



Medical profession and unemployment in colonial Madras (1835–1930)

Gautam Chandra¹

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Abstract

The institutional beginning of the medical education in colonial India neither originated from metropolitan models nor due to indigenous precedents but the development of medical profession was the result of military requirements of the British empire. The first General Hospital was established in Madras in the latter half of seventeenth century and the purpose was to treat the sick soldiers of the East India Company. The institutionalisation of medical education began with the establishment of a Medical School in 1835. Beginning from this, the medical instruction developed in the presidency of Madras and became one of the most sought professions after law. As the number of students increased in the profession of medicine, the stringent qualification criteria were imposed for admission and subsequently the graduates faced unemployment. By 1930s, unemployment was evident among the medical students and a committee was set up to investigate the issue. However, the historiography on the development of professions is silent in this regard. Viewed in this context, the present paper tries to study the development of medical profession and contextualises the problem of unemployment among the medical graduates in Madras Presidency.

Keywords Colonial · Education · Madras · Profession · Medical · Unemployment

1 Introduction

In the formative years of East India Company rule, hardly any interest was shown by the colonial government in assessing the standard of education in India. Only after the East India Company's Charter Act of 1813, which allotted one lakh of rupees a year for the revival and improvement of literature, a state system of education was officially introduced (Trevelyan, 1838, p. 2). Subsequently, after Macaulay's Minute and its concurrence by Lord William Bentinck in 1835, English became the medium of instruction. The authorities in Madras Presidency interpreted Macaulay's minute so as to prohibit the use of vernacular languages as a medium of instruction in institutions maintained by the government (Richey, 1922, p. 178; Chandra et al., 2018). With these changes, the development of professional education such as law, engineering and medicine also began to take place. However, in the history of education in Madras

Presidency, the focus has been to locate the development of law and engineering but the medical profession is largely ignored (Lourdusamy, 2011; Paul, 1991; Ramnath, 2018). Subsequently, the question of unemployment among the emerging educated class has largely been ignored in historiography on colonial education (Nurullah, & Naik, 1951; Basu, 1982; Ghosh, 2009; Gupta, 2011). In this regard, Dharma Kumar rightly pointed that the services have been a forgotten sector (Kumar, 1998). Against the backdrop of neglect in studies, the paper analyses the development of medical profession in Madras Presidency,¹ which occupied the entire south of the Peninsula of India including the present-day Indian states of Tamil Nadu, Andhra Pradesh, the Malabar region of North Kerala, and parts of Karnataka, and also contextualises the problem of unemployment among medical graduates.

✉ Gautam Chandra
gautam.pondy@gmail.com

¹ Department of History, B.R. Ambedkar Bihar University, Muzaffarpur, India

¹ The Madras Presidency, officially styled as the Presidency of Fort St. George, was an administrative subdivision of British India. The seat of Government was at the presidency town, Madras city. For details see (Hunter, 1886).

2 The development of medical profession

The development of medical service was the part of medical and military requirements of Company rule and its institutional beginning did not originate from metropolitan models or to indigenous precedents (Arnold, 2000, pp. 57–58). The General Hospital at Madras started in 1664 as a small hospital to treat the sick soldiers of the Company. From the inception of the East India Company, surgeons were assigned to ship travelling to India and the Company servants employed Indian assistants in their hospitals as dressers and in other related works. Indians were employed because the English surgeons could not work single handed in the native military hospitals without the service of an interpreter between them and the sick persons. Subsequently, Indians were quite useful in treating the sepy in war and peace times and to carry out the English surgeons' instruction in hospitals. Generally, candidates for this type of assistant work were recruited from the sons and relatives of commissioned officers and men of native army (G.O. No. 2103. 22 October, 1927). Later on, the General Hospital started to train Europeans, Eurasians and Indians in Western methods of diagnosis, treatment and preparing medicines. These trained personnel were posted to various dispensaries in the district headquarters of the presidency to assist qualified doctors.

With the territorial expansion of Company in Bengal and south-eastern part of India in the mid-eighteenth century, necessity arose for a proper medical service which led to the development of an Indian Medical Service. Subsequently Bengal, Bombay and Madras Medical Service were created (Arnold, 2000, pp. 57–58; Kumar, 2013, p. 93). The Madras Medical Board was instituted in April 1786 to look after the medical establishment in the region. The Board recommended for the re-organization of medical service and suggested that three more General Hospitals should be established at Masulipatam, Vellore and Trichinopoly or Tanjore (later Trichinopoly was finalized) and a senior officer should be appointed to each General Hospital with the title of First Surgeon to take the place of Head Surgeon whenever necessary. It also recommended that provision must be made for certain civil appointments and medical officers of the rank of Full Surgeon for chiefships and Assistant Surgeons to the other commercial residencies and factories. On 26 May 1786, the various grades in the Madras Medical Service were ranked as- (i) Hospital Board, (ii) Head Surgeons, (iii) First Surgeons, (iv) Full Surgeons for regiments, garrisons, and chiefships, (v) Surgeons' Assistants and Hospital Mates for regiments, factories and residents. Curiously no medical officer for duty with native regiments was appointed, except one Assistant Surgeon with cavalry (Crawford, 1914, pp. 275–276).

