THE UNIVERSITY OF CHICAGO

THE MADRASA TIBBIYA AND THE REFORM OF AVICENNIAN MEDICINE IN COLONIAL INDIA C. 1889-1930

A DISSERTATION SUBMITTED TO

THE FACULTY OF THE DIVISION OF THE SOCIAL SCIENCES

IN CANDIDACY FOR THE DEGREE OF

DOCTOR OF PHILOSOPHY

DEPARTMENT OF HISTORY

BY

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CHICAGO, ILLINOIS

AUGUST 2020

To my parents

&

In loving memory of my maternal grandmother, Fatmakhanum Jaffer Moledina

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Acknowledgments

It is my pleasure to acknowledge a broad network of teachers, colleagues, friends and funders without whose support I could not have completed this project. Above all, I must thank the members of my dissertation committee for offering me a memorable apprenticeship in history-writing. Dipesh Chakrabarty asked me the pointed and thought-provoking questions that made me continually evaluate and articulate the sources of my own conceptual presuppositions. Muzaffar Alam has been more than generous in reading Urdu texts with me, listening to half-formed ideas, and generally encouraging me along. As co-chairs of my dissertation committee I must thank them both for letting me explore my archives and ideas with a great deal of autonomy. My dissertation is a far better piece of scholarship for having been read by Ulrike Stark, who consistently sought to elevate my work with her remarks. Lastly, I am grateful to James Hevia whose wide-ranging interests and archival instincts have helped me to imagine the many ways in which one might write a global history.

This project wouldn't have been possible without the support of several institutions. I am grateful to the American Philosophical Society which funded the initial exploratory research trip for this project with a Lewis and Clark Fellowship. The American Institute of Indian Studies has been a generous supporter of my work, having awarded me the Junior Research Fellowship and Language Study Fellowships, without which I would not have been able to locate and work through the breadth of Urdu print material I found. I deeply appreciated the graceful efficiency and professionalism of Elise Auerbach in Chicago and Purnima Mehta in Delhi. I would also like to acknowledge the Institute of Ismaili Studies which partially funded the first two years of my graduate work at Chicago, as well earlier graduate study that set me on this trajectory. I would like to acknowledge grants from several research centers at the University of Chicago, including

the Nicholson Center for British Studies, the Center for International Social Science Research, and the Graduate Council. Above all, I am indebted to the Committee on Southern Asian Studies for several fellowships for language study, research, and dissertation writing. I am also grateful to the librarians at the South Asia section of the Regenstein Library. I have appreciated the significant help of Laura Ring and James Nye as I tried to initially navigate gazetteers and district reports, and then to locate the vast Urdu historiography on yunani medicine. I would also like to acknowledge the generosity of Hakim Saiyid Zillurrahman, the founder of the Ibn Sina Academy of Medieval Medicine and Sciences in Aligarh, his family, and the community of scholars and librarians associated with that important institution. My debt to Zillurrahman Sahib's scholarship is evident throughout this work. I owe a special thanks to Amber Abbas for introducing me to Hakim Sahib's work and the Ibn Sina Academy. I would also like to thank the staff of the Hamdard Library in Delhi for facilitating my work there.

I would not have been able to work through my Urdu sources without the help of many patient teachers in Chicago and Lucknow, to whom I owe a special debt of gratitude. At Chicago, Elena Bashir laid the foundations which have kept me in good stead and Alam and Naim Sahib's reading courses offered insights that continue to inform my reading. In Lucknow, I was lucky to learn from deeply knowledgeable and passionate teachers; my thanks to Ahtesham Khan, Sheba Iftikhar, Zeba Parveen, Fahmida Bano, Shehnaz Sahiba, Basharat Sahib and Timsal Masud.

I would like to acknowledge my senior colleagues at Chicago and beyond for taking an interest in my work and offering feedback and advice at different points along this journey. At Chicago, Emily Osborn, Larisa Jasarevic, and Judith Farquhar have been sympathetic and critical interlocutors. And beyond Hyde Park, I have learned much from my conversations with Asiya

Alam, Rachel Berger, Jennifer Dubrow, Sarah Hodges, Farina Mir, Ishita Pande, and Samira Sheikh. I would also like to acknowledge the mentorship of Alison Winter, who passed away before I began writing up. Alison was the first person in Hyde Park who seemed truly excited about the possibilities of my project and its location within contextual histories of science; I have missed her presence as I have been writing.

I have met many colleagues and friends whose company has enriched my grad school life. I would like to thank Wafi Momin, Qudsia Shah, Shiraz Hajiani, Nimira Samji, Smita Gandotra, Dean Accardi and Sheetal Chhabria for fond memories of the early days. Upon returning to work after a hiatus, I was lucky to enjoy the friendship and conversation of Ranu Raychaudhuri, Shefali Jha, Hasan Siddiqui, Ellen Ambrosone, Gautham Reddy, Ashley Lyons, Malarvizhi Jayanth, Elizabeth L'host, Nick Abbott, Brian Bond, and Gerry Siarny. Beyond Hyde Park, outings with Rajit Mazumder were always edifying and a joy. On the conference circuit, I have been delighted to meet and work with great scholars of medicine and science in Asia including Andrew Amstutz, Lisa Brooks, Anthony Cerulli, John Chen, James Flowers, Shireen Hamza, Sree Padma Holt, Roanne Kantor, Projit Mukharji, Deborah Schlein, Tori Sheldon, and Charu Singh. During my last research trip to Aligarh and Delhi I was lucky to have the company of Kathleen Longwaters, whose beautifully written and perceptive analyses have been inspiring. I was also lucky to befriend Dr Ayesha Munira in Aligarh, who helped me to see that city through new eyes. Lastly, I would like to thank Amynah Kerawala and the Kerawala family, who welcomed me into their Bombay home so that I could have a memorable break from research and take day-trips to explore my heritage in that fascinating city.

I must acknowledge my original London people: Shantha Arulanantham, Minaz Kerawala, Aziz Ali Dad, Ali Oftadeh, Amier Saidullah, Nigina Mirbozkhonova, Faezeh

Mirshahi, Karim Javan, Shah Hussain, Zohora Pirbhai, Furhana Husani, Nacim Pak, Fayaz Alibhai, Farrah Musani, Tasleem Thawar, Rehanna Neky and especially Zohra Moosa, were central to the world of conversation and camaraderie that informed my early scholarly instincts and that I continue to think with. I would like to thank Rehanna for being such a gracious host on London trips that made last-minute research possible. Taslim Datoo will always have my gratitude for making New York a fun respite when I needed one. Closer to home, I must thank Andrea Gruneir for her wisdom in all things, and Lisa Minuk, to whom I owe a great many *dolmades* of thanks for preventing me from entirely losing my sense of humor.

Lastly, I am grateful to my many family members, who were eager to celebrate the slightest hint of a success, and who have held me up in very difficult times. It is only because of their support, of many kinds, over many years, that I have been able to persist in my scholarly pursuits.

Note on Translation & Transliteration

All translations from Urdu, Persian and Arabic are my own, unless otherwise indicated.

The spelling of transliterated Urdu words follows that of John Platts in his *A dictionary of Urdu, classical Hindi, and English*. I differ from Platts on the following:

- I do not use diacritical marks, with the exception of marking long vowels where this clarifies the meaning of the word.
- I use "u" instead of ŏ, "c" instead of č
- I have transliterated the Urdu *izafa* construction using "-e".
- The Arabic definite article is transliterated as "al-", without distinguishing between "sun" and "moon" letters.
- In the transliteration of names and foreign words, I have followed the rules for Urdu in the *ALA-LC Romanization Tables: Transliteration Schemes for Non-Roman Scripts*.
- In citing Romanized Urdu terms from English language primary and secondary sources, I have retained the spelling used in the source.

Abstract

This project examines the pedagogical experiment that was the Madrasa Tibbiya of Delhi (est. 1889). It excavates the changes to the medical imaginaries and subjectivities of Avicennian practitioners and their patients and patrons in colonial India. These changes emerged as practitioners began incorporating the diagnostic practices, instruments and theories of global scientific medicine into their own humoral medical tradition which, by the late nineteenth century, was already a palimpsest of epistemic and technical forms that were Hellenic, Arabic, Persian, and Sanskritic in provenance. I illustrate these changes through a new archive of print material primarily in the Urdu language that also includes textual elements in Persian and Arabic. This archive reveals the transformations in medical perception, the embodiment of medical labor, and the voices of sick people, and the meaning of professional community that signified the reformation of the Avicennian episteme and the subjectivities produced through it. I argue that these transformations coincided with broader social changes experienced by the demographic group to which practitioners and their patients belonged, the north Indian Muslim service-gentry. Ultimately, my study demonstrates that as the service-gentry lost their ancestral lands and the patronage of royal courts, as they became middle class, they also began to imagine their bodies anew – their social transformation was coincident with the epistemic transformations to healing, disease, and selfhood that my project reveals. As such, this dissertation makes two important contributions to the social and cultural history of Muslim north India: it presents a hitherto unstudied archive of Urdu medical periodicals, institutional reports and pamphlets, it introduces methods from the medical humanities to suggest that medicine as much as law can be studied as a site of subject formation for the north Indian Muslim gentry.

Introduction

مشرقی تو دشمن کو کچل دیتے ہیں

مغربی اس کی طبیعت کو بدل دیتے ہیں[1]

An easterner crushes his enemy
A westerner changes his enemy's disposition

This couplet by Akbar Allahabadi (d 1921), a twentieth century satirist, captures both the spirit of modern historiography on colonial medicine in India and the manner in which medical subjectivity has figured within it. As a quip on political tactics it may be significant for noticing the operation of the invisible force of disciplinary power well before it was historicized, but is equally interesting for what it elides. Allahabadi is remarkably unconscious, for example, of the hegemony that "easterners", such as successive generations of Turkic and Persian nomads, eventually came to exercise over the bodies and comportment of their dynastic subjects. And of course, so-called "westerners", European colonists in Asia and Africa, exercised brute force and violence along with the pedagogies of civilizational projects. This couplet, then, not only invites us to consider a familiar opposition in the historiography of colonial India, but also to remark on omissions within it. So, Allahabadi's couplet may today seem rather glib, but it is also useful to consider, because it speaks to a deeply felt sentiment that persists amongst scholars of South Asia, not to mention a more general reading public, while it nonetheless exposes, upon examination, the fragility of the East/West dichotomy that has animated the historiography of medicine and science in colonial India. This historiography has largely been a sub-field of political history and has shared with it imperial, national, post-colonial, and more recently

[1] Ralph Russell, *The pursuit of Urdu literature: a select history* (London: Zed Books, 1992), 133.

"Hindu" inflections.[2] All of these inflections have sustained a dichotomy between East and West that has identified local cultural/civilizational commitments with epistemic ones. This dichotomy, however, does not register the significant tension between the racial politics of the civilizing mission in British India, and the epistemic continuities between Hellenic and Arabic rational sciences that were very much a part of vernacular scientific and knowledge in Persian and Urdu. The Avicennian practitioners I write about here were subject to the same racialization of everyday life, and arguably the same psychological consequences thereof, as subjects of European empires everywhere. However, they could not reject a world of European knowledge that had been appropriated centuries earlier as a kind of epistemic substrate during Arab translation projects, before returning to Europe via Latin translations.[3] Indeed, Avicennian physicians often considered modern medicine to be a derivative of their own tradition.[4] My task in this dissertation is to unravel this dichotomy as it pertains to the reproduction of yunani medical knowledge in the colonial period, particularly as its practitioners begin to appropriate

[2] To pick a text of each of these inflections: George Basalla, "The Spread of Western Science," *Science* 156 (1967).; Deepak Kumar, *Science and the Raj, 1857-1905* (Delhi: Oxford University Press, 1995).; Jean Langford, *Fluent Bodies: Ayurvedic Remedies for Postcolonial Imbalance* (Durham: Duke University Press, 2002). Banu Subramaniam, *Holy science : the biopolitics of Hindu nationalism* (Seattle: University of Washington Press, 2019). ; Gyan Prakash, *Another Reason: Science and the Imagination of Modern India* (Princeton: Princeton University Press, 1999).

[3] For studies on these medieval and renaissance translations: Dimitri Gutas, *Greek Thought, Arabic Culture: the Graeco-Arabic translation movement in Baghdad and early 'Abbasid Society* (New York: Routledge, 1998). Nancy G. Siraisi, *Avicenna in Renaissance Italy: the Canon and medical teaching in Italian universities after 1500* (Princeton, N.J.: Princeton University Press, 1987).

[4] This is evident in the Urdu testimonies of the Usman Report: Government of Madras, *Report of the Committee on the Indigenous Systems of Medicine Part 2* (Madras1923). Also see Claudia Liebeskind, "Arguing Science: Unani Tibb, Hakims and Biomedicine in India, 1900 - 50," in *Plural Medicine, Tradition and Modernity, 1800 - 2000* (London: Routledge, 2002), 64-65. Montgomery also observes that European science is not exceptional, but the beneficiary of a great deal of translation: Scott L. Montgomery, *Science in translation: movements of knowledge through cultures and time* (Chicago: The University of Chicago Press, 2000), x.

forms of global science.[5] Although more recent historical work on medicine in India is beginning to address what this dichotomy occludes, the fields of research that have been most interested in medical knowledge, such as anthropology and philology, largely maintain this distinction.[6] The episteme of yunani medicine cannot fit into this binary framework, and to mark my departure from its current historiography I will refer to it as Avicennian medicine instead. By choosing this label, rather than "yunani", I follow the lead of the early modernist Fabrizio Speziale.[7] Through this decision I emphasize the Graeco-Arabic genealogy that animates the imaginary of Avicennian physicians in India to this day, one that has not been entirely circumscribed by colonial knowledge projects.

Method & Questions

This is a work of cultural history that seeks to offer a genealogy of the reformation of the Avicennian medical episteme in colonial India. By using "episteme" rather than "medical tradition" or "system", I highlight the content of medical knowledge and the history of its reproduction within historically specific social forms which, for this study, is the north Indian service gentry.[8] Moreover, following Laura Stark, I believe that the Foucauldian episteme as a category of analysis more ably lends itself to historical work than the Kuhnian paradigm or other

[5] For a review of technoscience and its utility for India see Amit Prasad, "Introduction: Global Assemblages of Technoscience," *Science, Technology and Society* 22, no. 1 (2017).
[6] The exception here has been Joseph Alter's important essay on post-colonial yunani medicine in Pakistan: Joseph Alter, "Rethinking the History of Medicine in Asia: Hakim Mohammed Said and the Society for the Promotion of Eastern Medicine," *The Journal of Asian Studies* 67, no. 4 (2008).
[7] Fabrizio Speziale, *Culture persane et médecine ayurvédique en Asie du Sud*, ed. Fabrizio Speziale, Islamic philosophy, theology, and science (Leiden: Brill, 2018).
[8] C. A. Bayly, *Rulers, Townsmen and Bazaars: North Indian Society in the Age of British Expansion 1770-1870, 3rd ed* (New Delhi: OUP, 2012 [1983]), 6-9.

categories that have emerged from science studies.[9] I do appreciate the importance of Deluzian categories, such as the assemblage, and support the anti-essentialist commitments of that work, as well as that of Bruno Latour.[10] Recent work on yunani medicine has certainly moved away from any sense of essence, and has emphasized instead the "entangled" and the *histoire croisée*.[11] My own contribution here might be construed as a study of technoscience, insofar as I am sensitive to "the role of heterogeneous actors in the co-construction of science, technology and society".[12] This project does, for instance, attend to multiplicity and heterogeneity at different moments: by delineating the hitherto unacknowledged appropriation of low-caste labor into ashraf medical practice; by examining the disjunctures of different ways of perceiving the medical body; by narrating the conflicting and contingent affects in Urdu medical periodical literature; by illustrating the varied networks of patrons that contributed to the Madrasa project. However, this is less a study of social processes and more an investigation into the meaning of illness experience, medical labor, and professional commitment. It is in greater sympathy with the medical humanities and contextual histories of science than with the sociology of science.[13] As such, it is an early attempt at a genealogy of the Avicennian medical subject in colonial

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[9] Laura Stark, "Out of their Depths: 'Moral Kinds' and the Interpretation of Evidence in Foucault's Modern Episteme," *History and Theory,* 54, no. December (2016).

[10] I have drawn on Nail for my understanding of Deleuze and Guttari's theory: Thomas Nail, "What is an Assemblage?," *SubStance* 46, no. 1 (2017).

[11] Margrit Pernau, "The Indian Body and Unani Medicine: Body History as Entangled History," *Paragrana* 18, no. 1 (2009). Guy Attewell, "Interweaving Substance Trajectories: Tiryaq, Circulation and Therapeutic Transformation in the Nineteenth Century," in *Crossing Colonial Historiographies : Histories of Colonial and Indigenous Medicines in Transnational Perspective*, ed. Waltraud Ernst, Projit B. Muhkarji, and Anne Digby (Newcastle upon Tyne: Cambridge Scholars Publishing, 2010).

[12] Prasad, "Introduction: Global Assemblages of Technoscience," 22, no. 1 (2017): 1.

[13] For the tensions between the history of science and science studies see: Lorraine Daston, "Science Studies and the History of Science," *Critical Inquiry* 35, no. Summer (2009). For my understanding of contextual studies of science, I have drawn on the work of Alison Winter and Anne Secord. For more examples and a brief review of the field see: Bernard Lightman, ed. *Victorian science in context* (Chicago, Ill.: University of Chicago Press, 1997).

India.[14] I examine medical subjectivity across several historical processes and sites: it is the conception of the body within a yunani medical imaginary; the embodied practices of Avicennian physicians that are one locus of self-fashioning; the interiority of sick people writing into medical periodicals; the terrain of affects mediated in Urdu medical periodicals; and practices of soliciting and receiving patronage from a network of minor aristocrats and landed gentry.

Given that I am not presupposing that the modernization history of yunani medicine ought to be narrated as a history of local resistance to western domination, my questions have skirted the aspect of Foucault's oeuvre that has been most applied to colonial India, his work on biopolitics and governmentality. I am more interested in his archaeology of the human sciences and his later genealogical work. In trying to write the history of Avicennian medicine in light of these models, I have not ignored the manner in which the colonial state insinuated itself into the conversations of Avicennian reformists, but have rather privileged the point of view of Avicennian physicians themselves. In taking this position I am following in the footsteps of Seem Alavi and her ambitious text, *Islam and Healing*.[15] This dissertation might be read in part as a sympathetic criticism of that book. I admire Alavi's ambition and broad historical canvas; indeed the question of medical subjectivity animates her work even if it remains an unacknowledged category within the text. I differ from Alavi, though, not only in the archival material I employ, but in locating the question of medical subjectivity squarely within a broader conversation on the transformation of global science. Here, I also accept that science has been imagined in many ways, and that a teleological, presentist narrative of the history of science

[14] In so doing I have tried to keep in mind the tensions between the genealogical and archaeological phases of Foucault's work, as described in Jan Goldstein, *Hysteria complicated by ecstasy: the case of Nanette Leroux* (Princeton: Princeton University Press, 2010), 201-03.
[15] Seema Alavi, *Islam and Healing: Loss and Recovery of an Indo-Muslim Medical Tradition 1600 - 1900* (New Delhi: Permanent Black 2007).

underestimates historical contingency, and leaves us with a rather shallow impression of the history of the human sciences. To avoid this, my investigation puts the voices of Avicennian medical practitioners and their publicist allies at the center of this story. My primary concern has been to understand how Avicennian practitioners viewed the "new medicine" emerging in nineteenth century Europe, and how they sought to appropriate it without undermining their own epistemic commitments. What medical practices, techniques and concepts did they appropriate and what were the consequences of these appropriations? How did hakims reconcile the humoral embodied subject of classical yunani medicine with the highly individuated and interiorized medical body that empiricist medicine proposed? In addressing these questions I do not claim to offer a complete story of Avicennian reform in north India, but a point of departure for future work, and the excavation of a broad archive that can contextualization current studies based on thinner sources. To appreciate this intervention, I outline the history of medicine literature below, before proceeding to set forth my argument on Avicennian reform and concluding with a chapter outline.

Literature Review: Medicine in Colonial India from Statist to Vernacular Science

Although medical subjectivity has seldom been an explicit category of analysis in the historiography of medicine in India, the "encounter" framework of an earlier historiography certainly did imply it through creating an opposition between European statist medicine and Indian bodies and practices of healing.[16] The main concerns of the historiography of medicine in colonial India today can be traced to the 1980s in the work of Radhika Ramasubban and Roger

[16] Deepak Kumar, "Unequal contenders, uneven ground: Medical Encounters in British India, 1820-1920," in *Western medicine as contested knowledge*, ed. Cunningham Andrew and Andrews Bridie (Manchester: Manchester University Press, 1997).

Jeffery.[17] Ramasubban introduced epidemic disease and population mobility as important categories through which to analyze the manner in which British medical officers considered the health of the Indian population. Jeffery's work also castigates British officers' indifference to the health of Indians and documents the professionalization of Indian practitioners of statist medicine and also discusses the political and social change within indigenous medical traditions.[18] Their work departed from imperialist histories by acknowledging the state's negligence of the welfare and health of the Indian population, and the subordination of public health to military priorities. These interests continued into the 1990s with David Arnold's *Colonizing the Body,* among other projects, which brought a Subaltern Studies perspective to existing questions of medicine and empire.[19] This work effectively paired a Gramscian conception of hegemony with Michel Foucault's work on governmentality to document how the Indian body, as a cultural object, became a site of contestation and state control. Arnold's work stood out as an important South Asian contribution to the growing work on medicine and empire. It invited South Asianists to contribute to broader conversations on the body as a category of analysis and to the disciplinary power of the colonial state in its paradigmatic sites of operation. Historians of medicine working on varied colonial contexts shared these concerns and sought to demonstrate the links between statist medicine, disciplinary power, and the racialization of

[17] Roger Jeffery, "Indigenous Medicine and the State Before 1947," in *The Politics of Health in India* (Berkeley: University of California Press, 1988). Radhika Ramasubban, "Imperial Health in British India, 1857-1900," in *Disease, medicine, and empire: perspectives on Western medicine and the experience of European expansion*, ed. Roy M. MacLeod and Milton James Lewis (London; New York: Routledge, 1988).
[18] Roger Jeffery, "Recognizing India's Doctors: The Institutionalization of Medical Dependency, 1918-39," *Modern Asian Studies* 13, no. 2 (1979).
[19] David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth Century India* (Los Angeles: University of California Press, 1993).

colonial bodies.[20] The work of Jean Commaroff and Megan Vaughan is particularly noteworthy for the attention it paid to how African subjects overcame forms of disciplinary power and asserted their own agency within the constraints of institutions of colonial medicine; their work has also been more sensitive to the subjectivities of African historical actors than much work on medicine and empire that works at larger levels of scale.[21] This watershed moment in the historiography of medicine in India generated an interest in the varied sites of statist medicine, especially through the emergence of public health, and the opening of medical institutions such as hospitals and medical schools.[22] This literature, however, with its attention to the state's encroachment into the health habits of Indian people, and Indian responses to them, sustained an impression of encounter between European knowledge and Indian bodies that belied more complex historical realities.

In the early 2000s the historiography of medicine moved away from the strident opposition between Western medicine and Indian bodies as the social history of medicine in India developed, largely driven by the investment of the Wellcome Trust. These projects, in which the edited volumes of Mark Harrison and Biswamoy Pati have been important, continued to mine colonial state archives, in addition to documents of medical colleges and other colonial institutions, such as missionary societies, to examine more nuanced forms of interaction between

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[20] *Race, science and medicine, 1700-1960*, ed. Ernst Waltraud, et al., Studies in the social history of medicine (London ; New York: Routledge, 1999). Ishita. Pande, *Medicine, race and liberalism in British Bengal : symptoms of empire*, Routledge studies in South Asian history ; (London ; New York: Routledge, 2010). Warwick Anderson, *Colonial pathologies : American tropical medicine, race, and hygiene in the Philippines* (Durham: Duke University Press, 2006).
[21] Megan Vaughan, *Curing their Ills: Colonial Power and African Illness* (Cambridge: Polity Press, 1991); John Comaroff and Jean Comaroff, *Ethnography and the historical imagination*, ed. Jean Comaroff (Boulder: Westview Press, 1992).
[22] Anil Kumar, *Medicine and the Raj: British Medical Policy in India, 1835-1911* (Wallnut Creek, California: AltaMira Press, 1998). Mark Harrison, *Public Health in British India: Anglo-Indian Preventative Medicine 1859 - 1914* (Cambridge: Cambridge University Press, 1994).

European and Indian forms of medical knowledge.[23] These social histories have illuminated the histories of public health campaigns, of the management of epidemic disease, of the management of multiple knowledge traditions in medical institutions. They also created more space for the agency of Indian practitioners of medicine. These included the physicians at colleges such as Mridula Ramanna's work on practitioners in Bombay and at the Grant Medical College, which revealed the extent to which the work of local subaltern practitioners was looked upon with interest by such men.[24] This work also included attention to the gendered dimension of medical professionalization and the delivery of medical care by documenting the histories of Indian women physicians, the attempt to reform midwives, and public campaigners for birth control.[25]

Social histories of medicine also enabled tracing practitioners of indigenous medicine in greater detail through colonial archives. The work of indigenous practitioners became particularly visible in the early twentieth century as they campaigned against medical registration acts in all the provinces of British India.[26] The acts defined who could use the title "doctor", and therefore who would be entitled to issue medical certificates, and established registers of the

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[23] Biswamoy Pati and Mark Harrison, eds., *Health, medicine, and empire : perspectives on colonial India*, New perspectives in South Asian history (Hyderabad, India: Orient Longman, 2001). *The social history of health and medicine in colonial India*, Routledge studies in South Asian history (Abingdon, Oxon U.K. ; New York: Routledge, 2009). David Hardiman, *Healing Bodies, Saving Souls: Medical Missions in Asia and Africa* (New York: Rodopi, 2006). Sanjoy Bhattacharya, *Fractured states : smallpox, public health and vaccination policy in British India 1800-1947*, ed. Mark Harrison and Michael Worboys, New perspectives in South Asian history ; (New Delhi: Orient Longman, 2005).

[24] Mridula Ramanna, *Western medicine and public health in colonial Bombay, 1845-1895*ibid. (2002).

[25] Maneesha Lal, "The Politics of Gender and Medicine in Colonial India:The Countess of Dufferin's Fund," *Bulletin of the History of Medicine* 68, no. 1 (1994). See sections on women's work within: Geraldine Hancock Forbes, -, *Women in modern India*, New Cambridge history of India ; (Cambridge England ; New York: Cambridge University Press, 1996). Sarah Hodges, *Contraception, colonialism and commerce : birth control in South India, 1920-1940*, History of medicine in context (Aldershot, England ; Burlington, VT: Ashgate, 2008).

[26] David Arnold, *Science, Technology and Medicine in Colonial India* (Cambridge: Cambridge University Press, 2000).

names of these qualified medical practitioners. The first Act became law in Bombay in 1912, a historical moment that has been important in documenting the social histories of indigenous medical practitioners and their concerns with this limitation on their ability to practice in an open medical market. This legislation became a focal point for the politics of indigenous medical practitioners until after the First World War. Shortly after the end of the War, health became a subject transferred to the provinces under the Montagu-Chelmsford reforms of 1919. These milestones have been important in framing the political history of indigenous medical practitioners.[27] Although they moved away from strident assessments of intervention and response, the "medicine and empire" framework that underwrote many of these studies largely continued to persist in presupposing the binary between European and Indian fields of knowledge, even while discussing moments of exchange.

The most relevant shift in the historiography, for this project, has been the turn to examine vernacular print sources on medicine. This has included the exploration of vast unexamined archives of medical periodical literature, print books and pamphlets in multiple regional languages and has emphasized the complexity of the *in situ* pluralism of medical practice. Kavita Sivaramakrishnan's work still stands out as a meticulous and closely argued piece of scholarship that explored the extensive networks of medical voluntary associations in the Punjab and north India and moved away from "medicine and empire" to portraying a finely detailed story of medical political culture and its relationship to the language politics of middle class vernacular public spheres.[28] It also stands out as a work of social history that speaks to historians of north India, irrespective of their interest in debates in histories of science and

[27] In addition to David Arnold's work, see: Rachel Berger, *Ayurveda made modern: political histories of indigenous medicine in North India, 1900-1955* (Basingstoke: Palgrave Macmillan, 2013).
[28] Kavita Sivaramakrishnan, *Old Potions, New Bottles: Recasting Indigenous Medicine in Colonial Punjab 1850 - 1945* (London: Orient Longman, 2006).

medicine. The work of Projit Mukharji is also remarkable in this turn. His examination of *dāktari* and of the "braided sciences" of Ayurveda has presented the strongest statement against the binary formulations of Western medicine and Indian bodies, as well as the social history formulations that presupposed mutually exclusive fields of knowledge. Mukharji has been able to demonstrate the complexity of local medical culture in Bengal, and has been particularly sensitive to the idiosyncratic, contingent, and mutually imbricated nature of all medical thought and practice. By focusing on medical practice in the open market, he has been able to demonstrate the limits of the institutional reach of statist medicine, and its limits in shaping the medical mores of middle-class Indians. And by turning to vernacular publics, he also offered a handle on the deploying vernacular as a category of analysis to overturn more strident assertions of epistemic difference between European and local knowledge. The shift to middle class vernacular publics also reveals the internal hierarchies amongst practitioners that had been obscured by the opposition between European doctors and Indian subalterns.[29] The attention to vernacular publics, and the manner in which medical actors within them are differently situated with respect to global and statist medicine, also offers a more nuanced context for understanding the different registers of Urdu medical writing. This includes the popular medical advice for domestic consumption as well as the medical writing produced in association with princely states.[30] The shift to the vernacular, too, has its shortcomings and more recent work is moving towards greater sensitivity to language and to the use of translation as a metaphor for understanding the production of scientific and medical knowledge in South Asia.[31]

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[29] David Hardiman and Projit Bihari Mukharji, eds., *Medical marginality in South Asia: situating subaltern therapeutics* (London: Routledge, 2012).
[30] Siobhan Lambert-Hurley, "Medicine & Motherhood," in *Muslim Women, Reform and Princely Patronage: Nawab Sultan Jahan Begam of Bhopal* (London: Routledge, 2007).
[31] See chapter 3 in Shinjini Das, *Vernacular medicine in colonial India: family, market, and homeopathy* (Cambridge: Cambridge University Press, 2019).

Argument: The Reform of Avicennian Medicine

The history of Avicennian medicine in colonial India can perhaps only be adequately understood today, now that historians of modern South Asia are beginning to examine analytical objects that exist outside, or in the interstices of, the political infrastructures of the nation-state. The colonial state, in the early bloom of South Asian medical history, was the subject that loomed over even subaltern and post-colonial revisions to earlier diffusionist narrations of colonial medicine and science, as I have described above. Because this historiography emphasized rupture – a confrontation between "western medicine", disseminated by the governmentality of the colonial state, and Indian bodies and knowledge traditions – it also implicitly retained the cultural essentialisms of colonialist historiography, or, occasionally of a bourgeois, albeit vernacular, nationalism. Such conceptions of the Indian past made it difficult to see Avicennian medicine as anything other than "yunani medicine", the indigenous medicine of Indian Muslims, a local analogue to Ayurveda.

The dichotomous thinking evident in many political and cultural histories of medicine in South Asia was inadequate to appreciate the unruly analytical object that is the polyglot episteme of Avicennian medicine. As medical historians begin to employ vernacular language archives to understand the medical politics of middle-class practitioners, they began to turn away from the colonizer-colonized opposition and foreground instead the ways in which Indian medical traditions are themselves internally differentiated, by examining medical culture as it appeared in vernacular public spheres.[32] The historiography employing Urdu sources is still comparatively

[32] Sivaramakrishnan, *Old Potions, New Bottles: Recasting Indigenous Medicine in Colonial Punjab 1850 - 1945*; Projit Mukharji, *Nationalizing the Body: The Medical Market, Print and Daktari Medicine* (London: Anthem Press, 2009); Berger, *Ayurveda made modern: political*

thin. However, two pioneering monographs on Avicennian medicine in colonial India were written as part of this new shift to vernacular sources. Although Guy Attewell helpfully pointed out contrasting positions within yunani medical reform, it was Seema Alavi that produced what remains the most ambitious account of its history. Her study broke from the conventional periodization and interests of Indian medical histories in the breadth of its historical sweep, its position that the colonial state was effectively irrelevant to hakims she studied, and its attention to the multilingual intellectual genealogy of yunani medicine.

Alavi's intervention, albeit refreshing, only hinted at the foundational epistemic changes within Avicennian medicine in this period. Because she accepts an essential relationship between language and medical culture, the text often implies agreement with the assessment of colonial educators that the Arabic language had an innate propensity to communicate the positivist thought that was transforming global science in the nineteenth century.[33] This position occludes perceiving the polyglot nature of Avicennian medicine as an episteme with breaks and interconnections to an equally contingent and changing European science. Thus while her book offers us an important political history of early modern yunani medical education, its gestures to explain medical subjectivity are less persuasive because of the essentialist conception of language it retains. As a result, I have been able to note continuities where Alavi sees breaks. That is, I am uncertain that the break she posits between the internally coherent Arabic, Persian and Urdu medical traditions is an epistemic rupture; rather this may be a perception of differences in generic conventions – that is the difference between the Arabic encyclopedia and the Persian commentary. Also, I see breaks where she sees continuities. Alavi argues for a

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histories of indigenous medicine in North India, 1900-1955; Hodges, *Contraception, colonialism and commerce : birth control in South India, 1920-1940.*

[33] Alavi, *Islam and Healing: Loss and Recovery of an Indo-Muslim Medical Tradition 1600 - 1900*; Guy Attewell, *Refiguring Unani Tibb* (Hyderabad: Orient Longman, 2007).

resemblance between Arabic and Urdu medical traditions, believing the latter to have a propensity for scientific thought that harked back to the former, after centuries of wayward digression through Persian. I think, on the contrary, the Persian and Arabic medical traditions are not mutually exclusive and indeed overlap a great deal with Urdu. However, a break does arise with the widespread use of commercial publishing, which popularizes and commercializes Urdu medical texts in a manner incomparable with the Arabic encyclopedias. Ultimately, I share many of Alavi's broad conclusions, which were highly original: her shift on stress to internal fissures, her attempt to write about the sympathy Avicennian practitioners found in scientific medical knowledge; our differences largely pertain to issues of method and emphasis.

My project, however, is not simply an extension of, or a corrective to, Alavi's work. Aside from working on a later period and employing a novel archive, my use of the term "Avicennian medicine" indexes my interest to locate the medical culture of the north Indian service gentry within a global frame in which the "global" does not simply refer to a European antecedent but the trans-Asian knowledge networks that produced Avicennian medical discourse in all its richness and singularity.[34] By examining the Madrasa Tibbiya at Delhi, along with its networks of patrons, physicians and patients, and the Urdu medical print culture it fostered, I reveal the central transformations within the Avicennian imaginary in India. These transformations center on the new subjects and objects of Avicennian medical discourse: the embodied labor of the reformed practitioner; the voice of the sick patient; the humoral body; the vernacular public sphere that mediated these changes. In documenting these changes I address not only a significant lacuna in Avicennian medical history, but contribute to south Asian

[34] Here I have been inspired by: Gutas, *Greek Thought, Arabic Culture: the Graeco-Arabic translation movement in Baghdad and early 'Abbasid Society*; Fabrizio Speziale, *Soufisme, religion et medecine en Islam indien* (Paris: Karthala, 2010).

medical historiography a perspective informed by broader questions in the medical humanities and the contextual studies of science.

The story of the Madrasa Tibbiya sits at the intersection of three fields of historiography which will be evident in the chapters that follow. My reference to Allahabadi above indicates one field, that of Muslim social reformers and their varying positions with respect to Avicennian medical reform. The family that founded the Madrasa, the Sharifi family of Delhi, modeled their project on the Muhammadan Anglo-Oriental College at Aligarh. The networks of patrons, publicists and reformers that supported Aligarh also appear in the Madrasa story. The second field is that of colonial medicine, and the emerging work on yunani medicine in particular. In addition to the works mentioned above, this includes the work of Neshat Quaiser, Nadeem Rezavi, and Claudia Liebeskind, which is employed throughout this study.[35] Lastly, throughout the chapters there is an engagement with medieval and early modern historiography in on Avicennian medicine, as well as with twentieth century Urdu language historiography. As I have noted above, this is an attempt at a genealogy, and a cultural history which, unlike most historical work on medicine in India, emphasizes close archival reading and translation work. It is because I have chosen to view the global as immanent in local processes and visible at a small scale, that I have observed fissures in the Avicennian episteme, breaks in the imagination of the medical body by Muslim reformers that generate the new modes and moods of professional commitment and self-formation that are described in this study. These themes have occasionally

[35] Liebeskind, "Arguing Science: Unani Tibb, Hakims and Biomedicine in India, 1900 - 50." Neshat Quaiser, "Politics, Culture and Colonialism: Unani's Debate with Doctory," in *Health, Medicine and Empire: Perspectives on Colonial India*, ed. Bisamoy Pati and Mark Harrison (Hyderabad: Orient Longman, 2001). "Science, Institution, Colonialism: Tibbiya College of Delhi, 1889 - 1947," in *Science and Modern India: an Institutional History*, ed. Uma Das Gupta (Delhi: Longman Pearson Education, 2010). S. Ali Nadeem Rezavi, "An Aristocratic Surgeon of Mughal India: Muqarrab Khan," in *Medieval India 1: Researches in the History of India, 1200-1750*, ed. Irfan Habib (Delhi: OUP, 1992). "Physicians as Professionals in Medieval India," in *Disease and Medicine in India: A Historical Overview*, ed. Deepak Kumar (Delhi: Tulika, 2001).

been skimmed over by historians of yunani medicine but seldom explored with the depth and sustained focus that methods of cultural history offer. In employing that approach I have tried to read my archive with a sensitivity to the longue durée of global Graeco-Arabic medicine, but one also guided by the mores and medical imaginary of colonial north India's Avicennian physicians.

Chapter Outline

Chapter One narrates the history of the Madrasa Tibbiya from its founding in 1889 to 1932, shortly after the death of its most dynamic leader, Hakim Ajmal Khan. Methodologically it is an outlier, more in keeping with social history in its reliance on quantitative methods and mapping than the remaining chapters. It introduces the Sharifi family and maps networks of patrons, donors and students. It argues that the refigurations of yunani medicine that have turned away from national explanations to regional formulations have created the problematic impression that Avicennian reform was highly localized. While accommodating regional specificity, I work through the Madrasa's institutional reports to illustrate the breadth of their networks of support. Moreover, I argue that, given their service-gentry and princely donor base, the Madrasa had to be mindful of displaying continued commitment to service-gentry etiquette and aesthetics marked by a shared sense of respectability, or *sharafat*. Additionally, this chapter demonstrates the plasticity of the madrasa form as the institution expanded from the Madrasa Tibbiya, to its renovation as the Ayurvedic and Yunani Tibbi College, and finally its expansion to a large campus of institutions including a pharmaceutical company (1905) and a school for training midwives (1909). I draw on several genres of contemporary Urdu print culture to construct this history: institutional reports, budgets, and policies of the Madrasa; contemporary biographies of Hakim Ajmal Khan; annual reports of the voluntary association linked to the

Madrasa; the periodical associated with the Madrasa; annual reports from its women's college for midwives; and pamphlets published by students.

The second chapter demonstrates how the Madrasa cultivated a new kind of hakim through the new practices of pedagogy that presented medicine as a labor-intensive craft, rather than a scholastic vocation. Drawing on the phrase "embodied empiricism", drawn from contextual studies of science in Europe, it illustrates how the Madrasa sought to deliberately foster the continuity of a uniquely north Indian aesthetic of gentility (*sharafat*) that had long been associated with Avicennian medicine in India. Ajmal Khan, the head of the Madrasa after 1906, ensured this continuity through the management of space (a durbar-like annual meeting) and its requirements for student comportment, in order to ennoble the practices of manual labor associated with "new medicine" which Ajmal Khan also sought to institutionalize.[36] This chapter also draws on the public remarks of two renowned Muslim social reformers, Altaf Hussain Hali and Nazir Ahmad, who sought equally to ennoble manual labor through appeals to the community's global historical imaginary, albeit in rhetorically divergent ways.

Chapter Three traces a genealogy of the "ill voice" amongst men of the north Indian Muslim gentry. It does so by examining medical writing from the tenth century texts of classical Avicennian medicine to the yunani medical print periodicals of the early twentieth century. I employ an opposition between two forms of clinical speech – the Galenic "chart talk" and the narrative form – that acts as a heuristic device to indicate two forms of the ill voice in Avicennian medical writing. This enables me to contrast the relative absence of the ill voice in the classical Avicennian tradition, where its appearance was inevitably mediated by a physician's

[36] For *sharafat* in the context of education see: Francis Robinson, *The 'Ulama of Farangi Mahall and Islamic Culture in South Asia* (Permanent Black 2001); Barbara Metcalf, *Islamic Revival in British India, Deoband 1860-1900* (New Delhi: OUP, 2002); David Lelyveld, *Aligarh's First Generation: Muslim Solidarity in British India* (New Delhi: OUP, 1996).

interview, with the marked appearance of the ill voice in its Galenic form in the epistolary world of Urdu litterateurs. The letters of the poet Asadullah Khan Ghalib are also used to demonstrate that speaking of one's sickness in this form was a deeply naturalized mental habit well into the nineteenth century. The chapter tracks the ill voice from Ghalib's epistolary universe to the circulation of Urdu medical periodicals, with a focus on the Madrasa's periodical, *Majalla-e tibbiya,* and its columns of medical advice.

Chapter Four examines a debate between the lead reformer at the Madrasa Tibbiya, Hakim Ajmal Khan, and one of his critics from the city of Lucknow, Hakim Abdulmajid Lucknawi. The debate began in 1912 and played out over several years in Urdu medical periodicals and print books. The debate centered on the relevance and consequences of introducing new practices of observation to understand fevers; Lucknawi was concerned that this concept would lose its classical associations with climate, astronomy and nutrition. The debate reveals that the tensions amongst Avicennian reformers were not tied to a political alliance to "Western medicine", but rather driven by nuanced arguments about the consequences to the Avicennian episteme of introducing new practices, such as anatamo-clinical observation. Moreover, dissenting voices from within the Madrasa, as well as support throughout the region, suggest that medical reform cannot be explained through easy oppositions between modernism and traditionalism as existing typologies suggest.

Chapter Five examines changes to the form and content of medical periodical literature from the late nineteenth to the early twentieth century as publishers seek out sources of investment and audiences beyond scholarly circles and state institutions. It also examines the changes to the terrain of affects mediated by this literature as editors seek to cultivate the subscriptions of lay readers. At the same time, the contributors to these books and periodicals

frequently referenced the “republic of physicians”, and this chapter traces what it means to be a physician in that republic as it changed with the expansion of periodical literature and the rise of yunani medical colleges in the early twentieth century. These changes to affect and the meaning of professional community are examined in relation to the expansion of the bazaar, both physical and newly mediated in print.

Chapter 1
Rajas and Reformers: The Founding of the Madrasa Tibbiya

The story of yunani medicine in independent India has been memorialized in a manner that connects it both to the Muslim community and the formation of the Indian republic. This is first visible in early twentieth century policy documents such as Madras' *Report of the Committee on the Indigenous Systems of Medicine* (1923), and becomes gradually institutionalized through the successive government research centers, departments, and the current Ministry of AYUSH, created initially as a Department in 2003.[1] It is this kind of memorialization, intertwined with state policy, that inspired early attempts to write about the history of *yunani* medicine in India, making its central story a story of political contestation. Hence, Barbara Metcalf's early essays on Ajmal Khan embedded the history of a medical discourse within the narration of a political biography and Neshat Quaiser's work emphasized the manner in which yunani medical reform was a site of "anti-colonial" resistance from within the Urdu public sphere.[2] Although these readings have been qualified by the subsequent, empirically deeper, work of Guy Attewell and Seema Alavi, these authors have continued to presuppose a certain kind of internal coherence amongst yunani medical practitioners, even as they draw our attention away from national, to local and regional medical and political culture. Alavi's emphasis on the difference between physicians trained in families and those trained in

[1]Government of Madras, *Report of the Committee on the Indigenous Systems of Medicine Part 1*, vol. 1 (Madras1923). For India's post-independence management of indigenous medical traditions, see: http://ayush.gov.in/; Maarten Bode, *Taking traditional knowledge to the market: the modern image of the ayurvedic and unani industry, 1980-2000* (Hyderabad: Orient Longman, 2008), 142-55. "Traditional Indian Medicine: Heritage, Health Security, Ontology," *The IIAS Newsletter* 65, no. Autumn (2013).

[2] Barbara Metcalf, "Nationalist Muslims in British India: The Case of Hakim Ajmal Khan," *Modern Asian Studies* 19, no. 2 (1985). Quaiser, "Science, Institution, Colonialism: Tibbiya College of Delhi, 1889 - 1947."

modern schools is, however, an important departure in the depiction of internal coherence. Nonetheless, it also registers how powerful earlier state-driven narratives have been in eliding the social origins of north India's reformist physicians. Alavi's association between "aristocratic virtue" and Persian medical commentaries suggests that the courtly character of Avicennian practice faded away in the twentieth century.[3] In this project, and in this chapter in particular, my aim is to reveal the manner in which aristocratic networks actually sustained yunani medicine in north India and contributed, counter-intuitively, to the service-gentry appropriation of the instruments and technical practices associated with global empirical medicine. These minor aristocrats and former courtiers were members of the demographic group Chris Bayly had labelled the "service-gentry".[4] And, like the service-gentry Bayly described, the networks of aristocratic physicians across north India could not be associated with a single religious community. They were connected by their associations to courtly service and to cultural norms and forms of etiquette and public behavior that have been subsumed under the word *sharafat*, respectability or gentility.[5] This chapter will attempt to demonstrate how the Madrasa Tibbiya was situated within north Indian networks of the service-gentry, and consequently illustrate how the "aristocratic virtue" Alavi argues fades away with the rise of reformist medicine, actually persists in new forms. This virtue, which she associated with the rhetoric of medical texts, and

[3] Alavi, *Islam and Healing: Loss and Recovery of an Indo-Muslim Medical Tradition 1600 - 1900*, 36-43.
[4] Bayly, *Rulers, Townsmen and Bazaars: North Indian Society in the Age of British Expansion 1770-1870, 3rd ed*, 6-10.
[5] The intellectual and cultural history of Muslim north India has moved away from using *ashraf* and *ajlaf* exclusively as sociologically descriptive categories (of biological descent), to examining *sharafat* as a cultural category. For example, as an aspect of modern *ashraf* "ideology" as Metcalf does, or as a cultural and "intellectual style" as Lelyveld puts it, or as part of interconnected aesthetic and ethical practices as described by Mushirul Hasan. See: David Lelyveld, "Ashraf," SOAS South Asia Institute, http://www.soas.ac.uk/ssai/keywords/; *Aligarh's First Generation: Muslim Solidarity in British India*, 28-30. Metcalf, *Islamic Revival in British India, Deoband 1860-1900*, 238-58. Mushirul Hasan, *A Moral Reckoning: Muslim Intellectuals in Nineteenth-century Delhi* (New Delhi: Oxford University Press, 2003), 1-40.

occasionally the comportment of physicians, continues in the performance of patronage, in the language of advertising, and in sustaining a Mughal form of ecumenism in the reproduction of medical knowledge. Like their courtly antecedents, the practitioners at the Madrasa Tibbiya, continued to engage with Ayurvedic knowledge and see Hindu vaids and hakims as part of their community of practitioners.[6] Additionally, the reformers at the Madrasa, as members of the service-gentry, believed themselves entitled to participate in governance and political life. So, *pace* Quaiser, the anti-colonial sentiment in their public rhetoric was subtle if not muted. On the contrary, they sought to insinuate themselves into local colonial governance in order to ensure the endurance of their own reformist projects. This chapter lays out the evidence for these claims. In mining institutional reports and Ajmal Khan's biographies it seeks to show that north Indian Avicennian medicine, although it overlapped with Muslim political networks, was very much a part of more complex service-gentry sociabilities of governance, patronage and consumption that stretched well beyond the walls of old Delhi.

Meet the Sharifi Family

Before discussing the internal life of the Madrasa I will remark on the motives behind its creation by the fortuitously named Sharifi family and their contemporaries in late nineteenth century Delhi. The Sharifi family emerged from the aristocratic world of India's Mughal princes and courtiers. The family was originally from Herat and migrated to India as part of King Babur's retinue, and eventually settled in Delhi during the reign of Emperor Aurangzeb.[7] One of

[6]This early modern courtly ecumenism is the subject of Speziale, *Culture persane et médecine ayurvédique en Asie du Sud.*
[7] Muhammad Jamil Khan, *Sirat-e ajmal* (Delhi: ?, 193?), 3-4.

the first family members to achieve recognition at court was Hakim Akmal Khan (d.1787);[8] his son, Muhammad Sharif Khan (d.1807), the eponym of the family was subsequently awarded a jagir near Panipat.[9] Hakim Sharif Khan expanded the family compound in the Ballimaran quarter of Delhi, Sharif Manzil, which became one of the nodes of intellectual and political life in the city.[10] Although the family's fortunes did ebb and flow, it always maintained limber networks of patronage amongst royal families throughout north India. Sharif Khan's grandsons, Ghulam Murtaza Khan and Ghulam Mahmood Khan (d.1892) were employed by the Rajas of the Sikh Phulkian states of Patiala and Jind, respectively.[11] It was the soldiers from their armies, which supported the East India Company during the mutiny, that were sent to protect Sharif Manzil, and the Ballimaran area in which it was located, as British soldiers razed the city.[12] The Sharifi family compound consequently became both a place of refuge for city-dwellers and a safe storage space for their property.[13] After the mutiny, Sharifi family scions continued to practice medicine and began to adjust to the new dispensation in Delhi, which had now become a zilla of the province of Punjab, cultivating its administrators while deepening its ties to princely patrons,

[8] Who was granted a mansab of two thousand and a jagir of two lakhs by Muhammad Shah. Ibid., 1. Also: Hakim Saiyid Zillurrahman, *Dilli aur tibb-e yunani [Yunani Medicine in Delhi]* (Delhi: Urdu Academy 1995), 83-84.

[9] Khan, *Sirat-e ajmal*., 3-5. Muhammad Sharif Khan, received the title of '*Ashraf al-hukma*' and was granted a jagir of twenty-five thousand in Panipat. He was the first to begin incorporating non-yunani medical practices into his clinic. He also wrote several books including one translated into English: Muhammad Sharif Khan, *The Taleef shereef, or, Indian materia medica*, ed. George Playfair (Dehra Dun, India: Bishen Singh Mahendra Pal Singh, 1984). Sharif Khan's son, Hakim Sadiq Ali Khan (d. 1848) authored several books including *Zād gharib* which was used in the Madrasa curriculum in its early days. The British took possession of the jagir with the exception of three villages, and made the family pensioners. Sadiq Ali Khan left three sons. Hakim Mahmood Khan was the eldest and became the inheritor and manager of the family clinic. His eldest son, Hakim Abdulmajid Khan founded the Madrasa. See Appendix 2 for the Sharifi family tree.

[10] Zillurrahman, *Dilli aur tibb-e yunani [Yunani Medicine in Delhi]*, 258-81.

[11] Ibid., 206.

[12] Ibid., 260 & 176.; Narayani Gupta, *Delhi Between Two Empires, 1803 - 1931* (Delhi: OUP, 1981), 23.

[13] Zillurrahman, *Dilli aur tibb-e yunani [Yunani Medicine in Delhi]*, 258-81.

such as the princes of Loharu, Gwalior and Rampur. They continued the aristocratic sociability of the *majlis*, within Sharif Manzil, where men would discuss a range of topics from poetry to religion and politics in an informal and forthright manner.[14]

The Sharifi family also inserted themselves into the new social spaces of the colonial city – the municipal committee, association culture, and local print publishing. The cultivation of local government included participating in the Delhi Municipal Committee and later including British administrators in the pageantry of Madrasa anniversaries and milestones. The Delhi Municipal Committee, formed in 1863 was responsible for local medical and sanitation matters and would be a significant funder of the Madrasa project. While Mahmood Khan and his sons oversaw the ancestral family clinic at Sharif Manzil, his brother's sons, Ghulam Reza Khan and Ahmad Saʿīd Khan were important in the city's public life – they were consecutive post-holders on the Municipal Committee from 1863 through to 1915.[15] Ghulam Reza Khan, an active member of the Delhi Society, was also one of the founders of the newspaper *Akmal al-akhbar*, a publisher of Ghalib's essays as well as the paper in which the Delhi Municipal Committee published its proceedings from 1866.[16] The newspaper and the family press, Akmal al-matabiʿ, would allow the Sharifi family, already known for its medical authority, to cultivate a public image and following amongst the old nobility and other residents of the city in this new site through which a literate ashraf polity was emerging.

As the Sharifi family was navigating new forms of power and publicity in Delhi, they became aware of changes to medical education in the Punjab that included new schemes to

[14] Ibid.
[15] Ibid., 222.; The names of all of the Sharifi family hakims on the Delhi Municipal Committee can be found in: Rai Sahib Madho Pershad, *The History of the Delhi Municipality, 1863-1921* (Allahabad: Pioneer Press, 1921).
[16] Zillurrahman, *Dilli aur tibb-e yunani [Yunani Medicine in Delhi]*, 214. See also: Imdad Sabri, *Tarikh-e sahafat-e urdu jild duvom ka pahla hissa* (Delhi: Jadid Printing Press, 1952[?]), 218-44.

incorporate hikmat into government institutions. After the annexation of Punjab, the new administrators were interested in establishing allopathic medicine in the region but found that "allopathy could not compete with tibb in the cities".[17] So they focused instead on rural schemes, first in Ambala and then Gujrat, that trained local hakims to diagnose and treat conditions according to allopathic formularies.[18] This practice was expanded by Lt Col Mercer in Sialkot where hakims were trained for various kinds of independent and support work in vaccination and sanitation.[19] A broader initiative was developed in 1870 at Lahore Medical School where rural men from hakimi families were selected to train in anatomy and surgery on three-year scholarships.[20] By 1874, the Punjab University had allowed its Oriental College to grant certificates and titles to hakims and vaids, who were trained in a medical program that combined allopathy and hikmat.[21] In 1884, this department had an enrollment of 59 students.[22]

Despite the end of these schemes, the hakims that graduated from these programmes successfully continued with private practices.[23] Moreover, these educational experiments prompted the formation of a new constituency amongst hakims, one that was conversant with colonial medical institutions, new medical technologies and a culture of pedagogy that was narrowly focused on producing medical support staff that was trained in technical work.[24] It is

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[17] John Chandler Jr Hume, "Medicine in the Punjab, 1849 - 1911: Ethnicity and Professionalization in the Control of an Occupation" (Duke University, 1977), 25.
[18] Ibid., 50.
[19] Ibid., 53.
[20] Ibid., 56. Also : "Rival Traditions: Western Medicine and Yunani Tibb in the Punjab, 1849 - 1889," *Bulletin of the History of Medicine* 51, no. 2 (1977): 222.
[21] "Medicine in the Punjab, 1849 - 1911: Ethnicity and Professionalization in the Control of an Occupation," 57.
[22] Ibid., 58.
[23] Ibid., 73.
[24] This constituency potentially expanded the market of Urdu medical print culture, including of translations and original works which included international medical periodicals, vaccination handbooks, and textbooks of yunani medicine. The superintendent of the Lahore Medical School hakim program, Sub-Assistant Surgeon Rahim Khan, was also the editor of a longstanding Urdu

difficult to contend that the Sharifi family, with its embeddedness in a north Indian network of aristocrats, and its foot in colonial administration, would have been unaffected by these changes so close to its own headquarters.

I mention these plans to juxtapose one set of motives for the madrasa – concern at this encroachment of hybrid hakims, who likely spread out from Lahore like little tendrils throughout qasbas and bazaars of north India with a new manner, a new *waza'* of hikmat – with the separate although related concerns expressed in public conversations amongst ashraf men. While administrators such as Lawrence and Mercer were unequivocal in their contempt for the content of hikmat, employing it instrumentally as part of a shallow hearts-and-minds strategy to smooth the deployment of unpopular schemes of state-sponsored prophylaxis against various diseases, ashraf reformers who were equally critical of their tradition, were invested in its continuity. These reformers adopted a range of positions to hikmat. The least investment was evinced by Sir Saiyid Ahmad Khan (1817-1898), who, although he had studied texts in hikmat and admired hakims in his early days, was cool towards its reform, preferring allopathy or, what he felt to be a promising treatment modality at the time, homeopathy.[25] Sir Saiyid, nonetheless, attended the annual meetings at the Madrasa, and his school for ashraf men, the Muhammadan Anglo-

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medical periodical, *Bahr-e hikmat* (est. 1862, Lahore). See: J. Maxwell Carter, "Catalogue of books printed in the Panjab for the second quarter ending 30th June 1871," (Lahore: Government of Punjab, 1871), 18.

[25] For Sir Saiyid's description of the medical syllabus in the Nizamiya curriculum, see Sir Sayyid Ahmad Khan, "Nizamiya silsilah-e talim," in *Tahzib al-akhlaq jild duwom*, ed. Fazluddin Kakazai (Lahore: Fazluddin Kakazai, c.1910), 410. The list states, "*Qanuncha, Mujaz, Kulliyat nafisi, Mu'ālajāt sadidi, Sharh al-asbab*, *Hummayāt shaikh*." cf. The Madrasa syllabi in appendices 4 – 8 and the commentary tradition that was influential in India, as in appendix 9. For Sir Saiyid's early education which included some of this reading see Altaf Hussain Hali, *Hayat-e javed* (New Delhi: Qaumi Kaunsal Baray-e Furogh-e Urdu Zaban, 1979), 54-56. For Sir Saiyid's interest in homeopathy: Lelyveld, *Aligarh's First Generation: Muslim Solidarity in British India*, 81. Sir Saiyid also discussed important medical families in his history of Delhi: Saiyid Ahmad Khan, *Asar al-sanadid*, ed. Khaliq Anjum, vol. 2 (New Delhi: Qaumi Kaunsal Baray-e Furogh-e Urdu Zaban, [1847] 2003), 46-50.

Oriental College, was frequently invoked as a fundraising and community outreach model for the Madrasa.[26] Sir Saiyid's disciple, the literary and social reformer Altaf Hussain Hali (1837-1914), despaired of the state of hikmat but continued to engage with and provoke its practitioners. Before he became a regular attendee of the annual Madrasa meetings, he published in the emerging Urdu medical periodical literature. A poem of his appears in the monthly journal *Tabīb*, which was intended for the hybrid hakims of the Punjab, and other members of the lower orders of the colonial medical hierarchy such as native doctors, hospital assistants and the like. It was scathing in its criticism of the scholasticism of Avicennian practitioners. [27] I discuss Hali's concerns at greater length in Chapter Two. I raise them here, along with Sir Saiyid's attitude towards yunani medicine, to indicate that competition from colonial state institutions also coincided with this internal critique that spread through Urdu print culture.

