

Medical and Public Health Development in Alirajpur and Jhabua States in early 20th century

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Abstract

This paper provides a comprehensive comparative analysis of the development of medical and public health administration in the princely states of Alirajpur and Jhabua, both situated under the Bhopawar Agency (later part of the Southern States Agency) in Central India during the period 1900–1945. Drawing upon archival sources such as the Alirajpur and Jhabua State Administration Reports, Central India Agency Lists, Census volumes, and the Imperial Gazetteer of India, this study explores the establishment, growth, and modernization of hospitals, dispensaries, vaccination programs, epidemic control measures, and indigenous medical staffing. The research highlights how these small princely states played a vital role in localizing colonial health policies, creating an early foundation for healthcare modernization in Central India. It argues that the medical systems in these states represent significant local adaptations of the colonial health framework, where indigenous officers, royal patronage, and limited resources collectively fostered institutional development and public welfare.

Keywords: Alirajpur State, Jhabua State, Bhopawar Agency, Colonial Health Administration, Indigenous Medical Officers, Public Health in Central India, Vaccination, Epidemics, Medical Modernization

1. Introduction

The princely states of Alirajpur and Jhabua, located in western Madhya Pradesh, were integral parts of the Bhopawar Agency during British rule in Central India. These states, ruled by Rathor Rajputs, played a distinctive role in localizing colonial medical practices within their limited administrative and financial capacities. While the British government in India primarily viewed healthcare as a tool of political stability and administrative efficiency, the local rulers of these small states recognized its importance in enhancing public welfare and legitimacy. The intersection of colonial supervision and indigenous initiative produced a hybrid model of medical governance. Both states came under the medical oversight of the Agency Surgeon, who coordinated with the state's medical officers. This

paper seeks to understand how such coordination contributed to institution-building and health system modernization in the early twentieth century.

2. Early Medical Efforts (1900–1914)

At the turn of the century, public health in these regions was rudimentary and primarily limited to epidemic control and vaccination. In Alirajpur, two dispensaries—one at Alirajpur and another at Bhabra—were operational by 1908–09 under the Bhopawar Agency Surgeon. Medical Officer S.A.S. Raghunath Singh, serving since 1901, laid the groundwork for local medical services. The dispensaries provided free outpatient care, minor surgeries, and vaccinations. Annual outpatient numbers between 1909 and 1914 ranged between 15,000 and 17,000, indicating substantial public reliance on state-run medical institutions. Meanwhile, three local boys were sent to the King Edward Hospital & Medical School, Indore, for compounder training, a move that reflected early indigenization of medical manpower. In Jhabua State, administrative records from 1907–08 reveal the existence of three dispensaries at Jhabua, Thandla, and Ranapur. The state spent Rs. 3,225 on constructing a new hospital in 1908–09 under the guidance of Surgeon Captain J.R.J. Tyrrell. Vaccination coverage rose from 1,558 cases (1906–07) to 2,454 cases (1908–09), demonstrating the success of public health campaigns even in remote and resource-constrained environments.

3. Expansion and Institutional Growth (1915–1930)

The period between 1915 and 1930 marked an era of expansion and gradual professionalization in both states. In Alirajpur, indoor and outdoor services were introduced in dispensaries, and the state hired trained nurses and midwives by the 1920s. The 1918 influenza pandemic devastated the region, infecting nearly three-fourths of the population and resulting in over 3,000 deaths. Nevertheless, the administration utilized the crisis to expand medical capacity, initiating regular vaccination drives and sanitation campaigns. The promotion of Dr. Raghunath Singh to Assistant Surgeon in 1928 symbolized a shift toward recognizing indigenous medical leadership within the colonial hierarchy. In Jhabua, medical records of the 1920s indicate moderate growth, with improved facilities, introduction of maternity care, and limited laboratory facilities. These initiatives reflected how even smaller princely states sought to align with broader colonial standards of public health modernization.

4. Modernization and Administrative Reforms (1931–1940)

The 1930s witnessed accelerated institutional modernization. In Alirajpur, the foundation of the Charitable Hospital in 1932 by Maharaja Pratap Singh II represented a landmark achievement. Designed with modern amenities such as X-ray, dental, and optical sections, male and female wards, and a central administrative block, the hospital cost over Rs. 1,39,250. Under the leadership of Dr.

Kailas Singh (MRCS, LRCP, London), the hospital became a model medical institution for surrounding states. The number of inpatients tripled within three years, and outpatient attendance rose by 60%. By 1935–36, 179 major surgeries were recorded annually, showing the rapid progress of medical technology in a small princely setting. In Jhabua, the Council of Administration established in 1934 prioritized healthcare improvement. By 1937–38, four dispensaries operated across Jhabua, Thandla, Ranapur, and Rambhapur. The addition of a 12-bedded ward, a modern operation theatre, and the appointment of the first Lady Doctor reflected growing gender inclusivity and modernization. Medical expenditure tripled from Rs. 9,127 in 1933–34 to Rs. 27,088 in 1940–41, showing substantial commitment to public health funding.

5. Leadership and Late Colonial Development (1940–1945)

The Second World War period brought new challenges and innovations. In Alirajpur, health officers introduced anti-rabies and anti-tuberculosis treatments, and vaccination programs became more systematic. Two German nurses were employed in 1937–38 to train local midwives and nurses, improving professional standards. Despite smallpox outbreaks that affected over 1,400 individuals, the administration achieved nearly 3,000 vaccinations per year, displaying remarkable progress under resource constraints. By 1941, Alirajpur Hospital had become a first-class institution with 670 indoor patients, 13,000 OPD cases, and 52 post-mortems annually. In Jhabua, Dr. J.S. Bhatnagar's tenure (1941–44) marked a turning point. Under his supervision, new hospitals were built at Ranapur (Rs. 8,000) and Thandla (Rs. 5,907). The Victoria Memorial Hospital at Jhabua added laboratory and ophthalmic facilities, along with maternity and surgical wards. Vaccination campaigns continued to expand, covering 4,800 individuals by 1942–43. By the end of the colonial period, Jhabua had established four hospitals and two dispensaries, all offering free treatment.

6. Comparative Discussion

Both Alirajpur and Jhabua demonstrate how small princely states could effectively adapt and implement colonial medical frameworks. Alirajpur's approach centered on early institutional development supported by royal patronage, while Jhabua focused on administrative reform and gradual expansion. In both cases, indigenous agency played a crucial role: doctors like Raghunath Singh, Kailas Singh, and Bhatnagar represented the emerging Indian medical elite that bridged traditional and modern systems. These states also pioneered public health initiatives that foreshadowed post-independence health models—free medical care, rural outreach, and the training of local healthcare workers. The collaboration between colonial administrators and local rulers created a

uniquely hybrid system of governance, where medicine functioned as both a humanitarian mission and a tool of colonial legitimacy.

7. Conclusion

The medical and public health evolution of Alirajpur and Jhabua between 1900 and 1945 reveals the transformative power of medical modernization in small princely states. Despite their limited resources, both states managed to create efficient healthcare systems rooted in community participation, preventive medicine, and local leadership. Their achievements stand as a testament to the capacity of indigenous governance structures to appropriate colonial systems for the public good. By integrating Western medical practices with local realities, these states contributed to the foundation of modern healthcare in Madhya Pradesh. The legacies of figures such as Dr. Raghunath Singh, Dr. Kailas Singh, and Dr. J.S. Bhatnagar underline how indigenous professionals shaped the trajectory of colonial and postcolonial medical history.

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