The appointment of Indians as commissioned officers in the medical service was strictly forbidden till the passing of the Charter Act, 1853. They were recruited as dressers and assistants on low footings. Most of the appointments as surgeons to India were made on the nomination of East India Company's Surgeon-General in London. However, many complaints were reported in the recruitment process. Complaints were made against John Woodall, Surgeon-General, East India Company, London for appointing the unskilled men. It was reported that the apprentices of Surgeon Generals' and grossly incompetent men, with little or no medical education, were appointed as medical officers in India. Surgeon-General W. B. Beatson, in a pamphlet on the Indian Medical Service, mentioned that about the year 1758 a butcher was appointed as surgeon instead of serjeant (*ibid.* pp. 489–90). In this context, the East India Company in a despatch from England to Madras, dated 13 April 1773, mentioned that a Board in London would be set up to examine the candidates for appointing Assistant Surgeons. About the same time, the Government of Madras directed that the surgeons' assistants, who were locally appointed in India, would be strictly examined by the senior surgeons 'for the good of our Hospitals' (*ibid.* pp. 497–498). By the end of eighteenth century, examination of candidates before the appointment became an integral part of medical service.

The East India Register of the year 1822 for the first time published the qualification criteria for the appointment of Assistant Surgeons in Company service. According to the Register, a diploma from the Royal College of Surgeons of London or the College of Surgeons of Dublin or Edinburgh or of the College and University of Glasgow or the Faculty of Physicians and Surgeons of Glasgow was essential to show the satisfactory knowledge of medicine. Subsequently, the Government of India Charter Act of 1853 declared that the admission to the Indian Medical Service would be made by competitive examination only, and was thrown open to 'all native-born subjects of Her Majesty'. The regulations for the first competitive examination, which was documented in the East India Register of 1855, mentioned that the candidate should be of age between 22 and 28 years and possess the diploma in surgery or a degree in medicine (Clark, 1855, pp. xxxvi–xxxvii). The first competitive examination was held on 8 January 1855 at East India House, London. Much emphasis was given to appoint the eminently qualified talents and knowledgeable medical officers. In this way, the entry to Indians were theoretically opened in the medical profession.

3 Institutionalization of medical education

The institutionalization of medical education began with the establishment of a Medical School at Madras in 1835 the after colonial government decided to promote western



system of education as favoured by Macaulay's Minute. The school, opened during the Governorship of Frederick Adam, was set up for the training of medical apprentices of European descent and of native medical pupils (Richey, 1922, p. 329). As discussed above that the post of commissioned officers in the medical service was not opened for Indians till the passing of the Charter Act, 1853. However, they were getting temporary employment during the war times. Certain number of trained natives with the designation of Sub-Assistant Surgeons was recruited. Subsequently, Company's medical officers employed indigenously trained assistants as dressers and took their help in apothecaries. With a view to keep them further trained, the Medical School was opened.

The Medical School was under the charge of the Surgeon of the General Hospital and the general direction of the institution was vested in a Council composed of the professors acting under the supervision of the Medical Board (History of Higher Education in South India, 1957, pp. 223–227). Two different courses were given, one to medical apprentices for the apothecary branch, the other to medical pupils for the native branch of the Military Sub-Medical Department. The latter on leaving the school were appointed as dressers. The course for each branch lasted 2 years. Anatomy and Physiology were being taught in first year of study whereas Medicine and Surgery in the second year. In 1847, stipendiary civil students were admitted to go through a course of 5 years to qualify for the grade of Civil Sub-Assistant Surgeon.² In 1851, the institution was raised to the status of a college and in 1855 it was recognized 'as one of the Colonial Schools of Medicine and Surgery' by the Royal College of Surgeons of London (Richey, 1922, p. 330). In 1863, the Madras University claimed the exclusive right to give medical degrees and diplomas, and the power of granting diplomas was withdrawn from the Medical College. In 1867, the staff was reorganized and the number of major professorships rose to eight, including Professor of Medicine, Surgery, Materia Medica, Chemistry and others.