Making Ashraf Medicine: The Madrasa Tibbiya (1889-1921)

Current writing on hikmat has characterized the regional differences in the approaches to reform as analogous to those of literary schools (*dabistan*s), the central trope being the traditionalism of Lucknow's Azizi family contrasted with the modernism of Delhi's Sharifi family. In this section I demonstrate that the medical reform project at the Madrasa Tibbiya was an ashraf project that was actually India-wide and blended the culture of the voluntary association with that of the aristocratic family of physicians (*tibbi khandan*). While regional differences continue to be meaningful in the twentieth century, neither the resources nor the audience for a project as ambitious as the Sharifi family's Madrasa (later a college), could be sourced from one family or one locality. The Sharifi family apparently also faced significant

[26] Nazir Ahmad, ed. *Lekcharon ka majmu'a* (Agra: Mufid-e 'Am Press, 1918), 237.
[27] Cited in Hafiz Fakhruddin, "Ham tabibon ki halat-e zar," *Tabeeb Lahore* 1, no. 1 (1885): 7-8.

resistance from both the public and other hakims in Delhi. They, therefore, relied on their pan-India networks of ashraf men, including heads of princely states, nawabs, men in civil service, and Punjabi traders. This constituency of the great and the good was cultivated as a network of donors through the travels of the Sharifi brothers, the hospitality extended to guests at the madrasa's annual meeting, and the newsy sections of print publications, such as the Madrasa's journal, the *Majalla-e tibbiya*, and its annual reports. It was this constituency, furthermore, that had to be persuaded that the new medical labor, with its emphasis on *techne*, was dignified.

The Madrasa became an entity nominally independent of the Sharifi family when it was founded through the creation of a voluntary association, the *Anjuman-e madrasa tibbiya dehli* on the 23rd of June, 1889 with Munshi Muhammad Zakaullah (c.1832-1910), a leading intellectual of Delhi, as its first president.[28] By 1900 there were eighty members of this association (*anjuman*) whose expressed aim was to "provide capital for its stability and permanence" and "to teach people yunani medicine and new anatomy, or any other branch of new medicine or yunani medicine that the organizers of education like and are able to teach"[29] Ayurveda was also taught at the Madrasa, but was first introduced in the women's section, which opened in 1909,[30] and then introduced in the men's section in 1914.[31] Although most of the anjuman's members were nobility from Delhi and its environs, there were many from farther afield in the United

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[28] *Report salana Madrasa Tibbiya Dehli babat sal yazdahum [Madrasa Tibbiya Annual Report, 1900]*, (Delhi: Matba' Rozana Akhbar, 1900).Zakaullah was an important historian associated with the Delhi College: Hasan, *A Moral Reckoning: Muslim Intellectuals in Nineteenth-century Delhi*, 185-235; C. F. Andrews, *Zaka Ullah of Delhi*, ed. Mushirul Hasan and Margrit Pernau (New Delhi: Oxford University Press, 2003).

[29] *Report salana Madrasa Tibbiya Dehli babat sal yazdahum [Madrasa Tibbiya Annual Report, 1900]*, 65-66.

[30] *Madrasa Tibbiya wa shafa-khana-e zanana dehli ke pahle salana jalse ki report [Report of the First Annual Meeting of the Madrasa Tibbiya Women's Section, 1910]*, (Delhi: Matba Mujtabai, 1910), 3.

[31] Ayurvedic teaching started in 1914: Ayurvedik and Yunani Tibbi Kalej, *Si-sala mukhtasar report [Brief Three Year Report, 1917-1920]* (Delhi: Ghani al-mutab'e, 1921), 4.

Provinces, including one Vaid Pandit Shiv Shankar Sahib Rais from Lucknow, as well as several members associated with the Princely State of Hyderabad.[32] Some were also members "by correspondence" which presumably excused them from having to attend the Madrasa's annual meeting, such as one Maulvi Abualkhayr Muhammad Abdulsubhan, Deputy Collector of Danapur for whom Calcutta is entered as a place of residence.[33] The Anjuman also included a member of another important local family of hakims, Zahiruddin Ahmad Khan (d.1906).[34] Zahiruddin Ahmad was also from a family associated with the Mughal court: his uncle was Hakim Ahsanullah Khan (1797-1873), the court physician to the last Mughal emperor, Bahadur Shah Zafar, and his father was Hakim Ghulam Najaf Khan, also renowned. Zahiruddin also held a seat on the Delhi Municipal Committee for many years until his death.[35] By forming this voluntary association, the Sharifi family situated their medical madrasa within the broader networks and interests of north India's service gentry.

The founder and head of the Madrasa Tibbiya in its early years, was Hakim Abdulmajid Khan (d. 1901), the eldest son of Hakim Ghulam Mahmood Khan. Abdulmajid Khan initiated the creation and expansion of a network of donors that was geographically far more expansive than the anjuman's member list. The Madrasa solicited various kinds of donations: gold and silver medals as well as books for those who passed the annual exams, scholarships for a year of study, fixed annual donations, one-off payments, and also conferred the title of "patron" on large

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[32] *Report salana Madrasa Tibbiya Dehli babat sal yazdahum [Madrasa Tibbiya Annual Report, 1900]*, 59-64. The Hyderabadis were: Janab Maulvi Abdurrahim Khan Sahib, a pensioner Hyderabad Deccan; Janab Rai Bahadur Hukm Chand Sahib Bahadur, an employee of the court; Janab Aziz Mirza Sahib, the 'Home Secretary' of Hyderabad; and our very own Nazir Ahmad who was a pensioner of the Princely State of Hyderabad.
[33] Ibid., 60.
[34] Ibid., 59.
[35] Zillurrahman, *Dilli aur tibb-e yunani [Yunani Medicine in Delhi]*, 222. Pershad, *The History of the Delhi Municipality, 1863-1921*, 152. Zahiruddin's predecessors have been eulogized by Saiyid Ahmad Khan as well: Khan, *Asar al-sanadid*, 2, 45-47.

donors.[36] The names of donors and the value of their contributions were printed in the Madrasa's annual report which was distributed to members of the Anjuman and available at the Madrasa's office. Several donors submitted a standing amount to the Madrasa every year – these included the nawab of Rampur, usually between 1000 to 1200 rupees, the Delhi Municipal Committee for a similar amount, one Rais from Merut gave 300 a year, and the Prince of Loharu usually donated between 20 and 60 rupees a year. The maps of Punjab and the United Provinces below illustrate the extent of this donor network based on contributions of annual fixed donations received from each region. These maps do not take account of donations of scholarships and medals which were often donated by Sharifi family members, Punjabi traders in Delhi, and occasionally others, such as scholarship contributions made by one Rai Hukm Chand Sahib, Chief Judge Hyderabad, Deccan in 1900 and one Muhammad Rafiq Sahib Judge of the Small Claims Court of Lucknow.[37]

[36]I found two lists of patrons. In 1909, five patrons were associated with the women's madrasa, princes, all but one: Nawab Ahmad Alikhan Sahib Bahadur, Maliyar Kotla; Maharaja Rameswar Singh Sahib, Darbhangah; Nawab Sir Amiruddin Ahmad Khan Sahib, Loharu; Doctor Colonel Davidson Sahib Bahadur Civil Surgeon Delhi; Nawab Mir Imam Bakhsh Sahib Bahadur, Khayrpur Sindh. *Madrasa Tibbiya wa shafa-khana-e zanana dehli ke pahle salana jalse ki report [Report of the First Annual Meeting of the Madrasa Tibbiya Women's Section, 1910]*, 15-16. The names of five patrons are published in 1925 and patronage is defined as a donation of 25, 000 Rs, or an annual gift of 1,500 Rs: the princes of Rampur, Bhopal, Gwalior, Patiala, and one J.A.K. Jamal Sahib of Rangoon. Board of Trustees, *Dastur al-'amal* (Delhi: Ayurvedic and Yunani Tibbi College Delhi, 1925), 2 & Appendix 1.

[37]*Report salana Madrasa Tibbiya Dehli babat sal yazdahum [Madrasa Tibbiya Annual Report, 1900]*, 8.

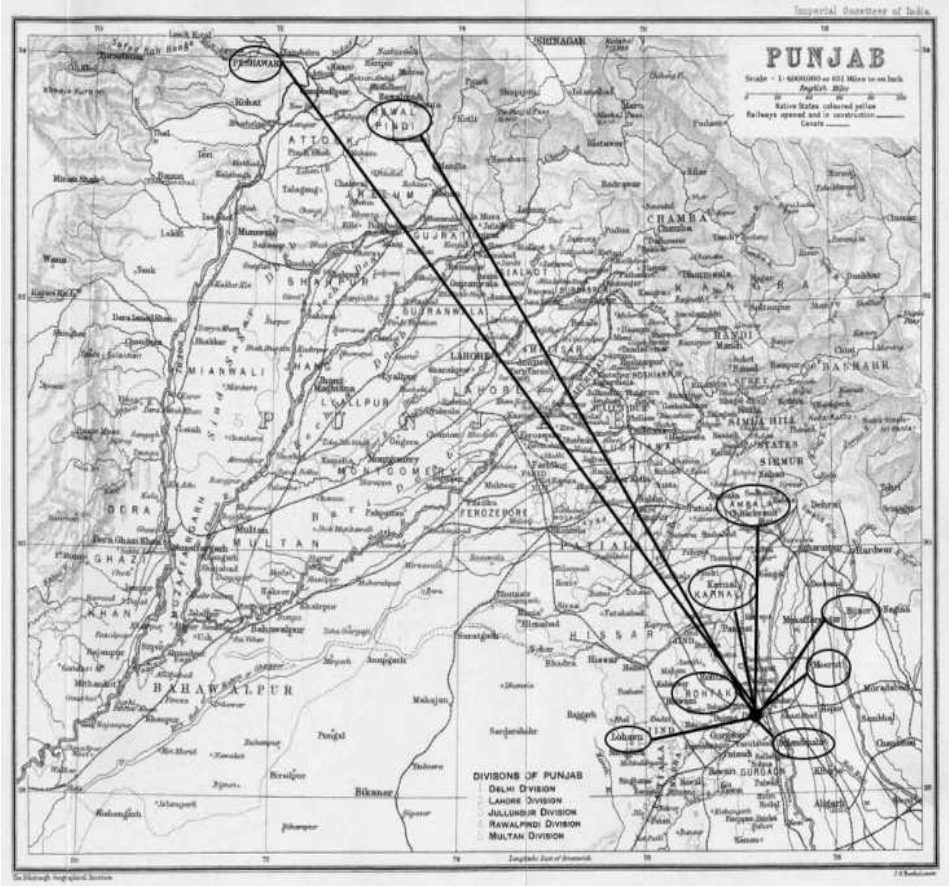

Figure 1: Residence of Selected Donors from Punjab and Cities near Delhi[38]

[38] Source map: "Punjab," *Imperial Gazetteer of India* 26, no. Atlas edition (1909): 32. https://dsal.uchicago.edu/reference/gaz_atlas_1909/pager.html?object=38.

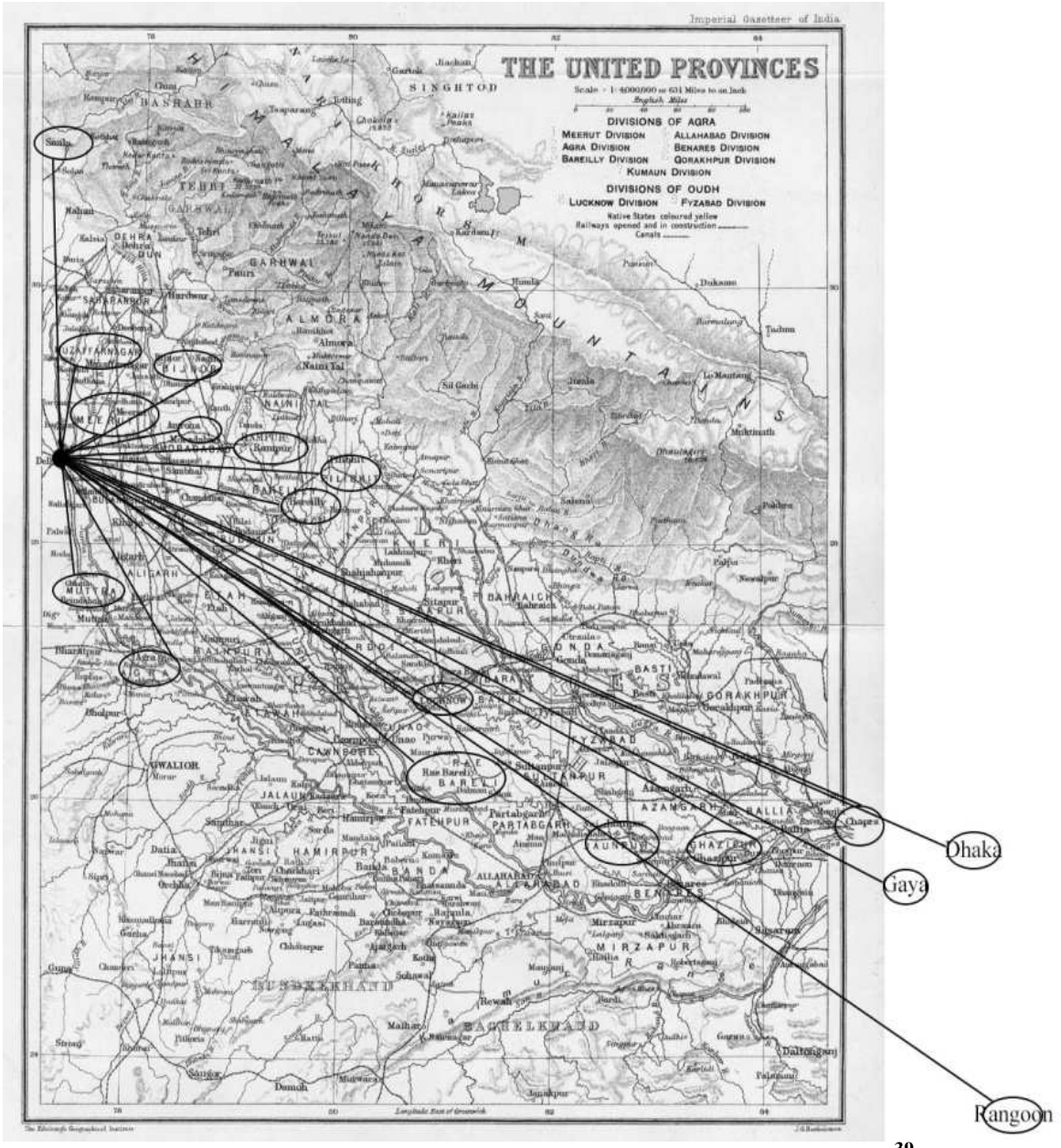

Figure 2: Residence of Selected Donors from UP and Regions East of Delhi[39]

[39] Source map: "The United Provinces," *Imperial Gazetteer of India* 26, no. Atlas edition (1909): 31. https://dsal.uchicago.edu/reference/gaz_atlas_1909/pager.html?object=37

The reports of the Madrasa also reveal that many more men made promises of donating than actually delivered, underlining the importance of public gestures of munificence for this class, irrespective of whether or not they could support them. The Madrasa clerk registered full awareness of this discrepancy between public gestures of generosity and the real constraints of fundraising by separating the annual promises of income into two categories, "likely to be collected" (*qabil-e wasul)* and "doubtful" (*amdani mushtabah)*. The discrepancies between promised and collected donations were significant: in 1321-1322 AH (1902-03 AD) – the estimated income based on promised donations was 11,155 Rs, of which Rs 5,555 was considered doubtful and Rs 5,600 collectable.[40] However, at the end of that year the income tally was only Rs. 3,555, which included collected donations as well as income from Sharifi family properties, while expenses amounted to 3291 Rs.[41] After Abdulmajid Khan's death, his younger brother, Wasil Khan, managed the Madrasa until his own death in 1905. During Wasil Khan's tenure, his younger brother, Ajmal Khan (d. 1927), went on a fundraising tour during which he secured a promise of over a thousand rupees of annual income from the Nawab Salimuddin of Dhaka, although there is some doubt that this funding was ever received.[42]

The disparity between public gestures of generosity and private parsimony made the

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[40] *Report salana Madrasa Tibbiya Dehli babat sal duvaz-dahum wa siz-dahum [Madrasa Tibbiya Annual Report, Years Twelve and Thirteen]*, (Delhi: Matba' Mujtabai, 1902), 40.

[41] *Report salana Madrasa Tibbiya Dehli babat sal panz-dahum wa shanz-dahum wa haft-dahum [Madrasa Tibbiya Annual Report, Years Fifteen, Sixteen, Seventeen]*, (Delhi: Afzal al-matabe 1906), 51.; In 1900, there were three properties producing income and rules for use of income from property, gifted or purchased, were also published: *Report salana Madrasa Tibbiya Dehli babat sal yazdahum [Madrasa Tibbiya Annual Report, 1900]*, 49 & 67-68.

[42] Ajmal Khan's tour to Dhaka and his success in securing an annual grant of 1200 Rs from the Nawab was publicized in the Madrasa's magazine: "Alijanab Nawab Bahadur Khwaja Salimullah Sahib Rais-e Azam Dhaka ki sachi aur qimti fayyazi," *Majalla-e tibbiya* 1, no. 5, August: 1-3. However, the 1907 annual report stated that the funds were not delivered in 1906, but that an arrangement had been made for the future. *Report salana Madrasa Tibbiya Dehli babat sal hasht-dahum [Madrasa Tibbiya Annual Report, Year Eighteen]*, (Delhi: Tibbiya Press, 1907), 13.

continued existence of the Madrasa somewhat precarious. Between 1900 and 1907, the years for which we have continuous annual reports, the Madrasa's average annual expenditure was Rs 4,363 while the average annual income was Rs 3,894.[43] Although the Madrasa Fund did carry a credit balance of around 6500 Rs – as significant as cumin in a camel's mouth (*ūnt ke munh men zīra)* according to Nazir Ahmad– it was largely a losing interest, and one tied to the individual lives of its founders, as can be seen from the chart below.[44] Each dip in income coincides with the death or ill health of one of the Sharifi hakims – Hakim Mahmood Khan in 1898**,** Hakim Abdulmajid Khan in 1901, and Hakim Wasil Khan in 1905. Nazir Ahmad's annual speeches pleaded with the emergent Muslim public to broaden and stabilize the Madrasa's donor base, and also tried to assuage their anxieties about the Islamic permissibility of the Sharifi family's projects, as will be discussed in Chapter Two.[45] Wasil Khan's younger brother, Ajmal Khan, took over the leadership of the Madrasa in 1906; it was he who initiated two important projects that would cultivate donors and supporters and gradually turn the Madrasa from an experiment struggling to stay afloat to a stable and expansive medical campus.

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[43] Compiled and calculated from: *Report salana Madrasa Tibbiya Dehli babat sal yazdahum [Madrasa Tibbiya Annual Report, 1900]*, 9. *Report salana Madrasa Tibbiya Dehli babat sal duvaz-dahum wa siz-dahum [Madrasa Tibbiya Annual Report, Years Twelve and Thirteen]*, 31, 33, 49. *Report salana Madrasa Tibbiya Dehli babat sal panz-dahum wa shanz-dahum wa haft-dahum [Madrasa Tibbiya Annual Report, Years Fifteen, Sixteen, Seventeen]*, 51 & 66-67. *Report salana Madrasa Tibbiya Dehli babat sal hasht-dahum [Madrasa Tibbiya Annual Report, Year Eighteen]*, 25-26.

[44]The balance from *Report salana Madrasa Tibbiya Dehli babat sal duvaz-dahum wa siz-dahum [Madrasa Tibbiya Annual Report, Years Twelve and Thirteen]*, 49. Nazir Ahmad's quip: *Report salana Madrasa Tibbiya Dehli babat sal panz-dahum wa shanz-dahum wa haft-dahum [Madrasa Tibbiya Annual Report, Years Fifteen, Sixteen, Seventeen]*, 15.Also see Appendix 3 for an example expense sheet.

[45] See Chapter 2 for more on Nazir Ahmad. Mohsin al-Mulk also chastised the community for not donating to the Madrasa: Mohsin al-Mulk, "Taqrir-e Nawab Mohsin al-Mulk Bahadur Salana Jalsa Madrasa Tibbiya Delhi Men," in *Report Salana Madrasa Tibbiya Delhi Babat Sal Yazdaham* (Dehli: Matba Rozana Akhbar 1900), 10-24.

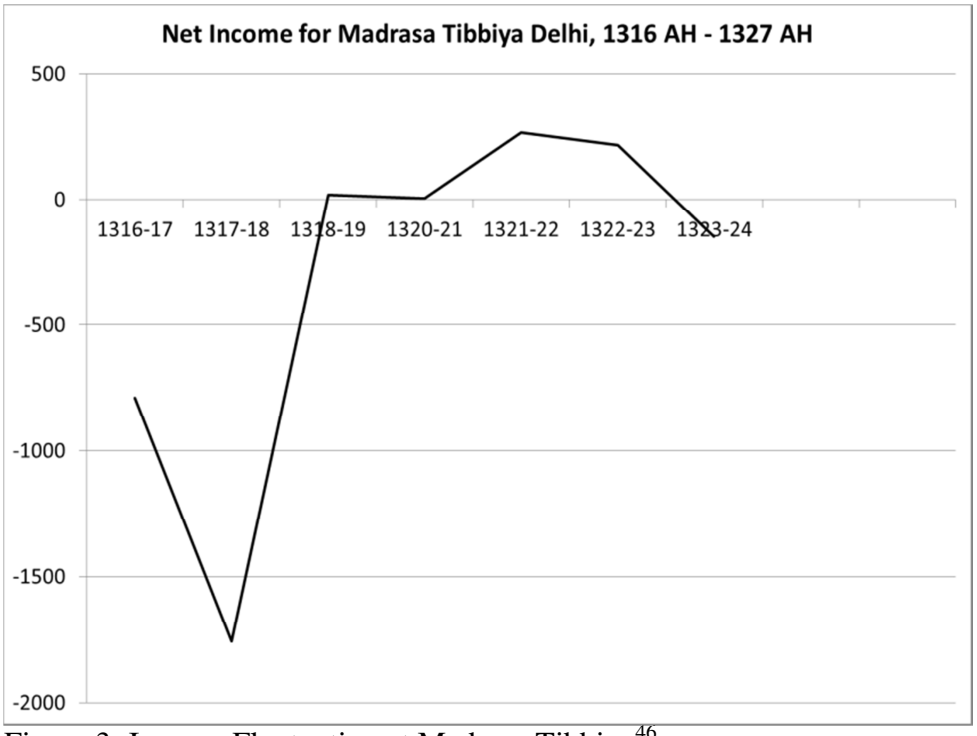

Figure 3: Income Fluctuation at Madrasa Tibbiya[46]

Ajmal Khan's projects also relied upon the aristocrats and upper middle class amongst the ashraf, but worked more subtly and tenaciously to cultivate their commitment as consumers of medical goods, rather than relying exclusively upon their perceived sense of duty to community. The first of these projects was the formation of a public-facing voice for the Madrasa's work – its own periodical, the *Majalla-e tibbiya*. Each issue of this monthly magazine, which I discuss at length in Chapter Three, began with a newsy section that advertised the successful placements

[46] Net income determined by subtracting annual expenses from income as recorded in: *Report salana Madrasa Tibbiya Dehli babat sal yazdahum [Madrasa Tibbiya Annual Report, 1900]*, 9. *Report salana Madrasa Tibbiya Dehli babat sal duvaz-dahum wa siz-dahum [Madrasa Tibbiya Annual Report, Years Twelve and Thirteen]*, 31, 33, 49. *Report salana Madrasa Tibbiya Dehli babat sal panz-dahum wa shanz-dahum wa haft-dahum [Madrasa Tibbiya Annual Report, Years Fifteen, Sixteen, Seventeen]*, 51 & 66-67. *Report salana Madrasa Tibbiya Dehli babat sal hasht-dahum [Madrasa Tibbiya Annual Report, Year Eighteen]*, 25-26.

and salaries of its alumni, promoting the most important medical good to come out of the Madrasa, its students. The feature also regularly reported on the travels and medical work of Hakim Ajmal Khan as he attended the bedsides of sick princes, was received by adoring crowds, and presided over the exquisitely well-presented annual meeting. The effect was undeniably an appeal to the aura of sharafat and reminiscent of late-Mughal courtly circulars that narrated the comings and goings of the royal-in-residence.[47] Ajmal Khan's second project was more important in transforming the struggling school into a stable and ever-expanding main beneficiary of a profitable family firm. The Yunani and Vaidik Medicines Company Limited, Delhi, was launched as a joint-stock venture in October of 1905.[48] Its early advertisements in the *Majalla-e tibbiya* indicate the market Ajmal Khan sought to cultivate.[49] These half-page long texts, although they asserted the importance of working for the public good (*rifah-e 'am*), advertised preparations of Rs 3 and 4 per bottle, in a period in which the pay of the office clerk was 25 rupees a month, and that of a well-placed *tabīb* about Rs 100 per month.[50] They also consistently advertised that the Company employed Hindus in the factory to manufacture drugs

[47] Michael H. Fisher, "The Office of Akhbar Navis: The Transition from Mughal to British Forms," *Modern Asian Studies* 27, no. 1 (1993): 46-48.; Margrit Pernau, "The Delhi Urdu Akhbar Between Persian Akhbarat and English Newspapers," *The Annual of Urdu Studies* 18 (2003): 107-09. For examples of akhbarat: Margrit Pernau and Yunus Jaffery, eds., *Information and the Public Sphere: Persian Newsletters from Mughal Delhi* (New Delhi: OUP, 2009).
[48] Direktaran Yunani and Vaidik Medesenz Kampani, "Yunani and vaidik medisinz kampani limited," *Majalla-e tibbiya* 3, no. 7 (1905): 3. Although in 1907 he says it has been running for 'three or four years': *Report salana Madrasa Tibbiya Dehli babat sal hasht-dahum [Madrasa Tibbiya Annual Report, Year Eighteen]*, 7.
[49] "Yunani and vaidik medisinz kampani limited delhi," *Majalla-e tibbiya delhi* 4, no. 7 (1906): 2-3.
[50]The price of the preparations published in: Manajar-e karkhana, ibid., no. 2, February: 3. The salaries of Madrasa staff, including clerks are in its budgets e.g. *Report salana Madrasa Tibbiya Dehli babat sal panz-dahum wa shanz-dahum wa haft-dahum [Madrasa Tibbiya Annual Report, Years Fifteen, Sixteen, Seventeen]*, 40. The chief physician of the ambassador from Kabul claimed to earn 100Rs in 1906: "Madrasa tibbiya dehli ki khabren," *Majalla-e tibbiya* 4, no. 2-February (1906): 2.

for caste-conscious consumers.[51] The Company was so successful that Ajmal Khan bought out the other shareholders, renamed the operation the *Hindustani Dawakhana,* and made the Madrasa its sole owner in 1907, after which point its profits were continually invested in the Madrasa.[52]

Syllabus

As I have mentioned earlier, Ajmal Khan was interested in emphasizing the practical, technical work of medicine, the manual labor which the ashraf found distasteful. Nonetheless, this did not entail erasing the legacy of yunani tibb, as discussed in the previous section. On the contrary, one of the star pupils of the Madrasa, who went on to become an employee, Hakim Muhammad Ilyas Khan, reflected about hikmat in India that, "she came as a guest and acquired the status of a gracious host" (*voh mehman banke ayi thi aur mezban ka darja us ne hasil kiya).*[53] In examining the changes to the Madrasa's syllabus one can see that hikmat was indeed incorporating the practices and discourses of biomedicine, but striving to do so in a manner that kept biomedicine in the position of the new guest, not the new host. In order to do so, however, Ajmal Khan insisted they had to accept performing the surgical work they found so "shameful" and the Madrasa curriculum would have to be changed accordingly.[54] The reform to the syllabus was so contested that it remained incomplete at Ajmal Khan's death. Shortly after Ajmal Khan died, Ilyas Khan tried to summarize and outline the ongoing work of the syllabi reforms as described in his book, *Qanun-e 'asri.*[55]

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[51]"Yunani and vaidik medisinz kampani limited delhi," 4, no. 2, February (1906): 3.; ibid., no. 7.
[52]*Report salana Madrasa Tibbiya Dehli babat sal hasht-dahum [Madrasa Tibbiya Annual Report, Year Eighteen]*, 7-8.
[53]Muhammad Ilyas Khan, *Qanun-e 'asri* (Dehli: Jadid Barqi Press, 1931?), 11.
[54]Hakim Muhammad Hasan Qarshi, *Tazkira masih al-mulk* (Lahore: Karimi Press, 1928), 46.
[55]Khan, *Qanun-e 'asri*, 1-40.

The significance of the reforms to the Madrasa Tibbiya's syllabi can be appreciated by comparing them to the medieval syllabi described in secondary sources. Syllabi described by the mid twentieth century orientalist, Cyril Elgood, as well as the more recent work on medieval medical education by Gary Leiser can be compared with Sir Saiyid's description of his nineteenth century syllabus, and with the twentieth century offerings at the Madrasa.[56] Appendices four through eight present the syllabi in different sections of the Madrasa. Appendix nine depicts the Avicennian commentary tradition that has influenced medical texts written in India. Situating the Madrasa syllabi against the descriptions of medieval courses suggests a shift away from reading Arabic translations of the Greek authors, Galen, Hippocrates, as well as al-Razi, to a focus on the work of Ibn Sina, Samarqandi (d.1222) and their commentators. The commentaries of Nafis bin 'Iwaz al-Kirmani (d.1449) and Sadiduddin al-Kazaruni (d.1357), referred to eponymously as *Nafisi* and *Sadidi*, are repeatedly mentioned by the medical reformers writing in Urdu. Ajmal Khan expressed concern that this gradual shift over centuries had led to a situation where the knowledge to address concerns of modern medicine was locatable within hikmat, but not within the textbooks on hikmat.[57] The first published syllabus I have seen appears in 1900, when the Madrasa was overseen by Ajmal Khan's elder brother Hakim Abdulmajid Khan (d.1901).[58] This syllabus combined eighteenth century books composed in India itself, with formularies based on local materia medica.[59] This included the compendia of

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[56] Cyril Elgood, *A Medical History of Persia and the Eastern Caliphate* (Cambridge: Cambridge University Press, 1951), 239-378. Gary Leiser, "Medical Education in Islamic Lands from the Seventh to the Fourteenth Century," *Journal of the History of Medicine and Allied Sciences* 38, no. 1 (1983): 62-64.

[57] Khan, *Sirat-e ajmal*, 197-98.

[58] *Report salana Madrasa Tibbiya Dehli babat sal yazdahum [Madrasa Tibbiya Annual Report, 1900]*, 75. The syllabus for this year also included non-medical books on grammar.

[59] The syllabus was comprised of books in Persian for lower classes and Arabic for upper classes. The Arabic class read: *Qanuncha*, *Kulliyat Mujaz*, *Aqsarai*, *Shahr al-asbab wa al-'alamat*. See Appendix 9 for the authors, full titles and chronology of these books. In Persian, in addition to

Akbar Arzani, as well as writing from the Sharifi family, namely *Zād Gharīb*, written by Ajmal Khan's paternal grandfather.[60] The syllabus description does not mention that "doctory" was also being taught and examined at the Madrasa, from at least 1900, using a separate syllabus which I have not been able to find, although we do know that the Madrasa ordered books for this purpose from Lahore Medical College.[61]

The Madrasa syllabus changed again in preparation for its transition to a College in 1921. The new syllabus included in the report for the years 1917-1920 included the books being taught in the Vaidik section (which had been running since 1914, see above), as well as the new syllabus of the hikmat section. A significant change was the inclusion of an Urdu section which did not require students to learn Arabic and Persian as they had been required to do before. Additionally, this syllabus sees the inclusion of new texts on practical medicine – surgery, bacteriology, midwifery and pharmacy – alongside the canonical texts of Ibn Sina, Nafisi and Samarqandi which continued to be taught.[62] More consequential for the hakim's embodied experience of medical practice, were the new requirements for experiential training at the hospital, clinic, and operating theatre, and the requirement of a practical in addition to a written exam. Students who were successful in their exams were given prizes, including thermometers and books.[63]

Arzani's works (*Mizan al-tibb* and *Tibb-e Akbar*), they read *Kifaya Mansuri*, which is described in Elgood, *A Medical History of Persia and the Eastern Caliphate*, 347.

[60] Khan, *Sirat-e ajmal*, 4.

[61] According to the college magazine, the "daktari" section was being "watched over" and books had been ordered from Lahore: "Madrasa Tibbiya Dehli ki khabren," *Majalla-e tibbiya* 1, no. 5, August (1903): 4. Expenditures for "doctory" staff and goods are also recorded in the Madrasa's budgets: *Report salana Madrasa Tibbiya Dehli babat sal yazdahum [Madrasa Tibbiya Annual Report, 1900]*, 9 & 57.

[62] Kalej, *Si-sala mukhtasar report [Brief Three Year Report, 1917-1920]*, 12.

[63] Students in the doctory class received thermometers, while students in the other class received books of Avicennian and Ayurvedic therapies and pharmacopeia: *Report salana Madrasa Tibbiya Dehli babat sal hasht-dahum [Madrasa Tibbiya Annual Report, Year Eighteen]*, 15-16.

The incorporation of practical training intended to open up the interior of the body to the clinician's gaze is of course the story of the modernization of medicine as it unfolds in Europe.[64] Unique to the Madrasa story, however, is the determination to incorporate the techne of empiricist medicine into the ethos of hikmat, and of hikmat as it had flourished in India. The inclusion of Ayurvedic medicine in the Madrasa syllabi not only spoke to their co-existence in India, but also institutionalized in pedagogy the early modern scenario of multiple physicians at the Emperor's sickbed.[65] The three traditions were fused more closely in the Zanana section where the main text was *Amrit sāgar,* a common Hindi compendium.[66] Amongst the men, teaching for all three was in separate streams, although it appears that men could attend more than one stream; men also had the option of taking a Sanskrit stream or a Hindi-language (*bhasha*) stream.[67] The next chapter will discuss the implications and challenges of incorporating empiricist medical practice into hikmat. For now, let us turn to a discussion of the students of the Madrasa.

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[64] Michel Foucault, *The Birth of the Clinic: An archaeology of medical perception*, trans. A M Sheridan (Oxon: Routledge, 1963 [Tr 1973]).

[65] The medieval and early modern history of that co-existence reveals on-going translation activity across Sanskrit and Persian medical texts and images: Fabrizio Speziale, "Les Traites Persans Sur Les Sciences Indiennes: Medecine, Zoologie, Alchimie," in *Muslim Cultures in the Indo-Iranian World During the Early Modern and Modern Periods*, ed. Denis Hermann & Fabrizio Speziale (Berlin: Klaus Schwarz Verlag 2010). Dominik Wujastyk, "A Persian Anatomical Image in a non-Muslim Manuscript from Gujarat," *Medical History* 51 (2007). Jan Meulenbeld, "Mahadevadeva's Hikmatprakasha - A Sanskrit Treatise on Yunani Medicine," *eJournal of Indian Medicine* 5 (2012).

[66] This Hindi text had first been composed in 1864 and then translated into Urdu in 1878: Ulrike Stark, *An Empire of Books: The Naval Kishore Press and the Diffusion of the Printed Word in Colonial India* (New Delhi: Permanent Black, 2008), 297 & 409-10.

[67] One can see several names that overlap in the student lists for the yunani and daktari branches respectively: *Report salana Madrasa Tibbiya Dehli babat sal yazdahum [Madrasa Tibbiya Annual Report, 1900]*, 42-46 & 46-47. Overlapping names include: Bashir Ahmad from Lucknow, Abdurrauf from Fatehpur Haswa, Muhammad Arif from Peshawar, Saleh Muhammad from Gujrat, Abdussitar from Chatgam (?). See Appendices 4 – 8 for the Madrasa Syllabi.

Students

The students were of course the heart of the Madrasa – the freshly formed subjects that would spread the new hikmat throughout Asia like little tendrils in a mycelium growing outward from Delhi. And they did indeed arrive from all over Asia and proceed forth to provinces, small towns and princely states throughout India.The students were from all over British India and the princely states; there were many from Delhi but those staying on-site were from outlying small towns or qasbas. Each student had to be endorsed by a man that could vouch for his good character. The comportment of the new physician (*tabīb*) was not only tied to a more immersive experience of medical labor, but was also cultivated through the usual public performances of corporeal restraint and mastery that were typical of the colonial college. For example, a debating club began in the summer of 1902[68] and students began collecting donations for a cricket team in 1906, which was running in 1907, and praised by Delhi's Deputy Commissioner because it encouraged "bodily improvement along with mental development".[69] In addition, there were rules of etiquette for the boarding house, the library, and instrument exhibits.[70] To deepen alumni ties to the school, students and alumni also contributed to the institutional publication, *Majalla-e tibbiya,* and an old boys club, which met almost monthly, was formed in 1914.[71]

The student body itself was fairly large over the course of the life of the institution. Records from 1900 – 1907 show a median annual admissions figure of 145 students, and an

[68]*Report salana Madrasa Tibbiya Dehli babat sal duvaz-dahum wa siz-dahum [Madrasa Tibbiya Annual Report, Years Twelve and Thirteen]*, 11.
[69]Editor [?], "Madrasa tibbiya dehli ki khabren," *Majalla-e tibbiya* 4, no. 6-June (1906): 2. *Report salana Madrasa Tibbiya Dehli babat sal hasht-dahum [Madrasa Tibbiya Annual Report, Year Eighteen]*, 3.
[70]*Report salana Madrasa Tibbiya Dehli babat sal yazdahum [Madrasa Tibbiya Annual Report, 1900]*, 74.
[71] Rashid Ahmad, *Hayat-e ajmal* (Delhi: Jaiyid Press, 1940), 53.

average of seventy-two sitting for exams, but the numbers of actual graduates are not available.[72] In the annual meeting in 1921, Ajmal Khan reported that there had been 362 certified graduates since 1889, and that forty-five more were getting their certificates that year. He also noted an upward swing in admissions, citing the number of registered students had grown from 169 for 1917-18; to 250 for 1918-19; and then to 312 for 1919-20. Attendance, which had always been a problem, he noted was on average 100 for each year. The Women's Section (*Zanana Madrasa*), by contrast, was not seeing this kind of growth, and by 1921 had an average attendance of thirteen students over three years.[73] The Annual Reports do not include breakdown by religion; however, Jamil Khan, in his biography of Ajmal Khan, his father, cites the Madrasa Report of 1911, noting that in that year there were, "150 students admitted; 130 who remained until the end of the year; of which 123 are Muslim, 1 Sikh, 1 Brahman and 5 other Hindus. There is an average attendance of 67 in the yunani class and 72 in the doctory class."[74] All of these men would have been studying either yunani or doctory, since the Ayurvedic branch didn't open until 1914. By 1920, thirty-four students had graduated from that branch through either its Sanskrit or *bhasha* section.[75]

Alumni were placed all over South Asia, from Kabul to Rangoon. Many of them went to princely states which were building health care institutions in competition with British India and often privileged yunani tibb. Such was the case in Hyderabad and Bhopal. Graduates were also

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[72]Average and median calculated from figures in: *Report salana Madrasa Tibbiya Dehli babat sal yazdahum [Madrasa Tibbiya Annual Report, 1900]*, 5.. *Report salana Madrasa Tibbiya Dehli babat sal duvaz-dahum wa siz-dahum [Madrasa Tibbiya Annual Report, Years Twelve and Thirteen]*, 8. *Report salana Madrasa Tibbiya Dehli babat sal panz-dahum wa shanz-dahum wa haft-dahum [Madrasa Tibbiya Annual Report, Years Fifteen, Sixteen, Seventeen]*, 8-9. *Report salana Madrasa Tibbiya Dehli babat sal hasht-dahum [Madrasa Tibbiya Annual Report, Year Eighteen]*, 10.
[73]Kalej, *Si-sala mukhtasar report [Brief Three Year Report, 1917-1920]*, 4.
[74]Khan, *Sirat-e ajmal*, 73.
[75]Kalej, *Si-sala mukhtasar report [Brief Three Year Report, 1917-1920]*, 4.

placed in states that had been involved with the Madrasa project from its early days such as Loharu.[76] The Madrasa reports and the periodical do not reveal as much about alumni as the stories of men who went on to become authors and from whom we can glean some insight about their social world. We have already met the ones I will discuss here – Hakim Rashid Ahmad Khan from Amroha, Hakim Muhammad Ilyas Khan from Sahawar, Etah, and lastly Hakim Muhammad Kabiruddin.

Some of Hakim Rashid Ahmad's biography can be gleaned from his biography of Hakim Ajmal Khan, *Hayat-e Ajmal*. The biography was edited by one of his younger brothers, Hakim ʿAtaurrahman Khan (d.1993), and published at Jaiyid Press, owned by another one of his brothers, also a Hakim, Zaki Ahmad Khan (d.1970).[77] Rashid Ahmad and his brothers were from an Afghan family that came to India under the Lodis and settled in Amroha. His paternal grandfather was a soldier in the army of Gwalior and his father was Maulvi Ali Bahadur Khan Sahib. His early education was at the Arabic madrasa associated with the main mosque in Amroha. He was the eldest of five brothers, all of whom became hakims.[78] Rashid Ahmad came to Delhi and studied at the Madrasa Tibbiya from 1910 to 1912, after which he worked for Ajmal Khan as a private secretary before opening his own practice in Bombay in 1918. He was the classmate of a hakim that became renowned in Delhi and throughout the India-wide world of hikmat, Hakim Muhammad Kabiruddin. In his preface to Rashid Ahmad's biography of Ajmal Khan, ʿAtaurrahman Khan describes his elder brother's professional biography and his medical training, noting-that he "really loved [his] teacher, Ajmal Khan, and that all the students that

[76] Placement news was regularly published in the 'News' section of *Majalla-e tibbiya* from its beginning in 1903.
[77]Part of the family's story is in: Zillurrahman, *Dilli aur tibb-e yunani [Yunani Medicine in Delhi]*, 328-30.
[78] The brothers were: Hakim Zaki Ahmad Khan (d.1970); Hakim Ataurrahman Khan (d.1993); Hakim Habiburrahman Khan (d.1986); Hakim Shamsurrahman Khan (d.1960). Ahmad, *Hayat-e ajmal*, 5-8.

have done so, have done well."[79] ʿAtaurrahman Khan also attributes his brother's success to his mastery of the new hikmat – an ethos which preserved the gentry values of public gestures of generosity and patronage and combined them with a new habitus oriented to technical work. In a passage illustrative of this ethos, ʿAtaurrahman Khan narrates an encounter between Rashid Ahmad and another *tabīb* to demonstrate that Ajmal Khan, and the men in his apprenticeship, were as much exemplars of gentry medicine as the master *tabīb*s of the past. Rashid Ahmad had met a hakim in Bombay whose private practice was flourishing due to the sale of an expensive fast-acting powdered medicine. He asked that hakim for the prescription because he thought it would be of great benefit for the poor, but his request was denied. ʿAtaurrahman Khan explains the Bombay hakim's reluctance to share the prescription by noting that this man was selling the medicine at a high cost in his private practice and was reluctant to lose his profits. So Rashid Ahmad asked to have the Bombay hakim's powdered medicine purchased and brought to him on a daily basis so that he might attempt to discern the prescription on his own. ʿAtaurrahman Khan writes that, due to his god-given powers of perception (*farāsat*), Rashid Ahmad was able to discern many of its constituents on the first day, by tasting it. After which he prepared it himself and distributed it for free to the poor.[80] ʿAtaurrahman Khan believes Rashid Ahmad embodied the virtue of hikmat that had been passed on from his teacher, Ajmal Khan, one that the new medical economy had thrown into doubt. That is, that the *sharafat* of the hakim depends on these public demonstrations of munificence, and that avarice is as liable to ruin a reputation as bad medicine.

[79]Ibid., 8. This love (*mahabbat*) was described, in keeping with the affects of master-disciple tutelage, as if it were a kind of veneration, and a source of camaraderie for his 'brothers' from the same teacher.
[80]Ibid., 7-8.

Hakim Muhammad Ilyas Khan (c.1880-1963) is another noteworthy figure. Ilyas Khan was born into a family in Sahawar, Etah district around 1880, from a family about which we know little except that his father's name was Amjad Alikhan Sherwani.[81] He attended the Madrasa Tibbiya in Abdulmajid Khan's time and graduated in 1901 at the top of his class, the only student to receive a first division marks, and was given a silver medal by Munshi Muhammad Zakaullah.[82] After graduating he went back to his home town to open up his own clinic, before being invited to teach and practice at the Yunani Shifakhana at Aligarh College. In 1921 Ajmal Khan invited him to work at the Tibbiya College where he remained and became an important voice in the research division and the reform of the syllabus. [83] He remained in India after partition and participated in the India-wide institutionalization of yunani tibb until his death in 1963.[84] He was well known for his book, *Qanun-e 'asri*, published around 1931 which described the attempts to reform the syllabus at the Tibbiya College and his plans for the future of this epistemic experiment. One can discern the criticisms the men of the Tibbiya College faced from their repeated assertions that hikmat had no truck with profit and that its principles would not be altered by the reforms undertaken by the Madrasa/ College.[85] Despite, then, the importance of introducing scientific empiricism into the scholasticism of Avicennian medicine, this star pupil of the Madrasa repeatedly asserted Ajmal Khan's stress on the continuity of the aesthetics of hikmat, using both the phrases "*khatt-o-khāl*" and "*khadd-o-khāl*", the latter an

[81] Zillurrahman, *Dilli aur tibb-e yunani [Yunani Medicine in Delhi]*, 309. Place of origin corroborated by *Report salana Madrasa Tibbiya Dehli babat sal duvaz-dahum wa siz-dahum [Madrasa Tibbiya Annual Report, Years Twelve and Thirteen]*, 25.
[82] *Report salana Madrasa Tibbiya Dehli babat sal duvaz-dahum wa siz-dahum [Madrasa Tibbiya Annual Report, Years Twelve and Thirteen]*, 25.

[83] *Dilli aur tibb-e yunani [Yunani Medicine in Delhi]*, 310.
[84] Ibid., 309-12.
[85] Khan, *Qanun-e 'asri*, 30.

expression referring to a cheek with a beauty-mark, a common trope to express beguiling beauty in Islamicate love poetry.

The most well-known alumnus of the Madrasa, was likely Hakim Muhammad Kabiruddin (1894-1976) who reached an India-wide community of indigenous medical practitioners through his contribution to the *Report on the Committee on Indigenous Medical Systems* which was published in 1923, and in which he situated the history of allopathy within a longer history of knowledge transfer from Muslim dynasties to Europe.[86] He is probably best known for translating and facilitating the translation of Arabic and Persian books into Urdu. The Tibbiya College relied on several of his publications.[87] His works which reconciled hikmat and biomedicine continued to be printed into the early 2000s.[88] Kabiruddin also developed his own professional voice through his journal *al-Masih* (est. 1921), which might be seen as continuing the work of the Madrasa's periodical, *Majalla-e tibbiya*, insofar as it published Tibbiya College news and exam results, however it was run out of a separate office in Qarol Bagh and seems to have been Kabiruddin's interest, not an institutional periodical.[89] Kabiruddin's educational

[86]Madras, *Report of the Committee on the Indigenous Systems of Medicine Part 2*, 58-66.
[87]Tazimuddin Siddiqi, "Zubdat al-hukama allama hakim kabiruddin," *Studies in History of Medicine* June (1981). Hakim Muhammad Kabiruddin, *Fahrist al-masih tibbi kutub khana* (Delhi: Jayyid Barqi Press, 1927), 1-24. Zillurrahman, *Dilli aur tibb-e yunani [Yunani Medicine in Delhi]*, 320-21; "Tibbiya kalej dehli ke jadid kors ki kitaben," *al-Masih* 3, no. 3 (1923).
[88] For example, Kabiruddin translated the widely used epitome of Avicenna's *Canon*, entitled *Mujaz al-qanun*, written by Ibn Nafis (d.1288), to which he added his own commentary, modelled on that of Nafis bin 'Iwaz al-Kirmani (d. 1449). The seventh edition, printed first around 1947 was still being reprinted in 2001:Muhammad Kabiruddin, *Ifada-e kabir* (New Dehli: Qaumi Kaunsal Baraye Furogh-e Urdu Zaban, [1916] 2001), 7-10. See Appendix 9 for an overview of the commentary tradition.
[89] Zillurrahman, *Dilli aur tibb-e yunani [Yunani Medicine in Delhi]*, 321. Asad Faisal Faruqi, *Hindustan men urdu tibbi sahafat aghaz wa irtiqa.* (Aligarh Muslim Educational Press, 2011), 100-01. This can be inferred from the title pages which make no mention of the Tibbiya College, other than noting that Kabiruddin was appointed there, e.g. "Title page," in *al-Masih: Dehli ka mahavar tibbi risala*, ed. Hakim Muhammad Kabiruddin (Qarol Bagh Delhi: Daftar al-Masih, 1923).Further, an editorial written by a deputy editor in 1926 apologizes for lapses in the periodical due to Kabiruddin's heavy schedule, which included participating in Osmania

biography is also of interest. Born Muhammad Kabiruddin Ansari in Sheikhpura, Munghyr District, 1894, he lost his father when he was young and taken under the wing of his older brother who was a *tabīb*, Hakim Muhammad Zahuruddin. When his older brother went to Lucknow's Takmil al-Tibb Madrasa for his postgraduate training in yunani medicine, Kabiruddin attended Arabic classes there, before choosing to enrol in the Madrasa Tibbiya Delhi in 1909. Upon graduating from the Madrasa he went to Lahore where he earned the title 'Zubdat al hukma', before returning to the Madrasa as the anatomy teacher, in 1917, after the death of the beloved Pirji Abdurrazzaq.[90] After the death of Ajmal Khan, there were several strikes at the Tibbiya College. Kabirrudin was an important voice during this period, advocating the continuity of the legacy of Ajmal Khan, and the increasing democratization of governance at the Collge.[91] He and his colleague, Muhammad Ilyas Khan, were fired by the College and set up a short-lived rival school in Delhi, before he left to become the Vice Principal of the Nizamiya Tibbiya College in the princely state of Hyderabad.[92]

Taken together, these snippets of biography offer much that refutes existing characterizations of the Madrasa Tibbiya. The peripatetic lives of these men, the association with several schools and districts, the criss-crossing between British India and princely states was not uncommon for salaried professional hakims and offers a crisp rebuttal to the argument that the reformation of hikmat took place in hermetically sealed regional or family schools, or that developments in British India were significantly different from those in princely states. It is

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University's translation projects: Deputy Editor, "al-Masih ka chhata sal," *al-Masih* 6, no. September (1926): 2-3.

[90] Zillurrahman, *Dilli aur tibb-e yunani [Yunani Medicine in Delhi]*, 319-22.

[91] The agitation is recorded in a series of published letters in 1932 which document the events leading to a committee to reform Tibbiya College governance: Abdulghaffar et al., "Letter to Nawab Abulhasan, Hakim Amir Singh, and Trustees of the Tibbiya College," (Delhi1932).

[92] Zillurrahman, *Dilli aur tibb-e yunani [Yunani Medicine in Delhi]*, 320.

noteworthy that these men, like most Madrasa students, were from small towns, and not from lineages of hakimi families, which likely predisposed them to attend the Madrasa.

Tibbiya College: 1916 - 1928

The effort to turn the Madrasa into a college began in 1912 and funds were collected from the usual princely donors as well as solicited from the Government of India.[93] The foundation stone was laid in 1916 by Hardinge, who was broadly praised in the Madrasa's journal.[94] The College was opened on February of 1921 by Gandhi, with whom Ajmal Khan had developed a friendship during the political movements that arose after the end of the First World War.[95] Ajmal Khan, to the regret of one of his biographers, became heavily involved with national political work during the inter-war period.[96] As has been well documented by Barbara Metcalf, his own political interests evolved at the end of the First World War and during the mass political campaigns of the Non-co-operation and Khilafat movements. By the time the Tibbiya College opened in Qarol Bagh, Ajmal Khan had helped Gandhi to create support for the Non-cooperation movement, he had returned his title to the British Indian government, and he also was instrumental in founding a new college in Delhi – the Jamia Millia Islamiya.[97] As the head of the Tibbiya College, however, Ajmal Khan continued to accept some degree of government patronage. While the income from the Hindustani Dawakhana met the bulk of the expenses of the Tibbiya College, the institution continued to rely on aristocratic benefactors and

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[93] Qarshi, *Tazkira masih al-mulk*, 39. Ahmad, *Hayat-e ajmal*, 115. For details of early donors and Ajmal Khan's solicitation of the Viceroy's help: Khan, *Sirat-e ajmal*, 77-90.
[94] "Tibbiya Kalej Dehli ka sang-e bunyad - desi tibbon ka mubarak daur," *Majalla-e tibbiya* 14, no. 4, April (1916): 2.
[95] M. K. Gandhi, "Letter to Hakim Ajmal Khan," in *Speeches and writings of M.K. Gandhi* (Madras: G.A. Natesan, 1922), 737-41.
[96] Hakim Rashid Ahmad Khan, *Hayat-e ajmal* (Delhi: Jaiyyad Press, 1940), 60-61.
[97] Metcalf, "Nationalist Muslims in British India: The Case of Hakim Ajmal Khan," 19, no. 2 (1985). "Hakim Ajmal Khan: Rais of Delhi and Muslim 'Leader'," in *Islamic Contestations: Essays on Muslims in India and Pakistan* (New Delhi: Oxford University Press, 2004).

a small monthly sum from the Delhi Municipal Committee.[98] Gandhi, as chief guest at the opening ceremony, was asked to unveil portraits of Lord and Lady Hardinge and did so commenting that "in the battle of non-co-operation we are not actuated by anti-British spirit and that our national ideal includes the treasuring of the memory of good deeds done by anybody, be he English or Indian".[99] His reluctance to attend the ceremony stemmed more from his skepticism of any kind of institutionalized medicine; however, he thought the Tibbiya College might promote Hindu-Muslim and wanted to support it for that reason.[100]

As the Madrasa changed into the Tibbiya College, its management structure also changed. According to one of his biographers, Ajmal Khan had created the Anjuman Tibbiya around 1909 to ensure a consultative decision-making process would oversee the management of the growing complex of institutions associated with the Madrasa, including the Hindustani Dawakhana and the Zanana Madrasa.[101] As the plans to create the Tibbiya College solidified, the Anjuman was turned into the Board of Trustees of the Ayurvedic and Yunani Tibbi College, in 1912 and its operational framework was first published in 1915 and subsequently revised several times in the following decade.[102]Although the creation of the Board was intended to distribute

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[98] Kalej, *Si-sala mukhtasar report [Brief Three Year Report, 1917-1920]*, 7-10.
[99] M. K. Gandhi, "Speech At Opening of Tibbi College, Delhi," in *The Collected Works of Mahatma Gandhi*, ed. K. Swaminathan (Ahmedabad, India: The Publications Division, Ministry of Information and Broadcasting, 2013), 356.
[100]. Ibid. 356-358, http://www.gandhiheritageportal.org Gandhi also criticized hakims and vaids in his other writings on health: *Key to Health*, trans. Sushila Nayar (Ahmedabad: Navajivan Trust, 1948). 1-5
[101]Qarshi, *Tazkira masih al-mulk*, 25. Abdulghaffar states the Anjuman Tibbiya formed in 1910, although his description of seems to refer to the activities of the Ayurvedic and Yunani Tibbi Conference, rather than the management of the Madrasa: Qazi Muhammad Abdulghaffar, *Hayat-e ajmal* (Anjuman taraqqi-e urdu, 1950), 118. Rashid Ahmad writes the Anjuman Tibbiya was formed in 1918: Ahmad, *Hayat-e ajmal*, 114. However, this seems incorrect since the first annual meeting of the Zanana Madrasa, in 1910, was held under the auspices of the Anjuman tibbiya. Both Qarshi and Rashid Ahmad hold the Anjuman and the Board up as examples of democratic (*jamhuri*) decision-making.
[102] *Hayat-e ajmal*, 115. Trustees, *Dastur al-'amal*, 1.

decision-making and include voices from outside Delhi, the operational framework placed significant power in the Sharifi family, from whom the Secretary had to be chosen. One biographer explains that this decision was taken because the Madrasa/ College relied on the profits of the Hindustani Dawakhana for its income, which in turn, relied on its association with the Sharifi family for its success.[103] There were seventy-two board members in total, and while they were from all over the country, the managing committee was largely from Delhi, and the committee with final decision-making power, the organizational (*muntazima*) committee was comprised of only 6 men: Lala Madanmohan Lal, President; Hakim Ghulam Kubriya Khan, Senior Vice President; Hakim Haji Muhamad Ahmad Khan, Secretary of the Board; Qazi Muhamad Abdulghaffar, Joint Secretary; Lala Ram Prashad Sahib, Financial Secretary.[104] Of these, two – Ghulam Kubriya Khan and Muhammad Ahmad Khan, the Secretary, – were both members of the Sharifi family.

There were changes to the Zanana Madrasa as well. By 1928 the Board of Trustees seemed to have accepted that the lady's college would have limited success amongst the *ashraf* and opened a course stream strictly for training midwives (*dā'īs*) and named it accordingly.[105] While all students were now expected to be literate, the *dā'ī* stream only involved technical training and lasted for two years, compared to the text-plus-clinical course which lasted for four years.[106] By making this open admission of its co-optation of subaltern practices and practitioners, Ajmal Khan and the larger Madrasa Board seemed to be acknowledging the nodes of ashraf resistance. Public resistance to training ashraf women seemed far greater for the

[103] Ahmad, *Hayat-e ajmal*, 116.
[104] Trustees, Dastur al-'amal, Appendix 5.
[105] *Ayurvedik wa yunani tibbi kalej dehli praspektas shoba-e zenana urdu wa hindi murattaba agast 1918*, (Delhi: Qaiser-e hind press, 1928), 3. The title page states this prospectus was prepared in 1918; the copy I viewed was published in 1928.
[106] Ibid.

technical manual labor of midwifery which required untoward intimacies with the bodies of strangers, than it was for other disciplines in which women's education was promoted, including technical skills of domestic work such as cookery or sewing.[107] While ashraf women may have frowned upon daughters doing their own housework, this was nonetheless a kind of labor that could, in the 1910s, be lauded as part of a drive to reproduce traditional forms of domesticity in the face of colonial social changes. Midwifery, however, remained a kind of subaltern labor whose associations with low-caste and the bazaar seemed too strong to overcome.[108]

The death of Hakim Ajmal Khan, on December 28th, 1927, marked a significant turning point for the College. Disputes about managerial authority and the aims of the College arose after his death and became public during a series of student and faculty strikes in the early 1930s. These strikes mark a clear point of inflection away from the courtly culture of medical practice that the Sharifi family and the early years of the Madrasa had represented. After Ajmal Khan's death, his son, Hakim Jamil Khan (1898-1970), took over as the Secretary of the College Board and thereby became the head of the College, the Hindustani Dawakhana and the Zanana Madrasa. The first strike was held in 1931, against the legitimacy of Jamil Khan's authority following accusations that a man who had publicly derided 'desi medicine' was allowed to

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[107] Domestic work and home economics was promoted by advice manuals and didactic fiction: Ruby Lal, "Gender and Sharafat: Re-reading Nazir Ahmad," *Journal of the Royal Asiatic Society, Third Series* (2008): 21-24. Ashraf Ali Thanvi, *Perfecting women: Maulana Ashraf Ali Thanawi's Bihishti zewar: a partial translation with commentary*, ed. Barbara Daly Metcalf (Berkeley: University of California Press, 1990), 354-66. However medical education was long considered inappropriate for 'respectable' women: Geraldine Forbes, "Medical careers and health care for Indian women: patterns of control," *Women's History Review* 3, no. 4 (1994). Forbes, *Women in modern India*, 161-67.

