

**Homoeopathic Families, Hindu Nation and the
Legislating State:**

Making of a Vernacular Science, Bengal 1866-1941

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Declaration

I, Shinjini Das, confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

Abstract

This dissertation explores the cultural production of homoeopathy as a ‘vernacular science’ in Bengal between 1866 and 1941. In mapping homoeopathy’s vernacularisation, it studies the disparate ways in which the historical understanding of ‘homoeopathy’ and ‘family’ in late nineteenth- early twentieth century Bengal informed one another. It builds upon the historical literature published on homoeopathy and family in colonial Bengal in studying the myriad registers in which the two categories intersected. The first Bengal based private family firm investing in homoeopathic publications and in the importation and sale of homoeopathic drugs was established in 1866. In 1941 under the imperatives of the nationalist Congress Party, homoeopathy was formally recognised as ‘scientific medicine’ by the colonial state and a State Faculty of Homoeopathy was established. This dissertation looks at the interactions and conversations between North Calcutta based familial homoeopathic firms, sporadically dispersed mofussil actors, the British colonial state and the emergent nationalist governments to explore the ways in which homoeopathy was domesticated as a specific worldview, an ethic, a vision and regimen of looking at and leading life in Bengal in the period under study. Imbued with potent nationalist sensibilities and invested with deep religio-cultural resonances, homoeopathy managed to inhabit the liminal space between being a European science and an indigenous quotidian life practice. By examining such ambiguities inherent in Bengali homoeopathy this dissertation draws upon and speaks to the histories of nationalist imaginings, colonial modernities and governmentality. In so doing, it elaborates on the centrality and recurrence of the category ‘family’ in the history of homoeopathy by studying cultures of business practices, of biographising, processes of translations, indigenisation, and quotidian health managements.

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Note on Translation and Transliteration

All translations from Bengali are mine unless otherwise noted.

I have devised and followed my own code of transliteration in this dissertation, keeping in mind that many of the non-English terms mentioned here appear in at least three, if not more, South Asian languages: Bengali, Hindi and Sanskrit. To mark their specificities in words, texts, and names of people, I have abided by the following general rules:

1. Diacritics have not been used.
2. Non-English terms are italicized and put in quotes when they appear for the first time. Also, a translation is provided following their usage in the main text, following the first appearance.
3. Names of non-English monographs and articles are translated and provided in the text when they appear first. They are provided in parentheses in the footnote when they only appear in the latter. Further, the translations of non-English monographs are attached with the Bibliography at the end.
4. The final “a” is done away with while transliterating Bengali terms, unless it is pronounced; hence, Brihat, Samaj, Paribar and Kayastha, Vaisya, Amiya. However, for widely prevalent terms like Ayurveda I have retained the spelling that is used in standard historiography.
5. In general for the Bengali terms I have followed the standard norms of Sanskrit transliteration and not their phonetic use in Bengali. Thus Paricharak and not Poricharok, Svasthya and not Swastha, Sahitya and not Sahityo. An exception is made in the use of the term ‘swadeshi’ and the widely prevalent translation has been retained.
6. For the most part, I have used “b” instead of “v” while transliterating Bengali terms; hence Baidya, Bhishak and Byabshayee.
7. In transliterating the names of books that are written in Sanskrit, I have followed the standard rules of Sanskrit transliteration. Hence, *Purana*, *Mahabharata* and *Ramayana*.

Introduction –

A Familiar Science: Homoeopathy and the Vernacular in Colonial Bengal

This dissertation studies the processes through which homoeopathy, a western medical project originating in eighteenth century Germany, was constituted as a ‘vernacular science’ in British Bengal. Conceptualised in opposition to the prevalent notions of ‘orthodox’ medicine, homoeopathy was a distinct therapeutic ideology popularised since 1790s in Germany by the reputed physician Friedrich Christian Samuel Hahnemann (1755-1843), commonly known as Hahnemann. In mapping homeopathy’s vernacularisation, this dissertation explores and analyses the disparate ways in which the historical understanding of ‘homoeopathy’ and ‘family’ in late nineteenth- early twentieth century Bengal informed one another. It builds upon the historical literature published on homoeopathy and family in colonial Bengal in studying the myriad registers in which the two categories intersected.

The arrival of ideas pertaining to homoeopathy in India is inextricably related to the colonial expansion of the British Empire since the early nineteenth century. Since then, homoeopathy has endured as one of the significant categories which shaped Bengali experiences of colonial modernity. Existing secondary sources have highlighted the predominance of non-British agents in disseminating homoeopathy in early nineteenth century Bengal.¹ A few East European physicians were indeed among the early practitioners of homoeopathic treatment in India and especially Bengal.² Yet, the country of origin of these physicians should not dissuade us from acknowledging the role of British colonialism in the promulgation of homoeopathy in imperial theatres like India. There is no denying the enabling role of British colonialism in fostering the spread of homoeopathy, not least because there are evident references of English missionaries distributing cheap homoeopathic drugs in Calcutta in the early nineteenth century.³ There are also ample

¹ See David Arnold and Sumit Sarkar, ‘In Search of Rational Remedies: Homoeopathy in Nineteenth century Bengal’, in Waltraud Ernst (ed.), *Plural Medicine, Tradition and Modernity, 1800-2000*, London and New York: Routledge, 2002, pp. 41-43.

² It has been noted that J.M Honigberger from Transylvania, C.Fabre Tonnerre and Berigny from France, Leopold Salzer were some of the early practitioners of homoeopathy in India, most of whom were located in Bengal. See, Surinder M.Bharadwaj, ‘Homoeopathy in India’ in Giri Raj Gupta (ed.), *The Social and Cultural Context of Medicine in India*, Delhi: Vikas, 1981, pp. 33-36

³ Instances of Dr. Mullens of the London Missionary Society distributing cheap homoeopathic remedies in Bhowanipore can be located in Sarat Chandra Ghose, *Life of Dr. Mahendralal Sircar*, Second editions, Calcutta: Hahnemann Publishing Company, 1935, pp. 32-33.

indications suggesting its practice by ‘...amateurs, in the civil and military services...’⁴ of the colonial state. English, moreover, provided the vital linguistic mediation in accessing the various currents of European homoeopathic thoughts for the literate Bengali bhadralok⁵ in the nineteenth century.

Yet, the historical trajectory of homoeopathy is distinct from the state imposed dominant medical practice variously and collectively referred to as ‘western medicine’⁶, ‘imperial medicine’⁷, ‘colonial medicine’⁸, ‘state medicine’⁹ or, ‘Anglo-Indian medicine.’¹⁰ Homoeopathy did not enjoy the straightforward legislative patronage or an overt infrastructural support of the colonial state especially in the nineteenth century. The state endorsed apparatus of ‘western’ medicine including the Calcutta Medical College as well as the appointments of the Indian Medical Service were meticulous in excluding practitioners associated with homoeopathy from their ambit. In that, homoeopathy was perceived as yet another ‘unorthodox’/‘heterodox’ therapeutic sect of European origin like the mesmerists, bio-chemists, herbalists or electro-magnetics.¹¹

⁴ F.C. Skipwith, ‘Homoeopathy and Its Introduction into India’, *Calcutta Review*, 17, 1852, p. 52.

⁵ The term bhadralok literally means “respectable people.” It is a generic term widely used in Bengal to refer to the English educated, though not necessarily affluent, middling to upper stratum of society. The historical research on the category bhadralok has been immense. Works of S.N.Mukherjee or John McGuire suggests that the term bhadralok referred to both a class of aristocratic landed Bengali Hindus and those of more humble origins. It included men who ‘rose from poverty to wealth’ in business and occupations involving shipping, indigo plantations etc, as well as large shopkeepers, retail businessmen, and workers in government and commercial houses, teachers, native doctors, journalists and writers. See for instance S.N.Mukherjee, *Calcutta: Essays in Urban History*, Calcutta: Subarnarekha, 1993, John McGuire, *The Making of Colonial Mind: A Quantitative study of the Bhadrakalok in Calcutta, 1875-1885*, Australian National University, 1983. Also see Joya Chatterji, *Bengal Divided: Hindu Communalism and Partition, 1932-1947*, Cambridge: Cambridge University Press, 1994, pp. 3-13. Referring primarily to the salaried section, Partha Chatterjee calls the bhadralok the mediators of nationalist ideologies and politics. See Partha Chatterjee, *The Nation and Its Fragments: Colonial and Postcolonial Histories*, Princeton University Press, 1993, pp. 35-75.

⁶ There exists an extremely rich historiography of the official medicine perpetrated by the colonial state that has been studied under various nomenclature. See for instance Mridula Ramanna, *Western Medicine and Public Health in Colonial Bombay, 1845-1895*, Delhi: Orient Longman, 2002.

⁷ David Arnold, *Imperial medicine and Indigenous Societies*, Manchester: Manchester University Press, 1988.

⁸ Shula Marks, ‘What is Colonial about Colonial Medicine? And What has happened to Imperialism and Health’, *Social History of Medicine*, 10, 1997, pp. 205-219.

⁹ David Arnold, *Colonising the body: State Medicine and Epidemic Disease in Nineteenth Century India*, Berkeley: University of California Press, 1993.

¹⁰ Mark Harrison, *Public Health in British India: Anglo- Indian Preventive Medicine, 1859-1914*, Cambridge: Cambridge University Press, 1994.

¹¹ The history of such western heterodoxies in India has remained relatively uncharted over the years except for a few sporadic attempts. For an interesting account of mesmerism and its enmesh with notions of colonial psychiatry see Waltraud Ernst, ‘Colonial Psychiatry, Magic and Religion: The Case of Mesmerism in British India’, *History of Psychiatry*, 15, 1, 2004, pp. 57-68. Also see Alison Winter, ‘Colonizing Sensations in Victorian India’, in *Mesmerized: Powers of Mind in Victorian Britain*, University of Chicago Press, 2000, pp. 187-212. There have been references of practice of biochemic medicine by influential cultural icons like Rabindranath Tagore. See, Md. Harun-ar-rashid, ‘Homoeopathy Chikitsa Bigyane Rabindranath’, *Bangla*

Although not an immediate beneficiary of state support, the history of homoeopathy in Bengal remained deeply entangled with the priorities and prejudices of the colonial state. Homoeopathy featured recurrently in bureaucratic correspondences on the definitions and scope of ‘legitimate’ and ‘scientific’ medicine. Homoeopathy figured invariably in colonial anxieties related to medical malpractice in Bengal, particularly in discussions on ‘quackery’ and ‘corruption’. Indeed, the acceptable standard of valid medical knowledge was often discussed and set precisely in opposition to homoeopathy.

Yet, the entanglement between homoeopathy and the colonial state was hardly a story of outright governmental opposition and denouncement. Rather, this dissertation suggests a complex history of negotiations, derivations and manipulations between the two. This is borne out by the fact that despite official biases against it, homoeopathy endured as a credible genre of ‘scientific medicine’¹² among large sections of Bengali society since the mid nineteenth century. This dissertation maps the production and dissemination of homoeopathy as an advanced and unorthodox European science, peculiarly suited to Bengali culture, tradition and constitution by certain sections of educated Bengalis. It traces traffics between print capital, pharmaceutical business, bhadralok morality, religious sensibility and nationalist aesthetics in domesticating homoeopathy as a specific worldview, an ethic, and a vision and regimen of life in Bengal. Simultaneously, the dissertation dwells on the exclusions, violence and asymmetries inherent in such bhadralok projection of homoeopathy as ‘a way of life’.