The Medical College consisted of three departments— (i) Senior Department for the Bachelor of Medicine and Master in Surgery (M.B.C.M.), and Licentiate of Medicine and Surgery (L.M.S.), (ii) Second Department for the hospital apprentices, grade of Assistant Surgeon and Assistant

Apothecary, and (iii) Junior Department for the grade of Hospital Assistant (Report on Public Instruction in the Madras Presidency, 1878, p. 116). The candidates prior to writing the exam for the degree of L.M.S., conducted by the University of Madras, were required to pass the Matriculation examination from the University of Madras or any other recognized university and were required to be engaged for 4 years in their professional studies, three of which had to be passed at a School of Medicine. Meanwhile, candidates had to pass two examinations before getting the final degree. The first examination was taken after having been engaged in medical studies for at least 3 years. In this exam, candidates were examined in Anatomy, Physiology, Practical Chemistry, Chemistry, Materia Medica and Practical Pharmacy. The examinations in these subjects were written, oral, and practical. Subsequent to passing the first examination, the candidates were allowed to go for second examination after being engaged at least one more year in medical studies. In the second examination, candidates were examined in the subjects of Hygiene, Medical Jurisprudence, Operative and Minor Surgery, Surgery, Medicine, Midwifery and Ophthalmology (The Madras University Calendar, 1876, pp. 62–66). The nature of examination, like of first examination, was written, oral and practical.

The candidates prior to writing the exam for M.B.C.M. were required to have passed the First Examination in Arts (F.A.) and be engaged for 5 years in their professional studies. The students were required to pass one preliminary scientific and two professional examinations before being finally awarded the degree of M.B.C.M. After completion of 1 year of studies, students had to pass Preliminary Scientific Examination in Chemistry, Botany and Practical Chemistry. After 2 years of passing the Preliminary Scientific Examination, the candidates were allowed to go for the first M.B.C.M. examination. They were examined in Anatomy, Physiology, Materia Medica, Pharmacy, and Comparative and Practical Anatomy. After passing the Preliminary Scientific Examination and being engaged for 2 years in medical studies after passing the first M.B.C.M. examination, the candidates were allowed to write the second M.B.C.M. examination. In the second examination, the students were required to pass in Surgery, Medicine and Pathology, Midwifery, Medical Jurisprudence, Ophthalmic Medicine and Surgery, Organic Chemistry, and had to submit reports of six medical cases and reports of six surgical cases. The candidates who obtained the degrees of B.A. and M.B.C.M. were permitted to proceed to the degree of Doctor of Medicine (M.D.) without examination, on producing a certificate of having been engaged for 2 years in the practice of their profession subsequent to having taken the degree of M.B.C.M. (ibid. pp. 67–75).

Pupils of the Second Department of Medical College comprised of Military Hospital Apprentices, who qualified

² Since the army did not require the medical services all the time, the possibility of certain civil appointments was always explored. In 1810, out of 60 Full Surgeons on the Madras establishment, only nine were doing regimental duty. A good many full Surgeons were employed in civil station. In this context, it was determined to post more of the junior officers to district surgeoncies' for the performance of civil duties, and to employ 35 full surgeons with regiment service. Before the civil appointment, a tour of 3 years military duty was essential which was later reduced to 2 years by an order of the government of Fort St. George, dated 29 April 1842. (Crawford, 1914, pp. 276–278; 447–448; 489–490; Wilson, 1883, p. 350).



Table 1 Number of students studying at Madras Medical College, 1875–1976 to 1877–1878

| Number of student on the rolls at the commencement of the Winter session | 1875–1876 | 1876–1877 | 1877–1878 |
|--|-----------|-----------|-----------|
| Senior department | 12 | 28 | 23 |
| Second department (Hospital apprentices and female students) | 36 | 37 | 68 |
| Junior department | 68 | 82 | 63 |
| Total | 116 | 147 | 154 |

Source Report on Public Instruction in the Madras Presidency (1878, p. 116)

Table 2 Number of students at the Madras Medical College, 1880–1881 to 1883–1884

| Students | 1880–1881 | 1881–1882 | 1882–1883 | 1883–1884 |
|---------------------------------------|-----------|-----------|-----------|-----------|
| Senior department | | | | |
| Qualifying for the M.B. & C.M. degree | 16 | 22 | 26 | 23 |
| Qualifying for the L.M.S. degree | 46 | 60 | 62 | 74 |
| Second department | | | | |
| Qualifying for the Apothecary grade | 80 | 67 | 65 | 75 |

Source Maclean (1885, p. 553)

for being employed as Military Assistant Apothecaries after the completion of course, and of Civil Hospital Apprentices, who qualified for being employed as Civil Apothecaries under the government or local boards. The test for entry to the Military Hospital Apprentices was a competitive examination and the University Matriculation Examination for the Civil Hospital Apprentices (Maclean, 1877, pp. 386–87). The training given in the Second Department was equal to that undergone by students qualifying for the L.M.S. degree.

The pupils of the Junior Department comprised of Military Native Medical Pupils, qualifying for being employed as Military Hospital Assistants, and Civil Medical Pupils, qualifying for employment as Civil Hospital Assistants under the government or local boards after the completion of course (ibid. p. 387). The test for entry was the competitive examination in either case. Apart from it, a class for students who wished to qualify as chemists and druggists was also conducted at the Medical College.