[108] The Lady Dufferin Fund, designed to promote European medicine amongst upper class and upper caste women in seclusion, seems to have exacerbated the derision of hereditary midwives: Lal, "The Politics of Gender and Medicine in Colonial India:The Countess of Dufferin's Fund," 68, no. 1 (1994). Charu Gupta identifies the discourse of disparagement around the *dai* and the consequent re-assertion of caste distinctions in the midst of reform: Charu Gupta, *Sexuality, obscenity, community: women, muslims, and the Hindu public in colonial India* (Delhi: Permanent Black, 2001)., 176-185.

continue as the College's Joint Secretary.[109] A delegation of professors went to Jamil Khan to demand his resignation and they were assuaged with some conciliatory language, however no action was taken against the Joint Secretary.[110] At this point a pamphlet war ensued, with the Madrasa/ Tibbiya Collge alumni and existing professors pitted against Jamil Khan and this Joint Secretary, one Khwaja Ghulam Alsabatin.[111] The protest continued, professors struck, and eventually both Khwaja Ghulam and Jamil Khan resigned. Ajmal Khan's nephew, Ahmad Khan then took over the College campus.[112] Soon after, in the spring of 1932, a hunger strike began at the Zanana section.[113] Despite the very public nature of the dispute, it is unclear what began it, although a regular pamphlet entitled *Commission*, was printed to unify opposition to the new administration and demand a commission of inquiry into the women's complaints and the governance of the College.[114] The strike and pamphlet war lasted months, involved members of Delhi's literati, the police, the Sharifi family, and the College alumni.[115] The strikes speak to the gradual erosion of genealogical authority over the practice of Avicennian medicine in the Urdu public sphere, which the formation of the Madrasa had prompted decades earlier. The renown of the Sharifi family, and the persistence of the early modern sociabilities of old Delhi and aristocratic culture, had muted the democratization that was implicit in the policy framework of these new institutions. After Ajmal Khan's death, however, the necessity of cultivating the

[109] Hakim Jamil Khan, "Bayan: Janab Secretary Board of Trustees Tibbiya College Delhi," (Delhi1931), 5.
[110] Ibid., 6-11.
[111] Hakim Sayyid Amir Hussain, Hakim Muhammad Hanif Hashmi, and Digar Sanadyaftagan, "Tanqih Bayan: Janab Secretary Sahib Board of Trustees Tibbiya College Delhi," (Delhi: Matba Nomani 1931).
[112] Zillurrahman, *Dilli aur tibb-e yunani [Yunani Medicine in Delhi]*, 297.
[113]Abdulghaffar et al., "Letter to Nawab Abulhasan, Hakim Amir Singh, and Trustees of the Tibbiya College," 3. Hifzurrahman et al., "Ek nakafi jawab," (Delhi: Jamia barqi press, 1932).
[114] Jamiat-e hamiyan-e islah tibbiya kalej, "Kamishan - 1," (Delhi: Shobe-ye ishat, 1932).
[115] Abdulghaffar et al., "Letter to Nawab Abulhasan, Hakim Amir Singh, and Trustees of the Tibbiya College.". Jamiat-e hamiyan-e islah tibbiya kalej, "Kamishan - 3," (Delhi: Shobe-ye ishat, 1932).

support of an Urdu public became quite visible. Ajmal Khan's biographies, which are at pains to present him as a democrat speak to a shift away from genealogical authority to authority granted by public consensus. Moreover, by the 1930s the pamphleteers had given up the discursive performances of *sharafat* and were engaging in strident and sharp political speech and action, to defend both the integrity of young women at the College, and the continuity of Avicennian medicine, which was now being referred to, in a transposition of the English usage of "indigenous", as "desi" medicine.

Conclusion

This chapter has traced the networks of patronage, influence and social reform within which the Madrasa was situated. In so doing I have sought to demonstrate that the sharp distinction between family hakims and the 'new hakims' that Alavi posits has been somewhat overdrawn. Instead of this sharp contrast, the family firm emerges as situated within existing networks of land-owning gentry, regional princes, and service-gentry families. Moreover, the aristocratic mores of courtly medicine, and the aesthetics that accompanied them, do not disappear as the rhetoric of medical texts changes, but are an important part of Madrasa life until the death of Ajmal Khan. Rather than the complete disappearance of the mores of courtly medicine, we see its appearance in new sites – in the advertisement of medical commodities and in descriptions of Madrasa life. I elaborate on the importance of this continuity in the next chapter.

Chapter 2
Embodied Empiricism and the Respectability of Labor

That medical tradition to which our physicians are devoted	*Woh tibb jispe ghash hain hamare atibba*
That they think of as the source of all cures	*Samajhte hain jis ko bayaz-e masiha*
…	
That great Ark is nothing more than a few prescriptions	*Faqat chand nuskhon ka hai woh safina*
Passed on for years from father to son	*Chale aye hain jo ke sine be sina*
…	
They have knowledge of neither water nor air	*Na pani ka 'ilm aur 'ilm-e hawa hai*
Their patients' protector is god alone	*Marizon ka unke nighaban khuda hai*
	Na qanun men unke koi khata hai
They see no error in *The Canon*	*Na makhzan men angusht rakhne ki ja*
No room for doubt in the *Makhzan*	*hai*
Whatever Sadidi wrote is quite apt	*Sadidi ne likha hai jo kuch baja hai*
They would swear upon Nafisi's every word	*Nafisi ke har qawl pe jān fida hai*
Whatever speculation their predecessors wrote	*Salaf likh gaye jo qiyas aur guman se*
They treat like a god-sent truth[1]	*Sahife hain utre hue asman se*

So wrote the Muslim social reformer and literary critic Altaf Hussain Hali (1837-1914) in 1885. Hali's poem appeared in the periodical *Tabīb*, one of the earlier Urdu medical periodicals intended primarily for men trained in *yunani* medicine, the colonial term for Avicennian medicine in India.[2] As mentioned in the introduction, Avicennian medicine had been practiced in

[1]This poem was cited in: Fakhruddin, "Ham tabibon ki halat-e zar," 1, no. 1 (1885): 3-4. The references to texts made in this poem are largely commentaries on Avicenna's *Canon*. Nahyan Fancy reviews these commentaries: Nahyan Fancy, "Medical Commentaries: A Preliminary Examination of Ibn al-Nafis' Shuruh, the Mujaz and Subsequent Commentaries on the Mujaz," *Oriens* 41, no. 3/4 (2013). Sadidi refers to a work by the 14th century scholar Sadid al-Din al-Kazaruni (d.1357); Nafisi refers to the widely circulated commentary by the 15th century scholar Nafis bin 'Iwaz al-Kirmani (d.1449) on a work by the 13th century Ibn al Nafis (d.1288) who is known for inferring pulmonary transit. See Appendix 9 for a flowchart of this commentary tradition.

[2] As I discuss in in the introduction, I use 'Avicennian' medicine rather than yunani medicine to make the global and medieval connections more explicit. According to Fabrizio Speziale, the Urdu term shifts from *tibb* to *yunani tibb* in the colonial period: Fabrizio Speziale, "Linguistic

north India since the 14th century, and was largely transmitted in scholarly families, such as the well-known Azizi family of Lucknow or the Sharifi family of Delhi.[3] Hali's criticism was largely directed at members of such families, men belonging to the social group referred to as the *ashraf*, a social category whose nineteenth century malleability has been well studied.[4] One of the reasons for this malleability, it has been argued, is that its distinctive virtue, *sharafat*, or respectability, was no longer seen to inhere exclusively in relations of kin, but could be acquired through the appropriation of what Lelyveld called a 'cultural style', that was embodied not only in language but in comportment, in gestures of etiquette, and the performance of erudition.[5] Hali, then, was asking something rather odd of his readers, by urging them to forego not only the books of their tradition but also their bookishness, that is, he was asking *sharīf* hakims to change not only what they thought they ought to know, but their very ways of knowing, and so, their ways of being. And that is the problem I would like to gesture at in this chapter, the story at the intersection of the epistemological and ontological questions around the reformation of Avicennian medicine in colonial India.[6]

This is a problem suggested by some of the historiography on yunani medicine and in particular by the book *Islam and Healing,* written by Seema Alavi. While her monograph was a refreshing contribution to South Asian medical history precisely because it raised the possibility of discussing the subjectivity of hakims in relation to changes in the Avicennian episteme, it

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strategies of de-Islamization and colonial science: Indo-Muslim physicians and the yunani denomination," *IIAS Newsletter* 37 (2005). In my sources, and in today's Urdu historiography, the term *hikmat* also appears, and its cognate *hakim*, for practitioner is common from the colonial period to the present.

[3] Muhammed Abd al-wahhab Zahoori, "The Achievements of the Indian Physicians," *Studies in History of Medicine* March (1979): 49-50.

[4] See page 20 above, fn5.

[5] Lelyveld, "Ashraf".

[6] A similar example of this approach using South Asian material has been the discussion of 'Baidya-as-technology' in Projit Mukharji, *Doctoring traditions: ayurveda, small technologies, and braided sciences* (Chicago: The University of Chicago Press, 2016), 227-56.

never fully articulated or resolved this problem. It implied, rather, that Arabic as a liturgical language had an elective affinity for communicating the scientific positivism that had been transforming global medicine since the 17th century. Rather than pursuing Alavi's *a priori* commitment to the explanatory power of language and liturgy, I would like to situate the relationship between "Islam" and "healing" within the local mores and attitudes of the north Indian service gentry to examine how the reformers at the Madrasa Tibbiya managed the problem that *sharafat* posed for the incorporation of the practices of scientific medicine into hikmat. It is these practices I refer to by using the gloss "embodied empiricism", which I have taken from the title of an anthology on 17th century medicine edited by Charles Wolfe and Ofer Gal.[7] This collection of essays turns away from a discussion of empiricism as a theory of knowledge grounded in sensory experience, to a documentation of the practices retrospectively assigned its name. These practices, as the authors of that volume state, entail the various ways in which the human body served as both an instrument and an object of medical knowledge. Their work, like that of Daston and Galison suggests a paradox in the history of medical perception: that at the level of the *idea*, the attitude of objectivity that attended scientific empiricism entailed the assertion of distance between the knowing subject and object, but this, in *practice*, entailed a collapse in physical distances between the observer and observed, often mediated by instrumentation and "epistemologies of the eye".[8] In what follows, then, I attend to embodied and immersive practices to illustrate how the reformation of Avicennian medicine in Delhi might be documented through the changing habitus of the practitioner. Although Avicennian physicians had long recorded signs of the disease on bodily surfaces, they now had to immerse their gazes

[7] *The body as object and instrument of knowledge: embodied empiricism in early modern science* (Dordrecht Netherlands: Springer, 2010).
[8]Lorraine Daston and Peter Galison, *Objectivity* (New York: Cambridge, Mass.: Zone Books, 2007).

and their hands within bodily interiors, to perform a kind of manual labor that they would have previously considered distasteful. Alavi's study overlooks the management of this distaste that was constitutive of the boundary between respectable and unrespectable labor. Margrit Pernau, too, in her careful and much needed research on the transformation of Delhi's Avicennian physicians into a professional class, and on the "entangled histories" of Avicennian body, epitomizes the corporeal sensibilities of *sharīf* men, without interrogating them.[9] My interest here is to excavate these corporeal sensibilities and to lay bare their points of malleability given the ideological and practical work of the physicians and reformers associated with the Madrasa Tibbiya, founded in 1889.

The Madrasa story begins to explain how the opposition between the physician and the barber-surgeon was overcome in north India, and in particular the attitudinal shift that was required to enable men of the service-gentry to perform the work of lower caste, subaltern men and women. These attitudinal changes, I submit, were made possible by reworking the aesthetic and moral inheritances of the *ashraf.* This local context of mentalités, in which the mores of scientific empiricism, and their analytical power, were made meaningful through invoking discursive fragments of Islamic scriptural tradition, and the spatial and social instantiations of *sharafat*, is what I try to excavate in explaining the appropriation of technoscience by Delhi's Avicennian physicians. This is a significant departure from earlier attempts to explain the relationships between "Islam" and "science". I am not arguing for any natural proclivity of the Arabic language, or reformist Islam, to positivist science, as Alavi does. Nor am I suggesting, as Michael Dols did in his influential work – that has since been challenged by a few inspired

[9]Margrit Pernau, *Ashraf into middle classes: Muslims in nineteenth-century Delhi*, First edition. ed. (New Delhi: Oxford University Press, 2013). The Sharifi family is discussed throughout the volume, see chapter 11 in particular. Also: "The Indian Body and Unani Medicine: Body History as Entangled History," 18, no. 1 (2009).

medievalists – that Islamic scripture was somehow inimical to the quasi-secular spirit of Galenic medicine.[10] Neither of these approaches is sensitive to the social imaginaries of the demographic groups in which Avicennian medicine, or other strains of Islamic Galenism, were practiced. Here, in addition to documenting the appearance of embodied empiricism in north Indian Avicennian medicine, I contend that understanding its viability requires attending to the reformist imaginary of the *ashraf*. This imaginary, as it was instantiated in the mores of students, the built environment, the evocation of historical memory, the sampling of scripture, in short a whole moral ecology, mediated the meaning of *sharafat* and enabled Avicennian reformers to cast its aura over their reformist efforts to manage the boundary between distasteful and respectable labor. Revealing the ideological and practical work required to manage that boundary is at the heart of this chapter which works through internal documents of the Madrasa, biographies of its alumni, and the speeches of reformers, to examine the malleability of *sharafat* and the intermittent successes of medical reformers who sought to coax embodied empiricism into being by working within the *ashraf* social imaginary.[11]

[10] The entire emplotment of that historical narrative was undermined by Dimitri Gutas who focused on the historical sociology of medical knowledge. See: Gutas, *Greek Thought, Arabic Culture: the Graeco-Arabic translation movement in Baghdad and early 'Abbasid Society*. Subsequent work has further undermined the opposition between rationalists and traditionalists in the reproduction of medical knowledge. See: Irmeli Perho, *The prophet's medicine: a creation of the Muslim traditionalist scholars*, Studia Orientalia (Helsinki: K□kemäki, 1995); Justin Stearns, *Infectious ideas: contagion in premodern Islamic and Christian thought in the Western Mediterranean* (Baltimore: Johns Hopkins University Press, 2011); Nahyan Fancy, *Science and religion in Mamluk Egypt: Ibn al-Nafis, pulmonary transit and bodily resurrection* (London: Routledge, 2013). For India see Fabrizio Speziale's first book which documents the reproduction of Galenic medical knowledge at shrines: Speziale, *Soufisme, religion et medecine en Islam indien.*

[11] I am trying to work through Cornelius Castoriadis' idea of the soma-psyche at the core of the 'imaginary institution of society'. See "Radical Imagination and the Social Instituting Imaginary" in Cornelius Castoriadis, *The Castoriadis reader*, Blackwell readers (Oxford ; Malden Mass.: Blackwell Publishers, 1997).

Altaf Hussain Hali: Mimetic Positivism

Let us return to Hali's poem and its vision of *hikmat*. In his *nazm*, Hali rebukes hakims for the scholasticism of their medical practice and the aristocratic mores that perpetuate it. He derides the discursive quality of scholastic medicine – its attention to the prescription, the encyclopedia and commentary, its reproduction through rote learning, and its inattention to the emerging materialist and positivist apprehensions of the natural world. Thus the barb/ *They have knowledge of neither water nor air*/ which discredits the foundational categories of Avicennian medicine by implicit juxtaposition with the 'real' molecular constituents of air and water, discovered by the strenuous labors of laboratory science. This was a sharp sting because it not only implied that hikmat was a kind of quackery, but it pulled at a loose thread in the fabric of the *ashraf* imaginary by destabilizing the categories of air and water, which were deeply naturalized and germane to the perception of place. These categories, which in the classical tradition connected the salubrious qualities of a locality with classifications of disease and human temperaments, spoke to the hitherto diffuse nature of hikmat as a discursive formation, one which had not yet been isolated and abstracted out from other medieval discourses of the human sciences. Hali's concern, then, with the falsity of the quadripartite theory of elements that underwrote hikmat, was part of broader global changes in medical knowledge in which long-standing empiricist arguments against rationalism as a source of knowledge about the body, were strengthened by new technologies of medical perception that now delivered up objects from human interiors to be analyzed by a positivist gaze.[12]

These global epistemic changes coincided with the unravelling of a hierarchical division of medical labor in which physicians as men of letters, wielders of the pen, not the knife, were

[12] Foucault, *The Birth of the Clinic: An archaeology of medical perception.*

superior to surgeons.[13] Some semblance of this hierarchy had been sustained in Mughal India, where even celebrated court surgeons such as Skaykh Mina, and his son, Muqarrab Khan, were required to work under the supervision of hakims.[14] Aside from the surgeon (*jarrah*), the practitioners who engaged most intimately with diseased bodies were the itinerant subalterns such as the occultist who removed cataracts, the midwife (*dā'i*), or the barber (*hajjam*), none of whom were considered to be doing the kind of work a sharif family would expect their son to perform. Hali's criticism suggested that this hierarchy of value was disadvantageous to the reform of Avicennian medicine, which required a new structure of feeling concerning manual labor. However, his address to his co-religionists about 'our physicians', did little more than scold them for their scholasticism without being able to imagine an intellectual horizon for *hikmat* other than a deliberate, albeit aspirational, mimesis.

Nazir Ahmad: Historical Memory and Affective Community

Hali's mimetic approach to the reformation of the intellectual and practical work of the hakim seems to have sat uncomfortably with the hakims at the Madrasa Tibbiya who were not

[13]In the broader Islamicate world, the physician *hakim*, or *tabīb*, would have been at the apex of a hierarchical division of medical labor, above the practitioner *mutatabbib*, and manual operators such as the surgeon (*jarrah*), barber (*hallaq*) and cupper (*hajjam*). On the possibility of social mobility amongst these groups, and the lower status of manual operators see Dana Sajdi, *The barber of Damascus : nouveau literacy in the eighteenth-century Ottoman Levant* (Stanford, California: Stanford University Press, 2013), 41 & 226. as well as: Bernard Haykel, "Dissembling Descent, or How the Barber Lost His Turban: Identity and Evidence in Eighteenth Century Zaydi Yemen," *Islamic Law and Society* 9, no. 2 (2002); M. A. J. Beg, "Hallak," in *Encyclopaedia of Islam, Second Edition*, ed. Th. Bianquis P. Bearman, C.E. Bosworth, E. van Donzel, W.P. Heinrichs (Leiden: Brill, 2006); "Fassad, Hadjdjam," in *Encyclopaedia of Islam, Second Edition*, ed. Th. Bianquis P. Bearman, C.E. Bosworth, E. van Donzel, W.P. Heinrichs (2006).

[14]See: Rezavi, "An Aristocratic Surgeon of Mughal India: Muqarrab Khan."; Kausar Chandpuri, *Atibba-e 'ahd-e mughuliya* (Karachi: Hamdard Akedemi, 1960), 76-77 & 63-64. On typologies of medical labor in Akbar's time see: Shireen Moosvi, "The World of Labour in Mughal India (c.1500-1750)," *Proceedings of the Indian History Congress* 71 (2010-2011): 350. Abul Fazl Allami, *Ain-i Akbari*, trans. H. Blochmann (Calcutta: Asiatic Society of Bengal, 1873), 537 & 42.

interested in repudiating their scholarly patrimony. In 1889, four years after the publication of his poem, the Madrasa held a public meeting in which its hakims stated their intent to train a physician (*tabīb)* that would equally be a surgeon (*jarrah)* and a druggist (*dawa-sāz).*[15] While this collapse of an older division of labor seems consistent with Hali's critique, the difference in the Madrasa's commitments became clear in the speeches of one of its early patrons, Deputy Collector Nazir Ahmad (1830-1912). Ahmad's speech at the inaugural meeting in 1888 and in subsequent annual meetings implicitly refuted Hali's approach and placed the Madrasa within the idiom of a self-respect project, as the following poem suggests:

[15] Ahmad, *Lekcharon ka majmu'a*, 43-44.

Demeaning one's own community Is the beginning of its end	*Jab hui qaum apni nazaron men zalīl* *Is ko bhi mitne hi ki samjho dalīl*
	…
We too were once kings And received tribute from men	*Orhte the hum bhi kabhi sar pe tāj* *Hum ne bhi logon se liye hain khirāj*
	…
We too were at the cutting edge of knowledge Renowned as guardians of excellence	*'Ilm men bhi hum ko thi wo dast-gah* *Hum the mashāhir-e fazilat panah*
	Log the shagird hum ustad the *Sare zamane ke honar yad the*
We were masters and men our disciples We knew every art and skill of all times	
	Sar men hamari bhi kabhi 'aql thi *Baqi issi asl ki sab naql thi*
We too were considered bright minds Making the rest seem like mimic men	
	Par nahin rahta koi yaksan sada *Sab ko taghaiyur hai baghair az khuda*
But nobody stays the same forever Everything changes, except God	
	…
	Hum ko zara bhi nahin is ka malāl *Sab ko tanazzul hai sabhi ko zawāl*
But this is hardly upsetting Each community has its decline, its fall	
	Ranj to apnon ki shamātat ka hai *Zulm bhi zulm ahl-e qarabat ka hai*
My pain is at the schadenfreude of friends The cruelty imposed by our own	
	…
	Bhai hain aur rabita bahum nahin *Akhwat-e yusuf se kuch kam nahin*
We're brothers without fraternity No better than Joseph's were to him	
	…
	Aisa bhi hota hai koi bewafa *Apne buzurgon se yahan tak khafa*
How can someone be so disloyal? To be so upset with one's elders	
	Un ki har ek bat se rakhiye khilaf *Kijiye tauhin-e salaf saaf saaf*
That they'll leave no point unopposed That they'll openly insult them	
	Yan watan wa ahl-e watan se hai tang *Apne men lete nahin ahl-e firang*
On the one hand they're done with their own But do they think foreigners will embrace them?[16]	

Although the poem conveys something of the poignancy of the life of men like Ahmad who had to navigate the racialized hierarchy of the colonial state service, it is also a bit precious for a man who concluded one of his novels with the protagonist burning a library of classical

[16] Ibid., 177.

Persian literature to reprimand reformers for criticizing their predecessors.[17] So Ahmad here is, I believe, performing the offense held by those who would be affronted by the dismissive stance towards hikmat taken by Hali, which foreclosed the possibility of directing its reform from the stance of an affectionate regard for community. His attempt to promote this self-regard by allusion to the intellectual accumulations of past Islamic sovereignty is removed from Hali's more stridently Aligarhian gesture and yet evinces little of the pathos that would be evident in the writing of later generations of nationalists. Ahmad, to the contrary, seems dispassionate about the loss of Islamic sovereignty over the world, resorting to a nearly secular cyclical theory of history – everyone has a decline, all suffer at some point – in which god is little more than an abstraction, a category by which human activity is understood through juxtaposition. More importantly, self-regard is not contingent upon these interludes of sovereignty, nor in courtly signifiers of respectability, but emerges from the frictions of fraternity and community. For his audience, then, Ahmad's gesture, of tracing a community's will-to-know through historical time, dislocates the Madrasa Project from within the horizon of what Intezar Hussain called the *majlisi zindagi* of old Delhi;[18] it disembeds *hikmat* from the particular sociabilities in which *sharafat* was inscribed and casts over it instead the aura of community. That aura was needed because the Madrasa project asked something unseemly of the *ashraf*, it asked them to allow their sons the untoward intimacies required by new medical practices, such as using anatomical models, performing internal exams, or doing small kinds of surgical work – the kind of intimacy with the bodies of others that had hitherto been the province of itinerant, low-caste practitioners, and illiterate women. Moreover, this evocation of community was markedly *ashraf*: it seems unlikely to suppose that Muslim Gujarati traders or Bengali peasants required appeals to Islamic piety in

[17] *Tauba al-nasuh* (New Delhi: Qaumi Kaunsal Baraye Furogh-e Urdu Zaban, [1874] 2005), 128-9.
[18]Intezar Hussain, *Ajmal-e a'zam* (Lahore: Yadgar-e ajmal, 1995), 32.

order to dignify work, since their forms of life were still marked to some extent by the mores of caste-based occupations that took laboring for granted. Ahmad's allusion to a historical will-to-know, and his desire to dissociate it from a will-to-power relied on the significatory surplus of the word *qaum* in order to enable a positive ascription of value to manual labor amongst the north Indian gentry, and thereby to the kind of embodied empiricism required by global scientific medicine.[19] Although the audience included Hindu men as well, their inclusion into this *qaum* is ambiguous, given Ahmad's attempt to situate community within a historical imaginary that is Abrahamic if not decidedly Islamic. Moreover, Ahmad elides or subsumes the scriptural obstacles to the untoward intimacies required by embodied empiricism by applying his attention to the problem of work. Although Ahmad was more conciliatory to hikmat's intellectual heritage than Hali was, he was no less critical of its scholasticism, and of the hauteur of the *ashraf* that perpetuated this scholasticism as a virtue. This criticism entailed ridiculing the *ashraf* distaste for work by satirizing the aristocratic mien of the man of the service gentry, and proposing *imitatio Muhammadi* as a solution:

> Although there is nothing perverse in work, according to sharia or common sense, he thinks it's a kind of disgrace. He can't take a step without some completely unnecessary servant trailing behind him, as though he himself were an innkeeper's pony, with the servant urging him along from behind [*us ke hankne-wala*]. Despite the fact that he's not crippled, he's got all of his limbs, for some reason, God alone knows why, he's ashamed to put his feet to use. Maybe he thinks walking is a little too close to dancing. God's messenger, may peace be upon him, who was the truest embodiment of honour in all things worldly and religious, used to do all of his housework with his own hands without any fuss. We are irritated if we have to get up to get our own glass of water. This has nothing to do with disability or necessity, it's just pride… There is a hadith that says there's no room in heaven for anyone with a smidgen [*zarra*] of pride. Often, I'll be sitting at a friend's shop and I'll see mangoes or something I like and I'll buy it. Now, to take that little bag in my hand and walk back home carrying it is a burden I can't bear, because of an inflated sense of self-worth [*kibr-e nafs*]. And if you all were to take stock

[19] Here I am drawing on a talk by Faisal Devji which had originally been published online: Faisal Devji, "Qawm," SOAS South Asia Institute.

> of your own selves, I'm sure that in this big city I'm not the only idiot [*khar dimagh*]. When I first retired, I was the kind of person that couldn't walk to the bazaar, it went against my very nature. [*meri tabīʿat muzāyaqa karti thi*]. But then I thought about it… and after a great struggle against my pride, I can now say that despite all the servants and means of conveyance god has given me, I can go anywhere whenever I want, alone and on foot. Although, I do have enough stupidity [*khabāsat*] in me that I'm still ashamed to walk around carrying things.[20]

As far as advice on laboring goes, this is hardly the usual utilitarian prescription for rational self-management one would expect from a liberal reformer. There are no suggestions here to make one's labor-time more efficient, profitable or productive. Rather, the advice is anterior to that kind of gesture. In his examples, in the juxtaposition of his own inner disquiet over his groceries, and the prophet's easy handle on housework, Ahmad seems not only to be urging men to perform the feminine labors of domesticity which were long regarded as unproductive, but to accept a more fundamental notion: that work as an embodied practice of everyday life needn't be a source of shame for *ashraf* men.[21] The deployment of the prophet here reveals the suppleness of scriptural hermeneutics amongst these reformers: Ahmad invokes *sharia* only to speak to a popular, contrapuntal movement, a slightly antinomian soteriology in which the last messenger is an object of cathexis.

In any case, if Nazir Ahmad's attempt to diminish the shame of work did not anticipate much more than a partial success, as his personal anecdote suggests, what did he expect of his audience? Later in the same speech, he addresses the students in the audience, the first cohort of the Madrasa, telling them not to rely too heavily on the skills they have learned treating the merely discursive representation of the patient that appears in their textbooks (*kitabi bimār*) in

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[20] Ahmad, *Lekcharon ka majmu'a*, 231.

[21] Ashraf women, too, were exhorted to lose their shame for manual labor in order to make small domestic products to sell. Not only was the Prophet Muhammad invoked for this purpose, but a long list of Abrahamic prophets: Thanvi, *Perfecting women: Maulana Ashraf Ali Thanawi's Bihishti zewar: a partial translation with commentary*, 354-57.

their classes. Their "real test", he warns, will come when they have to treat "actual sick people".[22] He then turns to the "revolutions" in medical science, especially pathological anatomy (*tashrīh*), which has made previously unimaginable and fine distinctions in observation and analysis (*tashrīh ki tahqiqat ne be-mubaligha bāl ki khāl nikal kar rakh di hai)* and urges Abdulmajid Khan to acquire an anatomical model (*dhancha)* from somewhere and "leave it out for all to see so that the students' fears can be dealt with".[23] Ahmad often marked *ashraf* distaste for medical labor by treating his own emotional life as a faithful representation of community sentiment, stating once he felt nauseated at the thought of opening up the body to make a picture of it.[24] He concludes his lecture by discrediting one of the current institutional examiners and the method of oral examinations, and urging that students be evaluated on a treatment plan they develop for an actual sick person.[25] Ahmad here is drawing would-be hakims away from the discursive world to which they have been accustomed to the concrete materiality of the body and the means through which it is investigated, the clinic and the dissection room. Read in light of his earlier remarks it seems that he is highlighting the violence of the intellectual curiosity and the distastefulness of the labor that underlies the practice of scientific empiricism and differentiates it from the Avicennian empiricism of which hakims were masters. Yet he encourages his students to resign themselves to the new habitus that embodied empiricism requires, because he was sensitive to the tremendous analytical power that would thereby emerge. This is evident in another one of his speeches at the Madrasa, given in 1895:

> Think of the example of Lord Ray the governor of Bombay's wife who died of cholera. After she died there was an investigation as to how she got cholera. One good thing about

[22] Ahmad, *Lekcharon ka majmu'a*, 234.
[23] Ibid., 237.
[24] Ibid., 42.
[25] Ibid., 238.

> these people is that they become fixated with the cause of everything that happens…In the end it was discovered that the milk for tea served at government house was provided by a cowherd [*ghosi*] whose buffalo used to drink water from a pond in some village. And two or three months before lady Sahiba died, a few people in that town died from cholera. First, we know that there is a debate about whether or not cholera is contagious [*muta'addi*], but let's assume that it is. So, now look at the chain of events– in some village a few people died of cholera, after months the effect of this cholera appeared in the pond, from the pond into the water, from the water into the buffalo, from the buffalo into its milk, from the milk right into lady Sahiba. Now, lady Sahiba was well to do, had she known about this infection from before she could have prevented it. But tell me, what about poor people like us? Would we be protected by knowing these things? Absolutely not. [*Hum jaise gharib admiyon se bhi aisa taharraz mumkin hai? Hargiz nahin*] But in the same way that we couldn't have prevented the infection, by god's grace we haven't been made so frail [*chui mui*] either. If I'd gotten a chance to drink that buffalo's milk, instead of dying I would've kept drinking and become so big and strong that you wouldn't recognize me. We've gotten to the point where in the very water we drink, in the air we breathe, that which is the basis of life of all living things, we find there is poison. Take a sip and you're dead. Take a breath and you're out. [*teeṅ hue*][26] Who can disagree with a doctor? No doubt, what they order is appropriate, and what they propose is correct. But we still have to live here. [*zamīn aur asmān ke darmiyan se kidhar nikal jaye*] We can't just move. [*kahan jākar bas jaen*]. The point is that by slicing hairs on each subject doctors have made life miserable. [*zindagi ko 'worth living' nahin rakha*][27]

Ahmad's admiration of the British ability to find "the causes of everything" was obviously qualified by his recognition of the constraints on Indian life that their power to do so entailed. That Lady Sahiba's death commands such a well-resourced forensic analysis reveals that the truths that scientific empiricism produces are only instantiated through a racialized hierarchy of power, which is itself embedded in the unequal flows of expertise and capital between colony and metropole. For Ahmad, however, these conditions of production do not cast doubt on the epistemic certainty presumed by scientific empiricism, but point to the moral corruption of its administrators, which is signalled by his expression of schadenfreude at Lady Sahiba's death. His concluding remarks, however, acknowledge that it would be churlish to disregard the tremendous analytical power of scientific empiricism harnessed to state investment,

[26] Ibid., 627.
[27] Ibid., 628.

and so, he raises more fundamental questions for the people who cannot and do not want to leave either their locality or their form of life behind: How meaningful can the accumulation of scientific knowledge be if you can't afford to use it, if your life isn't considered worth the expense, when you live in the fissure between knowing something and being able to act on what you know? Ultimately, the motives for the Madrasa and its reform of hikmat addressed these foundational questions that emerged around healthcare in a colonial economy.

The literate *ashraf* of north India lived in this fissure between knowing the advances of science and its analytical power and living with the political and economic constraints on trying to direct this power to ends of their own choosing. The Madrasa project addressed these concerns not by celebrating a local and unchanging vernacular tradition, but rather by matching the ambitions of universal science, as its hakims and publicists thought befitting the universal history of Avicennian medicine. Ahmad's interest in dislodging *ashraf* attitudes to work in order to cultivate the habitus of the new *tabīb* that the work of scientific empiricism required might be understood in this light. These rhetorical efforts were consistent with the *ashraf*'s own imaginary of the community's will-to-know as germane to a global ecumene that fostered epistemic and cultural pluralism, as is evident from Ahmad's poem with its expansive spatio-temporal scope and its use of characters, like Joseph, that populate the narrative fragments shared between the Bible and Qur'an. Cultivating the continuity of hikmat's ethos in an era of scientific empiricism did, however, require a re-evaluation of the mores of the class of men that had nourished it for centuries. It was left to Abdulmajid Khan and his brothers to institutionalize these mores and they did so, in part, by re-weighting the emphasis between scholastic (*'ilmi*) and practical (*'amli*) medicine to cultivate the habitus of embodied empiricism.

Embodied Empiricism in Practice: Medicine and Sharafat at Madrasa Tibbiya

The Sharifi family faced significant resistance from both the public and other hakims in Delhi.[28] They, therefore, fostered a pan-India network of donors and supporters from amongst *ashraf* men, including heads of princely states, nawabs, men in civil service, and Punjabi traders. This constituency of the great and the good was cultivated through the travels of the Sharifi brothers, the hospitality extended to guests at the Madrasa's Annual Meeting, and the newsy sections of print publications, such as the Madrasa's journal, the *Majalla-e tibbiya*, and its annual reports. It was this constituency, furthermore, that had to be persuaded that the new medical labor, with its emphasis on the embodied empiricism of the practitioner was consistent with ashraf conceptions of respectability, or *sharafat*. These donors were necessary because the existence of the Madrasa remained precarious in its first two decades, as described in Chapter One. Although Nazir Ahmad's use of the term *qaum* and his historical references suggested an audience of Muslim patrons, Ajmal Khan seemed to be committed to a more expansive and inclusive audience of supporters, one which might be seen as continuous with the north Indian, Indo-Persian ecumene that Bayly has described.[29] The participants in this ecumene would not only have shared practices of social communication but also an aesthetics, comprised of norms of etiquette, literary tastes, and a spatial imaginary of the imperial city, such as has been indicated by Sunil Sharma's discussion of a "Mughal Arcadia".[30] Ajmal Khan's understanding of respectability was certainly informed by Indo-Persian aesthetics, which he not only embodied as a member of one of Delhi's oldest families of Avicennian physicians, but as a poet, with the pen-

[28] Metcalf, "Hakim Ajmal Khan: Rais of Delhi and Muslim 'Leader'," 155.
[29] C. A. Bayly, *Empire and information: intelligence gathering and social communication in India, 1780-1870* (Cambridge: Cambridge University Press, 1996), 180-211.
[30] Sunil Sharma, *Mughal Arcadia: Persian literature in an Indian court* (Cambridge, Massachusetts: Harvard University Press, 2017), 4-7.

name "*Shaida*" (a man possessed), who performed verse in both Persian and Urdu at gatherings in his family home.[31] Ajmal Khan's aesthetic sensibilities, shared across the service-gentry, whether deployed in the style of the Madrasa's magazine, or in the marketing of the Hindustani Dawakhana's products, may have been more persuasive, or at least more viscerally intelligible, than direct appeals to reform. Deliberately referencing an aesthetics shared by the service-gentry suggests an appeal to the aura of *sharafat,* allowing its light to bathe the medical practices of the Madrasa's students and graduates despite their decidedly plebeian orientation to body-work. An assiduous cultivation of service-gentry respectability required Ajmal Khan to be mindful that the Madrasa and its allied institutions should always work within the aesthetic universe of Indo-Persian courtly medicine, if not entirely within its epistemic and technical horizons. This mindfulness was evident in the discourse of the periodical, the production of pharmaceuticals, and also in the presentation of the Madrasa's physical space. Nothing could be a clearer statement of Ajmal Khan's desire to continue the aesthetic atmosphere of courtly medicine than his arrangements for the first annual meeting under his leadership:

> For this year's annual meeting, Alijanab Hakim Hafiz Muhammad Ajmal Khan Secretary arranged for the decoration of the Madrasa in a new and beautiful style which we have not seen before. There were curtains with embroidered flowers on each of the four sides of the madrasa's main hall. All the pillars in the main hall were adorned in blooming vines [*sabza ki belen*] in which roses had been placed, and in the center of which were moon-like ornaments of flowers, on each side of which were large portraits of the late Alijanab Haziq al-Mulk [Abdulmajid Khan] and Hakim Muhammad Wasil Khan Sahib, which made it seem as though the departed were taking a stroll in a garden appointed for them. In front of the main hall, in the middle of the courtyard, a large stage had been made on which an extravagant ground of carpets had been spread. On each side lovely velvet chairs had been placed. At the head seat there was a fancy chair on which had been placed a golden seat cushion. This was for the chairman of the meeting. In front of it a table was adorned with an elegant tablecloth. This table had the medals and certificates

[31] For an assessment of Ajmal Khan's poetry and its continuity with early modern Indo-Persian culture see the introduction by Qazi Abdulghaffar in Muhammad Ajmal Khan, *Divan-i Shaida; ya'ni, 'Ali Janab Masihulmulk Hakim Hafiz Muhammad Ajmal Khan ki farsi aur urdu kalam ka majmu'ah* (Dihli: Hindustani dawakhanah, 1966), 5-13.

> and the book prizes of the students. There was a delicate canopy above the stage on which in separate places to the left and right designs were appointed whose borders were adorned with a lattice of karil fruit [*?; ja'fari-dār tetion se*] adorned with foliage and roses. And there were gold embroidered cushions by the doors. On the right side of the stage, first there were the chairs of the officers of the members of the anjuman, behind them were the chairs of all of the members. On the left side were the chairs of the gentleman [*mu'azzaz wa ro'usa*] of the city and behind them those of the best of the alumni, behind them, were the chairs of the students who were to receive certificates and awards. In front of the stage were hundreds of chairs laid out next to one another in an orderly manner, for regular people. Little flags [*jandiyan*] were placed in the appropriate places. From the stage to the doors of the madrasa a bright red carpet [*surkh qand]* was laid on the floor. The door of the madrasa was decorated with foliage in which roses and other flowers were inlaid and at its center was a regal bouquet. On the carpet the phrase "*welkam jalsa salana madrasa tibbiya dehli*" had been written in very clear large letters. In sum, it was a wondrous and attractive scene.[32]

This compelling "scene" at the madrasa reflects Ajmal Khan's desire for the Madrasa to be located within the aesthetic signifiers of Mughal nobility, of which the verdant garden, ubiquitous as an architectural feature of palaces and gentry homes, a recurring Qur'anic metaphor of paradise, and as the pleasure garden of Persian and Urdu poetry, was amongst the most resonant.[33] The utopian aesthetic of the garden was more than a veneer to seduce one's attention away from the technologies of mass production that were generating the new commodities, such as herba-ceuticals and print books, that coaxed the gradual appropriation of the Sharifi family name as a brand. The metaphor of the garden also implied a space of order and regularity through its clean lines and manicured greenery, as in the precisely apportioned *chahar-bagh*, which offered a contrast to the disorder and indignities of the space of the bazaar. And this was exactly the juxtaposition that the Madrasa managers and Ajmal Khan repeatedly made – that the space of the bazaar as a site of medical consumption could not be trusted – not the perfumer/compounders (*attars*) or the druggists (*dawa-farosh*) or the hakim with neither family

[32] *Report salana Madrasa Tibbiya Dehli babat sal panz-dahum wa shanz-dahum wa haft-dahum [Madrasa Tibbiya Annual Report, Years Fifteen, Sixteen, Seventeen]*, 1-2.
[33] Sharma discusses the garden tripe throughout his book, in particular, see: Sharma, *Mughal Arcadia: Persian literature in an Indian court*, 111-29.

nor institutional pedigree.[34] Such hakims had long been maligned amongst the *ashraf* and the Madrasa project sought to assert a clear locus of epistemic authority through these signifiers of gentility, a feat which was new in hikmat's historically more loose reproduction within decentralized groups of scholarly lineages. While the physical space of the annual meeting evoked the gilded pleasure gardens of the *ashraf*'s literary and architectural imaginary, the activities of the meeting evoked the sociability of something between a royal darbar and a private gentleman's club, where gestures of deference and feats of oratory combined with shared indulgences in activities of leisure, like paan-chewing and cigarette-smoking.[35] All of this spoke to Ajmal Khan's interest in retaining what he called the "*khatt-o-khāl"* of hikmat, which one might translate as "aesthetic".[36] And while this concept remained undeveloped in Ajmal Khan's writing, it seemed to be the central struggle of the Sharifi family's reform project. The success of their epistemic experiment depended on whether their cultivation of this continuity of "*khatt-o-khāl"* of *hikmat* and *sharafat* was ultimately persuasive – whether the service-gentry and the emergent Muslim public would keep investing, purchasing, and hiring. The importance of persuading that emergent public and its nobility about the *sharafat* of the Madrasa's laborers and labors is most sharply illustrated by an instance in which this assertion was not persuasive – in the establishment of the women's section of the Madrasa.

[34]For example: Hakim Sayyid Mubarak Ali Yazdi Lucknawi, ed. *Report ijlas-e duvom aal indya yunani tibbi kanfarans* (Lucknow: Nami Press, 1913), 9-10.
[35] *Report salana Madrasa Tibbiya Dehli babat sal hasht-dahum [Madrasa Tibbiya Annual Report, Year Eighteen]*, 1-3.
[36] Khan, *Qanun-e 'asri*, 35. The Madrasa sources use the phrases *khatt-o-khāl* and *khad-o-khāl* interchangeably.

A Women's College: The Zanana Madrasa (1909)

Hakim Ajmal Khan first publicly expressed his desire to open a school for midwives in 1906.[37] A meeting was convened in April of 1906, where ashraf men pledged a combined total of about Rs 12,800, most of which was donated by Punjabi traders living in Delhi and Calcutta.[38] Ajmal Khan also went on a fundraising tour to Bengal during which he secured the patronage of the Nawab of Darbhanga for the project which was motivated by a desire to reduce infant mortality.[39] This branch of the Madrasa would also confer dignity and order on the work of the illiterate *dā'ī*, the midwife, a figure more maligned than the hakim, and whose reform had already been underway through the Lady Dufferin Fund and at Lahore Medical School.[40] The Zanana madrasa project illustrates not only the degree to which the Sharifi family sought to appropriate the medical work of subalterns and thereby buttress hikmat's claims to technical expertise, but also how the *ashraf* public posed limits to what it could endorse as *hikmat*.

Female medical practitioners would have been more common amongst subalterns than the families of literate scholarly hakims. While there are scattered references to women knowledgeable about *hikmat* amongst aristocrats, there was no expectation or encouragement of women from hakimi families to practice *hikmat*.[41] Female medical practitioners would have been itinerant or bazaar-based technical specialists: there is some documentation of their work as cuppers, "leechwomen", specialists in removing hemorrhoids, and generally of being involved in

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[37] *Report salana Madrasa Tibbiya Dehli babat sal panz-dahum wa shanz-dahum wa haft-dahum [Madrasa Tibbiya Annual Report, Years Fifteen, Sixteen, Seventeen]*, 3.
[38] *Report salana Madrasa Tibbiya Dehli babat sal hasht-dahum [Madrasa Tibbiya Annual Report, Year Eighteen]*, 7.
[39] Ibid., 5.
[40] Lal, "The Politics of Gender and Medicine in Colonial India:The Countess of Dufferin's Fund," 68, no. 1 (1994).
[41] For a reference to an unnamed possibly aristocratic practitioner see Robert Sigalea, *La medecine traditionelle de l'Inde.* (Geneve: Oizane, 1995), 453.

the care of male bodies in a manner that would be abhorrent to aristocrats and the service gentry.[42] The *dā'ī*, although she only worked with women's bodies, was a low-caste laborer, often the barber's wife, and while the *ashraf* relied upon her labor they evinced a resistance to including her in their social spaces, especially new colonial spaces such as the medical school, which would imply relationships of social parity. The Anjuman had to change the name of the institution, removing the word "dai" from it altogether, since "people associate this name with the work of the *dā'ī*s they see today", not with "the honorable [*sharīf aur mu'azzaz*] art of medicine which this madrassa aims to teach young girls."[43] The school was then re-named the Madrasa Tibbiya Zanana, implying that it would teach medicine more broadly, and a lying-in hospital was added to the project likely to make it more palatable for funders.[44]

The Madrasa Tibbiya Zanana opened on the 13th of January in 1909 in the Churiwalaan mohalla of Delhi with an inaugural cohort of six students.[45] The enrolment was low despite the significant efforts to cultivate *ashraf* support by ensuring that segregation of men and women (*parda*) would be assiduously observed in the boarding houses and classes. Male teachers, who taught the *yunani* and *vaidik* classes, delivered lectures from behind a screen.[46] Separate living and dining quarters were also arranged for Hindu girls to ensure caste rules were not broken.[47] The first annual report, published at the end of 1910, mentions how strictly *parda* was observed

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[42] See: W. Crooke, ed. *Mrs Meer Hassan Ali's Observations on the Mussalmauns of India* (Karachi: Oxford University Press, 1974 [1832]), 228-48.; Y. M. Sanzgiri, "'Extraction of Piles' as Practiced by Native Hakims," *Indian Medico-Chirurgical Review* 2, no. October (1894): 738-42.
[43] *Madrasa Tibbiya wa shafa-khana-e zanana dehli ke pahle salana jalse ki report [Report of the First Annual Meeting of the Madrasa Tibbiya Women's Section, 1910]*, 2-3.
[44] Ibid., 22.
[45] Ibid., 4.; *Ayurvedik wa yunani tibbi kalej dehli praspektas shoba-e zenana urdu wa hindi murattaba agast 1918*, 2.
[46] *Madrasa Tibbiya wa shafa-khana-e zanana dehli ke pahle salana jalse ki report [Report of the First Annual Meeting of the Madrasa Tibbiya Women's Section, 1910]*, 12.
[47] Ibid.

several times. It records that numerous women from "*sharīf and mu'azzaz*" families of all communities "Hindu, Muslim, Christian, Parsi" were present at the first annual meeting, held in April 1910. Sharif ladies from outside of Delhi were also in attendance, including, "all of the students of the Kanya Pathshala with their European teacher".[48] Indeed, the Annual Meeting was itself separated into a men's and a women's meeting, where the men in attendance received gifts of paan and perfume (*'itr*), while the women received some unspecified "refreshments" before boarding their respective rides and going "directly to their own home".[49] The Annual Report also urged the national press to publish widely on the good work and respectability of the new Madrasa.[50]

The various efforts to appeal to *ashraf* sensibilities, including changing the institution's name and institutionalizing the strict observance of *parda*, had done little to increase registration or public funding. Reformist *ashraf* women, including Sheikh Muhammad Ikram's wife, early co-editor of the women's periodical *'Ismat*, were also enlisted to solicit donations for the school and encourage the registration of women from *ashraf* households.[51] By the first annual meeting, however, there were only four individual donors and two voluntary associations, *Anjuman-e himāyat-e Islam*, Lahore and *Anjuman-e mu'aiyid al-Islam*, Delhi, which pledged contributions for the 10Rs monthly scholarship for the following year (1910-11).[52] The handful of patrons included the Civil Surgeon of Delhi, Colonel Davidson, as well as the Princes of Malyerkotla, Darbhanga, and Loharu. It seems the most significant donation was made by the prince of Khayrpur, Sindh, His Highness Nawab Mir Imambakhsh, who gifted 10 000Rs for the purchase of a building, and a 600Rs/ year standing donation, followed by a 5000Rs gift made by Colonel

[48] Ibid., 7.
[49] Ibid., 8.
[50] Ibid., 4.
[51] Ibid., 20-21.
[52] Ibid., 12-13.

Muhammad Ismail Khan Sahib Bahadur, the former envoy to the state of Afghanistan.[53] The Zanana Madrasa and Shifakhana, however, seem to have largely been sustained by income from the Hindustani dawakhana, which was 7000 Rs in 1910.[54]

Despite the lack of public interest, Ajmal Khan and the men of the Madrasa seemed fully invested in this second experiment in embodying empiricism, which was intended to train "the minds, eyes and hands" of these young women.[55] The syllabus that women were taught was a combination of Ayurvedic and *doctory* texts used to supplement Hakim Saiyid Abdurrazzaq's main textbook developed for the course, *Talīm al-qābila*, which was drawn from yunani medical texts combined with "doctory" anatomy (*tashrīh*). In addition to this, Pandit Man Singh Sahib, the vaid, taught Ayurvedic texts on anatomy, diagnosis and treatment. Both of these men taught from behind a screen, while an unnamed "Lady Doctor", taught the women directly, delivering demonstrations with a "dummy pelvis" and "other instruments".[56] She was, notably, also responsible for the supervision and moral training (*akhlaqi tarbiyat*) of these women. We have no details, unfortunately, of what either this moral or technical training specifically entailed. Indeed the scrupulous observance of *parda*, almost excessively publicized in the Madrasa Reports, may itself have been a pedagogical strategy aimed at lower-caste or non-*ashraf* women whose characters were assessed in the admissions process and whose movements were monitored through boarding house rules.[57]

Despite having in place the entire institutional apparatus for the school – the buildings, teachers, syllabi, pedagogical tools – it seemed difficult to get the *ashraf* students that the

[53] Ibid., 15-16.
[54] Ibid., 24.
[55] Ibid., 10.
[56] Ibid., 11.
[57] *Ayurvedik wa yunani tibbi kalej dehli praspektas shoba-e zenana urdu wa hindi murattaba agast 1918*, 8.

reformists in Delhi so wanted to teach. An admission form from 1918 suggests that unmarried women were eligible to apply if they had a patron (*sarparast*) and illiterate women were allowed to enter a separate beginners' class for teaching Nagri and Urdu in 1910, for a scholarship of Rs2/ month.[58] Furthermore the prospectus of 1918 includes a consent form that requires women or their patrons to agree to refund the scholarship money given to them if they were to discontinue classes. None of these conditions suggests the Zanana Madrasa was drawing students from the service gentry or old aristocracy. In April of 1910 there were 12 students in total, whose names seem to suggest modest backgrounds: Kaneez Fatima, Basti Begum, Sarwari Begum, Roshni Begum, Bi Najeeb [?] Begum; Bi Maryam; Sarwari Begum; Bi Sohan Devi; Bi Gulab Devi; Bi Hydar Kala [?]; Bi Anguri; Bi Narbada. All of these twelve women were awarded book prizes of the domestic health manual *Amrit Sāgar* which was also on their syllabus; seven were given the Nagari version, while five were given an Urdu translation. The names do not suggest women from Delhi's Muslim *ashraf*; the two students from Delhi have names that might be considered "Hindu".[59] The Zanana Madrasa, nonetheless, seemed to teeter on the edge of a moment of cultural rupture for ashraf women. There is something revolutionary in Ajmal Khan's belief that from a class of people who were ashamed to carry their own groceries, there would emerge women ready to be employed to peer studiously into vaginas, and the men willing to endorse them. However, homosociality, *parda* in the clinic, and the discourse of science could not persuade *ashraf* families that this kind of labor was appropriate even for those few who would support women's participation in paid employment.

[58] *Madrasa Tibbiya wa shafa-khana-e zanana dehli ke pahle salana jalse ki report [Report of the First Annual Meeting of the Madrasa Tibbiya Women's Section, 1910]*, 12.
[59] Ibid., 12 & 23.

Ajmal Khan and the Imaginary of Embodied Empiricism

At the heart of Abdulmajid's project was to produce a "new *tabīb*" and a new kind of institution, one which would resemble in its aesthetic references a kind of darbar and would gather physicians of various persuasions together, reminiscent of the coterie by a Mughal sovereign's sickbed. These deliberate resemblances to older forms also had to accommodate the significant new social forces at play and especially the global shift to empiricist medicine. Hakims had always seen themselves as practicing a universal tradition and drawing on new forms of medical knowledge was not in itself problematic, however the new accommodation of manual labor was. They shared in their division of labor the same separation between the gentleman physician and barber-surgeon that was common throughout the early modern world. Ajmal Khan was remarkably successful at integrating technical work into the pedagogy of *hikmat*. His own appreciation of the importance of this integration became more urgent after his trip to Europe in 1911.

By 1906, Hakim Ajmal Khan took over the directorship of the Madrasa and sought to integrate new practices of observation and body-work into the existing syllabus of Avicennian texts. He was in part inspired by a tour of European medical colleges and hospitals in 1911. One of his biographers explains his preparation for this trip at length, remarking that before departing Ajmal Khan, "…learned to do his own work without a servant or the help of any other person and made it a habit to do his work with his own hands... in the mornings he would [even] turn back his sheets with his own hands"[60] – a description which seems to elevate Ahmad's call to associate self-work and scientific empiricism into a full-fledged trope. This training in self-sufficiency inaugurated a several months long trip to England and the continent. Ajmal Khan's

[60] Khan, *Hayat-e ajmal*, 52.

trip to the continent is less covered than his time in London, although his son, Jamil Khan, discusses it at length in his biography of his father, *Sīrat-e Ajmal*, using his father's letters and speeches.

According to the *Sīrat-e Ajmal*, Ajmal Khan was notably more impressed by continental Europe than England.[61] In Paris, he was fascinated by shops selling wax anatomical models, and apparently visited the Salpêtrière and found the organization of classrooms, and the teaching instruments superior to those in London.[62] Taken on a guided tour of the "Virchow *Krankenhaus*, Berlin" he found it even more affecting than the Salpêtrière, and was drawn to technologies which seemed resonant with the historical practices of *tibb*.[63] He was impressed by new kinds of medical technology, including what might have been a wheelchair (*hath ki aisi khubsurat gadi*), for the ease they offered to patients. He also had a tour of what seem to have been saunas that reminded him of the hamam common in the Islamic world, and that he indeed referred to as "hamam" (*garam aur thande pani ke khush numa hammamon ke 'ilawa bhap ke hammam aur bijli ke bhi*). He seemed most interested in a room of steam-powered exercise machines, and one machine in particular that required patients to sit on a saddle (*kathi*) – the exercise machine reminding him of an old *tibbi* prescription of camel-riding to strengthen liver function.[64] He was also impressed by learning that the initial investment in the hospital was two crore marks, and

[61] Khan, *Sirat-e ajmal*, 52-58.
[62] Ibid., 54.
[63] This is the famous Charité Hospital in Berlin. I would like to thank Ulrike Stark for making the association and explaining that the Virchow Krankenhaus is "a large municipal hospital opened in Berlin-Wedding in 1906 (now the Campus Virchow-Klinikum of the Charité)…the Virchow Krankenhaus had a "medico-mechanical" and a hydrotherapeutical institute, which offered steam baths and saunas as well as hot "sand bath" therapies. See, e.g., A. Laqueur, *Die Praxis der Hydrotherapie* (Berlin 1910)." (Ulrike Stark, email to author, April 13, 2020). The Wellcome Trust published a short study of Virchow's medical career and its political context: Ian F. McNeely, *"Medicine on a grand scale": Rudolf Virchow, liberalism, and the public health* (London: Wellcome Trust, 2002).
[64] Khan, *Sirat-e ajmal*, 56.

that this provided the benefit of German healthcare accounts, remarking that the "poor could obtain a quality of healthcare in Germany that princes couldn't obtain back home even after spending a tremendous amount of money".[65] It is noteworthy that these technologies did not prompt Ajmal Khan to doubt the epistemic authority of *hikmat*, but rather seemed to offer a mechanized manner of its instantiation.

Ajmal Khan began to rethink the operation of the Madrasa in light of these experiences in Europe. Soon after returning to India he held a *tibbi* conference in Lucknow at which he argued that the decline of *tibb* was due to leaving the practice of surgery to those "without knowledge" and creating a circumstance in which those hakims who were possessors of a breadth of learning were "incapable of working with their hands".[66] While Ajmal Khan, over the course of his life always strove to work within the intellectual and aesthetic horizons of hikmat he was well aware of the importance of instantiating medicine as a kind of technical work, and a discussion of classroom life reveals how this new habitus of hikmat was cultivated.

Embodied Empiricism in the Classroom: A New Structure of Feeling

A book written by a Madrasa alumnus, Rashid Ahmad from Amroha, reveals the extent to which Ajmal Khan's interests were institutionalized in the pedagogy of the men's section of the institution. Rashid Ahmad was a student at the Madrasa from 1910 to 1912, before becoming a personal secretary to Ajmal Khan, a post which he held until 1918, when he left to open a clinic in Bombay. Although his book is entitled *Hayat-e Ajmal*, suggesting a biography, or *tazkira*, the result is more a memoir of Rashid Ahmad's years studying and working at the Madrasa, reflecting his relationship to its professors, and especially to Ajmal Khan. In addition

[65] Ibid., 57.
[66] Ibid., 64.

to evoking the atmosphere of the classroom and how its professors with their diverging interests and personalities were memorialized, it offers us some insight into pedagogical changes, and most importantly, how the ascription of value to an embodied empiricism was instantiated in the classroom.