An intriguing question that this dissertation pursues, therefore, is: how could homoeopathy thrive as an intrinsic category of colonial modernity in Bengal despite the evident lack of institutional patronage, if not outright opposition from the colonial regime? In answering this, the dissertation explores the multifarious overlaps and convergences of homoeopathic discourse with the many possibilities inherent in the category ‘family’ in colonial Bengal.

Insightful works of erudite commentators of bourgeoisie modernity have awakened us to the centrality of ‘family’ in the making of modern regimes of power. The category family has been identified as singularly fundamental in the operations of modern states- as one of its

Academy Patrika, [Ben: Sraban-Ashwin 1401], 1994, p. 113. Also see, Ashok K. Bagchi, *Rabindranath Tagore and his Medical World*, Delhi: Konark Publishers, 2000.

¹² For a historiographic overview of the complex relation between history of medicine and history of science that throw light on the evolving understanding and connotations of ‘science’ with regards to ‘medicine’ see John Harley Warner, ‘History of Science and Sciences of Medicine’, *Osiris*, 10, 1995, pp. 164-193.

foundational 'ideological apparatuses.'¹³ In his seminal 1971 essay, Louis Althusser demarcated such state apparatuses as crucial to governance since in them 'the ruling ideology is heavily concentrated.'¹⁴ Ensuring 'governance without the direct intervention of law', an apparatus as the 'family' was shown to be crucial in producing 'willing compliance' in the 'reproduction of the existing relations of production'.¹⁵ For Foucault too, as his lectures from 1970s make clear, the apprehension of population as an entity in modern social order had the effect of transforming the significance of the family from serving as a model or analogy of the state to a 'privileged instrument for the government of the population'.¹⁶ In modern regimes of power, 'family' was rendered the crucial 'segment' through which population could be accessed, regulated or reformed. It contributed to the process of modern state's imperatives of 'constitution of a savoir of government' that was 'inseparable from that of knowledge of all the processes related to population in its larger sense.'¹⁷

Since the 1990s, these understandings about the modern state and its politics of knowledge production have deeply informed a range of colonial histories. In his influential 1996 book, Bernard Cohn, for instance, initiated discussions on a number of variegated modalities through which the colonial state established its cultural hegemony and political control.¹⁸ In contrast to the 'brutal and spectacular' operations of the state these 'cultural technologies of rule'¹⁹ included: the investigative modality, historiographic modality, observational/ travel modality, survey modality, enumerative modality, museology modality, as well as a surveillance modality.²⁰ It has been amply demonstrated how familial practices of the colonized people remained central to such 'ethnographic knowledge of the colonial state.'²¹ Ann Laura Stoler's *Carnal Knowledge and Imperial Power: Race and the Intimate in*

¹³ Louis Althusser, 'Ideology and Ideological State Apparatuses', *Lenin and Philosophy, and Other Essays*, Trans. Ben Brewster. London: New Left Books, 1971, p. 127

¹⁴ *Ibid*, p. 150

¹⁵ *Ibid*, pp. 153-157

¹⁶ Michel Foucault, 'Governmentality' in Graham Burchell, Colin Gordon and Peter Miller (ed.) *The Foucault Effect: Studies in Governmentality*, Chicago, 1991, p. 100.

¹⁷ *Ibid*, p. 100-101

¹⁸ Bernard S. Cohn, *Colonialism and Its Forms of Knowledge: The British in India*, Princeton: Princeton University Press, 1996.

¹⁹ Nicholas B. Dirks, "Foreword", in Bernard Cohn, *Colonialism and Its Forms of Knowledge: The British in India*, Princeton: Princeton University Press, 2002, p. ix.

²⁰ Bernard S. Cohn, *Op cit* 18, pp. 5-11

²¹ Nicholas B. Dirks, *Op cit* 19, p. ix. Also see, Bernard Cohn and Nicholas B. Dirks, 'Beyond the Fringe: The Nation State, Colonialism, and the Technologies of Power', *Journal of Historical Sociology*, 1, 2, June 1988, pp. 224-229.

Colonial Rule, for instance demonstrates the extent to which the ‘intimate’ was a recurrent concern for the European colonial administration.²² Examining not just sexual relations, but also ‘parenting, pedagogy, and paternalism’, her work conclusively shows how ‘the microsities of familial and intimate space’²³ were related to the macropolitical spaces of colonial governance.²⁴ Moreover, direct legal interventions of the colonial state in shaping experiences of South Asian families have been a burgeoning area of study.²⁵

This dissertation focuses fundamentally on the intricate, double-edged interface between homoeopathy and family in Bengal. At one level, it explores the entrepreneurial practices of a cluster of Bengali business-firms who systematically invested in homoeopathic commerce involving print, drugs and expertise since the 1860s. It engages with the varied and rich corpus of journals, manuals, advertisements, pamphlets, monographs, letters and biographies, published by these homoeopathic concerns to examine a distinctive business culture that was promoted around homoeopathy in colonial Bengal. Asserting their familial, intergenerational presence in the field of homoeopathy, the protagonists of these business concerns self-consciously upheld a distinct form of enterprise delineated as ‘family business’. On the one hand, they encouraged business to thrive upon affective kinship networks. On the other, such entrepreneurial practices prescribed a deliberate overlap between their business ethics and familial virtues. Modelling their ‘enterprise’ on ‘family’, they emphasised the cultivation of a wilful permeable boundary between the realms of the familial and the entrepreneurial in ensuring homeopathy’s proliferation.

At the same time, family was also written about as the quintessential site where homoeopathy was to be preached, practiced and perfected. The dissertation studies the processes through which homoeopathy came to be posited as an efficient disciplining mechanism to reform colonial domesticities- a remedy to cure the institution of ‘family’

²² Ann Laura Stoler, *Carnal Knowledge and Imperial Power: Race and the Intimate in Colonial Rule*, Berkeley: University of California Press, 2002

²³ *Ibid*, p. 19

²⁴ For a recent work that studies such relation between colonial governance and the intimate and the familial also see Kathleen Wilson, ‘Re-thinking the Colonial State: Family, Gender and Governmentality in Eighteenth Century British Frontiers’, http://cas.uchicago.edu/workshops/18th19th/files/2011/04/Colonial-States_Wilson.pdf accessed September 19, 2011

²⁵ On the reworking of familial structures and the inheritance of property under colonial law see Malavika Kasturi, *Embattled Identities: Rajput Lineages and the Colonial State in Nineteenth century North India*, Delhi: Oxford University Press, 2002; Rachel Sturman, ‘Property and Attachments: Defining Autonomy and the Claims of Family in Nineteenth Century Western India’ *Comparative Studies in Society and History*, 47,3, 2005, pp.611-637; Radhika Singha, ‘Making the Domestic more Domestic: Colonial Criminal law and the Head of the Household’, 1772-1843’, *Indian Economic and Social History Review*, 33, 3, 1996, pp.309-343.

from the corruptions inflicted by a colonial modernity. Beyond the mere materiality of drugs, homoeopathic science was projected and perceived as a way of living, capable of producing the ideal family for the nation. Thus families acted both as the agent and the site that produced, nurtured and sustained homoeopathy. This dissertation thus locates discourses on ‘family’ at the heart of the history of homoeopathy in Bengal. In so doing, it refrains from understanding ‘family’ as an unchanging and given entity. Rather, it is sensitive to the possibilities of historical mutations in its connotation and scope.

Such intimate entanglements with family rendered homoeopathy susceptible to the recurrent attention of colonial governance, medical bureaucracy, Hindu revivalist agendas, regional print markets, practices of narrating and historicising the nation, medico-legal interventions of the state and electoral manifestoes of the nationalist parties (as they vied for power in Bengal in 1930s). Negotiations with these diverse forces helped homoeopathy assume a range of significance- it could connote a variety of cultural and political meaning.²⁶ These negotiations enabled Bengali homoeopathy to constitute a complex field of operation that this dissertation delineates as ‘vernacular’. Variouslly tied to the institution of family and speaking simultaneously to concerns of the ‘global’ and the ‘local’, the ‘European’ and the ‘indigenous’, ‘science’ and ‘religion’, homoeopathy indeed produced, as this dissertation shows, a distinct ‘vernacular’ field and was in turn sustained and enabled by it.

Historiographic Interrogations:

In studying the vibrant career of a western medical category in colonial Bengal, this dissertation questions certain fundamental assumptions in histories of health and medicine. Primarily, it revisits the term ‘alternative’ medicine- a nomenclature under which most histories of homoeopathy are squarely bracketed.²⁷ This dissertation distances itself from

²⁶ Socio-cultural studies of European medical heterodoxies have noted the convergences of meanings around such unorthodox ideologies. Works on hydrotherapy in America have shown, for instance, how it could be conflated with other contemporary reform movements around issues of antislavery, feminism, temperance and vegetarianism. See Susan E Cayleff, *Wash and be healed: The water cure and women’s health*, Philadelphia Temple University Press, 1987 and Jane B. Donegan, *Hydropathic Highway to Health: Women and Water Cure in Anti Bellum America*, New York/ West Port Conn;/Greenwood Press, 1986.

²⁷ Labeling homoeopathy as an ‘alternative’ practice is often done by scholars without adequately problematising such acts of labeling. See for instance Ursula Sharma, ‘Contextualising Alternative Medicine: The Exotic, the Marginal and the Perfectly Mundane’, *Anthropology Today*, 9, 4, 1993, pp. 15-18. For a more sophisticated and historically grounded reading of homoeopathy which nonetheless recognised its alternative status see Naomi Rogers, *An Alternative Path: The Making and Remaking of the Hahnemann Medical College and Hospital of Philadelphia*, Rutgers University Press, 1998. Such categorisations are equally produced and

histories that render homoeopathy and other such nineteenth century medical ideologies as always and already ‘alternative’. In her recent engaging study of dispersed healing cultures, Roberta Bivins has drawn attention to the problems associated with and the asymmetries inherent in the indiscriminate application of terms such as ‘alternative’ and ‘complementary’.²⁸ Covering an extensive ‘cross-cultural’ context, and thereby missing out on some of the historical specificities, her work nonetheless raises important issues in considering the labels ‘alternative’ and mainstream’ as relative and contextual. Such labels, she argues, often emanates out of a decidedly ‘western and twenty-first century perspective’.²⁹ Historians have, therefore, been cautioned against being carried away by such anachronistic labels and of ‘engendering a view distinctly orthodox-medico-centric.’³⁰ This dissertation, likewise, focuses on the late nineteenth-early twentieth century career of homoeopathy on its own terms and traces the resilience of the category in various registers beyond the predictable state archives.