In 1871, a scheme was put forward by Surgeon General I.G. Edward Balfour for the establishment of five vernacular medical schools, two in the Telugu and one in the Malayalam speaking districts of the presidency for the training of Hospital Assistants (Crawford, 1914, pp. 448–449). But nothing came of it at the time. An auxiliary Medical School at Royapuram was established in 1877 to meet the deficiency in the strength of the subordinate medical establishment during the famine in Madras (Sathianadhan, 1894, p. 251). The teaching staff consisted of a Superintendent, Professor of Medicine and Surgery, and four Lecturers. The students underwent a course of 3 years' training before they were found qualified for the grade of Hospital Assistants. The medical schools at Tanjore, Calicut, Vizagapatam and Madura were also opened up later. The medical schools

became a 'manufacturing depots' of Hospital Assistants (G.O. No. 2103. 22 October, 1927). The Madras Medical College became the first college in India to open its doors for women students. In 1875, four women students were admitted. In later period, the establishment of Raja Sir Ramaswami Mudaliyar Maternity Hospital and Victoria Hospital for Women also attracted female students in the medicinal practice (Hunter, 1908, p. 363; Crawford, 1914, pp. 448–449).

The progress of Madras Medical College in its initial years was slow. Just three candidates obtained the degree of M.D., one in 1858–1859, another in 1870–1871 and third in 1872–1873. Two candidates in 1868–1869 and one in 1872–1873 passed the degree of M.B.C.M. and one secured L.M.S in 1867–1868 (Report on Public Instruction in the Madras Presidency, 1874, p. 13). By the late nineteenth century, the number of students started to increase in various branches as the number of civil hospitals had increased in the presidency. The number of students studying in different department at Madras Medical College rose up from 116 in 1875–1876 to 154 in 1877–1878 and the number of students qualified for the L.M.S. degree went up from 46 to 74 between 1880–1881 to 1883–1884 (Tables 1 and 2). The number of students appeared in different examination rose up from 97 to 122 during 1887–1888 and 1891–1892 at Madras Medical College (Table 3). The results of the examinations of the session 1891–1892 were quite noteworthy and the government also expressed their satisfaction that 'the percentage of successful candidates has, on the whole, almost doubled itself' between 1890–1891 and 1891–1892 (Table 4).

Submitting the report on the progress of Madras Medical College, A. Duncan, the Acting Director of Public



Table 3 Number of new admissions to the Madras Medical College in different department, 1891–1892 to 1893–1894

| Department | 1891–1892 | 1892–1893 | 1893–1894 |
|--|-----------|-----------|-----------|
| College department (M.B.C.M. and L.M.S.) | 50 | 30 | 8 |
| Apothecary department | 11 | 11 | 15 |
| Chemist and druggist department | 7 | 15 | 25 |
| Hospital assistant department | 142 | 80 | 68 |
| Total | 211 | 136 | 116 |

Source Home Department (September, 1894)

Table 4 Number of students examined and passed in various courses during 1887–1888 to 1891–1892, Madras Medical College

| | 1887–1888 | 1888–1889 | 1889–1890 | 1890–1891 | 1891–1892 |
|-----------------------------|-----------|-----------|-----------|-----------|-----------|
| Number of students examined | 97 | 82 | 94 | 122 | 122 |
| Number passed | 38 | 21 | 22 | 32 | 62 |
| Percentage | 39 | 25 | 23 | 26 | 50.81 |

Source Home Department (October, 1893)

Table 5 Different communities passed in the examinations of the University of Madras up to 1925

| Class of graduates | Brahmans | Non-Brahman Hindus | Christians | Muhammadans |
|------------------------|----------|--------------------|------------|-------------|
| Bachelor of arts | 14,478 | 4852 | 2146 | 293 |
| Master of arts | 669 | 122 | 85 | 8 |
| Licentiate in teaching | 1960 | 291 | 387 | 19 |
| Bachelor of laws | 4803 | 1115 | 253 | 47 |
| Medical | 422 | 291 | 164 | 13 |
| Engineering | 216 | 31 | 29 | 1 |

Source Report of the Unemployment Committee (1927b, p. 739)

Instruction, wrote to E. F. Webster, the Chief Secretary to the Government of Fort St. George, that a young Brahman landlord from Tinnevely named Venkatarungachari was studying in the college and it was ‘the first instance, within my knowledge, of a landlord taking to the study of medicine from a love of it’ (Home Department November, 1886). The medical profession attracted people from various social categories including Brahmans, non-Brahmans, Eurasians, Muslims and others. Out of total 413 students studying in 1893–1894 at Madras Medical College in different departments and courses, 175 were non-Brahmans, 70 Europeans and Eurasians, 76 native Christians, 59 Brahmans and 24 Muslims (Home Department September, 1894). By end of the first quarter of twentieth century, 422 Brahmans, 291 non-Brahmans, 164 Christians and 13 Muslims had passed as medical graduates from the University of Madras (Table 5). The data did not separately include the number of male and female students. The number of applications for

admissions to the Madras Medical College increased from 159 in 1918 to 309 in 1921. Meanwhile, the expenditure on Medical College and Schools rose up from Rs. 358,596 in 1917–1918 to 818,900 in 1923–1924 (The Report of the Medical and Public Health Retrenchment Committee, 1923, p. 21). The profession of medicine became most sought professional course after law (Table 5).