During Ajmal Khan's tenure as the head of the Madrasa, he took several steps to incorporate anatomical lessons and manual practices into the syllabus. This included collaboration with the Agra Medical School, from which he translated their anatomy syllabus into Urdu, distributing its lessons over the four year course of the Madrasa.[67] He also arranged to have students taken to government hospitals for clinical experience (*'amli tajārib*) during which they observed and later practiced small surgical operations. These operations included lancing boils and cleaning and bandaging wounds.[68] Rashid Ahmad referred to this kind of work as '*dast-kārī*', literally hand-work, evoking a positive association with craftsmanship and even embroidery rather than the grubby work implied by the word *jarrahi*, which immediately calls to mind, wound-dressing, cutting, blood, possibly cupping, and the world of hereditary operators such as the *hajjam*. *Dast-kārī* may also have been an Urdu gloss for the Arabic phrase *ʿamal bi'l yad*, used in the title of a well-known eleventh century treatise on surgery.[69] The term *dast-kārī*, then, conveys Ajmal Khan's interest in both dignifying the work of embodied empiricism while simultaneously grounding it within the longer genealogy of an empiricist strain within Avicennian medicine. Moreover, the students seem to have highly valued the ability to master *dast-kārī* – they observed one another's skills and competed to identify who was best at them.

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[67] Khan, *Hayat-e ajmal*, 44.
[68] Ibid., 45.
[69] This would be the 13th century al-Zahrawi and his text *Fi'l amal bi'al-yad.* See: Sami Hamarneh, "Surgical Developments in Medieval Arabic Medicine," *Studies in History of Medicine* June (1977). and M.S. Spink and G.L. Lewis, *Albucasis On Surgery and Instruments: A definitive edition of the Arabic Text with English Translation and Commentary* (Berkeley: University of California Press, 1973).

Rashid Ahmad even remarks that in his time one Hakim Muhammad Ali Sahib Amritsari was the best *dast-kār* amongst students.[70]

Rashid Ahmad's memoir also reveals a shift in how a mastery of Avicennian medical knowledge signified respectability. This was most visible when Rashid Ahmad memorialized his professors by describing their interactions with students. There was a sharp contrast, for example, in his representation of Hakim Abdurrashid Khan Sahib who taught Avicenna's *Canon*, and, Hakim Pirji Abdurrazzaq who taught a combination of yunani and "western" (*maghrebi tashrih*) anatomy. While the first man, Hakim Abdurrashid Khan is praised for the "breadth of his knowledge" of Avicennian metaphysics (*falsafa*) and natural philosophy (*tab'iyat*) he is nonetheless, also described as having a temperament suggesting a lack of control or self-mastery (*wahshat aur fitriyat*). Ahmad narrates episodes in which he was the butt of students' practical jokes. One of these was because of his ignorance of biomedical anatomical knowledge:

> One time some students had taken a skull and were discussing an anatomy lesson amongst themselves. A little later they felt mischievous and so presented themselves to [Hakim Abdurrashid Khan] with a question about anatomy and began saying, 'sir, we're stumped by trying to figure out where is the foramen magnum [entry point for spinal cord] on this skull.' He put his finger next to the eyes and nose and began to look at the skull intensely. After thinking for some time, he put his finger in the opening of the mouth and exclaimed, 'by god this is definitely the hole that is the foramen magnum!' This story remained a source of delight for the students for some time.[71]

Ahmad also remarked on a humorous episode which took place during one lesson at which the professor's son was present. The discussion turned to predicting the sex of a fetus. Hakim Abdurrashid asserted that if semen settled on the right side of a womb a boy would be born, and if on the left, a girl. Ahmad continues, "He was trying to demonstrate this point with reference to his own experience while his son was present in the class, and he narrated that

[70] Khan, *Hayat-e ajmal*, 45.
[71] Ibid., 47.

incident in such a manner that until this day we find it as hilarious [*masrur-kun*] as we did twenty-two years ago."[72] Ahmad is silent on the details of the professor's demonstration that caused such hilarity.

This atmosphere of playfulness and practical jokes amongst students suggests they were rather selective in the investment of their energies of apprenticeship, or *shagirdi*. In the case of Hakim Abdurrashid they behaved rather more like ambitious young men anywhere, intent to perform their cleverness, to display their mastery over new ideas, new ways of doing things, to outwit and outdo their predecessors. This was the very comportment Nazir Ahmad had lamented two decades earlier, and a departure from the reverence of the teacher that would have been expected of students in scholarly lineages. On the other hand, the young men meted out their smugness unevenly. Ajmal Khan was universally revered within the Madrasa, and Rashid Ahmad presents us with a portrait of another professor who seems to have been deeply admired by the students as well. That man was Hakim Pirji Abdurrazzaq, the anatomy teacher, who was no young man himself, having been the student of Abdulmajid Khan, Ajmal Khan's elder brother.[73] Where Abdurrashid was untamed, Pirji was an efficient master of his own energies: he was a kind of right hand man to Ajmal Khan, putting his ideas in practice; he oversaw the Madrasa's monthly periodical, *Majalla-e tibbiya* at the behest of Ajmal Khan; he also wrote a column on anatomy, *Badan ki sākht*, for every issue; he wrote a textbook on midwifery, *Talim al-qābila*, combining *yunani* and biomedical discourses; he taught at the Zanana Madrasa; and he taught anatomy at the men's Madrasa as well.[74] In discussing his teaching, Rashid Ahmad suggests why Pirji was so revered:

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[72] Ibid., 48.
[73] Zillurrahman, *Dilli aur tibb-e yunani [Yunani Medicine in Delhi]*, 281.
[74] Khan, *Hayat-e ajmal*, 48.

> The merit of his pedagogy was that when he summarized the anatomical problems of yunani by demonstrating them in light of the details of western anatomy, he did so in a manner that resolved all of the problems that could present themselves in proving the truth of yunani anatomy. His mastery over the art was tested whenever there was a conflict between yunani and western anatomy, and he would expend his great powers of analysis to reveal the correctness of yunani anatomy.[75]

The contrast between the depiction of the wild, and slightly ridiculous Abdurrashid and the intellectual prowess of Pirji suggest that mastery over the philosophical grounds of Avicennian medicine could no longer signify *sharafat* as it had in the bygone days of the *majlisi zindagi* of Delhi. A man who was acknowledged as an expert of rationalist philosophy in the Graeco-Arabic tradition (*falsafa*), but who could not read a skeleton, was deemed nearly incapable of managing his own self. By associating him with a feral disposition, using the terms *wahshat* and *fitriyat*, the biographer aligns this Avicennian philosopher with the exact opposite of *sharafat*. The new locus of *sharafat*, on the other hand, is the man who not only masters biomedical objects, by seeing them, and explaining them, but who is capable of aligning them with Avicennian categories in a manner that evinces both loyalty to a medical tradition now identified with community, as well as the incorporation of embodied empiricism into its fold. Moreover, although this excerpt does not illustrate how Pirji used his anatomical models, it broadens out what Ajmal Khan may have meant by preserving the "*khatt-o-khāl*"of hikmat. In the first instance, one aspect of the continuity of this aesthetic is the preservation of the word "*tashrīh*" for anatomy, which kept its association with the world of Avicennian commentary. Derived from the Arabic verbal root, *sharaha*, from which we have the noun *sharh*, for commentary, in the nineteenth century Urdu, *tashrīh* still retained its associations to "explaining", "expounding", "elucidation", that is, to dissect in a discursive sense, in addition to

[75] Ibid.

"dissection".[76] What we have in Pirji's work then, is some of the strenuous intellectual work required to legitimate the inclusion of an empiricist vision of the body within *hikmat*, and also retain the familiarity of its modes of reasoning. Although we do not have more detail about the intellectual work of grafting western onto *yunani tashrīh* in this memoir, Rashid Ahmad nonetheless, presents Pirji as a kind of scholarly warrior striving to ensure that whatever that grafting entailed, *yunani tashrīh* would be privileged as the stock to which some degree of *maghrebi tashrīh* would be added. The passage also suggests that speaking in the name of *tibb* itself seemed to be a part of the habitus of the new *tabīb* as well.

Taken together, Rashid Ahmad's two portraits suggest that the incorporation of scientific empiricism's gaze into the classrooms of the Madrasa was not met with much resistance by students, and was on the contrary a source of camaraderie and pleasure in some contexts. Of course, Rashid Ahmad's memoir reveals what medical reform meant to him, but it also reveals some of the details of its instantiation at the Madrasa Tibbiya. The most significant of these details is that Ajmal Khan was shifting the episteme of Avicennian medicine, incorporating new techniques of pedagogy and a new imaginary of the yunani medical subject, while trying to preserve the ethos of hikmat in a meaningful way. Although the *ashraf* public was not persuaded of the *sharafat* of women's labor at the Zanana Madrasa, the menial labors performed by men and glossed as "*dast-kārī*" seemed to have been incorporated into its aura. The same was true for the work with anatomical models and skeletons that served the teaching of *maghrebi tashrīh*.

Conclusion

In 1895, in the early years of the Madrasa, Nazir Ahmad remarked that what he admired about Abdulmajid Khan was that he hadn't changed his *waz'a*, which might be translated as his

[76] I use the definition from: John T. Platts, *A dictionary of Urdu, classical Hindi, and English* (New Delhi, India: Manohar Publishers & Distributors, [1884] 2006), 325.

"cultural style", his habitus, his way of being a *sharīf* man in the world. Being mindful of matters of *waz'a* was germane to the Madrasa project, as much as it was influenced by the reformism of Nazir Ahmad, and his interest in sampling from an Islamic imaginary in order to produce, if only rhetorically, some degree of attitudinal and cultural continuity amongst the *ashraf*. I have tried to show how this matter of embodying an aesthetic and moral sensibility, that Ahmad was so attentive to in his novels as well, that was at the centre of the Avicennian reform project in Delhi. This was more salient than the epistemological and genealogical typologies that have been used to frame discussions of traditionalism and reform in the history of colonial yunani medicine. I have also sought to suggest that the Madrasa project requires some re-thinking of how Islam figured in the imaginary of Avicennian physicians and their project of dignifying embodied empiricism. This might best be understood in light of Faisal Devji's discussion of a wider intellectual effort of Muslim apologetics in this period, one that might be examined with greater attention to the work that it did, rather than its limits or failures.[77] My larger point is that circumscribing the discussion of "Islam and Science" within a deontological ethics, or a preoccupation with scripture, misses the attitudes, mores, and vernacular knowledge whose grip over individual consciousness and public imaginaries may have been more salient. It is for this reason that I focused on the malleability of *sharafat* and in particular the attempt to cast the aura of *sharafat* over practices of manual labor, through the built environment, public displays of munificence, and the sampling of historical memory. *Sharafat*, however, was not a virtue unique to Muslims; it was ascribed to by service-gentry Hindus, many of whom supported the Madrasa. As much as the colonial state saw the Madrasa and Ajmal Khan as practitioners of 'Muslim' medicine, the project to dignify embodied empiricism may, then, more rightly be seen as a service-gentry project. That is, the history of Avicennian medicine sits uncomfortably within the

[77] Faisal Devji, "Apologetic Modernity," *Modern Intellectual History* 4, no. 1 (2007).

understanding of locality that underwrites much state-centered historiography on medicine in India. The Avicennian imaginary was already global, and while deeply grounded in local sensibilities, as I have sought to demonstrate, to write its history as nothing more than a local resistance to western medicine would be to diminish the capaciousness of that imaginary.

Chapter 3
The Ill Voice of the Yunani Medical Subject

Over the course of this chapter I examine a change in the temporality of yunani medical subjectivity in early twentieth century Urdu print culture. I do this by tracing the "ill voice" as a form in which medical subjects described their illness to a reading public. I sketch the appearance of this voice and note a departure in its form within the Urdu language medical periodicals produced and consumed by the north Indian gentry. This departure in form has many aspects; in this chapter I attend to a shift in practices of observing the body in time.

The Urdu medical periodical is a compelling site in which to excavate the medical subjectivity of the Muslim *ashraf*. The periodical, unlike the book, made readers visible through formal features such as published letters to the editor and columns on medical advice. It is in these columns of questions (*istifsarat*), where I believe we first see the voice of the ill reader[1] articulating symptoms for a general public, and where, I contend, we witness a gradual transformation of medical subjectivity within the *yunani* medical tradition as it is articulated in Urdu. I will develop this claim by examining a single periodical, *Majalla-e Tibbiya*, the Madrasa's main publication, mentioned briefly in Chapter One. It was published monthly, from 1903 until at least 1918.[2] My reading of the *istifsarat* will attend to three related questions: How does the voice of the ill reader, change from the classical period of *yunani* medicine to the colonial period? What conditions prompt this change in form, and what are the consequences of this change for our

[1] Although I am not developing his notion of 'sickly reading', the phrase 'sickly readers' is from Michael Solomon, *Fictions of Well Being: Sickly Readers and Vernacular Medical Writing in Late Medieval and Early Modern Spain* (Philadelphia: University of Pennsylvania Press, 2010).
[2] We do not know when the last issue was published. An issue from 1918 is cited in Faruqi, *Hindustan men urdu tibbi sahafat aghaz wa irtiqa.*, 74.

understanding of the *yunani* medical subject? To do this, I'll begin by sketching a brief outline of the representations of the ill person in earlier forms of *yunani* medical writing.

Absence of the 'Ill Voice' in Classical Yunani Texts and a Galenic Habitus

Two of yunani medicine's more renowned practitioners, Abu Bakr Muhammad bin Zakariyya al-Razi (d.c. 935 AD) and Abu Ali al Husayn bin Abdullah ibn Sina (d. 1037 AD) wrote encyclopedic works, *Kitab al-hawi fi'l-tibb* and *al-Qanun fi'l-tibb*, respectively, on which much subsequent medical writing in Arabic and Persian was based. The Arabic medical manuscript culture of their period included a variety of generic forms such as: didactic commentaries on the lengthy and expensive encyclopedic works mentioned above (*sharh*); formularies combined with *materia medica* (*qarabadin*) which listed compound medicines as well as simples (*mufradat*); biographical dictionaries of practitioners (*tazkira*); and monographs on specific conditions (*risala*). What is noteworthy for our purpose here is that these generic forms that were antecedents to the yunani medical periodical of the nineteenth century did not foreground the ill person as an object of medical attention. Some may have used the body as an organizing principle, mapping diseased parts onto a kind of textual homunculus, from head to toe, however it was the diseased part rather than the person that was foregrounded here. The ill person was present only implicitly, as the object of medical treatment and diagnostic procedures, such as pulse and urine analysis. These genres did not accommodate the voice of the ill patient, nor register the subjective experience of illness, even in the place where one might expect it, the medical case history.

The medical case history has been recently recognized as a particular mode of writing that appears in several of the genres noted above. In this regard, the copious case notes of the

tenth century hakim, al-Razi demonstrate some continuity with early Hippocratic cases. Al-Razi's cases, which number over a hundred, were compiled by his students for didactic purposes and constituted a widely circulated model for representing disease and the ill body. Within these cases, the description of disease was highly succinct, focused on presenting signs of illness, and often omitted contextual information about the patient, such as prior illnesses or notes on biography.[3] While occasional remarks on restraining excesses in diet or sexual activity may be made, there is no elaboration of moral or divine causation of illness, at least in the voice of the practitioner, in these cases. The voice of the ill patient is largely absent. In the occasional instance in which a case does register the voice of the ill patient, it seems to be as a response to a script of questions about the onset of the acute condition.[4] Aside from those excerpts, the body of the sick person itself "spoke" to hakims through prognostic signs tied to the temporality of disease, especially febrile conditions. [5] Interpreting these signs entailed a semiotics of the body that hakims learned from Galen's treatise, *Critical Days*, as translated by Hunayn ibn Ishaq (d. 873) and later disseminated by Abu Bakr Muhammad ibn Zakariya al-Razi's (c.854-925/35) and

[3] Cristina Alvarez Millan, "Graeco-Roman Case Histories and their Inflluence on Medieval Islamic Clinical Accounts," *The Society for the Social History of Medicine* 12, no. 1 (1999): 22.
[4] "I came to see a sick man.. I found him in distress and I asked him, 'how long have you been like this?' he replied 'this is the seventh day'. so I surmised that it was a crisis… I suspected the crisis would come about with diarrhea, and I said to him, 'do not take anything!' At the close of the day I returned and found that his discomfort was greater. I asked him 'when did you get into this state?' He said: 'the fourth day, for on that day I ate a quince'": Peter Pormann and Emilie Savage-Smith, *Medieval Islamic Medicine* (Washington, DC: Georgetown University Press, 2007), 119 ;The citation is their translation from the notes of Ya˙qub ibn Ishaq around 1202 AD. Also: ibid., 115-21.
[5] Glen M. Cooper, "Approaches to the Critical Days in Late Medieval and Renaissance Thinkers," *Early Science adn Medicine* 18, no. 6 (2013). Alvarez Millan, "Graeco-Roman Case Histories and their Inflluence on Medieval Islamic Clinical Accounts," 12, no. 1 (1999).; Paul Potter, "Some Principles of Hippocratic Nosology," in *La Maladie et les Maladies dans la Collection hippocratique*, ed. Gilles Maloney Paul Potter, Jacques Desautels (Quebec: Les Editions Du Sphinx, 1990).

Ibn Sina (980-1037).[6] This semiotics entailed marking the onset of the condition, the enumeration of its critical days and days of crisis (*bohran*), loosely connected to lunar cycles, and correlating the periodicity of the fever with specific symptoms in order to classify the type of crisis, as good (*mahmud*) or otherwise, and thereby predicting the likelihood of death.[7] This practice of observing the body and the temporality of disease was ultimately intended to evaluate the strength of the individual's natural healing power (*tabīʿat*). In one text, the writer instructs the physician-reader to think of the body through the metaphor (*tashbih*) of a city under siege in order to understand the "war" between illness (*marz*) and *tabīʿat*, where the latter is the king defending the body during the days of battle, the days of the crisis.[8] Hence the body, made legible by the spatial metaphor of the city, while permeable to astrological influences was also host to a discrete disease entity, one with its peculiar temporality, the ebb and flow of advance and retreat in a siege, a temporality which existed independently of the sick subject. That is to say that while the theory of yunani medical texts often elaborated a complex set of correlations between the person's temperament, biography, and environment, the practice revealed in case histories suggests a gaze oriented to the disease and concerned with its peculiar temporality, one which existed independently of the sick subject, tied as it was to the body's internal economy of

[6] My understanding of the theory of critical days, and the history of its transmission is based on the work of Glen Cooper, who acknowledges that Ibn Sina's and al-Razi's encyclopedic texts have yet to be studied with a close attention to the theory of critical days. His work on translating and contextualizing Hunayn's text has led him to believe that it was the primary translation used by later scholar-physicians. See: Galen, *Galen, De diebus decretoriis, from Greek into Arabic : a critical edition, with translation and commentary, of Hunayn ibn Ishaq, Kitab ayyam al-buhran*, ed. Glen Michael Cooper and al-'Ibadi Hunayn ibn Ishaq (Burlington, VT: Ashgate, 2011), 11-61.

[7] Muhammad Badruddin Ibn Khwaja Jamaluddin and Akbar Arzani, "Risala al-bohran," in *Mizan al-tibb urdu*, ed. Qutbuddin Ahmad and Tr. Muhammad Abdulhakim (Lucknow: Nami Press, 1910), 239.

[8] Ibid.

healing power marshalled against the disease itself.[9] The theory of critical days and the Galenic practice of self-observation is visible long into the early modern period. Indeed its pervasiveness suggests that in medical matters literate men had appropriated this unselfconscious manner of thinking about conducting themselves with respect to their body as a kind of habitus.

Galenic Voice in India, From Persian to Urdu

Yunani medical writing was produced in India as early as the 10th century, however its institutional foundations do not develop until the Mughal period. We know that *yunani* medicine was part of the madrasa curriculum discussed in the *Ain-e akbari*, and that the *Dars-e nizamiya* course included Arabic language commentaries and compendia of the writings of al-Razi and Ibn Sina amongst others.[10] Although an apprenticeship in *yunani* medicine would have required demonstrated mastery of Arabic texts, medical writing was also produced in Perisan. The first amongst these Persian medical encyclopedias was the twelfth century *Zakira-e Khwarazmshahi* which inaugurated a tradition of Persian language compendia, amongst them one dedicated to the prince Dara-Shikoh (*Tibb-e Darashikohi*) in the 17th century. This production was especially pronounced in the 17th century when the prolific Muhammad Akbar Arzani (d.1722) wrote several important compendia and translations of Arabic encyclopedic works. Arzani's Persian translations and compendia may explain how the conceptual vocabulary of yunani medicine permeated so deeply into the high culture of Mughal aristocrats, courtiers, and the *ashraf* in general who, as we know, used Persian as a language of literature and learning well into the 19th

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[9] Cristina Alvarez-Millan, "Practice versus Theory: Tenth-century Case Histories from the Islamic Middle East," *The Society for the Social History of Medicine* 13, no. 2 (2000).; Guy Attewell, "The End of the Line? The Fracturing of Authoritative Tibbi Knowledge in Twentieth Century India," *Asian Medicine: Tradition and Modernity* 1, no. 2 (2006).

[10] Abdul Jalil, "The Evolution and Development of Greco-Arab Medical Education," *Studies in History of Medicine* September (1978).; AH Israili, "Education of Unani Medicine During Mughal Period," ibid. (1980).

century.[11] Not only was the conceptual vocabulary of yunani medicine thus made available to circulate outside the realm of medical expertise in Arabic texts, but its particular form of describing illness experience, the Galenic habitus suggested by it, would likely have been transmitted as part of this broader circulation of medical knowledge in the early modern period.[12] That regional aristocrats, courtiers, and lesser literate men, were influenced by the hermeneutics of the body described above is also evident in the manner in which non-specialists described illness in non-medical literature, which is where subjects of yunani medicine are seen to be observing the temporalities of illness within their own bodies and those of their loved ones.

Circulating Galenism in Epistolary World of Urdu Intellectuals

The *ashraf*'s familiarity with *yunani* medical language is registered in the letters of one of their pre-eminent poets, Asadullah Khan Ghalib (1797 – 1869). Ghalib's correspondence includes numerous discussions of his own health and the ill health of members of his household.[13] In these letters Ghalib recommends the books of Akbar Arzani, demonstrates his own familiarity with their prescriptions, offers medical advice to friends, solicits medical advice from hakims, and asks his correspondents for details of their own health and ailments. His writing hints at the existence of a lively, and unexamined epistolary world of diagnosis and

[11] Tazimuddin Siddiqi, "Hakim Muhammad Akbar Arzani," ibid. (1981).
[12] For some indication of widely cited Persian medical texts see Muzaffar Alam, "The Culture and Politics of Persian in Precolonial Hindustan," in *Literary cultures in history : reconstructions from South Asia*, ed. Pollock Sheldon (Berkeley: University of California Press, 2003), 139-42. For medical education see, Allami, *Ain-i Akbari*, 279.; Alvarez-Millan notes al-Razi's aristocratic patients were familiar with medicine themselves: Alvarez Millan, "Graeco-Roman Case Histories and their Inflluence on Medieval Islamic Clinical Accounts," 12, no. 1 (1999): 41.
[13] The medical texts Ghalib was reading are noted in Mirza Asadullah Khan Ghalib, *Ghalib, 1797-1869. Volume I: Life and letters*, ed. Ralph Russell and Khurshidul Islam, UNESCO collection of representative works. (Cambridge, Mass.: Harvard University Press, 1969), 115-16. They include Akbar Arzani's *Mufarrih al Qulub* and *Tibb-i Muhammad Husain Khani*.

therapy, one in which men who were not formally trained in *yunani* medicine nonetheless read and discussed its textbooks. While I do not have the space here to explore that world, I would like to suggest that within it, in the private or semi-private expressions of the ill voice in Urdu, we see continuities with classical forms of representing the ill patient. Consider the following excerpts where Ghalib describes a febrile illness of his nephew and then his own poor health:

> Today it is *thirteen* days since he opened his eyes. He lies there day and night with the fever, unaware and unconscious. Yesterday, the *twelfth day*, he was purged, and he passed four motions. All he has to live on is medicine three or four times a day and barley-water two or three times…[a few days later, separate letter] .Today is the *sixteenth day* of the fever, and the ninth since he had so much as a grain of solid food…Today he is being given an enema.[14]

Describing his own ailments, Ghalib writes:

> Now I've started a bout of pain in the chest. The pain starts up, lasts for twelve hours, or eighteen hours, or six hours, and then goes away…Hakim Ahsanullah Khan looks after me now. He told me that the season was changing and I should be purged. Accordingly, I have had ten to twelve suppuratives and three purges. The third was today. I'm writing to you after taking my cool drink, and my servant has gone to Khan sahib with a note…write to me in similar detail about your health[15]

These excerpts, and others in his letters, suggest continuity with the classical *yunani* representation of the ill patient in several ways. Like descriptions in medical cases, they are quite succinct, they dispense with symptoms very quickly and the object of attention is a disease entity, a fever, chest pain, that is endowed with a kind of agency independent of the ill person. The internal economy of this disease entity is suggested by its temporality, by enumerating the critical days in a Galenic or Hippocratic fashion. Ghalib, even when describing his own condition, is far from voluble about the experience of suffering or the quality of pain, he does not linger on the state of his own body. His descriptions of illness resemble those of al-Razi in their

[14] Ibid., 107.
[15] Ibid., 116.

brevity, their detached and concise description of the presenting problem, and their inattention to questions of causality, natural, moral or otherwise.[16] As a speaking subject giving voice to his own illness experience, he represents it in a manner that strongly resembles the chart-talk evident in the cases of the classical *yunani* tradition.

I draw attention to the manner in which Ghalib gives voice to his own ailments in order to mark this voice as a comparative point for the later form of illness expression that appears in the Urdu medical periodical literature. Moreover, I deliberately employ Ghalib's correspondence to demonstrate the durability the Galenic habitus, and the manner in which it was articulated unselfconsciously, as a part of the "vernacular knowledge" of the Muslim gentry.[17] Recall that Ghalib's letters, much like his poetry, were celebrated for their iconoclasm. His correspondence was especially cherished for the manner in which it broke from the long-held stylistic conventions of courtiers who were taught to assiduously deploy highly constrained epistolary forms.[18] It was precisely because Ghalib's letters mimicked the speech of everyday life that they were a watershed moment in the history of Urdu literature. Given this, his use of the Galenic voice of classical yunani medical writing to describe his own body is striking: it suggests the importance of maintaining a certain dignified reserve in the discussion of one's own body, and the continuity of that voice even within the world of close homosocial companionship that constituted *ashraf* masculinity.

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[16] For an elaboration on the form of yunani case histories see Alvarez-Millan, "Practice versus Theory: Tenth-century Case Histories from the Islamic Middle East," 13, no. 2 (2000): 293-306.
[17] By "vernacular knowledge" I mean "a set of propositions so thoroughly assimilated into the mental habits of a culture that it was accepted almost as a matter of common sense" as stated in Jan Goldstein, *Post-revolutionary self: politics and psyche in France, 1750-1850* (Cambridge: Harvard University Press, 2005), 131.
[18] Ghalib, *Ghalib, 1797-1869. Volume I: Life and letters*.

Medical Education and the Urdu Medical Periodical

The span of Ghalib's life coincided with a period of significant change amongst the north Indian Muslim gentry, whose hallmark feature has been referred to as the transition from "*ashraf* to middle class"[19] After the Rebellion of 1857, and the establishment of Crown Rule, the lives of the north Indian gentry were more rapidly reconstituted by colonial education, employment and medical institutions. Colonial education, far from erasing local cultural heritages re-weighted existing emphases within them. An exemplar of this process was the British-supported efforts of Sir Saiyid Ahmad Khan to found the Muhammadan Anglo-Oriental College (MAOC) at Aligarh, whose first generation of instructors were young dons down from Cambridge. Aligarh, as the school came to be known, was intended to cultivate genteel men to participate in a highly curtailed democratic politics at local levels, and yet ironically became an incubator of Muslim political sentiment that led to the agitations of the *khilafat* movement, in support of the continuance of Ottoman caliphal authority, and the birth of Muslim mass politics.[20] The reform of *yunani* medicine in Delhi and the establishment of the Madrasa Tibbiya there in 1889 fell within the spirit of the Aligarh project. The Madrasa was publicly supported by prominent donors to the MAOC as well as the Delhi Municipal Commission.[21] The Madrasa, and the wave of *yunani* medical schools built across north India in the 1910s, similarly drew *yunani* medicine into the ambit of Muslim politics. Both Muslim intellectuals, such as Shibli Numani, and British administrators, increasingly saw *yunani* medicine as signifying the legacy of Mughal and

[19] Pernau, *Ashraf into middle classes: Muslims in nineteenth-century Delhi*.
[20] See the last chapter on the Ali brothers in Lelyveld, *Aligarh's First Generation: Muslim Solidarity in British India*.
[21] As has been described in Chapter 1, these supporters included Sir Saiyid Ahmad Khan, Nazir Ahmad, and Altaf Hussain Hali.

Muslim sovereignty in India.[22] The effort to mark these educational projects as Muslim and to fund them through private donations was likely driven by resentment of colonial attempts to co-opt yunani medicine for cheap health care delivery, particularly in the Punjab. As described in Chapter One, this included the Lahore Medical School's class to train hakims, as well as the previous, more practical, Mercer program. The latter was intended, according to Punjab's Dispensary Reports, "To supplant the erroneous Hindi and Yunani systems which alone are known to native practitioners, by the more rational and scientific systems of surgery and medicine, now practiced by western nations".[23] This contemporary attitude was perceived by gentry hakims. It explains in part why medical reformers, even those critical of yunani medicine, nonetheless perceived a need to support yunani medical education which sustained a commitment to this tradition's own universe of concepts and practices, as I have discussed in previous chapters. In addition to the Madrasa Tibbiya, several yunani medical colleges were established across north India in the following decades and were similarly supported by historically important physician families.[24] For example, in Lucknow, as studied by Seema Alavi, the renowned Azizi family founded the Takmil al-Tibb College in 1902, located in the historic physicians' quarter, Jhawai Tola. Other schools were later established in Patna, Aligarh, Allahabad, and in princely states such as Hyderabad and Bhopal as well. Many of these colleges began publishing a school periodical to circulate institutional news, products and to cultivate both specialist and lay readers.

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[22] Shibli's speech to the members of the Ayurvedic and Yunani Tibbi Conference was printed in the Madrasa Tibbiya's monthly magazine: Shibli Numani, "Shams al-ulama Maulana Shibli Sahib Nomani ka Lekchar," *Majalla-e tibbiya* 9, no. 12 (1911): 52-60.
[23] R. Gray, "Report of the Inspector General of Dispensaries, Punjab, for 1868," (Lahore1869), 8.
[24] For an overview of the new educational institutions see: Saiyid Muhammad Hasan Nigrami, *Tarikh-e tibb ibtida ta 'ahd-e hazir* (Nai dehli: Qaumi kaunsal baraye farogh-e urdu zaban, 1989).

The founders of these medical schools were part of a generation of *ashraf* men that were already comfortable with print media, and especially the periodical, as part of earlier experiments with new forms in Urdu, such as the novel and the essay.[25] The medical periodical might also be counted amongst these novelties. Since the print periodical was a relatively inexpensive medium, and available wherever there was a post office, these novel forms were able to circulate widely.[26] The Urdu medical periodical is an interesting historical source precisely because it travels to varied kinds of spaces, and retrieves from them the voices of men such as the small town school teacher, or the courthouse clerk in the midst of their illness experience. The Madrasa began publishing a monthly periodical called *Majalla-e tibbiya* in 1903, the first Urdu medical periodical devoted exclusively to cultivating hakims as a professional group and to engaging seriously with the intellectual heritage of classical yunani medicine. It is to this periodical I now turn.

Unlike the early Urdu newspaper which can be posited as an intermediary form between the Persian court circular (*akhbarat*) and the English newspaper, the antecedents of early Urdu medical periodicals are more difficult to locate.[27] Although periodical titles may include the words "*akhbar*" (current events) or "*majalla*" (magazine) into the twentieth century, the internal evidence suggests that the contributors and readers referred to them as "*risale*", as in Urdu historiography today. [28] The *risala* form itself, does have a long history; in pre-Islamic Arabic the word meant an oral message, later acquiring the sense of a written message, and by the medieval

[25] See Sir Saiyid Ahmad Khan's essays and on experimenting with the novel in Urdu see Jennifer Dubrow, "From Newspaper Sketch to "Novel": The Writing and Reception of Fasana-e Azad in North India, 1878-1880" (University of Chicago, 2011).
[26] On the post office as an important social site because of its circulation of periodical literature see ibid., 146.
[27] For the *akhbar*, see Pernau, "The Delhi Urdu Akhbar Between Persian Akhbarat and English Newspapers," 18, no. (2003). Also, Ulrike Stark, "Politics, Public Issues and the Promotion of Urdu Literature: Avadh Akhbar, the First Urdu Daily in Northern India," ibid.
[28] Faruqi, *Hindustan men urdu tibbi sahafat aghaz wa irtiqa.*, 15-20.

period was used in the sense of an "epistle", again borrowing from the Hellenic tradition.[29] It is not clear how this word comes to apply to Urdu medical periodicals, but perhaps insofar as the *risala* evokes correspondence it lent itself as an appropriate category within which to situate the periodical form which has a dialogical quality not present in the encyclopedias and compendia of classical yunani medicine. If one considers the multiplicity of contributors present in the twentieth century Urdu medical periodical, the more appropriate antecedent form, if any, would seem to be the epistolary world that I hinted at above, or perhaps even the retinue of disagreeing physicians that erstwhile emperors called to their sickbed.[30]

Antecedents aside, once the medical periodical did appear in Urdu in the 1840s, it took several decades for a stable set of medical periodicals to appear. This stability required expert contributors who valued the popularization and democratization of *yunani* medical knowledge, and it also required the readers that were interested in this kind of medical conversation and who could afford the periodical subscription and postage fees. Such contributors and readers would have been in relative short supply in the early years of medical periodical publishing in Urdu, from the 1840s to the 1870s.[31] In these early decades, there were only a handful of new titles per decade, and these were mostly published by the staff associated with colonial medical schools,

[29] This section on the *risala* is largely from A Arazi et al., "Risala," in *The Encyclopaedia of Islam, Second Edition*, ed. P. Bearman, et al. (Leiden: Brill Online, 2012). The risala was also treated as a single-subject treatise, as is evident from even a quick glance at medical book titles, many of which are manuals for specific practices, such as urinalysis.

[30] See Solomon, *Fictions of Well Being: Sickly Readers and Vernacular Medical Writing in Late Medieval and Early Modern Spain*. Another meaning of risala, as a treatise or monograph seems implicit in titles from the 1860s and 70s in which a single subject, such as cholera, or urinalysis, is explained as a 'risala': e.g. C. H. Cutcliffe, "Resala-i-Haiza," in *Statement of Particulars Regarding Books, Maps, etc, Published in the N.W. Provinces, and Registered Under Act XXV of 1867 During the 2nd Quarter of 1868* (Allahabad: Government Press, 1868), 2.

[31] Faruqi, *Hindustan men urdu tibbi sahafat aghaz wa irtiqa.*, 22.; Faruqi lists three periodicals from the 1840s: one from Calcutta or Lucknow; one from Hyderabad; one section in a magazine which featured three topics, published from Delhi college. Reputable hakims from aristocratic families were reluctant to publicly share their inheritance of prescriptions and practical techniques.

especially those at Agra and Lahore. [32] These periodicals were largely intended for Indians working at the lower grades of the medical administration, such as those being trained for work as hospital assistants and native doctors. While the periodicals included some articles on yunani medicine or "desi" medicine more generally, they were primarily intended to inform their readers about allopathic treatments and cover international medical news.[33] This picture changes from the 1880s through to the 1930s, during which time there is a significant rise in the number of new periodical titles published per year.[34] This increase may be due to both the formation of a critical mass of readers and contributors, likely alumni of the Hindustani medium classes of the Lahore medical school, and also to the formation of private institutions for training men in yunani medicine.[35]

The Majalla-e tibbiya & its Readers

The *Majalla-e tibbiya* was a small, portable, lightweight monthly of thirty to forty pages. Published lists of donors reveal it was circulated throughout the Punjab, the United Provinces, Bihar and small princely states. At three anas an issue, or two rupees for a yearly subscription it was well within reach of men working in colonial posts and its own graduates, some of whose

[32] See Chapter 5 for more detail.
[33] Even so, the print run for these periodicals in the 1860s is around 300. For example, the print run for the monthly *A'īna-e tababat* from Agra fluctuates between 80 and 300 per month in 1868 and1869: W. Walker, "A'ina-e Tababat," in *Statement of Particulars Regarding Books, Maps, etc., Published in the North-Western Provinces, and Registered Under Act XXV of 1867, During the 3rd Quarter of 1868* (Allahabad: Government Press, 1868).And the monthly *Bahr-e hikmat* hovers around 300 per month in the 1870s.
[34] The total number of titles per decade, in his list, are: 2 in 1840; 1in 1850; 3 in the 1860s; 4 in the late 70s; 13 in the 1880s; 4 in the 1890s; 6 in the 1900s; 11 in the 1910s; 26 in the 1920s; 36 in the 1930s. This information is in his lists: Faruqi, *Hindustan men urdu tibbi sahafat aghaz wa irtiqa.*, 309-14.
[35] On the training scheme for hakims at Lahore Medical College: Hume, "Rival Traditions: Western Medicine and Yunani Tibb in the Punjab, 1849 - 1889," 51, no. 2 (1977): 214-31.

salaries ranged from 30 to 200 rupees a month.[36] In 1906, the print run of the *Majalla-e tibbiya* was 500 copies, suggesting a ballpark circulation figure for the periodical.[37] An earlier Urdu medical periodical, *Tabīb*, which was mentioned in Chapter Two, and also promoted the reform of yunani medicine, had a monthly print run of 700 copies.[38] By comparison, an annual report for the Madrasa, which likely had an overlapping readership to some degree, had a print run of 1500 copies.[39] The print run may also be a conservative estimate of readership if one considers that periodicals were likely shared amongst readers.[40] Aside from a short statement in the inner cover of each issue, the *Majalla-e tibbiya* says little about its broader intervention in the world of yunani medicine. According to this statement, the periodical's intended readership was primarily the school's graduates and students.[41] However, the donor lists and letters to the editor reveal a

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[36] For the subscription rates see: Editor, "Qawa'id majalla-e tibbiya dehli," *Majalla-e tibbiya* 1, no. 4-July (1903): 3. It is still the same in 1908: Mirza Muhammad Abdulghaffar Beg and Munshi Sayyid Muhammd 'Umar, "Qawa'id majalla-e tibbiya dehli," *Majalla-e tibbiya* 6, no. 2-February (1908): back cover. Student placements and salaries were regularly published in the 'Madrasa News' section of the periodical. The Rs 30 placement was advertised in 1906: [?], "Madrasa tibbiya dehli ki khabren," 4, no. 6-June (1906): 2.

[37] *Report salana Madrasa Tibbiya Dehli babat sal panz-dahum wa shanz-dahum wa haft-dahum [Madrasa Tibbiya Annual Report, Years Fifteen, Sixteen, Seventeen]*, 13.

[38] Education Department, "Risala-e tabib," in *Catalogue of Books Registered in the Punjab under Act XXV of 1867 During the Quarter Ending June 1885* (Lahore: Punjab Government Press, 1885).

[39] Delhi Chief Commissioner, "Ayurvedic and Unani Tibbi College, Delhi ki sih sala Mukhtasar Report read before Mr. Gandhi on 13th February 1921," in *Catalogue of books registered in the Delhi Province during the quarter ending 31st March 1921* (Delhi1921), 2.

[40] Some documentation of shared reading includes postal workers who used to open periodicals and read them before delivery, as discussed in Stark, "Politics, Public Issues and the Promotion of Urdu Literature: Avadh Akhbar, the First Urdu Daily in Northern India," 18, no. (2003): 74. Also, men used to wait in front of post offices to have periodicals read to them by their acquaintances, see Dubrow, "From Newspaper Sketch to "Novel": The Writing and Reception of Fasana-e Azad in North India, 1878-1880," 146.

[41] The intended audience can be discerned in the 'Goals of *Majalla-e tibbiya dehli*' which were regularly printed on the back cover from 1903. The five goals remained the same over the periodical's life. They included publishing yunani medical knowledge in the Urdu language; circulating news about Madrasa alumni, and helping Madrasa alumni to advance. See: Editor, "Maqasid majalla-e tibbiya dehli," *Majalla-e tibbiya* 3, no. 7-July (1905).

more varied set of voices including doctors and *ayurvedic* practitioners, and school teachers in addition to hakims.[42]

That readership's perception of the aims of the *Majalla-e tibbiya* is suggested by a letter submitted in 1906 which called the periodical a "great opportunity for physicians [*atibba*] to receive advice from their contemporaries about patients under their treatment," and also noted that its prescriptions served as "household doctors to the poor," and continued that "it is as though a democratic medicine [*jamhuri tibb*] has been established because of this periodical."[43] By remarking on the reception of the periodical as a "household doctor", and invoking the image of a republic, this man, who seems to have been a medical practitioner himself, reveals a readership that the periodical patrons did not anticipate – the layman who not only read the periodical in lieu of the advice of a practitioner, but also contributed to it. Whether or not the layman was poor, as this contributor put it, is difficult to judge. Many inquirers do request less expensive prescriptions, and one even offers that he is a person of lower social status, writing "*main adna haisiyat ka admi hūn*", although there is no reference to caste, income or occupation that would clarify what this means.[44]. On the other hand, in the later 1910s several men offer a reward to the contributor who will give them a recipe that will cure their ailment. Requests for advice do occasionally include a name, occupation and district name, which convey the impression that many readers were employed in the lower levels of colonial administration.

[42] A school teacher's letter is published in: Abu Yunas Haq Nawaz, "Istifsar nambar 6," ibid.4, no. 5-May (1906): 44. Doctors and vaids appear in the letters concerning cases. The major donors to the Madrasa, and presumably readers of the *Majalla-e tibbiya*, were leaders of princely states. In 1907, a list of donors to a Madrasa fundraiser for the women's wing was published in the *Majalla-e tibbiya*. This list includes a few doctors, but also many lawyers, Hindu and Muslim, as well as gentry, from cities throughout UP: Sayyid Imdadunabi Azad, "Repart tibbi ajent ba-gharz farahami chanda madrasa daiyan va zenana shifakhana," ibid.5, no. 9-September (1907): 37-43.

[43] Abdurrashid Riyasat Rajgadh, "Majalla-e tibbiya ke muta'alliq ahbab ki raiyen," ibid.4, no. 4-April (1906): 38.

[44] Du'a-go kharidar majalla-e tibbiya, "Istifsar nambar 4," ibid., no. 5-May: 43.

Evidence within letters such as reference to travel for work, suggests frequent transfers that would have been associated with this work. However, since submissions were frequently anonymous, locating this layman reader with greater specificity within his social milieu, and considering how this category might be internally differentiated is challenging. For the moment, I will leave that question aside and focus on the voice of the ill layman as it presents itself within the advice column of this yunani medical periodical and consider how it relates to the earlier articulations of illness that I have traced above.

Illness Narratives in the Advice Column of the Majalla-e tibbiya

The medical advice column of *Majalla-e tibbiya* was published in each issue, in the last section of the periodical. In the first year, replies to the queries were not regularly published, and could take two months or more. It seems that by 1906 there was a stable correspondence between the questions published in one issue, and the replies, which were published the following month. This monthly frequency, the lag-time between question and reply, and perhaps the awareness that one's letter may not be published immediately, were conditions that lent themselves to queries about chronic and intractable conditions. The published replies could be submitted by anyone, but were largely submitted by hakims affiliated with the Madrasa, all of whom signed their names. The questions, however, unlike the replies, could be made anonymously, and were submitted by both medical specialists and lay readers. The queries of medical specialists are recognizable since they are often marked by a statement that advice is being sought for someone under their treatment. The ratio of lay to specialist queries fluctuates over the life of the periodical, with the specialists predominating in the early years, and the laymen's queries taking

up at least half the available space per issue from about 1906 to 1912.[45] It is during this period that we see a departure from the earlier Galenic form of the voice of the yunani medical subject, and the appearance of a new form that exists alongside it. Let me begin by citing two instances that represent the persistence of elements of that early form of articulating one's illness experience. The first is from April 1906, submitted by a reader from Mehsampur writes:

> The writer's age is 24 years old. The body is very thin. Temperament bilious. Hot things do not suit. There is an excess of stammering [*laknat*]. Weak mind. At first there was a bilious palpitation [*khafqan safrawi*], now it's alright. Memory is reduced compared to before. Intellectual aptitude isn't good. The greater concern is about the stammering, which has prevented the acquisition of knowledge.[46]

This man's description of his illness resembles the voice evident in Ghalib's letters or the case notes of al-Razi in several ways. The problem is stated with brevity, there is an absence of contextual or biographical information, with the exception of age and temperament, there is an absence of moral causal explanations of the condition, and the object under inspection is the disease entity rather than the ill person. Indeed, the subject describes his own body as though it were an externality under observation by a third party. The affective detachment of this form is more pronounced in the next example, a submission from a reader in May of 1906:

> This lowly one's age is approximately 33 or 34 years at this time. For some time my belly and back have been covered with marks. But in the last two years, this has been the state of things: sometimes spots appear on the whole body and large scabs [*chugde*] cover the body. This lasts sometimes for two months, sometimes one month, sometimes fifteen days, sometimes four or five days. The welts go down after two or three hours. About a month and a half ago, the [skin] on the entire body was inflamed and there were large welts everywhere and the eyes and mouth were swollen. That lasted for three days before the swelling went down and that had never happened before. Not eating anything other than goat meat and dals, and no hot things…The name of this condition and a tested cure

[45] In 1903, the queries are mostly from medical specialists and some issues have no questions at all. From 1906 to 1912, there are about 4 – 5 inquiries per periodical depending on the length of the query, and 2-3 will be by laymen. This changes after 1912, when the number of queries increases but their form is more tightly regulated. There could be 9 to 10 questions, but very brief, limited to a paragraph.

[46] Muhammad Mohsin, "Istifsarat nambar 4," *Majalla-e tibbiya* 4, no. 4-April (1906): 41.

> are respectfully requested from the readers of the *Majalla-e tibbiya*, and especially from the esteemed hakim Ajmal Khan, pride of Hindustan and *ra'īs* of Delhi.[47]

Again we see the same affective detachment and the distance between the speaking subject and the disease condition. With the exception of a single use of the possessive adjective "my" (*mere*) in the first sentence, the description could have very well been that of the illness of another person. Moreover both men exhibit familiarity with classical yunani medical vocabulary – in the use of temperament in one case and in the close attention to the periodicity of the condition in the other. This familiarity, which can be explained by the wide circulation of printed yunani medical books and dictionaries in this period, was also a hallmark of erudition in the high culture of the urbane Urdu reading gentry of earlier periods.[48]

In the same year that these submissions are published, however, we begin to see a different kind of voice articulating illness experience. Unlike most questions of both specialists and lay readers, which were limited to a paragraph at most, these longer queries often ran a half page to two or more pages in length. They are striking in their difference from the Galenic form and although this change in form does not progress in a linear fashion over this period, nor is the new form hegemonic, its appearance, albeit sporadic, demands examination. I will cite here a single instance of one of these new voices, from a man from Beawar in 1912.

> My age is 43 years. Although I look healthy, I have been extremely weak since my early days. I was excessively thin as a child. I filled out a bit after the age of 25 but the weakness didn't decrease, in fact now it's even worse than before. I start panting after just going up the stairs or walking a little faster. Due to imbalances and inappropriate behavior [*ghalat karon*] in my childhood, I developed impotence [*riqqat*] at the age of 30. And even now my sex drive has become really low. Sometimes there's some pain in my joints. My stomach is really weak; I have trouble with pulses and things like that. I'm always bloated. I often get dysentery and lots of flatulence. I have a reaction to eating anything even slightly hot or slightly cold. In 1892 I had an inflammation of the eye

[47]Muhammad Bashiruddin, "Istifsar 1," *Majalaa-e tibbiya* 4, no. 5-May (1906): 39-40.
[48] See the essays in Altaf Ahmad Azmi, ed. *Tibb-e yunani aur urdu zaban o adab* (New Delhi: Cenre for History of Medicine and Science, Jamia Hamdard, 2004).

> [*ashob-e chashm*]. ...Due to the treatment of the late Haziq al Mulk Muhammad Abd al Majid Khan Sahib I had some relief. But my misfortune and imprudence couldn't prevent me from shameful deeds [*afʿāl-e qabīha*]. Although I kept the company of women afflicted by syphilis, taking the precaution to meet with hakims and doctors allowed me to be treated quickly and to this day there are no apparent effects of syphilis. God only knows if somehow it's worked its way deep inside and is the cause of the complaints I have today… In 1903 I had a bad cold and it affected my sense of smell, I couldn't differentiate good and bad smells. There were injuries in the nose and … blood would pour … out of the nose. After two or three months flesh grew in the wound and a year later that flesh became bone-like. And now in both nostrils, there are three or four spots in which that flesh has hardened …and one side is thorny like the fledgling horns of a young goat.[49]

He continues like this for two pages, describing the minutiae of his somatic distress. He records pride at a ten year abstinence from bad deeds then offers details of new conditions by year, the eye condition in 1892, the bad cold in 1903, treatment for the nose in 1904 and describes the injury to his nostrils for half a page. He closes the letter with a request for a purgative and a blood purifier and signs his name, Munshi Nazr Muhammad Khan. While this man's submission retains a minimal affinity to the earlier voice of the yunani medical subject, in his apportioning of foods into the categories hot and cold for example, this voice is clearly a departure from the constraints of the Galenic habitus described hitherto. I would now like to dwell on how this and other similar submissions differ from their antecedents.

We may begin with the confessional tone evident throughout the section of the query I have extracted here. The munshi's repeated apology for and elaboration of his sexual behavior is surprising. Within the periodical, advice on sex seems to be requested and given with the expectation that these are discussions amongst men, which have a precedent in medieval and early modern books about enhancing sexual pleasure, collectively known as the *ʿilm al-bah*

[49] Munshi Nazr Muhammad Khan, "Istifsarat nambar 25," *Majalla-e tibbiya* 10, no. 3-March (1912): 46-48.

literature.[50] That is to say that discussions about sex and sexuality were frank and acknowledged the importance of sex, for married men, as both a source of pleasure and important for the maintenance of good health.[51] In this vein, men do write in asking for prescriptions to increase sexual pleasure, yet many of the sex related queries seem to concern sexually transmitted disease and sexual dysfunction. These include prescriptions to treat syphilis and gonorrhea, as well as recipes for other kinds of difficulty, such as an addiction to masturbating, or frequent premature ejaculation. Although most men writing in for such prescriptions did so anonymously, they did not, for the most part, offer any explanation of their sexual activity or history. By remaining anonymous, they shielded themselves from the embarrassment of having what were referred to euphemistically in non-medical circles as *poshida bimariyan* or *gupt rog*[52] thereby inhabiting a tension between the permissible frank discussion of licit sexual pleasure within marriage and the frowned upon consequences of illicit sex. Despite the illicit behavior they implied, however, prescriptions were readily given in reply to these requests, and moral judgement was rare. In light of all this, Munshi Khan's desire to sign his name and eschew the cover of anonymity for his brush with syphilis is anomalous. Indeed, so too is his extended self-reproach, which is at odds with the sexual liberty to which an earlier generation of *ashraf* men would likely have felt

[50] See Patrick Franke, "Before scientia sexualis in Islamic culture: 'ilm al bah between erotology, medicine and pornography," *Social Identities* 18, no. 2 (2012).. For a more comprehensive overview see Newman's introduction in: Nasiruddin Tusi, *The sultan's sex potions: Arab aphrodisiacs in the Middle Ages*, trans. Daniel L. Newman (London: Saqi, 2014). The embarrassment over sexually explicit genres of writing seems to appear in the middle of the 19th century, with the expansion of education amongst ashraf women. See the highly successful novel in which the protagonist blacks out portions of the Persian classic *Gulistan* before giving it to his wife: Ahmad, *Tauba al-nasuh*, 132-33. For women as a new problem in public space: Faisal Devji, "Gender and the Politics of Space: The Movement for Women's Reform in Muslim India, 1857-1900," *South Asia: Journal of South Asian Studies* 14, no. 1 (1991).

[51] Franke, "Before scientia sexualis in Islamic culture: 'ilm al bah between erotology, medicine and pornography," 18, no. 2 (2012).; For the 'sex-positive' conjugality promoted by scriptural Islam: Afaf Lutfi Sayyid-Marsot, ed. *Society and the sexes in medieval Islam* (Malibu, Calif.: Undena Publications, 1979).

[52] That is 'hidden illnesses' – conditions that were too embarrassing to be mentioned.

entitled.[53] His narration of guilt at his shameful deeds is more reminiscent of talk therapy or the confessional, of conventions of speech that arose in response to conceptions of sin markedly different from the rather more pragmatic attitude to sex in Islam.

The munshi's digression into his sex life is all the more puzzling, since the one concern that occupies the most space in his request is the injury to his nostrils, the main presenting problem that we arrive at after a discussion of other complaints, such as joint pain, gastrointestinal distress and impotence. Many other readers submitted entries for similarly banal ailments, occasionally in meandering first person narratives, or in shorter requests. These queries included demands for prescriptions to aid weight loss, to cure "mental fatigue", to promote hair growth, and to rejuvenate skin, including a request by one man who wanted his complexion to lighten and resemble the reddish white hues of "a pomegranate seed".[54] What is remarkable about these everyday complaints is that they have become legitimate objects of public attention. Unlike the voice of the sick in the classical yunani tradition, in which often acute and debilitating illness is depicted in an affectively detached and stylistically restrained form, in the periodical literature we have very prosaic complaints embedded in a performative narrative whose affective register dwells in anxiety.[55] This particular form of expressing illness experience, the occasionally florid first person narration, is one which seems determined to narrate quotidian suffering, and to foreground the named speaking subject as a sufferer. Unlike in our earlier examples, the voice of the speaking subject here is not detached from a disease entity he happens to host, but is rather wholly identified with his condition.

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[53] For a discussion of different types of prostitutes (the *tawaif*, the *randi*, and the *khangi* who worked surreptitiously from home), see: Ruth Vanita, *Gender, sex, and the city: Urdu Rekhti poetry in India, 1780-1870* (New York: Palgrave Macmillan, 2012), 24. and Gupta, *Sexuality, obscenity, community: women, muslims, and the Hindu public in colonial India.*

[54] "M. A. A.from Nainital", "Istifsarat nambar 12," *Majalla-e tibbiya* 4, no. 1-January (1906): 43.

[55] c.f. Max Meyerhof, "Thirty-three clinical observations by Rhazes (circa 900 AD)," *Isis* 23 (1935).

I would like us to consider the agent of this narration; the object to which our attention is drawn, is, now finally, the ill person, the sickly reader himself, rather than his illness. It is the sick reader whose individual life is extending through linear time, signposted by noting the year of significant disease events. It is the sick reader who draws us into the banality of everyday life and of his particular life – we are with him as he catches his breath at the top of the stairs, feels bloated after an indigestible meal, and probes the inside of his nose. The use of the active voice is especially jarring since the ill subject in the earlier form often speaks in the passive voice, in keeping with the etiquette of a more formal register of the Urdu language. Gone too is an awareness of the metaphor of the city under siege and its accompanying temporality of crisis. In its stead we have a contemplation of the interior spaces of the actual concrete body of the sick subject. In this narrative form there is no distance between the subject and the experience of bodily distress. The *body* here is the site of the self, and the object of a voluble topography– one that requires an elaborate evocation of its concrete spaces and the interiority of its affective states. The ill subject's attention is completely absorbed by the state of his body, by marking its fluctuating pathology in historical time, rather than in relation to the internal economy of his body's healing power and he invites us to be equally absorbed within its spaces. Traditionally, yunani medical writing relied on complex correlations between an individual and his environment in order to explain the cause of disease. In this nosology, while hakims ostensibly attended to an intricate layering of elements, humors and biographical detail, it was the disease itself that was at the foreground of the hakim's attention – the fever, the healing crisis, the hotness or coldness of the condition. Biography, while one of many explanatory variables was not narrated as the *mise en scène* for a series of disease events. On the contrary, as we have seen, disease was often understood through the schema of critical days and days of crisis which were

read for their prognostic value. The sick subject of this periodical literature, on the other hand, seems to presume his own longevity, and rather than prognosis, is interested in the management of life. The manner in which the individual life is narrated in this excerpt, and its departure from the Galenic habitus, runs counter to received wisdom about the holism of *yunani* medicine. Rather than finding in this transition a move away from holism as we approach a period of high modernism, we have a transition from a medieval yet affectively detached and empirical habit of self-observation, to a modern subjectivity which foregrounds the individual life, with its plenitude of moral and physical ambiguities, and a somewhat dark palette of affect. That is to say that the humoral empiricism, within which the Galenic habitus operated, while it may have included astronomy and biography in the explanation of disease, did not preclude the atomization of the body in a limited sense. This way of seeing was not driven by capillary power or the clinical gaze, but may have had an affinity for older forms of sovereignty, such as the city-state, which afforded a different horizon within which to imagine the body as a sovereign space, and the temporalities of disease possible within it.

Conclusion

This chapter traced a genealogy of the "ill voice" amongst men of the north Indian Muslim gentry. It did so by examining medical writing from the 10th century texts of classical *yunani* medicine to the *yunani* medical print periodicals of the early twentieth century. I employed an opposition between the Galenic "chart talk" and the "narrative" form of clinical speech acts as a heuristic device to indicate two forms of the ill voice in *yunani* medical writing.-This enabled us to contrast the relative absence of the ill voice in the classical *yunani* tradition, where its appearance was inevitably mediated by a physician's interview, with the marked appearance of

the ill voice in its Galenic form in the epistolary world of Urdu litterateurs. The letters of the iconoclast poet Asadullah Khan Ghalib were especially striking because they demonstrated that speaking of one's sickness in this form was a deeply naturalized mental habit well into the nineteenth century. The chapter then tracked the ill voice from Ghalib's epistolary universe to the circulation of Urdu medical periodicals, with a focus on the Delhi periodical *Majalla-e tibbiya,* and its columns of medical advice.

Through an analysis of the *Majalla-e tibbiya*'s medical advice columns we see that the form of the yunani medical subject changed gradually over this period, and that this form, as indexed by the ill voice, was intertwined with the form of the Urdu medical periodical itself (the *risala*). Within these advice columns the voice of classical yunani medical writing was overshadowed by highly performative first person narratives of illness experience. These narratives exhibited several differences from the earlier form of the ill voice: they documented a hitherto unappreciated temporal change in yunani medical subjectivity, as well as a turn to interiority and biography in the discussion of chronic illness. Sick readers initially employed the cyclical temporality that the Galenic concept of crisis entailed, but by the 1910s were more likely to narrate suffering over the span of their whole life, shifting the analytical object of clinical conversation from the disease entity to the medical subject. I suggest explanations for the change in temporality and clinical object throughout the chapter. Broad social changes, such as the widespread use and dissemination of print media, the formation of a salaried middle class of clerks, and the appearance of new schools are all important conditions which prompt this change. At a smaller scale, the print periodical as a form also mediated yunani medical subjectivity in new ways. Print periodicals, because they were a commercial venture that required subscriptions, cultivated readers through various strategies, including the opportunity to perform suffering and

to vicariously experience its pathos and resolution through illness narratives. While the first person narrations of illness experience did not replace a Galenic habitus, they did constitute a unique site in which *ashraf* men could articulate embodied suffering.