Existing histories have alerted us to the role of so-called ‘alternative’, ‘heterodox’, ‘sectarian’ or ‘fringe’ medicine in the making of the medical ‘mainstream’, ‘orthodoxy’ or ‘scientific medicine’.³¹ Although often conceived as a self-declared ‘study of medical pluralism’³² these histories have set the agenda for studying the porous, flexible and often blurred boundaries between ‘alternative’ and ‘orthodox’ medicine. Rare but illuminating works in the context especially of nineteenth-century America and Britain have dealt with the role of homoeopathy in the constitution and definition of ‘scientific’ or ‘orthodox’ medicine.³³ In recent colonial histories, similar insights have figured as ways to ‘challenge

reinforced through the agencies of the academic publishers, conference organisers, funding bodies and the like.

²⁸ Roberta Bivins, *Alternative Medicine? A History*, Oxford, New York: Oxford University Press, 2007, p. 38

²⁹ *Ibid*, p. 4

³⁰ Roger Cooter (ed.), *Studies in the History of Alternative Medicine*, New York: St Martin’s Press, 1988, p.xii

³¹ See for instance, W.F.Bynum and Roy Porter (ed.), *Medical Fringe and Medical Orthodoxy 1750-1850*, London and Wolfeboro, N.H.: Croom Helm, 1987. Also see, Roger Cooter, *Op.Cit* note 29.

³² Roger Cooter (ed.), *Op cit* 30, p. xiv-xv

³³ M.W.Weatherall, ‘Making Medicine Scientific Empiricism, Rationality, and Quackery in mid-Victorian Britain’, *Social History of Medicine*, 9,2, 1996, p.175-194; John Harley Warner, ‘Medical Sectarianism, Therapeutic conflict, and the Shaping of Orthodox Professional Identity in Antebellum American Medicine’, in Bynum and Porter (ed.) *Op cit* note 31, pp. 234-254. Also see, *idem*, ‘Orthodoxy and Otherness: Homoeopathy and Regular Medicine in Nineteenth Century America’, in Robert Jutte, Guenter B. Risse and John Woodward (ed.), *Culture, Knowledge and Healing: Historical Perspective of Homoeopathic Medicine in Europe and North America*, Sheffield: European Association for the History of Health Publications, 1998, pp. 5-30

the euro-centrism, cultural myopia and prejudice' in historical understanding.³⁴ These histories have urged us to look into the newer meanings of 'orthodoxy' and 'alternative' in relation to colonial power dynamics bolstered by notions of enlightenment 'science' that were nonetheless resisted and contested at several quarters in the colonies.³⁵

As noted earlier, with some exceptions, the careers of European medical heterodoxies like mesmerism, electro-magnetism, herbalism or hydropathy in the colonies, and their relation with nationalist aspirations of the colonised have been a neglected area of study in South Asian historiography.³⁶ This dissertation speaks to these historical concerns in mapping homeopathy's widespread acceptance and patronage among a considerable section of Bengalis over and above 'state medicine.' In so doing, it is attentive towards unravelling the shifting understandings and ambiguities inherent in notions of 'alternative', 'scientific medicine', 'quackery', 'legitimate medicine' and 'medical registration' with regard to homeopathy in colonial Bengal. While it explores the makings of 'scientific' medicine at different moments and contexts, this work distances itself from histories that investigate and debate the 'real' scientific merits of homeopathy.³⁷ Far from constructing a narrative of victimhood³⁸ for the so-called 'alternatives' and 'heterodoxies', this dissertation explores their role in the 'domains of politics and profiteering'³⁹ in inflicting their own sets of exclusions and violence.⁴⁰

Along with rigid and anachronistic understandings of 'orthodox' and 'alternative', a related assumption in histories of medicine have long been the notions of self-contained, water-

³⁴ Waltraud Ernst (ed.), *Plural Medicine, Tradition and Modernity, 1800-2000*, London and New York: Routledge, 2002, p. 4

³⁵ Roberta Bivins, Op cit 28, p. 30, 36. The contested and limited reach of western orthodoxy have been highlighted and discussed by a number of prominent scholars of south asian history. See for instance David Arnold, *Colonising the body: State Medicine and Epidemic Disease in Nineteenth Century India*, Berkeley: University of California Press, 1993, p. 3-4, 61-115. For a recent emphasis on the issue see Shruti Kapila, 'The Enchantment of Science in India', *Isis*, 101,1, March 2010, p. 124

³⁶ See Waltraud Ernst and Alison Winter, Op Cit note 11

³⁷ H, L.Coulter, *Homoeopathic Science and Modern Medicine: the Physics of healing with Microdoses*, Berkeley: North Atlantic Books, 1981. Also, idem., *Divided Legacy Vol III: The Conflict between Homoeopathy and the American Medical Association: science and Ethics in American Medicine: 1800-1900*, Berkeley: North Atlantic Books, 1982; Peter W Gold, S Novella, R Roy, I Bell, N Davidovitch, A Saine, 'Homoeopathy- Quackery or a key to the future of medicine?', *Homoeopathy*, 97, 2008, 28-33

³⁸ For such sympathetic accounts of homeopathy's marginalisation in Britain see Philp Nicholls, *Homoeopathy and the Medical Profession*, Beckenham: Croom Helm, 1988

³⁹ Waltraud Ernst (ed.), Op cit note 34, p.5

⁴⁰ For an exploration of the dynamics of power in the so-called 'alternatives' see Wayland D.Hand, 'Magical Medicine: An Alternative to 'Alternative Medicine'', *Western Folklore*, 44, 3, 1985, pp. 240-251

tight 'systems'.⁴¹ Indeed, most sporadic attempts at writing the history of homoeopathy in India have meticulously traced the history of a western 'system' as it had travelled from Europe in early nineteenth century. They have focussed on the agents fostering the 'initial entry',⁴² 'gradual spread',⁴³ or on the figure of 'the chief protagonist'⁴⁴ of the system in Bengal. They have further dwelt on the experiments of such key personalities with the homoeopathic system in relation to specific diseases like cholera.⁴⁵ Building upon these initial forays, this dissertation goes beyond than focussing on individual actors or their inspirations and compulsions in adhering to the 'homoeopathic system'. It is more interested in exploring the processes through which such understandings of 'systems' are produced- how a 'seemingly clearly bounded 'tradition' or 'medical system' comes into existence' at any given context.⁴⁶ It draws on current works that have critically interrogated with such notions of self-sufficient and enclosed medical systems.

In her fascinating work on ayurveda Jean Langford provides insights into how various strands of practices ranging from widely differing contexts of Indian rural settings to international workshops manage to go by the name 'ayurveda'.⁴⁷ Alerting her readers to the 'danger of enframing'⁴⁸ her work seeks to understand the constitution of 'true' ayurveda in the post colonial situation and the multiple practices encompassed within it. In analysing such processes Lawrence Cohen has invoked the idea of the 'residuum of the structurality of a system' on which is built the 'formalism, coherence and synchronicity of a system' at various moments.⁴⁹ In relation to his work on Unani, Guy Attewell has further drawn attention to the dynamics of change, borrowing, and transformation behind the different

⁴¹ For and exploration of how the issues of understanding of 'system' and 'alternative/orthodox' binary are related since European the dissemination of enlightenment science see, Roberta Bivins, Op cit 28, p. 35

⁴² Jugal Kishore, 'About Entry of Homoeopathy in India', *Bulletin of the Institution of History of Medicine* Vol 2, 2, 1973, p. 76-78

⁴³ Anil Kumar, 'Introduction and Spread of Homoeopathy in India' in *Medicine and the Raj: British Medical Policy in India 1935-1911*, New Delhi, Sage Publications, p. 62-68

⁴⁴ Chittabrata Palit, 'Dr. Mahendralal Sircar and Homoeopathy', *Indian Journal for the History of Science*, 33,4, 1998, p. 281-292

⁴⁵ Dhruv Kumar Singh, 'Choleraic times and Mahendra Lal Sarkar: Quest for Homoeopathy as a 'Cultivation of Science' in Nineteenth century India', *Medzin Gesellschaft and Geschichte*, 24, 2005, p. 207-242. Also see idem., 'Cholera between Two Contrasting Pathies in Nineteenth Century India', <http://www.ihp.sinica.edu.tw/~medicine/ashm/lectures/paper/TaniguchiArticle.pdf> accessed September 19, 2011

⁴⁶ Waltraud Ernst (ed.), Op cit 34, p. 7

⁴⁷ Jean Langford, *Fluent Bodies: Ayurvedic Remedies for Post Colonial Imbalances*, Durham: Duke University Press, 2002

⁴⁸ Ibid, p. 24

⁴⁹ Lawrence Cohen, 'The Epistemological Carnival: Meditations on Disciplinary Intentionality and Ayurveda', in Don Bates (ed.) *Knowledge and the Scholarly Medical Traditions*, Cambridge: Cambridge University Press, 1995, p. 320-321.

medical traditions that co-existed and co-produced one another in South Asia.⁵⁰ In place of ‘systems’ Attewell therefore proposes the notion of ‘streams of knowledge and associated practices’ which are fluid, flexible and changeable and ‘prone to serve various identity politics’.⁵¹ Rather than a study of ‘medical system’ these works remain interested in processes, possibilities and politics of labeling certain ideas and practices as a coherent unchanging ‘system’.

This dissertation shares these concerns to look at the overlapping investments in print, drug, pedagogy, knowledge and governance in defining the ‘system’ of homoeopathy in Bengal. It explores the production of a ‘standardised’ and ‘authentic’ homoeopathy through negotiations between commercial investments, legal interventions of the state and a popular market for homoeopathy which marginalized innumerable competing voices. In the process it reveals the class bias and prejudices inherent in such envisioning of systems. Focusing more on the varied reception and interpretation of figures and texts, the present work however has refrained from engaging with scholarship that tend to rely almost exclusively on ‘original’ texts in understanding medical systems.⁵² With their excessive reliance on the technical explorations of ‘original’ texts and principles these histories often end up reinforcing neo-orientalist perceptions of the East. This dissertation, in contrast, has been more interested in the politics of rendering certain texts as ‘original’ and ‘authentic’ through innovative receptions and reinterpretations.

