Disease and Medicine in the Armies of British India, 1750–1830: The Treatment of Fevers and the Emergence of Tropical Therapeutics

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The East India Company’s extensive medical establishment was noted for innovation and experimentation, it tested economical mass remedies. The service’s control of its patients was significant, prefiguring the birth of the clinical anatomical medicine of Paris of the 1790s. The unique environment created a distinctive medical discipline: the medicine of warm climates. This chapter focuses on fever in particular; attention was focused on malfunction of the liver and the favoured treatment was purgation via mercury. The dominance of this method resulted partly from senior military officers imposing their views on the juniors.

During the eighteenth century, the East India Company became embroiled in a series of conflicts with the French and with Indian polities such as Mysore and the Marathas, who owed their power to the disintegration of the Mughal Empire. The source of these conflicts was two-fold: the Company strove to protect and extend its trading privileges in India while, at the same time, becoming involved in wars of European origin, such as the War of Austrian Succession (1740–8) and the Seven Years War (1756–63). Although the Company received assistance from the Royal Navy and the British Army from the 1740s, it was the Company’s three armies based in Madras, Bombay and Bengal that bore the brunt of these campaigns. These were composed of a nucleus of Europeans (Germans, Dutch, Swiss, and even French served alongside the British) and a large number of Indian troops known as ‘sepoys’. Although Indian troops predominated, the armies were officered by Europeans.

By the end of the eighteenth century, the Company possessed one of the largest armies in the world. Between 1789 and 1805, the number of men in the Company’s armies rose from 115,000 to 155,000; in the Bengal Presidency, which succeeded Madras as the main centre of British power in
the second half of the eighteenth century, around forty per cent of the Company's annual income went on military expenditure. The Company was undergoing a rapid transition from a purely commercial organisation to a territorial power; beginning with the de facto annexation of Bengal in 1757, it went on to acquire more territory following wars against Mysore and the Marathas. By the turn of century, India under the Company had become, to all intents and purposes, a ‘garrison state’.

The Company’s transition from a commercial organisation to a military–fiscal state had a considerable impact upon the development of British medicine. Firstly, it dramatically expanded the number of openings for surgeons and, to a lesser extent, physicians, who had trained in Britain, particularly after the formation of medical departments for the three presidency armies in the mid-1760s. By 1785, the peacetime medical establishment of all three medical services was 234 surgeons, and this had risen to 630 by 1824; in addition, there were surgeons in the Company’s marine service, although the number employed in the marine establishment has yet to be calculated. The sheer size of the medical establishment in India – both Company and Crown – gave it a certain degree of independence, possibly greater even than that of the West Indies.

Like the medical services of the British Army and the Royal Navy, those of the Company tended to attract young surgeons who had attended Edinburgh University or one of the London anatomy schools. However, a position with the Company was more highly prized, and thus harder to obtain, because it was potentially more remunerative. Although the basic salary of an assistant-surgeon barely covered subsistence, military surgeons could earn extra from the allowances allocated for the purchase of drugs and medical supplies, from trade, speculation and from prize money awarded after military campaigns. Sometimes, this could amount to a considerable sum: Joseph Hume, appointed as an assistant-surgeon in 1799, resigned in 1808 having amassed a fortune of £40,000. There was also the prospect of a lucrative private practice among the Company’s civilian employees or of promotion to one of its senior medical posts – the three members of each presidency medical board earned between £1,500 and £2,500 per annum.

The medical institutions attended by those entering the Company’s service were among the best in Europe; they also attracted students from poorer or dissenting families who were barred from Oxbridge and the inner circles of medical power in London. It is hardly surprising, then, that the Company’s medical services, like those of the Army and Navy, were noted for innovation in theory and practice. The Company’s military and naval hospitals in Madras, Bombay, and Calcutta provided an environment in which innovation could flourish. Lacking the humanistic orientation of the metropolitan medical elite, surgeons employed by the Company and the