering from fever."²³ The following February, the Nawab died, and his son ascended to the throne nominally,

²¹ NUIG Spec. Coll., *Freyer*, Box 6 P57/292(7), 'Irish Surgeon's Romance', *Coleraine Chronicle* (24 September 1921) and Box 6 P57/292(18), 'Obituary', *Dublin Mail* (17 September 1921). Estimated conversion to current rates of pounds sterling was taken from PRO Currency Converter (<http://www.nationalarchives.gov.uk/currency/>), [accessed: 7 September 2016].

²² NUIG Spec. Colls, *Freyer*, Box 1 P57/74, Colvin to Rice (4 March 1889), f. 4.

²³ NUIG Spec. Coll., *Freyer*, Box 1 P57/72(2), Freyer to Rice (21 September 1888), no ff.

with the day-to-day business of running his State left to a Regency Council headed by General Azim-ud-din Khan, also one of Freyer's patients at the Court.²⁴

The physical proximity of Freyer to Hamid Khan in the photograph can be thought of as representing his place in a broader, political network in Rampur. As well as being paid handsomely, and controversially, for his work, Freyer's effectiveness as a medical man attracted praise and personal warmth from key figures at the Nawab's court. On 13 February 1893, for example, the Vice-President of the Regency Council, Hamid Uz-Zafar Khan²⁵, wrote to Freyer on hearing that the surgeon was due to leave the IMS and India permanently. Although his exiting India did not occur for another two years, this exchange was the first that documented Freyer's intention to leave. Khan expressed that he was "very sorry indeed to read in *The Pioneer* that you had determined to leave us for good. Your good offices to all of us will always be remembered with the highest esteem & gratitude. I hope I shall soon be able to see you at Moradabad."²⁶

That Uz-Zafar heard of Freyer's intention to leave through a newspaper, *The Pioneer*, indicates a degree of personal and professional distance between them, but the letter still functioned as a personable expression of the State's recognition of Freyer's work. The Vice-President's letter was one of multiple documents that reflected Freyer's lofty position in Rampur's political circles. Six years before, in April 1887, the *Times of India* noted that the surgeon occupied the second seat to the right of Mushtaq Ali Khan's coronation throne in the wake of his father's death, only one space further away than Mr Lang, the colonial government's Political Agent in

²⁴ BL AAPC, IOR/L/PJ/6/283 File 1793, Rice to Reid (26 September 1888) no ff.

²⁵ Uz-Zafar Khan had been installed in his position as a result of the assassination of General Azim-ud-Din in 1891. See Somerset Playne, R.V. Solomon, J.W. Bond and Arnold Wright, *Indian States: A Biographical, Historical, and Administrative Survey* (London, 1921), p. 368.

²⁶ NUIG Spec. Coll., *Freyer*, Box 1 P57/91, Hamid Uz-Zafar, Vice-President of the Council of Regency to P.J. Freyer (13 February 1893), no ff.

Rampur, and closer than General Azim-ud-din, the Nawab's chief political adviser. Freyer was, according to the paper, one the of the State's foremost "notabilities".²⁷

For other figures in the Court, namely the *hakims*, Freyer's place in Rampur's political networks were notable as a threat to their supremacy, which adds a further layer to our understanding of the photograph above. Some of the men captured in the photograph above were probably *hakims*, as Freyer made numerous references to how culturally significant and institutionally embedded these practitioners were at Court, at least up until the time of his arrival. In February 1889, he described their influence as being 'rampant'.²⁸ Also, their manner of dress, particularly the man clad all in white to the right of Hamid Khan, was congruent with the way in which *hakims* dressed at the time and, indeed, up until very recently in some parts of India.²⁹

The extent to which the established practitioners at Rampur viewed Freyer as a threat to their supremacy was encapsulated by the opinion of one of his colleagues, and key allies over the course of his disputes with the State, W.R. Rice, Chief Inspector of Civil Hospitals in the NWFPO in the late 1880s. In a defence of Freyer's decision to keep the *lakh* paid to him by the Nawab, Rice wrote to a member of Colvin's Government,

Because of their vested interests being in danger the Palace Hakims and their creatures are in direct antagonism to the European doctor; every vile trick that intrigue can suggest will be attempted to thwart the success of the doctor's treatment... I have been

²⁷ 'The Installation at Rampur', *Times of India* (2 April 1887), p. 5.

²⁸ NUIG Spec. Colls, *Freyer*, Box 1 P57/72, Freyer to Rice (27 February 1889), f. 4.

²⁹ **BL**, but this for now <http://www.gettyimages.co.nz/detail/news-photo/hakim-sharfuddin-quadri-unani-practitioner-106-years-old-at-news-photo/88927376#hakim-sharfuddin-quadri-unani-practitioner-106-years-old-at-his-in-picture-id88927376>.

credibly informed that Dr Freyer had to seal up medicines and send them by special
trusty messengers.³⁰

Such a professional atmosphere was, in Rice's estimation, worthy justification for Freyer's actions.

The photograph above has provided a method of introducing the various interests, and the networks of administrators, professionals and court politicians who sustained them, which enveloped Freyer during his period of Service in Rampur. The next section broadens our understanding of that context by focusing on the political landscapes of which Rampur was a constituent part.

The politics of Freyer's professional context

Defining a geopolitical landscape

On 22 July 1890, the most senior figures in the GoI wrote a multi-page memorandum to Richard Assheton Cross, Viscount Cross, then the Secretary of State for India at the India Office, London. The memorandum was a justification of the Government's interpretation of Freyer's service in Rampur to date, which had been to request he return half, if not all of the money he had been paid, and, in consequence of his refusal to do so, the placing of an embargo on his promotion within the IMS's hierarchy. The document's contents encapsulated the politics that motivated Freyer's appointment to the principality.

The Viceroy, Lord Lansdowne, or Henry Petty-Fitzmaurice, was one of the largest landowners in the United Kingdom, with significant acreage in Ireland. The landed estates database hosted by NUI Galway documents that Lansdowne's Irish

³⁰ BL AAPC, IOR/L/PJ/6/283 File 1793, Rice to Reid (26 September 1888) no ff.

landholdings in the 1870s amounted to over 120,000 acres, spread across counties Limerick and Kerry.³¹ He and his most senior administrators wrote that

Dr Freyer not only acted as [the Nawab's] medical attendant, and so far effected a cure that the Nawab was just able to pass as efficient and obtain the succession [to the throne], but was also the Local Government's advisor in the matter; and it was partly upon his opinion of the Nawab's capacity, that the Lieutenant-Governor [of the NWPO] determined to recognise the latter's claim.³²

Freyer's presence in Rampur was representative of two projects under which public service for a medical man in India could be defined and regulated. The first was, for a man of Freyer's credentials and status in India, the obvious definition: as a medical man treating a patient, albeit one who was politically significant and socially elite. The second was of a more opaque, diplomatic variety: supplying the State with a medical opinion about a man whose likelihood of living for a few months or a number of years was of interest for strategic and diplomatic reasons.

Had Freyer returned from Rampur to his civil surgeoncy in Moradabad, thirty-six miles west of Rampur, with little recognition for his secondment, perhaps these two motivating principles in his attending the Nawab would have created very little history. However, the GoI had not foreseen his being granted, on 5 August 1888, a

³¹ Andrew Adonis, 'Fitzmaurice, Henry Charles Keith Petty-, fifth marquess of Lansdowne (1845–1927)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, May 2009 [http://www.oxforddnb.com/view/article/35500, accessed 9 Sept 2016]. NUI Galway, *Landed Estates Database*, 'Petty-Fitzmaurice (Marquess of Lansdowne)'. ³¹ NUI Galway, *Landed Estates Database*, 'Petty-Fitzmaurice (Marquess of Lansdowne)', [http://landedestates.nuigalway.ie:8080/LandedEstates/jsp/family-show.jsp?id=1865, accessed on 26 September 2016].

³² BL AAPC, IOR/L/PJ/6/283, File 1793, Government of India Home Department to Viscount Cross (22 July 1890), no ff.

sumptuous reward of one hundred thousand rupees (or a *lakh*) in open *darbar*.³³ In reaction, the GoI wrote to Freyer instructing him to present “an early report on the circumstances under which you received a fee of a Lakh of Rupees from the Nawab of Rampore [sic]” and, in addition, made explicit that he should make no disposition of the money, till he receives further orders.”³⁴

Who defines the terms and value of a medical professional’s labour? Across disciplines with an interest in defining professionals and their work, these issues have been a recurrent theme. Regulatory bodies and codes have been referred to as constituting part of a ‘toolkit’ by which professions have historically separated themselves from other occupations in order to appropriate wealth, cultural prestige, and agency over how they practice, where, and on whom. Noticeably the State has often been characterised as the abettor to this professional project, using legal enactments to partition realms of knowledge in favour of certain types of profession. Therefore, the issue of regulation is part of the broader narrative, referenced in the general introduction to this thesis, concerning the “altruism – self-interest” spectrum along which professions have largely been theorised and studied. In his history of ritual culture amongst Victorian professionals in Britain, Albert Pionke wrote that his subjects of study employed a range of “exclusionary mechanisms to separate themselves from other workers”.³⁵ Amongst these mechanisms were their laying claim

³³ NUIG Spec. Coll., Freyer, Box 1 P57/69, *Translation of public announcement by the Rampur State as regards payment to Dr P.J. Freyer for his treatment of Mohamad Mustaq Ali Khan Bahadur and General Mohamad Azim Uddin Khan Bahadur (n.d.)*, no ff. Establishing with certainty what a *lakh* of rupees was worth in sterling at the time is difficult, but several of the newspapers that reported on Freyer’s death, in September 1921, estimated that the sum was equivalent to £10,000.³³ Therefore, by nearly contemporary valuations of pounds sterling in our own time, the Nawab presented Freyer with a gift of £598,900. *PRO Currency Convertor* [accessed: 7 September 2016].

³⁴ NUIG Spec. Coll., Freyer, Box 1 P57/71, ‘Nawab of Rampur controversy’, W.R. Rice to Peter Johnstone Freyer (13 September 1888), no ff.

³⁵ Pionke, *The ritual culture of Victorian*, p. 8.

to “discrete fields of knowledge”, “self-regulatory processes of professional training and certification” and the establishment of professional associations.³⁶

Although not invoked explicitly, Pionke’s definition of professions and professionalization leaned heavily on the sociology of professions, especially neo-Weberian scholarship. Mike Saks, a sociologist at the University of East Anglia, wrote the following in 2010, concerned with defining the neo-Weberian position, especially surrounding the conception of “social closure”: ‘This relates to the process through which particular social collectivities seek to regulate market conditions in their favour, in face of competition. In this way, they restrict access to specific opportunities to a limited group of eligibles, creating a group of socially defined inferiors.’³⁷ Further on in the same article, Saks made the aforementioned link between professionals’ socio-economic project and the State: ‘... at the heart of the neo-Weberian approach is the notion that professions are underpinned by the state, with legal boundaries separating and privileging them as compared to other occupations in the marketplace.’³⁸

Another work of history, the previously referenced volume by Marcus Ackroyd, Laurence Brockliss *et al*, spoke about professionalization in the AMD at the start of the nineteenth century in very similar terms: ‘The essentials then of professionalization were the development of tests of competence and standards, what has been termed by [Eliot] Freidson “a credential system”, defined either by law or by legally sanctioned recognised custom, controlled by the profession itself.’³⁹

These characteristics of professional regulation and work are undoubtedly relevant for studying the social history of professions and their practice under

³⁶ *Ibid.*

³⁷ Saks, ‘Analyzing the Professions’, p. 893.

³⁸ *Ibid.* Also see P.J. Corfield’s definition of a profession in her study of power and the professions in Britain, P.J. Corfield, pp. 25-6.

³⁹ Ackroyd, Brockliss *et al*, *Advancing with the Army*, p. 7.

imperialism and colonial governments. The first three chapters highlighted how the men being studied here were exposed to an increasingly coherent and uniform medical education; that the British State sponsored the regulation of who could legally invoke the title of ‘doctor’, ‘surgeon’ or any other type of medical speciality; and that these epistemological and institutional evolutions in the definition of their profession co-evolved with the assertive, self-confident brand of professional rhetoric espoused in public, and through professional associations, by the figureheads of medicine and surgery in the United Kingdom.

However, the terms in which the politics of professional regulation have been phrased to date are quite static. What becomes apparent from Freyer’s case is that, under specific geopolitical conditions, the State could push a medical man to step beyond established professional boundaries defined by technical skill and knowledge, and require him to become a political agent, whose role was to gather relevant information as much as cure the sick.⁴⁰ The GoI’s notification of appointment, written on 3 July 1888, emphasized Freyer’s being ‘placed at the disposal of his Highness the Nawab of Rampur’⁴¹, but, in effect, he was never not at the disposal of the GoI, who expected him to act as ‘the advisor of the Local Govt in regard to the fitness of the Nawab to be recognised as [his father’s] successor...’⁴²

One of the ways in which the circumstances that produced Freyer’s dual remit can be understood, is to acknowledge the local, geopolitical context surrounding Rampur, both physically but also in terms of contemporary political perceptions of India’s north western frontier and the lands that abutted it. The border was, at the time,

⁴⁰ Christopher Bayly has dealt with this phenomenon for the late-eighteenth and early-nineteenth century, which reflects how common this ‘dual mandate’ was for doctors. See C.A. Bayly, *Empire and Information: Intelligence Gathering and Social Communication in India, 1780-1870* (Cambridge, 1999), chapter three.

⁴¹ NUIG Spec Colls, Freyer, P57/68, Reid to Freyer (3 July 1888), no ff.

⁴² BL AAPC, IOR/L/PJ/6/283, File 1793, *Case of Surgeon-Major PJ Freyer*, ‘Memorandum by the Judicial and Political Committee’ (29 August 1890), no ff.

a contested and fractious expanse of land, representing for contemporary colonial commentators a political, as well as a geographic, frontier between ambitious European and Eurasian powers, and savage, fractious and uncivilised tribes of indigenes. This combination of international military tensions, specifically between Britain and Russia, the exigencies of governing potentially unruly districts and localities, and the ethnicity of the Khans, influenced the formation of Freyer's professional remit in Rampur.

The nature of the north western frontier in the 1870s, 1880s and 1890s has been typified by a number of commentators, both recently and at the time. Tim Moreman, for example, described the region as 'the most strategically sensitive frontier of the British Empire during the late nineteenth and twentieth centuries, combining an external threat from Russia and Afghanistan with a local and insistent problem of tribal control.'⁴³ One hundred and twenty-five years earlier, in 1869, Henry Walter (H.W.) Bellew, a medical officer in the Bengal Army, had encapsulated those tensions in a book concerning the 'Punjab Frontier'.⁴⁴

Bellew provided a recent history of British acquisitions in the region, specifically the annexation of the Punjab in 1849, which had incorporated a number of tribal peoples into the British Empire. He characterised the constituents of these tribes as typifying 'eastern savagery'. In a lengthy exposition on the problems fostered by this recent episode of imperial expansion, Bellew delineated an approximate six hundred mile border, 'inhabited by a succession of independent tribes, all of the same language and nationality, whose *connections and dealings are entirely within our*

⁴³ Tim Moreman, 'The arms trade and the North-West frontier Pathan tribes, 1890-1914', *The Journal of Imperial and Commonwealth History*, Vol. 22, No. 2 (1994), p. 187.

⁴⁴ D'A. Power, 'Bellew, Henry Walter (1834-1892)', rev. James Falkner, *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, May 2008 [<http://ezproxy-prd.bodleian.ox.ac.uk:2167/view/article/2052>, accessed 26 Sept 2016].

territory [emphasis in original text]...’⁴⁵ These ‘connections and dealings’ were precisely what worried British administrators and politicians most pointedly. As R.A. Johnson commented in 2003, in regards to the ‘Penjdeh incident’, which broiled between Britain and Russia in 1885, ‘the masters of British India had no wish to hang on’ to Afghan tribes brought within their territories *via* expansion, but felt they had no choice given concerns ‘that Russian agents would foment rebellion amongst local tribesmen astride the frontier...’⁴⁶

Moreover, Bellew’s contemporary account characterised these tribes as ‘utter barbarians... steeped in the grossest ignorance... savages... professional robbers... Murder and robbery are with them mere pastimes; revenge and plunder the occupation of their lives.’⁴⁷ Therefore, what the frontier and its hinterlands symbolised, as a space for the marrying of native savagery and imperial incursions into India, was enough to spur British officers to launch an extensive intelligence campaign concerning the newly coined, ‘Central Asian Question’. Johnson noted that the campaign produced ‘A vast number of official papers and intelligence reports’, as well as “unofficial pamphlets and letters.”⁴⁸

Over the course of the 1880s and 1890s, these fears consolidated into military policy, which in turn resulted in numerous British incursions into tribal territories for the purposes of reconnaissance and to impose punishment for outbreaks of perceived aggression from peoples such as the Afridis and Orakzais. These ‘expeditions’ and ‘campaigns’ included Mahsud-Waziri (1881), Hazara (1888), Zhob (1890-91),

⁴⁵ H.W. Bellew, *Our Punjab Frontier; being a concise account of the various tribes by which the North-West frontier of British India is inhabited, shewing its present unprotected and unsatisfactory state, and the urgent necessity that exists for its immediate reconstruction, also, brief remarks on Afghanistan, and our policy in reference to that country, by a Punjab official* (Calcutta, 1868), p. 11.

⁴⁶ R.A. Johnson, ““Russians at the Gates of India”? Planning the Defence of India, 1885-1900”, *The Journal of Military History*, Vol. 67, No. 3 (July, 2003), pp. 697-98.

⁴⁷ Bellew, *Our Punjab Frontier*, p. 11.

⁴⁸ Johnson, ““Russians at the Gates of India?”, p. 698.

Miranzai (1891), Mahsud (1894-95), Chitral (1895) and Tirah (1897). One military man, Colonel Hutchinson, provided an account of the Tirah campaign that encapsulated the irritable reluctance that produced such interventions: 'We, of course, on our side, have always repudiated any idea of advance or annexation, or of interference with rival customs and independence; but circumstances have often been in the past, and will no doubt in the future, too strong for us.'⁴⁹

The ethnic lineage of the Khan family, Nawab's of Rampur since the late-eighteenth century, linked these disputes between British imperial expansion and Afghan tribes on India's frontier, with the NWFPO slightly further to the south east. The Khans were Rohilla Pathans, an ethnically Pashtun dynasty installed as rulers of Rampur in the wake of the Anglo-Rohilla Wars in the 1770s and 1790s. Nile Green has drawn attention to the place of dynasties such as the Khans in providing 'the fulcrum of Afghan history' in the seventeenth and eighteenth centuries: 'the diasporic communities they founded in India are central to any study of Afghan history, for it was among them that there emerged the earliest historical works expressly devoted to the "Afghans" ...'⁵⁰

Green's reference to the significance of tribal diaspora in north western India also featured in the work of Christopher Bayly, especially his article from 1988 concerning 'India and West Asia between 1700-1830', and his important book, *Rulers, Townsmen and Bazaars: North Indian Society in the Age of British Expansion 1770-1870*. In the first, Bayly argued for reckoning the phenomenon of 'tribal breakouts' across the geographic expanse with which he was concerned.

⁴⁹ Colonel H.D. Hutchinson, *The Campaign in Tirah 1897-1898 An account of the expedition against the Orakzais and Afridis under General Sir William Lockhart based (by permission) on letters contributed to The Times* (London, 1898).

⁵⁰ Nile Green, 'Tribe, Diaspora, and Sainthood in Afghan History', *The Journal of Asian Studies*, Vol. 67, No. 1 (February, 2008), p. 172.

He viewed this process as one where tribes traditionally under Mughal, Safavid, or Ottoman rule migrated into India, which had wide-ranging social, economic and political ramifications for the sub-continent over the course of the eighteenth, nineteenth and twentieth centuries.⁵¹ In *Rulers, Townsmen and Bazaars*, Bayly further defined these tribal groups, especially the Rohillas, from whom the Nawabs of Rampur were descended. ‘Rohillas’, Bayly traced, ‘were an invading warrior “slave caste” who were in the process of developing a tribal identity through a belief in the “pride of ancestry”.’⁵²

The cultural project that Bayly described the origins of in the eighteenth century remained pregnant over the course of the next century and, in the 1880s and 1890s, the noted French orientalist and expert in Persian religion, Professor James Darmesteter⁵³, recorded ‘Afghan life in Afghan songs’ from his house at Peshawar, songs that extended throughout north western India. Darmesteter described the figure of the *Dum* in tribal culture, a figure akin to the itinerant minstrel in medieval European societies, who ranged over vast distances collecting and distributing songs from an Afghan tradition. In particular, Darmesteter referenced a song named ‘Zakhme’, which he stated was sung ‘wherever there are Afghans, as far as Rampur in Rohilkhand, and Hyderabad of Dekhan’, and ‘sets them [Afghans] dancing as soon as the first notes are struck.’⁵⁴

The political context that formed Freyer’s presence in Rampur was created by these overlapping historical and contemporary concerns regarding the culture that

⁵¹ C.A. Bayly, ‘India and West Asia, c. 1700-1830’, *Asian Affairs*, Vol. 19, No. 1 (1988), p. 5.

⁵² C.A. Bayly, *Rulers, Townsmen and Bazaars: North Indian Society in the Age of British Expansion 1770-1870* (Oxford, 2012), Oxford Scholarship Online (DOI:10.1093/acprof:oso/9780198077466.001.0001.).

⁵³ See a brief mention of him in his wife’s entry in the *ODNB*. Sylvaine Marandon, ‘Duclaux, (Agnes) Mary Frances (1857–1944)’, *Oxford Dictionary of National Biography*, Oxford University Press, 2004 [http://www.oxforddnb.com/view/article/59577, accessed 30 Sept 2016].

⁵⁴ James Darmesteter, ‘Afghan Life in Afghan Songs’ in Morris Jastrow (ed.), *trans* Helen B. Jastrow, *Selected Essays of James Darmesteter* (Boston, 1895), p. 111.

produced Rampur's ruling family. One of the key reasons he was framed as a political agent, as well as a medical man, was because of a broader impulse amongst British institutions in India to understand the culture and history of both the north western frontier and the Provinces that abutted the border, so that they could be better controlled.

The motivations underpinning Freyer's secondment to Rampur were invoked specifically in the memoranda and correspondence written about the case. There was a sense provided by these invocations, especially from Freyer, that he was acutely aware of the specific political and social landscape of Rampur, and the region of Rohilkhund (meaning literally 'land of Rohillas'), which surrounded the principality. Documents held at both the British Library and NUI Galway demonstrate the manner in which perceptions of these landscapes were used to formulate diplomatic strategies of control in the wake of a succession crisis arising from the death of Kulb Ali Khan in February 1887, the ill health of Muhammad Mushtaq, his successor, and the immaturity of Hamid Ali Khan.

In a letter to Rice, written on 22 September 1888, Freyer provided snapshots of the manner in which his treatment of the Nawab was perceived by the general population of Rohilkhand, the name that seems to have been given to a cultural space, rather than signifying formal, political boundaries. He believed, for example, that the Nawab's recovery 'from... such a grave affliction is regarded by the people of Rohilkhand as almost miraculous.'⁵⁵ Freyer's use of the phrase 'almost miraculous' is interesting. Were his professional activities, rooted very much in an empirical, material way of understanding sickness and health, actually received by indigenes as being supernatural or divinely inspired? He described his treatment of Azim-ud-din as

⁵⁵ BL AAPC, IOR/L/PJ/6/283 File 1793, Freyer to Rice (21 September 1888), no ff.

being interpreted in a very similar manner; the General's recovery was regarded as 'even more remarkable than that of the Nawab.'⁵⁶ Indeed, the perceptions of his work by the people of Rohilkhand were one of his justifications for retaining the fee paid to him. He told Rice

The Rampur State is the chief independent Native State in these provinces, and it is not too much to say that the eyes of the people of Rohilkhand and surrounding parts were centred on it during the crisis it has been passing through during the past [one and a half] years. My treatment of the Nawab and of General Azim-ud-din was canvassed and criticised, and was the topic of conversation in every town, village and household in these parts.⁵⁷

As a result of the politics that arose from the State's crisis of succession, Freyer sensed a network of rumour ('critiques and canvassing'), substantiated through the medium of 'conversation' that defined and distorted his work and its meaning. Furthermore, he then created an alternative simulation of events, in which the outcome of his treatment of the Nawab and the General had resulted in their deaths. In this situation, he believed he would not have been paid any fee, 'or a very trifling one only' and that his 'professional reputation with native gentlemen, on whom I depend for a large part for my private practice, if not ruined, would certainly have received a severe shock.'⁵⁸ In summarising his position for Rice, Freyer provided a window for understanding how gathering and relaying information in Rohilkhand was not just a tool for the Government of the NWFPO. In guises less traceable than memoranda and reports – through the social networks that connected households with villages, and villages with

⁵⁶ *Ibid.*

⁵⁷ *Ibid.*

⁵⁸ *Ibid.*

towns – indigenous communities could also manage and control perceptions of colonial agents who were trying to know them, too.