Alternative medical systems’ in South Asia have for long been generalized and bracketed under the umbrella category of indigenous medicine.⁵³ Going beyond narratives of revivalism, recent histories of indigenous medicine have shown how categories like ‘indigenous’ or traditional’ were hardly taken for granted or given or natural but historically produced and reinterpreted.⁵⁴ Kavita Sivaramakrishnan’s recent work on Ayurveda is a

⁵⁰ Guy Attewell, *Refiguring Unani Tibb: Plural Healing in Late Colonial India*, New Delhi: Orient Longman, 2007

⁵¹ *Ibid*, pp. 21-29

⁵² See for instance David Gordon White, *The Alchemical Body: Siddha Traditions in Medieval India*, Chicago, 1996; Francis Zimmerman, *Jungle and the Aroma of Meats: An Ecological theme in Hindu Medicine*, Berkeley: University of California Press, 1987; Dominik Wujastyk, *Roots of Ayurveda: Selections from Sanskrit Medical Writings*, New Delhi: Penguin, 1998

⁵³ David Arnold had drawn the attention of the history of a popular image of medical ‘systems’ by historicizing the image in the context of the revival of ‘indigenous medicine’. See David Arnold, *Science, Technology and Medicine in Colonial India* (New Cambridge History of India III: 5), Cambridge, Cambridge University Press, 2000, pp. 176-177

⁵⁴ See for instance Seema Alavi, *Islam and Healing: Loss and Recovery of an Indo-Muslim Medical Tradition 1600-1900*, Basingstoke: Palgrave Macmillan, 2008. Also see Charu Gupta, ‘Procreation and Pleasure:

comprehensive articulation of such a position where she studies the renegotiations of ayurvedic knowledge along with the shifting politics of linguistic nationalism in Punjab.⁵⁵ This dissertation draws upon these insights to examine the processes through which homeopathy could be simultaneously upheld and acclaimed as imported, western, modern as well as 'indigenous' and 'traditional'. It explores the inherent tension around homeopathy's fractured, hybrid identity to think of the ambiguities in bhadrakol nationalism that celebrated homeopathy as the most appropriate form of 'indigenous medicine' in a colonial situation. Resonances of these concerns, albeit in a different context, may be traced in Joseph Alter's work on Gandhian ideas where he discusses Gandhi's deliberate efforts to reconstruct Indian yoga in terms of European naturopathy.⁵⁶

Writing in the early 1980s Surinder M. Bharadwaj and Donald Warren had elaborated on the processes of homeopathy's rapid 'indigenization' owing to 'a natural' compatibility between homeopathic principles and those of Ayurveda.⁵⁷ This dissertation, in contrast, pursues how such overlap between the ayurvedic and homeopathic corpus was being systematically produced by a section of Bengali manual writers committed to the task of 'translating' homeopathic science for the good of the nation. In so doing, it complicates the recent historiographic conceptualization of homeopathy's appeal among the bhadrakol as primarily 'a search for rational remedies' free from colonial impositions.⁵⁸ These works have hinted at the problems of excessive reliance on 'frameworks grounded in sharp western/indigenous divides' and the need to go beyond 'the questions of origins.'⁵⁹ Writing in relation to homeopathy in south India Gary S. Hausman too has hinted at the flexibility of the notions 'indigenous' and 'scientific' as they were successively deployed by the Madras government in categorizing homeopathy since the second quarter of the twentieth century.⁶⁰

Writings of a Woman Ayurvedic Practitioner in Colonial North India', *Studies in History*, 21, 1, 2005, pp. 17-44.

⁵⁵ Kavita Sivaramakrishnan, *Old Potions, New Bottles: Recasting Indigenous Medicine in Colonial Punjab, 1850-1945*, Hyderabad: Orient Longman, 2006.

⁵⁶ Joseph Alter, *Gandhi's Body: Sex, Diet and the Politics of Nationalism*, Pennsylvania: University of Pennsylvania Press, 2000.

⁵⁷ Surinder M. Bharadwaj, Op cit note 2, pp. 31-54, Donald Warren, 'The Bengali Context', *Bulletin of the Indian Institute of the History of Medicine*, 21, 1991, pp.17-51

⁵⁸ David Arnold and Sumit Sarkar, Op cit note 1.

⁵⁹ Ibid, p. 54

⁶⁰ Gary, S. Hausman, 'Making Medicine Indigenous: Homeopathy in South India', *Social History of Medicine*, 15,2,2002, pp. 303-322

Drawing upon these insights, this dissertation however, goes beyond exploring ideas of key figures like Mahendralal Sircar and his possible appeal to the cultural nationalist sentiments of people or the imperatives of provincial governments. It unravels interactions and intersections between a complex network of actors and interests – those invested in homoeopathic commerce under the rubric of ‘family business’, physicians, patients and consumers actively participating in the regional market of print and medicine, emergent nationalist and revivalist sentiments concerning religion and domesticity refracted largely through a variety of production-oriented ‘swadeshi nationalism’, as also the bureaucratic and legal apparatus of the colonial and the nationalist government in understanding homeopathy’s fluid, dynamic, fractured identity in Bengal. In so doing, this dissertation captures the myriad foundational tensions inherent in the making of the ‘vernacular.’ It seeks to understand the historical specificities through which certain ideas and practices associated with homoeopathy were rendered distinct, delineated and celebrated as ‘vernacular science’ in colonial Bengal.

Themes and Concerns

This complex narrative of homoeopathy’s vernacularisation has been woven around certain interrelated key themes. More than a chronological sequence of events, this dissertation has been more attentive to organising itself thematically. Therefore, the dissertation occasionally moves back and forth in time in narrating the historical specificities of homoeopathy’s career in Bengal. Almost all the chapters (except chapter 5 which focuses exclusively on the twentieth century) unfold over the late nineteenth and early twentieth centuries. The chapters, therefore, refer to one another and often suggest simultaneity as the central themes figure recurrently in course of five chapters.

To begin with, the central and the most enduring concern in this dissertation has been the category ‘family’ in the context especially of south Asian studies. This dissertation identifies three broad historiographic approaches in conceptualizing the institution of family. The first of these, heavily dominated by scholars writing on Bengal, has looked at what has been referred to as the ‘ideological deployment of the family... in the politics of

nation building.’⁶¹ In conceptualizing colonial modernity, these historians through their pioneering works critically analyzed the ways in which ‘family’ or ‘home’ attained a ‘special compensatory significance in the modernity that Bengali nationalists experienced in the context of European colonial domination.’⁶² Reflecting on the Bengali valorization of ‘home’ (griha) and ‘women’ (grihalakshmi) Partha Chatterjee⁶³, Tanika Sarkar⁶⁴, Dipesh Chakrabarty⁶⁵ as well as Sumit Sarkar⁶⁶ analyzed the constitution of Bengali domesticities as sites of ‘reform’, ‘recluse’ and as a ‘spiritual domain’ in terms of either patriarchy or capitalism or both. This dissertation traces the systematic interventions of authors advocating homoeopathy in such nationalist literatures on Bengali domesticity (as shown in chapter 4). It studies the discursive projection of homoeopathy as not only a form of medicine, but an ethic and moral regimen of Hindu life capable of producing national domesticities immuned from the vagaries of various colonial ills (as suggested in chapter 2 and 4).

The second approach has been more committed in exploring the political economy of the institution ‘family’ through studies focusing mostly on economic and entrepreneurial practices concerning families. In a recent exploration of such history, Ritu Birla has investigated the unique kinship-based operations of the Marwari ‘family firms’ and their governance in colonial India through a special Anglo Indian legal construct, the Hindu Undivided Family (HUF).⁶⁷ Birla promises to contribute to the ‘new research on the historical meanings of family in India’ by addressing a significant discourse on the joint family, ‘one emerging not in debates on domesticity, but in an archive of economy.’⁶⁸ C.A.Bayly’s magisterial work on the transition of north Indian society in late eighteenth

⁶¹ Phrase used by Indrani Chatterjee in referring to the historiographic trend that analysed the politics of the nationalist envisioning of family. See Indrani Chatterjee (ed.), *Unfamiliar Relations: Family and History in South Asia*, New Brunswick: Rutgers University Press, 2004, pp.4-5

⁶² Dipesh Chakrabarty, ‘Family Fraternity, Salaried Labor’ in *Provincializing Europe: Postcolonial Thought and Historical Difference*, Princeton University Press, 2000, p.215

⁶³ Partha Chatterjee, ‘Nationalist Resolution of the women’s question’ in Kumkum Sangari and Sudesh Vaid, (eds.), *Recasting Woman: Essays in Indian Colonial History*, New Brunswick, N.J.: Rutgers University Press, 1989, pp. 233–253

⁶⁴ Tanika Sarkar, ‘The Hindu Wife and the Hindu Nation: Domesticity and Nationalism in Nineteenth Century Bengal,’ *Studies in History*, 8, 2, 1992, p. 224

⁶⁵ Dipesh Chakrabarty, ‘Difference-Deferral of (A) Colonial Modernity: Public Debates on Domesticity in British Bengal’, *History Workshop Journal*, 36, 1, 1993, pp. 1-34.

⁶⁶ Sumit Sarkar, ‘Kaliyuga,’ ‘Chakri,’ and ‘Bhakti’: Ramakrishna and His Times,” *Economic and Political Weekly*, 27, 29, 18 July 1992, pp. 1,549–1,550.

⁶⁷ Ritu Birla, *Stages of Capital: Law, Culture and Market Governance in Late Colonial India*, Durham: Duke University Press, 2009

⁶⁸ *Ibid*, p.15

century too had studied north Indian merchant families at considerable depth.⁶⁹ Dwelling on the central role of caste, religion, right marriage, piety and credit in the operations of these intermediary merchant households in their ‘profit making enterprise’, Bayly too hinted at the role of these ‘family firms’ in the contemporary formations of Hindu families.⁷⁰ Beyond South Asia, resonances of this approach can be found in the significant work of Catherine Hall that analyzed the makings of familial values through a close study of Victorian business families in England.⁷¹ Julia Adam’s recent work *The Familial State: Ruling Families and Merchant Capitalism in Early Modern Europe*, likewise, highlight the critical and overlapping role of families and commerce in the political expansion and state formation in Europe.⁷² In an interesting study on the Gounder caste in post colonial south India, Sharad Chari analyses the modes of mobilizing investment and working capital through affective relations and expanded kinship that he terms ‘fraternal capital’.⁷³ Taken together, these works seek to foreground the role of capital (in most cases mercantile capital) in constituting and conceptualizing familial practices, ethos and values. This dissertation, likewise, has remained critically attentive to the role of intergenerational, familial investments and operations of the homoeopathic commercial concerns (as shown in chapter 1) and their negotiations with law (as evident from chapter 5) in delineating homoeopathic science in Bengal. Analyzing the traffic between the entrepreneurial ethos and familial values (for example in chapter 1) it studies the discursive invocations of rigidly patrilineal Hindu families.

The third more recent trend of studies on ‘family’ questions, problematizes and breaks away from the very assumption of family as a rigid, enclosed, private domain.⁷⁴ Committed to the idea that ‘family needs to be historicized and understood within an embedded set of local practices,’ these works focus on the potentially fluid structures and contours of the

⁶⁹ C.A. Bayly, *Rulers, Townsmen and Bazaars: North Indian Society in the Age of British Expansion, 1770-1870*, Cambridge: Cambridge University Press, 1983. The introduction to the book makes it clear that a third level of argument for the book is to study ‘view of the north Indian merchant family and the trading institutions from the inside. The aim is to show how economic organization was inseparable from the family firm’s identity as a body of pious and credit worthy Hindus’, p. 8.

⁷⁰ Ibid, see particularly the chapter on ‘Merchant Family as Business Enterprise’, p. 394-426.

⁷¹ Catherine Hall and Leonore Davidoff, *Family Fortunes: Men and Women of the English Middle Class, 1780-1850*, Chicago: University of Chicago Press, 1987

⁷² Julia Adams, *The Familial State: Ruling Families and Merchant Capitalism in Early Modern Europe*, Cornell University Press, 2005.

⁷³ Sharad Chari, *Fraternal Capital: Peasant-Workers, Self-Made Men, and Globalization in Provincial India*, California: Stanford University Press, 2004.