Amidst the expansion of medical education, government decided to include indigenous practice of medicine in the instruction. Till the second decade of twentieth century, none of the Ayurvedic teaching institutions in the Madras

Presidency were recognized by the government. However, the indigenous systems of medicine were deeply rooted in the Presidency. Even so, in 1877, among the 8000 medical practitioners, only 450 were trained in Western medicine. The rest were practitioners of indigenous systems of medicine (Anshu, 2016, p. 257). Medicine was not regarded simply as a biological phenomenon but the societal standing and environment also affected it. The claims of the Western superiority and scientific authority isolated the Western practice of medicine. The allopathic practitioners saw themselves as modernizers and often treated their indigenous counterparts with contempt for their ‘inferior knowledge’ (ibid.). The colonial state was apathetic to the indigenous practitioners. The denial of registration to practitioners of indigenous systems of medicine by the Madras Medical Registration Act of 1914 was seen as a gross discrimination.

Amidst the growing nationalism and changing nature of political discourse, the situation changed. Based on a



resolution of A. S. Krishna Rao in the Madras Legislative Council in February 1921 and the recommendation of the Committee on the Indigenous System of Medicine, 1923, the government incorporated indigenous system of medical practices namely—Ayurvedic, Unani and Siddha in the medical schools, colleges, and planned to open a School of Indian Medicine. The Committee chaired by Usman Sahib claimed that the indigenous practices were self-sufficient, efficient, economical and logical from the medical and scientific standpoint (G.O. No. 313. 22 February, 1924). The first Government School of Indian Medicine was established in Madras city in 1925. The school imparted teaching in Ayurveda, Unani and Siddha medicine along with the essentials of modern medicine. The degree of Licentiate of Indian Medicine (L.I.M.) was conferred at the institution. In these varied ways, the institutionalization of medical education took place in the presidency.

4 The stringent regulations of educational qualification and the quest for jobs

By the end of nineteenth century, the meticulous and stringent educational qualification became part of the professional curriculum as the demand for education and the passing percentage of candidates increased. General education test or Matriculation which was prescribed as a suitable standard for admission to the Second Department at Medical College was questioned by Dr. King, the Sanitary Commissioner (Report on Public Instruction in the Madras Presidency, 1882, p. 78.). Subsequent to this, the standard qualifying for entrance was raised in almost every department of Madras Medical College. Qualifying examination for admission to the L.M.S. of Senior Department was raised from Matriculation to F.A. whereas in Junior Department, the qualification criteria for the Hospital Assistant was raised from Middle School and Lower Secondary Examination to Upper Secondary. In the Chemists and Druggist Department, the standard was raised to Matriculation or a pass in the compulsory subjects of the Upper Secondary Examination from Middle School Examination (Home Department, October, 1893). As a result of the higher standard, only a small number of candidates reported for the admission and the number of new admissions compared with that of the previous session decreased. In 1891–1892, a total number of 211 new students were admitted in various departments which decreased to 136 in 1892–1893 and further to 116 in 1893–1894 (Table 3). Only 4 students were admitted in L.M.S. section in 1893–1894 as against 24 in 1892–1893, the lowest number on record (Home Department, September, 1894). Subsequent to this, not a single candidate with the necessary qualification applied for admission to Hospital

Assistant, and Chemist and Druggist Department. Finally, the standard was lowered down to the old standard temporarily (G.O. No. 551. 27 July, 1893; G.O. No. 568. 7 August, 1893).

Further, the qualification for Hospital Assistant was again raised to the Matriculation Examination. In 1905, the 4 years course of medicine was adopted for the Hospital Assistants and students had to pass four annual examinations. Thereafter, they were sent as the Licensed Medical Practitioners (L.M.P.) and the designation of Sub-Assistant Surgeon was adopted in place of Hospital Assistant. After the change of academic qualification, the L.M.P. was an M.B.B.S. (Bachelor of Medicine and Bachelor of Surgery) minus Intermediate in Arts and the first-year course of Biology and Biochemistry of M.B.B.S. Other courses read by L.M.Ps., like Physiology, Anatomy, Medicine, Surgery, Mid-Wifery and Ophthalmology were same like of M.B.B.S. The students complained that the first-year course was purposely omitted from L.M.P. curriculum and the candidates were kept in depressed condition. Further, they demanded that they should also be trained like M.B.B.S students and questioned the water tight compartment into which medical practitioners were divided (G.O. No. 2103. 22 October, 1927). In these ways the stringent educational qualification became the part of professional curriculum and it also affected the process of appointment.