Blurred boundaries: between professional and political duty

The reporting that Freyer completed for the Government on the state of the Nawab's health was extensive; he also provided insights into the familial politics arising from the succession crisis. Specifically, Freyer documented an acrid relationship between Kulb Ali Khan and his successor before the former's death in Spring 1887. He wrote in his medical report to the NWFPO that his examination of the Nawab's son was conducted clandestinely, 'because his father, the late Nawab, for some reason or other, seems to have taken a dislike to his son, took no interest in his recovery, and, in fact, disapproved of European medical treatment for him.'⁵⁹ That description of the circumstances upon which treatment was premised was included in the draft of the report held in Freyer's archive. In another draft, in the IOR archives at the British Library, Freyer also included the following description of his first sight of the then heir to the throne: 'I found him [Mohammad Mushtaq] in a most wretched condition: placed in the passage of an outhouse of the palace, lying on a filthy *charpai* [a type of woven bed used on the sub-continent] surrounded by dirt of all kinds, and utterly uncared for.'⁶⁰ Freyer's intelligence emphasised the dysfunctional, harmful nature of the relationship between father and son, although he refrained from speculating as to why that relationship existed as it did. Instead, he glossed over causation by using the phrase 'for some reason or other...'

⁵⁹ NUIG Spec. Colls, *Freyer*, Box 1 P57/67, *Report of P.J. Freyer to the Government of NWFPO* (n.d.), f. 1.

⁶⁰ BL AAPC, IOR/L/PJ/6/283 File 1793, *Freyer's report to the Government of the NWFPO* (6 February 1888), p. 8.

Interestingly, other colonial officials who had a similar opportunity to observe the two did not verify the neglect Freyer documented in his report. J.C. Robertson, who officiated at the Board of Revenue at Rohilkhand between December 1886 and April 1888, related to J.R. Reid, the local government's Chief Secretary, that he had only ever heard Kulb Ali Khan speak with "affection of his son", and that the Nawab had asked him in November 1886, "to look after him when he was gone."⁶¹ Perhaps in the short period of time between Robertson's meeting with the Nawab and the beginning of Freyer's service in January, there had been a souring of relations between the incumbent and his heir. Without any further documents pertaining to the issue held at either of the relevant archives this is the only conclusion to be reached. Otherwise, was Freyer fabricating the state of their relationship and, consequently, court politics, too?

What did Freyer actually treat the Nawab for? He summarised Khan's symptoms with the term 'a stroke of paralysis', but paragraph five of Freyer's report delved into greater detail. According to that report, the paralysis

... came on suddenly about 3 months before my first visit, and was, no doubt, due to plugging, or rupture, of a small blood vessel in the brain. He [Muhammad Mushtaq] was never possessed of a strong constitution, having been a 'seven-month child', and having suffered from heart disease from an early age. Add to this the fact that he is known to have indulged in excessive sexual intercourse, and the cause of the paralysis is not difficult to ascertain.⁶²

Further on in the same report, Freyer noted that he had heard rumours that the Nawab was also "addicted" to a number of sexual vices, namely sodomy, and wondered

⁶¹ BL AAPC, IOR/L/PJ/6/283 File 1793, Robertson to Reid (29 September 1888), p. 8.

⁶² NUIG Spec. Colls, Freyer, Box 1 P57/67, *Report of P.J. Freyer to the Government of NWFPO* (n.d.), ff. 1-2.

whether or not this could also have contributed to his ill health. However, he concluded that, ‘as far as I have been able to ascertain, I can only say that I do not think there is any means whatever to suppose that the statement has any foundation in fact.’⁶³ Whether Freyer actually found as such, or if he was guarding the most intimate of the Nawab’s details from potentially prying eyes within the GoI cannot be ascertained, but he was certainly conscious of the need to tailor the contents of his correspondence for a variety of political audiences.

In a later letter to the Regency Council, Freyer directly referenced the sanctity of information that passed between practitioners and their patients. He was writing to the Council in order to garner their support for his counterarguments to the GoI concerning the payment he had received from the Nawab and, as a result, wished to send on a statement ‘showing the number of visits paid by me to Rampur between August 6, 1888, and the end of 1892 with dates.’⁶⁴ However, he qualified the detail of the entries provided by stating, ‘I have not mentioned the nature of the illnesses for obvious reasons; many of them were of a confidential nature requiring the seal of professional secrecy.’⁶⁵ Of course, from the other documents examined here, he was operating within a context that actively compromised his ability to retain information for the purposes of professional ethics.

However, this particular piece of correspondence is a good illustration of the way in which competing ‘projects’ could be shaped by their status within overlapping political networks. Freyer was writing to the Regency Council of the State that he had, ostensibly, been spying on, but also providing medical treatment to. As a result,

⁶³ NUIG Spec. Coll., *Freyer*, Box 1 P57/67, *Report of P.J. Freyer to the Government of NWPO* (n.d.), f. 2.

⁶⁴ NUIG Spec. Coll., *Freyer*, Box 1 P57/89[1], Freyer to the President, Council of Regency, Rampur (30 January 1893), no ff.

⁶⁵ *Ibid.*

invoking a discourse of professional ethics, specifically confidentiality, was more possible, if harder to reconcile ethically, than in his correspondence with the GoI. In those letters, the same sort of ethical concerns were conspicuous by their absence, because the project devolved to him demanded that he pause any concerns about confidentiality in the name of political gain.

In addition to the candour with which he wrote about the Nawab's sexual habits to the GoI, he provided detailed accounts of the treatments he had used to usher him back to health. He related to the Government that he began treating Khan's symptoms shortly after Kalb Ali Khan's death, in March 1887, and used iodide of starch with various vegetable tonics in an attempt to cure him. These approaches appeared effective, as 'when the acute symptoms had passed' he began prescribing a number of other cures, including phosphorus and quinine, and shampooing Khan's head, conducting massages, and applying electricity therapy.⁶⁶ Freyer's use of iodide of starch was particularly interesting, as the treatment was used as a remedy for various disorders across the world, not least to treat *Lupus Erythematodes*.

Dr McCall Anderson, Professor of Clinical Medicine at Glasgow, presented a paper on this usage to dermatologists present at the Annual Meeting of the British Medical Association held in Cork in August 1879. Anderson noted that creating a solution of iodide of starch, which he recommended should be 'uniform blue colour, so deep as to approach to black', had cured one of his patients 'labouring under well-marked lupus erythmatodes.'⁶⁷ Interestingly, Anderson noted at the conclusion of his address that he had also 'found the iodide of starch an excellent remedy in other

⁶⁶ NUIG Spec. Coll., Freyer, Box 1 P57/67, *Report of P.J. Freyer to the Government of NWPO* (n.d.), f.3.

⁶⁷ McCall Anderson, 'On the Use of Iodide of Starch in the Treatment of Lupus Erythematodes', *BMJ*, 1 May 1880 (Vol. 1, Iss. 1009), p. 652.

disease, and notably in old-standing cases of syphilis...'⁶⁸ Given Freyer's tacit suspicions of the disease being present in the Nawab, Anderson's finding of the drug's effectiveness in treating syphilis could explain why Freyer chose to use the substance. Unfortunately, Anderson did not clarify how the iodide functioned effectively in treating both ailments.

By his own estimation, Freyer's course of action proved to be relatively successful. He noted that the Nawab "steadily, though slowly, improved in health", to the point where he was convalescent from the facial manifestations of his paralysis: 'The paralysis of the face has completely vanished, so that he can wrinkle his forehead, close both his eyes, protrude his tongue straight, and speak as deliberately as he ever did in his life. In fact, there is no trace, or vestige of the facial paralysis remaining.'⁶⁹ The Nawab's lower limbs, however, were less responsive to treatment; although he could walk, Freyer reported that the Nawab was 'still feeble on his limbs', and was keen to impress that such weakness should be attributed to the duration of his illness and his weak heart, rather than an error in Freyer's intervention.⁷⁰

However, Freyer's judgement and actions seemed to initiate significant improvements in the Nawab's health, especially as regards his cognitive and social abilities. After another period of time had passed, the Nawab had regained the ability to converse in 'a sensible, practical manner about the ordinary affairs of life... understand and appreciate the value of money... take[s] an interest in his household affairs, and particularly in the education of his children, towards whom he displays

⁶⁸ Anderson, 'On the Use of Iodide of Starch', p. 653.

⁶⁹ NUIG Spec. Colls, *Freyer*, Box 1 P57/67, *Report of P.J. Freyer to the Government of NWPO* (n.d.), f.3.

⁷⁰ *Ibid.*

much affection.’⁷¹ The surgeon’s report concluded by expressing hope and sympathy ‘that he [the Nawab] may be sufficiently strong to both physically and mentally rule his State.’⁷²

Included in the IOR archive directly after the copy of Freyer’s intelligence report on the Nawab’s health was a memorandum by Auckland Colvin, in which the Lieutenant-Governor agreed with his surgeon’s conclusion that the Nawab was ‘sufficiently strong to both physically and mentally rule his State.’ Around this shared conclusion, Colvin sketched a political prognosis relating to the Nawab’s health, the politics of Rampur, and the diplomatic strategy that his Government should pursue in consequence.

Colvin implied that the Nawab’s sexual appetite had blunted aspects of his capacity to rule. Arising from the ‘habits’ that had injured ‘his physical constitution’, the Lieutenant Governor also believed he could detect in the Nawab an ‘absence of initiative power, and of that habitual energy which characterised a mind in possession of its ordinary properties.’⁷³ Colvin’s invocation of ‘habit’ and a sense of disorder arising from alleged sexual impropriety was a neat example of contemporary Victorian moral values – connecting sexual propriety, a Christian ‘character’ that has become recurrent throughout this thesis, and work ethic – being deployed as a way of reading a native Prince. The resulting impression is one of a colonial administrator grappling with the political reverberations of ‘excessive’ sexuality.

In addition, the rest of the document uncovered the political forecasting that resulted from the Nawab’s behaviour and supposedly subsequent decline in health. The source invites us to think about Antoinette Burton’s argument that ‘modern

⁷¹ NUIG Spec. Colls, *Freyer*, Box 1 P57/67, *Report of P.J. Freyer to the Government of NWPO* (n.d.), f. 4.

⁷² *Ibid.*

⁷³ BL AAPC, IOR/L/PJ/6/283 File 1793, *Memorandum by Auckland Colvin on the state of affairs in Rampur* (6 February 1888), p. 11.

colonial regimes are never self-evidently hegemonic, but are always in process, subject to disruption and contest, and therefore never fully or finally accomplished...'⁷⁴ Although the same might be said of any polity or state formation, Burton's thoughts seem particularly relevant to the practice of medicine under colonialism. Our understandings of medical practice in that context have changed in recent years but have been, perhaps, too often conditioned by assumptions about professional power and control, borrowed from Foucauldian and post-colonial conceptions of medicine, firstly, and imperialism as a set of political, social and cultural processes.

The consequences of Burton's insights for our purposes here lie in acknowledging that Freyer's overlapping professional and political projects were regulated not just by the State's political interests in the region, nor in understanding the ruling dynasty of Rampur solely for those purposes. Additionally, the logic for those institutional interests, and Freyer's intelligence activities, arose from monitoring the moral and sexual climate of a native Court, in an attempt to 'know' and regulate in accordance with the moral values and ideals held dear by influential political administrators.

The Nawab's sexual habits were directly integrated into Colvin's prognosis for the occupation of the throne in Rampur. He stated that, having consulted 'Dr Freyer', the Nawab might, with 'ordinary care, especially if he will abstain from excessive sexual intercourse... might very possibly live for some years.'⁷⁵ However, Colvin also believed that, although the Nawab might well live on, his past hedonism had rendered him incapable of supporting the same brand of strong, stable politics administered by his father. He described this shift in administrative capability by stating, '... we have not in Rampur the same security against mal-administration as we possess, for

⁷⁴ Antoinette Burton, 'Introduction The unfinished business of colonial modernities' in Antoinette Burton (ed.), *Gender, Sexuality and Colonial Modernities* (Routledge, 2005), p. 1.

⁷⁵ BL AAPC, IOR/L/PJ/6/283 File 1793, *Memorandum by Auckland Colvin* (6 February 1888), p. 11.

example, in the time of the late Nawab', because the new occupant of the throne was more reliant on 'the character and the advice of those who counsel him', individuals that must, therefore, be regulated and controlled by the Local Government.⁷⁶ Colvin then proceeded to sketch his strategic opinions on those currently in positions of power at the Nawab's Court, borrow from administrative practices elsewhere in the Empire to limit the Nawab's ability to rule *via* his own agency, and simulated a range of possible futures that might occur if the Nawab survived.

The Lieutenant-Governor considered General Azim-ud-din to be a blunt instrument, potentially difficult to manage but, for the moment, eager to fuse the interests of Rampur with the colonial government:

He is a man of the soldier than of the civil type... of very powerful physique; of great self-reliance... but he is by no means versed in the conduct of affairs, and he is intolerant of difference of ideas... he is a man who in the hands of such a Nawab as the last one, would have done the State admirable service, and who is capable of still doing it, if properly controlled.⁷⁷

Perhaps Colvin's description of Khan was shaped by 'martial race theory', which has been shown as fundamentally important for the formation of military policy in India in the second half of the nineteenth century. Heather Streets summarised the basic tenets of the ideology when she wrote, 'The hotter, and more tropic the area, the more lazy, lascivious, passive and effeminate... the population was assumed to be... Conversely, colder, more northerly climates were believed to produce and sustain war-like, aggressive and masculine people.'⁷⁸

⁷⁶ *Ibid.*

⁷⁷ BL AAPC, IOR/L/PJ/6/283 File 1793, *Memorandum by Auckland Colvin* (6 February 1888), p. 12.

⁷⁸ Streets, *Martial races*, p. 94.

Nevertheless, Colvin believed that he and his administration could successfully control the General, and that he should be installed as the Vice-President of an advisory council, which 'of course' would be presided over by the Nawab himself.⁷⁹ However, the Nawab's position at the head of the Council would, in Colvin's estimation, only ever be nominal; in practice, he wished him to act as a puppet, with the Lieutenant Governor fulfilling the role of puppeteer. Colvin envisaged three other seats at the ruling table, two of which would be filled by his own 'nominees.'⁸⁰ In addition, he drew inspiration from the model of governance then in place in Egypt, believing a similar arrangement would operate suitably in Rampur:

I have not thought it desirable to give to the Nawab a position of direct interference in the Council, though I have arranged his presence at its important meetings. The position which he will occupy is not unlike that which is at present occupied by the Khedive of Egypt: the Agent of the Local Government taking the part which at present the British Minister at Cairo takes.⁸¹

Colvin's borrowing of strategies for governance from Egypt supports claims made in recent scholarship concerning the nineteenth century as a time of packaging, sharing and deploying policies across nation-states and empires. Daniel Rodgers has focused on these polities more broadly, whilst Sugata Bose has documented how those processes of exchange existed in social, political and economic life across the lands and societies abutting the Indian Ocean.⁸² Also, Colvin's imagining a 'stock' of

⁷⁹ BL AAPC, IOR/L/PJ/6/283 File 1793, *Memorandum by Auckland Colvin on the state of affairs in Rampur* (6 February 1888), p. 12.

⁸⁰ *Ibid.*

⁸¹ BL AAPC, IOR/L/PJ/6/283 File 1793, *Memorandum by Auckland Colvin* (6 February 1888), p. 13.

⁸² Sugata Bose, *A Hundred Horizons The Indian Ocean in the age of Global Empire* (Cambridge, MA, 2006), especially Chapter One and Rodgers, 'Bearing tales: networks and narratives', pp. 301-313. Rodgers' article was part of a special issue of the *Journal of Global History*, edited by Julia Moses and

colonial projects being transplanted from one part of the Empire to another, and grafting their institutional networks onto different political contexts, loops into our broader concerns with the management of the empire and its colonial possessions through a dialogue of networks and projects.

As well as focusing on the issue of managing the Nawab and the General, Colvin also explicated on other possible methods of control. He alluded to the way in which the Nawab's son, Hamid, who stood next to the Lieutenant Governor in the photograph at the beginning of this chapter, could be groomed for succeeding his father over the course of his adolescence. He noted that although he was a 'boy of 14... quite a child, and evidently wholly unformed', he was also under the influence of a tutor, 'an extremely respectable Eurasian', who was well known to Colvin 'but who has not control over him except when he is teaching.'⁸³ His final thought was on the possibility of installing an 'English officer' with 'a direct share in the control of the State.'⁸⁴ However, Colvin concluded that, although 'events may hereafter make that necessary', he believed that 'at present such a step would be most undesirable in itself and most unpopular.'⁸⁵

The importance of Freyer's work in Rampur for providing Colvin with the basis upon which he could form such detailed political perspectives should not be forgotten. The surgeon had helped estimate the Nawab's health, which framed the immediate and forecasted policies of the Local Government. He was, as a result, a central node of critical information, made so by a backdrop of local and regional crises, military and political in nature, that drove at the core of contemporary British expansion in north western India. Why, then, did Freyer's receipt of a sizeable

Martin Daunton, that is useful for understanding ways in which broader phenomena concerning global exchanges in policy have been parsed by scholars. See Moses and Daunton, 'Editorial', pp. 177-188.

⁸³ BL AAPC, IOR/L/PJ/6/283 File 1793, *Memorandum by Auckland Colvin* (6 February 1888), p. 13.

⁸⁴ *Ibid.*

⁸⁵ *Ibid.*

compensation from the Nawab for his medical services attract such controversy? The colonial government had gained from deploying Freyer's professional skill in the manner described, and the Nawab's gift was deducted from Rampur's finances, rather than the GoI's. This assumption is valid because the Crown Government never raised the issue of the *lakh's* institutional origins. In order to resolve this question, we must acknowledge and analyse the ways in which professionalism was contested under the GoI.

Freyer as a professional

A small number of books and articles have focused on the topic of professional practice in medicine under colonial rule, most of them approaching the topic in relation to African History. John Iliffe forged new ground in 1998 with his book, titled *East African Doctors A History of the Modern Profession* but, since then, others such as Mary Sutphen and Bridie Andrews⁸⁶, Anna Crozier⁸⁷ and Charlotte Ann Chopin⁸⁸, have pushed boundaries in their own right. However, Iliffe's argument, that one must be aware of the institutional friction that surrounded issues of professional work and structures in the colonies, is highly relevant here. Iliffe emphasised the manner in which medicine's representatives in the colonies referred to themselves, and were often viewed, as 'beyond the pale' of a political establishment constituted by professional civil servants. In the Indian context, these civil servants had usually been trained as lawyers, a profession with deep historical interests in the nature of

⁸⁶ Mary P. Sutphen and Bridie Andrews (eds), *Medicine and Colonial Identity* (London, 2003)

⁸⁷ Anna Crozier, *Practising Colonial Medicine*.

⁸⁸ Chopin, 'Embodying 'the new white race'', p. 1.

British governance in India.⁸⁹ Iliffe's argument focused on institutional hierarchies in the East African Medical Service, especially as regards the figure of the Director of Medical Services, or DMS, who he typified as 'the doctors' representative in government... sometimes violently at odds with the political administration, and periodically engaged in bizarre negotiations between the state and its medical staff.'⁹⁰ As acknowledged in chapter three, these divergences in professional interests within colonial institutions were at least prevalent, and at worst systemic, in the public medical services in India during our period. Freyer's case shows how these different professional interests shaped the tone of connections within imperial networks, and bred jealousy and distrust between the medical men of the IMS, and the lawyers and professional civil servants of the ICS.

What passed through the professional networks of the IMS and ICS over the course of the period 1888 to 1893? Due to the extent of material available in both Galway and London on Freyer's case, a small number of representative case studies within the records of that correspondence will be used here. As mentioned in Section I, Auckland Colvin set a long-lasting precedent on dealing with Freyer's case in March 1889. Freyer's confidant and ally, Rice, wrote to him on 27 February 1889 and informed Freyer that Colvin had 'expressed great regret' at the manner in which Freyer had conducted himself in relation to the Government's position and, as a result, '... he does not think that, in these circumstances you must expect advancement in line with your fellows.'⁹¹ The context for Colvin's position was created a fortnight previously, when Freyer had communicated through Rice that he wished Colvin to consider placing him in a 'first class Civil Surgeoncy' over the head of his colleague,

⁸⁹ See Eric Stokes, *The English Utilitarians in India* (Oxford, 1959), chapter one.

⁹⁰ Iliffe, *East African Doctors*, p. 3.

⁹¹ NUIG Spec. Colls, *Freyer*, Box 1 P57/74, W.R. Rice to P.J. Freyer (27 February 1889), f. 2.

Dr Anderson, who was '3 years junior to me in the army, I being a Surgeon-Major and he a Surgeon, and that I have been several years longer in the service of this Government than he has.'⁹²

In response to receiving Colvin's position on the matter of his promotion, Freyer asked Rice, in a tone of incomprehension, 'what course His Honour believed that I should pursue, or what response he expected from me in relation to the Government's orders.'⁹³ Colvin's reply has already been referred to, but is worth analysing here in full:

... in the opinion of the Government of India, [his actions amounted] to calumnious insinuations in Native quarters, to the effect that it [the fee] was given less in acknowledgement of medical than of political services tendered... Dr Freyer has been long enough in India to know the risks an English officer runs when placed in the position in which he was placed, and the expediency of guarding himself against misrepresentation by the only course open to him, namely by leaving the value of his services to the judgement of the Government in whose employ he is serving.⁹⁴

Colvin's acerbic critique of Freyer's actions is worth reflecting upon in some detail. The Lieutenant Governor intimated that the actual quantity of the fee paid to Freyer was of secondary importance; he drew no attention to legislation or employment regulations that officially prevented Freyer from accepting the Nawab's gift. Instead, the Government reacted with such fierce sanction because of what the fee *represented*: an alleged subversion of the State's authority by one of its own officers 'in league' with a native state. In short, Freyer was being targeted for a perceived moral failing in Colvin's eyes.

⁹² NUIG Spec. Colls, *Freyer*, Box 1 P57/74, P.J. Freyer to W.R. Rice (11 February 1889), f. 1.

⁹³ NUIG Spec. Colls, *Freyer*, Box 1 P57/74, Freyer to Rice (2 March 1889), f. 3.

⁹⁴ NUIG Spec. Colls, *Freyer*, Box 1 P57/74, Colvin to Rice (4 March 1889), f. 4.

However, was there a minimum fee that an officer could be paid if he was perceived to have acted as such, and avoid the State's opprobrium? The Government had not asked Freyer to surrender the entire fee, but set an upper limit, Rs 50,000, which "would under the circumstances be the very utmost which could be considered reasonable."⁹⁵

Colvin's remarks reveal a reliance on a peculiar, arbitrary form of moral economy, constituted by perceptions of what certain work was worth and, moreover, how much subversion an officer could 'reasonably' peddle before any intervention from the State resulted. Colleagues elsewhere in the GoI openly addressed the peculiarity of the local government's reasoning the following year. On 22 July 1890 an anonymous memorandum written from an unidentified government office in India expressed the opinion that

The Lt Gov himself did not consider Rs 50,000 an unreasonable sum: and the Govt of India was prepared to sanction that amount as a maximum [emphasis in the original document]. But if Rs 50,000 was not an unreasonable fee and might properly have been received by Dr F, why was he bound to stop at that precise figure and decline all excess? There is no rule indicating Rs 50,000 as a more proper fee than Rs 100,000 in such a case.⁹⁶

However, this dissension from the official line of argument within the GoI was ultimately cast aside. The Government's stated position in correspondence with Freyer remained unchanged for a further five years, even after Colvin's retirement as Lieutenant-Governor in 1893. Despite his repeated pleas to Colvin's successor,

⁹⁵ Box 1 P57/73, MacDonnell to Reid (18 December 1888), f. 1.

⁹⁶ BL AAPC, IOR/L/PJ/6/283, File 1793, *Case of Surgeon-Major PJ Freyer*, anonymous memorandum from unidentified office within GoI (22 July 1890), no ff.

Charles Hauks Todd Crosthwaite, the Viceroy, Lord Lansdowne, and the Secretary of State for India, Viscount Cross, Freyer's correspondence during that period reflected a sharp decline in health, and a growing sense of disillusionment with life in India.

Cross's involvement in Freyer's case is worth focusing on at length, too, as his letters and memoranda provide an insight into how the position established by Colvin in March 1889 was preserved by small networks of influence *within* offices of imperial rule. Freyer first wrote to Cross at the India Office in May 1890, to express his dissatisfaction with the decision of the Viceroy, Lord Lansdowne, to uphold Colvin's actions.⁹⁷ Writing through Rice, he stated that he was 'unable to accept this decision [by Lansdowne] as final, and respectfully request that... my appeal may be forwarded for the decision of the Right Honourable the Secretary of State for India in Council.'⁹⁸ He reiterated his counter-arguments – that he had contravened no order of government, and that the charges against him were ambiguous legislatively and statutorily – but Cross's response was, in effect, the same as Lansdowne's. In a letter between the two, Cross requested that Fitzmaurice informed Surgeon Major Freyer 'that your action in the matter has my entire approval, and that I see no reason for interfering on his behalf.'⁹⁹

The phrasing of Cross's rebuttal concerning Freyer's case might appear blunt in the correspondence now kept at NUIG. However, copies of different drafts of the letter held at the BL reflect that Cross was on the brink of supporting Freyer's requests, until the intervention of Arthur Godley, an Irish landowner and the Permanent Under-Secretary of State at the India Office, who appeared in chapter three as a result of his correspondence with Hussain Bilgrami.¹⁰⁰

⁹⁷ S. V. Fitz-Gerald, 'Cross, Richard Assheton, first Viscount Cross (1823–1914)', rev. Paul Smith, *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, May 2011 [http://www.oxforddnb.com/view/article/32644, accessed 9 Sept 2016].