The illness narratives in the *Majalla-e tibbiya* reveal a relationship between illness and interiority that is remarkable in the broader context of Urdu print culture produced and consumed by north India's Muslim gentry. Even where illness is represented in Urdu literary prose of the period, it is with a reticence concerning the gory details of bodily and particularly sexual dysfunction, and the self-reflection these might prompt. Urdu poetry, renowned for its rich repository of tropes for earthly love and the poor wretch that experiences it, demurs on the materiality of embodied suffering.[56] The medical periodicals, therefore, occupy a unique space in the Urdu language public sphere of the period. In this space *ashraf* men are emboldened to reflect upon and reveal the banalities of their illnesses and domestic lives, a kind of writing which might otherwise seem to strain the meaning of *sharafat*, the gentility signified by public gestures of etiquette, physical, sartorial and linguistic. It is precisely this transposition of declarations of interior vulnerability from a private homosocial world to a permanent and public record in print that make these periodicals an important source to contribute to writing on medicine and self-hood in colonial India. Historians of medicine have attended more closely to the conflicts of medical practitioners and institutions than to the voices of the ill themselves, overlooking these sources as part of a history of self-fashioning amongst the Muslim gentry. Similarly, literature that has sought to analyze self-fashioning amongst the *ashraf* has largely focused on political and religious histories, and occasionally literary texts. While this writing has

[56] One notable exception to this is the poetic genre *rekhti*. See C. M. Naim, "Transvestic Words?: The Rekhti in Urdu," *The Annual of Urdu Studies* (2001). Carla Petievich, "Rekhti: Impersonating the Feminine in Urdu Poetry," *South Asia* 24, no. Special Issue (2001). Vanita, *Gender, sex, and the city: Urdu Rekhti poetry in India, 1780-1870.*

been no stranger to the examination of the vulnerability and suffering of this demographic group, it is often a public suffering that has been produced in states of exception – the political crisis, the urgency of religious and social reform, or perhaps the exceptional suffering of unrequited love. The public performance of interior suffering in the Urdu medical periodical seems to work in a different, and perhaps more troubling register. The ill voice here no longer emerges from a singular state of exception, but from the chronic malaise of everyday life.

Chapter 4
A Climate of Crisis: Delhi and Lucknow Debate Medical Perception

"All previous arguments made on this matter are as flimsy as a spider's web" – Ajmal Khan[1]

"They've all died, the most vibrant men/Left behind are those whose thoughts are pointless" – Abdulmajid Lucknawi[2]

Although *sharafat*, as a matter of comportment and self-regard, constrained the behavior and etiquette of service-gentry physicians, it did not restrict robust debate and even polemic in the Urdu medical public sphere that emerged in the early twentieth century. The public debate in medical periodicals, pamphlets and print books offers insight into the deep stakes of reforming the Avicennian episteme. Ajmal Khan's dismissal of the arguments of the Avicennian canon as "flimsy as a spider's web", and Abdulmajid Lucknawi's dismissal of his contemporaries as ignorant is an instance of a polemical strand within broader debates and disagreements. The disagreement between these two men encapsulated two attitudes to the classical texts and commentary tradition of Avicennian medicine in India. These two attitudes coalesced in an early twentieth century debate in which each side was tied to a regional family tradition, each with its own allies in the Urdu medical public sphere. Although several scholars have turned their attention to the debates within yunani reformist schools, they have elided or underestimated this tension between the Sharifi family of Delhi and the Azizi family of Lucknow, as I describe below. The debate between these two regional schools, which began before the First World War and had a legacy that endured into the 1930s, contested the meaning of medical perception, and

[1]Hakim Muhammad Firozuddin, *Rumuz al-atibba*, Second ed. (Lahore: Dar al-kutub rafiq al-atibba, 1913), 98.

[2] Muhammad Abdulmajid Lucknawi, *Abana al-mahajja liman salaka al-tariqa al-m'awajja* (Lucknow?: Matbua-e Gulshan ?, 1912), 25. I have taken some liberties in translating this couplet, informed by the theme of the text as a whole: *Chal base voh log jo the zeest ke umeed gah/ rah gaye voh zindagani jinki hai be-manafat*

its location within Avicennian empiricism. By analyzing this debate I contribute to the discussion on the internally contested nature of Avicennian medical reform in India and ground it within a dispute internal to the Avicennian tradition.

Lucknow and Delhi: An Unexplained Difference

Several scholars working on yunani medicine have sought to explain how the practices, attitudes and institutions of reformist groups differed. Alavi and Attewell have rightly emphasized this internal differentiation over debates that Avicennian physicians may have had with "*dāktarī*", the colloquial shorthand for practitioners of Victorian scientific medicine, or those dabbling in their instruments and ideas.[3] They have advanced compatible arguments with different emphases. For Alavi, the central contestation amongst Avicennian physicians was between "old" and "new" hakims, and she focused on the role of language, and in particular the continuity of the Arabic language within the circle of "new hakims", trained at schools rather than in families.[4] Although she worked primarily with Urdu sources, for her, the publications of the practitioners of the physicians' quarter in colonial Lucknow, Jhawai Tola, and later of the Azizi family's college, Takmil al-Tibb, carried a greater propensity for scientific thought than the Persian commentary tradition because these practitioners continued to engage with the Arabic textual tradition.[5] She implied that there was an affinity between the scientific propensity of modern thought, the Urdu used by the physicians she studied, and the Arabic language texts of

[3] For an important exploration of the category *daktari*, see Mukharji, *Nationalizing the Body: The Medical Market, Print and Daktari Medicine*. Quaiser, "Politics, Culture and Colonialism: Unani's Debate with Doctory."
[4] Alavi, *Islam and Healing: Loss and Recovery of an Indo-Muslim Medical Tradition 1600 - 1900*, 1-4.
[5] Ibid., 291-93.

the earlier pre-Persian canon.[6] Although Alavi is not concerned with medical knowledge *per se*, her association between language and scientific thought might have been strengthened by greater attention to the contingent meanings of science and to specific categories or practices that suggested that Lucknawi hakims were thinking in a manner that was more scientific than their predecessors. Neshat Quaiser, too, in his typology of reformist practitioners elides the contested meaning of scientific medicine and indeed of *dāktarī*, and leaves us only with a scale along which biomedicine was incorporated into yunani practice to a greater or lesser degree.[7] Both of their attempts to explain the divide between Lucknow and Delhi while they offer sound heuristics for reading the Urdu medical print culture archive do not convey the specific grip and meaningfulness of scientific thought in this historical moment and the precise manner in which it constituted a break within the Avicennian episteme.

Attewell is more sensitive to the historically contested meanings of science and medicine, and although he accepts Alavi's old/ new distinction, he attends to it far less than to the themes of medical authority, regional difference, and clinical practice.[8] His work primarily challenges the nationalist reading of medical reform, advanced in two essays from 1980s by Barbara Metcalf, and the functionalist model proposed by Charles Leslie.[9] Although his regional approach is an improvement upon the nationalist argument which can conceal these internal fissures, it nonetheless cannot explain the differences between Delhi and Lucknow. While regional difference is present in the source material, so too are trans-regional and India-wide

[6] Ibid., 4-5.
[7] Quaiser, "Politics, Culture and Colonialism: Unani's Debate with Doctory."
[8] Attewell, *Refiguring Unani Tibb*, 147-93.
[9] Metcalf, "Nationalist Muslims in British India: The Case of Hakim Ajmal Khan," 19, no. 2 (1985).

networks of patrons, practitioners, and publishers, as I illustrate in Chapters One and Five.[10] Delhi and Lucknow might better be understood as two schools of thought, rather than as two localities with merely city-wide institutional bases and networks. Attwell is also cognizant of this, and in a section on the debate between Delhi and Lucknow, he foregrounds a discussion of medical authority to understand the tension between these two schools. Focusing on authority, rather than clinical practice is helpful here, given that, as he and others have noted, the Azizi family's college in Lucknow, Takmil al-Tibb, also shared some interest in absorbing practices of modern sciences, such as specialist training in surgery.[11] It perhaps seemed analytically more useful to him, then, to turn away from examining intellectual differences to examining the claims of medical authority that arose in the medical voluntary association Ajmal Khan organized, the All-India Ayurvedic and Yunani Tibbi Conference.[12] While I would agree that there were political fissures amongst yunani medical practitioners, and that medical authority was being repeatedly contested, this too, can only partly explain the Lucknow-Delhi divide, especially when we consider that both Lucknow and Delhi were united in believing that the medical authority of a family trained physician was far superior to that of a self-taught everyman.[13] I would like to consider then, that the debate between Delhi and Lucknow was a debate about how to absorb positivist science, not only through clinical practices or instrumentation, as state functionaries demanded, but as part of an Avicennian episteme. Understanding the acrimony

[10] Alavi presents material to this effect when she lists donor names for Takmil al-Tibb: Alavi, *Islam and Healing: Loss and Recovery of an Indo-Muslim Medical Tradition 1600 - 1900*, 303-06.
[11] Two sons of Hakim Abdulaziz trained in surgery at Agra Medical College: ibid., 300.
[12] Attewell, *Refiguring Unani Tibb*, 147-50.
[13] Alavi, *Islam and Healing: Loss and Recovery of an Indo-Muslim Medical Tradition 1600 - 1900*, 295-99.; Man Singh Vaid, "Chautha salana ijlas all India vaidik and yunani tibbi kanfrans" (Amritsar, 1914), 109.

between the Azizi and Sharifi families requires some attention to the significant differences in their respective epistemologies.

By turning to divergent meanings of medical knowledge, and the presuppositions upon which Avicennian medical knowledge was produced, I am drawing inspiration from an essay by Claudia Liebeskind.[14] In this essay, in the course of explaining the varied meanings of "science" in the writing of three yunani physicians, (Muhammad Kabiruddin, Ajmal Khan, and Abdulatif Lucknawi), Liebeskind notes that the word *tajriba* is used to gloss two English words, "experience" and "experiment", making its meaning often ambiguous in Urdu texts. Her insight suggests a rhetorical tension in such texts between the importance of Baconian category of experiment and the older Hellenic and Avicennian sense of experience. It is important in the colonial context because indigenous medical systems were frowned upon for being speculative instead of experimental, scholastic instead of empirical, for excluding experiment and observation.[15] It was in direct response to such criticisms that Hali wrote his poem in *al-Tabīb*, as early as 1888, and that the Madrasa Tibbiya was established. The story of its incorporation of the practices of positivist science into an Avicennian discursive tradition, such as the experience of working with wax anatomical models, or the practical component of the examination, are part of the turn to incorporating the experience of embodied empiricism into pedagogy, as I discuss in Chapter Two. For Liebeskind the discussions of *tajriba* that slipped between experiment and experience registered ambiguity within the Avicennian episteme. I would like to suggest a

[14] Liebeskind, "Arguing Science: Unani Tibb, Hakims and Biomedicine in India, 1900 - 50."
[15] Pratik Chakrabarti locates this in the emphasis on Baconian attention to 'observation, experimentation and mastery over nature': Pratik Chakrabarti, *Western science in modern India: metropolitan methods, colonial practices* (Delhi: Permanent Black, 2004), 30-31. Arnold notes that colonial researchers frowned upon the speculative content but valued efficacious empirical practices: Arnold, *Science, Technology and Medicine in Colonial India*, 66. See also: Srinivasa Murti, *Memorandum on the Art and Science of Indian Medicine* (Madras: Madrass Government Press, 1923), 3-13.

similar ambiguity in the term *mushāhada*, for observation. However, this is not because of a second English term which *mushāhada* could be mistaken for signifying; rather the ambiguity arises because of the use of the same word in Arabic and Urdu. In the twentieth century this term could elide the difference in the objects to which observation was applied amongst classical Avicennian practitioners and the twentieth century reformers of that tradition.

My interest in this chapter, then, is to show that the tension between Delhi and Lucknow was not simply about a scalar accommodation of *dāktarī* or "scientistic thought". Indeed, such formulations iterate a narrative of encounter between east and west that, as Projit Mukharji has shown in both of his monographs, completely elides the "rhizomic" networks of knowledge, practice and influence that traversed the subcontinent and Europe.[16] Moreover, Avicennian physicians in India often asserted that their episteme was an antecedent to global science, as did some vaids, one of whom went so far as to call global science a "translation" of Indian traditions.[17] So it seems strained to interpret the rift between Delhi and Lucknow as a civilizational or cultural issue, in which adopting techno-science signifies some kind of race betrayal. After all, even the most committed constructivist has suggested that, unlike aesthetics or political philosophy, science does offer universal solutions, even if their conditions of

[16] Mukharji, *Nationalizing the Body: The Medical Market, Print and Daktari Medicine.*; *Doctoring traditions: ayurveda, small technologies, and braided sciences.*; For the rhizomic: Hardiman and Mukharji, *Medical marginality in South Asia: situating subaltern therapeutics*, 17.
[17] Liebeskind, "Arguing Science: Unani Tibb, Hakims and Biomedicine in India, 1900 - 50," 64.; A statement in the Usman Report, by the Vaid/Hakim Hari Govind, explains this idea at length: Madras, *Report of the Committee on the Indigenous Systems of Medicine Part 2*, 199.; The notion that new European medicine was a translation of yunani tibb was circulating widely through the conferences held by voluntary associations of practitioners: Vaid, "Chautha salana ijlas all India vaidik and yunani tibbi kanfrans," 93.

production are highly fraught with locally and historically specific social, cultural and political phenomena from which no human institution is immune.[18]

Rather than limiting myself to civilizational arguments about science, I think the sources might better be explained by thinking of the rift between Delhi and Lucknow as a fundamental disagreement about the extent to which anatamo-clinical observation could be seamlessly incorporated into the Avicennian episteme.[19] Recall from Chapter Two, that Ajmal Khan's travels in continental Europe, and likely his friendship with Dr Ansari too, had compelled him to rethink the Madrasa's curriculum and pedagogy and integrate the practices of embodied empiricism into it.[20] What I propose here, is that Ajmal Khan's debate with Lucknow was about the perceptual analogue of embodied empiricism, the way of seeing that presupposed the complex of institutions that led to anatomical knowledge. As Ajmal Khan sought to apply anatomo-clinical observation in his reading of Avicennian sources, he shifted what observation signified without changing the signifier, *mushāhada*. It is this that disturbed the Lucknawis for whom *mushāhada* was located within Avicennian epistemology, which was theoretically more substantive than Galenic empiricism and drew heavily on a "transformed Aristotelianism".[21]

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[18] Latour's concern is to expose "critical barbarity" – an inadequately self-reflective, arrogant and mean-spirited practice of social critique. He does so by exposing its limits, including the limits of "anti-fetishism" which seeks to demonstrate the construction of facts, of which he says: "Put simply, critique was useless against objects of some solidity." Bruno Latour, "Why Has Critique Run out of Steam? From Matters of Fact to Matters of Concern," *Critical Inquiry* 30 no. (Winter) (2004): 242.; Daston, "Science Studies and the History of Science," 35, no. Summer (2009).

[19] I take the phrase 'anatamo-clinical' from: Foucault, *The Birth of the Clinic: An archaeology of medical perception*, 165-75.

[20] Abdulghaffar's biography remarks on the closeness of their friendship: Abdulghaffar, *Hayat-e ajmal*, page 'be'. Also see Burak Akcapar, *People's Mission to the Ottoman Empire: M. A. Ansari and the Indian Medical Mission, 1912 - 13* (New Delhi: Oxford University Press, 2014), 4-5.; On Dr Ansari's household: Halide Edib, *Inside India*, ed. Mushirul Hasan (New Delhi: Oxford University Press, 2002), 15-19.

[21] Dimitri Gutas, "Medical Theory and Scientific Method in the Age of Avicenna," in *Islamic medical and scientific tradition*, ed. Peter E. Pormann (London: Routledge, 2011), 33-36. As an

That is, the Lucknawis, in their texts, continued to perceive the body as discursive, made meaningful insofar as it was situated within a world of texts that connected all of the other categories in the system of signs that was the Avicennian episteme. Even though pharmacopeia and texts of practice were interpolated with ayurvedic empirical knowledge in the early modern period, as Speziale has masterfully detailed, nosology, diagnosis and prognosis seem to have continued the Graeco-Arabic episteme that historians on colonial yunani medicine have largely elided.[22]

New Tinder: The *Rumuz al-atibba*

The impression that the Delhi-Lucknow divide is due to long-standing regional rivalry, or a dispute about integrating Ayurveda with yunani medicine, is largely due to the sources that have been used to narrate the dispute between the Sharifi and Azizi families during the establishment of the All-India Ayurvedic and Yunani Tibbi Conference. These sources include the Ajmal Khan biography by Qazi Abdulghaffar, the first report of that conference, and

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aside, Gutas, unlike the Lucknawis, tries to build a strong case for the empiricism of Avicennian philosophy. In his usage *mushahada* is not only literal observation, but "experience, in the sense of perception and apprehension, which he compares to John Locke's use of the term experience. See: "The Empiricism of Avicenna," *Oriens* 40 (2012).

[22] To be fair, Speziale's most recent monograph, which makes that continuity more apparent, has only appeared recently: Speziale, *Culture persane et médecine ayurvédique en Asie du Sud*. However, a choice Alavi made in the translation of a single term suggests to me that an opportunity to connect nineteenth century publications with the medieval Avicennian commentary tradition may have been overlooked. That choice was to translate the Arabic/Urdu term "*nafeesi*" as "psychology": Alavi, *Islam and Healing: Loss and Recovery of an Indo-Muslim Medical Tradition 1600 - 1900*, 199-200. Given the context of her citation, it seems that she may not have considered that the term could have been "Nafīsī", a shorthand for a commentary of an epitome of Avicenna's *Canon*. The epitome, *Mujaz al-qanun* was written by Ibn al-Nafis al-Qarshi (d.1288), while the commentary, *Sharh al-mujaz al-qanun*, was written by Nafis bin 'Iwaz al-Kirmani (d.1449). It is the latter that was known as "Nafisi" and widely circulated in India. See Kabiruddin, *Ifada-e kabir*, 7-8. Also, the Urdu term for the modern discipline of psychology is today often rendered as *nafsiyāt*, so her usage is puzzling.

contemporary reporting in the medical periodical *Akhbar-e hikmat*.[23] Many letters published in *Akhbar-e hikmat* were from Lucknow residents who expressed disappointment in the AIYTC meeting in Lucknow (November, 1911), asserting it elevated the Sharifi family and Delhi hakims above others and was indifferent to locally important physicians.[24] This is the periodical Attewell used to substantiate his claim that the Lucknow-Delhi divide was primarily a contest of medical authority.[25] Even independently published pamphlets by authors sympathetic to Ajmal Khan and his conference thought that the Sharifi family ought to grant more authority to hakims outside Delhi.[26] Biographers of Ajmal Khan were more sympathetic to his position, and portrayed the Lucknawis as unnecessarily aggrieved, and Ajmal Khan as quite magnanimous and "broad shouldered" in his patience with their accusations.[27] This included Abdulghaffar's widely used biography of 1950 which promoted itself as a political biography.[28] In his discussion of the dispute (*qaziya*) between Delhi and Lucknow, Abdulghaffar also focuses on the events and public controversy surrounding the first two meetings of the AIAYTC, in Delhi (1910) and Lucknow (1911). He includes a lengthy citation from a contemporary newspaper, *Mashriq* that attested the Lucknawi's insistence that attending the AIAYTC meetings would be a source of

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[23]Although Metcalf employs all of the biographies of Ajmal Khan I use here, her essay relies more heavily on Abdulghaffar's work: Metcalf, "Hakim Ajmal Khan: Rais of Delhi and Muslim 'Leader'." For the other sources: Attewell, *Refiguring Unani Tibb*, 166-71.

[24] See, for example, Tara Chand, "Mutafarriqat wa murasalat " *Hikmat Lahor* December, no. 23 (1911): 14. which includes a letter calling the Delhi conference self-obsessed; Sayyid Muzaffar Ali Naqvi Sahaswani, "Az daftar anjuman tibbiya lucknow," ibid.: 18. for a correspondent who says it is neither 'a conference' nor 'all-India', but should change its name to the 'Haziq al-mulk conference'

[25] Attewell, *Refiguring Unani Tibb*, 166-68.

[26] Moulvi Hakim Muhammad Alikhan, *All India vaidik and yunani tibbi kanfrans dehli ko ek nek salah* (Hardoi: Muraqq'a 'alam Press, 1911), 17-18.

[27] Abdulghaffar, *Hayat-e ajmal*, 90-94.; Also Jamil Khan emphasized his father's attempts at conciliation: Khan, *Sirat-e ajmal*, 44-50.

[28] This is because it relied on documentary evidence provided by Ajmal's family, was written in consultation with Ajmal's close friend Dr Ansari, and supported by luminaries of Muslim north India, Zakir Hussain, and Maulana Abu al-Kalam Azad. See Abdulghaffar, *Hayat-e ajmal*, page "dal".

dishonor for them.[29] Abdulghaffar notes that "people were well acquainted with the arguments between poets in Lucknow and Delhi; but this battle on a serious subject was deeply distasteful in the eyes of serious men."[30] This is the biography used by Metcalfe, Quaiser, and Attewell.[31] All of these sources clearly indicate a contest over medical authority, however they do not address the source of that conflict which is more significant than a kind of petty regionalism. Abdulghaffar, however authoritative his sources may have been, does not describe the intellectual difference that was the basis of this dispute between Delhi and Lucknow, except by stating that the objectors to Ajmal's approach were traditionalists (*qadāmat pasand*).[32] A better understanding of what was at stake in this debate with traditionalists appears in earlier biographies, especially one by Hakim Muhammad Hasan Qarshi, the one-time principle of the Tibbiya College in Lahore, published in 1928.[33]

Qarshi, the owner and editor of a journal called *Mushir al-atibba* based in Lahore, published a special issue commemorating Ajmal Khan's life in 1928. The issue identifies the crux of the animosity between Delhi and Lucknow and locates the specific circumstance which led to the Lucknawis being criticized as traditionalists (*qadāmat pasand*). Although Qarshi also describes the public disputes about the AIAYTC, he places more weight on the intellectual debate initiated by a short statement Ajmal Khan wrote in a modern biographical dictionary called *Rumuz al-atibba*.[34] Ajmal's statement, of approximately ten pages, comprising both an Arabic original and its Urdu translation, set out five problems (*panch masā'il*) within the

[29] Ibid., 90-91.
[30] Ibid., 91.
[31] Metcalf, "Hakim Ajmal Khan: Rais of Delhi and Muslim 'Leader'." Quaiser, "Politics, Culture and Colonialism: Unani's Debate with Doctory." "Science, Institution, Colonialism: Tibbiya College of Delhi, 1889 - 1947." Attewell, *Refiguring Unani Tibb*.
[32] Abdulghaffar, *Hayat-e ajmal*, 90.
[33] Qarshi, *Tazkira masih al-mulk*.
[34] Ibid., 37-39.

canonical literature, that he felt needed to be addressed in order to sustain Avicennian medicine in India. This short statement then provoked a lengthy response by the Azizi family of Lucknow – a booklet of thirty-six pages – which the supporters of Ajmal Khan then countered in various publications.[35] In addition to the responses noted in Qarshi's biography, contemporary issues of the *Majalla-e tibbiya* printed several editorials contributing to this debate on the problems of the canonical tradition.[36] The introduction to the posthumous publication of Ajmal's new syllabus for Avicennian medicine in India, *The Canon for Our Times* (*Qanun-e 'asri*), also explained the contrast between the Madrasa's reformist position and that of the traditionalists.[37] The new curriculum, it stated, ought not to be a matter of blind imitation, and that the canonical tradition, "rather than being venerated like scripture, ought to be treated as a product of human effort that is always open to change".[38] Moreover, the author emphasized that the new curriculum was not intended to undermine the Avicennian episteme but to renew it by emphasizing observation over speculation and scholasticism.[39] Even the theories of the new medicine (i.e. scientific medicine) must be tested by experiment and observation.[40] These remarks illuminate the specificity of the debate over the content of medical thought and practice and suggest what traditionalism (*qadāmat pasandi*) may have meant to the Sharifi family and the publishers and physicians that shared their commitments. They point to the tinder of "the five problems" controversy and also suggest an intertwined debate over the meaning of the sacred and its role in medical knowledge.

[35] Some of Ajmal's supporters are named in Qarshi: ibid., 38.
[36] Hakim Abdurrazzaq also wrote supportive articles in *Majalla-e tibbiya* e.g. Hakim Saiyid Muhammad Abdurrazzaq, "Tibbi dunya ki maujuda halat aur ayenda ke liye hamara program," *Majalla-e tibbiya* 10, no. 8-August (1912): 2-8.
[37] Hakim Muhammad Ilyas Khan, *Qanun-e 'asri*, Second ed. (Lahore: Nur 'Alam Printarz, 1976 [1931]).
[38] Ibid., 20.: "*tibb yunani mazhabi aur ilhāmi cheez nahin hai balke hamare misal insanon ke dimaghi jid-o-jahed ka natija hai jis men ghaltiyon ka ehtemal aur taraqqi ki gunjaish*"
[39] On his discussion of observation: ibid., 18.; On how changes to the curriculum should be thought about: ibid., 29-31.
[40] Ibid., 35.

The disconnect between the traditionalist and reformist positions can be better understood by analyzing in greater detail both Ajmal's text within the *Rumuz al-atibba* and the Lucknawi response to it. The *Rumuz al-atibba*, as I have mentioned, was a modern biographical dictionary published in 1911 by Hakim Firozuddin, a Punjabi hakim and munshi, who was a pioneering publisher of modern Urdu medical periodicals. The *Rumuz al-atibba* can be seen as a contribution to the formation of the "republic of physicians" (*jamhur al-atibba*) frequently referenced in medical publications of the period. It engaged readers by encouraging correspondence with the editor, and publishing tested prescriptions in its entries on roughly two hundred contemporary hakims and vaids from all regions of British India and the princely states. Its second edition (May 1913) included replies to some of the correspondence and noted a print run of 2500.[41] By the publication of this second edition, Firozuddin was well established in the yunani medical community: he had been the editor in chief for two Urdu medical periodicals, and owned a pharmacy in Lahore.[42] His periodical *Rafiq al-atibba* was important in publicizing the All India Ayurvedic and Yunani Tibbi Conference meetings and proceedings and he was sympathetic to Ajmal Khan's project.[43]

Ajmal's Observations

Firozuddin had invited Ajmal Khan to submit a statement on his thoughts on the state of yunani medicine for the *Rumuz al-atibba*. Ajmal did so, and it was appended to his biographical

[41] Firozuddin, *Rumuz al-atibba*. I am using the second edition, of May 1913. It was nearly 900 pages and cost Rs 5, 8As.
[42] I discuss Firozuddin at greater length in the next chapter. He was a hakim who had owned several periodicals, a book agency (*Firoz book ajansi*), a pharmaceutical company (*Chashm-e sehat lahor*) and a clinic (*Matab firoz*), some of which is described in "Akhbar-e hikmat lahor ka ayenda malik o editar," *Akhbar-e hikmat* 3, no. 7 May 16th (1909): 4.
[43] See a special issue commemorating the first conference: "Ineqad-e tibbi kanfrans aur saal-e nau mubarak ho," *Rafiq al-atibba* 8, no. 1 (1911).

entry and laid out five key problems he thought medical reform ought to address. The Urdu statement was highly succinct, laying out the following five problems in three pages: in fevers, the crisis is not associated with cycles of the moon; bilious fevers (*safrawi bukhar*) do not exist; circulating humors cannot putrify; the taste of bile (*safra*) is not bitter; the category of "*ghiza-e mutlaq*" is dubious.[44] The first four problems were interrelated and pertained to different aspects of fever prognosis (the crisis), nosology (biliousness) and cause (putrefaction). The last problem pertained to human growth and nutrition; "*ghiza-e mutlaq*", was a substance which could turn the innate power of the body to the growth of matter.[45] In the course of articulating his objection to these categories and mechanisms of disease, Ajmal retained some of the formal features of the commentary and handbook tradition, but upended Avicennian categories of physiology by introducing moments of anatamo-clinical observation.

Because Ajmal's critics and the later periodical focused on fevers, I will do so as well. Although his statement on the febrile crisis was relatively brief it dismissed an important set piece of prognostication. Ajmal Khan tried to distinguish between the importance of observing the crisis in the patient and incorrectly associating that crisis with cycles of the moon.[46] He stated that the canonical texts had offered no proof (*burhān*) to support that the orbit of the moon had any relationship to the appearance of a crisis in a particular febrile illness. He elaborated that the absence of that association was evinced by the frequent inaccuracy of predicting the day of crisis. Crises often did not appear on the seventh day of illness, but earlier or later, from which one could deduce some error in the explanation. Moreover this inaccuracy was itself evidence of the faulty arguments of preceding physicians, authors of canonical texts, whose arguments, he

[44] *Rumuz al-atibba*, 98-100.
[45] For a lengthier and more precise explanation see Abulhasanat Qutbuddin Ahmad, *Lughat-e qutbiya fi istelahat-e tibbiya* (Lucknow: Matba Nami, 1910), 205.
[46] Firozuddin, *Rumuz al-atibba*, 98.

offered were as "flimsy as a spider's web".[47] Ajmal, here, does not offer a specific case study to serve as a counter-example, but implies his own observational experience as a counter to the canonical tradition.

In addition to this problem with understanding the crisis, Ajmal Khan also disputed the category of a bilious fever, relying on several forms of argument before concluding with a contrast between his own observations and the canonical record. He argued, syllogistically, that the condition of bilious fever presupposes the putridity of bile, but since bile itself does not putrefy, the bilious fever could not exist. He then spends a page attempting to support the claim that bile does not get putrid, by analogy (it shares properties of alcohol and vinegar which do not putrefy, so bile should not either); by syllogism (bile has a particular function in the intestines; the function of bile is to prevent putrefaction; a substance which prevents putrefaction cannot itself putrefy; therefore bile does not putrefy); and also by observation – one can observe bile extracted from animals that does not putrefy.[48] The proofs for his position are then followed by a question-and-answer section in which an objection is raised based on observation (if there is no such thing as a bilious fever, why do people vomit bile?). To this, Ajmal responds that the bile observed is not due to a bilious fever, but a phlegmatic one; since the bile observed cannot putrefy, it cannot provoke a fever.[49] In this statement on bilious fever, as with the statement on the crisis, Ajmal seems to be modeling how to deploy observations in order to interpolate Baconian deduction into the scholastic reasoning of the Avicennian tradition. His full statement concludes by asserting the importance of criticizing preceding authorities: "Although it is the rule to place confidence in our predecessors, where does that leave our contemporaries?"[50] The

[47] Ibid.
[48] Ibid.
[49] Ibid., 99.
[50] Ibid.

statement of the five problems is then concluded with a list of ten rules that he developed from his clinical observations that are intended to be instructional, to offer advice on the treatment of specific conditions.[51]

Ajmal Khan's statement does keep to his own advice on how to reform Avicennian medicine in India, by maintaining the formal features (*khad-o-khāl*) of its textual tradition.[52] One sees this at several points in his brief statement: he has continued the question and answer format of some handbooks, as well as clinical advice (*aqwāl)*, and his use of analogical and syllogistic reasoning resonates with the scholastic form of disputation studied by Makdisi and more recently by Beckwith.[53] The reformist content is more subtle, then, than a Kuhnian paradigm shift. Unlike the adaptation of instrumentation and practices of embodied empiricism, the incorporation of habits of anatamo-clinical observation could not, it seems, be absorbed wholesale. As Ilyas Khan's introduction to *Qanun-e 'asri* makes clear, he felt there were no stronger defenders of the Avicennian tradition than the Sharifi family, and the reformist project at the Madrasa.[54] Hence anatamo-clinical observation was interpolated into existing diagnostic categories, such as the existence of the disease crisis and the existence of humors. However, when Ajmal writes of bile (*safra*), he seems to be implying *bile*, the product of anatamo-clinical observation, as a liquid in the gallbladder that empties into the intestines, rather than *safra*, the humor (*khilt*). In so doing, his use of the word *safra* is a departure within Avicennian medicine and belongs to a different

[51] Ibid., 100-01.
[52] The aim stated throughout the introduction to Khan, *Qanun-e 'asri*, 3-44.
[53] George Makdisi, *The rise of colleges: institutions of learning in Islam and the West* (Edinburgh: Edinburgh University Press, 1981).; Christopher I. Beckwith, *Warriors of the cloisters: the Central Asian origins of science in the medieval world* (Princeton, N.J.: Princeton University Press, 2012). The similarity between the two is described in: Johan Elverskog, "Warriors of the Cloisters: The Central Asian Origins of Science in the Medieval World by Christopher I. Beckwith," *Bulletin of the School of Oriental and African Studies* 76, no. 2 (2013).
[54] Khan, *Qanun-e 'asri*, 14-15.

conceptual universe.[55] This might be contrasted with the Lucknawi response to Ajmal Khan, which in its discussion of bilious fever, situates *safra* in relation to the liver (*kabid*), stomach (*me'da*) and temperament (*mizaj*), a configuration that shows greater fidelity to the discursive body of the Avicennian episteme.[56] The Lucknawi position does not seem to rest on a disinclination to adopt instrumentation or even surgery as part of clinical practice. However, in their response to Ajmal, they evinced a strong objection to the interpolation of anatamo-clinical observation into *hikmat*, which skewed the system of signs that constituted the Avicennian conceptual universe. Beyond the explicit objections that were made to Ajmal Khan's statement, one could add that despite his remarkable sensitivity to continuing the rhetoric of *tibbi* texts that would be familiar to his readership, his interpolation of anatamo-clinical observation disrupted the underlying conception of the Avicennian medical subject. The humoral body was partially disembedded from the ecology and cosmology in which it was hitherto discursively situated. So, despite his attempts at conserving the formal features of Avicennian medical literature, Ajmal Khan's statement became a source of controversy within the "republic of physicians" which he and other physicians were producing through their publishing activity and associational meetings.

The Lucknawi Response

The booklet criticizing Ajmal's statement was published in 1912, after the first edition of *Rumuz al-atibba,* by Muhammad Abdulmajid Lucknawi, (1881-1950), a member of the Azizi

[55] Abdulmajid Lucknawi intimated this when he expressed surprise at Ajmal Khan's position, noting that 'this is not amongst the known properties of safra': Lucknawi, *Abana al-mahajja liman salaka al-tariqa al-m'awajja*, 15-16.
[56] Ibid., 19.

family.[57] The text disputed not only the content of Ajmal's text but also his audacity in writing it. The title page clearly states that it is an argument (*bahs*) against Ajmal Khan's statement of five problems (*panch masā'il*), although does not use Ajmal's name again after this point, referring to him, instead as "the objector" (*mo'tariz*) throughout. The book is bilingual, each page split into two columns with Arabic on the right hand column and Urdu on the left and is organized as a point-by-point riposte to Ajmal Khan's text. Each of the five problems Ajmal laid out is cited, either verbatim, or through a lengthy and detailed paraphrase, followed by the author's response. Lucknawi's responses employ a combination of *ad hominem* arguments and an apologia that is similar in form to the rhetoric employed by exponents of Hindu science, such as Srinivasa Murti of Madras.[58] His arguments, as appeals to the tradition of Avicennian commentaries, suggest an unwillingness to accept the anatamo-clinical observation that implied an epistemic break from Graeco-Arabic tradition. In addition to refuting the value of Ajmal's observations as grounds for a counter-argument, he also accused Ajmal of fabricating his observations![59] The dissonance between Lucknawi's idea of observation and Ajmal's can be seen throughout the discussion of fever, both in its prognosis, in its association with days of crisis, and in its diagnosis, in the case of bilious fevers (*safrawi bukhar*).

Observing the fever, its crises, its attendant symptoms and inferring diagnosis and prognosis was at the center of the dispute between these two families. Although Speziale has mentioned astrological texts translated under the auspices of Mughal emperors, we do not, to my

[57] Hakim Saiyid Zillurrahman, *Tazkira-e khandan-e 'azizi* (Aligarh: Ibn Sina Academy, 2009 [1978]), 339-50. Remarkably, Zillurrahman notes that although Abdulmajid was intellectually gifted, in clinical practice, he didn't have the 'healing touch' (*dast-e shifah*)! Ibid., 345.
[58] Srinivasa Murti had a similarly reverential attitude to rishis: Murti, *Memorandum on the Art and Science of Indian Medicine*, 1-22.; Also see: David Arnold, "A Time for Science: Past and Present in the Reconstruction of Hindu Science, 1860-1920," in *Invoking the past: the uses of history in South Asia*, ed. Daud Ali (Oxford: Oxford University Press, 2002).
[59] Lucknawi, *Abana al-mahajja liman salaka al-tariqa al-m'awajja*, 17.

knowledge, have a reception history of Graeco-Arabic medical astrology in India, to contextualize the first portion of Lucknawi's critique.[60] Lucknawi began his criticism by rejecting Ajmal's attempt to disconnect the appearance of a febrile crisis from cycles of the moon. The incorporation of the astrological component of the Galenic theory of crisis into medieval Arabic medicine has been clearly demonstrated, and Lucknawi's arguments suggest it persisted in India.[61] Lucknawi asserts the importance of medical astrology by use of analogical reasoning and by iterating the calculation of moon cycles for his readership.[62] The lunar month consists of twenty-six and a half days, and can be divided into sub units according to its waxing and waning, each of which has a differing effect on the moisture of the earth. When this effect is strongest, acute diseases (*amraz hādda*) will express a crisis.[63] After several pages of explication, Lucknawi concludes that it is Ajmal's argument that is as fragile as a spider's web, not those of the canonical authors.[64] In addition, Lucknawi notes that the tradition itself contains a debate about the utility of tabulating days of crisis. Consequently Ajmal, despite his claim that he is in opposition to the "republic of physicians", is actually partially in agreement with a portion of its predecessors.[65] At this point Lucknawi reflects on the tradition in light of contemporary categories of Baconian science that he feels are continuous with the Graeco-Arabic tradition. He notes that the disagreement about tabulating days of crisis must be seen as part of a larger philosophical debate about the relative merits of arguments from experience (*tajriba*) and

[60] Speziale, *Culture persane et médecine ayurvédique en Asie du Sud*, 185-86. The kind of astrology that Speziale is referencing here is what Glen Cooper has called judicial (or divinatory) astrology against the 'natural' astrology regarding the relationship to individual health and climate that he delineates in Galenic theory on febrile disease. Glen M. Cooper, "Galen and Astrology: A Mesalliance?," *Early Science and Medicine* 16 (2011): 121-25.
[61] "Approaches to the Critical Days in Late Medieval and Renaissance Thinkers," 18, no. 6 (2013).
[62] Lucknawi, *Abana al-mahajja liman salaka al-tariqa al-m'awajja*, 8.
[63] Ibid., 9.
[64] Ibid., 10.
[65] Ibid.

analogy (*qiyās*).[66] Moreover, he continues that there was a group amongst the predecessors that thought analogy, experience and perception (*idrāk*) were all necessary and to dismiss that group would be distasteful (*na-zeba*). As far as the inaccuracy of predicting days of crisis, this need not put the whole system into disrepute. On the contrary, this could be due to temporary effects of the moon on the cycle of the crisis, or could be due to a hidden onset of disease, so that the physician errs and miscounts the days.[67] He concludes the section by stating that "people shouldn't forget our predecessors were more correct and more powerful in their perception and pursuit of truth."[68] This remarkable statement of the near infallibility of traditional authorities was employed as a point of contrast with the demeanor of contemporary physicians, who Lucknawi accused of erring because they pursued fame, rather than truth.[69]

Lucknawi's veneration of canonical authors was matched by his disdain for Ajmal Khan. His disputation of Ajmal's introduction of anatamo-clinical observation into an Avicennian conception of fevers was accompanied by much vitriol. Lucknawi's insults pepper the entire text and attempt to discredit Ajmal's intelligence, his claim to mastery over Avicennian tradition, and his credibility as a reformer. The introductory remarks establish the theme of betrayal – of lineage, scholarly discipline, and even religion – that is woven throughout the text. In them, Lucknawi thanks god for being born into a family that could teach him about medical knowledge so that he wouldn't have to rely on "outsiders" for his training. Lucknawi is also adhering to a historical theory of decline which leads him to lament that while the medieval predecessors (*mutaqaddimin*) were always interested in "research" (*tahqiqat*), and strove to remove any error, his contemporaries were ignorant and proud men that only proved that "intelligence has died

[66] Ibid., 11.
[67] Ibid., 13.
[68] Ibid., 14.
[69] Ibid.

amongst the intelligentsia" (*'ilm hamare zamane men goya ahl-e 'ilm ke sath mar gaya*).[70] Referring to Ajmal Khan, he asserts that those that object to their predecessors are not only revealing their own ignorance but are acting in opposition to the republic of physicians, contrary to what they say, they are pursuing their own fame. More pointedly:

> [I] never imagined that [someone] who has been given so many titles by his contemporaries, and is so respected, would reject their way of doing medicine… my hair stands on end and my heart sinks [*ji dhalta hai*] when I think that he is saying that everything the predecessors [*salaf*] said was false [*khatā kār therāta*]. How dare I or any contemporary dispute what he said? But, if I didn't take issue with these lazy and futile words [*sust o bātil aqwāl*] then it would be ingratitude to our predecessors. For that reason it seems appropriate to present this essay to the objector.[71]

Woven into Lucknawi's defense of tradition is this preoccupation with ingratitude and betrayal and the chastisement of individual exceptionalism. Unlike Nazir Ahmad's criticism of Hali, there is a severity here that associates traditionalism with religiosity. Lucknawi explicitly likens his response to Ajmal Khan to that of a guide retuning a stray believer to the right path, and being prepared to offer more advice as needed.[72] At one point he even remarks that only someone who has left the faith [*hat dharm*] would claim bilious fevers don't exist![73] What is interesting about Lucknawi's conservatism and his veneration of tradition is that such a reification of tradition is as novel as Ajmal's insertion of anatamo-clinical observation. A digression into the historiography of medieval and early-modern Avicennian physicians and education will help to register the novelty of Lucknawi's maneuver.

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[70] Ibid., 2.
[71] Ibid., 4.
[72] Ibid., 6.: *hum in masā'il ke muta'alliq aise tariq se guftagu karenge jis se hat-dharm ko rāh-e hidāyat nazar aye … aur hidāyat-talab gumrāhi wa fasād se mahfuz rahe*
[73] Ibid., 22.

Infallible Authority & Medical Debate

Lucknawi's language suggests a veneration of canonical authors and the elevation of their texts to a near sacred status, and so raises the little explored relationship between religion and Avicennian medicine in India. Both Alavi and Attewell dismiss any religious element to medical practice and focus instead on medical politics and secular practices, much in keeping with work on medieval medicine.[74] A brief digression into the medieval and early modern Ottoman historiography may be instructive to explore this issue, since it is more plentiful, and is emerging as a coherent subfield. Several scholars have turned their attention to the formation of "prophetic medicine", the manner in which religious thought was incorporated into medical practice and the nature of authority this conferred on such texts. There seems to be a consensus for this period that prophetic medicine consisted of incorporating prophetic sayings (*hadith*) into medical texts rather than medical practices. Irmeli Perho, Sonja Brentjes and Ahmad Ragab have all demonstrated that medical knowledge, even when transmitted by men invested in the prophetic tradition, was not religious in its theory of causation or therapeutic practices.[75] Perho, who examined the textual tradition without comparing it to practices, found that although the textual tradition included occult and supernatural elements, these were not acknowledged by authoritative physicians, and that even prophetic medicine was fundamentally Galenic or Graeco-Arabic medicine.[76] Ahmed Ragab refers to the use of "theological and religious views"

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[74] Pormann and Savage-Smith, *Medieval Islamic Medicine*, 96-101.

[75] Ahmed Ragab, *Medicine and religion in the life of an Ottoman sheikh: al-Damanhuri's 'Clear statement' on anatomy* (New York,: Routledge, 2019), 99. Perho, *The prophet's medicine: a creation of the Muslim traditionalist scholars*, 84-95. Sonja Brentjes, *Teaching and learning the sciencies in Islamicate societies (800-1700)*, Studies on the faculty of arts: history and influence ; (Turnhout, Belgium: Brepols, 2018), 91-98.

[76] Perho, *The prophet's medicine: a creation of the Muslim traditionalist scholars*, 90. For occult elements in medieval medical thought also see: Henry A. Azar, *The sage of Seville: Ibn Zuhr, his time, and his medical legacy* (New York: American University in Cairo, 2008), 54-70.

as a means of conveying "pious undertones" to Galenic therapeutics.[77] Moreover, none of these studies, which look at diverging ideas amongst practitioners of Galenic and prophetic medicine, suggest an unwillingness to debate the textual tradition on the grounds that it had an inherent sanctity or infallibility. Indeed, Perho documents the divergences amongst the scholars of prophetic medicine.[78] And medievalists have repeatedly documented debates amongst physicians across the Islamicate world.[79] Even as stories of Muslim life in north India are increasingly focused on local social forms, sensitivity to this broader history is necessary to situate the *ashraf* producers of medical knowledge within the historical antecedents in which the Avicennian episteme was reproduced. After all, the *ashraf* physicians of north India continued to read medical texts in Arabic and certainly thought of themselves as belonging to a global history of practitioners. So, although one cannot assume a transposition of identical knowledge-making practices across time and space, the little work that has been done on the relationship between medical knowledge and religious networks in India certainly suggests continuity with these antecedents.

For India, we have an important point of departure in the work of Fabrizio Speziale. Speziale's pioneering monographs offers several insights which, like antecedents in the Perso-Arab world, suggest a more complicated picture than simply asserting a secular-religious divide. His first monograph was comprised of an extensive survey of biographical dictionaries and determined that, amongst several sufi orders, while the family seat of the order was often

[77] Ragab, *Medicine and religion in the life of an Ottoman sheikh: al-Damanhuri's 'Clear statement' on anatomy*, 99.
[78] Perho, *The prophet's medicine: a creation of the Muslim traditionalist scholars*, 70-100.
[79] The polemic between the mid-eleventh century physicians Ibn Butlan and Ibn Rizwan is well known: Joseph Schacht, *The medico-philosophical controversy between Ibn Butlan of Baghdad and Ibn Ridwan of Cairo; a contribution to the history of Greek learning among the Arabs*, ed. Max Meyerhof (Cairo: Egyptian University, Faculty of Arts, 1937). Ali ibn Ridwan, *Medieval Islamic medicine: Ibn Ridwan's treatise, "On the prevention of bodily ills in Egypt"*, ed. Michael W. Dols and Adil Sulayman Jamal (Berkeley: University of California Press, 1984).

inherited by primogeniture, mastery of yunani medical knowledge was also transmitted agnatically, via minor lines. Speziale stressed that this was Galenic, rather than the "prophetic" medicine that was transmitted, and that these religious institutions did not limit themselves to reproducing what was perceived to be sacred medicine.[80] More recently, he has observed that Persian medical texts often deployed traditional sayings and deeds attributed to the Prophet Muhammad (*hadith*) to suture together ayurvedic and Graeco-Arabic medicine, as had been done with Hippocratic medicine earlier, during the formation of prophetic medicine described above.[81] That is, both the scholarship on the medieval and early modern Arabic and Indian contexts suggests that *hadith* were deliberately being employed in some circles to make local medical knowledge (Sanskritic or Hellenic) normative for Muslim *'ulama*, while at the same time other *'ulama*, including physicians and leaders of sufi orders, transmitted Galenic medical knowledge and its Avicennian iterations unproblematically without recourse to the suturing work of *hadith*. Yet, I see little indication in this historiography, that in either the *hadith*-laden prophetic tradition, or the sans-*hadith* Graeco-Arabic tradition, there was a prohibition on disagreement with canonical authors. On the contrary, Fancy has shown how the commentary tradition often included such disagreements.[82]

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[80]Speziale, *Soufisme, religion et medecine en Islam indien*, 5-19.

[81] "Plusiers textes persans sur l'Ayurveda prennent l'habitude de citer ou de discuter des traditions islamiques, par examples des passage du Coran ou, plus souvent, des traditions (*hadit*, pl. *ahadit*) du prophète Muhammad (m.11/632). Cette utilization des *ahadit* de Muhammad peut être perçue comme l'une des stratégies les plus directes parmi les efforts des savants musulmans pour s'appoprier le savoir local." in *Culture persane et médecine ayurvédique en Asie du Sud*, 104. And also, "Le rapprochement que les savants musulmans d'Asie du Sud operant entre les traditions de Muhammad et le savoir non islamique ne constitue pas, pour l'essentiel, une innovation. Cette pratique est assez analogue au discourse de certain traités en arabe sur le *tibb al-nabawi*, comme celui d'Ibn al-Qayyim al Jawziyya (m.751/1350) et celui attributé à al-Dahabi (m.748/1348), qui exposent en même temps les traditions de Muhammad et la doctrine d'origine hippocratique, en y indiquant les analogies." Ibid., 105.

[82] Fancy, "Medical Commentaries: A Preliminary Examination of Ibn al-Nafis' Shuruh, the Mujaz and Subsequent Commentaries on the Mujaz," 41, no. 3/4 (2013).

The complexity of this relationship between religious institutions and language and the reproduction of Galenic-Avicennian medical knowledge suggests that the near sacred status with which the Azizi family imbued Avicennian commentaries was itself something of an innovation. It is not yet clear to me why it was possible for the Sharifi family to adopt a critical attitude to the Graeco-Arabic canon to enable the insertion of anatamo-clinical observation, while the Azizi family espoused a newly reverential attitude towards it. Lucknawi was not drawing upon scripture in his refutation of Ajmal Khan, but on Avicenna himself and the commentary tradition. So, the reverential attitude was unrelated to the presence of scriptural content, but cast over the entirety of the scholarly medical tradition. As such, it is all the more unusual in asserting the infallibility of medical texts, which had been debated from the eleventh century. The irony of Lucknawi's position is that even while affronted at Ajmal's criticism of the canonical tradition, he repeatedly cites historical instances of debates within it – particularly on the relative merits of different sources of knowledge (sensation and perception vs. analogical reasoning). Why could he not accept Ajmal's insertion of anatamo-clinical observation as simply another point of debate in a long history of contestation? To this, I can only tentatively say that Lucknawi was affronted both by Ajmal's assertion of individuality and the rupture that anatamo-clinical observation implied. Contrary to how the opposition between these two families is normally read, one might equally see Ajmal as a traditionalist insofar as his critical position was consistent with a long genealogy of debate and polemic. Lucknawi's position on the other hand, despite being declared traditionalist, seems novel, in the way in which Muslim apologia itself was a novel rhetorical form that subsumed the fissures and debates of the medieval scholarly tradition into one, reified, story of Muslim decline.[83] Delhi's response to Lucknawi's veneration of tradition, and the *panch*

[83] Devji, "Apologetic Modernity," 4, no. 1 (2007).

masā'il controversy, presented a future-oriented position that sought to combine Baconian science into Avicennian categories but did so unevenly.

The Response to the *Panch Masā'il* Controversy

The debate between Lucknow and Delhi, between the 'Azizi family and the Sharifi family and their respective allies, did not peter out upon the publication of Lucknawi's text in 1912. The publications associated with the Madrasa Tibbiya continued to invoke the importance of interpolating anatamo-clinical observation into the form of Avicennian commentaries, while also pointing to disagreements amongst physicians in Delhi. Ajmal Khan's position was made clear in his biographies and speeches. He was concerned about the weak understanding of anatomy in the Avicennian tradition, and expressed consternation at those who felt that there was no need to change anatomical knowledge, calling them "short-sighted" people who "either don't understand medicine or aren't telling the truth" and recommending they reflect on the attitude of doctors, who were constantly open to change.[84] As noted above, Ajmal Khan's position was elaborated on by his biographers and through institutional documents associated with the Madrasa. Ilyas Khan's *Qanun-e 'asri* was a significant summation of Ajmal Khan's position. Without naming the Azizi family or Lucknow, Ilyas Khan, using excerpts from Ajmal Khan's speeches, repeated that medical knowledge cannot be treated like revelation, and that Ajmal Khan was completely opposed to this view.[85] Moreover, the point of reform was not to destroy yunani tibb, but to acknowledge that the commentary tradition, especially the widely used Sadidi

[84] Hakim Ajmal Khan, "Hamari tibb ki zindagi kyonkar ho sakti hai?," *Majalla-e tibbiya* 10, no. 1-January (1912): 5.
[85] Khan, *Qanun-e 'asri*, 20.

and Nafisi were no longer adequate.[86] The point of reform was to incorporate observation and experiments into medical practice and thought, and reject theories, whether eastern or western in provenance that were not consistent with the new practice of observation.[87] This position was iterated by Ajmal Khan's biographer, Qarshi, who expressed surprise at Lucknawi's attitude to medical knowledge, which made it seem as if it were closed, "like the chain of prophecy" with Galen's own knowledge "approaching the status of revelation".[88] Ajmal Khan and his biographers, then, felt that the sacralization of tradition was incongruous with an existing history of debate and contestation perhaps making them more receptive to the practice of a Baconian attitude to the natural world. This seems most evident in Firozuddin's introduction to the second edition of the *Rumuz al-atibba.* In this essay Firozuddin seems to be responding to Lucknawi's criticism of the *panch masā'il*, and his reference to the Hellenic debate on the sources of knowledge (sense perception versus analogical reasoning).[89] His contribution is to turn the conversation away from an opposition between these various sources of knowledge, and to assert their hierarchical relationship instead, reminiscent of a Baconian "ladder of intellect".[90] Hence Firozuddin notes that experiment (*tajriba*) is the last stage (*marhala*) of analogy and observation.

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[86] Ibid., 29. For an explanation of Sadidi and Nafisi and their importance in the Avicennian commentary tradition: Fancy, "Medical Commentaries: A Preliminary Examination of Ibn al-Nafis' Shuruh, the Mujaz and Subsequent Commentaries on the Mujaz," 41, no. 3/4 (2013).
[87] Khan, *Qanun-e 'asri*, 35.
[88] Qarshi, *Tazkira masih al-mulk*, 37-38.
[89] Regrettably, I only have access to the second edition, so I cannot say conclusively that this was a response to Lucknawi's text without comparing it to the introduction in the first edition. However, Firozuddin's position is an attempt to explicitly ground Ajmal Khan's reformist position within the canonical tradition while criticizing the Lucknawi's refusal to see the importance of thinking of tradition in an open-ended manner. Firozuddin, *Rumuz al-atibba*, 2-5.
[90] For Baconian thought, I have used: Jurgen Klein, "Francis Bacon," in *The Stanford Encyclopedia of Philosophy*, ed. Edward N. Zalta (URL = <https://plato.stanford.edu/archives/win2016/entries/francis-bacon/>2016). These Urdu texts do not explicitly reference Bacon, but English-language advocacy for indigenous medicine certainly did, albeit it about ten years later. See: Murti, *Memorandum on the Art and Science of Indian Medicine*, 5.

He also seeks to ground this kind of Baconian induction within classical antecedents, attributing the creed (*mazhab*), "medicine is experiment not analogy" to "Mulla Nafīs" and "Ibn Sahal Masihi".[91] This is followed by comparing part-whole relationships in Aristotle and Plato, important figures in the imaginary of Indian physicians, to the method of the physician (*tabīb*), who also thinks from part to whole, again pressing a Baconian idea of induction into the service of local reform. These reformist positions, as circulated in biographies, remained highly philosophical. The concrete practice of reforming observation within the Madrasa was more uneven, as articles within the *Majalla-e tibbiya* reveal.

Division within the Madrasa

After Ajmal Khan, the most significant voice at the Madrasa was Pirji Abdurrazzaq, a man responsible for several roles across the Madrasa's various sections and one whose position on reforming observation was more nuanced than that of Ajmal Khan. Amongst his many responsibilities, Abdurrazzaq was the anatomy instructor in both the men's and women's section of the Madrasa and also the editor of the *Majalla-e tibbiya*, the institution's periodical.[92] Recall from chapter two that Abdurrazzaq was much loved by students because of his unwillingness to concede the flaws of Avicennian anatomy, and for trying instead to rhetorically assert how

[91] Firozuddin, *Rumuz al-atibba*, 2. He uses the following Arabic phrase to encapsulate their school of thought: *al-tibb huwa al-tajriba la al-qiyās*. The historical identities of the figures he cites is unclear. The names may refer to Ibn Nafis (d.1288) and Abu Sahl 'Isa b. Yahya al-Masihi (d.1010), of Jurjan. For the latter see: Sami Hamarneh, "Development of Arabic Medical Therapy in the Tenth Century," *Journal of the History of Medicine and Allied Sciences* 27, no. 1 (1972): 73.

[92] Abdurrazzaq details his own responsibilities in an editorial written with a literary flourish. He presents the problems of the Madrasa and his own overextended responsibilities through a dialogue between, the anthropomorphized, spring breeze (*nasim*) and the magazine itself. Hakim Abdurrazzaq, "San 1913 ki nasim aur hum aur majalla-e tibbiya dehli," *Majalla-e tibbiya* 11, no. 4-April (1913): 2-8.

modern anatomy is consistent with yunani texts.[93] This position was evident in his editorials in the *Majalla-e tibbiya* in 1912 and 1913. He affirmed here that he did not want to replace yunani anatomy (*tashrīh*) with *dāktarī* anatomy, based on anatamo-clinical observation, but rather wanted to prove the correctness of the former. Indeed, he thought this could be done by integrating both anatomical models into a single book and juxtaposing vocabulary and images from each in order to point out commensurabilities.[94] In addition, in an article that outlined commonly circulated objections to the Madrasa's reforms, he explained broader discomforts with Ajmal Khan's position.[95] This was palpable in a section implying germ theory and bacteriology. Here, Abdurrazzaq noted that many physicians felt that observations that relied on microscopes were untrustworthy, because they were not willing to trust in the existence of particles they did not see with their own eyes. One could not trust that one would correctly perceive observations made via instruments such as the microscope.[96] Abdurrazzaq himself seemed to share this concern as was suggested by a later feature in the periodical.