5 Unemployment among the medical students

The prospect of employment among medical graduates since the establishment of Medical College was not bright. The scope of private practice, in spite of the lesser number of students, was dim (Selections from the Records of the Madras Government, 1867). There was hardly any opportunity for qualified private practitioners outside the city of Madras. In this regard, the acting Principal of the Madras Medical College wrote to the Director of Public Instruction, Madras on 26 July 1882 that since the establishment of Medical College it had produced only fifty graduates, of these some went into government service and a few were at Madras endeavouring to obtain a livelihood by practice, but preferred government appointments (Seal, 1968, p. 121). How hard the going was in Madras was shown by the case of one medical graduate who tried to start a private practice, but gave up very soon as unprofitable work and started to seek employment as a school master (ibid.)

K. M. Appiah, a student from Coorg, who passed out of the Madras Medical College as a third-class Hospital Assistant in the month of May 1877 was posted to Coorg. He was allowed to be in Bangalore till prosecuting his higher studies. Being anxious to take a degree in medicine, he was permitted to re-enter the Madras Medical College in October



1878, and left it in July 1881 after passing the L.M.S. Degree Examination with distinction (Home Department, January, 1889). On Appiah's return to Bangalore in July 1881, there was no suitable appointment which the Chief Commissioner could offer him and was therefore told to wait for appropriate time. Only in November 1883, he got an appointment as a local Assistant Surgeon in Coorg (ibid.). In light of the prevailing situation, the government in their Order No. 6795, dated 30 November 1885, sanctioned the filling up of vacancies in the Warrant Medical Branch by medical graduates. The intervention of the colonial state created a hope in the mind of Jas Keess, Principal of Madras Medical College, that these steps would provide a small, but steady, outlet for the unemployed medical men (Home Department, November, 1893). However, the prospect for employment continued to be tough and a Medical Students' Association was set up by the students on 4 December 1885. The association published a journal titled *Students' Journal* and raised the pertaining questions regarding the career prospects. The association became very popular and 52 students enrolled themselves within no time (ibid.).

By the end of nineteenth century, the prospect of employment worsened as the passing percentage of medical graduates increased significantly (Table 4). A. Manro, the Acting Director of Public Instruction, reporting on the annual report of Madras Medical College, 1893–1894, remarked that the graduates of the college had not the same prospects as those of the College of Engineering, who were preferred in filling up in Public Works Department. He further mentioned that the similar inducements seemed necessary in the interest of medical education (Home Department, September 1894; also see G.O. No. 615, 18 August, 1894). Viewed in this context, there was a proposal in 1901 that the major professorships at the Madras Medical College be detached from medical appointments and made assignable at the local government's discretion (Home Department, 1901). Dr. T. M. Nair in an article in a journal titled *Antiseptic* in February 1910, raised the questions regarding the appointment of honorary physicians and surgeons in medical institutions as their appointment displaced permanent officers (The Report of the Medical and Public Health Retrenchment Committee, 1923, p. 11). Subsequently, Indians were not appointed on important posts after being qualified also. Out of the fifteen examiners for medical degrees of University of Madras in 1908–09, only one was an Indian (Home Department, June 1909).

After the First World War, a large number of medical officers who were on military duty returned to civil employment and displaced a large number of temporary Assistant Surgeons. Consequently, there was no dearth of candidates in the post-War period. As the number of medical men increased, the standard of qualification for medical officers was raised. As part of the District Health Scheme,

1922–1923, took up by provincial government, Health Officers of First Class were ordered to be employed under all District Boards and in Municipalities to improve rural as well as urban sanitation (Baliga, 1960, p. 211). The qualification for the candidates for the First Class Health Officers was Bachelor of Sanitary Science (B.S.Sc.) or L.M.S. degree with a special course of training in Sanitary Science. But by 1929, the standard of qualification was raised. After the change in qualification, candidates had to possess L.M.S. or the M.B.B.S. degree and the B.S.Sc. of the Madras University or a British diploma in Public Health or Hygiene (Baliga, 1960, pp. 211–16; G.O. No. 945, 8 April, 1929). These changes made it difficult to get an appointment.

Amidst the growing cases of problem in getting employment, a Madras Unemployment Committee was set up under the Chairmanship of the Commissioner of Labour, G. F. Padission, in the year 1926. The Committee enquired regarding medical unemployment in detail. To find the evidence of unemployment, the Committee looked at the ratio between number of vacancies in government services and local boards, and the number of passed students. Upon calculation, the Committee found that the average number of Medical Graduates and L.M.Ps during the 1921–1926 was 79 and 167 respectively and the vacancies in government service was only fifteen (Report on the Question of Unemployment among the Educated Middle Class, 1927, p. 9). The Director of Public Health, Madras Presidency, reported to the Unemployment Committee that the unemployment existed among medical graduates which was evident from the large number of applications received every day for the post of health inspector and others. For 60 places of Sanitary Inspectors, over 300 applications were received (Report of the Unemployment Committee, 1927a, p. 171). The Surgeon-General of the Presidency also concurred with the views expressed by the Director of Public Health. He further highlighted that the Local Boards and Municipalities in recruiting medical officers to their institutions did not always choose men who had recently passed out of the Medical College and schools, but in many cases preferred to appoint medical officers who had retired from government service (Report on the Question of Unemployment among the Educated Middle Class, 1927, p. 9; Report of the Unemployment Committee, 1927b, pp. 755–759). As a result of it, the Committee concluded that a large number of qualified medical men were unemployed.