⁹⁸ NUIG, Spec. Colls, *Freyer*, Box 1 P57/81, Freyer to Rice (8 May 1890), f. 1.

⁹⁹ NUIG, Spec. Colls, *Freyer*, Box 1 P57/87, Cross to Lansdowne (9 October, 1890), no ff.

¹⁰⁰ ODNB, Matthew, 'Godley, (John) Arthur, first Baron Kilbracken (1847–1932)',.

In a departmental draft of a letter written by Cross to Lansdowne on 9 October 1890, the Under-Secretary initially questioned Lansdowne's decision to support Colvin's actions. On the second folio of the correspondence, the following was written:

The facts of the case appear so fully in your letter and in the correspondence, that it is unnecessary that I should more than inform your Excl. in Cl. Of the conclusions at which I have arrived. It is clear that in accepting the fee in question Dr Freyer was not guilty of a breach of any rule of his Service: and for that reason your Government while expressing the opinion "that a fee of Rs 50,000 would under the circumstances be the very utmost which could be considered reasonable", passed no absolute...¹⁰¹

The nuanced, and probably controversial, argument that Cross was about to introduce on the issue stops abruptly after the word 'absolute'; we can only guess that he was about to write something akin to the anonymous memorandum of 22 July. However, instead, the paragraph was crossed through, and the reader instructed to revert to 'part(A)' on the next sheet. 'Part(A)' was the argument eventually included in the correspondence between Cross and Lansdowne housed in the Freyer archive, which was referenced above.

Why Cross decided against an expression of support for Freyer's case became clear further along in the same file; his decision to do so was influenced by a letter sent to him on the topic by Godley. Godley wrote that the 'acceptance of excessive payments' by officials from native princes was 'a practice as to which the Govt of India cannot be too vigilant' and, secondly, he thought 'it would have a very unfortunate effect if the Secretary of State were to interfere on Dr Freyer's behalf, & thereby to

¹⁰¹ BL AAPC, IOR/L/PJ/6/283, File 1793, Cross to Lansdowne (9 October 1890), no ff.

appear to justify his conduct in the teeth of the local authorities.’¹⁰² In distinction to the black ink used by Godley, Cross then wrote in red ink, ‘I am much inclined to agree with Sir Godley’.¹⁰³ Thus, any dissension at the IO from the position of the local and central wings of the GoI was quashed, in the name of institutional coherence.

These disputes, which ran along the network of communications that connected political administrators in London, Calcutta and Lucknow, added layers of nuance to the ways in which different ‘nodes’, or persons, within institutional networks, could quell dissent from the established position on a particular topic. Little can be said about the first document, the anonymous memorandum of July 1890, due to the lack of contextual information supplied with it. However, that the memorandum was written anonymously and without referencing a particular office is significant; perhaps the author was intimidated by the prospect of attracting the opprobrium of the Viceroy, Colvin, Arthur Godley, or one of his colleagues, but still felt strongly enough to make his perspective known.

In the entry written about him in the *ODNB*, H.C.G. Matthew characterised Godley’s tenure as Permanent Under-Secretary, a position he held from 1883 to 1909, in the following terms: ‘Godley was an effective custodian of the India Office, always succeeding in presenting it as unified in policy.’¹⁰⁴ In our case, he certainly seems to have fulfilled that role, directing the course of action to be pursued by Cross who, in nominal terms, was the more senior of the two. The relations between these two men again draw attention to the ‘markedly asymmetrical’ nature of imperial networks, and

¹⁰² BL AAPC, IOR/L/PJ/6/283, File 1793, Godley to Cross (n.d., but signed by Cross on 23 August 1890), no ff.

¹⁰³ We know Cross was the writer because of the continuity in handwriting styles from the previous letter to Lansdowne.

¹⁰⁴ *ODNB*, Matthew, ‘Godley, (John) Arthur, first Baron Kilbracken (1847–1932)’.

that those asymmetries could be shaped by the internal institutional dynamics of a particular office, as well as the physical expanse of nineteenth-century colonial empires.

Cross's eventual refusal to support Freyer is the last piece of official correspondence between him and the GoI in the archive; after that point, there is a documentary hiatus of just over two years, when, in January 1893, Freyer made his requests for payment from the Regency Council of Rampur, and discussed his professional prospects in a series of private letters with the new Inspector of Civil Hospitals in the NWFPO, Richardson. Aside from seeking a further Rs 20,000 for services in Rampur between February 1889 and the end of 1892, Freyer also first raised the prospect of leaving India, and all of its politics, behind, and relocating to London. In his letter written to the President of the Council of Regency, Hamid Uz-Zafar, on 30 January 1893, Freyer divulged that he wished to have his finances in order 'before I leave India, not at all unlikely for good.'¹⁰⁵

This second tranche of private correspondence in the Galway archive gives a sense of an *esprit de corps* within the IMS network of which Freyer was a part. He was not a solitary character in his disputes with the Government, but was provided with information and morale boosts by private correspondence with his fellow medical men. This network of support focused on a particular node: the office of the Inspector General for Civil Hospitals in the NWFPO, populated by men such as Rice and Richardson. For example, in November 1889, Rice relayed to Freyer that a minute was being written by 'Sir B.', whose full identity remained unclear, which focused on 'the difficulty in fixing what the amount of the fee should have been by referring with different shots made ranging from Rs 15000 to Rs 50000...'¹⁰⁶ Rice also mentioned

¹⁰⁵ NUIG, Spec. Colls, *Freyer*, Box 1 P57/89, Freyer to President of the Regency Council of Rampur (30 January 1893), no ff.

¹⁰⁶ NUI Galway, Spec. Colls, P57/77 Rice to Freyer (19 November 1889), no ff.

preceding cases of a similar nature, concerning 'Beaumont, MacNamara and others', by the standard of which 'your *lakh* was no more than a fair honorarium from so wealthy a man for such a substantial benefit.'¹⁰⁷

He also appended to the letter an insight into the contemporary rivalries and jockeying for positions within the IMS itself. He informed Freyer that 'Harvey is going to Peshawar: he is making the running hot to be our next Surg. Gen.' and then imitated Harvey's line of argument for the job, writing "'Now how can Government overlook my self-denial in sacrificing so much. They must promote me before Cleghorn!'" This is how he will argue.'¹⁰⁸ Both men would later fulfill the professional ambitions referenced by Rice; James Cleghorn acted as the Director General of the IMS between 1895 and 1897¹⁰⁹, with Robert Harvey succeeding him in the role between 1898 and 1901.¹¹⁰

Later, Richardson, Rice's replacement in the Inspector of Civil Hospitals role, bolstered Freyer by forecasting that his fortunes were about to change. He relayed to him on 19 January 1893 that Colvin's successor, Charles Haukes Todd Crosthwaite, was due to invite him to act as the Government's representative at the International Medical and Surgical Congress, taking place in Rome later in the year. Crosthwaite was also of Irish extraction, like so many of the ICS administrators who passed comment on Freyer's case; he had been born at Donnybrook, Dublin in December 1835, before being

¹⁰⁷ *Ibid.*

¹⁰⁸ *Ibid.*

¹⁰⁹ 'CLEGHORN, Surg.-Gen. James', *Who Was Who*, A & C Black, an imprint of [Bloomsbury Publishing plc](http://www.bloomsburypublishing.com), 1920–2016; online edn, Oxford University Press, 2014 ; online edn, April 2014 [<http://www.ukwhoswho.com/view/article/oupww/whowaswho/U194755>, accessed 6 Oct 2016]. See I.J. Catanach's mention of his plague policy in I.J. Catanach, 'Plague and the tensions of empire: Indian 1896-1918' in David Arnold (ed.), *Imperial Medicine and Indigenous Societies* (Manchester, 1988), p. 150.

¹¹⁰ RCPE, 'Munk's Roll', Vol. IV, 'Robert Harvey (1842-1901)' [<http://munksroll.rcplondon.ac.uk/Biography/Details/2079>] [accessed on 6 October 2016]

educated at St John's College, Oxford, and entering the Civil Service in August 1857.¹¹¹ The move by Crosthwaite, Richardson believed, indicated 'how the wind is blowing' and nudged Freyer to 'be of good cheer: I am most heartily glad of the change.'¹¹²

In the months immediately afterwards, Richardson's "winds of change" did, indeed, appear to be at Freyer's back, although they blew as a zephyr rather than a gale. On 8 April, Freyer was informed that Crossthwaite had agreed to install him in a First Class Civil Surgeoncy should he return to India at the end of the period of furlough he was then on, a move that Freyer greeted with 'sincere thanks for the courtesy he has shown me in this matter and the kindly consideration he has given my case.'¹¹³ However, what the Lieutenant-Governor bestowed with one hand, he took away with the other. Crossthwaite ruled that a second claim of Rs 20,000 made by Freyer to the Regency Council for work in Rampur between 1889 and 1892, should be partially paid, to the value of Rs 8,800, arguing that the remaining Rs 11,200 was too much given that he had received a *lakh* five years before. In Crosthwaite's view, Freyer had been 'amply remunerated for his services to the late Nawab.'¹¹⁴

Freyer was predictably underwhelmed by the proposed cleaving in two of his claim, but so too was his ally Richardson, who openly invoked inter-professional rivalry as the cause of his treatment by the Government in a letter written on 30 March 1893. He stated that, although 'Sir C[harles].C[rosthwaite] is a good fellow, honourable & upright', Freyer had to understand 'how difficult it is for H.H. to right about face &

¹¹¹ Katherine Prior, 'Crosthwaite, Sir Charles Haukes Todd (1835–1915)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004 [<http://ezproxy-prd.bodleian.ox.ac.uk:2167/view/article/32646>, accessed 9 Sept 2016].

¹¹² NUIG, Spec. Colls, *Freyer*, Box 1 P57/88, Richardson to Freyer (19 January 1893), no ff.

¹¹³ NUIG, Spec. Colls, *Freyer*, Box 1 P57/90, Freyer to Nunefold (11 April 1893), no ff.

¹¹⁴ NUIG, Spec. Colls, *Freyer*, Box 1 P57/98, Chief Secretary to NWPO to Agent to Lieutenant Governor for Rampur (2 May 1893), no ff.

damn his predecessor “sudden-like”.’¹¹⁵ The root cause of Freyer’s tribulations, Richardson believed, was the jealousy of other members of the ICS: ‘Civilians are all bursting with envy, and that has been at the bottom of much of your trouble.’¹¹⁶

In order to combat the jealousy of the ‘civilians’ who opposed him, Freyer wrote to Crosthwaite on 22 June, through Richardson, drawing attention to the similar cases of other professional men for very similar forms of work to his in Rampur, both medical and legal. Surgeon-Major Mulrony, for example, of the Punjab Medical Service, had been paid Rs 26,000 for ‘a comparatively short attendance on one of the Punjab chiefs’. Freyer then made a very pointed reference to the sinecures that lawyers working on behalf of the Government had made whilst working on state trials in 1892. Specifically, and rather pointedly, he focused on the example of Walter Colvin, the former Lieutenant-Governor’s youngest brother, who ‘was paid Rs 800 a day for about 40 days work, though Rs 500 was the fee agreed beforehand.’¹¹⁷ Freyer was keen to impress, in drawing attention to these discrepancies in administration, that he did so not ‘in a grudging spirit, but merely to suggest that a state which can be so generous to its lawyers ought not to depreciate the services of its doctors...’¹¹⁸

Again, the strength of professional kinship between Freyer and Richardson in private provided the former with a greater understanding of why the ‘winds of change’ had faltered. ‘Our friend Hamilton’, Richardson wrote to Freyer in July, ‘at length illuminates my mind. He tells me that Sir Philip Hutchins, who travelled with Sir C.C. through Farlwoal, talked the L.G. over, & induced him to act as he has done. The L.G. has acted with a dull stupidity of which I did not think him capable.’¹¹⁹ ‘Our friend

¹¹⁵ NUIG, Spec. Colls, *Freyer*, Box 1 P57/93/2, Richardson to Freyer (30 March 1893), no ff.

¹¹⁶ *Ibid.*

¹¹⁷ NUIG, Spec. Colls, *Freyer*, Box 1 P57/100, Freyer to Richardson (22 June 1893), f. 1.

¹¹⁸ *Ibid.*

¹¹⁹ NUIG, Spec. Colls, *Freyer*, Box 1 P57/100, Richardson to Freyer (21 July 1893), f. 1.

Hamilton' could well have been one of Freyer's Irish contemporaries in the Service, Henry Hamilton, who gained a commission in the IMS in 1876. He was born in Raphoe, Co. Donegal in April 1851, and trained at Queen's College Belfast.¹²⁰ Hutchins, on the other hand, originated from England and, after training at Haileybury, entered the ICS in 1857, and acted as a judge in Madras, as well as sitting on the Madras Legislative Council and Imperial Legislative Council of India during a lengthy career in India.¹²¹

Although no letters have survived that allow us to pinpoint exactly when Freyer decided to leave India, the issue of his second Rampur fee was never resolved to his satisfaction, and appeared to be a Rubicon that marked the beginning of the end of his career in India. On 17 November, he wrote to J.G. Pilcher, Richardson's replacement as Inspector of Civil Hospitals, from his solicitors, Grindley & Co of London, whilst on an extended period of furlough. The letter documented that his health had recently declined, specifically concerning a bout of 'fever and congestion of the liver...', and that he wished to apply for a lengthened stay of absence in London, to avoid 'the hot localities in the plains of India.'¹²² He also indicated that he felt short on options to combat the Government's halving of his second Rampur fee, writing resignedly that,

I have no alternative between accepting this decision and incurring the further displeasure of Government; and as circumstances necessitate my return to India for a further period of service, after full consideration of the matter and consultation with my friends, I see no course open to me but to bow to the decision of Government.¹²³

¹²⁰ BL AAPC, ASP, IOR/L/MIL/9/404, 'Henry Hamilton', ff. 333-338.

¹²¹ Brief biography drawn from *The Spectator* (26 February 1927), p. 18 and C.E. Buckland, *Dictionary of Indian Biography* (London, 1906), p. 212.

¹²² NUIG Spec. Colls, *Freyer*, Box 1 P57/104, Freyer to Pilcher (17 November 1893), no ff.

¹²³ NUIG Spec. Colls, *Freyer*, Box 1 P57/103, Freyer to Pilcher (17 November 1893), no ff.

However, his subsequent career in India was short-lived; his financial ledgers show that, in January 1896, he began furnishing his practice at 46 Harley Street. On 28 January he bought a writing desk from John Barker's department store on Kensington High Street; later, on 6 April, he called to Allen & Hanbury's to purchase a bag to house his surgical instruments.¹²⁴ Allen & Hanbury's was a well-established pharmaceuticals company established in 1795 by William Allen (1770-1843), a Quaker businessman and contemporary of Jeremy Bentham's, and his nephews, Daniel Bell Hanbury (1794-1882) and Cornelius Hanbury (1769-1882).¹²⁵ The purchase of these important, but quotidian, objects in the life of a surgeon, indicated that Freyer was leaving behind his India disputes, and turning his professional ambition towards the metropolitan heart of the Empire: London.

Conclusion

Freyer's professional life in India was phrased in a very particular way after its conclusion. In London, amongst his Irish friends and peers, his treatment of the Nawab of Rampur was phrased as a romantic myth, of an Irishman striking 'agin the Government' and, like a 'true Irishman', beating the Government.¹²⁶ These sorts of statements were, in one sense, true: Freyer did 'beat the Government' in the dispute

¹²⁴ NUIG Spec. Colls, *Freyer*, Box 4 P57/219, Account Book (1892-1912), Vol. 1, no ff.

¹²⁵ For Allen's biography see Leslie Stephen, 'Allen, William (1770-1843)', rev. G. F. Bartle, *Oxford Dictionary of National Biography*, Oxford University Press, 2004 [<http://www.oxforddnb.com/view/article/392>, accessed 12 Sept 2016]. The three had bought a pre-existing chemist's shop at Plough Court, a small byway running adjacent to the prominent Lombard Street, from Silvanus Bevan, an apothecary from South Wales, and their company was later, in the mid-twentieth century, agglomerated into GlaxoSmithKline's portfolio. See John S Morris, 'Silvanus Bevan the 'Quaker FRS' (1691-1765) apothecary with a note on his contribution to the founding of the pharmaceutical company Allen and Hanbury', *Journal of Medical Biography*, Vol. 19 (February 2011), pp. 2-4 and Mary Williamson's review of Geoffrey Tweedale, *At the sign of the plough: 275 years of Allen & Hanburys and the British pharmaceutical industry 1715-1900* (London, 1990).

¹²⁶ NUIG Spec. Coll., *Freyer*, Box 6 P57/263, 'Irish Times – Irish Medical Schools and Graduates' Association' (18 March 1904), no ff.

surrounding his payment by the Nawab, and he became one of the most financially successful and socially prestigious IMS surgeons of his time. However, ‘beating the Government’ was not a simple exercise, nor was it pre-ordained by his ethnicity.

In order to protect his own interests, Freyer had to leave Government service entirely, relocate to London, and create a wealthy client base *via* reliance on his talent and ability to convince clients and colleagues that he was more skilled than his rivals. As was referenced in the correspondence above, these processes had costs: he had to apply for lengthened periods of leave from the IMS to recover from fever and liver problems. The effects also appeared to be psychological: his reaction to the Government’s decision as regards his second Rampur fee was one of resignation, in which he felt he had “no alternative” between accepting the decision made, or continuing to attract “the further displeasure of Government.” Instead of amounting to a simple narrative, regarding an Irishman’s ability to make a fortune and strike a blow against the Establishment, Freyer’s Indian career unveiled the complex history of the relationship between professionalism and politics under colonial and imperial governments. A number of conclusions can be drawn from choosing to focus on this history rather than the contemporary narrative.

Firstly, Freyer’s professional remit, as both a surgeon and a political informant, raises interesting questions as regards ethics in medical and surgical practice. When the GoI created a dual role for him, his professional remit was challenged by the political expediency of his circumstances. The correspondence between him and the Regency Council, in which he mentioned the issue of medical confidentiality, explicitly brought these tensions into play, and invites us to reflect more broadly on the relationship between political institutions and medical practice under colonialism. For example, a number of cases were mentioned in the course of

the dispute between Freyer and the GoI, concerning IMS surgeons treating the equivalent of the Nawab in other native principalities and possessions. Were these surgeons also expected to act as political informants? If so, were these same ethical issues also invoked?

These ethical issues resulted from Freyer occupying a complex position within the State of Rampur: he was a ‘node with many edges’, connected, both formally and informally, to the GoI and the Nawab’s Court. There is a need within the study of imperial networks to formalise their structures, and our knowledge of their nature, by incorporating insights from outside the discipline of History. There would be real value in modelling, for example, Freyer’s position in Rampur through the software packages available from work in the Computer and Mathematical Sciences as regards Social Network Analysis. Freyer’s, Colvin’s, Rice’s, or any one of the actors mentioned above, ‘centrality’ within the political networks that joined offices across the sub-continent with those in London might then be measured. Centrality is a measure of how many edges a node has at a given point in time, and the nature of those connections: Is the node in dialogue with other nodes, and can they therefore shape the information flowing through the network? Or do they act as ‘vectors’, exerting a minimal amount of influence on the nature of the information they carry, but being very powerful forces for determining who gets what information and when? These questions seem highly relevant given the form of communications that took place between Freyer and various offices within the GoI. His correspondence was very rarely conveyed to the recipient directly, but was channelled through the Office of Inspector for Civil Hospitals, an individual that often provided him with valuable context on the decisions being taken as regards his case.

This chapter has also shown a need for us to re-evaluate assumptions about how empire was administered, and the interests that underpinned those administrative processes. Even when the study of professions has been intertwined with the study of empire, the theme of inter-professional rivalry, between lawyers and doctors, for example, has not been explored to a suitable extent. There is a need to trace the epistemological underpinnings of the training these men received, in law, medicine, civil service, or engineering, to establish how that training primed them for viewing professional work in the colonies with certain predispositions and assumptions. What has been relayed through the Freyer case is that the GoI was a political space in which professionalism was phrased according to speciality, which could then lead to mistranslations, misunderstandings and polemics between practitioners of various stripes. Future research might also compare these rivalries across colonies and empires, and establish whether or not such rivalries flared over certain issues, or were a constant in professional life in the colonies.

The preceding point also provokes questioning of the way in which the figure of the surgeon or physician is viewed in colonial spaces. Although through the work of Iliffe, Chopin and others mentioned above more nuanced conceptions of these individuals have emerged, other scholarship has made wide-ranging assumptions, based on Foucauldian understandings of medicine, as regards medical practitioners under imperial and colonial regimes. I am thinking specifically here of Bridie Andrews and Andrew Cunningham's assertion from 1997 that medical personnel were 'authoritative figures', who forced their patients into a passive, 'submissive' role.¹²⁷ In stark contrast, Freyer referred to the space he occupied in Rampur as being

¹²⁷ Andrew Cunningham and Bridie Andrews, 'Introduction: Western medicine as contested knowledge' in Andrew Cunningham and Bridie Andrews (eds), *Western medicine as contested knowledge* (Manchester, 1997), p. 6.

akin to ‘a gambler playing for high stakes’, that if he ‘had the good fortune to win, it must not be forgotten that there were long odds on my losing.’¹²⁸ These sorts of depictions of a surgeon’s role give a sense of the randomness of value surrounding professional work in imperial institutions and colonial societies. Even when an IMS surgeon, in this case, fulfilled the role created for them by the institutions that employed them, they could face reprimand and sanction because of friction between the various political networks and projects that defined their professional remit. Freyer’s case exhibits the surgeon as a far less assured figure, one open to the fickleness of chance, rather than the sure-footedness of traditional conceptions of professional power.

The final conclusion to be made here concerns the underlying influence of cultural attitudes towards sexuality and the politics of sexual practice, which are the key thematic concerns for our next chapter. For Colvin, and to an extent Freyer, the Nawab’s ability to rule was a product of the moral and physiological effects of his sexual malpractice. Not only was the Nawab’s previous sexual practice morally problematic, it shaped the possible strategic futures that Colvin created, and the assumptions he made about the Nawab’s ability to rule in the same, ‘strong’ manner as his father. In our final chapter these same themes, concerning what happens when private sexuality is examined and perceived by political institutions, are analysed through a series of interlinked social and professional networks in Hyderabad, a principality governed by a *Nizam* rather than a *Nawab*.

¹²⁸ BL AAPC, IOR/L/PJ/6/283 File 1793, Freyer to Rice (21 September 1888), no fos.

Chapter 5 - Sexual practice, sexual politics: an episode in the career of Patrick Hehir at Hyderabad, 1889-1905

Introduction

At 5.30pm on 16 December 1896 at a house in Saifabad, a district of Hyderabad, Marion Edith Whittaker died. Her demise was the result of an abortion that had occurred eleven days before, an event that was itself the function of purgative

substance abuse, and the influence of the surgeon she had approached for help, Patrick Hehir. The foetus that passed from the twenty-three year-old's womb on 5 December was taken by one of the servants working in the house, and buried unceremoniously and hurriedly in a grave one foot deep; she had been directed to do so by Whittaker's lover and owner of the property, Arthur Napoleon Templeton. The servant in question, Hoosainee Bi, later recollected:

I looked in the clothes and saw that there was a child, and asked what I was to do with it. The *ayah* [nursemaid] told me to take it away, but Mr Templeton said, "No, wash the clothes in the bath-room and take away the child and bury it outside"... I took away the child. I dug a hole near the filth bucket[,] which stands by the kitchen[,] and buried it. I dug the hole with a stick about 18 inches long, and buried it. I buried it a foot down.¹

The brutal burial of Whittaker's child proved a portent for the treatment of her own body after she expired. Although she was buried at 8am on the morning after her death, in a cemetery in the Moglai district of the city, her remains were not allowed to rest undisturbed. A member of the local police force, Mr Frederick Leslie Crawford, came and saw the chaplain of St George's Church, Samuel Henry Johnston, claiming that he had a court order to have the body exhumed. However, he failed to produce the actual document.² Even so, Johnston allowed Whittaker's body to be disinterred for the performance of a hastily arranged post-mortem.

The IMS surgeons who performed the procedure, Frank Albert Symons and William Owen Wolesley, concluded that Whittaker's death was due to septicaemia,

¹ BL AAPC, IOR/R/1/1/1266, *File Con B I B 87-91 1897 Conduct of Surgeon Captain P. Hehir in connection with the Hyderabad Templeton case. Explanation called for from Surgn Lt Col. E. Lawrie in regards to his remarks in Dr Hehir's confidential report*, 'Criminal Proceedings – Hyderabad District Court', Testimony of Hoosainee Bi (14 January 1897), f. 178.