Abdurrazzaq's position became clearer in one of the Madrasa's features, a regular discussion with the periodical *Desh Upkārak*. The periodical was published from Lahore and edited by the Arya Samaji vaid, Thakur Dutt Sharma. In June 1913, the *Majalla-e tibbiya* published an exchange between the editors of the two periodicals, on the cause and treatment of malarial fever.[97] In this exchange, Abdurrazzaq kept insisting on the importance of addressing environmental causes of disease such as bad air. His position was disputed by Mr Sharma who

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[93] Khan, *Hayat-e ajmal*, 48.
[94] Hakim Muhammad Abdurrazzaq, "Jadid tibbi nisab," *Majalla-e tibbiya* 11, no. 10-October (1913): 2-4.
[95]Muhammad Abdurrazzaq, "Tibbi dunya ki maujuda halat aur ayenda ke liye hamara program," ibid.10, no. 6-June (1912): 2-9.
[96]Ibid., 4.
[97] Hakim Muhammad Abdurrazzaq, "Malarial fevar aur desh upkarak lahor," ibid.11 (1913): 2-16.

insisted that the *MT* writer needed to accept the distinction in new scientific objects that bacteriology enabled, between the disease carrying vector in insect blood and bad air. Throughout the exchange Abdurrazzaq is at pains to reconcile the Hippocratic categories of bad airs and waters with the presence of malarial fever, and is indeed suspicious of the category of malaria itself. His remarks reveal the unevenness of reforming practices of observation within the Madrasa. Although Ajmal Khan was pressing the importance of anatamo-clinical observation in the public sphere, there was a reluctance within the institution to accept this entirely. Abdurrazzaq's institutionally important voice also suggests how figures within the Madrasa sought to manage, intellectually, multiple forms of observational practice. He was not only concerned with the opposition between yunani and western anatomy, but with deploying the Avicennian tradition in its entirety to make it commensurate with several forms of observation enabled by new scientific practices, be it the observation of internal organs prompted by pathological anatomy, or the by the new objects suggested by microscopy. Abdurrazzaq's concern about the degree of reform, however, never entailed sacralizing Avicennian tradition or canonical texts. The task he had set himself was more challenging and more creative perhaps than either that of Ajmal Khan or Lucknawi.

Conclusion

Studies of Asian medicine have framed discussions of medical perception in terms of an essential difference in Western and Eastern ways of seeing, as in the much lauded work of Kuriyama and Langford.[98] This chapter, like earlier ones, has sought to turn away from this

[98] Shigehisa Kuriyama, *The expressiveness of the body and the divergence of Greek and Chinese medicine* (New York: Zone Books, 1999). Langford, *Fluent Bodies: Ayurvedic Remedies for Postcolonial Imbalance*.

dichotomy. The methodological problem here is to attempt to write a history that is sensitive to the imagination and agency of contemporary historical actors and that reads their voices neither as iconic of authentic local culture, nor as derivative of models created elsewhere. I have tried to do this by grounding my discussion of medical perception within a highly local debate between Delhi and Lucknow and trying to situate it within global currents of medical knowledge, be they the historical Avicennian tradition, or contemporary currents of techno-science. As with Liebeskind's discussion of experiment/experience, this is an attempt to understand how the practice of science informed by Baconian categories played out in yunani medical discourse in Urdu. The *panch masā'il* debate offers a sharp point of contestation amongst Avicennian physicians in north India, one that continues to be referenced in Urdu historiography late into the twentieth century.[99] I have tried to show that the disagreements between Lucknow and Delhi were not only disputes over matters of medical authority, but were, more importantly, matters of intellectual difference. The *panch masā'il* debate spoke to the difficulty of incorporating anatamo-clinical observation into Avicennian observation as evinced by the affects this incorporation produced. But it also spoke to the creativity, albeit in the service of quite different projects, that this epistemic break engendered. This includes the remarkable sacralization of Avicennian texts and the creativity of polemic, as well as the demanding intellectual labor of suturing together incommensurate practices of observation. Irrespective of which position ultimately won out in the end, the attention to these debates illustrates that the story of Avicennian reform cannot plausibly read in a scalar fashion, and that the locations of both tradition and reform may not be as readily discernible as contemporary historiography suggests.

[99] Zillurrahman, *Tazkira-e khandan-e 'azizi*, 341.

Chapter 5
Commercial Affects and the New Hakim in Medical Periodicals

"And in a state of eagerness and impatience, I quickly borrowed the book from the library. I had only given it a cursory glance, when I thought my heart would burst with happiness… This book so had me in its grip that I was in a stupor night and day."[1]

- Abdurrahim, *Tibb-e jismani aur tibb-e ruhani, 1913*

In 1913, a Punjabi bookseller named Abdurrahim, the son of one Maulvi Rahim Bakhsh Sahib from Lahore, published an Urdu translation of an Arabic manuscript attributed to renowned Asharite theologian Muhammad al-Ghazzali (d.1111), entitling it *Tibb jismani aur tibb ruhani* (Bodily and Spiritual Medicine). In its preface, Abdurrahim narrates his discovery of the original manuscript at Lahore's Punjab Public Library as the delightful consequence of his regular habit of browsing libraries to find books he had not read before. An aficionado of Ghazzali, he was overwhelmed by his discovery, and commissioned a copyist to produce a manuscript that he could remove from the reading room, and later a translator to produce the Urdu version. He concludes the preface by requesting readers to send him any other copies of the Arabic manuscript they may have, in order to compare it to the one in his possession, for his peace of mind.

Abdurrahim's page-long narration of a four-year journey from discovery to publication, suggests compelling questions about both the market for, and the mediation of, medical knowledge in Urdu print. Aside from adding to factual knowledge about the cultural history of reading in north India, the preface draws our attention to the manifold instabilities involved in medical publishing, including the reliability of translations, the cultivation of taste for particular

[1] "*Hamen yeh kitab kaise mili*" in Imam Muhammad Ghazzali, *Tibb jismani wa tibb ruhani mutarajim urdu*, ed. Abdurrahim (Lahor1913).

kinds of texts, and the transformations and tensions entailed in popularizing medical knowledge. It is difficult to understand Abdurrahim's preface, for example, without situating it in the context of readers newly able to browse, consume and collect books and periodicals. Consider that simply by publishing *Tibb-e jismani aur tibb-e ruhani*, Abdurrahim had already arrogated to himself the authority to label this text "medical", and to deem it worthy of translation. These decisions might have been met with some skepticism by Avicennian physicians of the Indian service-gentry, for whom Ghazzali was not a canonical medical author, and because the Arabic original seems rather more concerned with occult medicine, numerology and astrology than with the body proper (*jism*), as the translation suggests.[2] Was Abdurrahim trying to profit from two simultaneous trends, the gradual Islamization of the Urdu public sphere, and the increasing demand for popular books on medicine?[3] Were his rhetorical decisions an exercise in savvy marketing? Given that amongst the sophisticated and critical readers of the Urdu literati, his ebullient prose style may have betrayed a kind of credulousness, is it possible that he was trying to interpolate medical writing into a readership outside the service-gentry? Perhaps he sought to shape the pliable and as yet unformed reading tastes of those who were newly able to consume printed texts, and who tended to associate the written word primarily with scripture (or perhaps the Indian penal code)? While we simply do not know enough, yet, about Abdurrahim and his publishing house to answer these questions at the level of individual motivation, they point to the

[2] The translation interpolated the word 'jism' into the title and also added sections on physical health that are not in a modern edition of the Arabic original: see table of contents in Ghazzali, *Mujarrabaat al-Ghazzali fi al-tibb al-ruhani* (Bayrut: Dar al-Mahajjah al-Bayda' lil-Tiba'ah wa-al-Nashr wa-al-Tawzi', 2006).

[3] On the formation of the "*Islami pablik*" see: Christopher Ryan Perkins, "Partitioning History: The Creation of an Islami Pablik in Late Colonial India, 1880 - 1920" (University of Pennsylvania, 2011). and C. Ryan Perkins, "From the Mehfil to the Printed Word: Public Debate and Discourse in Late Colonial India," *Indian Economic & Social History Review* 50, no. 1 (2013). And for the increasing demand for books on medicine, see Stark, *An Empire of Books: The Naval Kishore Press and the Diffusion of the Printed Word in Colonial India*, 291-97.

unaddressed concerns that lie at the intersection of the history of medicine and the history of print culture in north India.

Although I cannot offer a full review of histories of north Indian print culture within the scope of this chapter, I would like to point out this field's contribution to better documenting and explaining middle-class reading tastes and book consumption within vernacular public sphere(s). In the early 2000s, the vernacular public sphere(s) of colonial north India became an important category of analysis as Veena Naregal, Sanjay Joshi and Francesca Orisini engaged with Jurgen Habermas' well-known work.[4] These contributions to the history of intellectual culture beyond English-language literary and political activity in India also responded to C. A. Bayly's important work arguing for the continuity of early modern forms of social communication within a north Indian ecumene. Although they differed on the question of continuity, they helpfully moved beyond thinking of an "indigenous public sphere" as an addendum to the study of state surveillance.[5] Naregal focused on how vernacular literary and political culture could acquire hegemony within the constraints of colonial state management of education and print in mid to late nineteenth century Maharashtra. Joshi, interested in Hindi in a later period, examined how the "fractured modernity" evident in a close reading of Hindi periodicals could be attributed to a middle-class project of "cultural entrepreneurship". Both were interested in historicizing the self-definition of public intellectuals writing in vernacular languages. Orsini's approach attended less to the constraint of the colonial state and was grounded in the textual analysis of Hindi print

[4] Sanjay Joshi, *Fractured modernity: making of a middle class in colonial North India* (New Delhi: Oxford University Press, 2001). Veena Naregal, *Language politics, elites, and the public sphere* (New Delhi: Permanent Black, 2001). Francesca Orsini, *The Hindi public sphere 1920-1940: language and literature in the age of nationalism* (New Delhi: Oxford University Press, 2002).
[5] Bayly, *Empire and information: intelligence gathering and social communication in India, 1780-1870*, 180-211.

culture. This allowed her to demonstrate the internal heterogeneity in content, form and transmission of Hindi literature in the nationalist period, which had previously been read as a monolithic "golden age", as well as layers of literary taste that were not reducible to socio-economic status.[6] More recently, Ulrike Stark and A.R. Venkatachalapathy have brought the insights of book history to bear on studies of vernacular publics by focusing on the history of publishers, copyists, and reading culture.[7] Stark's attention to the commercialization of print culture and the formation of a market in Urdu print, is particularly relevant here, as the following pages will show. These studies collectively opened up new archives and questions and have significantly changed the social and cultural history of north India. Their attention to vernacular publics focused on identifying and historically situating the kinds of figures whose work was an extension of earlier forms of courtly record-keeping, newswriting and advising – publishers, editors, political activists, lawyers – and in so doing delineated intellectual transformations in areas of professional life that had remained unexplored.[8]

Yet, the existence of courtly culture well into twentieth century India, in princely states and in the continuity of aristocratic families in historic cities such as Lucknow and Delhi, requires attention to another kind of figure who was central to life at court, the Avicennian physician.[9] The importance of the physician to the exercise of earlier forms of sovereignty was of course tied to the corporeality of kingship and its centrality to medieval and early-modern

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[6] Orsini, *The Hindi public sphere 1920-1940: language and literature in the age of nationalism*, 31-48.

[7] Stark, *An Empire of Books: The Naval Kishore Press and the Diffusion of the Printed Word in Colonial India*. A. R. Venkatachalapathy, *The province of the book: scholars, scribes, and scribblers in colonial Tamilnadu* (Ranikhet: Permanent Black, 2012).

[8] For a succinct illustration of marking this kind of transition see Fisher, "The Office of Akhbar Navis: The Transition from Mughal to British Forms," 27, no. 1 (1993).

[9] For the importance of hakims at court see the multiple references to hakims in Pernau and Jaffery, *Information and the Public Sphere: Persian Newsletters from Mughal Delhi*. Also: Rezavi, "Physicians as Professionals in Medieval India."; "An Aristocratic Surgeon of Mughal India: Muqarrab Khan." Chandpuri, *Atibba-e 'ahd-e mughuliya*.

monarchist political imaginaries. As the conditions which sustained that political imaginary in north India begin to crumble in the nineteenth century and a new political economy with the corresponding infrastructure of the colonial state on the one hand and profit-driven institutions such as vernacular publishing on the other emerge, how does the Avicennian physician come to be re-imagined as a public figure? By beginning with this question I step back from the narrow vision of the yunani hakim proffered by colonial historiography, in which that figure is already reduced to a medical practitioner. Rather, I take that narrowed meaning of the hakim, to be one of the consequences of decades of changes in colonial political economy, the state administration of medicine, medical education and ultimately the commodification of medical goods and services. Earlier chapters have examined how these processes led to the formation of the Madrasa Tibbiya, and the consequent change in the hakim's embodiment of medical practice. This chapter continues developing the genealogy of the formation of the Avicennian medical subject by examining competing definitions of the hakim within Urdu medical periodicals. I intend to show that Urdu medical periodicals reveal how the depiction of modern Avicennian physicians, and their claims to medical authority, were entangled in and mediated by the concurrent and reciprocal processes of the commercialization of Urdu medical periodicals and the popularization of medical knowledge.

The Periodical & Its Affects

Although historians of medicine have recently turned to examining vernacular medical periodicals, they have seldom drawn attention to the unstable and varied meaning of the practitioner within that periodical literature. Kavita Sivaramakrishnan's important social and political history examines how early Hindu nationalists allied with ayurvedic physicians in the

Punjab to communalize medical publishers and medical associations, yet its emphasis on networks glides over the meaning-making occurring in the periodicals themselves.[10] Although we do have some early work on Urdu medical periodicals, it has largely focused on the opposition between "western" and "indigenous" medicine and the divergences in medical reformist commitments.[11] Within it, the category of the hakim is taken to be stable and this work elides how the meaning of this figure changes, in different periods and in different types of periodical literature. Only Seema Alavi has observed the important historical change from the courtly physician to the salaried hakim but regrettably explains this by contrasting essential Arabized and Persianized medical cultures.[12] Moreover, the sanguine attitude to the vernacular amongst historians of medicine and science, its use as a self-evident counterpoint to statist history, also implies an inattention to structuring principles outside the state, such as those of capital, and of language itself, and occasionally isolates medical culture from the social contexts through which it emerges.[13] Historians of literary culture and book history have been far more sensitive to the form and breadth of the material and ideological constraints within which vernacular print culture is produced, in particular the emergence and meaningfulness of a

[10] Sivaramakrishnan, *Old Potions, New Bottles: Recasting Indigenous Medicine in Colonial Punjab 1850 - 1945*.
[11] Quaiser, "Politics, Culture and Colonialism: Unani's Debate with Doctory."; Attewell, *Refiguring Unani Tibb*.
[12] Seema Alavi, *Islam and healing : loss and recovery of an Indo-Muslim medical tradition, 1600-1900* (Basingstoke ; New York: Palgrave Macmillan, 2008); "Unani medicine in the nineteenth century public sphere: Urdu texts and the Oudh Akhbar," *Indian Economic & Social History Review* 42, no. 1 (2005); *Islam and Healing: Loss and Recovery of an Indo-Muslim Medical Tradition 1600 - 1900*.
[13] The sparing use of social context is evident in Attewell, *Refiguring Unani Tibb*. Mukharji's first book is quite sanguine about the vernacular and perhaps unwittingly neoliberal in its celebration of 'innovation and plurality' of the medical print market: Mukharji, *Nationalizing the Body: The Medical Market, Print and Daktari Medicine*, 202-10.

middle-class.[14] Ritu Birla's work which traces how vernacular capitalists have worked through legal exceptions is also relevant here; Birla's interest in overcoming the opposition between the "bazaar as a premodern arena of personalized exchange and the market as a site of rationalized and impersonal transactions" by examining the "extensive negotiability" of vernacular capitalist practices in the interstices of colonial law is helpful to keep in mind whilst trying to understand the deep affects of service, duty, of commitment to family and patron, and of the explicit derision of the pursuit of self-interest that persisted even as yunani medical publishing commercialized and ostensibly individuated the professional practitioner.[15] Because my interest is in examining the changes internal to the Avicennian medical imaginary in India, my use of the vernacular is also more narrow – it indexes that which is unwittingly articulated, the commonsensical knowledge through which attitudes, moralities, or "mentalities" reveal themselves.[16] This orientation to the vernacular privileges a closer reading of archival selections in order to discern, for this chapter, the affects, the structures of feeling, that mediate the formation of reader-subjects, in this case a community of medical experts-in-the-making. The foregoing should make clear that I do not seek to place on the category of the vernacular the burden of having to mark or explain an essential historical difference, a burden which it often cannot bear, given the early colonial history of governing through vernacular languages, and the global history of Avicennian medicine itself.

My interest in the affects of medical periodicals follows from the recent work of Douglas Haynes, who has analyzed medical advertisements in English and Gujarati periodicals by drawing on Mazzarella's development of affect theory. Haynes contends that Mazzarella's

[14] See: Joshi, *Fractured modernity: making of a middle class in colonial North India*. Naregal, *Language politics, elites, and the public sphere*.
[15] Ritu Birla, *Stages of capital: law, culture, and market governance in late colonial India* (Durham: Duke University Press, 2009), 9-21.
[16] Goldstein, *Post-revolutionary self: politics and psyche in France, 1750-1850*, 131.

attention to the production and mediation of desire in late twentieth century advertisements elides an older alignment between consumption and self-formation which was saturated with anxiety in the inter-war period, an affective presence Haynes has also found in Marathi periodicals through his work with Boitre.[17] Although both Mazzarella and Haynes foreground monotone affects, desire and anxiety respectively, as they trace the formation of the consumer-subject through advertisements, this may be an artefact of the methodological difficulty of trying to infer public affects from advertising images. Projit Mukharji's studies of Bengali medical cultures suggest a more complex picture, even though he does not elevate affect as a category of analysis.[18] As Mukharji implicates the subject formation of the Bengali practitioner within global circulations of commodities, including medical instruments and print periodicals, he affords us the opportunity to turn away from an indecipherable mass public to the intellectually curious physician, whose own formation sits at a tangent to the infrastructures of colonial medicine and was marked, affectively, by ambition, irreverence, and fascination with new technologies.[19] I would consider these affects of a vernacular capitalist subjectivity which were nonetheless modulated by commitments to the idea of a family firm, caste and community. Below, I examine this affective terrain which mediates the hakim as the subject of Avicennian medicine in relation to a middle-class Urdu public. Aside from a contribution to the cultural history of north India, this examination also attempts to understand how the meaning of the hakim, like other signifiers of Islamicate sovereignty in India, shifted from associations with erudition, urbanity and high

[17] Douglas E. Haynes, "Creating the Consumer? Advertising, Capitalism and the Middle Class in Urban Western India, 1914-40," in *Towards a history of consumption in South Asia*, ed. Douglas E. Haynes (New Delhi: Oxford University Press, 2010); Shrikant Botre and Douglas Haynes, "Sexual Knowledge, Sexual Anxieties: Middle-class males in western India and the correspondence in Samaj Swasthya, 1927-53," *Modern Asian Studies* 51, no. 4 (2017).
[18] Mukharji, *Nationalizing the Body: The Medical Market, Print and Daktari Medicine*; *Doctoring traditions: ayurveda, small technologies, and braided sciences*.
[19] *Doctoring traditions: ayurveda, small technologies, and braided sciences*, 227-56.

culture to signifying the popular and even tawdry. Analogous to the transformation of the courtesan to a prostitute, in the imagination of state administrators and the north Indian public, the figure of the hakim also gradually transforms from being an advisor to sovereigns to a medical practitioner, and often a down-market sexologist.[20] Close attention to the affective volatility found in Urdu medical periodicals can trace this instability in the figuration of the hakim.

Urdu Medical Periodicals: A Typology

The polyphony of medical periodicals – which include a gamut of voices from institutional spokesmen, colonial state officials, social reformers, scholarly families, editors, and advertisers, to reader-subscribers, and the poor souls who have long been sick and desperate – is well suited to making vernacular knowledge and its affects visible. Tracing the scope and scale of Urdu medical periodical publishing requires more work. The *Quarterly Lists of Publications* (QLP) have been an important source for vernacular book history but do not necessarily capture the range of Urdu medical periodical titles.[21] The information they provide can be augmented by

[20]On the change in the meaning of the courtesan: Joshi, *Fractured modernity: making of a middle class in colonial North India*, 59-96.; Veena Talwar Oldenburg, "Lifestyle as Resistance: The Case of the Courtesans of Lucknow, India," *Feminist Studies* 16, no. 2 (1990). A familiarity with Hindi-language popular culture will make the current meaning of "hakim" quite clear – he has become a trope in Hindi films. See, for example, the 2009 film *Aloo Chaat*.

[21]The *Quarterly Lists of Publications* (QLP) are catalogues of print books and periodicals published by the provinces since 1867, officially titled *Catalogue of Books Published and Registered Under the Provisions of Act XXV of 1867*. For the value of the QLP in finding Urdu medical books published by the Naval Kishore Press, see: Stark, *An Empire of Books: The Naval Kishore Press and the Diffusion of the Printed Word in Colonial India*, 291-97. I have examined selections of the QLP for the North Western Provinces, Awadh, Delhi and Punjab. More bibliographical work certainly needs to be conducted in cities with a strong history of Urdu publishing before more definitive statements can be made about the breadth of the Urdu medical periodical publishing market. This kind of work is beyond the scope of this dissertation and my interests here.

annotated bibliographies that have relied on Urdu language historiography.[22] Urdu medical periodical publishing from 1860 to 1947 included over a hundred known titles.[23] The Aligarh-based scholar Asad Faisal Faruqi includes 116 periodical titles published from 1857 to 1947 in his recent survey of Urdu medical journalism, in which he synthesizes and annotates many titles from independent library catalogues.[24] The figure below separates these periodicals by decade and city.

[22]I am aware of two bibliographies that focus on Urdu medical periodicals: Hakim Wasim Ahmad Azmi, *Urdu tibbi rasa'il-o-jara'id barr-e saghir hind-o-pak men* (Delhi: Bharat Afset Press, 2010). and Faruqi, *Hindustan men urdu tibbi sahafat aghaz wa irtiqa.* In addition, there is an important essay on medical periodicals at Khuda Bakhsh: Salimuddin Ahmad, "Khuda Bakhsh Laibreri men mahfuz urdu ke chand qadim tibbi rasa'il-o-jara'id," in *Tibb-e Yunani aur Urdu Zaban-o Adab*, ed. Altaf Ahmad Azmi (New Delhi: Centre for History of Medicine and Science Jamia Hamdard, 2004). To appreciate the relative strengths and weakness of the QLP, consider the disparities between the QLP for Punjab and Faruqi's work for the decades with the greatest number of titles (according to Faruqi they would be the 1880s, 1910s, and 1920s). A quick search of the QLP for Punjab between 1910 and 1915, yields no Urdu medical periodicals, while Faruqi notes five that were first issued in that period. Faruqi includes fifteen new titles that began in the 1920s; the QLP includes five for that decade, although it does list, in the 1930s, some of the titles that began in the 1920s. The QLP is better for the earlier period, when periodicals were often associated, through their editor, with a medical school. The QLP for the NWP in the 1870s includes *A'īna-e tababat*, described below, and *Astāna-e hikmat* (Agra, 1879), a mix of local and European medicine intended for hospital assistants, as described in Faruqi, *Hindustan men urdu tibbi sahafat aghaz wa irtiqa.*, 48.

[23] Hakim Wasim Azmi includes one hundred and sixty titles in his work, the first bibliography focusing on Urdu medical periodicals: Azmi, *Urdu tibbi rasa'il-o-jara'id barr-e saghir hind-o-pak men.*

[24] Faruqi, *Hindustan men urdu tibbi sahafat aghaz wa irtiqa.* Even this commendable effort only offers an initial estimate of the scale of the Urdu medical periodical market in this period. Faruqi was not able to visit libraries in Hyderabad, the Punjab, Bombay, or in Pakistani collections. His research focused on university and private collections in Aligarh, Patna, and at the Raza Library Rampur. However, it is an improvement on A. Neelameghan, *Development of Medical Societies and Medical Periodicals in India 1780 - 1920* (Calcutta: Indian Association of Special Libraries and Research Centres, 1963). A periodical worth exploring that Faruqi doesn't include is *Tabeeb*, edited by Hakim Ali Reza Khan Dehlawi, published starting perhaps 1912, from the Darwesh Press, Delhi. See: https://www.rekhta.org/ebooks/tabeeb-shumara-number-009-hakeem-ali-raza-khan-dehlvi-magazines.

	1840s	1850s	1860s	1870s	1880s	1890s	1900s	1910s	1920s	1930s
Total	**2**	**1**	**3**	**4**	**12**	**4**	**6**	**11**	**26**	**36**
Delhi	1	0	0	0	0	0	1	1	4	8
Lucknow	1	0	0	0	0	0	0	2	1	4
Lahore	0	0	1	1	5	1	3	5	9	11
Agra	0	0	1	1	3	2	0	0	0	0

Figure 4: Numbers of Urdu Medical Periodicals Published in north India by Decade and City. Compiled from Faruqi, *Hindustan men urdu tibbi sahafat*.

Although Faruqi's contribution significantly advances our understanding of the breadth of medical periodical publishing, his periodization, which follows the earlier bibliography by Azmi, does not seem to have been established according to criteria internal to the periodicals. The periods are divided by major political milestones, such as the establishment of Crown rule in 1858 and partition in 1947; however, the turn of the century is also used to mark a break, without any clear explanation of why this is necessary. That is, the book does not offer a typology to illuminate how medical periodical publishing changed over this period and so this periodization does not seem particularly helpful. For the purposes of this chapter, to historicize the affective tensions within the periodical literature that mediated the hakim as the subject of Avicennian medical knowledge and care, I divide Urdu medical periodical publishing into four types. These types also correspond to a rough periodization and are organized by the source of investment in periodical publishing. Organized by patronage/investment, they are: The Indian Medical Service (IMS)/colonial medical schools; the family firm; subscribers and patrons; consumers of medical commodities. The typology expresses the relationship between the different sources of investment in Urdu medical periodical publishing, and the variation in periodical content and form.

The typology is intended to capture social changes that are more meaningful than divisions by medical system or community membership, or some scalar relationship to "western medicine". Also, it accommodates Urdu medical periodicals that were not associated with yunani medicine. The earliest, for example, were promoters of "English" medicine, and by the 1930s, when they were dependent on cultivating a broad readership, pointedly promoted medical pluralism. Nor were all Urdu medical periodicals written by Muslims or intended exclusively for Muslim audiences: *Desh upkārak*, was published and edited by a Punjabi Brahmin who was commercially very successful; at least one Bengali physician was involved in an earlier periodical associated with the IMS (*Ganjina-e tababat*). Although one could debate this periodization, and its connection to the historical formation of the Avicennian physician subject, I assert it here, with some explanation, as a heuristic device to better understand the following discussion of periodical literature. A rough typology also helps to situate existing scholarship on Urdu medical periodicals which has used so few of these sources, and which has not considered how the periodicals differ in their sources of funding, in tone, layout, content and implied audiences. Consequently, although existing scholarship has indexed the internal debates within yunani medical communities it has not been able to situate them socially or flesh out that contestation as it appears in Urdu medical periodicals more broadly.

State Periodicals: The IMS & Colonial Medical Schools (1850s-1903)

Urdu medical periodicals in this period appear to be primarily written for lower orders of the Indian Medical Service, including compounders, native doctors, and hospital assistants, as well as graduates from vernacular medical programs. The latter include men trained in the Government of Punjab's Mercer program which trained hakims for village dispensaries in the

1860s, and the Agra Medical School (est. 1853) and the Lahore Medical School (est. 1860).[25] The earliest surviving periodical of this type is a publication from Hyderabad, *Risala-e tababat* (1855), that Faruqi considers a "spokesman" of European medicine.[26] It was edited by George Smith, an administrator at the Hyderabad Medical School and a contributor of sympathetic essays on "native medical practice" to the *Edinburgh Journal of Medicine*.[27] The later Urdu medical periodicals of this type may have been modeled on the long-standing and widely read *Indian Medical Gazette* (1866), which was combination of research articles and professional news.[28] This combination is evident in two periodicals of this type both connected to the Agra Medical School: *A'ina-e tababat* (1879), edited by Shaikh Imamuddin Ahmad, Curator of the Medical Museum, Agra and the *Agra Medical Journal* (1897), edited by Lachman Prashad, the Deputy Teacher of Anatomy.[29] The vernacular medical programs at Agra and Lahore were primarily to train "native doctors" for the Indian Army, an extension of the discontinued vernacular medical programs in Calcutta.[30]

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[25]On the Mercer program see Hume, "Rival Traditions: Western Medicine and Yunani Tibb in the Punjab, 1849 - 1889," 51, no. 2 (1977). For the establishment of medical schools in north India see D G Crawford, *A History of the Indian Medical Service, 1600 - 1913 Vol. 2* (Calcutta: Thacker Spink & Co, 1914), 433-51.

[26]Faruqi, *Hindustan men urdu tibbi sahafat aghaz wa irtiqa.*, 33.

[27] Ibid.; George Smith, "The Native Medical Practitioners of India," *Edinburgh Medical Journal* 7 (1862); "Description of the Native Operation for Depression of Cataract in India," *Edinburgh Medical Journal* 7 (1862).

[28] Crawford, *A History of the Indian Medical Service, 1600 - 1913 Vol. 2*, 459.

[29] Shaykh Imamuddin Ahmad, *A'ina-e tababat* 1, no. 9 (1879). Lachman Prashad, *Medical Jarnal Agra* October (1897).

[30] Crawford, *A History of the Indian Medical Service, 1600 - 1913 Vol. 2*, 441.; Those earlier programs were at the Native Medical Institute and the Calcutta Medical College: See Kumar, *Medicine and the Raj: British Medical Policy in India, 1835-1911*, 19-30.

Family Firms and the New Scholar Hakim (1903 - c1911)

When the *Majalla-e tibbiya* was launched by the Madrasa Tibbiya in 1903, it became the first Urdu medical periodical associated with a major north Indian medical family and as such a watershed moment for Urdu medical periodical publishing. The only prior journal directed at yunani practitioners seems to be *Tabīb Lahor* (est.1885) edited by Hakim Hafez Fakhruddin. Although it spoke to Avicennian physicians, its editorial line, in its first issue, is reminiscent of the approach taken by colonial medical officers, such as Dr. George Smith, mentioned above, who was interested in native medical practices rather than in local theories of disease.[31] The *Majalla-e tibbiya* was a different project altogether because the Sharifi family had no interest in abandoning the scholarly tradition of Avicennian medicine. On the contrary, Ajmal Khan believed that its conceptual vocabulary, too, continued to be relevant, as Chapter Two discusses. The *Majalla-e tibbiya* voiced these convictions and was largely in a class of its own until 1919 when the Naval Kishore Press began publishing *Khādim al-atibba* edited by Hakim Abdulmueed, a member of the Azizi family at Lucknow's Jhawai Tola.[32] *Khādim al-atibba*, however, argued for a deeper engagement with classical texts, disinterest in Ayurveda, and an apolitical stance in the public sphere.[33] Despite their differences, these family-based periodicals were a departure from the IMS/medical school publications in both their commitment to reproducing Avicennian medicine, their self-location within Islamicate high culture, and the patronage they received from the service gentry and nobility. The family firm periodicals also express a reverence for the institution of the great medical families with which they are associated, the social form through which Avicennian medical knowledge was reproduced in

[31] Fakhruddin, "Ham tabibon ki halat-e zar," 1, no. 1 (1885). cf. Smith, "Description of the Native Operation for Depression of Cataract in India," 7, no. (1862).
[32]Zillurrahman, *Tazkira-e khandan-e 'azizi*, 352.
[33]Hakim Abdulmueed, "Maqasid," *Khadim al-atibba* 1, no. 1 (1919).

India, that set them apart from other Urdu medical periodicals that were interested in "yunani medicine" the Indian instantiation of Avicennian medicine within the socio-political constraints of colonial rule.

Commercialization and Professional Community (c1911)

The Urdu medical publishing market changed significantly in the 1910s. The number of periodicals quadrupled, presumably to cater to a growing number of graduates of vernacular medical programs from colonial medical schools and the now emerging yunani medical schools.[34] The Madrasa Tibbiya was established in 1889, but was followed by Takmil al-Tibb in Lucknow in 1902, the Asifiya Tibbiya College in Bhopal (1903), the Yunani Medical College in Allahabad in 1904, and several short-lived schools in Lucknow and Calcutta.[35] Indigenous medicine also became politicized through new institutions in the 1910s as hakims and vaids formed voluntary associations to challenge the medical registration acts being passed in the presidencies.[36] As the market of potential readers began to expand that was primarily interested in their professional prospects, the Urdu periodicals begin to take on the character of trade journals, communicating political news and professional opportunities. This is clear in the periodical *Mushir al-atibba* (est. 1922, Lahore), in which graduates of the new yunani schools are directly addressed and the interests of these graduates are promoted over uncertified hakims in private practice.[37] In this period there are also more owner-editors who are hakims but also

[34]For tables of periodical titles organized by publication date, see Faruqi, *Hindustan men urdu tibbi sahafat aghaz wa irtiqa.*, 309-14.
[35] Nigrami, *Tarikh-e tibb ibtida ta 'ahd-e hazir*, 516.; Hakim Saiyid Zillurrahman, *A'ina-e tarikh-e tibb* (Aligarh: Muslim University Press, 2001), 385-91. Also, the Madrasa Tibbiya Hyderabad which had been open since the late nineteenth century.
[36] Jeffery, "Indigenous Medicine and the State Before 1947," 42-58.
[37] "Madaris-e tibbiya," *Mushir al-atibba* 1, no. 2 (1922).

affiliated to their own pharmacy, rather than a school or a family tradition, often based in the Punjab. The Punjabi vaid Thakur Datt Sharma was such a figure and employed a bombastic style of commercialized medical publicity with his self-promotional periodical *Desh upkarak* (1904), which largely served to advertise his pharmacy (*aushadhyalaya*) and his cure-all tonic Amrit Dhara.[38] Hakims like Muhammad Abdulaziz Kamil Lahori, the owner and editor of *Hikmat*, followed suit insofar as he employed his periodical to advertise more copiously for his own pharmacy and bookstore, and that of other medical suppliers of books and drugs in Lahore.[39] The most prolific editor of this period was Hakim Muhammad Firozuddin who started *Hikmat* in 1907, and three other periodicals (*Rafiq al-atibba* (1909); *al-Hakim* (1915); *Tandrusti* (1910); *Rafiq al-sehat* (1920)) in addition to producing an eight hundred page long biographical dictionary of contemporary hakims, *Rumuz al-atibba* (1912).[40] Firozuddin's editorial style, however, did not quite conform to the obvious commercial tone of other periodicals. He titled himself 'Munshi' in his earlier bylines and perhaps this explains his attempt to incorporate popular elements into what might have been considered scholarly periodicals.[41] While *Hikmat* had the feel of a trade journal, *Rafiq al-atibba* and *al-Hakim* continued to publish lengthy essays on medical knowledge. At the same time, they appealed to a lay audience by including medical

[38] For more on Sharma see Sivaramakrishnan, *Old Potions, New Bottles: Recasting Indigenous Medicine in Colonial Punjab 1850 - 1945*, 73-80 & 113-25. This kind of medical publicity has earlier antecedents in north India. For example the cure-all advertisements of E.J. Lazarus: Ulrike Stark, "Benares Beginnings: Print Modernity, Book Entrepreneurs, and Cross-Cultural Ventures in a Colonial Metropolis," in *Founts of knowledge: book history in India*, ed. Abhijit Gupta and Swapan Chakravorty (Hyderabad: Orient Blackswan, 2016), 49.
[39] "Kamil book ajansi lahor," *Hikmat Lahore* 5, no. 17 (1911): 1.; The periodical also caught Crawford's attention, who mentioned it as one of three Urdu periodicals he named in his IMS history: Crawford, *A History of the Indian Medical Service, 1600 - 1913 Vol. 2*, 463.
[40] Firozuddin, *Rumuz al-atibba*.
[41] Muhammad Firozuddin, "Taraqqi-e ishat-e risala ka ek zabardast zariya," *Risala-e hikmat* 2, no. 5 June 16th (1908).

advice columns and emphasizing the application of medical knowledge.[42] These differences across periodicals are missed by Guy Attewell although he employs them to act as a factual counter-point to the earlier arguments advanced by Leslie and Metcalfe in his otherwise commendable effort to criticize a monolithic narrative of yunani medical reform.[43]

Popularization & Domestication: (c 1919)

After the transfer of medical administration to the provinces through the Montford reforms, periodical publishing increased again.[44] While institutions continued to publish their periodicals, such as *al-Masih* from the new Tibbiya College in Delhi, a new style of medical periodical, the home magazine, seems to proliferate in the 1920s and 1930s. These periodicals convey through their layout that they are intended to be perused, browsed, flipped-through rather than read in a sustained or serious fashion as the scholarly periodicals published two decades earlier. The articles become shorter, cater to interest in domestic medicine while also trying to attract as many practitioners as possible. This is visible in *al-Mu'ālij* from Amritsar, which called itself a 'Magazine' transliterating the word into Urdu. It aimed for a broad readership by announcing it was the magazine for yunani, ayurvedic, and doctory medicine on

[42] *al-Hakim* was more popular than the earlier *Rafiq al-atibba*. Compare their table of contents in: Hakim Muhammad Firozuddin, "Fihrist-e mazamin," *Rafiq ul-atibba* 8, no. 3 March (1911). and Muhammad Firozuddin, "Fihirist-e mazamin," *al-Hakim* 2, no. 6 April (1917).
[43] Attewell, *Refiguring Unani Tibb*. Attewell lists seven titles under 'Newspapers and periodicals' in his Bibliography. Of these, only four are medical periodicals. Of those four, three were edited by Muhammad Firozuddin (*Hikmat*, *Rafiq al-atibba*, and *al-Hakim*). And, as the remainder of the bibliography shows, he relies primarily on a few articles in *Rafiq al-atibba* and *al-Hakim*. He uses this material as if it were representative of a single genre, 'The Unani Journal'; however this ahistorical regard elides the cultural and social forces in which the periodical as a new form for communicating medical knowledge emerged and changed.
[44] For the importance of Montagu-Chelmsford reforms see Arnold, *Science, Technology and Medicine in Colonial India*. Berger, *Ayurveda made modern: political histories of indigenous medicine in North India, 1900-1955*.

its cover, although its editor was referred to as *Hakim* Ilmuddin Bhaguwalia. Advertising was prominent, especially for its associated pharmaceutical company (*kar-khana*) and its articles were shorter with more space given to prescription/recipes. This was true even when periodicals were associated with vernacular programs in colonial medical schools. The editor of *Hāmi al-sehat Lahor* in 1922, Doctor Hakim Mirza Imamuddin Qureshi Surgeon, "past medical officer to the royal family of Kabul and now professor of medical classes at Punjab University", had a staff of four editors working under him for a slim periodical that primarily dealt with medical advice and included short features on medical legislation, hygiene, and sexual health and concluded with several pages of advertisements. The Hamdard Dawakhana, founded in Delhi in 1905, published a periodical, *Hamdard-e sehat,* in the 1930s that sought to situate itself within the long history of Delhi's medical families while also attracting a popular readership. It did this through liberal use of images: richly illustrated advertisements, didactic cartoons, and photographs of renowned hakims in each issue.[45]

This roughly chronological typology indicates the gradual de-coupling of national and global capital investment from state-defined medical authority. Not all of the commercial hakims managing and editing medical periodicals in the twentieth century were tied to local bazaar commerce. Ajmal Khan's Hindustani Dawakhana began as a joint-stock company, and became renowned nationally through the Madrasa's networks of patrons, subscribers, students, and franchises. The vernacular capital of this network enabled the meaning of the hakim to shift and multiply over time as he became a signifier tied to the imagination of a consuming and reading public rather than a *darbar* or a state administration, and this shift is observable through the affective topography in the periodicals themselves. While these periodical types cannot each

[45] For example, *Hamdard-e sehat dehli*, no. February (1935). The foundation date is given in: ibid.

be reduced to discrete predominating affective orientations, a close reading of a selection of periodicals indexes the multiple meanings of the hakim through eruptions of affect aligned with particular discursive traditions, as I demonstrate below.

The IMS & the Utility of Shame

The early Urdu medical periodicals associated with vernacular medical schools modeled on English journals, such as *A'īna-e tababat* (Agra, 1879) or *Agra Medical Journal* (1897), largely recycled medical news from Europe and lacked a strong editorial voice. By contrast, publications that deliberately sought an audience of hakims are remarkable for their depictions of hakims within a service-gentry code of shame and honor. In the first issue of *Tabīb* (1885), the editor, one Hakim Fakhruddin skillfully draws on familiar gestures of comportment and deference to subject the self-regard of hakims to strong scrutiny:

> In our own estimation [*z'am*] and in the view of the public [*'awam*], we seem quite contented. We live as we please and earn our living with honor [*'izzat*]. Patients greet us with a bow [*marizon ka jhuk jhuk salām karna*], we easily earn a few rupees while at home, without any obligations, and this strengthens our own estimation of our selves. However, the far-sighted people who get to the bottom of issues say that our condition is presently extremely poor, and it will ultimately end up being contemptible [*zalil*]…Not only have we failed to advance the treasure of knowledge we were given, which our elders created with their hard work and knowledge but it turns out we were so lacking in filial duty [*na-khalaf*] that we completely ruined that treasure.
>
> Even today's most renowned atibba are not granted a tenth of the honor and wealth that yunani atibba received as a reward for their knowledge fifty years ago. In addition to our laziness and ignorance, there is also the fact that we did not adjust to the changing times… If any one of the elders from our predecessors were alive today, and we gathered before him in our status as *tabīb*s, he would certainly be embarrassed to call us his followers, and would deeply regret our incompetence. And then there is us, who are so shameless that despite this ruined state, we think of others as fools and ignorant. None of us misses a moment to boast that he is the second coming of Plato!
>
> It doesn't matter if we sit at home and imagine ourselves to be the pride of the ancients, or try to spread this idea, in the eyes of our rulers we don't have an ounce of dignity. According to them, our knowledge is a kind of fairytale [*afsana*]; our aptitude and

> experience is a ruse for earning our daily bread, our understanding of anatomy as useless as a rotten corpse, and our practice of surgery as unappealing to them as putrid matter. If we understood the state we are in, we would see there is nobody worse off than us. But a thousand regrets – we have still not recognized ourselves [*apne āp ko nahin pahchānna*]!
>
> Now, imagine if our brothers knew English, and if they had a desire to examine their newspapers and periodicals, then they would learn the extent to which European and Bengali doctors have defamed them as ignorant and illiterate [*anārī*]. And because nobody has responded to these unnecessary accusations on behalf of *tabīb*s, the government has become even more firm in its position. This is evident from the fact that even if the most renowned *tabīb*, were to write a sick certificate for a government chowkidar, no English ruler would place any confidence in it. It is obvious that our knowledge is not trustworthy according to the rulers, and that are certificates are honored as much as rubbish…That is, until we shed our old clothes, there is no hope of any dignity or credence in the eyes of the rulers. And until we do that, our aptitudes, our wealth, our miraculous healing power, are just family gossip [*khanagi gappen*] which have no weight in the eyes of the rulers or the public, and never will. Of course, to stay content, we can imagine what we like about ourselves…[46]

Much like Hali's poem discussed in Chapter Two, the provocations of shame and embarrassment in this editorial were intended to goad Fakhruddin's readers into a kind of self-transformation, one that centered on absorbing scientific knowledge, which was clearly signified by the English language, a reserve of Europeans and Bengalis. This transformation was, remarkably, grounded in persuading the reader-hakim of his self-delusion about the respectability and honor that inhered in the performance of his duties. Clearly written through a sense of split subjectivity, intense and fulsome, it evinces little distance between the sense of shame Fakhruddin felt and his desire to provoke it in his colleagues, through the repeated evocation of the metaphor of sight, of being unable to see oneself as one is seen by others. A metaphor which would have been resonant to contemporary readers with the mirror imagery in Islamic-gnosticism, and which also evokes Lacanian theories of the subject. Surprisingly, this perpetual problem of the colonial subject, at the heart of Ashis Nandy's early work, appears in medical writing not only as a positivist critique – not only as an admonition of inadequately empirical practices – but in the

[46] Fakhruddin, "Ham tabibon ki halat-e zar," 1, no. 1 (1885): 3-5.

voice of a practicing hakim, who turns to the problem of a profound misrecognition, a problem newly perceptible from the vantage point of a positivist episteme.

Also working within a positivist episteme, the editor and patron of the *Ganjina-e tababat* (1893), Ganda Mal (a former head clerk at Lahore Medical College) and Rai Bahadur Doctor Brij Lal Ghosh, tried to evoke shame in the graduate of vernacular medical schools, including hospital assistants and '*atibba*' (yunani physicians). Their attempt was more prosaic, and limited to the mundane world of the upcountry dispensary and the possibilities for embarrassment in a career of government service. The editorial in the first issue attempted to shame practitioners by sampling from Persianate high culture:

> Everybody knows that the space for improvement and progress [*taraqqi*] in medicine, is like no other field of knowledge. Everyday some new thing or another is discovered. For example, compare today's state of knowledge with that of ten years ago and you'll see it's like night and day [*zamīn āsmān ka farq]*. However, regular doctors and especially hospital assistants, never learn of these new ideas, and they remain unfamiliar with them. The reason for this is that the men who make these new discoveries are our own gracious Englishmen or other gentlemen from Europe or America who publish their work in the English language to make it widely known. And so the people who learn about these new things are those who know the English language and who are deeply drawn to examining these new inventions. [*bahut raghbat aur kamal shauq hota hai*]. So, our hospital assistant brothers, and other atibba who aren't' familiar with the English language, or who may be familiar with it but don't know it well enough to examine books and newspapers in English, are not able to avail themselves of the new advances [*ījādāt*] in medicine. For this reason their education remains limited, or (please forgive the breach of etiquette), it decreases over time. This causes a difference not only in their education and experience but their reputation can suffer significantly as well. [*inki 'izzat men bhi bura bhari harf a sakta hai*]. Let me explain: suppose the civil surgeon were to come on a tour of the dispensary, and out of the blue were to ask the hospital assistant about some new advance, the hospital assistant would have nothing to say. He would lose his reputation and feel ashamed in front of his officer. And the officer would have proof of his ignorance, lack of ability, and unfamiliarity with recent work. And should the officer, god forbid, get angry, it is even possible for him to cut the poor hospital assistant's salary, who would then have to bear the burden of financial difficulties. So you can see the extent of troubles caused by an unfamiliarity with new advances. That is, first of all, there is a difference in one's reputation, which is a form of wealth. According to Hakim Luqman: If they were selling the elixir of life in exchange for a man's reputation/ a smart man wouldn't buy it. [*Agar ab-e hayat be-'iwaz-e 'izzat faroshand/ 'āqil nami kharad*] Second, imagine the difficulties that would arise from having a reduction an income.

> Third, being unfamiliar with new advances. A fool in people's eyes. Inept in the eyes of the officer. To be proved ignorant and a fool. For this reason, to eradicate these problems, and for the welfare and concern of one's compatriots, this periodical entitled *Ganjina-e tababat* is being published. It will resolve all the problems listed above. You can keep up to date with all the latest developments and improve your experience and knowledge.[47]

Ganda Mal's far more transparent rhetorical device nonetheless reveals that even lower orders of the government medical hierarchy were familiar with and may have been responsive to Islamicate ideal types such as the famed healer Hakim Luqman. Or this may have been Ganda Mal's clumsy attempt, like the title of the journal itself, to interpolate obvious markers of an Indo-Persian sensibility into his rhetoric in order to market his journal. In either case, the editorial lacks an awareness of the deeper existential fissure at the site where two epistemes are overlain in a palimpsest of institutional forms. In its particular insistences, on the superiority of the English language, on the new discoveries of Europeans and Americans, and on browbeating the upcountry hakim, it suggests a vernacular register closer to the "language of command" studied by Cohn than any of the later periodicals associated with either medical families or commercial ventures.[48]

Tabīb and *Ganjina-e tababat* had different associations with statist science. The former continued working through Avicennian disease and therapeutic categories while attempting to interpolate some practices of Victorian medicine. In its editorial, the hakim is connected to a local world of comportment (bowing patients) and a Perso-Arabic imaginary (the continued relevance of ancient Hellenic figures such as Plato) and the service-gentry mindfulness of honor and public recognition. For Fakhruddin, Avicennian medicine could only be sustained by being grounded in the emerging episteme of global science, otherwise the self-esteem that hakims felt

[47]Ganda Mal, *Ganjina-e tababat* 1, no. 1 (1893): 5-6.
[48]Bernard S. Cohn, *Colonialism and its Forms of Knowledge: The British in India*, The Bernard Cohn omnibus (New Delhi: Oxford University Press, 2004), 16-55.

was little more than fairytales and family gossip. The editorial in *Ganjina-e tababat,* on the other hand, was unconcerned with Avicennian medicine, although it addressed some of its practitioners. As a publication whose main sponsors and contributors were doctors, it sought only to render the importance of Victorian science into the Urdu language, and to appropriate signifiers of Persian sensibilities to this end. The contrast between the two serves as an important antecedent for situating the late Kavita Datla's discussion of late colonial debates about the suitability of Urdu as a language of science.[49] This emphasis on the suitability of a particular language was an extension of an orientalist debate, still evident in *Ganjina-e tababat*. However, Fakhruddin clearly had a more important concern than language: he was preoccupied with dislodging hakims from the isolated and self-referential world of practices and thought that he, like other reformers, believed the Muslim gentry inhabited. Studies of vernacular science that privilege language, in an ongoing extension of philological and orientalist scholarship, are methodologically primed to overlook the social, cultural, embodied and material worlds which impart meaning to these languages.[50] This contrasts with scholars of subaltern science who have privileged practices in order to mitigate the difficulty of finding the voice of the subaltern subject, as we see in the work of Kapil Raj.[51]

Although it is difficult to judge the success of these rhetorical strategies, they reveal a shift in how the hakim was imagined in relation to a public. The idea, and social reality, of the hakim as an advisor with an expansive political and social role was imperiled by the implosion of the courtly life which had been sustained by the Mughal emperor, minor aristocrats and the

[49]Kavita Saraswathi Datla, *The language of secular Islam : Urdu nationalism and colonial India* (Honolulu: University of Hawai'i Press, 2013).
[50] Ahmed Ragab, "'In a Clear Arabic Tounge': Arabic and the Making of a Science-Language Regime," *Isis* 108, no. 3 (2017). Datla, *The language of secular Islam : Urdu nationalism and colonial India*.
[51] Kapil Raj, *Relocating Modern Science: Circulation and the Construction of Scientific Knowledge in South Asia and Europe* (New Delhi: Permanent Black, 2006).

nobility. For the image of the hakim to shift from being an advisor to sovereigns, with large grants of land, royal gifts and rentier income, to a state functionary narrowly occupied with medical work and quivering about pay-cuts, was a significant change in Urdu letters, of which these periodicals are a kind of middle-brow example. As discussed in Chapter Two, the Sharifi family had neither an interest in cultivating this discourse of shame nor in accepting wholesale the episteme of global science. Their alliances with princely states near Delhi, including Rampur, Patiyala and Jind, allowed them to work at a remove from both the last Mughal emperor and from various iterations of British rule in Delhi.[52] The Sharifi family, especially its scion Ajmal Khan, were however sensitive to the erosion of the social conditions which had made both the social reality and the image of the wise and benevolent hakim possible and sought to sustain the traditional meaning of the hakim through the careful commercialization of yunani medicine.

Baulking at the Bazaar: Overcoming the Ignobility of Medical Trade

Because scientific medicine in India not only entailed the apparition of the white doctor with his injections and stethoscopes, but also entailed the formation of a broader market in medical commodities, including mass-produced pharmaceuticals, medical technologies, and doctors' fees, ashraf hakims and the service gentry had to change their attitude to trade, and think through how to commercialize yunani medical practice. Within the Sharifi family itself, the ideal of the respectable physician was tied to the performance of public acts of charitable giving.[53] A family ancestor, Hakim Wasil Khan the first (d.c1696AD), began refusing payment from the public on the advice of a saint, and that tradition continued until the early twentieth century;

[52] Gupta, *Delhi Between Two Empires, 1803 - 1931*, 23.
[53] Regarding Ajmal Khan's refusal to take fees: "Madrasa Tibbiya Delhi ki khabren," *Majalla-e tibbiya* 10, no. 4 March (1912): 1.; Hussain, *Ajmal-e a'zam*, 67.

perhaps also in keeping with an older Islamic ethic of public charitable giving through hospitals and health care.[54] Commercializing Avicennian medicine, through selling pharmaceuticals, seemed to undermine this pillar of gentry respectability as much as the embodied empiricism of Victorian medicine. Moreover, if Sharifi family hakims were perceived to receive any kind of payment for medical care it would collapse an important ashraf distinction between the family hakim and the hakim in the bazaar. Although empirically bazaars were increasing in frequency and scope across north India, within old Delhi the ashraf imaginary of the bazaar was far more fraught than in the liberal economic ideal.[55]

Within the ashraf imaginary, the bazaar signified the transgressions latent in public social intercourse. Associated with the dangers and pleasures of the street from courtesans and storytellers, to petty criminals, the hakim that had his clinic there was suspect in a manner quite unlike the aristocratic and gentry hakims who kept their clinics in family compounds. The bazaar hakim was associated with commerce and thereby quackery, he was a "half hakim".[56] The depth of contempt for bazaar hakims is suggested by a satirical poem by the eighteenth century poet Sauda (d.1780).[57] Sauda ridicules the bazaar hakim by comparing him to the Mongol conqueror Hulagu Khan (!), whose thirteenth century massacres are renowned, and compares the hakim's

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[54] *Ajmal-e a'zam*, 39. Medieval hospitals in the Islamic world were often founded through an endowment for public use. Pormann and Savage-Smith, *Medieval Islamic Medicine*, 97-101. Fabrizio Speziale, ed. *Hospitals in Iran and India, 1500-1950s* (Leiden: Brill, 2012), 4-6.; on Wasil Khan the first see: Zillurrahman, *Dilli aur tibb-e yunani [Yunani Medicine in Delhi]*, 67.
[55]For the expansion of physical markets: Anand A. Yang, *Bazaar India : markets, society, and the colonial state in Gangetic Bihar* (Berkeley: University of California Press, 1998), 83-91.
[56] Hussain, *Ajmal-e a'zam*, 15.; On the phrase "half-hakim": Alavi, *Islam and healing : loss and recovery of an Indo-Muslim medical tradition, 1600-1900*, xi, 255. On the perception of the bazaar as lowly: Francesca Orsini, *Print and pleasure: popular literature and entertaining fictions in colonial north India* (Ranikhet: Permanent Black, 2009), 88. The association between quackery and the bazaar goes back to the medieval period: Pormann and Savage-Smith, *Medieval Islamic Medicine*, 96.
[57] For an early outline of Sauda's satirical verse: Ralph Russell, "An Eighteenth century Urdu Satirist (Sauda, c. 1713-1780)," *Indian Literature* 2, no. 1 (1958).

pen to a dagger that, in India, murders Hindus and Muslims in equal measure.[58] The bazaari hakim here, as the agent of death itself, is indeed a great leveler of a vulnerable human mass. In the age of print, as the bazaar became mediated by print culture, most explicitly in the form of advertising, service-gentry suspicion of the bazaar hakim translated into contempt for hakims that published advertisements for their services. Hence the first issue of *Tabīb* admonished advertisers not to exaggerate the curative powers of their medicines and stated they would not publish such advertisements.[59] This sentiment lasted into the first decades of the twentieth century and was aired in voluntary associations as well as later periodicals. There is even an advertisement for the services of graduates of the new yunani schools that solicits the reader to be weary of advertising physicians![60] The Sharifi family's problem resided in persuading ashraf hakims and the service-gentry to overcome this attitudinal orientation in order to profit from the medical market while continuing to assert the superiority of the family, and later yunani school graduates, over the autodidact in the bazaar. Once again, we can turn to Nazir Ahmad for a clear statement of this problem.

Nazir Ahmad, in his speeches to the Madrasa, tried to persuade the Sharifi family that the ontological rupture entailed by the commodification of medicine could be managed if translated into an ashraf moral sensibility. At the Madrasa's annual meeting in 1892 Ahmad attempted to persuade the gathered nobility and service-gentry to accept the importance of incorporating the bazaar into the life of hikmat. With his usual perspicacity, Nazir Ahmad spoke with the voice of

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[58] Several editions of the poem, which dabbles in vulgarity are available on Frances Pritchett's website: http://www.columbia.edu/itc/mealac/pritchett/00urdu/sauda/01masnavi.html. I consulted the 'modern Urdu' edition, which is available in print: Mirza Muhammad Rafi Sauda, "Masnavi dar hajv-e hakim ghaus," in *Kulliyat-e sauda*, ed. Amrit Lal Ishrat (Allahabad: Ram Narain Lal Beni Madhav, 1971).
[59] Hafiz Fakhruddin, "Qawaid wa zawabit," *Tabeeb Lahor* 1, no. 1 (1885): 2.
[60] Vaid, "Chautha salana ijlas all India vaidik and yunani tibbi kanfrans."p.18; Hakim Ghulam Rasul, "Ishtihari tabeebon se bachne ki surat nikal ayi," *Mushir al-atibba* 1, no. 2 (1922).

the emergent middle class while casting a reflective eye on its formation. He began by lamenting the absence of a middle class amongst the Muslims ("They are either kings or beggars")[61] implying this was due to an *ashraf* disregard of trade: "In the same way that nobody wants to bring up the dull misshapen little Hathras blade at the mention of a Rodger's knife, it is embarrassing to talk about trade here in relation to that which is happening in America and Europe."[62] The problem, according to Ahmad was an unwillingness to sell at low prices and to use advertisements, which people considered an immediate loss, a non-starter (*ishtehar to hamare mulk men' umuman nuqsan-e 'ājil samjha jata hai*).[63] He counseled Hakim Abdulmajid Khan, the founder of the Madrasa Tibbiya, to overcome this concern, and insisted that if he were to employ advertisements to promote his family's prescriptions, and invest the profit in his reform efforts and the Madrasa, he would be as honored as any respectable person (*sharif admi)* in the world has been or will ever be.[64]

To illustrate his point, Ahmad offered a theory of advertising in order to dignify turning the Sharifi family name into a brand. He tries to ennoble advertising by calling it scientific and associating it with the art of rhetoric, and the skill of understanding local customs, both of which could be considered part of the Arabo-Persian human sciences in India, including medicine (*tibb*), and as such, in keeping with traditional discourse-based occupations of the service-gentry, such as being a hakim, or even a munshi:

> Advertising itself is a kind of science. And it cannot be accomplished successfully by just anyone. In truth, an advertisement is a kind of net meant to ensnare buyers. And it requires great skill [*saliqa*] to lay this trap so that it doesn't come up empty. One must attend to differences: people differ in their languages, they differ in their customs and habits, they differ in their religions, their tastes, their employments. To make all of them

[61] Ahmad, *Lekcharon ka majmu'a*, 326.
[62] Ibid., 333.; On the "Rogers knife": http://www.sheffieldcutlerymap.org.uk/location/joseph-rogers-and-sons/;
[63] Ibid.
[64] Ibid., 334.