⁷⁴ Indrani Chatterjee (ed.), Op cit note 61, pp. 3-45

institution and the traffics between notions of the household, family, public and private relations. They also complicate any simple temporal transition from joint to nuclear families. Works of Indrani Chatterjee⁷⁵, Durba Ghosh⁷⁶, Bhawani Raman⁷⁷, Leigh Denault⁷⁸ and Rochona Majumdar⁷⁹ map the blurred and flexible boundaries of ‘family’ constituted through the frequently intersecting lens of law, labour (servants, dependants, prostitutes), sexuality and governance. With their emphasis on the fluidities of structures and experiences, these studies further speak to the concerns raised with regards to trans-continental experiences of families from the perspective of ‘new imperialist histories’.⁸⁰ Through its explorations into the business ethics of the family-based homoeopathic concerns, this dissertation traces the consistent metaphorical deployment of the rhetoric of ‘family’ in organizing business (as shown in chapter 1) as well as professional relations pertaining to homoeopathy (hinted in chapter 2). It thereby maps the importance attached by homoeopathic entrepreneurs to a flexible, commodious notion of family, akin to a joint familial situation, to augment business. In so doing, it unravels the tensions and contradictions inherent in the constitution of rigid, patrilineal, paternalistic families and their profit generating motivations (as chapter 1 demonstrates).

Pursuing the historical interface between homoeopathy and ‘family’ in colonial Bengal, this dissertation, therefore, brings these disparate strands of historiography in conversation with one another. It speaks simultaneously to the histories of nationalist ideological productions of family, to scholarship that envisage family as flexible, fluid, mutating entity as well as histories committed to the study of the political economy of family and its constitution through relations between the ‘commercial’ and the ‘domestic’. Drawing upon these insights it reveals how ‘family’ in Bengal could simultaneously pose as the *agent* producing

⁷⁵ Indrani Chatterjee, ‘Gossip, Taboo and Writing Family History’, in Indrani Chatterjee (ed.) *Op cit* 61, pp. 222-260

⁷⁶ Durba Ghosh, *Sex and the Family in Colonial India: The Making of Empire*, Cambridge: Cambridge University Press, 2006

⁷⁷ Bhawani Raman, ‘The Familial World of the Company’s Kacceri in Early Colonial Madras’, *Journal of Colonialism and Colonial History*, 9,2,2008, http://muse.jhu.edu/journals/journal_of_colonialism_and_colonial_history/v009/9.2.raman.html accessed September 19, 2011

⁷⁸ Leigh Denault, ‘Partition and the Politics of Joint Family in Nineteenth century North India’, *Indian Economic and Social History Review*, 46, 1, 2009, pp. 27-55

⁷⁹ Rochona Majumdar, *Marriage and Modernity: Family Values in Colonial Bengal*, Durham: Duke University Press, 2009

⁸⁰ Elizabeth Buettner, *Empire Families: Britons and Late Imperial India*, New York: Oxford University Press, 2004. Also see, Julia Clancy-Smith and Frances Gouda (ed.), *Domesticating the Empire: Race, Gender, and Family Life in French and Dutch Colonialism*, Charlottesville: University Press of Virginia, 1998

and disseminating homoeopathy as well as the *site* where homoeopathy was best nurtured and preserved. In so doing, this dissertation unravels how the category ‘family’ with its multiple possibilities could constitute an institution capable of sustaining a burgeoning science over a period of time. It demonstrates the ways in which ‘family’, through its sustained investments in print, drug, pedagogy and knowledge could indeed provide the institutional hiatus to a fledgling science along with or perhaps ahead of colleges, hospitals or formal associations. In depicting the affect-centric, distinct, familial institutionalization of homoeopathy, this dissertation presents a case study of the many institutionalizations possible in a colonial context.

Yet, as earlier sections indicated, the entangled history of homoeopathy and family was also deeply implicated within the imperatives and manipulations of colonial governance. What constituted the ‘science’ in homoeopathy was, in particular, negotiated between the homoeopathic entrepreneur families, the market for homoeopathic drugs and knowledge as well as the state from the period of high imperialism to a phase of increasing nationalist governance. This dissertation, therefore, traces the multifaceted history of the making of ‘homoeopathic science’ through the complex interactions between the homoeopathic families, their premeditated investments in religio- nationalist ethos and the bureaucratic legal interventions of the state.

Secondly, it contributes to the rich historiography of science in India, which has noted the compelling and intricate relationship between science and the colonial regime.⁸¹ Arguing against any simplistic model of diffusion as originally hinted by George Basalla,⁸² divergent strands of scholarship have understood the relationship between science and colonialism through myriad lenses of assimilation⁸³, exchange and dialogue⁸⁴, circulation and contact zones⁸⁵ or translation and hybridization⁸⁶. These defining works and their critiques have nuanced understandings of scientific knowledge formation in the colonies as deeply

⁸¹ For an overview of the debate on command of science on Indian psyche as well as the divergent strands of historiography on science and colonialism in south Asia see Mark Harrison, ‘Science and the British Empire’, *Isis*, 96,1, 2005, pp.56-63.

⁸² George Basalla, ‘The Spread of Western Science,’ *Science*, 1967, 156, pp. 611-622

⁸³ David Arnold, *Science, Technology and Medicine in Colonial India* (New Cambridge History of India III: 5), Cambridge, Cambridge University Press, 2000

⁸⁴ Pratik Chakrabarty, *Western Science in Modern India: Metropolitan Methods, Colonial Practices*, New Delhi: Permanent Black, 2004.

⁸⁵ Kapil Raj, *Relocating Modern Science: Circulation and the Construction of Knowledge in South Asia and Europe, 1650–1900*, Houndmills and New York: Palgrave Macmillan, 2007

⁸⁶ Gyan Prakash, *Another Reason: Science and the Imagination of Modern India*, Princeton: Princeton University Press, 1999.

political and cultural processes. Nonetheless, these works often presuppose and operate with the premise of a preexisting notion of ‘science’ and ‘scientific disciplines’ as developed in the metropole. This dissertation, in contrast, studies the processes through which homoeopathy, whose ‘scientific’ status in Europe was highly contested, castigated and unsure, succeeded in co-existing and asserting its scientific claims in the colonies (as shown in chapter 2 and 4). It further examines the bureaucratic interventions of the state in the legal production of ‘homoeopathic science’ (studied in chapter 1 and particularly chapter 5). Mapping the ambivalent attitudes of the state ranging from tolerating homoeopathy as a ‘necessary evil’ to its ultimate legal ‘recognition’, this dissertation views law more as a manipulative, participatory process for the state to create a ‘community of consenting clientage’.⁸⁷ In that, it speaks to histories that dwell on the overlapping role of pharmaceutical capital, governmental interest and legal interventions in constituting shifting standards and definitions of ‘science’ (demonstrated in chapters 1 and 5).⁸⁸

However, this dissertation refrains from narrating a teleological account of homoeopathy’s eventual ‘recognition’. This dissertation, on the contrary, has been equally attentive in analyzing the recurrent invocations of homoeopathy in bureaucratic correspondence: its simultaneous condemnation and toleration. It closely studies (in chapters 1 and 5) the ways in which, since the late nineteenth century, homoeopathy figured in the state’s futuristic designs of creating a perfect medical landscape for Bengal. Legislations to control, condemn or contain homoeopathy were endlessly discussed and continually deferred in governmental circles. In studying such processes, this dissertation is in conversation with recent conceptualizations of the ‘modern state’ that argue that the extensive use of law as a technology of governance established and reproduced a gap between ‘abstraction and reality, future and present’ as also between ‘the “space of experience” and “the horizon of expectation”’.⁸⁹ Such ‘fragmented’ operations of the state have been viewed as the most important constitutive moments of the modern state.⁹⁰ Further, the consistent invocation, denigration and tolerance of homoeopathy adds to our understandings of the ‘performative

⁸⁷ John Comaroff, ‘Colonialism, Culture and Law: An Introduction’, *Law and Social Inquiry*, 26, 2, 2001, pp. 309

⁸⁸ For an insightful take on the criminalisation and acceptability of postcolonial Tibetan medicine see Vincanne Adams, ‘Randomised Control Crime, Post colonial Sciences in Alternative Medicine Research’, *Social Studies of Science*, 32, 5/6, 2002, pp. 659-690. Also see Deborah M. Brosnan, ‘Science, Law and the Environment: The Making of a Modern Discipline’, *Environmental Law*, 37, 4, 2007, pp. 987-1006.

⁸⁹ Jon E. Wilson, ‘Domination of Strangers: Time, Emotion, and the making of Modern State in Colonial India’, *Economic and Political Weekly*, 46, 30, 2011, pp. 50-51

⁹⁰ *Ibid*, p. 52

state’ framed by Kathleen Wilson in delineating the everyday enactment of power and hierarchies of the state beyond the ‘rigid institution of law’.⁹¹ This dissertation, in contrast, studies the recurrent legal discourses around homoeopathy, that seldom materialised in formal legislative interventions, yet which regularly percolated, stoked and informed vernacular discussions. It highlights such legal discourses as part of similar ‘performative’ functions of the state in constituting and reinforcing hierarchies (as shown in chapter 1 and especially chapter 5). The phrase ‘legislating state’ in the title is a reminder to such processes with regard to homoeopathy in colonial Bengal.

Thirdly, beyond the conceptualisation of ‘family’ and issues of ‘cultural and legal institutionalisation of homoeopathic science’, this dissertation has been careful and sensitive to the question of the ‘archive’. Homoeopathy’s intimate entanglement with ‘family’ in Bengal unfolded before me through a perceptive reading of the (un)available sources. One could only get highly sketchy, disorderly yet suggestive glimpses of homoeopathy’s thriving socio-cultural past from the official state archives. Homoeopathy, as the previous point suggests, figured in state sources mostly through allegations of rampant malpractice and consequent governmental concerns of controlling, policing and regulating. Following conceptualisation of the colonial archives as ‘fleeting configurations of epistemological and political anxieties rather than sites of pure erasure or misrepresentations’, this dissertation has read ‘along the grain’⁹² such elision of homoeopathy from state archives. In regarding the archive exclusively ‘not as a space of knowledge retrieval but (also) as that of knowledge production,’⁹³ it has mapped the indifferent, ambivalent, hesitant and shifting attitude of the state towards homoeopathy over the years.

At the same time, the gaps in the official sources forced me to look into the possibility of ‘creation of documents and their aggregation into archives as a part of everyday life outside the purview of the state’ as suggested by Arjun Appadurai.⁹⁴ Such a perspective helped me uncover an extremely rich repository of sources retained by a range of erstwhile north Calcutta-based commercial houses deeply involved in homoeopathic business. While some have ceased to operate (as Berigny and Company, M.Bhattacharya and Company or the

⁹¹ See Kathleen Wilson, Op cit 24, pp. 5- 10

⁹² Ann Laura Stoler, *Along the Archival Grain: Epistemic Anxieties and Colonial Common Sense*, Princeton: Princeton University Press, 2010, pp. 1-17.

⁹³ Ann Laura Stoler, ‘Colonial Archives and the Art of Governance’, *Archival Science*, 2, 1-2, 2002, p. 87

⁹⁴ Arjun Appadurai, ‘Archive and Aspiration’ in Joke Brouwer and Arjen Mulder (ed.), *Information is Alive*, Rotterdam: V2_Publishing/NAI Publishers, p. 16.