² BL AAPC, IOR/R/1/1/1266, *Conduct of Surgeon Captain P. Hehir*, 'Criminal Proceedings – Hyderabad District Court', Testimony of Samuel Henry Johnston (15 January 1897), f. 195.

induced by ‘... the absorption of poisonous matter from the mass of organised material in the uterus; and that this material is probably the remains of a placenta, left by an abortion.’³ Notably, nothing was recorded concerning how Hehir’s treatment of Whittaker in the wake of the abortion might have led to her death; Symons and Wolesley placed emphasis on an unfortunate set of biological circumstances instead. In order to reach their conclusions, the surgeons had removed ‘en masse’ Whittaker’s ‘uterus, ovaries, broad ligaments, vagina, and lower end of rectum and bladder, and skin of vulva ani [and] anus, by separating [the] pubic bones.’⁴ Once Whittaker’s body had been disassembled, various portions of her organs and genitalia were used as evidence in the court case induced by the post-mortem, *Empress vs Templeton*, which provides our primary *locus* of inquiry here. According to the records of the municipal district court, once these organs had been used, some were stored at the local museum.⁵

How can the circumstances of Whittaker’s treatment and death be recreated? One method is through focusing on the spaces referenced in the above summary of Whittaker’s demise (a privately-owned house, its kitchen, a public cemetery, a courtroom, a museum). By focusing on their significance, the practice of medicine in this case becomes defined by tensions between public and private spaces in colonial societies, resulting in the substantiation of the following argument.

³ BL AAPC, IOR/R/1/1/1266, *Conduct of Surgeon Captain P. Hehir*, ‘Criminal Proceedings – Hyderabad District Court’, Result of post-mortem examination upon the body of Mrs Whittaker (aged 23 years), Exhibit No. 4, f. 271.

⁴ BL AAPC, IOR/R/1/1/1266, *Conduct of Surgeon Captain P. Hehir*, ‘Criminal Proceedings – Hyderabad District Court’, Result of post-mortem examination upon the body of Mrs Whittaker (aged 23 years), Exhibit No. 4, f. 270.

⁵ For examples of these usages see BL AAPC, IOR/R/1/1/1266, *Conduct of Surgeon Captain P. Hehir*, ‘Criminal Proceedings – Hyderabad District Court’, Witness statement of Frank Albert Symons, Surgeon-Captain (24 December 1896), f. 134 and BL AAPC, IOR/R/1/1/1266, *Conduct of Surgeon Captain P. Hehir*, ‘Criminal Proceedings – Hyderabad District Court’, Witness statement of William Owen Wolesley (8 January 1897), f. 146.

Public life (a form of social and political performance, constituted in this instance, by values such as ‘character’, ‘professionalism’ and ‘gentility’) was connected to private life (a manner of being not consciously administered for public interests, and defined by informal friendships and family ties, but also sexual transgressions) through a relationship of mutual subversion. The values that an individual was meant to uphold in public life were subverted by their private behaviour. Public expectations could induce a fear of shame, and lead to an individual taking actions that determined, at best, the ways in which others were perceived by public institutions and, at worst, the length of their own lifespan.

However, the power and meaning of public values did not simply coerce private individuals; they could threaten those values when their private conduct became public knowledge. Those institutions were then forced to regulate and manage perceptions of who was culpable for the outcomes of a set of circumstances, and thus maintain an established moral and institutional order at the expense of some of the actors involved.

These topics, concerning the location of and relationships between private behaviour and the enforcement of public standards of morality, are very old, and have shifted in meaning across time and type of human society. For example, in Ancient Greece, two co-constitutive realms were thought to exist: the *polis*, a ‘public sphere based on open interactions between free citizens in the political realm’, and the *oikos*, ‘a private sphere founded on *hidden* interactions between free individuals in the domestic realms.’⁶ For modern, industrial societies, Jurgen Habermas theorized that the public sphere was, ‘... the sphere of private people [who] come together as a

⁶ Simon Susen, ‘Critical Notes on Habermas’s Theory of the Public Sphere’, *Sociological Analysis*, Vol. 5, No. 1 (Spring 2011), p. 39.

public...’, and use their reason to demand social and economic reform from political institutions.⁷

However, closer to the disciplinary origins of this study, a number of scholars have written in recent years about the ideological and physical boundaries between public and private spheres in relation to sexuality and the British Empire and, secondly, the importance of understanding *space* in historical analyses of modern British imperialism. My work here sits most closely in relation to these two overlapping strands of scholarship, which are less concerned with politics and more with social history and the history of knowledge.

The authors of the first body of work have laid particular emphasis on the subject of space, specifically its formality or informality, as an important aspect of understanding the social history of deviancy in colonial societies. Writing in the introduction to their edited volume on the subject, Will Jackson and Emily Manktelow referenced spaces and places on a number of occasions, but the following is the most relevant reference for what follows here. Themselves referring to the new perspectives offered by Esmé Cleall’s work, they wrote,

... Cleall is just one of a number of scholars to take the colonial family as ground on which to explore the contested, contradictory interplay of public good and private feeling. As several of the chapters collected here show, the policing of colonial deviance can be as effectively explored in the mundane settings of the day-to-day – on the verandah, the back step, on the street or on the beach – as on the more conspicuous stage of political scandal.⁸

⁷ Jürgen Habermas (trans. Thomas Burger and Frederick Lawrence), *The Structural Transformation of the Public Sphere: An Inquiry into a Category of Bourgeois Society* (Cambridge, Mass., 1989), p. 27.

⁸ Will Jackson and Emily J. Manktelow (eds), *Subverting Empire Deviance and Disorder in the British Colonial World* (Basingstoke, 2015), p.6. Also see Cleall’s journal article on deafness for an engaging treatment of the imbrication of deafness, gender and deviant sexuality under British imperial rule in Canada: Esmé Cleall, ‘Jane Groom and the Deaf Colonists: Empire, Emigration and the Agency of

Of particular note for the contents of the chapter presented here, is Jackson and Manktelow's emphasis on the 'interplay of public good and private feeling', although in our case, perhaps interplay is not strong enough a word; tension between the two spheres would best describe the context and content of Hehir and Whittaker's interactions.

The emphasis placed on space by Jackson, Manktelow and Cleall, has also been a core concern for those publishing on the *de rigueur* subject of global history, of which imperial history has become conversant with, although the theme is also deeply intertwined with the origins of historical thought about the modern British Empire.⁹ Alan Lester has been one of the most consistent contributors,¹⁰ and his introduction to the edited volume he co-authored with David Lambert has the most resonance here. Lester and Lambert wrote about the particular views of imperial governance and colonial societies that emerge from a 'networked' conception of how those spaces are inter-connected. Specifically, the two authors wrote,

Disabled People in the late Nineteenth-Century British Empire', *History Workshop Journal*, Issue 81 (2016), pp. 39-61, especially p. 42. For another volume with notable interests in space, in particular the barracks of the Indian Army, see Erica Wald, *Vice in the Barracks Medicine, the Military and the making of colonial India, 1780-1868* (Basingstoke, 2014). Earlier groundbreaking work on sexuality and empire has also had an influence here, if not directly. See, for example, Kenneth Ballhatchet, *Race, sex and class under the Raj: imperial attitudes and policies and their critics, 1793-1905* (London, 1980) and his related journal article, 'The Structure of British Official Attitudes: Colonial Mauritius, 1883-1968', *The Historical Journal*, Vol. 38, No. 4 (1995), pp. 989-1011; Ronald Hyam, *Empire and Sexuality: The British Experience* (Manchester, 1991); Philippa Levine, 'Venereal Disease, Prostitution and the Politics of Empire: The Case of British India', *Journal of the History of Sexuality*, no. 4 (1994), pp. 579-602 and her later book *Prostitution, race and politics: policing venereal disease in the British Empire* (London, 2003).

⁹ On the former point see Rodgers, 'Bearing tales', pp. 301-313 and the rest of this special issue in the *Journal of Global History*, summarized in an article by its editors. Moses and Daunton, 'Editorial', pp. 177-188. On the latter I am thinking specifically of J.R. Seeley's *The Expansion of England* (Leipzig, 1884) and John Gallagher and Ronald Robinson's field-defining journal article, 'The Imperialism of Free Trade', *Economic History Review*, Vol. 6, No. 1 (1953), pp. 1-15.

¹⁰ Lester, 'Personifying Colonial Governance', pp. 1468-1488; Alan Lester and Fae Dussart, *Colonization and the origins of humanitarian governance: protecting aborigines across the nineteenth-century British Empire* (Cambridge, 2014) and *Imperial Networks: Creating Identities in Nineteenth-Century South Africa and Britain* (London, 2001).

And what emerges implicitly from a networked conception of imperial *space* is an understanding of *place* that shares many features with recent theoretical approaches within the discipline of geography... Places are not so much bounded entities, but rather specific juxtapositions or constellations of multiple trajectories. These trajectories may be those of people, objects, texts and ideas... The differences between places are the result of these trajectories intersecting in varied ways across the surface of the Earth. In their ever-changing coming together, they produce combinations that are unique and thus give ‘character’ to each place.¹¹

What follows here is an examination of how three ‘trajectories’ (substantiated in professionalism, friendship and sexuality) were pulled into the overlapping, and often uneasy, public and private spaces of a particular place: Hyderabad at the end of the nineteenth-century.

Professionalism and patronage in Patrick Hehir’s early career

The definitive aspect of Patrick Hehir’s early career, from his time in medical school to his entry into the IMS and first postings as an officer, was his ability to foster and maintain informal connections with fellow professionals in positions of influence and prestige. His application to the IMS was supported by some of the foremost surgeons then working at Britain’s most prestigious hospitals; he also cultivated the patronage of powerful IMS officers during the time he spent practicing as part of the Bengal Medical Service, a subordinate of the IMS, in the early 1880s.

One of his referees from Britain was Sir Charters Symonds, Anglo-American by birth and family history, and an authority in throat surgery at Guy’s Hospital

¹¹ Lester and Lambert, ‘Introduction’ in Lester and Lambert (eds), *Colonial Lives Across the British Empire*, pp. 13-14.

between 1866 and 1902. He was also a prominent figure at the RCSEng, where Hehir studied for his Diploma in Surgery. Over the course of a lengthy career, Symonds occupied positions including Vice-President of the College, Bradshaw lecturer and Hunterian orator.¹²

Symonds wrote of Hehir, after a period spent training at Guy's, '... he has paid the greatest attention to the practice of the hospital, and possesses a sound and practical knowledge of his profession.'¹³ Not only was he competent as a surgeon-in-training, Hehir's '... conduct has ever been that of a gentleman, and he has gained the respect of all those who have been associated with him.'¹⁴ As was the case in our second chapter, Symonds constructed Hehir as the realisation of professional ideals: a practical man of science who was also genteel, cultivated and a respected young constituent of a professional community.

These depictions of Hehir were carried on by another of his referees to the Service: William Hale-White, also of Guy's, and the son of William Hale-White Senior, better known *via* his literary pseudonym, Mark Rutherford.¹⁵ Hale-White Jr was, at time of writing, building a formidable professional reputation. He had recently been appointed as an Assistant Physician at Guy's and, over the course of his career, would ascend to occupy the position of Consulting Physician at the hospital. Furthermore, through marriage Hale-White became deeply intertwined with another family who occupied significant public cache in the medical profession in Britain

¹² John Kirkup, 'Symonds, Sir Charters James (1852–1932)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004 [<http://www.oxforddnb.com/view/article/36399>, accessed 27 July 2016].

¹³ BL AAPC, IOR/L/MIL/9/414, ASP, 'Patrick Hehir' (1886), ff. 226-27.

¹⁴ *Ibid.*

¹⁵ For the junior Hale-White's biography see Maurice Campbell, 'White, Sir William Hale- (1857–1949)', rev. Anita McConnell, *Oxford Dictionary of National Biography*, Oxford University Press, 2004 [<http://www.oxforddnb.com/view/article/33644>, accessed 27 July 2016]. For his father's entry see Valentine Cunningham, 'White, (William) Hale (1831–1913)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, Jan 2014 [<http://www.oxforddnb.com/view/article/36864>, accessed 27 July 2016].

during the late-nineteenth and early-twentieth centuries: the Fripps. In the same year that he wrote Hehir his reference for the IMS, Hale-White married Edith Fripp, a sister of Alfred Fripp. Alfred was a physician who cultivated close personal and professional relationships with both Edward VII and George V, acting, in both formal and informal capacities, as their physician over the course of the period 1890-1930.¹⁶

In a similar tone to Symonds, Hale-White wrote of Hehir: 'Dr Patrick Hehir has been attending the practice of Guy's Hospital for nearly a year[,] during which time he has been very diligent in his attendance in the wards and has given ample evidence that his character is excellent.'¹⁷ The twin standards of ideal professional conduct, competence and character, were again invoked by Hale-White, which wove Hehir's professional capacities and character back to the contemporary ideals of the surgeon examined in our earliest chapters.

These laudations from Hehir's referees were probably more than just generic invocations of ability for the purposes of a reference; Hehir possessed talent, too. He graduated second from his entrance class to the IMS, and was a multi-linguist who wished to sit the Service's voluntary examination in both French and Hindustani.¹⁸ As was seen in our second and third chapters, it was unusual for a man to enter the IMS with an already sound proficiency in Hindustani. That Hehir did indicates that he was either a skilled linguist, a surgeon savvy to the requirements of a particular sort of public life, or a compound of both.

¹⁶ Francis Greenacre, 'Fripp, George Arthur (1813–1896)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004 [<http://www.oxforddnb.com/view/article/10185>, accessed 27 July 2016]. See also Fripp's obituary, published in the *BMJ*, which provides insights into the formal and informal public figure he was. *BMJ*, 8 March 1930 (Vol. 1, Iss. 3609), pp. 473-74. He was also a medical witness in a number of English High Court cases in the 1910s and 1920s, see *The Times* (16 March 1928), p. 5; *The Times* (29 October, 1926), p. 5; *The Times* (15 July 1926), p. 5.

¹⁷ BL AAPC, IOR/L/MIL/9/414, ASP, 'Patrick Hehir' (1886), f. 228.

¹⁸ BL AAPC, IOR/L/MIL/9/414, ASP, 'Patrick Hehir' (1886), f. 225.

There was also an Irish connection to the way in which Hehir appropriated the goodwill of ascendant leaders of the institutions in which he trained. During his time in the BMS, Hehir worked as a clinical assistant at the Presidency General Hospital in Calcutta for Edward Alfred Birch, the Surgeon Superintendent. Birch later wrote another reference for Hehir, stating that he ‘... had ample opportunity of observing his professional attainments and general character and it gives me much pleasure to be able to say that I formed a high opinion of both.’¹⁹

Although Birch’s reference for Hehir was written, like those above, as a result of a previous close professional relationship, the glowing terms he used could also have been the result of a shared geographic point of origin. Hehir was born in 1859 in the town of Templemore, Co. Tipperary, twenty kilometres from where Alfred Birch’s immediate and extended family were large landowners and prominent brewers in the town of Roscrea.²⁰ According to the Roll of the RCEng (Munk’s Roll), Birch was the son of William Birch, J.P. for Roscrea, and had studied at the RCSI, graduating with a licentiate in surgery in 1861.²¹ Their close proximity in place of birth, and their shared experience of a professional life in India, probably exerted an influence on Hehir’s ability to source a positive reference from Birch for use in his application to the public medical services.

Lambert and Lester’s definition of ‘spaces’, as the crossing of juxtapositions and constellations of trajectories in a person’s or community’s life at different locations around the world, seems particularly relevant here. Hehir’s references from men such as Symonds, Hale-White and Birch speak to a constellation of local, perhaps

¹⁹ BL AAPC, IOR/L/MIL/9/414, ASP, Patrick Hehir (1886), fo 234.

²⁰ NUIG landed estates database, ‘Birch’ [<http://landedestates.nuigalway.ie/LandedEstates/jsp/estate-show.jsp?id=3422>, accessed on: 26 July 2016].

²¹ *RCEng Munk’s Roll*, Vol IV (1826-1925), ‘Alfred Birch’ [accessed at: <http://munksroll.rcplondon.ac.uk/Biography/Details/398>, accessed on: 26 July 2016].

ethnic, and professional trajectories, founded in hospitals spread around the globe, but deployed (using a specific lexicon) in order to construct a particular type of public persona. Therefore, an important aspect of understanding the spaces in which social, political or, in this case medical, praxis took place was their creation by those who exerted influence through technology (references, for example), as well as those who were physically present.

Patrick Hehir, Edward Lawrie and professional relations in Hyderabad

Hehir's professional trajectory continued to soar after he was granted a commission to enter the IMS as an assistant surgeon in 1887. Two years later, in 1889, he was appointed President, at the age of twenty-nine, of the Hyderabad Chloroform Commission.²² The Commission was established by the Government of the princely state's ruler, the Nizam, to inquire into the nature of the correlation between cardiac arrest and the use of chloroform in anaesthesia. In addition to the substance of the Commission's work, Hehir was also first brought into sustained contact with the IMS surgeon working under the auspices of the British representative to the Nizam's Government: Edward Lawrie. Their meeting in this context, as two members of a prestigious scientific commission, would later be juxtaposed with the souring of their relationship as a result of Hehir's conduct whilst treating Marion Whittaker and, furthermore, the nature of his involving Lawrie in the aftermath.

Lawrie was born in Manchester in May 1846, the son of a warehouseman and calico printer. His mother was a carpenter's daughter. He received his medical education at Edinburgh between 1863 and 1867, receiving tuition from James Syme

²² BLO, 1603 d.20, *Report of the Hyderabad Chloroform Commission* (Bombay, 1891), p. 1.

and Joseph Lister, two of the pre-eminent surgical figures of the century who were connected by marriage, as Lister was Syme's son-in-law.²³ A brief biography of Lawrie, published as a journal article in the late-1960s, noted how strongly influenced Lawrie was by the ideas and procedures that Syme imparted to him, influences that, according to the authors, 'exerted on him an influence which was to last all his life'.²⁴

After leaving Edinburgh he received further training in Paris and London, and worked as a house surgeon to Syme and Lister as the 1860s passed into the 1870s, before taking a commission in the IMS in 1872. By the time that he lobbied the Nizam's Government on the topic of chloroform research - his primary area of interest derived from Syme - he was a prominent figure within the Service. He was installed as Professor of Physiology at Calcutta Medical College in the same year he received his commission and, in 1885, captured one of the most prestigious positions in the IMS: the resident surgeoncy at Hyderabad.²⁵

Lawrie wrote to Hehir on 18 January 1888 to inform him that he had been appointed as President of the Commission. Replicated in the published copy of the Commission's report, Lawrie stated,

In according with instructions from His Highness's Government... I have the honour to inform you that a Committee is appointed, consisting of yourself as President and Messrs A. Chamarette, and J. Kelly as members, to carry out a series of experiments to test the effects of poisonous doses of chloroform on dogs.²⁶

²³ Malcolm Nicolson, 'Syme, James (1799–1870)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004 [<http://ezproxy-prd.bodleian.ox.ac.uk:2167/view/article/26876>, accessed 24 Dec 2016] and Christopher Lawrence, 'Lister, Joseph, Baron Lister (1827–1912)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004 [<http://ezproxy-prd.bodleian.ox.ac.uk:2167/view/article/34553>, accessed 24 Dec 2016].

²⁴ A.H.B. Masson, J. Wilson and B.C. Hovell, 'Edward Lawrie of the Hyderabad Chloroform Commission', *British Journal of Anaesthesia*, Vol. 41 (1969), pp. 1002.

²⁵ Masson, Wilson and Hovell, 'Edward Lawrie', p. 1004.

²⁶ Bod. Lib, 1603 d.20, *Report of the Hyderabad Chloroform Commission* (Bombay, 1891), p. 1.

Hehir was probably appointed because he was competent and close at hand, as the *Indian Army Lists* for the year note that he was employed as the staff surgeon to the Nizam's troops.²⁷ From other source collections a surgeon perceived as competent for a particular role was not always present in the locale that the role was to be carried out in. In these cases, private meetings, in train carriages or during ward rounds at a hospital, would determine the personnel changes that were perceived to be necessary.²⁸

The Commission itself was an interesting case of medical research. Lawrie, Hehir and the other medical men involved wished to run a rudimentary clinical trial on one hundred dogs in order to provide a definitive answer to questions that had proved intractable since chloroform's discovery and early usage in the mid-1840s: 'How does chloroform affect the respiratory capabilities of a patient?' 'Does the use of chloroform cause cardiac failure *via* syncope (a sudden loss of blood pressure)?'²⁹ Although he did not sit on the Commission, Lawrie's presence loomed large during the defence of its findings, which mapped neatly over Syme's stance on chloroform throughout his career, namely that the substance posed no harm to the lives of patients placed under its influence.³⁰ Instead, the cause of death during operations resulted from medical incompetence in the administration of anaesthetic to the patient.

²⁷ BL AAPC, *Quarterly Indian Army Lists* (January 1888), p. 356.

²⁸ See John Alexander Sinton's interactions with his Director of Medical Services in April 1920, and the offer of his taking a man named Armstrong's job in Simla. PRONI, D4190/11, *Brigadier John Alexander Sinton Papers*, 'Lett's No 35 Diary of Brigadier John Alexander Sinton relating to personal details' (20 April 1920), no ff. See also his later entry in the same diary, dated 29 November 1920, detailing advice from Sir Richard Havelock Charles, a fellow Ulsterman, 'not to take Ceylon job'.

²⁹ For the early context of chloroform, and its perceived dangers see Michael Rip, Stephen Rachman and Nigel Paneth, *Cholera, Chloroform, and the Science of Medicine: A Life of John Snow* (Oxford, 2003), chapter six.

³⁰ For a tracing of the intellectual lineage between Syme, James Simpson, and Lawrie, see R. Whittington Lowe, 'The Hyderabad Chloroform Commission', *The Lancet* (5 July, 1890), p. 44.

In one of his initial defences of the Commission's findings, published in *The Lancet* in September 1889, Lawrie wrote, 'The experiments of the Commission tend to prove that chloroform has no direct action upon the heart, and though it is hardly to be expected that their conclusions will be accepted as final by the whole medical profession, their work may be safely said to constitute an interesting addition to what is already known about chloroform.'³¹

Such was the certainty about the Commission's findings amongst its constituents and patron, that the Nizam provided *The Lancet* with one thousand pounds to send an 'objective' representative, Dr Thomas Lauder Brunton, a contemporary expert on the effects of drugs on cardiac function, to travel to Hyderabad and replicate the experiments carried out by the Commission.³² Brunton's trip induced the creation of a second Commission on the topic, this time with Lawrie acting as President rather than Hehir. However, the controversy surrounding the drug's use remained unresolved.³³ Throughout the early years of the 1890s, the pages of the most prestigious medical and scientific journals of the day – *The Lancet*, the *BMJ* and *Nature* – were mottled with Lawrie's repeated defence of his and Hehir's work, in the face of criticism from surgeons and anaesthetists in Britain, but also some support.³⁴

Hehir's professional relationship with Lawrie is difficult to reconstruct in full, due to a lack of known archival material left behind by either man. However, the records of *Empress vs Templeton* showed that chloroform was not the only

³¹ *The Lancet* (21 September 1889), p. 601.

³² *Report of the Hyderabad Chloroform Commission*, p. 6.

³³ *The Lancet* (21 June 1890), p. 1369.

³⁴ Examples of support for Hehir and Lawrie's work include: Frederic Hewitt, 'The Hyderabad Chloroform Commission', *The Lancet* (1 March 1890), p. 515; P.R. Gabbett, 'Hyderabad Chloroform Commission', *The Lancet* (29 November 1890), pp. 1189-1190. Criticism came from Charles E. Sheppard, 'The Hyderabad Chloroform Commission', *The Lancet* (8 March 1890), p. 568. Criticism was fielded by J. Frederick W. Silk, 'The Hyderabad Chloroform Commission' (22 February 1890), p. 433 and Rickard W. Lloyd, 'The Hyderabad Chloroform Commission' (4 April 1891), pp. 798-799. For a good contemporary overview of the professional positions on the usages of chloroform, see 'The Hyderabad Chloroform Commission', *Nature* (30 January 1890), pp. 289-290.

professional topic upon which they influenced one another. In his publications on medical jurisprudence, Hehir acknowledged the intellectual debt he owed to Lawrie, whilst more prosaic aspects of the production of his *Outlines for Medical Jurisprudence in India* (*Outlines* hereafter), were the result of a private friendship with Marion Whittaker's lover, Arthur Napoleon Templeton.

Lawrie, Hehir and Templeton – the blurring of private friendships and public professionalism

The relationship between Lawrie, Hehir and Templeton added another trajectory to the analysis of events surrounding Whittaker's death: friendship. Over the course of the period 1891 to 1908, Hehir produced eight editions of *Outlines*, the production of which was defined by his friendships with Templeton, Lawrie and a third man, James Dunning Baker (J.D.B.) Gribble, a former civil servant in Madras and, by the early 1890s, a lawyer in Hyderabad. Gribble would, over the course of 1896-97, act as Templeton's defence lawyer in the *Empress vs Templeton* case.