The Madras Unemployment Committee collected oral and written evidences from various region of the Presidency from public men, heads of educational institutions, economists and representatives of business organizations of the Presidency. In one of the written evidence, submitted by the Collector of Malabar on 24 August 1926, it was highlighted that the profession of medicine had a 'large unemployed class' (Report of the Unemployment Committee, 1927a, p. 133). Arthur Paul, senior Lecturer



in A.E.L.M. College, Guntur, reported that the several M.B.C.M. men having no employment were working in the General Hospital as unpaid probationers (Report of the Unemployment Committee, 1927b, p. 423). Summing up the situation M. Parthasaradhy, a resident of Godugupet, Masulipatam in his evidence to the Committee dated 15 August 1926 wrote that:

The case of the L.M.S. and M.B.B.S. graduates is much worse...Very few are taken into service. Nay, even the persona already in service are being turned out day after day. The money spent for getting the medical degrees is much more than that spent for simple Arts and Law degrees. And if Government appointments are not given, that money may almost be said to have been thrown away uselessly. At the present day how many people are struggling for a pittance in the towns unable to secure any Government appointments and unable to make both ends meet and unable to discharge the heavy debts contracted for the prosecution of their medical studies? (ibid. p. 375).

The medical graduates who were not absorbed in government or the local services set up independent practice. However, as the Collector of Bellary mentioned that the number of private medical practitioners was already so large and ever so much on the increase that the new recruits to the professions got very little practice and were therefore obliged to make a hand to mouth living (Report of the Unemployment Committee, 1927a, p. 69). Some of the medical men no doubt commanded a lucrative practice, but efficient private practice required a good deal of investment of money. Many qualified people, because of want of adequate means for making necessary investment in private practice in addition to all the expenditure in getting the medical qualification, swelled the ranks of unemployed (Report of the Unemployment Committee, 1927b, p. 682). In rural areas, people were not accustomed to making regular cash payments to a qualified medical man and were not ready to call him till the last moment. As a consequence of it, there was overcrowding of the medical profession in some towns while large areas in the presidency were left without any medical men (Department of Industries & Labour, 1927).

Discussing about the problem of unemployment in western as well indigenous system of medicine, the oral evidence of pleader, T. B. Gangadkara, highlighted that the interest of western medical practitioners collided with the indigenous doctors which hampered their prospect of employment (Report of the Unemployment Committee, 1927a, p. 217). The Collector of Cuddapah in his evidence also highlighted this aspect while mentioning about the unemployment among medical students. Dr. A. G. Menon, a private medical practitioner at Palghat region of Malabar, mentioned that the ‘competition is very keen among the Allopathic doctors and

the Ayurvedice doctors’ (ibid. p. 329, also see pp. 76–80). The increasing influence of western medicine put up a challenge to the existence of indigenous doctors. Summing up the situation of indigenous practitioners, D. Raghava Rao, an Assistant at the Municipal High School, Ongole, wrote to the Unemployment Committee on 23 August 1926:

The Ayurvedic and Unani doctors who do not hold certificates but nevertheless have hereditary skill in the profession form its depressed classes. The lack of authoritative vernacular books on the subject, the absence of training institutions for these branches of medicine, the withholding of Government patronage and recognition, the want of enterprising firms for the preparation of drugs and tinctures, the absence of good advertisement, have made the Ayurvedic and Unani practice continue in a disorganised condition. Though the bulk of the people still depends on these..., still there are many unemployed” (Report of the Unemployment Committee, 1927b, p. 557).

The retrenchment policy of government also brought the shrinkage to employment market for medical men. With a view to bring an appreciable reduction in the expenditure of Medical and Public Health Department, the government ordered the constitution of a Medical and Public Health Retrenchment Committee to examine the system of administration and to devise practical measures for reducing the expenditure. A. Y. G. Campbell and Rama Rau were appointed the Chairman and Secretary of the Committee respectively (G.O. No. 250. 9 February, 1923). Based on the recommendation of the Retrenchment Committee, 52 posts of Indian Medical Service, reserved for commissioned medical officers, was reduced to thirty-nine (Report of the Madras Retrenchment Committee, 1923a, pp. 6–7). Further, the Committee recommended the reduction of menial staff in the Medical Department, discontinuance of admissions to the Lady Apothecary class in the Madras Medical College and stipends in medical schools, and the abolition of two posts of Assistant Director of Public Health, Stone House Hill Dispensary (The Report of the Medical and Public Health Retrenchment Committee, 1923, p. 41). At the same time, the colonial government recognised the wastage involved in the employment of separate staffs for dealing with each disease, such as cholera, smallpox, plague and malaria, as these ailments did not often coincide. Subsequently, the cadre of Deputy Inspectors of Vaccination (re-designated as Health Inspectors) was amalgamated with the staff of inspectors attached to cholera parties (ibid. p. 2). Apart from it, Madura Medical School was also closed (G.O. No. 2103 Mis. 22 October, 1927). P. C. Ethirajulu Nayudu, a member of the Legislative Council and of Medical and Public Health Retrenchment Committee, sent his dissent note against the Committee’s retrenchment proposals, but