B.K.Pal and Company), a handful of these (particularly the Hahnemann Publishing Company now abbreviated as HAPCO or the Majumdar's Homoeopathic Pharmacy, presently operating as a chain called JNM Homoeo Sadan) are still functional and maintain a systematic collection of their published resources. Interrogating and interviewing the present descendants-cum-owners of these commercial houses proved rewarding. Even the current descendants of the concerns that have been sold off recently, for instance, the M.Bhattacharya and Company could contribute generously to my research with the carefully preserved private collection of published resources of their former 'family business'. Together they revealed a whole world of family archives- a network of north-Calcutta based homoeopathic entrepreneurs in conversation as much with the depths of Bengali *mofussil* (detailed in chapter 2 and 3), the interiors of middle class domesticity (chapter 4) as also with European journals writing about homoeopathy (chapters 1 and 2).

More than performing an 'extractive function' such unique archival spaces appeared as 'ethnographic sites' that defined my research.⁹⁵ The older Bowbazar building of HAPCO functioning since the early twentieth century and still acting as the simultaneous residence of the Bhar family, for instance, could itself serve as the archive for the 'homoeopathic family business' with layers of various eras sedimented in that one building. The very survival and availability of such plethora of materials signify the power of such familial archives as 'an aspiration rather than a recollection'⁹⁶- as the 'material site of a collective will to remember.'⁹⁷ Recent works have further hinted at the empowering potential of such 'alternative archives' of so-called unorganised sectors to negotiate with the state.⁹⁸ The vital leads provided by the 'family archives' were then systematically followed up and complemented with research at the more predictable archives in Kolkata and in London. These included the rich repositories of vernacular and English language sources at the National Library, Bangiya Sahitya Parishad, Rammohan Library, Hitesh Ranjan Sanyal Collection as well as the Jadunath Sarkar Collection at the Centre for Studies in Social Sciences, the Library at the National Institute of Homoeopathy in Kolkata; and the Oriental and India Office Collections at the British Library and the Wellcome Library in London.

⁹⁵ Ann Laura Stoler, Op cit 93, p. 87

⁹⁶ Arjun Appadurai, Op cit 94, p.16

⁹⁷ Ibid, p.17

⁹⁸ Ritajyoti Bandyopadhyay, 'Archiving from Below: The Case of the Mobilized Hawkers in Calcutta', *Sociological Research Online*, 14, 5, 2009, <http://www.socresonline.org.uk/14/5/7.html> accessed on September 19, 2011

Fourthly, this dissertation also pursues the question of ‘medical marketplaces’. The distinct archiving pattern of Bengali homoeopathy- the entrepreneur families, their investments and leading role in homoeopathic publications, their large-scale networks of drug distribution as well as the intermittent interventions by the state together point towards a conspicuous market for homoeopathy. Such a market, this dissertation argues, was being constituted through traffic between the very elements that combined to produce the homoeopathic ‘archive’. Studies on ‘medical marketplaces’ have proliferated since the early 1980s.⁹⁹ In a recently edited volume on the theme, Mark Jenner and Patrick Wallis have argued against any “generalized image of the medical market or medical marketplace’ to begin thinking in terms of markets involving particular ‘medical good and services’.¹⁰⁰ This dissertation likewise maps the discursive constitution of a discreet market of homoeopathy among literate Bengalis generated around transaction of homoeopathic boxes, manuals as well as biographies (as depicted in chapters 2 and 4). Such transactions were projected as results of an ethically charged traffic of ideas on domesticity, everyday and nationalism around consumption of homoeopathy.¹⁰¹ In his recent work on *daktars* in Bengal, Projit Bihari Mukharji has usefully identified the figure of the ‘patient’ in distinguishing between studies on ‘medical markets’ and ‘medical pluralism’. He argues that studies on the latter concept repositions the ‘patient’ at the centre of medical history.¹⁰² This dissertation complicates such understandings as the market around homoeopathy promised obfuscation of any rigid distinction between the figures of the ‘patient’, ‘physician’, ‘producer’, ‘consumer’, ‘author’ and ‘reader’ (as evident from chapters 2 and 4). Such homoeopathic ‘market’ highlighted the household as an appropriate site not only for consumption but also production of homoeopathic knowledge (chapter 4), emphasized the closed, interchangeable, affective relations between the authors and subjects of homoeopathic biographies (chapter 2) and pledged to foster the self-healing potential of every householder (chapter 4). In the process, this dissertation asserts a blurred boundary between ‘market’ and ‘domesticity’ with regard to Bengali homoeopathy.

⁹⁹ For a critical overview on the topic see, Mark Jenner and Patrick Wallis, *Medicine and the market in England and its colonies, c. 1450- c. 1850*, Basingstoke: Palgrave Macmillan, 2007.

¹⁰⁰ *Ibid*, p.16

¹⁰¹ ‘Consumption’ has been noted as a marker of distinct group identity tied up with particular sorts of pleasure, desire and agency. See Carol Breckenridge (ed.), *Consuming Modernity: Public Culture in a South Asian World*, University of Minnesota Press, 1995. Also see Christopher Pinney and Rachel Dwyer (ed.), *Pleasure and the Nation: The History, Politics and Consumption of Public Culture in India*, Delhi: Oxford University Press, 2001

¹⁰² Projit Bihari Mukharji, *Nationalizing the Body: The Medical Market, Print and Daktari Medicine*, London, New York, Delhi: Anthem Press, 2009, p.16

This inclusive and participatory model of medical market with its emphasis on ethically charged ubiquitous production of knowledge and drugs was recurrently projected as the blueprint of the emerging nation. Indeed, the overlapping vision of market and domesticity resonated closely with swadeshi nationalism's 'linkage of an indigenist cultural politics with a "productionist" vision' that urged for the historical constitution of the nation's 'subjective freedom through labor.'¹⁰³ Such a homoeopathic model of the medical market was engaged in a sustained and intimate conversation with the nationalist ideology that critiqued British rule as a 'superimposed, parasitical and unnatural global structure of exchange relations' to uphold the nation as a 'natural unit of productive activity and the genuine substance of wealth.'¹⁰⁴ Rather than envisioning swadeshi as any insulated 'episode', this dissertation further speaks to recent works on swadeshi that have attributed swadeshi ideology to a growing school of economic critique of colonial capital since the late nineteenth century that contributed to the constitution of a national economy and space.¹⁰⁵

Fifthly, this dissertation intends to make a foray into analyzing the relationship between Hinduism and nationalism in Bengal. In its intricate overlap with swadeshi nationalism, homoeopathy inevitably shared its inherent contradictions. In her analysis of swadeshi ideology Manu Goswami highlights swadeshi's contradictions between 'the universal and the particular'. She highlights how swadeshi infused the idea of 'Bharat as a universalist economic entity with the particularistic notion of the nation's social body as Hindu.'¹⁰⁶ Indeed, the multilayered Hinduisation of Indian nationalism has been the staple of very rich scholarship.¹⁰⁷ The recurrent imaginations of nation through Hindu idioms and practices have been interrogated by scholars studying myriad registers including religion¹⁰⁸, language¹⁰⁹, law¹¹⁰ or art¹¹¹. These works have further studied how such interface with

¹⁰³ Andrew Sartori, 'The Categorical Logic of a Colonial Nationalism: Swadeshi Bengal, 1904-1908,' *Comparative Studies of South Asia, Africa and the Middle East*, 23, 1&2, 2003, pp. 271-272.

¹⁰⁴ Ibid, p. 275

¹⁰⁵ Manu Goswami, 'From Swadeshi to Swaraj: Nation, Economy, Territory in Colonial South Asia, 1870-1907,' *Comparative Studies in Society and History*, 40,4,1998, pp. 609-636

¹⁰⁶ Ibid, pp. 625-626

¹⁰⁷ For a recent overview on the relationship between Hinduism and nationalism in South Asia see Christopher Jafferlot, *Hindu Nationalism: A Reader*, Princeton: Princeton University Press, 2007

¹⁰⁸ Anand Yang, 'Sacred Symbol and Sacred Space in Rural India, Community Mobilisation in the Anti Cow Killing riot of 1893,' *Comparative studies in Society and History*, 22, 4, 1980, pp. 576-596

¹⁰⁹ William Gould, *Hindu Nationalism and the Language of Politics*, Cambridge University Press, 2004

¹¹⁰ Gerald James Larson (ed.), *Religion and Personal Law in Secular India- A call to Judgement*, Bloomington: Indiana University Press, 2001

nationalism in turn crucially shaped 'Hindu tradition' itself.¹¹² This dissertation speaks to these studies in exploring the sustained celebration of homoeopathy as the most 'authentic' marker of 'Hindu' medicine and culture over ayurveda by a section of Bengali bhadralok publishers. It does so through a careful elaboration of Hindu ritualized iconographies (chapter 2 and especially chapter 3) and the imagination of a sacred Hindu domesticity (chapter 4) around homoeopathy. In the process, it unravels some of the inconsistencies intrinsic to such processes of Hinduisation. Existing works on bhadralok politics have highlighted the ambivalences associated with the bhadralok aesthetics and politics, the frequent dichotomies between their personal beliefs and public careers.¹¹³ This dissertation draws upon such insights in delineating the ways in which homoeopathy could be perceived as a perfectly secular modern science (as highlighted in chapters 1 and 2) with deep Hindu leanings (as shown in chapters 3 and 4) as well as distinct Brahmo inclination of many of the key practitioners (as chapter 2 reveal). Indeed, it unravels the contradictions inherent in the Brahmo belief and inclinations of some of the key practitioners in carefully upholding a distinct Hindu face of homoeopathy as a reaching out strategy in colonial Bengal.

Sixthly, such processes of Hinduisation of homoeopathy were frequently results of self-conscious acts of 'translation'. This dissertation dwells upon the theme of 'translation' in as much as it relates to the reception and understanding of homoeopathy in a colonial context. It particularly delves into the willful mandate of the 'homoeopathic families' to translate 'science' for the good of the nation (as detailed in chapter 3). Drawing upon recent insights on 'translation', this dissertation seeks to understand 'translation' as a complex process far beyond the 'simple transfer of words or texts from one language to another' but as a 'translingual act of transcoding cultural material - a complex act of communication.'¹¹⁴ In so doing, it speaks closely to recent works on what has been termed as 'vernacular translation' - that looks in to the processes of vernacularisation of 'distinct categories and discrete concepts' through translation.¹¹⁵ Saurabh Dube's fascinating work on biblical

¹¹¹ Christopher Pinney, *Photos of the Gods: The Printed Image and Political Struggle in India*, London: Reaktion Books, 2004

¹¹² Vasudha Dalmia, *Nationalisation of Hindu Tradition: Bharatendu Harishchandra and Nineteenth Century Banaras*, Delhi: Oxford University Press, 1997

¹¹³ Joya Chatterji, *Bengal Divided: Hindu Communalism and Partition, 1932-1947*, Cambridge: Cambridge University Press, 1994, pp.13-14,

¹¹⁴ Douglas Howland, 'Predicament of Ideas in Culture: Translation and Historiography', *History and Theory*, 42, 1, 2003, p. 45

¹¹⁵ Saurabh Dube, 'Colonial Registers of a Vernacular Christianity: Conversion to Translation', *Economic and Political Weekly*, 39,1,2004, p. 164

translations among the catechists in central India as also the recent work of Juned Shaikh¹¹⁶ on the translation of Marx's writings among the Bombay labourers reveal such dynamics of vernacularisation in the repackaging of particular understandings of concepts like 'Christianity' or 'class' as 'historically contingent, distinctly Indian.'¹¹⁷ This dissertation likewise traces the vernacularisation of homoeopathy through manifestly religio-cultural idioms of Hinduism in Bengal.