In essence, *Outlines* was an advice guide for the application of jurisprudential knowledge to specific forms of medical treatment. In the third edition, Hehir foregrounded Lawrie as a source of intellectual nourishment; the frontispiece included a dedication to 'Surgeon Lieutenant-Colonel E. Lawrie, M.B.... in token of his distinguished services to the causes of surgery in India and chloroform anaesthesia throughout the world, by the authors.'³⁵

However, Templeton was also responsible, in a more material sense, for the book's existence. During court proceedings on 12 January 1897, Hehir told the district

³⁵ National Library of India, Kolkata (NLI), J.D.B. Gribble and Patrick Hehir, *Outlines of Medical Jurisprudence for India* (Madras, 1892), n.p.

court in Hyderabad that, at the time *Outlines* was being readied for a third print run, he had enjoyed a close friendship with Templeton, to the point where the latter assisted in the final stages of the book's preparation. He stated, 'At the time I brought out the third edition I was on terms of intimacy with the accused. The accused afforded me assistance in editing the book. He read the proof sheets of the last 50 or 60 pages and corrected them and wrote the index.'³⁶ In the courtroom later the same day, he gave a sense of the informality of Templeton's work. Hehir recounted, 'It was originally done without any idea of payment, and so far as the accused knows it has not been paid for... He undertook to do the work without any money consideration. In 1892, when the work was being put through the press, accused was a specially intimate friend of mine.'³⁷

In court on 11 January, Hehir confirmed the depth of the friendship that existed between him and Templeton, and the fluctuations their association went through. He believed it was common knowledge in Hyderabad society that he and Templeton were close friends, to the extent that he acted as the Templeton family's private doctor for about seven years, between 1888 and May 1895, when the attendance was broken off.³⁸ The reason for the fracture at that time was 'because accused complained of the manner in which I attended one of his children.'³⁹ After a hiatus between May and December, Hehir's friendship with Templeton was repaired; Edward Lawrie acted as one of the peacemakers.

³⁶ BL AAPC, IOR/R/1/1/1266, *Conduct of Surgeon Captain P. Hehir*, 'Criminal Proceedings – Hyderabad District Court', testimony of Patrick Hehir (12 January 1897), f. 167.

³⁷ BL AAPC, IOR/R/1/1/1266, *Conduct of Surgeon Captain P. Hehir*, 'Criminal Proceedings – Hyderabad District Court', testimony of Patrick Hehir (12 January 1897), f. 169.

³⁸ BL AAPC, IOR/R/1/1/1266, *Conduct of Surgeon Captain P. Hehir*, 'Criminal Proceedings – Hyderabad District Court', testimony of Patrick Hehir (12 January 1897), f. 164.

³⁹ *Ibid.*

Unsurprisingly, then, Templeton also enjoyed a close friendship with Lawrie, dating from the beginning of the 1890s.⁴⁰ According to Lawrie, he and Templeton had become familiar with one another around 1890. Templeton handled some of Lawrie's private finances through his position at Henry S. King & Co, a Bombay banking house and subsidiary of Lloyd's.⁴¹ Later, in 1894, Lawrie had 'proposed [Templeton] as member of the Hyderabad Club at his request' and he had been successfully elected. The year after, in 1895, Lawrie began administering the private medical treatment of Templeton, his wife and children.⁴² Templeton's friendship with Lawrie also coincided with a change in personal fortunes. The first record we have of Templeton is in a column of the *London Gazette* in September 1883, which depicted him living in inauspicious circumstances. The *Gazette* noted that Templeton then resided at No. 2, Shureep Duftry's lane in Calcutta and, although gainfully employed as Head Examiner in the Home Department Press, he had been declared bankrupt. On 18 June, '... the estate and effects of the said insolvent were vested in the Official Assignee.'⁴³

Templeton, Lawrie and Hehir were part of a socially elite network that encompassed individuals at the very top of Hyderabadi politics. Helene Williams is a good example, although the testimony of others in the court case also provides further illumination.⁴⁴ Williams was the twelfth witness for the prosecution, called on 14 January 1897, and was employed as the governess to Sir Salar Jang's children. The

⁴⁰ BL AAPC, IOR/R/1/1/1266, *Conduct of Surgeon Captain P. Hehir*, 'Criminal Proceedings – Hyderabad District Court' (22 December 1896), f. 125.

⁴¹ Mal Tedds, 'Henry S King & Co', *British banking history society* [<http://www.banking-history.co.uk/king.html>] [accessed on: 12 July 2016].

⁴² BL AAPC, IOR/R/1/1/1266, *Conduct of Surgeon Captain P. Hehir*, 'Criminal Proceedings – Hyderabad District Court', testimony of Edward Lawrie (21 January 1895), f. 210.

⁴³ *The London Gazette* (18 September 1883), p. 4611.

⁴⁴ For example, see testimonies of William Charles Ulett and Edward Lawrie. BL AAPC, IOR/R/1/1/1266, *Conduct of Surgeon Captain P. Hehir*, 'Criminal Proceedings – Hyderabad District Court', testimony of William Charles Ulett (20 January 1897), f. 206 and testimony of Edward Lawrie (21 January 1897), f. 210.

Jang (or Jung) family constituted a prominent Hyderabad political dynasty in the second half of the nineteenth century. Salar Jang I, the father of the man mentioned in the court records, had held the position of *Diwan* of Hyderabad, or chief revenue collector, until his death in 1883.⁴⁵ Salar Jang II was installed in his father's office in that year, but deposed in 1887 as a result of political controversies in the Nizam's court.

Williams appears to have been on familiar terms with Mr and Mrs Templeton, and had seen Mrs Whittaker in their company on a number of occasions, although she told the court that she had only spoken to the latter two or three times. The three women and Arthur Templeton had socialised first at Salar Jang's palace, on an unspecified date, when Mrs Templeton and Mrs Whittaker had been introduced to Lady Salar Jang.⁴⁶ The second occasion was at the city's Mulkapet (or Malkapet) racecourse on 12 November 1896, then and now one of the most prestigious horse-racing venues anywhere in India. During this second encounter between Whittaker and Williams, the topic of Whittaker's pregnancy by Templeton was broached, in a presumptive, matter-of-fact manner:

I noticed that Mrs Whittaker was looking rather big round the waist: and I said to her, 'Oh, dear me, what's up?' She answered, 'Is it so perceptible as all that?' I said 'Yes'. Then she asked me 'How far do you think I would be gone?' I said 'About three months or over'. I said 'I think you and Mr Templeton should have managed things better than

⁴⁵ For context on Salar Jang I's governance of the Hyderabad principality see Vasant Jumar Bawa, 'Salar Jang and the Nizam's State Railway 1860-1883', *Indian Economic Social History Review*, Vol. 2, No. 4 (October 1965), pp. 307-340 and Karen Leonard, 'Reassessing Indirect Rule in Hyderabad: Rule, Ruler or Sons-in-Law of the State?', *Modern Asian Studies*, Vol. 37, Iss. 02 (May 2003), pp. 363-379.

⁴⁶ BL AAPC, IOR/R/1/1/1266, *Conduct of Surgeon Captain P. Hehir*, 'Criminal Proceedings – Hyderabad District Court', testimony of Helene Williams (14 January 1896), f. 186. For a second reference to the social circles in which the various actors moved see BL AAPC, IOR/R/1/1/1266, *Conduct of Surgeon Captain P. Hehir*, 'Criminal Proceedings – Hyderabad District Court', testimony of William Charles Ulett, f. 206.

this'. She said, 'How was that to be done?' and I said 'There are lots of ways'. She said 'I wish I knew that'. I then asked her what Mrs Templeton thought of this, and Mrs Whittaker replied, 'Oh! he doesn't care for Mrs Templeton; she is such a big amazon kind of woman. She was just as big when he married her, and she was then only 26 years old'.⁴⁷

If Williams' account was true, Whittaker seemed comfortable, when talking privately and informally to a woman of similar social status, to air the significance of her relationship with Templeton, and to comment on the fractured nature of the Templetons' marriage. Her testimony also shows the degrees of association between the Templetons, Sir and Lady Jung, Whittaker, Hehir and Lawrie. In short, they were part of an elite society constituted across ethnic divisions.

Therefore, the personal circumstances out of which *Outlines* was published transformed the volume and its various editions into more than a professional advice manual; the book was also a dramatic artefact that mirrored the fluctuations in friendship and social bonds between these men. On 22 January 1897, as the state prosecutors read out the list of evidence arranged against Templeton, the bonds of friendship that underpinned the book's production dissolved. Strikingly, the prosecutors used *Outlines* against Templeton, charging that he had enough legal knowledge to create a cogent counter-narrative of the events surrounding Whittaker's death, and his involvement as her lover.⁴⁸

The private friendships, professional work, and sexual transgressions that were woven, to various degrees, into the production of *Outlines* over the course of the

⁴⁷ BL AAPC, IOR/R/1/1/1266, *Conduct of Surgeon Captain P. Hehir*, 'Criminal Proceedings – Hyderabad District Court', testimony of Helene Williams (14 January 1896), f. 186.

⁴⁸ BL AAPC, IOR/R/1/1/1266, *Conduct of Surgeon Captain P. Hehir*, 'Criminal Proceedings – Hyderabad District Court', summary of evidence arranged against Templeton (22 January 1897), f. 219.

1890s, also underpinned both the changing tone of Lawrie and Hehir's professional relationship across the decade, and the social context that initially motivated Marion Whittaker to seek out Hehir's professional help. In both of these sets of relationships, the uneasy transitions and transmissions between friendships and professional life were defined by fear of social shame.

Marion Edith Whittaker's shame: the fault-lines of professional, sexual and social life

'I wish to get rid of this', Whittaker told Hehir, as '[t]he shame will be very great. Won't you help me out of my trouble?'⁴⁹ Shame was the reason that Marion Whittaker first approached Hehir, arriving unexpectedly at his private residence on 23 November, which was the first of seven consultations before her death on 16 December.

Shame, as both a political tool and social neurosis, has long been present in scholarship on the history of human reproduction and female sexuality. Leslie J. Reagan has reconstructed the ways in which working-class men and women were persecuted and shamed by state prosecutors and police officers in nineteenth-century Chicago for their sexual transgressions. She noted that methods included posing embarrassing questions during questioning, or whilst interviewing women who lay dying in hospital beds as a result of infections contracted through mal-administered abortions.⁵⁰ Other 'harder' methods of punishment were also deployed, including arrest, incarceration, and prosecution. However, Simone Caron showed that such

⁴⁹ BL AAPC, IOR/R/1/1/1266, *Conduct of Surgeon Captain P. Hehir*, 'Criminal Proceedings – Hyderabad District Court', Hehir's first testimony (22 December 1896), f. 129.

⁵⁰ Leslie J. Reagan, "'About to Meet Her Maker': Women, Doctors, Dying Declarations, and the State's Investigation of Abortion, Chicago, 1867-1940", *The Journal of American History*, Vol. 77, No. 4 (March 1991), p. 1244.

practices were not uniform across the United States, but varied according to local jurisdiction. She noted that, in Rhode Island, inquests into deaths arising from abortions were investigated as a means to the end of establishing criminal culpability, rather than as a method of taking ‘a moral stance on women’s sexuality.’⁵¹

Judith Waltzer Leavitt examined abortion within a broader historical context of obstetrics in nineteenth-century America, but recurrent themes of shame and embarrassment filtered into her work, too. She detected that the social context of childbirth changed over the course of the century, from a set of practices administered exclusively by a parturient’s kin and friendship networks, to an arena of medical practice that incorporated male practitioners into the intimate spaces in which labour and child-birth took place. This evolution was characterised by practitioners feeling embarrassed and uncomfortable about their presence, due to contemporary moral values surrounding sex, religion and the body, especially when performing abortions and destroying live foetuses.⁵²

Other scholars have provided us with nuanced insights into social and moral reactions to illicit pregnancies and abortions in other parts of the world, namely the British southern African colonies. Vertrees Malherbe has shown how those ‘born into bastardy’ were perceived by missionaries in the Cape Colony, in a manner akin to that imposed under the British Poor Law post-1834. According to Malherbe, this was a brand of social policy that ‘intentionally operated in such a way as not only to humiliate the mother but to stigmatise the child,’ and burden unwed mothers with ‘the weight of public censure’.⁵³

⁵¹ Simone M. Caron, “‘I have done it and I have got to die’: Coroner’s inquests of abortion deaths in Rhode Island, 1876-1938’, *The History of the Family*, Vol. 14, No. 1, p 2.

⁵² Judith Walzer Leavitt, ‘The Growth of Medical Authority: Technology and Morals in Turn-of-the-Century Obstetrics’, *Medical Anthropology Quarterly* (September 1987), especially p. 231 and p. 232.

⁵³ Vertrees C. Malherbe, ‘Born into Bastardy: the out-of-wedlock child in early Victorian Cape Town’, *Journal of Family History*, Vol. 32, No. 1 (January 2007), p. 31.

India was party to similar politics about illicit female sexuality and the children that resulted, the history of which has produced an assertive brand of feminist critique focused on infanticide and femicide in India.⁵⁴ However, Whittaker's expression of fearing social shame to Hehir carried a particular meaning within her context. She was a white, middle-class, married woman, all social categories with cultural meanings meant to stand in opposition to the savagery and violence often associated, by politicians and social commentators, with native practices surrounding child-birth and rearing.⁵⁵

Just under two years prior to her death, in April 1895, she had married Henry Lionel Whittaker, a Mining Engineer and son of a Gentleman, Henry Travis Whittaker, in the Holborn Registry Office, London. Her own father, John Home Cockburn, was, like Whittaker, a man of 'independent means'.⁵⁶ Given these life events and socio-economic strands to her biography, her fear could well have been rooted in appearing as occupying the same moral space as a native.

These fears and neuroses surrounding the circumstances of pregnancy and its termination can be witnessed on a macro scale in terms of the erasure of institutional memory concerning abortion amongst Europeans resident on the sub-continent during the Raj period. A search for traceable and accessible records about abortion in the India Office collections at the British Library yields thirteen results. Of these thirteen,

⁵⁴ See Reena Dube, Renu Dube, and Rashmi Dube Bhatnagar, *Female Infanticide in India: A Feminist Cultural History* (New York, 2005), preface.

⁵⁵ For an example of British opprobrium towards the practices of native midwives, or *Dais*, see Seán Lang, "'Drop the Demon Dai: Maternal Mortality and the State in Colonial Madras, 1840-1875', *Social History of Medicine*, Vol. 18, No. 3 (2005), pp. 357-378.

⁵⁶ BL AAPC, *Conduct of Surgeon Captain P. Hehir*, 'Appendices and Enclosures', Facisimile of marriage registration between Marion Edith Cockburn and Henry Lionel Whittaker, f. 418. Henry Whittaker married for a second time in 1907, again in London at St Jude's Church, Kensington. His second wife's name was Constance Mary Wilson, the twenty-seven year old daughter of a deceased school master. See Ancestry.com, *London, England, Church of England Marriages and Banns, 1754-1921* [database on-line]. Provo, UT, USA: Ancestry.com Operations, Inc., 2010 [accessed on 29 July 2016].

only eight are substantiated by a seam of source material from which we can work, and only one of those results is concerned with the practice of abortion by Europeans, which are the records under consideration here.

The other five are index entries (under the shelfmarks IOR/Z/E/) that highlight some form of institutional dialogue having taken place as regards an act of abortion, usually amongst native communities or at the courts of native princes, but no papers have been left behind to allow for the recreation of those dialogues.⁵⁷ Apart from the extensive collections left behind as a result of Marion Whittaker's death, there are only three other collections from which substantial narratives can be recreated, each of which reflect a different aspect of political and cultural neuroses concerning abortion amongst both native and European communities in India, London, and locations in British-dominated Africa.⁵⁸

In contrast, the accessible archives available for the study of infanticide amongst native peoples in India are extensive. A keyword search of the India Office collections returns 342 results, many of which summarise extensive collections of source material documenting the ways in which the Government of India intervened, documented, and managed native tribes for the purpose of eliminating the practice amongst them. As Daniel Grey has shown in his research, infanticide evoked a particular level of disgust and opprobrium amongst Europeans in India, as well as amongst the white middle-classes at home in Britain. Furthermore, Grey argues,

⁵⁷ For examples see: BL AAPC, IOR/Z/E/4/29/D230, 'Delhi, Royal Family, Rumour respecting case of procuring abortion, alleged to have taken place in Palace of'; IOR/Z/E/4/21/B627 (1857), 'Bombay, Government, Request for law for prevention of abortion and concealment of birth and for holding of inquests' (1850-51); IOR/Z/E/4/22/C887, 'Crime, Infanticide, Budaon, explanation respecting alleged case of abortion punished as' (1851-1852).

⁵⁸ For each of the examples given see the following: BL AAPC IOR/L/PJ/6/122, 'Suppression of a book on domestic medicine named *Amrita Sagara* because it states the various ways in which abortion or miscarriage may be induced' (March 1884), File 691; BL AAPC, IOR/L/MIL/7/14142, 'Collection 321/43 Rejection of candidate under rule 5: case of MB Patel, an Indian doctor charged though not convicted of procuring an abortion' (1909-1910); IOR/L/PJ/6/867, 'Prevalence in Zanzibar of certain offences (abortion and 'unnatural offences'); enquiry as to the Indian experience' (13 May 1908), File 1738.

infanticide became a political synapse *via* which both the British working classes and ethnic Indians could be viewed as morally defective. He wrote in 2011,

Since the eighteenth century, the murder of female infants in India... had acted as a cipher, conjuring images of unbridled violence, ignorance, and depravity for British readers. Such images of 'savagery' across the empire were increasingly used during the nineteenth century to emphasise perceived moral and physical failings among the British working classes...⁵⁹

These strong cultural discourses were built upon a robust political project in India. For example, the British administration of the Mahi Kantha political agency, part of the Gujarat Division and Bombay Presidency, organized, throughout the late-nineteenth century, census returns of demographics amongst native tribes, and descriptive reports of their practices in relation to child killing. The political agent in Mahi Kantha wrote in November 1870 that he had no doubt 'the Chiefs of the Mahee [*sic*] Kanta [*sic*] all be ready to co-operate with the British Government in the suppression of Female Infanticide... should it be found after due enquiry that such a practice exists.'⁶⁰ The next year, in 1872, George Campbell, the eighth Duke of Argyll and then Secretary of State for India, addressed the topic of infanticide in terms of a pathological attachment to the practice amongst a number of native tribes. In a letter to the Governor General of Bombay, dated 11 April, Argyll wrote, 'I have before me in council the letter of your Excellency's Government... relative to the tribes in

⁵⁹ Daniel J.R. Grey, 'Gender, Religion, and Infanticide in Colonial India, 1870-1906', *Victorian Review*, Vol. 37, No. 2 (Fall 2011), p. 107.

⁶⁰ BL AAPC, IOR/R/2/699/35, 'Infanticide, 1871-1884', f. 22.

Kathywar, Kante, Mahi Kanta, and Pahlampur, who are known to have been, if they are not at present, addicted to the practice of Infanticide.’⁶¹

These practices of erasure, destruction and construction should be related to what David Anderson has called the Empire’s ‘Guilty Secrets’. In an acerbic journal article from 2015, Anderson recreated how the selection and destruction of archival material during the British withdrawal from Kenya in 1963 highlighted the ways in which the British state haphazardly created its own substantiation of the colonial past in Kenya. These actions complemented the occlusion of bureaucratic and administrative records produced by the brutal suppression of the Mau Mau Rebellion by the colonial government between 1952 and 1960. Anderson most pointedly argued,

Destruction [of government documents] had always taken place in the colonies, just as it did in Britain. Archives are not in any sense primarily about transparency and openness: they are, and always have been, the product of negotiation, selectivity, and censorship. Destruction is thus necessarily constitutive to the archival process.⁶²

There is a danger, in discussing the processing, editing and sorting of archives, that the importance of interrogating them is lost sight of completely. We should not assume in resignation that, because documents are occluded, presented and managed, research in public archives amounts to an act of intellectual puppetry, with historians dangling on the end of strings pulled by the State. That is not true, and assumes that the political management of archives is conducted perfectly, without fault, error, or

⁶¹ BL AAPC, IOR/R/2/699/35, ‘Infanticide, 1871-1884’, f. 36. For further examples of correspondence and census returns on the issue dating from later in the century, see BL AAPC, IOR/R/2/613/118, ‘888. 13. Infanticide’ (1888) and IOR/R/2/699/37, ‘Report on Infanticide’ (1896-1900).

⁶² David M. Anderson, ‘Guilty Secrets: Deceit, Denial, and the Discovery of Kenya’s “Migrated Archive”’, *History Workshop Journal*, Iss. 80 (2015), pp. 142-160. For further scholarship on the topic see Edward Hampshire, ‘Apply the Flame More Searingly: the destruction and migration of the archives of British colonial administration - a south-east Asia case study’, *Journal of Imperial and Commonwealth History*, 41 (2013), pp. 334-352.

unusual documents ‘falling through the cracks’. These errors, I would argue, give us rich source material, such as the court records being analysed here. Moreover, the same awareness of a moral ideal and institutional fear of ‘being found out’, detectable in the uneven distribution of source material on the category ‘infanticide’ as opposed to ‘abortion’, should underpin our understandings of Whittaker’s statement that , ‘the shame will be very great’.

The medical consequences of Whittaker’s fear

Whittaker’s fear of public shame was so great that she came to Hehir with a substantial record of self-prescribing harmful doses of purgative medicines in order to induce an abortion. Hehir later related to the court in Hyderabad that Whittaker informed him she had been taking a mixture of drugs, ‘... such as Carter’s Liver Pills, Cockle’s Pills and quinine... she did not tell me where she had got them.’⁶³ Later in the case, records of Mr Templeton’s account with a local Hyderabad chemists, Abid’s & Company, would illuminate where Marion Whittaker was sourcing her supply of drugs throughout the summer and autumn of 1896.

Account ledgers included in the appendices of the case showed dates on which bottles of both Cockle’s Pills and quinine tablets were bought, either by Whittaker herself, or on her behalf by Templeton, as well as medicines for Mrs Templeton and ‘her baby’, indicating that Templeton was also a new father with his wife. On 19 June, a large box of Cockle’s Pills was purchased⁶⁴; on 1 August one box of 2 grain

⁶³ BL AAPC, IOR/R/1/1/1266, *Conduct of Surgeon Captain P. Hehir*, ‘Criminal Proceedings – Hyderabad District Court’, Hehir’s first testimony (22 December 1896), f. 129.

⁶⁴ BL AAPC, IOR/R/1/1/1266, *Conduct of Surgeon Captain P. Hehir*, ‘Criminal Proceedings – Hyderabad District Court’, Prosecution Exhibit D, consisting of four sheers of accounts of Messrs Abid & Co, with AN Templeton, marked respectively D-1, D-2, D-3, D-4, f. 247.

quinine capsules⁶⁵; nearly two months later, on 24 September, a bottle of quinine capsules was bought, with 'Mrs Whittaker' indicated as the intended recipient⁶⁶; Templeton bought a bottle of 'soft Quinine capsules' on 9 October⁶⁷; Mrs Whittaker entered the chemists herself on 2 November, purchasing half an ounce of laudanum, an ear syringe and more quinine capsules⁶⁸; 16 November saw another purchase of both Cockle's Pills and Quinine Pills, although the purchaser remained anonymous⁶⁹; the final purchase made for Whittaker was on 28 November, five days after her first consultation with Patrick Hehir, consisting of 12 quinine pills.⁷⁰

In the pre-existing literature on the history of medicine in colonial India, quinine has been written about, by scholars such as Sandhya Polu, David Arnold and Daniel Headrick, as regards its best-known role as a treatment for malaria, and the difficulties the GoI often had in securing a reliable supply.⁷¹ However, quinine appears here as a makeshift method for inducing abortion without the help of medical practitioners. The substance's use in this capacity was written about as a 'folk remedy' in the 1980s by American physicians, specifically based in Charleston, South Carolina and Atlanta, Georgia, after they witnessed four cases in which it had been

⁶⁵ *Ibid.*

⁶⁶ BL AAPC, IOR/R/1/1/1266, *Conduct of Surgeon Captain P. Hehir*, 'Criminal Proceedings – Hyderabad District Court', Prosecution Exhibit D, consisting of four sheers of accounts of Messrs Abid & Co, with AN Templeton, marked respectively D-1, D-2, D-3, D-4, f. 246.

⁶⁷ *Ibid.*

⁶⁸ BL AAPC, IOR/R/1/1/1266, *Conduct of Surgeon Captain P. Hehir*, 'Criminal Proceedings – Hyderabad District Court', Prosecution Exhibit D, consisting of four sheers of accounts of Messrs Abid & Co, with AN Templeton, marked respectively D-1, D-2, D-3, D-4, f. 245.