> pay attention to one, and not only pay attention, but to stimulate genuine desire and interest, cannot be done with a single style [*tarz-e khās*]. Without a doubt, rhetoric [*tahriri*] itself is a kind of instrument by which we can disseminate an idea. One of its forms is newspaper advertising.[65]

Nazir Ahmad's attempts to translate the necessary practices of commercializing medicine into a *sharīf* idiom are remarkable given the depth of contempt for advertising hakims that was evident well into the twentieth century. He encouraged the Sharifi family to advertise the efficacy of their family preparations throughout India (including in *The Hindu*, *Banga Bashi*, *Rast guftar* from Gujarat, and the *Paisa akhbar* and *Akhbar-e 'ām* in Urdu).[66] Unlike the ashraf inclination to cast aspersions on those who would buy *sharafat*, Ahmad is clearly open to thinking about gentry respectability as a process of accumulation.[67]

Ahmad's discussion of commerce and its signification by advertising parallels his exhortations to hakims to embody the empiricism of global science. The service-gentry, including potential hakims amongst them had to accept these attitudinal changes if they were to continue their tradition. A discussion of "translating science" cannot be limited to questions of language, or of the incommensurability of concepts between so-called "western science" and "indigenous traditions". The public exhortations Nazir Ahmad made to the Madrasa's hakims and patrons, repeatedly reveal that the incommensurability of concepts mattered less than the incommensurability of the mores, attitudes and embodied practices that attended the spread of scientific medicine in India. Moreover they speak to the deliberate and self-conscious nature of rhetorical work produced in medical advertisements and editorials, if not reader letters, and the intentionality of creating a counter-discourse to the rhetoric of shame. This was evident during

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[65] Ibid., 329.
[66] Ibid.
[67] Orsini describes this derision of "buying" sharafat: Orsini, *Print and pleasure: popular literature and entertaining fictions in colonial north India*, 116-29.

Ajmal Khan's leadership of the Madrasa. He, more so than his elder brother Abdulmajid Khan or his father Mahmud Khan, had to demonstrably intercalate global science into hikmat while sustaining his intellectual commitment to the latter. The Madrasa's periodical, *Majalla-e tibbiya*, was launched early in his tenure and demonstrates his effort to accommodate the bazaar without being turned into a bazaari hakim.

Family Firm: Reverence, Reform and Self-Sacrifice in the *Majalla-e tibbiya*

Several of *Majalla-e tibbiya*'s efforts to retain an aesthetic of *sharafat* were discussed in Chapter Two on embodied empiricism. These included representing the Madrasa as part of the image of arcadia that was common to the Indo-Persian imaginary, including the floral elements of annual meetings and the consumption of luxury commodities.[68] As I had argued there, these mitigated the slightly revolting truth of what modern medical labor entailed when it incorporated the work of the jarrah into the practice of the hakim. The courtly hakim's distaste for commerce was also mitigated in other ways: by managing the rhetoric, number and type of advertisements included in the journal and in editorial interventions that demanded a certain tone, style and content-mastery from contributors. I address each of these in turn.

Advertisements

Majalla-e tibbiya had very few advertisements per issue, typically one or two placed on the inside cover in early issues and largely for the publications of the Sharifi family and eventually for the pharmaceuticals of the Hindustani Dawakhana. They were written in simple unadorned prose without images or attention-grabbing features other than slightly larger headline script. The

[68] Sharma, *Mughal Arcadia: Persian literature in an Indian court*.

dawakhana advertisements also evoked courtly medicine. The remedies they typically advertised were expensive, nearly 3 or 4 rupees a bottle, and the rhetoric of the advertisement also employed a gentry attitude towards patronage. This was evident in the stated motive for establishing the Dawakhana: for the "public good" (*rifah-e 'ām*), and also to clear the "ugly stain" (*badnuma dagh*) on yunani medicine that medicines available in the bazaar left on the otherwise clean attire (*dāman*) of yunani medicine.[69] And so, as the Sharifi family, which had prided itself on never charging fees at its clinic, began commercial transactions at an industrial scale, it deployed the rhetoric of shame not against those ignorant of Victorian medicine and science, but within an older opposition between the bazaari quack and the courtier family physician. Moreover, the advertisements made a point of noting that both Hindus and Muslims worked in the factory where the medicines were prepared. This seems to suggest their interest in signaling to their readership that they were sensitive to caste proscriptions of their potential consumers, and that this sensitivity might also be construed as part of their aristocratic concern for public welfare (*rifah-e 'ām*).[70] This gesture to the readership also suggests that eliciting consumption entailed signifying that cultural specificities would be marked within the conditions

[69] On the use of *rifah-e 'am*: "Yunani vaidik and medisenz kampani limeted delhi," *Majalla-e tibbiyya* 4, no. 6 June (1906). On the harmfulness of bazaar medicines: "Yunani murakabat," *Majalla Tibbiyya* 9, no. 1 January (1911). For antecedent Mughal notions of welfare consider the usage of "well-being" in court petitions e.g. "well-being of the people [*rafāhat-i ahwāl-i khalā'iq*]" & "well-being of the soldiery and cultivators [*rafāhiyat-i hal-i sipah wa ra'īyat*]": Rajeev Kinra, *Writing self, writing empire : Chandar Bhan Brahman and the cultural world of the Indo-Persian state secretary* (Oakland, California: University of California Press, 2015), 115 & 16.

[70] For the colonial use of *rifah-e 'am*: Ulrike Stark, "Associational culture and civic engagement in colonial Lucknow: The Jalsah-e Tahzib," *Indian Economic & Social History Review* 48, no. 1 (2011): 26-27.; C. Ryan Perkins, "From the Mehfil to the Printed Word: Public Debate and Discourse in Late Colonial India," ibid.50 (2013): 53.

of production.[71] This is different from what both Mazzarella and Haynes document in their studies of advertising. As they both focus on the individuated reader of the advertisement, Mazzarella on the production of the desiring subject, and Haynes on the production of an anxious proto-eugenic national subject, neither addresses how the consumer subject may continue to value pre-national affective commitments formed by an early-modern ideal of sovereignty and apply these as a constraint on the conditions of production, as these advertisements imply.

Editorials

Editorials and correspondence with the editors clarify the affective terrain in which *Majalla-e tibbiya* and its readers interacted and the specific ways in which the hakim was imagined to mitigate the commercialization of hikmat. Aside from deference to the Sharifi family, the publication was marked by a seriousness of purpose to investigate classical tibbi texts and popularize their contents for lay and specialist readers who could not read Arabic or did not have access to manuscripts. It was this seriousness and a vocabulary of reform and self-improvement that Avicennian medical reform shared with broader social movements and distinguished this moment and this periodical from later commercial ventures.

The editorial voice of *Majalla-e tibbiya* (MT) was subdued in its early years (from 1903-1906) and only developed clear direction after the intervention of Ajmal Khan in 1906. The early issues had no editorials, simply an introductory section marked 'Madrasa News', which included notifications about student exams, the posting of alumni, and the current location of members of the Sharifi family, who travelled frequently to attend their patrons in Rampur and other princely

[71] This seems consistent with the argument Ritu Birla has made for the cultural embeddedness of colonial capitalist subjects: Birla, *Stages of capital: law, culture, and market governance in late colonial India*, 1-12.

states. Ajmal Khan became the head of the Madrasa and patron of the *MT* after his elder brother died in 1905. It was clear that he followed the publication closely from an essay he published in it in June 1906. In this piece, Ajmal Khan criticized the journal's editor and contributors and offered an extended guide to the content and style he expected from the publication. He called the editor's interventions "lazy" (*sust*) and was particularly irritated by the editor's attempt to gamify medical knowledge by publishing monthly riddles on drug nomenclature for the readers to solve. Ajmal Khan thought this a breach of tone – "no serious art should be subject to being explained through puzzles and riddles" – and advised the editor and contributors on the importance of article composition [*mazāmīn nigārī*] by detailing several steps for them to follow.[72] These steps included reading more than one source before writing on a particular piece, cultivating and foregrounding one's own opinion, and paying close attention to style [*'ibārat*].[73] Although this advice was a departure from the pervasive practice of writing epitomes, commentaries, and rhyming mnemonic devices, it was also at the same time a continuity of another kind.

Ajmal Khan's attention to composition and style (*'ibārat*), even in the context of promoting individual voice, was also an assertion of the broad public duties for which the Avicennian physician ought to be trained, at a time when he was treated by the colonial state as little more than a mediocre medical functionary. The Sharifi family's emphasis on this cultural continuity, of asserting an expansive public role for the hakim was evident in Ajmal Khan's life: his service to the Nawab of Rampur, leadership of major educational and medical reform movements, publication of a book of poetry, and his free treatment of patients in Delhi, all attest to this. Although Ajmal Khan and the Sharifi family were considered more reformist than the

[72]Muhammad Ajmal Dehlavi, "Majalla-e tibbiya ke namahnigaar aur us ka editar," *Majalla-e tibbiyya* 4, no. 6 June (1906): 4-7.
[73]Ibid., 6.

Azizi family of Lucknow, because of their integration of Victorian science and their early commercial production of pharmaceuticals, they nonetheless sought to refigure the courtly ideal of the Avicennian physician in a manner appropriate to the new institutional forms of the colonial period, such as the medical school, voluntary association and publishing house. It was the continuity of these public duties that enabled Ajmal Khan to commercialize yunani medicine while still asserting a difference between his family's medical authority and the inferior medical marketing of the bazaari hakim. As the idea of the hakim was refigured for new colonial sites so too was the quack in the eyes of the Avicennian physician, who was not so much associated with a faulty conceptual vocabulary or inadequate instrumentation, but with self-interested opportunism and a lack of public-mindedness.

As the market expanded to encompass a wider range of medical practices and ideas, the limits of the legitimate Avicennian practitioner were debated in the letters sent to the *Majalla-e tibbiya* and revolved around the performance of self-denial and public patronage. Managing this debate was the responsibility of a new editor (the post had been advertised in 1906), primarily Hakim Pirji Abdurrazzaq who is identified with the magazine from this point on.[74] Under Abdurrazzaq's editorship, critical commentary about the magazine was regularly published in letters to the editor. While much of the criticism focused on the accuracy, utility and frequency of the medical advice columns, the periodical's editor also traded in accusations of self-promotion and self-enrichment with the Madrasa's critics. Occasionally this appeared as replies to angry readers whose letters or essays had not been published. To these, the editor responded:

> I get a lot of articles that are actually covert advertisements for the writer himself. I am informing such writers not to hope that such essays will be published in the *Majalla-e*

[74] Zillurrahman, *Dilli aur tibb-e yunani [Yunani Medicine in Delhi]*, 281.; Faruqi, *Hindustan men urdu tibbi sahafat aghaz wa irtiqa.*, 73.; Although one Hakim Maqsud Ali Khan Rashdi briefly held the position in 1907: Hakim Maqsud Alikhan Rashdi, "Dar al-akhbar wa dar al-mubahisa," *Majalla Tibbiyya* 5, no. 9 September (1907): 2.

> *tibbiya*. By sending them you are wasting your time and mine. Regrettably, a lot of people [also] write to me praising their own healing powers but do not clarify the details of the treatments they used. I hope they will forgive me if I put an end to their self-promotion [*khud-sitā'ī*].[75]

Although such editorials underlined the Madrasa's effort to distance itself from commercial medicine, its patron continued to be subject to the pique of lesser men. Casting suspicion on his commitment to public service, Ajmal Khan's critics wondered, as one of his defenders put it, "if he might not harbor the germs of personal interest" (*zati aghraz ke jarasim)*.[76] The *Majalla-e tibbiya* editorials seemed to be addressing this criticism by regularly publishing Ajmal Khan's travel schedule and charitable works.[77] The criticism seems to have increased after he established the first voluntary association for indigenous medical practitioners, at which point *Majalla-e tibbiya* reprinted parts of an editorial from *Rafiq al-atibba*, another medical periodical edited by Hakim Firozuddin, which rebutted the accusations.[78] The *Majalla-e tibbiya* editorials also addressed the suspicions of self-interest by occasionally including dispatches from a traveling agent attempting to fundraise in the countryside. The agent praised the generous and also expressed his exasperation at the men who "looked upon community work with indifference (*be-parvahi*)" and yet whose "treasure chests always had their mouths open ready to provide for their personal comfort and pleasures".[79] This trade in accusations reveals the tensions entailed in commercializing yunani medicine and the attempts to manage them for a service-gentry audience.

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[75]"Editorial," ibid., no. 6 June., 2
[76] "All India vaidik and yunani tibbi kanfrans ka ijlas delhi," ibid.9 no. 2 February (1911): 2-7.
[77] In the manner of an early modern court circular (*akhbār*): Fisher, "The Office of Akhbar Navis: The Transition from Mughal to British Forms," 27, no. 1 (1993): 46-48.
[78] Ajmal, "All India vaidik and yunani tibbi kanfrans ka ijlas delhi," 9 no. 2 February (1911): 5.
[79]Sayyid Imdadulnabi Azad, "Etawah bar duvvom," ibid.5, no. 9 September (1907): 44.

As the Urdu medical publishing market expanded in the 1910s, the *Majalla-e tibbiya* struggled to remain relevant. The number of Urdu medical periodicals quadrupled between the 1900s and the 1920s, and was estimated to be about twenty active, albeit struggling, titles in 1909.[80] The ethic of service that the *Majalla-e tibbiya* sought to publicize may have come up against the demographic limits of the service-gentry itself in a period of gradual democratization, increasing communalization, and the power of mass commercial publishing to give voice to those previously invisible in public. The commercial medical periodicals of this period catered to a mixed market of lay readers interested in prescriptions, and specialist readers interested in medical politics. The *Majalla-e tibbiya* with its focus on medical knowledge and ties to the Sharifi family may have become less compelling. As a critic in a rival periodical put it, "Amongst the duties of the *Majalla-e tibbiya*'s editor is to write about the [actual] conditions of the Madrasa, not just write nice things about it."[81] In a reflective piece in 1911, the editorial announced changes to the publication to cater to more popular tastes for domestic medicine and trade secrets, including incorporating more vaidik prescriptions, more success stories from Ajmal Khan's clinic, and essays written by writers of greater standing.[82] Even those critical of commercial publications that "had no purpose except to enrich owners" urged the *Majalla-e tibbiya* to imitate the layout and content of such periodicals to keep its readers. In an extremely rare direct criticism of Ajmal Khan, the reader expressed his disappointment at the *Majalla-e tibbiya* through a Persian quip, "What a load of rubbish from an otherwise impeccable man" (*che*

[80] Hakim Muhammad Firozuddin, "Risala-e hikmat ka dusra daur," *Risala-e hikmat* 2 no. 11 & 12 (1909): 5. Also see Figure 4 above, page 154.
[81] Muhammad Abdulaziz Kamil, "Madrasa Tibbiya Delhi," *Akhbar-e hikmat* 3, no. 14 September 1st (1909).
[82] "Majalla-e tibbiya ka naya daur," *Majalla-e tibbiya* 9 no. 1 January (1911): 3-5.

nisbat-e khaak ra ba alam-e pak)[83] The editor, who presumably published the letter, thanked the writer for his honesty and defended the magazine by noting it was understaffed. The publication of such a line about Ajmal Khan would have been unthinkable in 1906, and indicated that the topography of medical publishing was expanding away from the Madrasa as a center institutional and epistemic reform and towards the satisfaction of incipient consumer subjects.

Popularization: Firozuddin and the 'Hikmat' Publications

Because the new Urdu medical publications that began in the 1910s ran as commercial interests without a specific agenda of epistemic or institutional reform, they document the transition in the market from a readership focused on scholarly medical concerns into one more broadly interested in useful prescriptions and the consumption of medical commodities. The periodicals owned and managed by Hakim Muhammad Firozuddin, introduced above, are particularly important here – they clarify the tensions between abutting discursive traditions of scholarly and popular medicine and reveal how the hakim was re-imagined within them.

An early issue of *Risala-e hikmat* (1908) suggests Firozuddin began the periodical to cater to a learned readership interested in medical knowledge and reform. The periodical title, with its emphasis on "hikmat", *wisdom*, suggested a more expansive understanding of medical knowledge than implied by the "tibb", *medicine*, of *Majalla-e tibbiya*. It even included a motto on its masthead, a couplet from the poet Amir Minai (d.1900), who was associated with the courts of Lucknow and Rampur and the renowned poet Ghalib.[84] The use of this poet and the couplet itself, "Whoever the dagger falls upon, we are the ones to tremble/ The whole world's

[83] Hakim Chuni Lal az Jehlum [?], "Majalla-e tibbiya ke muta'alliq ek azad rai," *Majalla-e tibbiyya* 11, no. 10 October (1913): 45-47.
[84] Ghalib, *Ghalib, 1797-1869. Volume I: Life and letters*, 205-06.

suffering is within us",[85] suggest a cosmopolitan literary aspiration which might have appealed to readers beyond the professional medical community or enthusiasts of domestic medicine. This could also be considered a legacy of courtly medicine, suggesting a publication interested in locating medical writing beyond questions of utility and efficacy, and within a wider world of cultural and social concerns. Its content was a mix of classical and contemporary medical concerns, combining essays on "easy, tested prescriptions from the ancients", physiognomy and urine diagnosis, with others on treating epidemic diseases and reviews of contemporary medical books in Urdu.[86] Although Firozuddin may well have intended to work within the imaginary of courtly medicine, the figure of the practitioner that emerged in his journal seemed closer to a version of the bazaar hakim, albeit one held to greater account by an emerging public.

Firozuddin's apparent lack of princely patronage, and his subsequent reliance on subscriptions, affected the content, layout and affective terrain of the publication. The layout of *Risala-e hikmat* indicated the periodical's strained resources. The journal did not seem to have a separate title page, but rather printed the title and masthead on the top quarter of its first page, followed by a half-column table of contents, and then two and a half columns of text for the main features. The front page included three standard features: a section to thank men who had enlisted more subscribers for the publication, printing their names and the numbers of subscribers each had brought; a section on news from the Chemical Society of Jaunpur which seemed to have a long-standing relationship with the periodical;[87] and a kind of classifieds section. This classifieds column was called "Friendly Business" (*dostāna kar-o-bar)*, and was intended for men to either barter for or sell medicinal ingredients, or instruments, to those who

[85] Muhammad Firozuddin, "Khanjar chale . . . ," *Risala-e hikmat* 2, no. 5 June 16th (1908): 3. (*Khanjar chale kisi pe tarapte hain ham amir / sāre jahan ka dard hamare jigar men hai)*
[86] "Qiyafa," *Risala-e hikmat* 2, no. 5 June 16th (1908): 17-18. "Revyuz," *Risala-e hikmat* 2, no. 5 June 16th (1908): 22-23.
[87] Hakim Muhammad Firozuddin, *Risala-e hikmat* 2, no. 4 (1908): 3.

advertised a need for them.[88] Perhaps most contrary to the aristocratic ethos of the Sharifi family hakims was the medical advice column: it included an 'elite' section (*istifsār-e khas*) for subscribers only, which guaranteed a reply in the next issue, and for a fee the editor also offered personal advice through private correspondence.[89] Rather than concealing the bazaar or mitigating is social effects as *Majalla-e tibbiya* attempted to do, *Risala-e hikmat* embraced it through features intended to profit from and foster the marketization of medical knowledge and commodities.

Despite the bazaar oriented approach of *Risala-e hikmat*, Firozuddin continued to write about public service. Indeed this ethic of service was so engrained amongst the medical community that men commonly signed letters with the epithet "the servant of physicians", ('*Khadim al-atibba*'; also the title of a periodical from Lucknow). The editorials in *Risala-e hikmat* allow us to see a tension in two registers of Firozuddin's public self-presentation. On the one hand, there is his attempt to communicate his perception of himself as someone being of service to a public, while on the other hand, there sits the rhetoric of advertising and publicity. The latter was necessary for anyone with the ambition required to succeed within the inherent constraints of commercial publishing. One of Firozuddin's editorials in 1909 reveals the shift in the figure of the hakim in the midst of oscillating affects, from the rhetoric of self-sacrifice, with its reverence for ancient medical knowledge and pious seriousness, to that of catering to a popular taste for didactic and practical medical prescriptions.

> With the good graces of God, the second year of *Risala-e hikmat* comes to a close with the publication of this number. And the editor himself is pleased that the anniversary of these intellectual and medical services ['*ilmi aur tibbi khidmāt*] has arrived. And thanks are due to God that almost all of the readers of this periodical have accepted its services and are satisfied that the editor is working simply out of good intentions [*mahez nek nīyatī se kam kar raha hai*]. He has set aside and completely forgotten all of the

[88] "Dostana karobar," *Risala-e hikmat* 2, no. 11 & 12 (1909): 3.
[89] Muhammad Firozuddin, "Istifsar-e khas," *Risala-e hikmat* 2, no. 5 June 16th (1908): 30.

> permissible and noble means (to which he is so well-suited) to fulfil his personal desires and achieve worldly dignity, in order to choose this work from which it is impossible to gain any worldly dignity [*dunyawī wajāhat*], and which is only connected to improving the art [of medicine] and the people who practice it.[90]

After explaining the need for an annual reflection and expressing his wish that the public will appreciate the work of the contributors he considers on how the periodical has changed in its first two years:

> If, in the beginning, the desire was only that the periodical should perform a great deal of intellectual service [*ʿilmi khidmat*], the changing times have made it clear that along with this service, we should also generate an interest amongst laymen [*ʿām ghair tabīb ashāb*] to learn the principles of medicine and communicate the basics to them. In this vein, it is necessary to warn young men of the unnatural and unsuitable actions they fall into due to an unfamiliarity with medicine. For that reason, and also because so few people value learning, this periodical had to become a remedy. And that is why, in its first year it seemed to change complexion and tried to suit every taste [*har mazaq ke mutābiq banane ki koshish ki gai thi*]. This periodical also needs to explain introductory matters to those men who may be doing medical work, but have not really studied medicine and so often make mistakes in treatment…[these are the reasons why this periodical] has been the most popular amongst the general public [*maqbuliyat-e ʿām ka is ke sar sehrā raha hai*)… And the general public really liked the essays on reforming the habits of some young men. That is, many well respected and learned readers bought the periodical only to give to their young sons to examine. Some found it so valuable that they compelled their sons to read it. A few days after its delivery they would test their sons on the content of the hygiene (*hifz-e sehat)* feature in particular so that they were satisfied that they did indeed read it.[91]

Firozuddin's remarks reveal the manner in which the role of the hakim was re-imagined within the new pressures of commercial publishing. The *hifz-e sehat* features which he promoted in his annual review had begun as investigations on epidemic disease, but then towards the end of 1908 turned to managing the sexuality of young men and the problem of masturbation. Unlike the advice offered in the pages of the *Majalla-e tibbiya*, and in earlier medical compendia, the discussion of sexuality was moralized within the new discourse of the nation's "youth".

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[90] Firozuddin, "Risala-e hikmat ka dusra daur," 2 no. 11 & 12 (1909): 4.
[91] Ibid.

Firozuddin then represents his responsiveness to his readership, his diminution of the high-culture aims and atmosphere of Avicennian reform in favor of the popular interests of an emerging salaried class, as itself a "service" to the public. But this is a different idea of service altogether, having largely lost the sense of duty to provide public charity, and having become closer to "customer service". Contrary to the Sharifi's reformist spirit Firozuddin did not seek to cultivate a new kind of subject of Avicennian medical knowledge. Rather than attempting to produce a modern clinical expert, he simply accepted the inevitability of self-taught quacks and found a potential formula for commercial success by disseminating elementary advice and didactic essays on hygiene. While Urdu print publishing may indeed have fostered the kind of affective community that politicized medical legislation, while it did disseminate and mediate a new ideal for the hakim, it nonetheless did so in a manner that was not entirely directed by scholarly reformists such as Ajmal Khan. In the same way that Sir Saiyid's civil servant incubator at Aligarh was overtaken by the energy of mass politics in the early twentieth century, the commercial market enabled readers to skew the discussion of medical topics in commercial periodicals that lacked institutional support from hereditary practitioners or princely states. Firozuddin's publication marked a tipping point in this commercial medical space. Although he continued to employ the rhetoric of scholarly reform while cultivating revenue through popular features, he was still unable to sustain his enterprise. In April of 1909, he published a letter to his readers on the first page of the periodical, in lieu of the usual layout, in order to demand payment for issues that had been delivered in the previous months. Aggrieved by having to pay costs that ought to have been covered by subscriptions, he scolded his readers for exercising tyranny (*zulm*) and destroying justice (*insāf ka khun),* turning them rhetorically into the tyrannical beloveds that

teased and then betrayed him.[92] It seems they remained unmoved. In the following month he printed a resignation letter in lieu of the hygiene column in which he explained that he had neglected his own health for many months and that "hakims and doctors" had urged him to take a break from mental labor (*dimaghi kamon*), otherwise his life would be at risk.[93] In the course of his three-column long letter he underscored again his selfless reasons for launching *Risala-e hikmat*, which had changed its name to *Akhbar-e hikmat* in February 1909 when it switched from being a monthly to a fortnightly:

> About my love for *Akhbar-e hikmat,* and my love [*mahabbat*] for working on it, all I can say is that not a single editor or proprietor of a medical periodical in Hindustan has ever shown as much love and affection [*shaghaf*] for their periodical, to the extent that they have neglected their own health, as I have for mine. And I don't anticipate that anyone else ever could. That love and affection was not because I wanted to earn something from it, nor because I wanted fame. On the contrary, my only goal was that, while observing the delicate state of ancient medicine, I thought this should be brought forth to the larger public [*'awam tak pahunchāya jaye*].[94]

Unlike the Sharifi family's service-gentry conception of service, a duty to the public grounded in aristocratic mores and aesthetics, Firozuddin's customer service required a new ennobling metaphor, and he found it in the highly individuating experience of the great love affair, with all of its feelings of exuberance and depletion. And, like all true love, in a mash-up of Avicennian and Urdu literary sensibilities, it resulted in madness, and was doomed to die. Although Firozuddin himself would live on to publish many more periodicals that also marketed medicine, it nonetheless seemed impossible to publicly state the necessity of pursuing profit within commercial medical publishing.

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[92] "Akhbar-e hikmat lahor ka ayenda malik o editar," 3, no. 7 May 16th (1909): 3.
[93] Ibid., 4.
[94] Ibid.

Consuming Medicine at Home

The new editor of *Hikmat,* Hakim Abdulaziz Kamil Lahori, changed the tone and content of the periodical to suit a readership beyond yunani medical physicians, a trend that continued into the 1920s and 30s. This was signaled firstly by a new cover page with a new byline addressing a broad realm of readers: "The only Urdu fortnightly that debates and aligns the opposing positions within old and new medicine, that gives true and free advice to the despairing and poor, that writes selections from English, Urdu, Persian, and Arabic medical journals."[95] Abdulaziz seems to have done away with paid medical advice columns and the new cover also indicated an appeal to a growing sense of Muslim political community. The couplet from Amir Minai which had framed the original title, was now replaced by stencils of the Ottoman crescent and star on the left and right, and the *basmala* and an Arabic phrase were positioned above the title. The Arabic phrase, "Knowledge can be divided into two kinds – that of the body and that of religion" (*Al-'ilmu 'ilmān 'ilm al-abdān wa 'ilm al-adyān*), was possibly from the corpus of Muslim traditions (*hadith*) and somewhat dissonant with the orientation of scholarly publications like the *Majalla-e tibbiya*.[96] While the latter publication also drew on hadith in its early issues, it did so in a more subversive fashion, citing a phrase one could translate as "He who doesn't know anatomy is impotent in the knowledge of god"[97] but only if one were to play with the meaning of the word "*tashrih"* which, as I mentioned in Chapter Two, is also a term used to mean "commentary". Moreover, this phrase, given the use of *m'arifah* (specific to the conceptual vocabulary of Islamic Gnosticism) instead of *'ilm* suggests that the original meaning was

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[95]Hakim Muhammad Abdulaziz Kamil Lahori, "Qadim va jadid tibb ka ikhtilafi masa'il..." *Hikmat Lahor* 5, no. 10 August 1st (1911): 1.

[96] Attributed to the jurist al-Shafi'i (d.820 AD: https://www.ncbi.nlm.nih.gov/books/NBK500186/)

[97] من لم يعرف التشريح فهو عنين فى معرفة اللہ See: Muhammad Abdulhaq sakin Rawalpindi, *Majalla-e tibbiya* 1, no. 3 June (1903): 8.

unlikely a reference to anything corporeal but rather part of a discussion of scriptural hermeneutics.[98] The larger point is that these particular deployments of hadith as epigrammatic expressions suggest two different kinds of audiences and two different attitudes to medical knowledge: the scholarly movement of the Sharifi family, interested in grounding modern empirical science within Islamic high culture and speaking to those who may have already been familiar with the more sophisticated vocabulary of the religious sciences; and Abdulaziz's deployment of hadith which, by contrast, suggests an audience that perhaps had to be convinced that the study of medicine was as legitimate as that of religion.

The new editor did not entirely forego trying to cultivate a readership of experts but rather tried to combine the features of a mass market publication and a trade journal. As a journal of professional news, *Hikmat* changed to an oppositional and dissenting tone under Abdulaziz. The change in tone may be explicable by the new patronage Abdulaziz found for the periodical which helped to create an atmosphere of dissent against the Sharifi family and capture readers opposed to its reformist project. The patron, Hakim Maulvi Rezauddin Ahmad Khan, was from another well-known medical family in Delhi, the Baqai family which had served the Mughals until the reign of Bahadur Shah Zafar, and had a long-standing difference of opinion with Ajmal Khan.[99] Perhaps as a result, *Hikmat* became more closely associated with the Lucknow based Azizi family and a critic of Ajmal Khan's All India Yunani and Ayurvedic Conference, a voluntary association launched in 1910. The letters published in *Hikmat* during 1911 almost uniformly supported the Azizi family's Lucknow-based rival voluntary association. That these Lahori publishers sought patronage from the major medical families of Delhi and Lucknow, suggests that while popular elements could appeal to Lahore-based students and a lay-public, the

[98]For example, in a discussion of Dhu'n-nun's (d.859) thought: Annemarie Schimmel, *Mystical dimensions of Islam* (Chapel Hill: University of North Carolina Press, 1975), 42-44.
[99] Zillurrahman, *Dilli aur tibb-e yunani [Yunani Medicine in Delhi]*, 278.

periodicals also catered to a market in professional news, which in the 1910s centered on the debates between north India's first two yunani medical schools – the Sharifi family's Madrasa Tibbiya in Delhi and the Azizi family's Takmil al-Tibb in Lucknow.

Although a veneer of the language of 'service' remained, often in correspondents referring to themselves as 'a servant' (*al-khadim*) of medicine, neither the editorial content nor the features displayed the same connection to the dignified reserve and managed curiosity of gentry reformist medicine. While Abdulaziz incorporated some elements of clinical medicine – essays on urinalysis, a feature on healing plants, and notes from his clinic – he also published general essays on longevity, continued several pages of medical advice columns, and devoted much more space to medical advertisements for his own clinic. The periodical also occasionally advertised cosmetics with what seem to be images from an international template. One included a richly detailed stencil drawing and was accompanied by an essay-length advertisement, of the kind the *Majalla-e tibbiya* refused to publish. It also seemed slightly provocative for the period, this advertisement for 'scented hair oil', adorned with sketches of women in nighties enveloped in dark pillowy clouds of hair, printed above an advertisement for digestive aids with the large headline, '*Hurry up, come and get it!*' (*are dauro, jaldi dauro!*)[100] This new iteration of *Hikmat*, with several elements directed to a mass market, suggests the beginning of the kind of consumer-subject discussed by Haynes and Mazzarella and which brings the hakim, by implication, fully into the remit of the bazaar.

[100] "Are dauro jaldi dauro," *Hikmat Lahor* 5, no. 17 September 1st (1911): 2.

Conclusion

Having reviewed the contents and affective tensions within early twentieth century Urdu medical periodicals, one can see that the somewhat celebratory sheen over the "vernacular" in, for example, Alavi's insistence that debates amongst hakims in Urdu were "more important" than, and mutually exclusive of, contestations with English medicine, is rendered less certain under closer analysis of a fuller range of Urdu medical periodical literature. In the early vernacular periodicals, as with the vernacular medical programs at Punjab University, we see a state-motivated attempt to establish hegemony along with dominance through the deployment of service-gentry mores to cultivate shame. The pioneering periodical of the Sharifi family countered this discourse of shame through cultivating curiosity about classical texts and depicting the hakim as bound by duty to act charitably within an emerging public. Although Nazir Ahmad had recommended the service-gentry stop their derision of trade and begin to pursue the accumulation of profit, publishers of Urdu medical periodicals could not seem to publicly accept the profit-motive in this cultural arena. Hakim Firozuddin felt compelled to repeatedly claim he was motivated by pure love to enter medical publishing, and that his commercial ventures had entailed great personal sacrifice. The marketization of medicine, up until this point, required men like Firozuddin and Abdulrahim, who found the al-Ghazali manuscript with which we began, to gush about their individual devotion to and enthusiasm for their publishing work. The ethic of public service, which connected the hakim to courtly ideals, was still expected, even if modified. Lastly, Abdulaziz's iteration of Hikmat illustrates the changes that would become more pronounced with medical publishing in the 1920s: the search for broad markets, the increase in advertising and the normalization of medical commodities which eventually narrowed the idea of the hakim to a yunani medical practitioner.

Conclusion

I began this piece with an attempt to highlight that the East/West binary that has underwritten studies of medicine and empire, with its foregrounding of medical encounter, its presupposition of mutually exclusive European and Indian epistemes was a highly problematic starting point for writing a cultural history of Avicennian medicine in colonial India. I have tried to offer instead an attempt to move away from both the large scale projects of medicine and empire studies, their emphasis on encounter, but also their more recent turn to global circulations of human, non-human, object-subjects. As Shruti Kapila has implied in a brief essay on how "science became the mode of enchantment for an Indian modernity without banishing God", the discussion of imperial scientific encounters, which reflects our current preoccupations with globalization, often misses historical points of rupture and salient loci of meaning that become visible when local ("insurgent") knowledges occupy the center of analysis.[1] I have tried to adopt an approach that incorporates an attention to physical circulations with one that is grounded in the very specific cultural world of north India's service-gentry. I have tried to illustrate that global circulations of ideas, translations across epistemes, are immanent in the Madrasa Tibbiya and the world of Urdu medical print culture to which it was connected. This approach is reflected in the five chapters each of which approach the Avicennian episteme through a different vantage point. In Chapter One, I traced networks of practitioners and patronage and argued that this community of donors relied on the continued performance of respectability (*sharafat*) in order to

[1] Shruti Kapila, "The Enchantment of Science in India," *Isis* 101 (2010): 131. Although dated in its narrow understanding of biomedicine (which is difficult to sustain after the work of Sivaramakrishnan, Alavi, Mukharji, Das, and others cited here), and seemingly unaware of the very long genealogy of rationalist thought within Islamic theology, this is nonetheless an important essay that makes a point that needs to be elaborated at greater length, namely that rationalist traditions within India absorbed science and developed permutations that did not necessitate the end of religion.

sustain their support of the Madrasa. In Chapter Two, I examined the how sharafat might be construed as an obstacle to incorporating practices of empirical science into the pedagogy of the Madrasa. Here I drew attention to the public rhetoric of renowned Muslim social reformers, Altaf Hussain and Nazir Ahmad, in order to signal differing strategies to reform Avicennian medical practice. I argued that Hali's castigation of Avicennian physicians was unsuccessful because it underestimated these practitioners deep commitment to continuing to employ their conceptual vocabulary. Nazir Ahmad, on the other hand, appealed to the ashraf public's sensitivity to scriptural language while gently mocking their service-gentry respectability in order to persuade them to accept the Madrasa's inclusion of practices of manual labor and anatamo-clinical observation into the work of an Avicennian physician. Within the Madrasa, Hakim Ajmal Khan, the institution's visionary reformer, and his anatomy teacher Pirji Abdurrazzaq elevated the performance of these new medical practices. Thus the chapter contributes to a conversation on reforming the Avicennian medical episteme without resorting to a conflict between the abstractions of East and West. Rather, it illustrates the mutual imbrication of the Graeco-Arabic episteme, Persianate gentility, and the local Indian reformist concerns of the north Indian service-gentry. This is a very different image of reform than offered by Quaiser, who frames practitioners as resisting biomedicine. It is also very different from the narrative arc of Seema Alavi's work, which asserts discontinuities and epistemic breaks between mutually exclusive Arabic, Persian and Urdu medical epistemes.

The remainder of the text gives greater voice to practitioners of Avicennian medicine and their patients through the world of Urdu medical print publishing. In Chapter Three I present an important historical transformation in how the voices of sick people are presented in the Avicennian episteme. I move from a discussion of Arabic clinical cases which would have been

circulated amongst physicians and do not contain the voices of the sick people they treat, to Urdu language sources in which sick people write about their own bodies. These Urdu language sources are in two parts: the epistolary medicine of mid-nineteenth century Urdu literati and letters to advice columns in the Urdu medical periodical associated with the Madrasa, the *Majalla-e tibbiya*. I suggest that in the latter we see a change in the form of the ill voice: members of the literate public begin to write about their illness in a manner that is autobiographical, signaling an individuation mediated by commercial publishing that is unlike earlier narrations of bodily suffering. Here again, my work is a departure from the current literature which does not investigate questions of individuation or locate them within currents in a broader reading public. Chapter Four also draws on Urdu medical print sources to point to conflicting meanings of observation amongst reformist hakims. In this chapter I that thinking of medical reform as part of a sliding scale from least to most westernized cannot capture or explain the debate that was germane to the rift between Delhi and Lucknow's reformist schools. Although other scholars have offered portraits of each school on its own, they have not registered the prevalence of the tension between them as registered in contemporary sources and which requires analyzing them within a single frame. In doing this I suggest that although the Lucknawi position is often considered the more traditionalist one, the most purist, Abdulmajid Lucknawi's reverence for the canonical authority of physicians is anomalous. Moreover, the modernism typically attributed to the Madrasa is complicated by the different commitments to different forms of observation, be it anatamo-clinical or microscopic, registered within it.

The last chapter turns to a survey of Urdu medical periodical literature and attempts to trace how the meaning of the Avicennian physician changed across publishing contexts. In this chapter I offer a typology of Urdu medical publishers and also examine how the rhetoric of Urdu

medical periodicals varied depending on the identity of the publisher, comparing the difference between state-funded and individually financed publications, and those associated with the emergence of new yunani medical schools. In presenting this typology I seek to contextualize the use of Urdu medical periodicals as a primary source. The work of Alavi and Attewell amongst others does not remark on the breadth of the Urdu medical public sphere or institutional differences within it and therefore leaves readers with the impression that Urdu medical periodicals are generically equivalent. My typology suggests there is a relationship between the kind of publisher and the genre of periodical in which self-financed ventures in the course of catering to a broader readership became more popular. Equally important within this chapter is an attempt to trace how what it meant to be an Avicennian practitioner changed from the late nineteenth to the early twentieth century, and that this shift in meaning related to the increasing commercialization of yunani medicine and could be indexed by the terrain of affects present within the periodical literature. This approach differs from other attempts to trace affect in medical periodical literature by turning away from monotone emotions to trying to map a terrain which includes the overlapping anxiety, ambition and sense of duty present throughout this literature.

Although Avicennian medicine is primarily studied as part of Islamic intellectual history, the Madrasa story demonstrates that the practitioners of this tradition were immersed in the local mores of the north Indian service-gentry, and that they could accommodate a high degree of epistemic pluralism in their medical thought and practice. As Madrasa graduates spread outward from Delhi into the provinces and small towns of the Indian subcontinent, they changed the manner in which Avicennian medicine was imagined and practiced throughout the region, whether in colonial territories or princely states, as well as further afield, in places as disparate as

Kabul and Rangoon. By connecting the small practices and texts of pedagogy to an expansive network of practitioners, patients, patrons, and publishers, I capture changes to medical knowledge and medical subjectivity as they circulated in the interstices of state legislation, market forces and the suffering of individual patients. Moreover, my interest in nesting an institutional history within a longue durée intellectual genealogy is an attempt to overcome the dichotomous thinking which has been embroidered into histories of medicine and science in the global south for over a generation. The history of Avicennian medicine cannot credibly be narrated as a history of contact between east and west or through a story of colonial hybridization. The dualism inherent in these formulations is inadequate to capture the polyvocality and heterogeneity evident in its small voices in India and over the expansive temporal and geographic spread of its episteme.

Appendices

Appendix 1: A Partial Sharifi Family Tree

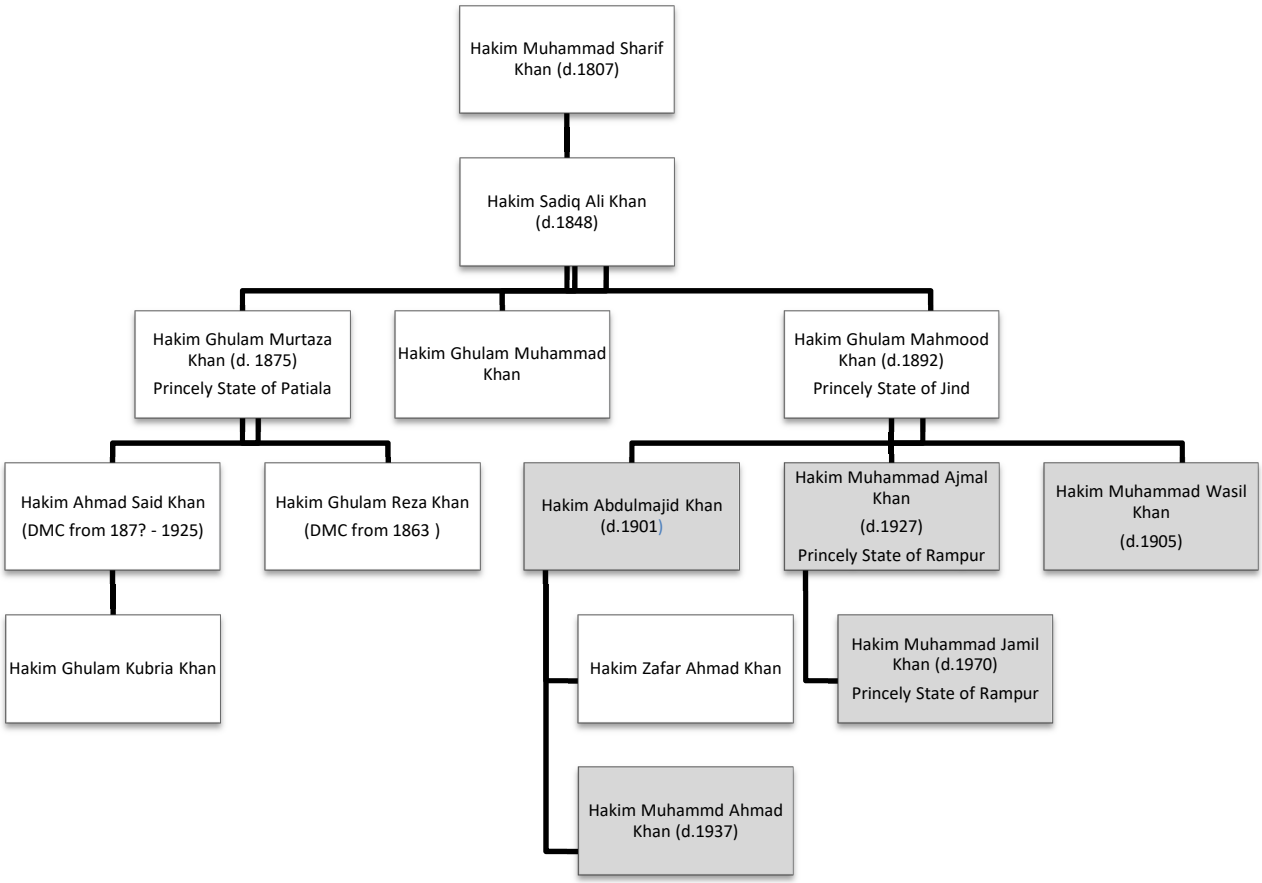

Figure 5: Selected Descendants of Hakim Muhammad Sharif Khan.
Modified from Zillurrahman, *Dilli aur tibb-e yunani*. Grey boxes identify men who oversaw the Madrasa Tibbiya/ Tibbiya College, either as President of the first Anjuman, or as Secretary of the Board of Trustees. Appointments at princely states also noted

Appendix 2: Anjuman-e Madrasa Tibbiya Member List 1900

Name	Residence	Date Of Appointment
Khan Bahadur Shams al-ulama Munshi Muhammad Zakaulla Sahib President Anjuman Madrasa Tibbiya Delhi	Delhi	20th Jan 1889
Janab Haziq al-Mulk Hakim Muhammad Abdulmajid Khan Sahib Secretary Madrasa Tibbiya Delhi	Delhi	13th August 1888
Janab Nawab Ahmad Saeed Khan Sahib Bahadur Ra'is Delhi Wa Jagirdar Loharu	"	"
Janab Khan Bahadur Muhammad Akramullah Khan Sahib Honorary Magistrate wa Sub-Registrar		"
Janab Hakim Zahiruddin Ahmad Khan Sahib Ra'is wa Honorary Magistrate		"
Janab Lala Srikishan Das Sahib Ra'is wa Honorary Magistrate		"
Janab Hakim Hasan Reza Khan Sahib Ra'is		"
Janab Nawab Ahsanurrahman Khan Sahib Ra'is		"
Janab Munshi Muhammad Karmullah Khan Sahib Ra'is		"
Janab Lala Easri [Ishwari] Parshad Sahib Ra'is	Delhi	13th August 1898
Janab Hakim Muhammad Wasil Khan Sahib Ra'is	"	
Janab Hakim Muhammad Ajmal Khan Sahib Ra'is	"	
Janab Rai Bahadur Lala Ram Kishan Das Sahib Ra'is wa Honorary Magistrate	"	
Janab Doctor Moolraj Sahib Assistant Civil Surgeon	Aligarh	21st October 1888
Janab Nawab Muhammad Mustafa Khan Sahib Ra'is	Burhgaanon	"
Janab Nawab Faiz Ahmad Khan Sahib Ra'is	Delhi	"
Janab Khwaja Muhammad Yusuf Sahib Wakil	Aligarh	"
Janab Maulvi Abdurrahim Khan Sahib Pensionkhor Hyderabad Deccan	Delhi	"
Janab Chaudhary Tasdiq Husain Khan Sahib Ra'is	Panipat	21st August 1988
Janab Maulvi Hashmatullah Khan Sahib Deputy Commissioner Haliya [?]	Bareilly	"
Janab Rai Bahadur Hukm Chand Sahib Bahadur Ra'is wa Mulazim Hyderabad Deccan	Delhi	"
Janab Maulana Altaf Husain Sahib Hali	Panipat	"

Table 1: Members of the Madrasa Tibbiya Society
Source: *Madrasa Tibbiya Annual Report 1900*, 59-64.

Janab Doctor Ghulam Ahmad Khan Sahib	Delhi	18 November 1888
Janab Maulvi Muhammad Sami'ullah Khan Sahib Bahadur C M G Sabiq Judge	"	16 December 1888
Janab Nawab Muzammilullah Khan Sahib Ra'is	Behkeenpur Zilla Aligarh	16 December 1888
Janab Maulvi Nazir Ahmad Sahib Pensioner Riyasat Hyderabad Deccan	Delhi	"
Janab Deputy Jamilullah Khan Sahib Deputy Mgistrate Nahr [?]	Hansi	"
Janab Babu Hari Mohan Chander Sahib	Chalpai Gahri [?]	20 July 1888
Janab Saiyid Mahmud Husain Sahib Sar Daftar Adalat Divisional Court	Delhi	20 January 1888
Janab Hakim Qasim Alikhan Sahib Ra'is	"	"
Janab Shaikh Hafizullah Khan Sahib Member Municipal Committee Ra'is	"	"
Janab Babu Saligram Sahib Ra'is wa Wakil	"	3 February 1889
Janab Maulvi Abu'l Khayr Muhammad Abdulsubhan Sahib Deputy Collector Danapur [?]	Calcutta	17 March 1889
Janab Maulvi Abu'l Fazl Muhammad Abdurrahman Sahib Barrister At Law	"	"
Janab Khan Bahadur Deputy Muhammad Ilahi Bakhsh Sahib Deputy Nahr [?] Pensioner Ra'is	Delhi	"
Janab Mirza Bashiruddin Ahmad Khan Sahib Ra'is	Loharu	"
Janab Saiyid Nazir Husain Sahib Mulazim Riyasat Rampur	Rampur	24 Ziulhijjah 1300
Janab Ruknuddawla Nawab Muhammad Azmat Alikhan Sahib Ra'is-e ʿazam	Karnal	14 Rabi Al Sani 1308
Janab Amirulmulk Fakharuddaula Nawab Amiruddin Ahmad Khan Sahib Bahadur Wali-e Riyasat Loharu	Loharu	10 Rabi Al Sani 1308
Janab Rai Bahadur Lala Hardhiyan Singh Sahib Ra'is	Delhi	29 Jumadi Al ? 1308
Janab Munshi Saiyid Wazir Ali Sahib Mir Munshi Riyasat Nabha	Delhi	"
Janab Maulvi Muhammad Saʿīd Sahib Mudarris Madrasa Government School	"	"
Janab Maulvi Saiyid Ahmad Sahib Mudarris Madrasa Shimla	"	"

Table 1 (continued): Members of the Madrasa Tibbiya Society
Source: *Madrasa Tibbiya Annual Report 1900*, 59-64

Janab Hafiz Abdulqudus Sahib Muhtamim Matba' Sadiq al-Akhbar Bahawalpur	Banat [?]	14 Shabaan 1308
Janab Saiyid Muhammad Ausaf Ali Sahib Extra [?] Assistant Commissioner Karnal	Nagina	"
Janab Saiyid Muhammad Altaf Ali Sahib Munsif Pensioner	"	"
Janab Hakim Muhammad Akramullah Khan Sahib Ra'is	Delhi	14th Ramzan 1308
Janab Nawab Rustam Alikhan Sahib Mandal Ra'is-e ʿazam	Karnal	"
Janab Nawab Muhammad Shamsir Ali Khan Sahib Mandal Ra'is	"	"
Khan Bahadur Saiyid Muhammad Altaf Husain Sahib Deputy Collector Karnal wa Pensioner	Meeranpur Zilla Muzaffarnagar	24 Ramzan 1308
Janab Saiyid Muhammad Yusuf Ali Sahib Wakil Karnal	Banat	"
Janab Hakim Ghulam Nabi Khan Sahib Ra'is	Delhi	"
Janab Maulvi Sakhawat Husain Sahib Wakil Shahjahanpur	Shahjahanpur	24 Muharram 1309
Janab Saiyid Ahmad Shafi' Sahib Ra'is	Faridabad	"
Janab Chaudhuri Maulvi Karamatullah Sahib Zamindar Mauzaʿ Salar	Zilla Murshidabad	"
Janab Maulvi Haji Muhiuddin Sahib Ra'is Mauzaʿ Sajganon [?]	"	"
Janab Munshi Raja Zillurrahman Khan Sahib ʿurf Rajamiyaan Mauzaʿ Talibpur	"	"
Janab Babu Tej Narayan Singh Sahib Ra'is	Bhaglpur	"
Janab Raja Kamli Shri Parshad Sahib Ra'is	Mongir	"
Janab Umrao Mirza Sahib ʿurf Mirza Hairat	Delhi	16 Rabi Al Sani 1309
Janab Aziz Mirza Sahib Madadgar Home Secretary	Hyderabad	"
Janab Munshi Muhammad Najmuddin Sahib Tahsildar Anbala Vice President Madrasa Tibbiya	Hoshiyarpur	13 Ziulqada? 1309
Janab Muhammad Mushaffa' Ahmad Sahib Sarishtedar Council Rampur	Rampur	6 Muharram 1310
Janab Maulvi Abdurrahman Sahib Fakhri	"	"

Table 1 (continued): Members of the Madrasa Tibbiya Society
Source: *Madrasa Tibbiya Annual Report 1900*, 59-64

Janab Munshi Saiyid Bashir Husain Sahib Inspector Police Lahore		14 Sawal 1310
Janab Munshi Muhammad Firozuddin Sahib, BA, Deputy Inspector Police		"
Janab Pandit Shiv Shankar Sahib Ra'is	Lucknow	2 Jumadi Al Wali [?] 1311
Janab Rai Bahadur Lala Gursaha-e Mal Sahib Ra'is	Delhi	10 Shawal 1311
Janab Maulvi Abulhamid Sahib Farkhi Mir Munshi Riyasat Rampur	Delhi	27 Jumadi Alad 1312
Janab Munshi Nazir Muhammad Sahib Deputy Magistrate Nahar Gang	Delhi	13 Rajab 1312
Doctor Bans Gopal Sahib Assistant Surgeon	?	26 Ramzan 1312
Doctor Hem Chandar Sahib Sanyal	Hangaala	"
Doctor Ram Singh Sahib	Delhi	5 Shawal 1312
Janab Muhammad Zahiruddin Sahib Ra'is Zamindar Bankipur	Bankipur	11 Jumadi Alawli 1311
Janab Mirza Nida Sahib Khalaf Mirza Agha Muhammad Sahib Sabiq Wazir Bhawalpur	Meeruth	30 Satabaan ? 13?
Janab Muhammad Ismail Khan Sahib Barrister At Law	Ghaziabad	"
Janab Munshi Muhammad Sahib Dad Khan Sahib Tahsildar Dehli	Khwarja	11 Rajab 1317
Janab Khan Sahib Ghulam Muhammad Hasan Khan Sahib BA Municipal Commissioner	Delhi	"
Rai Bahadur Janab Munshi Durga Parshad Sahib Extra [?] Assisstant Commissioner Pensioner Ra'is	"	"
Rai Bahadur Janab Master Pyare Lal Sahib Pensioner Ra'is	"	"

Table 1 (continued): Members of the Madrasa Tibbiya Society
Source: *Madrasa Tibbiya Annual Report 1900*, 59-64

Appendix 3: Monthly Expenses at Madrasa Tibbiya, 1899-1900

Figure 6: Monthly Expenses for Year 1316-1317 AH (1899-1900AD)

SOURCE: *Madrasa Tibbiya Annual Report*,1900, 51.

Appendix 4: Translation of Syllabus For Yunani Classes (1917 – 1920)

	Subject	Books for the Arabic Class	Books for the Urdu Class
First	*Kulliyāt*	*Mujaz al-qanun*	*Tarjama mujaz al-qanun y'ani: ifāda kabir*
	Tashrīh	*'izām, arbita, 'azalāt; ahshā' sadr wa batn (az tashrih kabir)*	*'izām, arbita, 'azalāt; ahshā' sadr wa batn (az tashrīh kabir)*
	Manāfe' al-a'zā	*az ibtida ta nizām damawī*	*az ibtida ta nizām damawī*
Second	*Kulliyāt*	*Kulliyāt nafīsi*	*Tarjama kulliyāt nafīsi*
	Tashrīh	*a'zā' nafsāniya, shirāyen wa ; āwarda (az tashrīh kabir)*	*a'zā' nafsāniya, shirāyen wa ; āwarda (az tashrīh kabir)*
	Manāfe' al-a'zā	*az bahs tanaffus ta ākhir kitab*	*az bahs tanaffus ta ākhir kitab*
	'Ilm al-adwiya	*Tamhid az nafīsi fan sāni*	*Tamhid az nafīsi fan sāni*
Third	*'Ilm al-adwiya*	*Nafīsi fan sāni*	*Tarjama nafīsi fan sāni*
	Mu'ālajāt	*Sharh asbab jild duvum ta hummayāt*	*Tarjama sharh asbab jild duvum ta hummayāt*
	'Ilm al-amrāz	*'lm al-amrāz*	*'Ilm al-amrāz*
	'Ilm al-jirāha	*Kitab al-jirāha*	*Kitab al-jirāha*
Fourth	*Mu'ālajāt*	*1) sharh asbab jild awwal; 2) hummayāt qanun*	*1) tarjama sharh asbab jild awwal; 2) tarjama hummayāt qanun*
	'Ilm al-jirāha	*Kitab al-jirāha*	*Kitab al-jirāha*
	'Ilm al-qābila	*'Ilm al-qābila*	*'Ilm al-qābila*
Note: The books for practical anatomy, theory of disease (*'ilm al-amrāz*), and surgery will be written. The study of poisons will be brought under pharmacology, the study of bacteriology will be brought under theory of disease. This syllabus will not be implemented for current students. Future students will have to follow it.			

Figure 7: Partial Translation of Proposed Tibbiya College Syllabus, Yunani Branch, 1921. *Madrasa Tibbiya Annual Report 1921,* 12.

Appendix 5: Syllabus for Women's Section, 1917 - 1920

	Tibb *Yunani*	Tibb *Dāktari*	Tibb *Vaidik*
Year one	*Kulliyāt az shifa' al-amrāz*	*Nursing and hygiene-* from *Midwifery, Ms Abreri* [?] *and presently, from 1918 from Makhzan al-hikmat*	*Amrit sāgar hindi*
	Tashrīh mukhtasar	Pharmacy – from *Makhzan al-hikmat and Risala-e farmasi*	
	Tashrīh a'zā' niswan – az ta'lim al-qābila hissa awwal		
	Mu'ālajāt - az shifa' al-amrāz		
	'Ilm al-adwiya - Makhzan al-mufradāt (150) adwiya		
Year Two	*Kulliyāt - az shifa' al-amrāz*	Midwifery: *Midwifery Ms Brown* [?]	*Amrit sāgar hindi*
	Mu'ālajāt az shifa' al-amrāz	Physiology – from *Makhzan al-hikmat*	
	Tashrīh a'za' niswan – az ta'lim al-qābila hissa awwal		
	'Ilm al-adwiya az makhzan al-mufradāt (150) adwiya		
Year Three	*Mu'ālajāt makhsusa-e niswan - az ta'lim al-qābila hissa chahārum*	Pharmacy – from *Mabādi al-tibb*	*Bhāv prakash*
	Mu'ālajāt 'ām - az Tibb-e akbar jild awwal	*Midwifery – from Midwifery Ms Abreri* [?]	
	'Ilm al-adwiya - az Makhzan al-mufradāt (150) adwiya	*Materia medica from Makhzan al-hikmat*	
Year Four	*Mu'ālajāt 'ām – Tibb-e akbar jild sani*	*Surgical first aid Mu'ālajāt masmūm from Makhzan al-hikmat;*	*Bhāv prakash*
	Mu'ālajāt khassa - az ta'lim al-qābila hissa chahar	*Midwifery Ms Brown* [?]	
	'Ilm al-adwiya - az Makhzan al-hikma	*Tashrīh wa af'āl a'zā' - az makhzan al-hikmat*	

Figure 8: Translation of Syllabi for Ladies Section, 1921.
Partial translation and modification from *Madrasa Tibbiya Annual Report, 1921,* 16-17.