Finally, this dissertation intends to conceptualise the 'vernacular' as a potent category in understanding homoeopathy's history. In so doing, it engages with Ritu Birla's current work on the colonial production of 'the market' that delineates the caste, community and kinship based operations of Marwari 'family firms' as examples of 'vernacular capitalism', which was apparently at loggerheads with the contractual codes of a capitalist market.¹¹⁸ In such formulations, the 'vernacular' is frequently conflated with the 'indigenous' or the 'pre-modern' modes of capital in so far as the practitioners of caste and kinship based enterprises were considered as 'insiders to the colonial economy but outsiders to the modern market ethics.'¹¹⁹ Projit Bihari Mukharji's recent work on western medicine in Bengal relates vernacularisation to an ongoing process of nationalization 'whereby a loose affective community is given a more concrete shape as a nation'¹²⁰; a process through which the affective bonds and 'emotional matrix' of a 'felt community' were actualized.¹²¹ Unlike these works, however, this dissertation does not reify the domains of affect, indigeneity and community as given and preordained. Instead, it goes a step further by unraveling the *makings* of an affective domain around homoeopathy through the multifarious functions of familial capital. In that, it further highlights the dynamic potentials and shifting maneuvers of such family-based enterprises to the challenges posed by the state and market over a period of time.

Taking cue from the relation between translation and vernacular, this dissertation, at one level, traces the sustained investments and entanglement of homoeopathy in the Bengali print market through fictions as well as extensive writings on health, nationalism and family

¹¹⁶ Juned Shaikh, 'Translating Marx, Mavali, Dalit and the Making of Mumbai's Working Class', *Economic and Political Weekly 1928-1935*, 46, 31, 2011, pp. 65-72

¹¹⁷ Saurabh Dube, Op cit 115, p. 163

¹¹⁸ Ritu Birla, Op cit 67, pp. 3, 9-14

¹¹⁹ Ibid, p.3

¹²⁰ Projit Bihari Mukharji, Op cit 102, p. 33

¹²¹ Ibid, pp. 22-23

in Bengali. In their self-proclaimed efforts in translating homoeopathic science into ‘vernacular’ for a ‘vernacular’ audience, (as shown in chapter 2 and particularly chapter 3) the homoeopathic authors were implicated in what has been delineated as a linguistic understanding of the ‘will to vernacular.’¹²² In mapping the operations of the homoeopathic entrepreneurs around a specific locale and language, this dissertation speaks to Sheldon Pollock’s understandings of the ‘vernacular’ as a wilful exercise or choice of a language around precise ‘geo-cultural spaces’ and ‘socio-textual communities’.¹²³ However, such invocations of the ‘vernacular’ remained inherently relational and flexible as the Bengali print market in homoeopathy bore evidence of multiple acts of translation involving different languages ranging from German, English, Bengali to Marathi (as explicated in chapter 3). The ‘vernacular’ in such context, as recently hinted by Partha Chatterjee, related more to ‘style and sensibility’ they stood for, rather than any particular language.¹²⁴

Beyond the narrow confines of language, current histories have hinted at the possibility of conceptualising the vernacular as a ‘cultural artefact in its own right’¹²⁵ – a complex field wherein elements of both the ‘elite’ and the ‘popular’ are assimilated and ‘remade into something else’.¹²⁶ In exploring the making of Kannada language and the intricate relation between vernacular poetry and polity, Sheldon Pollock too situates the ‘vernacular’ in between the ‘mutually constitutive interaction of the local and the global’.¹²⁷ Resonances of such formulations, albeit in vastly different registers, could be found on very recent works on the making of knowledge about the African ‘primitive’.¹²⁸ Helen Tilley regards ‘vernacular science’ as an in-between field, as a ‘subgenre of research’ that is produced through the interactions between ‘native knowledge’ and ‘colonial science’. The term ‘vernacular’ in these works seems to suggest the ‘translations between different epistemologies and ways of knowing’.¹²⁹

¹²² Sheldon Pollock, ‘The Cosmopolitan Vernacular’ *Journal of Asian Studies*, 57,1, 1998, pp.8-9. Also see, idem., ‘Cosmopolitan and Vernacular in History’, *Public Culture* 12,3,2000, p. 605

¹²³ Sheldon Pollock, ‘The Cosmopolitan Vernacular’ *Journal of Asian Studies*, 57,1, 1998, pp.8-9

¹²⁴ See Partha Chatterjee and Raziuddin Aquil (ed.), *History in the Vernacular*, Permanent Black, 2008, pp.1-19

¹²⁵ Mary E Fissell, *Vernacular Bodies: The Politics of Reproduction in Early Modern England*, Clarendon: Oxford University Press, pp. 6-7

¹²⁶ Ibid, p. 6. Mary Fissell, refuses to conflate vernacular knowledge with either ‘trickle down science’ or as ‘popular’ which is often reduced to mean ‘of the poorer classes’.

¹²⁷ Sheldon Pollock, Op cit 123, pp. 9

¹²⁸ Helen Tilley, ‘Global Histories, Vernacular Science and African Genealogies: or is the History of the Science Ready for the World’, *Isis*, 101, 1, 2010, pp. 110-119

¹²⁹ Ibid, p. 110, 117-119

This dissertation draws upon these insights to conceptualise makings of Bengali homoeopathy through the trope of the ‘vernacular’. It has been attentive (in almost all the chapters) in delineating the processes through which homoeopathy could simultaneously project itself as being ‘imported’ yet ‘indigenous’, ‘western’ and ‘traditional’, ‘secular’ as well as deeply ‘religious’; and could claim to be equally conversant with the world of metropolitan science as also local cultural practices. Straddling as well as challenging the limits of these various identities, homoeopathy in Bengal, this dissertation argues, constituted a ‘vernacular’ field. An intimate and intricate entanglement with the institution of ‘family’, this dissertation demonstrates, subjected Bengali homoeopathy to diverse currents of forces and interests. Such forces ranged from the imperatives and apprehensions of colonial governance, medical bureaucracy, Hindu revivalist endeavours, profiteering motivations of private commercial firms, vernacular print markets, nationalist enterprises of narrating and historicising the nation, as well the, developmentalist electoral manifestoes of the nationalist parties in the province since the late 1920s. Through its negotiations with this wide spectrum of interests homoeopathy could embody the range of politico-cultural meanings and identities discussed earlier. These negotiations, enabled homoeopathy to constitute a complex ‘vernacular’ field of operation and was in turn sustained and enabled by it. Such vernacularisation of homoeopathy, this dissertation shows, was facilitated by homoeopathy’s historic enmeshing with the category ‘family’ in Bengal.

This dissertation, therefore, does not consider the ‘vernacular’ as an inferiorized, subjugated or restrictive category. On the contrary, it has been sensitive to the power dynamics and exclusions inherent in the processes of production of homoeopathy as a ‘vernacular science’ in Bengal. Instead of seeking to judge whether homoeopathy constituted a subaltern realm, this dissertation maps how certain voices within the community were marginalized and rendered peripheral. In studying such asymmetries and hierarchies associated with the constitution of vernacular homoeopathy, particular attention has been given to the figure of the ‘*mofussil*’¹³⁰. In course of the dissertation, the *mofussil* emerges as a site that was perpetually in need of homoeopathic interventions to remedy its many evils and

¹³⁰ The term ‘mofussil’ originates from the Urdu (mufaSSil), variant of (mufaSSal, “divided”). In Indian historiography it is widely used as a term relating to the sub-urban areas. It broadly referred to the regions of British India outside the three East India Company capitals of Bombay, Calcutta and Madras; hence, parts of a country outside an urban centre. It is believed to carry a negative resonance. For a recent work on the term see Atig Ghosh, ‘The Mofussil and the Modern: The Discreet Charms of Kangal Harinath’, *Modern Makeovers: Handbook of Modernity in South Asia*, Delhi: Oxford University Press, 2011, pp. 76-90

inadequacies (as shown in chapters 1, 2 and 5) as also the space which could inflict a corruptible influence on homoeopathy itself (as elaborated in chapters 3 and 5). Through such recurrent condescending depictions, the '*mofussil*' was conjured in a way that was frequently reflective of the inherent class bias and prejudices of the north Calcutta based elite practitioners. In studying such processes, this dissertation further reiterates the fractured nature of bhadrakalok nationalism and its many dichotomies.¹³¹

Chapter Plan

As we have already suggested, the current work is structured into five chapters. Chapter One opens in Calcutta in the second half of the nineteenth century with an exploration of the governmental disquiet and administrative concerns around homoeopathy. In the backdrop of such colonial maneuvers and policing, it situates and studies the vibrant cluster of family-based Bengali enterprises that were engaged in systematic commerce involving homoeopathy. Beginning with the first family-enterprise: Berigny and Company established by Rajendralal Dutta in 1866, this chapter contextualizes the dissertation by focusing on the protagonists and functioning of six homoeopathic concerns that remained crucial in the production, dissemination and standardization of homoeopathic knowledge in Bengal over generations. It makes a detailed foray into the business ethic and ideologies of these firms around the rhetoric and metaphor of family. It examines as well the ways in which commercial firms were in turn projected as the models for efficient management of families. It also looks into the larger socio-political visions of these bhadrakalok enterprises in generating wealth to strengthen national economy. Chapters Two, Three and Four concentrate on the multifarious initiatives of these key enterprises in the popular print market around medicine, health and family in upholding homoeopathic knowledge and practice. Together they demonstrate the thriving proliferations of homoeopathic principles in such a market. Chapter Two looks into the sustained investments of the homoeopathic family-enterprises in publishing life histories of physicians. Focusing primarily on the genre of biography, it examines the projection of homoeopathy as a network of a closed, intimate group of people caught in strong affective bonding. In studying the overlapping role of