⁶⁹ *Ibid.*

⁷⁰ *Ibid.*

⁷¹ See Sandhya L. Polu, *Infectious Disease in India, 1892-1940* (Basingstoke, 2012), chapter three; David Arnold, 'Introduction: disease, medicine and empire' in David Arnold (ed.), *Imperial Medicine and Indigenous Societies* (Manchester, 1988), especially his critique of Headrick's work on malaria, pp. 10-11; Daniel R. Headrick, 'Botany, Chemistry, and Tropical Development', *Journal of World History*, Vol. 7, No. 1 (Spring 1996), pp. 1-20.

used as a result of reticence by patients about undergoing legal abortions.⁷² The authors stated that the mechanism by which safe abortion was induced through the ingestion of quinine was unclear, due to a lack of well-controlled studies or data from which to calculate an efficacy rate. They also reported that unsafe abortion, resulting in maternal morbidity and mortality, had been reported by physicians in seventy cases in America between 1932 and 1982.⁷³

In other research, conducted in the 1970s in reaction to a survey conducted in New York City in the mid-1960s by America's Planned Parenthood Federation, women who attempted to abort their child clandestinely were most likely to ingest a substance orally. Of those substances ingested by the survey recipients, quinine was again prevalent in 'massive doses', alongside other substances such as turpentine and cleaning fluids, such as Chlorox.⁷⁴ Further back in time, between the 1840s and 1940s, physicians throughout the United States found women coming to them after ingesting large doses of quinine in an attempt to be rid of the child they were carrying.⁷⁵

Whilst quinine was deemed to be an effective tool in the prevention and treatment of malaria, whatever about its effectiveness as an abortifacient, the other drugs that Whittaker was ingesting in private to prevent her public shame had a universally discredited reputation in contemporary professional medical practice. Both Carter's and Cockle's pills were labelled 'nostrums', or remedies produced by

⁷² Andrew L. Dannenberg, Sally Faith Dorfman, and Jamie Johnson, 'Use of Quinine for Self-Induced Abortion', *Southern Medical Journal* (July 1983), Vol. 76, No. 3, p. 846.

⁷³ Dannenberg, Dorfman, and Johnson, 'Use of Quinine', *Southern Medical Journal* (July 1983), Vol. 76, No. 3, p. 847.

⁷⁴ Steven Polgar and Ellen S. Fried, 'The Bad Old Days: Clandestine Abortions Among the Poor in New York City Before Liberalization of the Abortion Law', *Family Planning Perspectives*, Vol. 8, No. 3 (May – June, 1976), p. 126.

⁷⁵ See, for example, A.T. Licciardello and J.B. Stanbury, 'Acute Hemolytic Anemia from Quinine used as an abortifacient', *The New England Journal of Medicine*, Vol. 238, No. 4 (22 January 1948), pp. 120-21 and H.A. Ramsey, 'Quinine Productive of Abortion in Febrile Affections', *The Boston Medical and Surgical Journal*, Vol. 49, No. 15 (September 1853), pp. 299-300.

persons unqualified in branches of the natural or pharmacological sciences. Across the period c. 1850-1950, the medical profession in Britain and America grouped Cockle's and Carter's remedies as manifestations of dangerous quackery and malpractice.

In June 1846, George Redford sent a letter to the editor of *The Lancet*, drawing public attention to the fact that injury resulted from 'Dr Locock's pulmonic wafers' and 'Cockle's Pills'. Redford had been spurred to write because, a few days before, he had been called to a female patient who had consumed both of these substances and, consequently, experienced a multiplication and intensification of her symptoms. He stated, '... beyond a slight sore throat, there were no symptoms but those produced undoubtedly by the nostrums; and I shall be glad to learn what are the best antidotes to these abominations.'⁷⁶

A century on, an American physician named Earl E. Kleinschmidt wrote, in similarly high-handed and exasperated tones, about Carter's Little Liver Pills. In the education journal, *The Clearing House*, in April 1948, Kleinschmidt wrote that people's consumption of 'nostrums, fake healing appliances, and fabulous cures...', such as Carter's, was reflective of a form of 'health illiteracy' in American society. The phenomenon was responsible for 'the shelves of corner drugs stores' being filled with 'stocks of Peruna, Carter's Little Liver Pills, Lydia Pinkham's Compound, and dozens of other similar nostrums', and this form of illiteracy was, in turn, the result of 'attitudes passed on from generation to generation by sincere but misguided members of society...'⁷⁷

⁷⁶ *The Lancet* (13 June 1846), p. 665.

⁷⁷ Earl E. Kleinschmidt, 'Health Illiteracy', *The Clearing House*, Vol. 22, No. 8 (April 1948), p. 488. See also commentary on disorders and ailments produced by the use of Carter's, for example John A. Conroy, 'Dermatitis medicaments attributed to carter's little liver pills', *Journal of the American Medical Association*, Vol. 118, No. 17 (April 1942), pp. 1449-1450.

Hehir was as sceptical about these drugs as Redford and Kleinschmidt were in their respective cases; on Whittaker revealing her use of them, he espoused the following instruction: ‘Don’t go on using these drugs, as they may produce dangerous consequences.’⁷⁸ After giving his advice, the crucial point in the conversation came to pass: Whittaker explicitly asked Hehir to perform an abortion. As noted above, she said to him, ‘I wish to get rid of this. The shame will be very great. Won’t you help me out of my trouble?’⁷⁹ Hehir told the court, in dramatic terms, that he made the following reply:

It was then that my eyes were opened to the fact that she had come to make use of me for this purpose, that is, for the purpose of committing an abortion. I at once told her that she couldn’t possibly understand the horrible nature of the help she sought from me, and that a practitioner could not possibly listen to a request of that kind.⁸⁰

There was a particular cache attached to Hehir’s words, ‘she couldn’t possibly understand...’. Not only did his tone reflect a condescending paternalism, but also reveals something about his own professional expertise. As has already been acknowledged, he possessed expert knowledge on the interstices of law and medicine through his co-authorship of *Outlines*. He was, therefore, acutely aware of the consequences arising from his assenting to Whittaker’s request. In the third chapter of *Outlines*, titled ‘Abortion and Pregnancy’, Hehir explicitly acknowledged the consequences for a practitioner arising from the performance of an abortion. Replicating Section 312 of the *IPC*, Hehir wrote:

⁷⁸ BL AAPC, IOR/R/1/1/1266, *Conduct of Surgeon Captain P. Hehir*, ‘Criminal Proceedings – Hyderabad District Court’, Hehir’s first testimony (22 December 1896), f. 129.

⁷⁹ *Ibid.*

⁸⁰ *Ibid.*

Whoever voluntarily causes a woman with child to miscarry, shall, if such miscarriage be not caused in good faith for the purpose of saving the life of the woman, be punished with imprisonment of either description for a term which may extend to three years, or with fine, or with both; and, if the woman be quick with child, shall be punished with imprisonment of either description for a term which may extend to seven years, and shall also be liable to fine.⁸¹

Therefore, the strength of the terms in which Hehir stated to the court that he had rejected Whittaker's request should be viewed within context of his knowledge of the legal consequences arising from the performance of an abortion. After he made his position on abortion clear to Whittaker he prescribed a 'general tonic', which he named as 'Fellows' syrup', to foster an improvement in Whittaker's overall health, after which she left.

His prescription of 'Fellows' syrup' invites pause for thought, too. The medicine was probably Fellow's Compound Syrup of Hypophosphites, invented by the Fellows family, drug merchants and residents of St John, New Brunswick, Canada, in 1864. The family aggressively marketed the syrup to a number of vendors around the world, and it could be found stocked at prestigious addresses in Holborn, London, and evidently in India, too.⁸² Hehir was by no means the only allopath prescribing Fellows' syrup in India; it was viewed by other practitioners either working in or writing about practice on the subcontinent as a substance that could restore 'the general health' of a patient, and George Sherman Bigg, a public

⁸¹ Hehir and Gribble, *Outlines*, p. 381.

⁸² Jessica D. Griffin, 'Fellows' Compound Syrup of Hypophosphites, Fellow's Co., New York' at Jessica D. Griffin, 'Old Main Artefacts' *Old Main Artefacts*, [<https://oldmainartifacts.wordpress.com>, accessed: 21 July 2016] and John Buckingham, *Bitter Nemesis The Intimate History of Strychnine* (London, 2008), p. 203.

commentator on the subject of European's health in India, recommended Fellows' Syrup in 1887 as a remedy for that purpose when treating abscesses in India.⁸³

However, the ironic element to Hehir's prescription of Fellows' Syrup was that it was also a harmful nostrum, in much the same way as the very pills that he had instructed Whittaker to stop taking. The syrup contained small quantities of strychnine, a powerful poison that, if administered in large enough doses, inhibits the regular functioning of the central nervous system, causes involuntary contractions of the muscles and seizures and, in severe cases, death.⁸⁴ However, such consequences did not prevent the Fellows' company aggressively marketing the drug and, to aid that process, produced a four-hundred page, leather-bound marketing catalogue filled with testimonials from members of the medical profession who were convinced of its efficacy.⁸⁵

Therefore, Hehir's prescription of the medicine to Whittaker was certainly not rooted in empirical evidence regarding the contents of the glass bottle in which the syrup came, nor its ability to restore the 'general health' of the patient; the meaning of that phrase remained undefined. His recommendation of Fellows' syrup was probably based in faith as regards a number of factors: the perceived trustworthiness of a local chemist or druggist, such as Abid's; readings of the positive reviews created by the Fellows' company, and the negative articles directed towards Carter's and Cockle's Pills; or previous experience of using Fellows' syrup for treatment purposes, and its usage coinciding with an improvement in symptoms. By extension, it would seem that the criteria by which a substance was judged to be an 'abominable nostrum' or, conversely a legitimate method of treatment, was highly subjective.

⁸³ George Sherman Bigg, *The Anglo-Indian's health abroad and at home* (London, 1887), pp. 22-23.

⁸⁴ 'Strychnine', *Encyclopedia Britannica Academic* (<http://academic.eb.com/levels/collegiate/article/70014>) [accessed on: 21 July 2016].

⁸⁵ Buckingham, *Bitter Nemesis*, p. 203.

Fear of public shame produced this clandestine consultation between Hehir and Whittaker and, ultimately, her fear also created the circumstances in which her death took place. Afraid of approaching another practitioner and repeating the request she had made to Hehir, the foetus was expelled from her womb when she ingested thirty grains of quinine on the morning of 4 December.⁸⁶

The professional consequences of fearing shame

The initial consequences of the court case seemed dire for Hehir. Although he had acted as a witness, rather than standing accused of malpractice, one Home Department administrator who commented on the case in April 1897 made the following predictions: ‘Dr Hehir will be severely punished[,] by the loss of his appointment in Hyderabad, on the termination of his tenure in July next, and his career in the Service from a professional point of view will be virtually destroyed by his conduct in the case.’⁸⁷ The DG of the IMS, Robert Harvey, noted in his annual confidential report on Hehir that the young surgeon was ‘good professionally, but shifty and untrustworthy.’⁸⁸ As noted in chapter two, the confidential reports were a method by which senior figures in the Service wrote an annual snapshot of an IMS surgeon’s performance, and were usually aimed not just at their technical skill but also their moral and ethical conduct. Dependent on the estimation made of them by their superior officers, surgeons would then be recommended for ‘advancement in the

⁸⁶ BL AAPC, IOR/R/1/1/1266, *Conduct of Surgeon Captain P. Hehir*, ‘Criminal Proceedings – Hyderabad District Court’, Hehir’s first testimony (22 December 1896), f. 131.

⁸⁷ BL AAPC, IOR/R/1/1/1266, Official Correspondence (5 April 1897), f. 3.

⁸⁸ For context on Harvey, see *RSCEng Munk’s Roll*, Vol IV (1826-1925), ‘Robert Harvey’ accessed at: <http://munksroll.rcplondon.ac.uk/Biography/Details/2079> [accessed on: 5 August 2016]. His report on Hehir is at BL AAPC, IOR/L/MIL/7/466, *Indian Medical Service: confidential reports, 1897, on IMS officers in military employ* (1897), pp. 6-7.

service'. Historians have never before referenced the reports as a means of establishing the form and content of professional critique within the Service.

Given the function of the confidential reports, Harvey's intervention as regards Hehir's character was an attempt to publicly shame him. Harvey's perceptions of Hehir in 1897 should be compared with those of his earlier references from similarly esteemed senior medical practitioners such as William Hale-White and Charters Symonds. Whereas, at point of entry to the Service, Hehir's professional character was flawless and matched his technical abilities, the Whittaker case deposited him on a less sure moral footing in the eyes of his peers and superiors. Why Hehir was deemed 'shifty and untrustworthy' should also be emphasized. Although there was evidence referred to during the course of *Empress vs Templeton* that he was, in fact, responsible for killing Marion Whittaker as a result of his postpartum treatment, which will be discussed shortly, he attracted Harvey's opprobrium more as a result of the manner in which he involved Lawrie in the case as a consultant.

Lawrie recalled in court that, on 15 December, he had been called in to act as such by Dr Hehir. He recounted that, when he first observed Whittaker, she was suffering from tetanus, which Hehir and Templeton both attributed to '... taking baths when she had a cold and sore throat and exposure to cold...' ⁸⁹ He next saw Whittaker at between nine thirty and ten the same evening, at which point, '... I formed a very unfavourable prognosis, and I considered that she was suffering from tetanus with very violent blood-poisoning...' ⁹⁰ When Lawrie probed Hehir, Templeton and his wife as regards the causes, they gave him 'no satisfactory cause to account for the

⁸⁹ BL AAPC, IOR/R/1/1/1266, 'Conduct of Surg. Capt P Hehir', *Edward Lawrie's testimony* (22 December 1896), f. 126.

⁹⁰ *Ibid.*

symptoms... The only information I could get was that the disease had been brought about by cold and chills.’⁹¹

Hehir only informed Lawrie of the true causes of Whittaker’s fatal bout of ill health half an hour after her death, at 6pm on 16 December. The two men had happened across one another at the racquet courts a few hours earlier, one of Jackson and Mantelow’s ‘mundane settings of the day-to-day’, after which Hehir had sent for Lawrie through his butler. When Lawrie arrived at Hehir’s home, he informed him of Whittaker’s abortion and, when Lawrie questioned Hehir about the reasons for his deception, Hehir replied that he had been attempting to shield Mr Templeton.⁹²

Therefore, Hehir had actively lied to Lawrie regarding the circumstances in which he treated Whittaker. Templeton’s defence lawyers later questioned Hehir’s professional integrity by asking, ‘I put it to you, Dr Hehir, that you had another motive [other than shielding Templeton]... I suggest it was to save yourself. Is that so or not?’⁹³ Hehir replied that it was not, and proceeded to give his reasons for occluding Lawrie from the truth of the case until so late a stage.

The first was based in an invocation of the principles that underpinned the Hippocratic Oath. Hehir stated, ‘I believe [I acted as such] because I felt that I was in possession of one of those secrets and confidences which our patients occasionally impart to us, and which without their permission we are scarcely justified in imparting to a third person.’⁹⁴ Hehir’s invocation of the Oath echoes some recent work on the subject of medical confidentiality. Angus Ferguson argued that confidentiality should be regarded as ‘an integral element of what Pellegrino (2003) terms the “internal

⁹¹ *Ibid.*

⁹² *Ibid.*

⁹³ BL AAPC, IOR/R/1/1/1266, ‘Conduct of Surgeon Capt. P. Hehir’, *Hehir’s cross-examination* (9 January 1897), f. 155.

⁹⁴ *Ibid.*

morality of medicine” – the ethical principles distilled from the primary healing purpose of the doctor-patient relationship.’⁹⁵

Ferguson’s invocation of Pellegrino linked the concept of confidentiality with a deep moral conviction in the history of medical practice. In a paper given to the Royal College of Psychiatrists, Scotland in 1977, Ian Thompson argued similarly, and drew attention to the College’s then recent statement that ‘one of the few provisions of the Hippocratic Oath which has remained unaltered over nearly 3,000 years is that relating to confidentiality’.⁹⁶ Thompson then went on to quote the following from the Oath’s text: ‘And whatsoever I shall see or hear in the course of my profession, as well as outside my profession in my intercourse with men, if it be what should not be published abroad, I will never divulge, holding such things to be holy secrets.’⁹⁷

For our purposes here, then, Hehir was being pressured by representatives of public institutions to justify his adherence to a long-standing moral code that demanded a private sphere, constituted by practitioner and patient, to remain discrete and sealed from public scrutiny. However, the provision within the Oath for breaking this bond of sacred occlusion (‘if it be what should not be published abroad’) gave these political offices and courts of law their justification for making such demands in the first place. As documented on page thirty above, clauses within the Indian Penal Code defined adultery and abortion as illegal acts in need of punishment and, by acting in private rather than public interests, Hehir was obstructing the proper functioning of these laws and the values they enshrined.

His second rationale for upholding Whittaker’s confidentiality was less philosophical and more pragmatic; he told the court ‘as far as the treatment of the case

⁹⁵ Ferguson, *Should a Doctor Tell?*, p. 1.

⁹⁶ Ian Thompson, ‘The nature of confidentiality’, *Journal of Medical Ethics*, Vol. 5 (1979), p. 57.

⁹⁷ *Ibid.*

was concerned, it made no significant difference [whether Lawrie knew or not].⁹⁸ The logic he used to support this claim was that Lawrie had been called to consult at such a late stage of treatment that his full knowledge of the case was not required. In reply, one might reasonably ask, ‘Why, then, did you decide to involve him at all?’ Maybe Hehir had felt panicked, and wished a second opinion for the good of the patient but, with an eye also on future public scrutiny, a fellow professional who could share the spotlight’s glare.

When Templeton’s defence challenged that the involvement of Ada d’Costa, another resident of Hyderabad and a ‘lady doctor’, rendered Hehir’s logic at best moot, Hehir replied with a summary of d’Costa’s involvement in the case, which ran from the date on which Whittaker had aborted the foetus, although she had first encountered Templeton’s lover on 2 December at Hehir’s residence.⁹⁹ Hehir informed d’Costa of the true context surrounding Whittaker’s illness because she was helping him to administer a number of treatments in the wake of the abortion. These included syringing and cleaning the vaginal cavity, as well as taking precautions against blood poisoning in the uterus.¹⁰⁰ For him, this was the crucial distinction that determined how permeable the boundaries of confidentiality were between him and his patients:

I did not entrust it [the case] to Dr Lawrie because he came in at a very different stage of the case. When Dr Lawrie came in there was certainly more risk to Mrs Whittaker’s life. In the first instance the case was an ordinary one, in which the usual precautions taken by a medical attendant, together with the co-operation of the patient in following his advice, would not have been attended with danger to life... The case was in its

⁹⁸ BL AAPC, IOR/R/1/1/1266, Conduct of Surgeon Capt. P. Hehir, *Hehir’s cross-examination* (9 January 1897), f. 155.

⁹⁹ BL AAPC, IOR/R/1/1/1266, ‘Conduct of Surgeon Capt. P. Hehir’, *Criminal Proceedings - Ada d’Costa’s testimony* (15 January 1897), f. 191.

¹⁰⁰ BL AAPC, IOR/R/1/1/1266, ‘Conduct of Surgeon Capt. P. Hehir’, *Criminal Proceedings - Hehir’s cross-examination* (9 January 1897), f. 156.

beginning an ordinary one, which ought to have yielded to the treatment adopted; but owing to the patient's disregarding instruction as to not going out and keeping quiet, it became dangerous and she died.¹⁰¹

Hehir's second line of reasoning for upholding the sanctity of confidentiality jars; further research in other cases should establish how regular or not these sorts of defences have been in the history of medical confidentiality. As was stated above, if a patient had ceased to respond to treatment, or was beyond hope of restoration, then why involve another practitioner at all? The second striking aspect of the above passage is Hehir's complete abrogation for all responsibility for his role in Whittaker's death. By his estimation, she made her own deathbed and was doomed to lie in it by avoiding his instructions 'as to not going out and keeping quiet'. Neither he, nor any other actor present during the court case - nor at the post-mortem - focused on the causative role he played in Whittaker's death.

Certainly, the anonymously written medical report produced in the wake of the court case was dubious about the causes of death decided upon by Symons and Wolesley in their post-mortem. Hehir's colleagues had concluded that Whittaker's death was caused by, '... absorption of poisonous matter from the mass of organised material in the uterus; and that this material is probably the remains of a placenta, left by an abortion.'¹⁰² Therefore, Symons and Wolesley constructed her death as an unfortunate confluence of biological processes, rather than the consequences of an external, medical intervention. However, the medical report stated, 'It is quite evident

¹⁰¹*Ibid.*

¹⁰² BL AAPC, IOR/R/1/1/1266 'Conduct of Surgeon Capt P. Hehir', *Exhibit No. 4 – result of post-mortem upon the body of Mrs Whittaker* (18 December 1896), f. 271.

that the septicaemia or blood poisoning started after the introduction of the laminaria tent, which is always attended with danger.’¹⁰³

Laminaria tents and bougies were instruments used at the end of the nineteenth century to absorb large amounts of liquid, usually blood, from internal organs, especially in cases of abortion, but also in the relief of stricture of the urethra. In 1870, Albert Reeves recommended the use of a ‘laminaria dilator’ for the relief of urethral stricture in order to avoid excessive haemorrhage and pain.¹⁰⁴ The absorptive properties of these instruments were derived from the original manifestation of the material out of which they were fashioned: a type of seaweed. *Laminaria Digitatis* (*L. Digitatis*) is a variety of brown seaweed that be found in abundance in the seas bordering Northern and Western Europe. Naturally dark brown in colour, *L. Digitatis* is characterised by a claw like holdfast (the organ by which forms of algae grasp surfaces), a smooth flexible stipe (the biological term for a seaweed’s stem), and laminate blades that can grow 1.5 meters and are shaped not unlike a human finger.¹⁰⁵

The use of the seaweed in medicine has long been discussed, as seen in the phrasing of the report above, and was typified by extremes of opinion ranging between the effectiveness and dangers of its usage. In 1895, Dr Rawlings, of the Swansea Medical Society, ‘strongly emphasized the risks accompanying the use of different kinds of tent’, stressed the need for ‘strict antiseptic precautions’, and referenced a case of ‘acute metritis [inflammation of the womb]’ following the use of a laminaria

¹⁰³ BL AAPC, IOR/R/1/1/1266, ‘Conduct of Surgeon Capt. P. Hehir’, *Medical Report With an Analysis of the Post Mortem Report and Review of the Medical Evidence* (n.d.), f. 373.

¹⁰⁴ BL, Henry Albert Reeves, *The Safe and Speedy Treatment of Urethral Stricture by means of Laminaria Digitata* (London, 1870), p. 8.

¹⁰⁵ ‘Laminaria Digitata (Hudson) J.V. Lamouroux’, http://www.seaweed.ie/descriptions/laminaria_digitata.php [accessed on 12 August 2016]. The first recorded analysis of the species was in 1813, by the eminent French biologist and naturalist, Jean Vincent Félix (J.V.F.) Lamouroux. See J.V.F. Lamouroux, ‘Essai sur les genres de la famille des thalassiphytes non articulées’, *Annales du Musum d’Histoire Naturelle, Paris*, Vol. 20 (1813), p. 26, 31, 41-43.

tent, which ‘proved fatal in five days’.¹⁰⁶ Ten years later, *The Lancet* covered a meeting of the Obstetrical Society of London at which the use of laminaria tents was discussed in detail. One contributor, William J. Sinclair, regretted how much the use of laminaria tents had declined, ‘as he considered dilatation by the use of tents far superior to that obtained’ by other methods. Another, Dr Boxall, remarked that ‘the main objection offered to the use of tents was the inherent possibility of infection’, but that infection could be avoided by first drying the tents in an oven.¹⁰⁷

However, many of the insights published at the time of Whittaker’s death were vague in diagnosing precisely how *L. Digitatis* interacted with the womb and cervix, or induced certain disorders. Our understanding of these issues has been clarified more recently. In 2005, a group of Taiwanese gynaecologists noted that laminaria tents fell out of use in the early twentieth century as a result of fears that the absorptive properties of *L. Digitatis* were a double-edged sword. The seaweed’s absorptive capacities were useful in the practice of abortion, as excess fluid could be carried away from an afflicted area and, concurrently, the cervix expanded to five times its regular diameter, which allowed for an easier ejection of the foetus. However, the researchers found that the seaweed was so absorptive that pathogens located in the ocean could be stored and released into a woman’s womb through the tents. Yu, Chen and Su went on to state that only with the genesis of numerous forms of sterilisation, especially the use

¹⁰⁶ *BMJ*, 2 February 1895 (Vol. 1, Iss. 1779), p. 255.

¹⁰⁷ *The Lancet* (12 May 1906), pp. 1321-1322. For other examples of contemporary defenses of and attacks on the insertion of laminaria tents see the following articles in the *BMJ*: Joseph Griffiths Swayne, ‘On the use of Obstetric Instruments’, 23 January 1869 (Vol. 1, Iss. 421), pp. 72-73; Robert Jardine, ‘A Discussion on the Justification for Artificial Dilatation of the Cervix to Hasten Delivery at Full Time, and the most appropriate method of procuring this dilatation’ (24 August 1907), p. 430; ‘An Epitome of Current Medical Literature’ (25 March 1893), p. 47; Bruchon, ‘Perforation of the Cervix by Laminaria Tents’ (16 July 1892), p. 11.

of ethylene oxide and irradiation, have laminaria tents begun to be reconsidered as a safe form of administering abortions.¹⁰⁸

Hehir recollected that he used the tent on 13 December, in the presence of Mr and Mrs Templeton, in order to ‘explore the womb’, and the instrument was kept in for three hours. However, over the course of that period Whittaker’s tetanic symptoms worsened and he ‘thought it best to remove the tent’.¹⁰⁹ Such clarity in his recollections of the case was unusual for Hehir; the court records explicitly included a reference to his numerous deficiencies as a witness. The judge, Albert Williams, noted that Hehir’s testimony to his court, ‘... was characterized by much hesitation and indecision, and he seemed to show great want of recollection...’, except for when ‘... repudiating charges which reflected upon his honor, which he did with what seemed to me to be genuine indignation.’¹¹⁰

Therefore, the clarity of his memories on the order of events regarding his use of the laminaria tent should have stood out as an opportunity for Templeton’s defence to question this aspect of his practice. As noted above, there was sufficient suspicion of the use of tents in contemporary medical literature to at least question the appropriateness of Hehir’s actions, establish whether or not the tent’s introduction perforated the wall of the cervix, and introduced an infection that worsened Whittaker’s tetanic symptoms.