of no avail (The Report of the Medical and Public Health Retrenchment Committee, 1923, pp. 36–37). In fact, government officials were also not convinced with the irrational retrenchment. F. Sayers, Superintendent of the Government Railway Police, Trichinopoly wrote to the Chief Secretary to the Government of Madras that the retrenchment must be reasonable (Report of the Madras Retrenchment Committee, 1923b, pp. 118–119). However, the colonial government continued its policy.

Due to retrenchment of the medical men as a measure of financial stringency in the post-War scenario, the sanctioned posts were not filled which also swung the number of unemployed. Out of 164 sanctioned leave reserve post of Sub Assistant-Surgeons, 100 Sub-Assistant Surgeons were not sanctioned any appointment and were attached merely as supernumeraries to hospitals (The Report of the Medical and Public Health Retrenchment Committee, 1923, p. 14). Amidst lack of the employment opportunities, the livelihood of family supported by medical practices decreased by 4 per cent during the period between 1911 and 1921 (Boag, 1922, p. 173). The greatest fall were found in the districts of Anantapur and Trichinopoly. P. V. Gopalan, a member of the Legislative Council, in his evidence to the Madras Unemployment Committee, 1926–1927, complained that the policy of retrenchment in medical department have played an important role in creating lack of opportunities and unemployment among medical students (Report of the Unemployment Committee, 1927a, p. 229). Amidst the growing unemployment, the medical students became attracted towards Subsidised Rural Medical Relief Scheme devised by the Government of Madras. As part of the scheme, medical licentiates had to settle in rural areas, work on less pay and treat ‘necessitous poor’ free of charge (Muraleedharan, 1987, p. 327).

The issue of unemployment was also prevalent in other presidencies including Bengal where the medical college was established in the same year of the founding of medical school at Madras. A Bengal Unemployment Enquiry Committee was set up to investigate the matter which reported regarding the cases of medical unemployment (Report of the Government of Bengal Unemployment Enquiry Committee, 1925). As a result of growing cases of unemployment across India, an attempt was made in 1931 Census to collect statistics of the educated unemployed. Since the general schedule of Census was already inconveniently crowded, the calculation of educated unemployed was intended to touch only those who were fully literate and for this purpose, a separate schedule was prepared to be filled in by the enumerated himself and not by the enumerator. The filling of the return was voluntary and was not made a statutory obligation under the Census Act. So, the exact calculation of educated unemployed could not be conducted, however, it provided an important indication of the existence of

unemployment. As per the Census calculation the number of educated unemployed including of medical students in the Madras Presidency was 2463 (Yeatts, 1932, pp. 261–262). Out of the 2463 unemployed, 1171 were Brahmans, 1095 non-Brahmans, 76 Muslims, 13 Anglo-Indians, 9 depressed classes and 99 from other classes. As far as the regional distribution was concerned, unemployed were thoroughly spread out in the Presidency, but their main concentration was in the Guntur (163), Madras (250), Tanjore (324) and Malabar districts (395) (ibid.). Based on these evidences, it is clear that by the end of 1930s, medical unemployment was one of the important issues among the educated community.

6 Conclusion

The profession of medicine in colonial Madras began for exigencies of running the empire. It became one of the most sought professional courses but the prospect of employment was not bright. By the third quarter of nineteenth century, medical students started to face the difficulties in getting employment as their number increased. After the first world war, the cases of unemployment were more visible which was evident by the decreasing number of families’ dependent on medical profession. The Madras Unemployment Committee reported the prevalence of unemployment in medical profession and collected the evidence regarding the same. As the Committee noted that the fact that medical graduates offered themselves for employment on less pay and also as honorary workers in the hospitals undoubtedly indicated that the unemployment prevailed in the medical profession. After the end of first World War, the imperial measure to balance the financial expenditure led to the setting up of a Retrenchment Committee. Following the recommendation of the Retrenchment Committee, various posts and institutes were abolished and people were thrown out of employment. Overall, as a result of the paucity of opening, increasing number of students and policy of retrenchment, unemployment prevailed among medical graduates and by the third decade of twentieth century it had become a phenomenon.

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