Appendix 6: Translation of Syllabus for Women's Section 1928

	Subject	Textbooks
First	*Kulliyāt*	*Ifāda-e kabir* *Amrit sāgar hindi (For the vaidik class)*
	Mu'ālajat *Tashrīh wa af'āl al-a'zā'* *'Ilm al-adwiya*	*Amrit sāgar hindi*
	Nursing and hygiene	*Amrit sāgar hindi 252 tak*
Second	*Mu'ālajāt*	*ta ikhtitām Amrit sāgar hindi*
	Tashrīh wa fizyālojī	*Ta'lim al-qābila hissa awwal; Amrit sāgar hindi* *Hifzān-e sehat*
	'Ilm al-adwiya	*Az makhzan mufradāt 50 adwiya; musta'mala matab* *Amrit sāgar hindi*
	Midwaiferi	*Amrit sāgar hindi*
	Amrāz niswān	*Ta'lim al-qābila nisf*
Third	*Mu'ālajāt*	*Sharh al-asbab; Bhāv prakash hindi*
	Fārmasi, materia medika	*Makhzan al-hikmat - sammiyāt wa tiryāqāt* *'Ilaj samum bhāv prakash hindi*
	Midwaiferi	*Tasneef Maulvi Fazlurrahman Sahib; Bhāv prakash hindi*
	'Ilm al-adwiya	*Bhāv prakash hindi*
	Amrāz-e niswān	*Ta'lim al-qābila hissa chaharum; Bhāv prakash hindi*
Fourth	*Mu'ālajāt*	*Bhāv prakash hindi; Sharh asbab*
	Jarāhi, farst aid	*Makhzan hikmat az safha 1424 ta safha 2575* *Bhāv prakash hindi*
	Midwaiferi *Tashrīh wa af'āl a'zā'* *'Ilm al-adwiya*	*Bhāv prakash hindi*

Figure 9: Syllabus for Women's Section, combining Yunani, Daktari, and Vaidik , c.1928. Modified from *Prospectus for Ladies' Section, Urdu and Hindi, 1928*, 4 - 6

Appendix 7: Course of Ayurvedic Branch (Sanskrit), Tibbiya College, Delhi (1917-20)

Year	Subject	Book
First Year	*Nidāna*	*Mādhava nidān*
	Nāri vigyān	*Nāri vigyān*
	Nighantu	*Bhāvaprakash*
	Shārangdhara	*Shārangdhara*
	Shārīra	*Ayurveda viygyān*
	Anatomi wa fizyaloji	*Hamare sharīr ki rachna hissa awwal*
Second	*Nidān*	*Mādhava nidān*
	Chikistā	*Chakra datta*
	Ras shāstra	*Rasendra sār sangraha*
	Shārīra	*Ayurved vigyān kul*
	Anatomi wa fizyoloji	*Hamare sharīr ki rachna hissa duvum ma' khwāndagī sāl awwal*
Third	*Charaka*	*Charaka nisf*
	Sushruta	*Sushruta nisf*
	Vāgbhata	*Vāgbhata nisf*
	Ras ratna samūche	*Ras ratna samūche nisf*
Fourth	*Charak*	*Charak baqāya nisf*
	Sushruta	*Sushruta nisf*
	Vāgbhata	*Vāgbhata nisf*
	Ras ratna samūche	*Ras ratna samūche nisf*

Figure 10: Sanskrit Syllabus
Source: *Madrasa Tibbiya Annual Report 1917-20*, 18

Appendix 8: Course of Ayurvedic Branch (*bhasha*), Tibbiya College, Delhi

	Subject	Book
First Year	*Nidān*	*Mādhav nidān bāt biyādhi tak*
	Nighantu	*Bhāv prakash*
	Shārangdhara	*Shārangdhara kul*
	Shārīr	*Vaidik shikshiya*
	Nāri vigyān	*Nāri vigyān kul*
	Anatomi wa fizyaloji	*Hamare sharīr ki rachna hissa awwal*
Second year	*Chikista*	*Chakra datta kul*
	Ras shāstra	*Rasendra sār sangraha kul*
	Nidān	*Mādhava nidān baqāya kul*
	Shārīr	*Vaidik shikshiya kul*
	Anatomi wa fizyoloji	*Hamare sharir ki rachna jild duvum ma' Khwāndagī sāl awwal*
Third year	*Sushruta*	*Sushruta nisf*
	Charaka	*Charaka nisf*
	Vāgbhat	*Vāgbhata nisf*
	Ras shāstra	*Ras ratan samūcha nisf*
Fourth year	*Sushruta*	*Sushruta baqāya kul*
	Charaka	*Charaka baqāya kul*
	Vāgbhat	*Vāgbhat baqāya kul*
	Ras ratan samūche	*Ras ratan samūche baqāya kul*

Figure 11: Hindi Syllabus, Ayurvedic Branch
Source*: Madrasa Tibbiya Annual Report 1917-20*, 19

Appendix 9: Encyclopedia & Commentary Influences on Avicennian Medicine in India

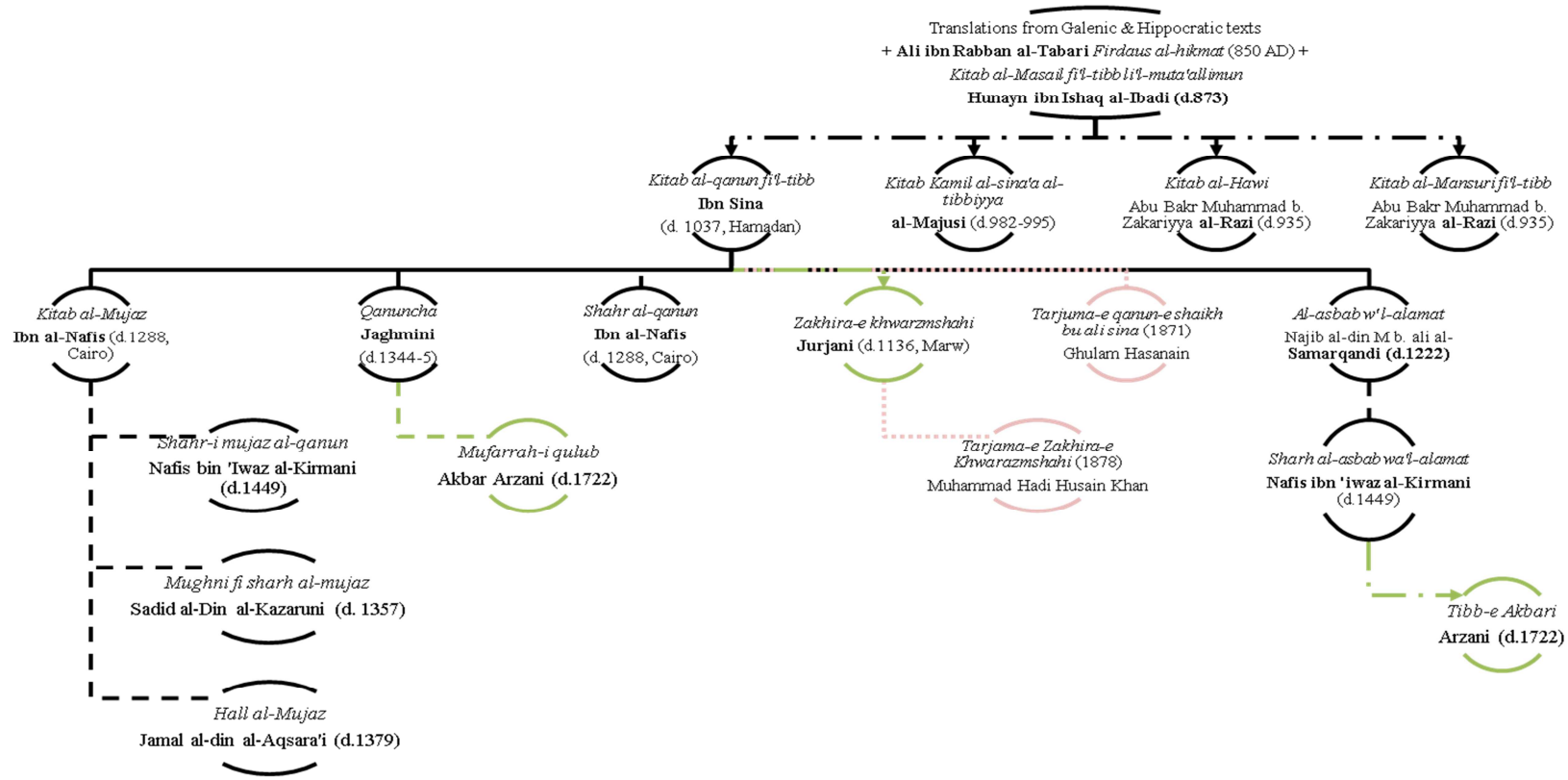

Figure 12: Selected Texts of Avicennian Commentary Tradition in Chronological Order.
Green indicates Persian, Pink indicates Urdu, and Black indicates Arabic. Dash lines indicate commentary and dotted lines indicate translation.

Bibliography

Primary Sources - English

Allami, Abul Fazl. *Ain-i Akbari*. Translated by H. Blochmann. Calcutta: Asiatic Society of Bengal, 1873.

Carter, J. Maxwell. "Catalogue of books printed in the Panjab for the second quarter ending 30th June 1871." 18. Lahore: Government of Punjab, 1871.

Chief Commissioner, Delhi. "Ayurvedic and Unani Tibbi College, Delhi ki sih sala Mukhtasar Report read before Mr. Gandhi on 13th February 1921." In *Catalogue of books registered in the Delhi Province during the quarter ending 31st March 1921*, 2. Delhi, 1921.

Crooke, W., ed. *Mrs Meer Hassan Ali's Observations on the Mussalmauns of India*. Karachi: Oxford University Press, 1974 [1832].

Cutcliffe, C. H. "Resala-i-Haiza." In *Statement of Particulars Regarding Books, Maps, etc, Published in the N.W. Provinces, and Registered Under Act XXV of 1867 During the 2nd Quarter of 1868*, 2. Allahabad: Government Press, 1868.

Department, Education. "Risala-e tabib." In *Catalogue of Books Registered in the Punjab under Act XXV of 1867 During the Quarter Ending June 1885*. Lahore: Punjab Government Press, 1885.

Galen. *Galen, De diebus decretoriis, from Greek into Arabic : a critical edition, with translation and commentary, of Hunayn ibn Ishaq, Kitab ayyam al-buhran*. Edited by Glen Michael Cooper and al-'Ibadi Hunayn ibn Ishaq Burlington, VT: Ashgate, 2011.

Gandhi, M. K. *Key to Health*. Translated by Sushila Nayar. Ahmedabad: Navajivan Trust, 1948.

———. "Letter to Hakim Ajmal Khan." In *Speeches and writings of M.K. Gandhi*. Madras: G.A. Natesan, 1922.

———. "Speech At Opening of Tibbi College, Delhi," *The Collected Works of Mahatma Gandhi* Vol. 19: November 19, 1920 - April 13, 1921, (2013).

Gray, R. "Report of the Inspector General of Dispensaries, Punjab, for 1868." Lahore, 1869.

Kapila, Shruti. "The Enchantment of Science in India." *Isis* 101 (2010): 120-32.

Khan, Muhammad Sharif. *The Taleef shereef, or, Indian materia medica*. Edited by George Playfair Dehra Dun, India: Bishen Singh Mahendra Pal Singh, 1984.

Madras, Government of. *Report of the Committee on the Indigenous Systems of Medicine Part 1*. Vol. 1, Madras1923.

———. *Report of the Committee on the Indigenous Systems of Medicine Part 2*. Madras1923.

Murti, Srinivasa. *Memorandum on the Art and Science of Indian Medicine*. Madras: Madrass Government Press, 1923.

Platts, John T. . *A dictionary of Urdu, classical Hindi, and English*. New Delhi, India: Manohar Publishers & Distributors, [1884] 2006.

"Punjab." *Imperial Gazetteer of India* 26, no. Atlas edition (1909): 32.

Sanzgiri, Y. M. "'Extraction of Piles' as Practiced by Native Hakims." *Indian Medico-Chirurgical Review* 2, no. October (1894): 738-42.

Smith, George. "Description of the Native Operation for Depression of Cataract in India." *Edinburgh Medical Journal* 7 (1862): 701-6.

———. "The Native Medical Practitioners of India." *Edinburgh Medical Journal* 7 (1862): 310-11.

Speziale, Fabrizio, ed. *Hospitals in Iran and India, 1500-1950s*. Leiden: Brill, 2012.

Thanvi, Ashraf Ali. *Perfecting women: Maulana Ashraf Ali Thanawi's Bihishti zewar: a partial translation with commentary*. Edited by Barbara Daly Metcalf Berkeley: University of California Press, 1990.

"The United Provinces." *Imperial Gazetteer of India* 26, no. Atlas edition (1909).

Walker, W. "A'ina-e Tababat." In *Statement of Particulars Regarding Books, Maps, etc., Published in the North-Western Provinces, and Registered Under Act XXV of 1867, During the 3rd Quarter of 1868*, 9. Allahabad: Government Press, 1868.

Primary Sources - Urdu

. *Hamdard-e sehat dehli*, no. February (1935).

[?], Editor. "Madrasa tibbiya dehli ki khabren." *Majalla-e tibbiya* 4, no. 6-June (1906): 2.

[?], Hakim Chuni Lal az Jehlum. "Majalla-e tibbiya ke muta'alliq ek azad rai." *Majalla-e tibbiyya* 11, no. 10 October (1913): 45 - 47.

Abdulghaffar, Muhammad Ilyas Khan, Sayyid Hifzurrahman, Manzur Hussain, Fazlurrahman, and Muhammad Kabiruddin. "Letter to Nawab Abulhasan, Hakim Amir Singh, and Trustees of the Tibbiya College." Delhi, 1932.

Abdulghaffar, Qazi Muhammad. *Hayat-e ajmal*. Anjuman taraqqi-e urdu, 1950.

Abdulmueed, Hakim. "Maqasid." *Khadim al-atibba* 1, no. 1 (May 1919).

Abdurrazzaq, Hakim. "San 1913 ki nasim aur hum aur majalla-e tibbiya dehli." *Majalla-e tibbiya* 11, no. 4-April (1913): 2-8.

Abdurrazzaq, Hakim Muhammad. "Jadid tibbi nisab." *Majalla-e tibbiya* 11, no. 10-October (1913): 2-4.

———. "Malarial fevar aur desh upkarak lahor." *Majalla-e tibbiya* 11, no. 6-June (1913): 2-16.

Abdurrazzaq, Hakim Saiyid Muhammad. "Tibbi dunya ki maujuda halat aur ayenda ke liye hamara program." *Majalla-e tibbiya* 10, no. 8-August (1912): 2-8.

Abdurrazzaq, Muhammad. "Tibbi dunya ki maujuda halat aur ayenda ke liye hamara program." *Majalla-e tibbiya* 10, no. 6-June (1912): 2-9.

Ahmad, Abulhasanat Qutbuddin. *Lughat-e qutbiya fi istelahat-e tibbiya*. Lucknow: Matba Nami, 1910.

Ahmad, Nazir, ed. *Lekcharon ka majmu'a*. Edited by Moulvi Bashiruddin Ahmad. Agra: Mufid-e 'Am Press, 1918.

———. *Tauba al-nasuh*. New Delhi: Qaumi Kaunsal Baraye Furogh-e Urdu Zaban, [1874] 2005.

Ahmad, Rashid. *Hayat-e ajmal*. Delhi: Jaiyid Press, 1940.

Ahmad, Shaykh Imamuddin. *A'ina-e tababat* 1, no. 9 (1879).

Ajmal, Haziq al-mulk. "All India vaidik and yunani tibbi kanfrans ka ijlas delhi." *Majalla Tibbiyya* 9 no. 2 February (1911): 2-7.

Ajmal Khan, Muhammad. *Divan-i Shaida; ya'ni, 'Ali Janab Masihulmulk Hakim Hafiz Muhammad Ajmal Khan ki farsi aur urdu kalam ka majmu'ah*. Dihli: Hindustani dawakhanah, 1966.

al-Mulk, Mohsin. "Taqrir-e Nawab Mohsin al-Mulk Bahadur Salana Jalsa Madrasa Tibbiya Delhi Men." In *Report Salana Madrasa Tibbiya Delhi Babat Sal Yazdaham*, 10-. Dehli: Matba Rozana Akhbar 1900.

"Alijanab Nawab Bahadur Khwaja Salimullah Sahib Rais-e Azam Dhaka ki sachi aur qimti fayyazi." *Majalla-e tibbiya* 1, no. 5, August: 1-3.

Alikhan, Moulvi Hakim Muhammad. *All India vaidik and yunani tibbi kanfrans dehli ko ek nek salah*. Hardoi: Muraqq'a 'alam Press, 1911.

"Are dauro jaldi dauro." *Hikmat Lahor* 5, no. 17 September 1st (1911): 2.

Ayurvedik wa yunani tibbi kalej dehli praspektas shoba-e zenana urdu wa hindi murattaba agast 1918. Delhi: Qaiser-e hind press, 1928.

Azad, Sayyid Imdadulnabi. "Etawah bar duvvom." *Majalla Tibbiyya* 5, no. 9 September (1907): 44.

Azad, Sayyid Imdadunabi. "Repart tibbi ajent ba-gharz farahami chanda madrasa daiyan va zenana shifakhana." *Majalla-e tibbiya* 5, no. 9-September (1907): 37-43.

Bashiruddin, Muhammad. "Istifsar 1." *Majalaa-e tibbiya* 4, no. 5-May (1906): 39-40.

Beg, Mirza Muhammad Abdulghaffar, and Munshi Sayyid Muhammd 'Umar. "Qawa'id majalla-e tibbiya dehli." *Majalla-e tibbiya* 6, no. 2-February (1908).

Chand, Tara. "Mutafarriqat wa murasalat ". *Hikmat Lahor* December, no. 23 (1911): 14.

Dehlavi, Muhammad Ajmal. "Majalla-e tibbiya ke namahnigaar aur us ka editar." *Majalla-e tibbiyya* 4, no. 6 June (1906): 4.

Editor. "Maqasid majalla-e tibbiya dehli." *Majalla-e tibbiya* 3, no. 7-July (1905).

———. "Qawa'id majalla-e tibbiya dehli." *Majalla-e tibbiya* 1, no. 4-July (1903): 3.

Editor, Deputy. "al-Masih ka chhata sal." *al-Masih* 6, no. September (1926): 2-3.

"Editorial." *Majalla Tibbiyya* 5, no. 6 June (1907): 2.

Fakhruddin, Hafiz. "Ham tabibon ki halat-e zar." *Tabeeb Lahore* 1, no. 1 (1885).

———. "Qawaid wa zawabit." *Tabeeb Lahor* 1, no. 1 (1885): 2.

Firozuddin, Hakim Muhammad. *Risala-e hikmat* 2, no. 4 (1908).

———. "Akhbar-e hikmat lahor ka ayenda malik o editar." *Akhbar-e hikmat* 3, no. 7 May 16th (1909): 4.

———. "Dostana karobar." *Risala-e hikmat* 2, no. 11 & 12 (1909): 3.

———. "Fihrist-e mazamin." *Rafiq ul-atibba* 8, no. 3 March (1911).

———. "Ineqad-e tibbi kanfrans aur saal-e nau mubarak ho." *Rafiq al-atibba* 8, no. 1 (1911): 2.

———. "Risala-e hikmat ka dusra daur." *Risala-e hikmat* 2 no. 11 & 12 (1909).

———. *Rumuz al-atibba*. Second ed. Lahore: Dar al-kutub rafiq al-atibba, 1913.

Firozuddin, Muhammad. "Fihirist-e mazamin." *al-Hakim* 2, no. 6 April (1917).

———. "Istifsar-e khas." *Risala-e hikmat* 2, no. 5 June 16th (1908): 30.

———. "Khanjar chale . . . ." *Risala-e hikmat* 2, no. 5 June 16th (1908).

———. "Qiyafa." *Risala-e hikmat* 2, no. 5 June 16th (1908).

———. "Revyuz." *Risala-e hikmat* 2, no. 5 June 16th (1908).

———. "Taraqqi-e ishat-e risala ka ek zabardast zariya." *Risala-e hikmat* 2, no. 5 June 16th (1908): 3.

Ghalib, Mirza Asadullah Khan. *Ghalib, 1797-1869. Volume I: Life and letters*. UNESCO collection of representative works. Edited by Ralph Russell and Khurshidul Islam Cambridge, Mass.: Harvard University Press, 1969.

Ghazzali, Imam Muhammad. *Tibb jismani wa tibb ruhani mutarajim urdu*. Edited by Abdurrahim Lahor1913.

Hali, Altaf Hussain. *Hayat-e javed*. New Delhi: Qaumi Kaunsal Baray-e Furogh-e Urdu Zaban, 1979.

Hifzurrahman, Fazlurrahman, Manzur Hasan, Kabiruddin, and Arakin Anjuman Islah Tibbiya Kalej. "Ek nakafi jawab." Delhi: Jamia barqi press, 1932.

Hussain, Hakim Sayyid Amir, Hakim Muhammad Hanif Hashmi, and Digar Sanadyaftagan. "Tanqih Bayan: Janab Secretary Sahib Board of Trustees Tibbiya College Delhi." Delhi: Matba Nomani 1931.

Jamaluddin, Muhammad Badruddin Ibn Khwaja, and Akbar Arzani. "Risala al-bohran." In *Mizan al-tibb urdu*, edited by Qutbuddin Ahmad and Tr. Muhammad Abdulhakim. Lucknow: Nami Press, 1910.

Kabiruddin, Hakim Muhammad. *Fahrist al-masih tibbi kutub khana*. Delhi: Jayyid Barqi Press, 1927.

Kabiruddin, Muhammad. *Ifada-e kabir*. New Dehli: Qaumi Kaunsal Baraye Furogh-e Urdu Zaban, [1916] 2001.

Kalej, Ayurvedik and Yunani Tibbi. *Si-sala mukhtasar report [Brief Three Year Report, 1917-1920]*. Delhi: Ghani al-mutab'e, 1921.

kalej, Jamiat-e hamiyan-e islah tibbiya. "Kamishan - 1." Delhi: Shobe-ye ishat, 1932.

———. "Kamishan - 3." Delhi: Shobe-ye ishat, 1932.

"Kamil book ajansi lahor." *Hikmat Lahore* 5, no. 17 (1911).

Kamil, Muhammad Abdulaziz. "Madrasa Tibbiya Delhi." *Akhbar-e hikmat* 3, no. 14 September 1st (1909): 13.

Kampani, Direktaran Yunani and Vaidik Medesenz. "Yunani and vaidik medisinz kampani limited." *Majalla-e tibbiya* 3, no. 7 (1905): 3.

karkhana, Manajar-e. "Yunani and vaidik medisinz kampani limited delhi." *Majalla-e tibbiya delhi* 4, no. 2, February (1906): 3.

Khan, Hakim Ajmal. "Hamari tibb ki zindagi kyonkar ho sakti hai?". *Majalla-e tibbiya* 10, no. 1-January (1912).

Khan, Hakim Jamil. "Bayan: Janab Secretary Board of Trustees Tibbiya College Delhi." Delhi, 1931.

Khan, Hakim Muhammad Ilyas. *Qanun-e 'asri*. Second ed. Lahore: Nur 'Alam Printarz, 1976 [1931].

Khan, Hakim Rashid Ahmad. *Hayat-e ajmal*. Delhi: Jaiyyad Press, 1940.

Khan, Muhammad Ilyas. *Qanun-e 'asri*. Dehli: Jadid Barqi Press, 1931?

Khan, Muhammad Jamil. *Sirat-e ajmal*. Delhi: ?, 193?

Khan, Munshi Nazr Muhammad. "Istifsarat nambar 25." *Majalla-e tibbiya* 10, no. 3-March (1912): 46-48.

Khan, Saiyid Ahmad. *Asar al-sanadid*. Edited by Khaliq Anjum Vol. 2, New Delhi: Qaumi Kaunsal Baray-e Furogh-e Urdu Zaban, [1847] 2003.

Khan, Sir Sayyid Ahmad. "Nizamiya silsilah-e talim." In *Tahzib al-akhlaq jild duwom*, edited by Fazluddin Kakazai. Lahore: Fazluddin Kakazai, c.1910.

Lahori, Hakim Muhammad Abdulaziz Kamil. "Qadim va jadid tibb ka ikhtilafi masa'il...". *Hikmat Lahor* 5, no. 10 August 1st (1911): 1.

Lucknawi, Hakim Sayyid Mubarak Ali Yazdi, ed. *Report ijlas-e duvom aal indya yunani tibbi kanfarans*. Lucknow: Nami Press, 1913.

Lucknawi, Muhammad Abdulmajid. *Abana al-mahajja liman salaka al-tariqa al-m'awajja*. Lucknow?: Matbua-e Gulshan ?, 1912.

"Madaris-e tibbiya." *Mushir al-atibba* 1, no. 2 (November 1922): 36-37.

"Madrasa Tibbiya Dehli ki khabren." *Majalla-e tibbiya* 1, no. 5, August (1903).

"Madrasa tibbiya dehli ki khabren." *Majalla-e tibbiya* 4, no. 2-February (1906): 2.

"Madrasa Tibbiya Delhi ki khabren." *Majalla-e tibbiya* 10, no. 4 March (1912): 1.

Madrasa Tibbiya wa shafa-khana-e zanana dehli ke pahle salana jalse ki report [Report of the First Annual Meeting of the Madrasa Tibbiya Women's Section, 1910]. Delhi: Matba Mujtabai, 1910.

"Majalla-e tibbiya ka naya daur." *Majalla-e tibbiya* 9 no. 1 January (1911): 3.

Mal, Ganda. *Ganjina-e tababat* 1, no. 1 (April 1893).

Mohsin, Muhammad. "Istifsarat nambar 4." *Majalla-e tibbiya* 4, no. 4-April (1906): 41.

Nainital", "M. A. A.from. "Istifsarat nambar 12." *Majalla-e tibbiya* 4, no. 1-January (1906): 43.

Nawaz, Abu Yunas Haq. "Istifsar nambar 6." *Majalla-e tibbiya* 4, no. 5-May (1906): 44.

Numani, Shibli. "Shams al-ulama Maulana Shibli Sahib Nomani ka Lekchar." *Majalla-e tibbiya* 9, no. 12 (1911): 52.

Prashad, Lachman. *Medical Jarnal Agra* October (1897).

Qarshi, Hakim Muhammad Hasan. *Tazkira masih al-mulk*. Lahore: Karimi Press, 1928.

Rajgadh, Abdurrashid Riyasat. "Majalla-e tibbiya ke muta'alliq ahbab ki raiyen." *Majalla-e tibbiya* 4, no. 4-April (1906): 37-38.

Rashdi, Hakim Maqsud Alikhan. "Dar al-akhbar wa dar al-mubahisa." *Majalla Tibbiyya* 5, no. 9 September (1907): 2.

Rasul, Hakim Ghulam. "Ishtihari tabeebon se bachne ki surat nikal ayi." *Mushir al-atibba* 1, no. 2 (November 1922): alef.

Rawalpindi, Muhammad Abdulhaq sakin. *Majalla-e tibbiya* 1, no. 3 June (1903): 8.

Report salana Madrasa Tibbiya Dehli babat sal duvaz-dahum wa siz-dahum [Madrasa Tibbiya Annual Report, Years Twelve and Thirteen]. Delhi: Matba' Mujtabai, 1902.

Report salana Madrasa Tibbiya Dehli babat sal hasht-dahum [Madrasa Tibbiya Annual Report, Year Eighteen]. Delhi: Tibbiya Press, 1907.

Report salana Madrasa Tibbiya Dehli babat sal panz-dahum wa shanz-dahum wa haft-dahum [Madrasa Tibbiya Annual Report, Years Fifteen, Sixteen, Seventeen]. Delhi: Afzal al-matabe 1906.

Report salana Madrasa Tibbiya Dehli babat sal yazdahum [Madrasa Tibbiya Annual Report, 1900]. Delhi: Matba' Rozana Akhbar, 1900.

Sahaswani, Sayyid Muzaffar Ali Naqvi. "Az daftar anjuman tibbiya lucknow." *Hikmat Lahor* December, no. 23 (1911): 18.

Sauda, Mirza Muhammad Rafi. "Masnavi dar hajv-e hakim ghaus." In *Kulliyat-e sauda*, edited by Amrit Lal Ishrat, 304-07. Allahabad: Ram Narain Lal Beni Madhav, 1971.

tibbiya, Du'a-go kharidar majalla-e. "Istifsar nambar 4." *Majalla-e tibbiya* 4, no. 5-May (1906): 43.

"Tibbiya Kalej Dehli ka sang-e bunyad - desi tibbon ka mubarak daur." *Majalla-e tibbiya* 14, no. 4, April (1916): 2.

"Tibbiya kalej dehli ke jadid kors ki kitaben." *al-Masih* 3, no. 3 (1923).

"Title page." *al-Masih: Dehli ka mahavar tibbi risala* November, (1923).

Trustees, Board of. *Dastur al-'amal.* Delhi: Ayurvedic and Yunani Tibbi College Delhi, 1925.

Vaid, Man Singh. "Chautha salana ijlas all India vaidik and yunani tibbi kanfrans." Amritsar, 1914.

"Yunani and vaidik medisinz kampani limited delhi." *Majalla-e tibbiya delhi* 4, no. 7 (1906): 2-3.

"Yunani murakabat." *Majalla Tibbiyya* 9, no. 1 January (1911).

"Yunani vaidik and medisenz kampani limeted delhi." *Majalla-e tibbiyya* 4, no. 6 June (1906): 3.

Secondary Sources

Ahmad, Salimuddin. "Khuda Bakhsh Laibreri men mahfuz urdu ke chand qadim tibbi rasa'il-o-jara'id." In *Tibb-e Yunani aur Urdu Zaban-o Adab*, edited by Altaf Ahmad Azmi. New Delhi: Centre for History of Medicine and Science Jamia Hamdard, 2004.

Akcapar, Burak. *People's Mission to the Ottoman Empire: M. A. Ansari and the Indian Medical Mission, 1912 - 13.* New Delhi: Oxford University Press, 2014.

Alam, Muzaffar. "The Culture and Politics of Persian in Precolonial Hindustan." In *Literary cultures in history : reconstructions from South Asia*, edited by Pollock Sheldon. Berkeley: University of California Press, 2003.

Alavi, Seema. *Islam and healing : loss and recovery of an Indo-Muslim medical tradition, 1600-1900.* Basingstoke ; New York: Palgrave Macmillan, 2008.

———. *Islam and Healing: Loss and Recovery of an Indo-Muslim Medical Tradition 1600 - 1900.* New Delhi: Permanent Black 2007.

———. "Unani medicine in the nineteenth century public sphere: Urdu texts and the Oudh Akhbar." *Indian Economic & Social History Review* 42, no. 1 (2005).

Alter, Joseph. "Rethinking the History of Medicine in Asia: Hakim Mohammed Said and the Society for the Promotion of Eastern Medicine." *The Journal of Asian Studies* 67, no. 4 (2008): 1165-86.

Alvarez-Millan, Cristina. "Practice versus Theory: Tenth-century Case Histories from the Islamic Middle East." *The Society for the Social History of Medicine* 13, no. 2 (2000): 293-306.

Alvarez Millan, Cristina. "Graeco-Roman Case Histories and their Inflluence on Medieval Islamic Clinical Accounts." *The Society for the Social History of Medicine* 12, no. 1 (1999): 19-43.

Anderson, Warwick. *Colonial pathologies : American tropical medicine, race, and hygiene in the Philippines*. Durham: Duke University Press, 2006.

Andrews, C. F. *Zaka Ullah of Delhi*. Edited by Mushirul Hasan and Margrit Pernau New Delhi: Oxford University Press, 2003.

Arazi, A, H Ben-Shammay, Munibur Rahman, and Gonul Alpay Tekin. "Risala." In *The Encyclopaedia of Islam, Second Edition*, edited by P. Bearman, Th Bianquis, C.E. Bosworth, E. van Donzel and W.P. Heinrichs. Leiden: Brill Online, 2012.

Arnold, David. *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth Century India*. Los Angeles: University of California Press, 1993.

———. *Science, Technology and Medicine in Colonial India*. Cambridge: Cambridge University Press, 2000.

———. "A Time for Science: Past and Present in the Reconstruction of Hindu Science, 1860-1920." In *Invoking the past: the uses of history in South Asia*, edited by Daud Ali. Oxford: Oxford University Press, 2002.

Attewell, Guy. "The End of the Line? The Fracturing of Authoritative Tibbi Knowledge in Twentieth Century India." *Asian Medicine: Tradition and Modernity* 1, no. 2 (2006).

———. "Interweaving Substance Trajectories: Tiryaq, Circulation and Therapeutic Transformation in the Nineteenth Century." In *Crossing Colonial Historiographies : Histories of Colonial and Indigenous Medicines in Transnational Perspective*, edited by Waltraud Ernst, Projit B. Muhkarji and Anne Digby. Newcastle upon Tyne: Cambridge Scholars Publishing, 2010.

———. *Refiguring Unani Tibb*. Hyderabad: Orient Longman, 2007.

Azar, Henry A. *The sage of Seville: Ibn Zuhr, his time, and his medical legacy*. New York: American University in Cairo, 2008.

Azmi, Altaf Ahmad, ed. *Tibb-e yunani aur urdu zaban o adab*. New Delhi: Cenre for History of Medicine and Science, Jamia Hamdard, 2004.

Azmi, Hakim Wasim Ahmad. *Urdu tibbi rasa'il-o-jara'id barr-e saghir hind-o-pak men*. Delhi: Bharat Afset Press, 2010.

Basalla, George. "The Spread of Western Science." *Science* 156 (1967).

Bayly, C. A. *Empire and information: intelligence gathering and social communication in India, 1780-1870*. Cambridge: Cambridge University Press, 1996.

———. *Rulers, Townsmen and Bazaars: North Indian Society in the Age of British Expansion 1770-1870, 3rd ed.* New Delhi: OUP, 2012 [1983].

Beckwith, Christopher I. *Warriors of the cloisters: the Central Asian origins of science in the medieval world*. Princeton, N.J.: Princeton University Press, 2012.

Beg, M. A. J. "Fassad, Hadjdjam." In *Encyclopaedia of Islam, Second Edition*, edited by Th. Bianquis P. Bearman, C.E. Bosworth, E. van Donzel, W.P. Heinrichs, 2006.

———. "Hallak." In *Encyclopaedia of Islam, Second Edition*, edited by Th. Bianquis P. Bearman, C.E. Bosworth, E. van Donzel, W.P. Heinrichs. Leiden: Brill, 2006.

Berger, Rachel. *Ayurveda made modern: political histories of indigenous medicine in North India, 1900-1955*. Basingstoke: Palgrave Macmillan, 2013.

Bhattacharya, Sanjoy. *Fractured states : smallpox, public health and vaccination policy in British India 1800-1947*. New perspectives in South Asian history ;. Edited by Mark Harrison and Michael Worboys New Delhi: Orient Longman, 2005.

Birla, Ritu. *Stages of capital: law, culture, and market governance in late colonial India*. Durham: Duke University Press, 2009.

Bode, Maarten. *Taking traditional knowledge to the market: the modern image of the ayurvedic and unani industry, 1980-2000*. Hyderabad: Orient Longman, 2008.

———. "Traditional Indian Medicine: Heritage, Health Security, Ontology." *The IIAS Newsletter* 65, no. Autumn (2013): 21-25.

Botre, Shrikant, and Douglas Haynes. "Sexual Knowledge, Sexual Anxieties: Middle-class males in western India and the correspondence in Samaj Swasthya, 1927-53." *Modern Asian Studies* 51, no. 4 (2017): 991-1034.

Brentjes, Sonja. *Teaching and learning the sciencies in Islamicate societies (800-1700)*. Studies on the faculty of arts: history and influence ;. Turnhout, Belgium: Brepols, 2018.

Castoriadis, Cornelius. *The Castoriadis reader*. Blackwell readers. Oxford ; Malden Mass.: Blackwell Publishers, 1997.

Chakrabarti, Pratik. *Western science in modern India: metropolitan methods, colonial practices*. Delhi: Permanent Black, 2004.

Chandpuri, Kausar. *Atibba-e 'ahd-e mughuliya*. Karachi: Hamdard Akedemi, 1960.

Charles, T. Wolfe, and Gal Ofer, eds. *The body as object and instrument of knowledge: embodied empiricism in early modern science*. Dordrecht Netherlands: Springer, 2010.

Cohn, Bernard S. *Colonialism and its Forms of Knowledge: The British in India*. The Bernard Cohn omnibus. New Delhi: Oxford University Press, 2004.

Comaroff, John, and Jean Comaroff. *Ethnography and the historical imagination*. Edited by Jean Comaroff Boulder: Westview Press, 1992.

Cooper, Glen M. "Approaches to the Critical Days in Late Medieval and Renaissance Thinkers." *Early Science adn Medicine* 18, no. 6 (2013): 536-65.

———. "Galen and Astrology: A Mesalliance?". *Early Science and Medicine* 16 (2011): 120-46.

Crawford, D G. *A History of the Indian Medical Service, 1600 - 1913 Vol. 2*. Calcutta: Thacker Spink & Co, 1914.

Das, Shinjini. *Vernacular medicine in colonial India: family, market, and homeopathy*. Cambridge: Cambridge University Press, 2019.

Daston, Lorraine. "Science Studies and the History of Science." *Critical Inquiry* 35, no. Summer (2009).

Daston, Lorraine, and Peter Galison. *Objectivity*. New York: Cambridge, Mass.: Zone Books, 2007.

Datla, Kavita Saraswathi. *The language of secular Islam : Urdu nationalism and colonial India*. Honolulu: University of Hawai‘i Press, 2013.

Devji, Faisal. "Apologetic Modernity." *Modern Intellectual History* 4, no. 1 (2007): 61-76.

———. "Gender and the Politics of Space: The Movement for Women's Reform in Muslim India, 1857-1900." *South Asia: Journal of South Asian Studies* 14, no. 1 (1991): 141-55.

———. "Qawm." SOAS South Asia Institute.

Dubrow, Jennifer. "From Newspaper Sketch to "Novel": The Writing and Reception of Fasana-e Azad in North India, 1878-1880." University of Chicago, 2011.

Edib, Halide. *Inside India*. Edited by Mushirul Hasan New Delhi: Oxford University Press, 2002.

Elgood, Cyril. *A Medical History of Persia and the Eastern Caliphate*. Cambridge: Cambridge University Press, 1951.

Elverskog, Johan. "Warriors of the Cloisters: The Central Asian Origins of Science in the Medieval World by Christopher I. Beckwith." *Bulletin of the School of Oriental and African Studies* 76, no. 2 (2013): 333-35.

Fancy, Nahyan. "Medical Commentaries: A Preliminary Examination of Ibn al-Nafis' Shuruh, the Mujaz and Subsequent Commentaries on the Mujaz." *Oriens* 41, no. 3/4 (2013): 525-45.

———. *Science and religion in Mamluk Egypt: Ibn al-Nafis, pulmonary transit and bodily resurrection*. London: Routledge, 2013.

Faruqi, Asad Faisal. *Hindustan men urdu tibbi sahafat aghaz wa irtiqa.* Aligarh Muslim Educational Press, 2011.

Fisher, Michael H. "The Office of Akhbar Navis: The Transition from Mughal to British Forms." *Modern Asian Studies* 27, no. 1 (1993): 45-82.

Forbes, Geraldine. "Medical careers and health care for Indian women: patterns of control." *Women's History Review* 3, no. 4 (1994): 515-30.

Forbes, Geraldine Hancock, -. *Women in modern India*. New Cambridge history of India ;. Cambridge England ; New York: Cambridge University Press, 1996.

Foucault, Michel. *The Birth of the Clinic: An archaeology of medical perception*. Translated by A M Sheridan. Oxon: Routledge, 1963 [Tr 1973].

Franke, Patrick. "Before scientia sexualis in Islamic culture: 'ilm al bah between erotology, medicine and pornography." *Social Identities* 18, no. 2 (2012): 161-73.

Ghazzali. *Mujarrabaat al-Ghazzali fi al-tibb al-ruhani*. Bayrut: Dar al-Mahajjah al-Bayda' lil-Tiba'ah wa-al-Nashr wa-al-Tawzi', 2006.

Goldstein, Jan. *Hysteria complicated by ecstasy: the case of Nanette Leroux*. Princeton: Princeton University Press, 2010.

———. *Post-revolutionary self: politics and psyche in France, 1750-1850*. Cambridge: Harvard University Press, 2005.

Gupta, Charu. *Sexuality, obscenity, community: women, muslims, and the Hindu public in colonial India*. Delhi: Permanent Black, 2001.

Gupta, Narayani. *Delhi Between Two Empires, 1803 - 1931*. Delhi: OUP, 1981.

Gutas, Dimitri. "The Empiricism of Avicenna." *Oriens* 40 (2012): 391-436.

———. *Greek Thought, Arabic Culture: the Graeco-Arabic translation movement in Baghdad and early 'Abbasid Society*. New York: Routledge, 1998.

———. "Medical Theory and Scientific Method in the Age of Avicenna." In *Islamic medical and scientific tradition*, edited by Peter E. Pormann. London: Routledge, 2011.

Hamarneh, Sami. "Development of Arabic Medical Therapy in the Tenth Century." *Journal of the History of Medicine and Allied Sciences* 27, no. 1 (1972).

———. "Surgical Developments in Medieval Arabic Medicine." *Studies in History of Medicine* June (1977).

Hardiman, David. *Healing Bodies, Saving Souls: Medical Missions in Asia and Africa*. New York: Rodopi, 2006.

Hardiman, David, and Projit Bihari Mukharji, eds. *Medical marginality in South Asia: situating subaltern therapeutics*. London: Routledge, 2012.

Harrison, Mark. *Public Health in British India: Anglo-Indian Preventative Medicine 1859 - 1914*. Cambridge: Cambridge University Press, 1994.

Hasan, Mushirul. *A Moral Reckoning: Muslim Intellectuals in Nineteenth-century Delhi*. New Delhi: Oxford University Press, 2003.

Haykel, Bernard. "Dissembling Descent, or How the Barber Lost His Turban: Identity and Evidence in Eighteenth Century Zaydi Yemen." *Islamic Law and Society* 9, no. 2 (2002): 194-230.

Haynes, Douglas E. "Creating the Consumer? Advertising, Capitalism and the Middle Class in Urban Western India, 1914-40." In *Towards a history of consumption in South Asia*, edited by Douglas E. Haynes. New Delhi: Oxford University Press, 2010.

Hodges, Sarah. *Contraception, colonialism and commerce : birth control in South India, 1920-1940*. History of medicine in context. Aldershot, England ; Burlington, VT: Ashgate, 2008.

Hume, John Chandler Jr. "Medicine in the Punjab, 1849 - 1911: Ethnicity and Professionalization in the Control of an Occupation." Duke University, 1977.

———. "Rival Traditions: Western Medicine and Yunani Tibb in the Punjab, 1849 - 1889." *Bulletin of the History of Medicine* 51, no. 2 (1977).

Hussain, Intezar. *Ajmal-e a'zam*. Lahore: Yadgar-e ajmal, 1995.

Israili, AH. "Education of Unani Medicine During Mughal Period." *Studies in History of Medicine* September (1980): 177-82.

Jalil, Abdul. "The Evolution and Development of Greco-Arab Medical Education." *Studies in History of Medicine* September (1978): 190-97.

Jeffery, Roger. "Indigenous Medicine and the State Before 1947." In *The Politics of Health in India*, 42-58. Berkeley: University of California Press, 1988.

———. "Recognizing India's Doctors: The Institutionalization of Medical Dependency, 1918-39." *Modern Asian Studies* 13, no. 2 (1979): 301-26.

Joshi, Sanjay. *Fractured modernity: making of a middle class in colonial North India*. New Delhi: Oxford University Press, 2001.

Kinra, Rajeev. *Writing self, writing empire : Chandar Bhan Brahman and the cultural world of the Indo-Persian state secretary*. Oakland, California: University of California Press, 2015.

Klein, Jurgen. "Francis Bacon." In *The Stanford Encyclopedia of Philosophy*, edited by Edward N. Zalta. URL = <https://plato.stanford.edu/archives/win2016/entries/francis-bacon/>, 2016.

Kumar, Anil. *Medicine and the Raj: British Medical Policy in India, 1835-1911*. Wallnut Creek, California: AltaMira Press, 1998.

Kumar, Deepak. *Science and the Raj, 1857-1905*. Delhi: Oxford University Press, 1995.

———. "Unequal contenders, uneven ground: Medical Encounters in British India, 1820-1920." In *Western medicine as contested knowledge*, edited by Cunningham Andrew and Andrews Bridie. Manchester: Manchester University Press, 1997.

Kuriyama, Shigehisa. *The expressiveness of the body and the divergence of Greek and Chinese medicine*. New York: Zone Books, 1999.

Lal, Maneesha. "The Politics of Gender and Medicine in Colonial India:The Countess of Dufferin's Fund." *Bulletin of the History of Medicine* 68, no. 1 (1994).

Lal, Ruby. "Gender and Sharafat: Re-reading Nazir Ahmad." *Journal of the Royal Asiatic Society, Third Series* (2008): 15-30.

Lambert-Hurley, Siobhan. "Medicine & Motherhood." In *Muslim Women, Reform and Princely Patronage: Nawab Sultan Jahan Begam of Bhopal*. London: Routledge, 2007.

Langford, Jean. *Fluent Bodies: Ayurvedic Remedies for Postcolonial Imbalance*. Durham: Duke University Press, 2002.

Latour, Bruno. "Why Has Critique Run out of Steam? From Matters of Fact to Matters of Concern." *Critical Inquiry* 30 no. (Winter) (2004): 225-48.

Leiser, Gary. "Medical Education in Islamic Lands from the Seventh to the Fourteenth Century." *Journal of the History of Medicine and Allied Sciences* 38, no. 1 (1983): 48-75.

Lelyveld, David. *Aligarh's First Generation: Muslim Solidarity in British India*. New Delhi: OUP, 1996.

———. "Ashraf." SOAS South Asia Institute, http://www.soas.ac.uk/ssai/keywords/.

Liebeskind, Claudia. "Arguing Science: Unani Tibb, Hakims and Biomedicine in India, 1900 - 50." In *Plural Medicine, Tradition and Modernity, 1800 - 2000*. London: Routledge, 2002.

Lightman, Bernard, ed. *Victorian science in context*. Chicago, Ill.: University of Chicago Press, 1997.

Makdisi, George. *The rise of colleges: institutions of learning in Islam and the West*. Edinburgh: Edinburgh University Press, 1981.

McNeely, Ian F. *"Medicine on a grand scale": Rudolf Virchow, liberalism, and the public health*. London: Wellcome Trust, 2002.

Metcalf, Barbara. "Hakim Ajmal Khan: Rais of Delhi and Muslim 'Leader'." In *Islamic Contestations: Essays on Muslims in India and Pakistan*. New Delhi: Oxford University Press, 2004.

———. *Islamic Revival in British India, Deoband 1860-1900*. New Delhi: OUP, 2002.

———. "Nationalist Muslims in British India: The Case of Hakim Ajmal Khan." *Modern Asian Studies* 19, no. 2 (1985): 1 - 28.

Meulenbeld, Jan. "Mahadevadeva's Hikmatprakasha - A Sanskrit Treatise on Yunani Medicine." *eJournal of Indian Medicine* 5 (2012): 99-133.

Meyerhof, Max. "Thirty-three clinical observations by Rhazes (circa 900 AD)." *Isis* 23 (1935): 321-56.

Montgomery, Scott L. *Science in translation: movements of knowledge through cultures and time*. Chicago: The University of Chicago Press, 2000.

Moosvi, Shireen. "The World of Labour in Mughal India (c.1500-1750)." *Proceedings of the Indian History Congress* 71 (2010-2011): 343-57.

Mukharji, Projit. *Doctoring traditions: ayurveda, small technologies, and braided sciences*. Chicago: The University of Chicago Press, 2016.

———. *Nationalizing the Body: The Medical Market, Print and Daktari Medicine*. London: Anthem Press, 2009.

Nail, Thomas. "What is an Assemblage?". *SubStance* 46, no. 1 (2017): 21-37.

Naim, C. M. "Transvestic Words?: The Rekhti in Urdu." *The Annual of Urdu Studies* (2001): 3-25.

Naregal, Veena. *Language politics, elites, and the public sphere*. New Delhi: Permanent Black, 2001.

Neelameghan, A. *Development of Medical Societies and Medical Periodicals in India 1780 - 1920*. Calcutta: Indian Association of Special Libraries and Research Centres, 1963.

Nigrami, Saiyid Muhammad Hasan. *Tarikh-e tibb ibtida ta 'ahd-e hazir*. Nai dehli: Qaumi kaunsal baraye farogh-e urdu zaban, 1989.

Oldenburg, Veena Talwar. "Lifestyle as Resistance: The Case of the Courtesans of Lucknow, India." *Feminist Studies* 16, no. 2 (1990).

Orsini, Francesca. *The Hindi public sphere 1920-1940: language and literature in the age of nationalism*. New Delhi: Oxford University Press, 2002.

———. *Print and pleasure: popular literature and entertaining fictions in colonial north India*. Ranikhet: Permanent Black, 2009.

Pande, Ishita. *Medicine, race and liberalism in British Bengal : symptoms of empire*. Routledge studies in South Asian history ;. London ; New York: Routledge, 2010.

Pati, Biswamoy, and Mark Harrison, eds. *Health, medicine, and empire : perspectives on colonial India*, New perspectives in South Asian history. Hyderabad, India: Orient Longman, 2001.

———, eds. *The social history of health and medicine in colonial India*, Routledge studies in South Asian history. Abingdon, Oxon U.K. ; New York: Routledge, 2009.

Perho, Irmeli. *The prophet's medicine: a creation of the Muslim traditionalist scholars*. Studia Orientalia. Helsinki: Kokemäki, 1995.

Perkins, C. Ryan. "From the Mehfil to the Printed Word: Public Debate and Discourse in Late Colonial India." *Indian Economic & Social History Review* 50, no. 1 (2013).

Perkins, Christopher Ryan. "Partitioning History: The Creation of an Islami Pablik in Late Colonial India, 1880 - 1920." University of Pennsylvania, 2011.

Pernau, Margrit. *Ashraf into middle classes: Muslims in nineteenth-century Delhi*. First edition. ed. New Delhi: Oxford University Press, 2013.

———. "The Delhi Urdu Akhbar Between Persian Akhbarat and English Newspapers." *The Annual of Urdu Studies* 18 (2003): 105-31.

———. "The Indian Body and Unani Medicine: Body History as Entangled History." *Paragrana* 18, no. 1 (2009).

Pernau, Margrit, and Yunus Jaffery, eds. *Information and the Public Sphere: Persian Newsletters from Mughal Delhi*. New Delhi: OUP, 2009.

Pershad, Rai Sahib Madho. *The History of the Delhi Municipality, 1863-1921*. Allahabad: Pioneer Press, 1921.

Petievich, Carla. "Rekhti: Impersonating the Feminine in Urdu Poetry." *South Asia* 24, no. Special Issue (2001): 75-90.

Pormann, Peter , and Emilie Savage-Smith. *Medieval Islamic Medicine*. Washington, DC: Georgetown University Press, 2007.

Potter, Paul. "Some Principles of Hippocratic Nosology." In *La Maladie et les Maladies dans la Collection hippocratique*, edited by Gilles Maloney Paul Potter, Jacques Desautels. Quebec: Les Editions Du Sphinx, 1990.

Prakash, Gyan. *Another Reason: Science and the Imagination of Modern India*. Princeton: Princeton University Press, 1999.

Prasad, Amit. "Introduction: Global Assemblages of Technoscience." *Science, Technology and Society* 22, no. 1 (2017): 1-5.

Quaiser, Neshat. "Politics, Culture and Colonialism: Unani's Debate with Doctory." In *Health, Medicine and Empire: Perspectives on Colonial India*, edited by Bisamoy Pati and Mark Harrison. Hyderabad: Orient Longman, 2001.

———. "Science, Institution, Colonialism: Tibbiya College of Delhi, 1889 - 1947." In *Science and Modern India: an Institutional History*, edited by Uma Das Gupta, 523-61. Delhi: Longman Pearson Education, 2010.

Race, science and medicine, 1700-1960. Studies in the social history of medicine. Edited by Ernst Waltraud, Saakwa-Mante Norris, H. F. Augstein, Deacon Harriet, Arnold David, Worboys Michael, Jackson Mark*, et al.* London ; New York: Routledge, 1999.

Ragab, Ahmed. "'In a Clear Arabic Tounge': Arabic and the Making of a Science-Language Regime." *Isis* 108, no. 3 (2017).

———. *Medicine and religion in the life of an Ottoman sheikh: al-Damanhuri's 'Clear statement' on anatomy*. New York,: Routledge, 2019.

Raj, Kapil. *Relocating Modern Science: Circulation and the Construction of Scientific Knowledge in South Asia and Europe*. New Delhi: Permanent Black, 2006.

Ramanna, Mridula. *Western medicine and public health in colonial Bombay, 1845-1895*. New perspectives in South Asian history ;. New Delhi: Orient Longman, 2002.

Ramasubban, Radhika. "Imperial Health in British India, 1857-1900." In *Disease, medicine, and empire: perspectives on Western medicine and the experience of European expansion*, edited by Roy M. MacLeod and Milton James Lewis. London; New York: Routledge, 1988.

Rezavi, S. Ali Nadeem. "An Aristocratic Surgeon of Mughal India: Muqarrab Khan." In *Medieval India 1: Researches in the History of India, 1200-1750*, edited by Irfan Habib. Delhi: OUP, 1992.

———. "Physicians as Professionals in Medieval India." In *Disease and Medicine in India: A Historical Overview*, edited by Deepak Kumar. Delhi: Tulika, 2001.

Ridwan, Ali ibn. *Medieval Islamic medicine: Ibn Ridwan's treatise, "On the prevention of bodily ills in Egypt"*. Edited by Michael W. Dols and Adil Sulayman Jamal Berkeley: University of California Press, 1984.

Robinson, Francis. *The 'Ulama of Farangi Mahall and Islamic Culture in South Asia*. Permanent Black 2001.

Russell, Ralph. "An Eighteenth century Urdu Satirist (Sauda, c. 1713-1780)." *Indian Literature* 2, no. 1 (1958): 36-43.

———. *The pursuit of Urdu literature: a select history*. London: Zed Books, 1992.

Sabri, Imdad. *Tarikh-e sahafat-e urdu jild duvom ka pahla hissa*. Delhi: Jadid Printing Press, 1952[?].

Sajdi, Dana. *The barber of Damascus : nouveau literacy in the eighteenth-century Ottoman Levant*. Stanford, California: Stanford University Press, 2013.

Sayyid-Marsot, Afaf Lutfi, ed. *Society and the sexes in medieval Islam*. Malibu, Calif.: Undena Publications, 1979.

Schacht, Joseph. *The medico-philosophical controversy between Ibn Butlan of Baghdad and Ibn Ridwan of Cairo; a contribution to the history of Greek learning among the Arabs*. Edited by Max Meyerhof Cairo: Egyptian University, Faculty of Arts, 1937.

Schimmel, Annemarie. *Mystical dimensions of Islam*. Chapel Hill: University of North Carolina Press, 1975.

Sharma, Sunil. *Mughal Arcadia: Persian literature in an Indian court*. Cambridge, Massachusetts: Harvard University Press, 2017.

Siddiqi, Tazimuddin. "Hakim Muhammad Akbar Arzani." *Studies in History of Medicine* September (1981): 167-213.

———. "Zubdat al-hukama allama hakim kabiruddin." *Studies in History of Medicine* June (1981): 87-132.

Sigalea, Robert. *La medecine traditionelle de l'Inde*. Geneve: Oizane, 1995.

Siraisi, Nancy G. *Avicenna in Renaissance Italy: the Canon and medical teaching in Italian universities after 1500*. Princeton, N.J.: Princeton University Press, 1987.

Sivaramakrishnan, Kavita. *Old Potions, New Bottles: Recasting Indigenous Medicine in Colonial Punjab 1850 - 1945*. London: Orient Longman, 2006.

Solomon, Michael. *Fictions of Well Being: Sickly Readers and Vernacular Medical Writing in Late Medieval and Early Modern Spain*. Philadelphia: University of Pennsylvania Press, 2010.

Speziale, Fabrizio. *Culture persane et médecine ayurvédique en Asie du Sud*. Islamic philosophy, theology, and science. Edited by Fabrizio Speziale Leiden: Brill, 2018.

———. "Les Traites Persans Sur Les Sciences Indiennes: Medecine, Zoologie, Alchimie." In *Muslim Cultures in the Indo-Iranian World During the Early Modern and Modern Periods*, edited by Denis Hermann & Fabrizio Speziale. Berlin: Klaus Schwarz Verlag 2010.

———. "Linguistic strategies of de-Islamization and colonial science: Indo-Muslim physicians and the yunani denomination." *IIAS Newsletter* 37 (2005).

———. *Soufisme, religion et medecine en Islam indien*. Paris: Karthala, 2010.

Spink, M.S., and G.L. Lewis. *Albucasis On Surgery and Instruments: A definitive edition of the Arabic Text with English Translation and Commentary*. Berkeley: University of California Press, 1973.

Stark, Laura. "Out of their Depths: 'Moral Kinds' and the Interpretation of Evidence in Foucault's Modern Episteme." *History and Theory,* 54, no. December (2016): 131-47.

Stark, Ulrike. "Associational culture and civic engagement in colonial Lucknow: The Jalsah-e Tahzib." *Indian Economic & Social History Review* 48, no. 1 (2011).

———. "Benares Beginnings: Print Modernity, Book Entrepreneurs, and Cross-Cultural Ventures in a Colonial Metropolis." In *Founts of knowledge: book history in India*, edited by Abhijit Gupta and Swapan Chakravorty. Hyderabad: Orient Blackswan, 2016.

———. *An Empire of Books: The Naval Kishore Press and the Diffusion of the Printed Word in Colonial India*. New Delhi: Permanent Black, 2008.

———. "Politics, Public Issues and the Promotion of Urdu Literature: Avadh Akhbar, the First Urdu Daily in Northern India." *The Annual of Urdu Studies* 18 (2003): 66-94.

Stearns, Justin. *Infectious ideas: contagion in premodern Islamic and Christian thought in the Western Mediterranean*. Baltimore: Johns Hopkins University Press, 2011.

Subramaniam, Banu. *Holy science : the biopolitics of Hindu nationalism.* Seattle: University of Washington Press, 2019.

Tusi, Nasiruddin. *The sultan's sex potions: Arab aphrodisiacs in the Middle Ages*. Translated by Daniel L. Newman. London: Saqi, 2014.

Vanita, Ruth. *Gender, sex, and the city: Urdu Rekhti poetry in India, 1780-1870.* New York: Palgrave Macmillan, 2012.

Vaughan, Megan. *Curing their Ills: Colonial Power and African Illness*. Cambridge: Polity Press, 1991.

Venkatachalapathy, A. R. *The province of the book: scholars, scribes, and scribblers in colonial Tamilnadu*. Ranikhet: Permanent Black, 2012.

Wujastyk, Dominik. "A Persian Anatomical Image in a non-Muslim Manuscript from Gujarat." *Medical History* 51 (2007): 237-42.

Yang, Anand A. *Bazaar India : markets, society, and the colonial state in Gangetic Bihar*. Berkeley: University of California Press, 1998.

Zahoori, Muhammed Abd al-wahhab. "The Achievements of the Indian Physicians." *Studies in History of Medicine* March (1979).

Zillurrahman, Hakim Saiyid. *Dilli aur tibb-e yunani [Yunani Medicine in Delhi]*. Delhi: Urdu Academy 1995.

———. *A'ina-e tarikh-e tibb*. Aligarh: Muslim University Press, 2001.

———. *Tazkira-e khandan-e 'azizi*. Aligarh: Ibn Sina Academy, 2009 [1978].