¹⁰⁸ Shin Yu, Wen-Fang Cheng, Yi-Ning Su, Chi-An Chen, Chien-Nan Lee, ‘Septic Shock after Intracervical Laminaria Insertion’, *Taiwanese Journal of Obstetric Gynaecology*, Vol. 45, No. 1 (2005), p. 77. *L. Digitatis* is also now being investigated as a form of renewable bio-fuel. See Xiaoru Hou, Jonas Høeg Hansen and Anne-Belinda Bjerre, Integrated bioethanol and protein production from brown seaweed *Laminaria digitata*, *Bioresource Technology*, Vol. 197 (December 2015), pp. 310-317.

¹⁰⁹ BL AAPC, IOR/R/1/1/1266, ‘Conduct of Surgeon Capt. P. Hehir’, *Criminal Proceedings – Hehir’s first testimony* (22 December 1896), f. 132.

¹¹⁰ BL AAPC, IOR/R/1/1/1266, ‘Conduct of Surgeon Capt. P. Hehir’, *Criminal Proceedings – Hehir’s cross-examination* (13 January 1897), f. 170.

However, Templeton's attorneys never interrogated the decisions Hehir made in the aftermath of Whittaker's abortion, during their cross-examinations of him, or the other medical witnesses called to the dock. Hehir's extensive cross-examination focused on his previously referenced withholding of information from Lawrie, and whether or not he could prove the 'alleged familiarities' and 'intimacies' between Templeton and Whittaker.¹¹¹ The prosecution's questioning of medical personnel such as Annie MacNamara, Dora Fellowes, and Ida Gosling, all of whom either attended Whittaker during her final days or were present at the post-mortem on her body, was not accompanied by a cross-examination from the defence.¹¹² Instead, the prosecution went unchallenged in its use of these witnesses as media for further questioning about the nature of relations between Templeton and Whittaker and, in Fellowes' case, the confirmation of Whittaker having been pregnant. As a result, the significance of Hehir's use of the laminaria tent, and the possible role that had in sealing Whittaker's fate, was not emphasized until the medical report synthesized and analysed the evidence used in the court case.

The reasons for the defence's failure to pursue this line of questioning are unclear. The background to *Outlines*' production shows that at least one of the men representing Templeton in court, J.D.B. Gribble, had maintained informal friendships with Hehir and Lawrie, who were sitting on the other side of the courtroom. Given that Gribble was still publishing with Hehir in 1908, perhaps he played a hand in sabotaging Templeton's defence through split personal and professional loyalties.¹¹³

However, such an argument is difficult to substantiate and highly conjectural. Another

¹¹¹ See the wording of questions at BL AAPC, IOR/R/1/1/1266, 'Conduct of Surgeon Capt. P. Hehir', *Criminal Proceedings – Hehir's cross-examination* (13 January 1897), f. 168.

¹¹² See BL AAPC, IOR/R/1/1/1266, 'Conduct of Surgeon Capt. P. Hehir', *Criminal Proceedings – Examination of Annie MacNamara* (14 January 1897), f. 180; *Criminal Proceedings – Examination of Mrs Dora Fellowes* (15 January 1897), f. 188; *Criminal Proceedings – Examination of Mrs Ida Gosling* (15 January 1897), f. 190.

¹¹³ Hehir and Gribble, *Outlines* (Madras, 1908).

may have been that they were simply ignorant of the possible biological effects of using laminaria tents as a means of arresting haemorrhage, and were not diligent enough in sourcing opinions from medical practitioners that might have better informed the counter-arguments they made.

What is certain is that Hehir's possible role in causing Whittaker's death through his practice was almost completely occluded from the conclusions of the case. He had been typified as a faulty witness, gained a public reputation for being 'shifty and untrustworthy', and was later implicated by the medical report as having inadvertently created the biological preconditions for Whittaker's death. However, in the end, the court found that Templeton and Whittaker's perceived moral failings were the cause of death, not the actions of a medical man. The five charges under which Templeton was indicted by Albert Williams were all concerned with aspects of his moral conduct, but particular emphasis should be placed on the wording of the first:

... that you, Arthur Napoleon Templeton... entered into a conspiracy with Marion Edith Whittaker for the causing of a miscarriage on the body of the said Marion Edith Whittaker, being then with child, and that in pursuance of that conspiracy, and in order to the causing of the said miscarriage, divers acts were done which caused the death of the said Marion Edith Whittaker, and that you have thereby committed an offence punishable under section 314/109 of the Indian Penal Code and within my cognizance.¹¹⁴

Williams' phrase '... divers acts were done...' is particularly ambiguous and woolly, given the complete occlusion that it entails of every other person who knew about or treated Marion Whittaker, not least Patrick Hehir. The phrase, and the first charge as a whole, were rooted in maintaining public morality in relation to the private actions of

¹¹⁴ BL AAPC, IOR/R/1/1/1266, 'Conduct of Surgeon Capt. P. Hehir', *Criminal Proceedings – Charges* (26 January 1897), f. 237.

colonial subjects. In the court's view, all of the preceding evidence in the case showed that Whittaker's death was not caused by a medical intervention but a moral malfunction.

Conclusion

Patrick Hehir's treatment of Marion Whittaker illuminates the bases upon which medical decisions were made, and treatment administered in India during our period. As has been shown here, Hehir's treatment of Whittaker, from their first consultation in late November to her demise on 16 December 1896, was defined by the administration of substances and techniques that probably caused her more harm than good. These sorts of issues should spur further scholarship. The grounds on which Hehir decided to subscribe Fellow's Syrup to Whittaker were rooted, most probably, in a collective belief by his colleagues locally that the Syrup promoted 'general health' and, in addition, the company's ability to assemble testimonies from all over the world, and market those testimonies through imperial commercial networks. His recommendation of the substance was *not* made through a comprehensive understanding of what the Syrup was composed of, nor the possible effects of its composition. Therefore, future research into the History of Medicine and Imperialism should seek to establish how local medical decisions were made in relation to global networks of professional and commercial interests, rather than a keen understanding of the chemical and biological outcomes of certain treatments. As fields of knowledge such as analytical chemistry and molecular biology grew in sophistication, to what extent were those decision-making processes disrupted and modified? Such research

might then become as concerned with global and transnational history, as imperial and colonial regimes crumbled in the mid- to late-twentieth century.

However, issues surrounding medical knowledge and practice were of scant concern to the figures responsible for investigating the circumstances of Whittaker's death. Instead of being concerned with what Hehir, Whittaker and Templeton had done, they focused on who they were. In Hehir's case, this meant examining the quality of his professional morality, using a lexicon that had defined his career since its beginnings in the United Kingdom and Calcutta in the 1860s and 1870s.

Furthermore, even greater emphasis was placed on the immorality of the deceased and her lover, occluding the substance and quality of Hehir's involvement in the case beyond his contravention of ubiquitous professional ideals. The case provides evidence that, in India under Crown Rule, a publicly employed surgeon could play a role in killing a patient but, if the moral circumstances in which that patient lived were questionable, the extent of their involvement could be ignored. Whether or not that ignorance was consciously manufactured remains a moot point. However, as previous chapters have documented, there was a very real emphasis placed by imperial institutions in India on upholding a set of ideals surrounding public service. At some level in the evidence documented above, there is an attempt to do the same for Patrick Hehir. Although he was initially excoriated in private for his conduct during the case, public institutions guarded his reputation during the administration of *Empress vs Templeton*, and it was Templeton and Whittaker – two private subjects that the State had no stake in – who were publicly vilified.

The consequences arising from these clashes of public and private moralities in India during our period can best be witnessed by acknowledging the highly divergent nature of the lives and careers experienced by Templeton, Hehir and Lawrie after the

court case concluded. At the end of their lives, Hehir and Lawrie were publicly feted through obituaries in professional journals. The *BMJ* and *Lancet* documented their successes in life, and constructed them in relation to the professional ideals that have now become familiar: gentility, humanity and Christianity. The *BMJ* penned the following about Hehir on his death in May 1937:

Major-General Sir Patrick Hehir, KCIE, CB, CMG, Bengal Medical Service (ret.), died at Hove on May 1, aged 77... He had a very distinguished career, seeing much war service... He received the C.B. on October 29, 1915, the CMG, on February 15, 1917, the CIE on June 4, 1918, and the KCIE on January 1, 1920. After his retirement from the Service he acted as medical adviser to the British Red Cross Society's mission for the succour of Greek refugees. He was the author of many professional works... In 1908 he married Dora, granddaughter of Edward Lloyd, founder of the *Daily Chronicle*, and had one daughter.¹¹⁵

The number of awards that Hehir received, and the way in which they were included in the obituary, is dizzying to read, and the use of the phrase '... for the succour of Greek refugees' aligns him with a selfless, humanitarian ethos. Furthermore, the inclusion of the detail about his wife's grandfather, Edward Lloyd, speaks to the prestige of Hehir's broader socio-economic connections. Lloyd was one of the foremost publishers of his day, innovating in the technical process of newspaper printing. His papers became popular enough that readership of his *Lloyd's Newspaper* stood at approximately four hundred thousand by the 1860s, an unprecedented number for the time.¹¹⁶

¹¹⁵ *BMJ*, 22 May 1937 (Vol. 1, Iss. 3985), p. 1100.

¹¹⁶ Joseph Hatton, *Journalistic London: Being a Series of Sketches of Famous Pens and Papers of the Day* (London, 1882), p. 194.

Lawrie was not as publicly adorned as Hehir. However, he was still lauded by his contemporaries in the wake of his death, and was also socially well connected in early Edwardian Britain. In 1900 his daughter, Edith, had married Lieutenant Ross Hayter, who was later appointed Brigadier General and Aide-de-Camp to King George V. In the year following his daughter's marriage he moved to a house in Harley Street, Number 115a, living close to P.J. Freyer's practice at No. 27, until 1908, when he moved to Hove, where he died in 1915.¹¹⁷ Lauder Brunton, a man whom he had repeated contact with through their shared time at medical school in Edinburgh, and then during the reception of the first Hyderabad Chloroform Commission, described Lawrie in the following terms after his expiration:

If his zeal for truth sometimes led him to see but one aspect of it, and to be impatient or angry with those who could not see it exactly as he did, this was only the result of the excessive truthfulness of his character, a characteristic that led so many of the early Christians to become saints and martyrs.¹¹⁸

Brunton's epitaph to Lawrie floats the idea of professional and moral character before us once again. In his view, over-zealousness, shortness of temper and a narrow perspective were to be forgiven if a medical man possessed an 'excessive truthfulness of character'. According to Brunton, then, Lawrie was the incarnation of professional ideals, a man who put the pursuit of scientific and moral truths before all else, even, as indicated by the drawing of a parallel with Christian martyrs, his own professional interests.

¹¹⁷ Masson, Wilson and Hovel, 'Edward Lawrie', p. 1009.

¹¹⁸ Lauder Brunton, 'The Late Lieutenant-Colonel Edward Lawrie', *The Lancet* (11 September 1915), p. 624.

There was nothing in these obituaries and epitaphs that suggested either man had anything to do with the murky circumstances surrounding the death of a young, British woman in Hyderabad at the turn of the century; nor should they be expected to. As has been shown as regards the life and career of P.J. Freyer, the register and tone of professional obituaries at the time promoted the glorified reification of individuals from the oft-messy complexities of their professional lives. Indeed, these artefacts perform the same roles now. However, the fact that these obituaries exist for Hehir and Lawrie, and an equivalent does not for Templeton, tells us something about the factors that could determine the consequences of possible professional malpractice at the turn of the century. Obituaries published in prestigious professional journals were manifestations of the esteem, public persona and cultural capital of the individuals being depicted. By contrast, Templeton's last recorded act encapsulated his lack of these assets, and the personal dislocation that had arisen for him in the wake of Whittaker's death.

He wrote to the Viceroy, Lord Curzon, from temporary chambers in Bombay, where he was living following his deportation from Hyderabad in the last days of April 1904, an event that had occurred as a result of the political manoeuvrings of the Nizam's Government and the British Resident's office.¹¹⁹ He referenced '... the continuous wrongs and hardships [this] Petitioner has suffered through the notorious Whittaker case...', his disinheritance from 'his Constitutional rights as a British subject, domiciled in the Empire of India', and the legal expenses he incurred

¹¹⁹ BL AAPC, IOR/R/2/68/49, *Deportation of Messrs E. Newton and A.N. Templeton, British Subjects*, 'Commissioner of Police Bombay to the Chief Secretary to Government, Special Department' (3 May 1904), Serial Number (SN) 35.

defending himself, which 'have completely crippled financially him and his family.'¹²⁰

These consequences, Templeton sued, were in severe disproportion to the substance of his actions in the Whittaker case. Either way, Templeton placed the following hypothetical before the Viceroy: 'That if Your Excellency's Petitioner had been the most vicious malefactor, a burglar or murderer, greater indignities and humiliation could not have been heaped upon [him], for which, he submits, some one is responsible...'.¹²¹ The present, but unwritten, phrase tagged onto the end of that final clause was '... but has not been held accountable.' Templeton's plea for Hehir to be held accountable for his actions fell on deaf ears, a deafness induced by adhesion to the idea of a public servant, even when the evidence suggested that they were liable for causing the death of another.

¹²⁰ BL AAPC, IOR/R/2/68/49, *Deportation of Messrs E. Newton and A.N. Templeton*, 'The Humble Petition of Arthur Napoleon Templeton, of Apollo Chambers, in the City of Bombay, late of Hyderabad, in H.H. Nizam's Dominions' (25 February 1905), sn 37.

¹²¹ *Ibid.*

Conclusions: contributions and future directions

The real challenge... will be to... integrate the local and the general... Only then will we glimpse whole worlds... that have not been seen before. A synoptic view, bringing metropole and colony, coloniser and colonised, British and indigenous peoples into one frame, into a single analytical field, will reveal not merely a catalogue of differences and similarities, not just a series of intriguing parallels, but whole configurations, general processes, an entire interactive system, one vast interconnected world.¹

This thesis has been a response to the call made above by P.D. Morgan, a response phrased in relation to the social history of the medical profession. By tracking our Irish surgeons across the British Empire and its colonies in the late-nineteenth and early-twentieth centuries, I have shown the ways in which they were part of an ‘interactive system’ and an ‘interconnected world’ of professional cultures and interests. That method has allowed me to demonstrate, first and foremost, that the networks connecting India with the United Kingdom, and the connections between Ireland and the other nations within that Kingdom, were not constituted by any one characteristic. Although their professional networks were substantiated by their status as surgeons and medical men, those networks also found their form as a result of broader social currents pertaining to race, ethnicity, gender and political administration.

Dane Kennedy once wrote of a scholarly tendency, especially in post-colonial studies, to ‘essentialize the West’, a tendency which he believed was ‘no less

¹ P.D. Morgan, ‘Encounters between British and ‘Indigenous’ Peoples, c. 1500-1800’, in M.J. Dauntton and R. Halpern (eds), *Empire and Others: British Encounters with Indigenous Peoples, 1600-1850* (London, 1999), p. 68.

distorting than the West's tendency to essentialize the Orient.' ² He focused particularly on Edward Said's *Orientalism*, positing that for Said and his intellectual progenies, 'the West is an undifferentiated, omnipotent entity, imposing its totalling designs on the rest of the world without check or interruption.'³ Interpreted politically, Kennedy's argument seems hard to defend. The effects induced by European empires' 'tendency to essentialize' those they colonized in Africa, India and South-East Asia amounted to the annihilation of forms of cultural, social and political life across those regions.⁴ By comparison, the consequences of academic short sightedness induced by some post-colonial perspectives on imperial history seem less grave. However, when viewed in terms of the extent and content of the intellectual landscape upon which scholarship concerning imperialism has been based, Kennedy's arguments seem more sustainable. The conclusions that follow highlight how thinking and writing about our subjects not singularly as Irishmen, imperial servants or medical men, but as amalgams of all three, reveals the boundaries of our knowledge, and how that knowledge can be extended.

Surgery, colonies and imperialism

Surgery, as a medical speciality, has been present throughout the preceding chapters, but a specific history of surgery in imperial and colonial societies has yet to be written, which is striking given how present surgery was in the qualifications required for IMS

² Dane Kennedy, "Imperial History and Post-Colonial Theory", *Journal of Imperial and Commonwealth History*, Vol. 24, No. 3 (1996), p. 354.

³ *Ibid.*

⁴ See, for an example, the effects of the assumptions, political motivations and economic incentives that underpinned the recommendations of the South African Native Affairs Commission (SANAC) about tribal communities in the southern African colonies. The Commission has been widely accredited with creating the context, in the wake of the South African War, that later supported the construction of the, first, racially segregated and, latterly, Apartheid-based state in South Africa. See Bod. Lib., MSS Milner dep. 275, *Report of the South African Native Affairs Commission* (1905), Vol. 1 and, in addition, Bod. Lib., MSS Milner dep. 276-278, *Minutes of Evidence* (1904).

employment during our period, and the nomenclature used to describe those who worked in the Service. From the evidence provided here, that history can be written in (at least) three ways.

Firstly, how was the technical act of surgical intervention supported and transformed by the nature of imperial rule and colonial society? Chapter four showed how a surgeon's remit could be shaped by the specific demands of governing an empire. However, that chapter could also have been written to uncover how surgical specialities were developed over time and between colonial societies and domestic imperial heartlands.

Freyer's earliest experiences of performing surgery in India were very diverse. In 1878, he performed at least six hundred and fifty-eight cataracts removals, as well as, in the years before and after, operations to excise portions of patients' tumour-ridden lower jaws, and to remove gastro-intestinal hernias.⁵ Further work on surgical practice and colonialism should attempt to ascertain how difficult specialisation was, given that, after the mid-1860s, IMS surgeons were expected to be more fully *public* servants, and treat civilians with all types of ailment. Other collections at Irish archives, specifically the Sibthorpe collection at the RCPI, would aid in this research. That work could be focused upon ascertaining what sorts of procedures European surgeons carried out in India, the role that institutions played in determining why that practice happened, and the degrees of specialisation that were subsequently supported or prevented at later points in their careers.⁶

There would also be an opportunity to link that history of technical specialisation with the professional cultures of the age. The first public mention Freyer made of the operations he would later become famous for in Harley Street was in

⁵ NUIG Spec Colls, *Freyer*, P57/301, 'Indian Medical Gazette', f. 7 & ff. 11-12.

⁶ RCPI, 'Surgeon General Charles Sibthorpe – Casebooks', CS/1-6.

December 1882, when he published ‘Ten Cases of Lithotrity at One Sitting’ in the *Indian Medical Gazette*. He wrote in that article:

... the extreme aversion with which the natives of this country regard any mode of treatment that involves a series of several distinct surgical operations is well known to every surgeon who has practised in India. It is on this account, chiefly, I presume, that the old operation of lithotrity [which involved a number of sittings to remove calculi] never came into vogue out here, though the opportunities for its performance are unsurpassed in any other country.⁷

Why, then, with technical skills in a range of different surgical procedures, and the cultural aversion to lithotrity that he described above, did Freyer become famous for operating on genitourinary disorders? A clue from the archive comes in the first edition of his *Clinical Lectures on Stricture of the Urethra and Enlargement of the Prostate*, published in 1901. He wrote of this group of disorders:

Gentlemen, I propose directing your attention today to stricture of the urethra. It is, perhaps, the most important of the surgical disorders of the genitourinary organs. It is the most common of those diseases that you are called on to deal with in practice, since at one or other period the vast majority of the male population suffers from that condition which most frequently gives rise to it.⁸

Given Freyer’s talent, interest in making money, and his experience of earning significant cash payments through treating wealthy individuals, his choice of specialisation was probably not an accident. Using the expertise and knowledge he had accrued in India, he was able to view his professional career in London in terms of the

⁷ NUIG Spec Colls, Freyer, P57/301, ‘Indian Medical Gazette’, f. 19.

⁸ NUIG Spec Colls, Freyer, P57/242, *Clinical Lectures on Stricture of the Urethra and Enlargement of the Prostate* (London, 1901), p. 1.

demographics most likely to need his services. Therefore, he is a good case study for examining the way in which technical expertise and professional ambition were played out across the British imperial and colonial worlds, which will be the ‘working brief’ for one of my next research projects.

Secondly, surgery can be treated as a method by which political power and administration was experienced. At a broad, institutional remove, as witnessed in chapter three, a surgeon’s work was an abrasive political issue, that illuminated where colonial governments were attentive to the professional expectations of those they employed, and where they were less so. However, surgery was political in more intimate ways, too. When recreated from the perspective of patients’ residences, domestic laboratories, and courtrooms, a history of surgery and colonial empires would also provide us with an opportunity to think about contemporary moral, sexual and ethnic politics, and about how those politics were given their definition by the physical places in which they occurred. How, for example, would the incidences documented by *Empress v. Templeton* play themselves out in a similar case elsewhere in India, where British rule might have been more complete? What about under British rule in other parts of the world?

In addition, the chapter on Freyer’s treatment of the Nawab showed how IMS surgeons could often be incorporated into a professional marketplace, where practitioners from different medical traditions traded their knowledge, the value of which was largely defined by cultural politics. Freyer was not only a skilled surgeon and medical man, but also a cultural mediator, who threatened the cultural supremacy of the *hakim* at the Nawab’s court and, in addition, gathered information to act as the basis for policy-making by the Government of the NWFPO. Further research could

investigate surgeons as political operatives, as well as medical professionals, under colonial regimes.

Thirdly, a history of surgery under colonial imperialism should act as a means of investigating social values and discourses. Although not a significant element of the research assembled here, a large body of the archival material discovered during the research for this thesis would provide the basis for creating such a history. The Sibthorpe collection, held at the RCPI, is a very complete record of surgical practices, and practitioner-patient relationships, at the Madras General Hospital (MGH) between 1876 and 1889. Specifically, the collection provides an opportunity for us to reconstruct what defined relationships between surgeons and the people they treated, especially as regards concepts such as ‘consent’.

The casebooks that substantiate the collection are inscribed by mentions of ‘consent’ being used to inform patients of the decisions being made, but provide very little by way of the term’s context. For example, the term’s usage is not accompanied by any sense of whether the patient understood what the term meant, nor what they were actually consenting to. In addition, given that IMS surgeons were required to have only a basic proficiency in Hindustani, and that maladministration could count against them in gaining that proficiency, there was no guarantee that their language skills were developed enough to explain the procedures being consented to. Were there mediators on hand to aid in the process and, if so, who were they?

Furthermore, was consent in the late-nineteenth century a class- and ethnicity-derived concept? In distinction to Sibthorpe and his colleagues at the MGH, Freyer made no mention of consent in the casebooks he filled through his practice in Harley

Street.⁹ Instead, the consensual nature of procedures remained tacit and, if present, was not recorded as part of the case history. Why? Perhaps because the people Freyer was treating were almost uniformly social and cultural reflections of himself: wealthy, white, and English speaking. The IMS surgeons working at the IMS, on the other hand, were largely treating poor, brown people with a most likely limited grasp of English. Consent might have only been deployed in areas of the Empire where these social and cultural markers were held in tension between practitioners and patients. Again, further research is needed on the topic, but the social underpinnings of this loose definition of consent in medicine would be an engaging place to begin that work.

Ethics and morality in the History of Medicine

The third aspect of the schema for a history of surgery and colonial imperialism leads into my second general conclusion: that more attention must be paid to the historical ethics and morality of medicine. Studying these topics allows us to identify and scrutinise the motivations and justifications medical personnel have deployed for their professional behaviour, and how those motivations and justifications are derived from broader social and cultural sources.

Drawing such a conclusion might seem in poor taste, given the particular polity that this thesis has been focused upon: ‘How can we possibly write a history of ethics and imperialism?’ Imperialism has long been an object of strong moral and ethical critique, beginning with Positivist and Socialist counter-narratives to imperial success in the nineteenth-century.¹⁰ Across the period c.1960-1990, figures such as Edward

⁹ See NUIG Spec. Colls, *Freyer*, P57/191-199, ‘Lithotomy and Litholopaxy casebooks’ (1899-1905) and P57/216-218, ‘Wellcome Medical Diary’ (1918-1921).

¹⁰ See, for example, Gregory Claeys, *Imperial Sceptics: British Critics of Empire 1850-1920* (Cambridge, 2012).

Said, Franz Fanon and Gayatri Chakravorty Spivak cast imperialism as a political and cultural force for the spread of injustice, synonymous with cultural destruction, economic exploitation and political inequality.¹¹

Slightly more recently, British colonial regimes have not only been accused – both in history faculties and courts of law – of perpetrating torture, but also of doctoring their archives to circumvent the ability of their victims to sue for justice and compensation.¹² However, even taking into account these marks against the unethical or immoral brand of political ethics and morality perpetrated by colonial regimes, there is also a need for us to understand that systems of ethics and morality existed within colonial societies; their creation was rooted in the epistemological traditions and technical abilities of particular professional groups. Therefore, these ethical and moral systems can be understood through particularly social lenses (and sources).

The men who have been studied here operated through a *moral* medicine, rather than an *ethical* medicine. Robert Baker made the distinction between morals and ethics in his recent study of medicine in America, ‘Before Bioethics’.¹³ Baker defined ‘medical ethics’ as the ‘... articulated, often formal, statements about standards of character or conduct to which someone, a patient, a politician, a philosopher – or a physician – believes healthcare practitioners *ought* to be held accountable.’¹⁴ ‘Medical morality’, on the other hand, ‘refers to standards of conduct or character, often

¹¹ I am thinking of these three writers’ most well-known contributions to intellectual life: Franz Fanon, *Black Skin, White Masks* (London, 1967); Edward Said, *Orientalism* (New York, 1978); Gayatri Chakravorty Spivak, ‘Can the Subaltern Speak?’ in Cary Nelson and Lawrence Grossberg, *Marxism and the interpretation of culture* (Basingstoke, 1988), pp 271-315.

¹² I am thinking especially of the Mau Mau rebellion case, in which historians Caroline Elkins (Harvard) and David Anderson (Warwick), referenced in chapter five, played important roles in seeking justice for the survivors of the colonial state’s genocidal policies in Kenya. See Caroline Elkins, *Britain’s Gulag: the brutal end of empire in Kenya* (London, 2005) and Anderson, ‘Guilty Secrets’ (2015), pp 142-160.

¹³ Robert Baker, *Before Bioethics: A History of American Medical Ethics from the Colonial Period to the Bioethics Revolution* (Oxford, 2013).

¹⁴ Baker, *Before Bioethics*.

unarticulated and informal, to which a community of healthcare practitioners *actually* holds *itself* accountable [italics used by original author].’¹⁵

Baker’s schema is a useful way of, firstly, historicizing different types of value system¹⁶, and, secondly, encapsulating how these Irishmen, and their English, Scottish and Welsh contemporaries, were perceived and judged. The early experiences of these men in medicine were defined by an increasing emphasis on codifying standards of medical knowledge and practice, in the hope that creating such structures would enable them to be ‘better’ medical practitioners. These attempts at reform can be read as a type of institutional move towards ethics in medicine. However, the Indian contexts in which these men existed operated on a radically different set of values. On the sub-continent, they and their practices were conceived of largely in moral terms: how closely their ‘characters’, that ubiquitous term, aligned with an amalgam of contemporary masculine, religious, and, ultimately, imperial moral ideals. As was shown in chapter one, these moral ideals did not just substantiate culture, but also the very institutional dynamics that defined their careers; the confidential reports referenced there showed how important ‘character’, ‘a sense of duty’ and being ‘of temperate habits’ were in coding how competent a surgeon was, and making promotion more or less likely.

Additionally, in the practical contexts examined here, these moral ideals emerged as fundamentally important for defining the careers of P.J. Freyer and Patrick Hehir. In particular, we should remember that the initial accusation levelled against Freyer by Auckland Colvin was rooted in moral outrage. By Colvin’s estimation, Freyer was not guilty of breaking any law or employment legislation, but subverting

¹⁵ *Ibid.*

¹⁶ On this point, also see his thoughts on the viable, historical application of the term ‘medical ethics’, in his co-authored essay with Laurence McCullough. See Robert B. Baker and Laurence B. McCullough, *The Cambridge World History of Medical Ethics* (Cambridge, 2008), p. 3.

moral codes of imperial service; the surgeon was accused by his Government of perpetrating ‘calumnious insinuations’ and, knowing well the risks run ‘when placed in the position which he was placed’, had not taken the necessary precautions of ‘guarding himself against misrepresentation by the only course open to him.’¹⁷

Hehir, too, had his career defined by similar statements concerning the immorality of his behaviour. The confidential report that Lawrie wrote in the wake of the *Empress v. Templeton* trials described Hehir as ‘shifty and untrustworthy’, characteristics that were more rooted in criticisms of his value as a social being, rather than as a practitioner. Furthermore, as was shown at the end of the previous chapter, the moral values of British India were, to an extent, responsible for his having a lengthy, successful career, whilst Arthur Templeton’s final recorded act was to plead for justice from a Viceroy while in exile. The distinction in fates between the two men was a result of their respective possession, or lack of, institutional affiliations, and the moral values that needed to be upheld in order for those affiliations to retain their worth.

Whilst histories of the moral and ethical underpinnings of medicine are now emerging, especially in the work completed by Kim Price, Angus Ferguson, and Baker¹⁸, those who have dealt with them for our period have not addressed the inevitable impact that imperial and colonial governance had on shaping morality in medicine. Price and Ferguson have made important contributions to the way in which medicine was interpreted by various modes of reasoning, especially the law, in late-Victorian Britain. However, in order to be fully comprehensive, the imperial and colonial contributions to that history must be acknowledged.

¹⁷ NUIG Spec. Colls, *Freyer*, Box 1 P57/74, Colvin to Rice (4 March 1889), f. 4.

¹⁸ See Ferguson, *Should a Doctor Tell?* and Price, *Medical Negligence in Victorian Britain* and “‘Where is the fault?’”, *Social History of Medicine* (2013), pp 21-37.

Professionalism and power in imperial and colonial regimes

My third broad conclusion comes in acknowledging the importance of sharpening our understandings of the ways in which different types of professional personnel and professionalism were relayed around colonial empires, and brought into conflict with one another. These conflicts were not only detrimental to the traditional ‘professional project’ of gaining and maintaining financial, political and cultural capital, but also had the effect of causing crises in the political institutions tasked with managing subject populations. What becomes clear from viewing imperial and colonial governance through the framework of ‘professionalism’ is that, beneath any public expressions of support for a ‘civilizing mission’ or ‘imperial project’, the day-to-day administration of empire and colonialism was defined far more by competition between interest groups within political institutions. In response to John MacKenzie’s thoughts on the ‘Ramshackle’ or ‘Rampaging’ nature of the British Empire: from the ‘professional perspective’ the Empire emerges as characterized by both.¹⁹

On the one hand, these men were of a class that believed strongly, and probably sincerely, in the ideological significance of imperial rule, expressed individually in terms of ‘character’ and rugged, Christian masculinity. As was argued at the beginning of chapter two, such values and ideas had a double significance for these men as surgeons, because, during their ascent to professional maturity, the surgeon was imagined as a realisation of the same ideals.

However, on the other, the administration of Empire was far from being definitive, neat and uniform. The growing assertiveness of the medical profession in Britain was part of the socialisation into medicine that these men experienced, and

¹⁹ MacKenzie, ‘The British Empire: Ramshackle or Rampaging?’, pp. 99-124.

transported with them to India. When they reached the sub-continent, that professional assertiveness was bound to clash with other types of professional interest, not least in the guise of the lawyers and civil servants of the ICS and regional political offices of the GoI. As was exhibited in chapter four, Freyer's experience of controversy was professional in nature, rather than being predicated on anti-Irish sentiment. The correspondence he wrote to defend his treatment of the Nawab, and the payment he received, was filled with barbs aimed at lawyers who had reaped sinecures as healthy as his payment by the Nawab, but attracted little of the same opprobrium.

These inter-professional conflicts may well have been a function of class tensions, too. The men being studied here were all of a particular type of 'middle-class', defined by the necessity for them to work in order to sustain families and cultural expectations. That is not say that their social backgrounds were homogenous; as shown in chapter one, some were the sons of poorer landed gentry, others members of ascendant commercial or professional families. However, how did their socio-economic profile match the men with whom they had professional disputes? Where did decision-makers in these key imperial and colonial administrations come from in social and cultural terms, and how did their background shape the manner in which they administered payment for professional work? There have been very few large-scale studies of colonial institutions, their work cultures, nor how those cultures changed over time.²⁰ Such a study could be carried out for India, using prosopography to establish the social and cultural constitution of administrators, and cross-referencing those findings with the decisions they made and the style of administration they pursued.

²⁰ The study that comes to mind with the most relevance on this point is Stokes, *The English Utilitarians in India* (Oxford, 1959).

Ireland, Empire, and the politics of cultural change

The final conclusion emerges from this study's focus on the Irishness of these men, and the forms in which their social and cultural meanings changed rapidly in relation to the national politics of Ireland, first with the bloody foundation of the IFS between 1921-1923, and subsequently with the establishment of the constitutionally independent Irish Republic in 1949.

As our first two chapters showed, the social and cultural origins of these men in Ireland were varied, with their existence defined by a number of different histories, interests and values. In the Irish case, colonialism and empires not only represented prospective employment opportunities, but also defined the values and culture into which they were born. Some were drawn from families who were 'of Ireland' only because they had settled there through previous episodes of attempted colonisation by England. Future work should seek to take this method, of tracing the long history of 'middle-class' families in Ireland, and recreating a history of empire and colonisation that extends over a number of centuries, and links town lands, demesnes and parishes across the island to multiple, global locations. Such a history would work towards a conception of the people who devised and sustained imperialism and colonisation that was nuanced in relation to the places and spaces that formed their early lives. Just as the medical man has too often been conceived of as omniscient or omnipotent, imperial servants have generally been only that: imperial servants.²¹

Whilst the previously referenced work of scholars such as Nelson Lankford, John MacKenzie, and others have questioned the homogeneity of imperial servants, in a number of senses, there have been no studies comparable in depth and scope to this

²¹ There are notable exceptions to this tendency in 'Ireland and Empire' studies, such as the work of Michael Silvestri, Jonathan Jeffrey Wright, Scott Cook, Christopher Shepard, Christine Kinealy and Barry Crosbie, which have all been previously referenced. However, none of these scholars focus intently on the ways in which families could be receptacles of imperial tradition and colonial service over two or three centuries.

one in tracing the lives and careers of particular ethnic communities working within imperial institutions, and the outcomes of how those lives and careers developed. The profound realisation that being Irish in the IMS was less important than professional credentials, or position in particular social networks, indicates that more sophisticated methods should be devised to acknowledge when and where ethnicity was relevant, or acted as a barrier to social, institutional or political inclusion, and when it was replaced or superseded by other types of credential.

Similarly, these men were defined by a cosmopolitan, regional culture of professionalism. The passing mention made of politics in their lives, either through the writers of references for applications to the Service, or later failed political careers²², were part of a social experience defined not just by Ireland, but by the constituent nations of the nominal United Kingdom, and, indeed, continental Europe and the United States.²³ Therefore, the Social History of Medicine, and sub-topics within the field regarding the history of public health and professionalization, represents an opportunity for us to create a very different sort of Irish history, one that shows the often ‘mundane’ ways in which Ireland has been connected to other cultural, ethnic and professional communities. Whilst the example given of institutional exchange in education policy between the Universities of Dublin, Oxford and Cambridge, provided in chapter two, has started this process, further examples could well have been given: how the water-supply to Galway city from the local Lough Corrib was conceived of in terms analogous to infrastructural planning in Glasgow, London and Brighton²⁴; that the first ‘reformed’ abattoir in Ireland, designed to promote a humane approach to the

²² See mention of this in relation to Jarlath French-Mullen’s post-IMS attempt to enter political life in Dublin.

²³ I am thinking of this particularly in terms of the educational themes and cultural cues explored in chapters one and two.

²⁴ NUIG Spec. Colls, LA3/4, *Bound volume containing the minutes of the proceedings of the Galway Urban Sanitary Authority* (5 April 1894 – 2 January 1902).

slaughter of livestock, was conceived on the basis of research carried out by the Dublin Corporation in conjunction with their peers in Edinburgh, Manchester and Liverpool.²⁵

Given that Ireland's constitutional status during our period was plugged into the Act of Union (1801), and therefore, was tethered to local government structures and administrative processes that broad application across the United Kingdom, these histories of policy exchange might seem obvious or self-evident. However, as was shown in chapter two, there has been an assumption by some that Ireland's ambiguous relationship within the Union, which became particularly evident at times of extreme hardship, such as during the Famine, caused Irish people to think and act in an exceptional manner. Certainly, for nationalists, the Famine proved to become one of the hallmarks of a history defined by exceptional degrees of oppression, injustice and genocide.²⁶ However, beyond the realm of political ideology, how exceptional were Irish people in the way they defined their intellectual interests and socio-economic ambitions? Crosbie's 'Famine thesis', concerning the intellectual and professional interests of Irish IMS recruits, is an example of a direct causation being created between social and intellectual experience, and pre-existing, dominant themes in Irish political history. The creation of analytical tools, and a broader range of historical sources, would allow for making these causative statements with greater accuracy. Whilst the work of Peter Gray, Jennifer Regan-Lefebvre, Ciarán O'Neill and Steven O'Connor have indicated possible ways of doing so, processes of 'articulation and interplay' between Ireland, Britain, and other parts of the world should form the basis for future research.

²⁵ Dublin City Archives, *Reports and Printed Documents of the Corporation of Dublin*, 'Report of Deputation of Public Health Committee, who were requested visit Glasgow, Edinburgh, Bradford, Manchester and Liverpool, and to enquire into the questions of domestic scavenging and construction of abattoirs, and other sanitary matters', No. 33, Vol. 1 (1880), pp. 209-227.

²⁶ See Kennedy, *Unhappy the land*, parts one and two.

Indeed, that so much of this thesis has been written on the basis of previously unreferenced archival material, and was virtually unknown to historians beforehand, can be at least partially attributed to the over-emphasis on national politics in historical research on Ireland. The cultural occlusion of P.J. Freyer in both Ireland and the United Kingdom is a particularly pertinent example here. At NUI Galway, Freyer is remembered by the members of his profession; since 1976, the Sir Peter Freyer Surgical Symposium has been held at the University, and is described as ‘the largest surgical conference in Ireland... open to all surgical disciplines both nationally and internationally.’²⁷ Due to Freyer’s technical acuity, and the prestige in which he was held by his contemporaries and peers, he has become a figure of historical note for surgeons within Ireland, but also internationally.

However, Freyer’s historical significance is virtually unknown in a broader social and cultural sense. When walking down Harley Street, where Freyer performed hundreds of his prostatectomies and entertained a network of celebrities and politicians, one is surrounded by English Heritage blue plaques installed on the walls of the buildings to his near contemporaries: the ophthalmologist Sir Stewart Duke-Elder²⁸, the architect George Frederick Bodley²⁹, the geologist Sir Charles Lyell³⁰, and William Ewart Gladstone.³¹ The absence of one remembering him and his work is, to

²⁷ *Sir Peter Freyer Surgical Symposium*, (<http://www.freyer.ie/index.php/clinicians/detail/freyer> 2016), [date accessed: 1 December 2016].

²⁸ Philip Awdry, ‘Elder, Sir (William) Stewart Duke- (1898–1978)’, rev. *Oxford Dictionary of National Biography*, Oxford University Press, 2004 [<http://ezproxy-prd.bodleian.ox.ac.uk:2167/view/article/31052>, accessed 1 Dec 2016].

²⁹ Michael Hall, ‘Bodley, George Frederick (1827–1907)’, *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, Jan 2016 [<http://ezproxy-prd.bodleian.ox.ac.uk:2167/view/article/31944>, accessed 1 Dec 2016].

³⁰ Martin Rudwick, ‘Lyell, Sir Charles, first baronet (1797–1875)’, *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, May 2012 [<http://ezproxy-prd.bodleian.ox.ac.uk:2167/view/article/17243>, accessed 1 Dec 2016].

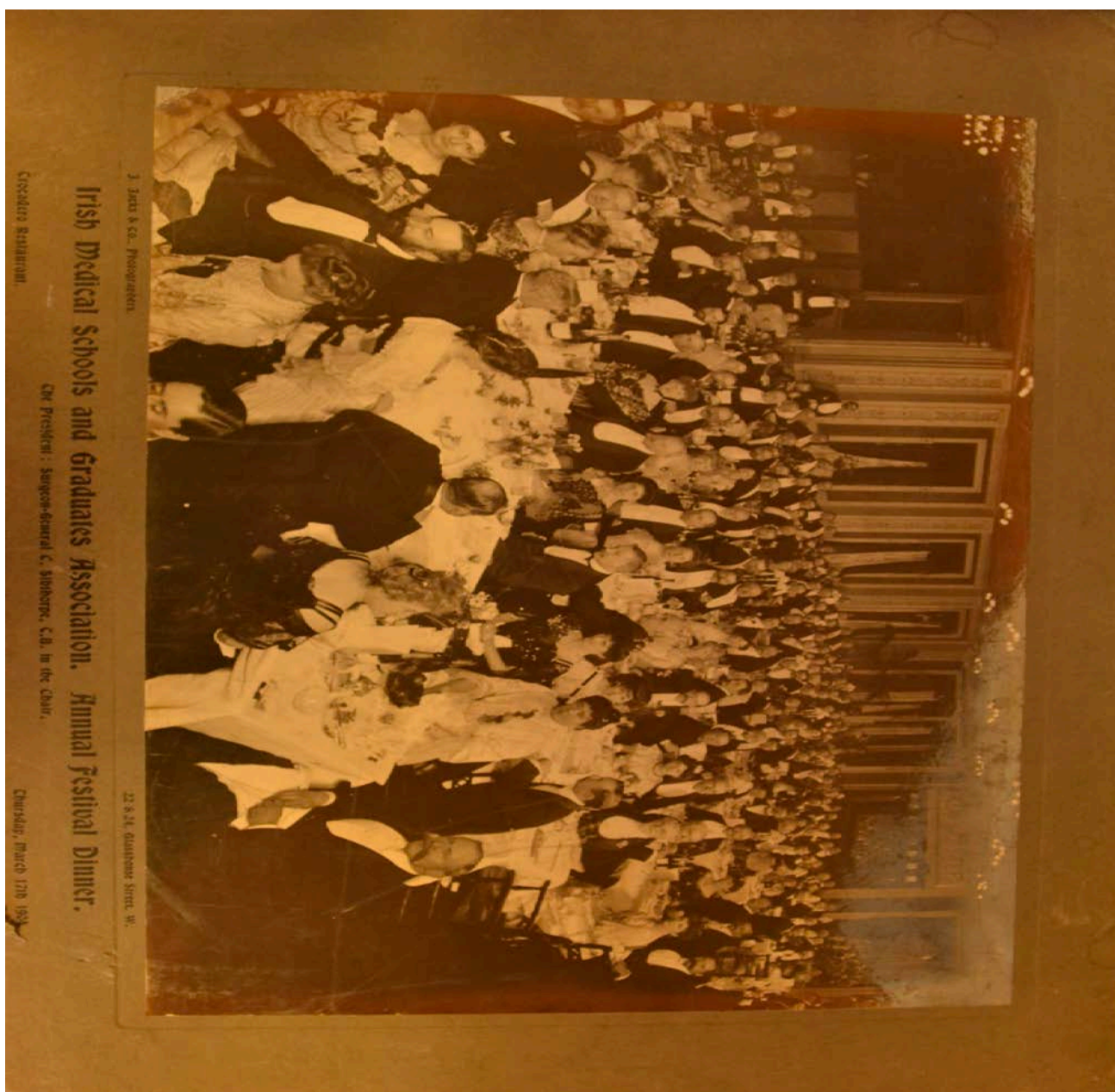
³¹ H. C. G. Matthew, ‘Gladstone, William Ewart (1809–1898)’, *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, May 2011 [<http://ezproxy-prd.bodleian.ox.ac.uk:2167/view/article/10787>, accessed 1 Dec 2016].

a large degree, a result of his not being thought of as an ‘English’ or ‘British’ historical figure.

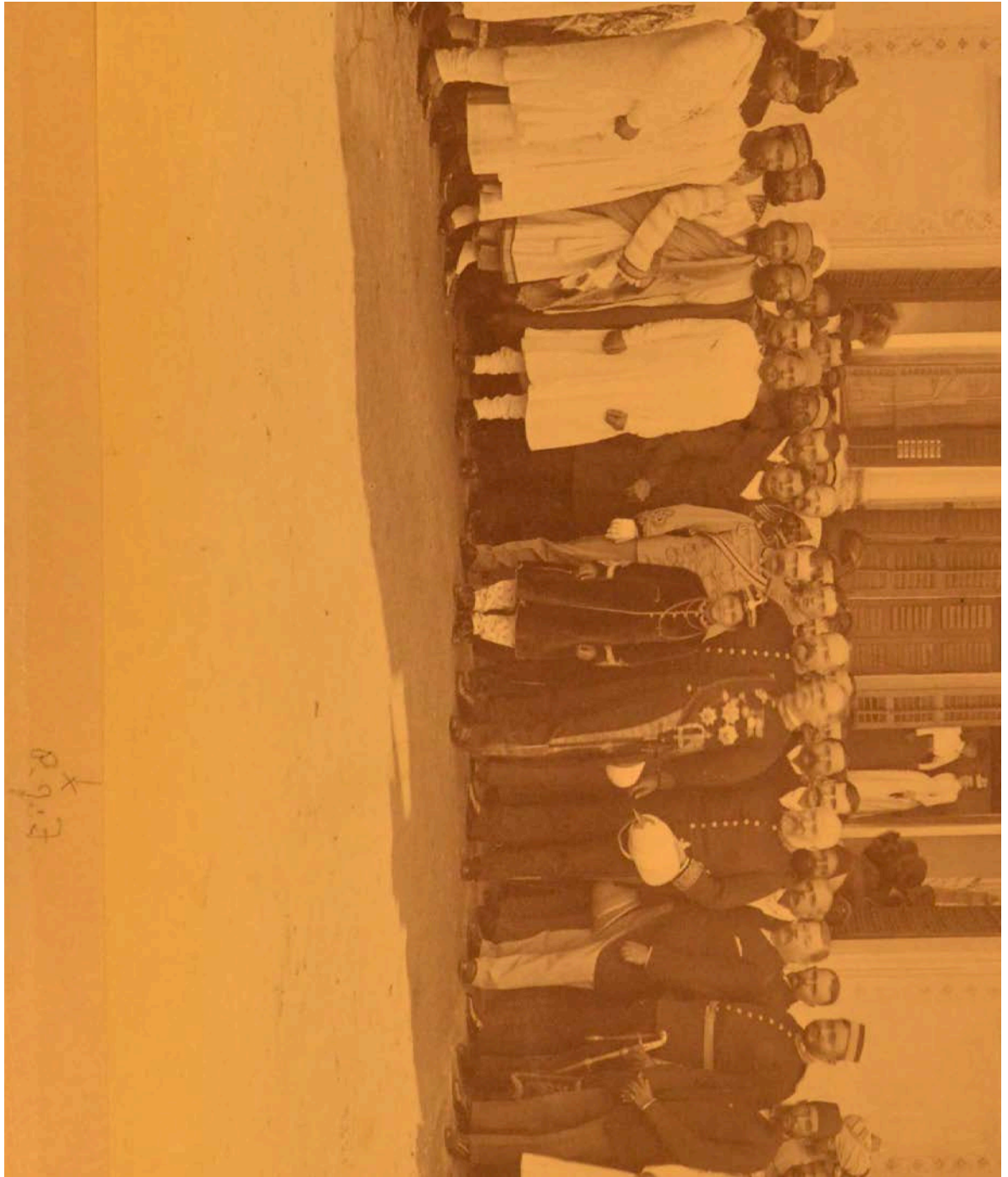
Likewise, beyond the University campus in Galway, there exists no memorial or acknowledgement of the significance of Freyer’s life (apart from his gravestone at Clifden), in Connemara or elsewhere in Ireland. Given how significant a political, professional and social figure Freyer was during his life, his being forgotten is indicative of the fact that he, and probably all of the men who have been studied here, are deemed neither ‘English’, ‘Irish’ or ‘British’. That such cultural silence surrounds them and their lives belies much about the way in which the study of history in ‘these islands’ developed in universities, and society more broadly, over the course of the twentieth century. That silence indicates the need for research such as that completed here to create a history of the ways in which Empire and colonialism was invigorated, shaped and experienced by four nations, rather than any one.

Appendices

Appendix 1 – IMS members and their relatives gathered at London’s Trocadero Hotel for the annual Irish Medical Schools’ and Graduates Association Dinner, 18 March 1904



Appendix 2 – Photograph depicting Peter Johnston Freyer in the company of, amongst others, Auckland Colvin and Hamid Ali Khan, adolescent son of Mohammad Mushtaq Ali Khan and heir to the throne of the princely state of Rampur, at ‘Colvin’s Durbar’ in February 1888.



Appendix 3 – John Alexander Sinton, photographed by Charles. H. Halliday in 1947, and recreated as part of Sinton’s ODNB entry



Appendix 4 – Surgeon-General Charles Sibthorpe, n.d. An image taken probably towards the end of his life (c. 1900-1906), reproduced with the permission of the Keeper of Collections at the Royal College of Physicians, Ireland



Appendix 5 – Peter Johnstone Freyer in military uniform, probably at the time he enlisted in the IMS (c. 1875). The image can be found at NUIG Spec. Colls, Freyer, Box 6, P57/353(1). Reproduced with the permission of the Archivist at NUIG, Kieran Hoare.



Appendix 6 – Peter Johnstone Freyer with his grandchildren, Michael and Grattan Freyer (c. 1918). The image can be found in NUIG Spec. Colls, Freyer, Box 6, P57/356. Reproduced with the permission of the Archivist at NUIG, Kieran Hoare.



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Box Four

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Box Six

Miscellaneous Photographs, P57/344-348

Miscellaneous Photographs of Freyer in military uniform, and of his wife and son, Dermot, P57/352-353

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