¹³¹ Rather than viewing nationalism as a monolith, this dissertation has been careful of the insights of historians who have pointed out the complex, often factional nature of Indian nationalism tied to various localized groups and interests. For an important overview of such a position see, John Gallagher, Gordon Johnson and Anil Seal (ed.), *Locality, Province and Nation: Essays on Indian Politics 1870-1940*, Cambridge University Press, 1973

authors, subjects, publishers and patrons, it examines the production of Bengali homoeopathy as an extended family. It further studies the delineation of an ethically charged socio-moral identity for physicians associated with homoeopathy through such life-documenting practices. The relation between these biographic endeavors with the contemporary efforts at writing 'authentic histories' of the nation are also explored in this chapter. Chapter Three explores the systematic initiatives of the homoeopathic authors and publishers to 'translate' science into the 'vernacular' for national good. In examining the assertions and debates around the ideal norms of scientific translation, this chapter unravels how such practices were deployed in delineating difference and manufacturing exclusions. 'Authentic homoeopathy', this chapter shows, was defined in opposition to the allegedly insensitive, often inadequate translations attempted by the Bengali allopaths as well as the apparently mindless innovations of *mofussil* practitioners. This chapter demonstrates the processes through which acclaimed homoeopathic norms of culturally integrative translations drew upon religious iconographies of Hahnemann and self-consciously reinterpreted homoeopathic principles through Hindu cultural metaphors. It looks into the vernacularisation of homoeopathy through such myriad acts of translation. Chapter Four further looks into the ramifications of such translations and vernacularisations within colonial domesticities. Concentrating exclusively on the plethora of domestic health literatures, it studies the discursive constitution of homoeopathy as an even more venerated form of 'indigenous' medicine than ayurveda. In studying the traffic between homoeopathy and the nationalist literature on family, it studies how homoeopathy came to be understood as a worldview, a moral regimen of life that could invigorate degenerating colonial families. Quotidian consumption of homoeopathic drugs and manuals, it was argued, ensured the production of families befitting the resurgent nation. Families, in turn, were also projected as the foundational sites for production and experimentation of homoeopathic knowledge and drugs. Chapter Five looks into the twentieth century imperatives and politics of the formal legal recognition of homeopathy which had already been imbued with deep nationalist sensibilities. Focusing on the second quarter of the twentieth century, it maps the shifting dynamics and equations between the colonial state, homoeopathic families and the nationalist government in Bengal to study the entangled discourse through which nationalism and homoeopathy appropriated one another. In so doing, it examines the violence, displacements and ambiguities associated with legal standardizations of medical knowledge and practices.

Chapter One – Homoeopathies and Institutions: Print Market, Medical Bureaucracy and Family Business in colonial Bengal

‘It is now an acknowledged fact that the number of homoeopaths, either good, bad or indifferent is a legion in India and there has been a network of homoeopathic pharmacies...all over our country...Harmony [between them] should be the basic principle upon which true friendship and good business can last and flourish.’¹

‘All householders are businessmen in a sense. But in general by businessmen one understands the traders.’²

‘To a businessman, honest, dutiful and efficient employee is more precious than the son. Many entrepreneurs trust such employees more than their own son.’³

The word homoeopathy began circulating extensively in the print market in Bengal since the mid-nineteenth century. A host of homoeopathic journals, pamphlets, serialised manuals, monographs, pharmacopoeia and materia medica came to be published since the mid 1860s. Existing historiography has reflected on the increasing interest in homoeopathy in Bengal around this time.⁴ Apart from such vernacular medical publications, one finds a simultaneous currency of the word in various other registers in Bengal. From the mid-nineteenth century, the term made its appearance in different forms of popular Bengali literature. The figure of the homoeopath recurred variously and ubiquitously in the rich Bengali literary domain. Such figures may be located in myriad genres of Bengali fictions including satirical writings from late nineteenth to the early twentieth century. Since the mid- nineteenth century, the colonial state and its medical establishment too took note of homoeopathy, albeit a little differently. While acknowledging its widespread presence among the ‘native population’, the state consistently discussed the lack of organisation and institutionalisation in the practice of homoeopathy in Bengal. Homoeopathy invariably featured in colonial anxieties related to medical malpractice in Bengal, in discussions on ‘quackery’ and ‘corruption’. Indeed, in colonial registers, over the late nineteenth century, homoeopathy began to emerge as a euphemism for irregular medicine. These two strands

¹ ‘Editorial: New Year’s Retrospection and Introspection’, *The Hahnemannian Gleanings*, 4, 1, February 1933, pp. 10-11.

² Jitendranath Majumdar, *Arther Sandhan (Pursuit of Wealth)*, Calcutta: Sisir Publishing House, Third edition, 1932, p.115.

³ Mahesh Chandra Bhattacharya, *Byabshayee (Businessman)*, Calcutta: M. Bhattacharya and Company, first edition, 1905. p. 72

⁴ For instance see Surinder M.Bharadwaj, ‘Homoeopathy in India’ in Giri Raj Gupta (ed.), *The Social and Cultural Context of Medicine in India*, Delhi: Vikas, 1981, pp. 31-54. Also, David Arnold and Sumit Sarkar, ‘In Search of Rational Remedies: Homoeopathy in nineteenth century Bengal’, in Waltraud Ernst (ed.), *Plural Medicine, Tradition and Modernity, 1800-2000*, London and New York: Routledge, 2002, pp.40-54.

however represent a small part of homeopathy's story in colonial Bengal. The parallel history of homeopathy's institutionalisation through a distinct route is what this chapter and thesis will primarily study.

However, by way of setting the scene, this chapter begins by mapping the pervasive recurrence of homeopathy in the twin worlds of Bengali literature and colonial administration. The two introductory sections together provide a glimpse of homeopathy's pervasive presence in these two spheres. The first section provides snapshots of the rampant presence of homeopathy and the figure of the homeopathic physician in Bengali fictions. The second section dwells on the colonial acknowledgement of the pervasive presence of homeopathy in the medical landscape of Bengal. Simultaneously it studies the contours of the late nineteenth century colonial discourse on the dire need to regulate, discipline and institutionalise homeopathy, as a distinct branch of medicine.

In such a context, 1860s onwards, a range of Bengali business concerns began sustained investments around homeopathy- primarily in the realms of print and drugs. The overwhelming circulation of homeopathic writings in Bengal was predominantly their doing. By organising such publications, these business-firms were systematically asserting their presence in the domain of homeopathic knowledge and commerce. Parallel to governmental anxiety on the complete lack of organisation, Bengali homeopathy was uniquely *institutionalised* around these business-firms asserting themselves as 'families'. Besides, through their writings, the domestic space of the Bengali household was projected as the ideal site where homeopathy could proliferate. This chapter beyond its first two sections, studies this distinct process of *institutionalisation* of homeopathy in colonial Bengal. It does so by focussing on the publications generated by the protagonists of six such homeopathic business enterprises in late nineteenth century Calcutta.

The literatures published by these homeopathic companies illustrated a sustained engagement with three apparently disparate and unrelated themes. They simultaneously reflected on the importance, function and organisation of business, family and homeopathic practice in late nineteenth - early twentieth century Bengal. This chapter focuses on this entanglement to map how the domains of the familial and the entrepreneurial appear blurred in these texts. Ethics involving family and business appear overlapping in such texts. The main thrust of this chapter then is to study the interface between discussions on homeopathy, entrepreneurship and family in colonial Bengal. It

studies how notions of family, business and homoeopathy shaped understandings of one another through a study of these homoeopathic texts. In that, the chapter examines the overlapping, symbiotic and porous nature of the categories: 'business' and 'family' in colonial Bengal. Rather than considering these categories as given, rigid and fixed over time, this chapter traces one of the multiple nodes that constituted them.

Using late nineteenth-early twentieth century homoeopathic publications, this chapter engages with the historiography on family in two related ways. A dominant trend in the historiography of family has looked at the ideological productions of the family through nationalist literature as sites of 'reform', 'autonomy' and 'spirituality'.⁵ Such scholarship argues the nineteenth century family to be an 'inner' domain separated from the outer and material world of colonial rule. Recent histories have begun drifting away from positions that exclusively focussed on the nationalist imaginations about the home, domesticity, love and affect to understand 'family'.⁶ This chapter, likewise, explores how such notions of affect and spirituality were often grounded in material realities. It examines the interrelations between urge for cultivating familial virtues of love, compassion or care with that of profit maximisation zeal.

Secondly, recent historiography of family in South Asia has demarcated the simple conjugal family of nationalist male aspiration more as a historically contingent 'site of desire'.⁷ Indrani Chatterjee forcefully argues that a 'relentless presentism' feeds the historian studying families in drawing their attention towards the 'simple conjugal family' and the 'new woman' enabled by colonial modernity. This chapter demonstrates the ways in which a complex, flexible and inclusive notion of family was projected by the owners of various homoeopathic enterprises in colonial Bengal. Such a fluid understanding of family was shown to be shaped by various kinds of ties other than simply blood or descent. Such a definition of family was shown to stem in the context of recruiting, managing and maintaining business employees. This chapter therefore engages with the historiography that problematises and historicises notions of a rigidly bound private domain of 'family'.

⁵ See Partha Chatterjee, 'Nationalist Resolution of the women's question' in Kumkum Sangari and Sudesh Vaid, (eds.), *Recasting Woman: Essays in Indian Colonial History*, New Brunswick: Rutgers University Press, 1989, pp. 233–253; Tanika Sarkar, 'The Hindu Wife and the Hindu Nation: Domesticity and Nationalism in Nineteenth Century Bengal,' *Studies in History*, 8, 2, 1992, pp. 213-235

⁶ See for instance Indrani Chatterjee (ed.), *Unfamiliar Relations: Family and History in South Asia*, Delhi: Permanent Black, 2004, pp.4-5.

⁷ *Ibid*, p. 5.

Servants, mistresses, concubines, slave women and such others, hitherto regarded as peripheral to the rigid understandings on family, are increasingly put under historical scrutiny by recent scholarship.⁸ This chapter draws on such work to explore how the category family was invoked as a commodious and porous label. However, such familial discourse had its own hierarchies of alienation and exclusion. Blood and descent were simultaneously celebrated and indeed regarded as the only way to define family in certain specific contexts within the same publications.

This chapter therefore traces two parallel understandings of family emanating from publications funded by homoeopathic enterprise in colonial Bengal. To what extent were affective bonds and profit making modelled on one another? In what ways and in which contexts did bonds associated with ‘families’ inform a material world of entrepreneurial partnership? How are notions of relationship and partnership related? How were families conceived not only as a foundational unit of the economy, but also as a form of business in itself? How were distinctions of private and public restaged under such contexts? Taking cue from the projected ethic and organisation of homoeopathic enterprises in colonial Bengal, this chapter, beyond its first two sections, addresses these questions. It argues, that in the process, ‘family’ itself was being constituted as an ideal, affective institution for homoeopathy in Bengal.

The first two sections examine the rampant, often uncomfortable yet ubiquitous presence of homoeopathy in the realms of popular literature and colonial medical governance. Section three introduces the six homoeopathic protagonists and their enterprise, which this chapter looks closely at. It situates their enterprise within a range of homoeopathic concerns that functioned in and around Calcutta since mid nineteenth century. It further deals with the relation and indexes of competition among the various companies. The following section details the overwhelming emphasis put on ‘wealth’ in the texts published by the protagonists of these enterprises. The importance and relevance of entrepreneurship and their socio-political implications are explored in this section. The fifth section tracks the invocation of familial affective bonds of intimacy in organising and managing business employees. It traces the overlap in the organisation of business and family. The following

⁸ See for instance Swapna M Banerjee, *Men, Women and Domesticity: Articulating Middle Class Identity in Colonial Bengal*, New Delhi: Oxford University Press, 2004. Also see Durba Ghosh, *Sex and the Family in Colonial India: The Making of Empire*, Cambridge: Cambridge University Press, 2006. Also see, Indrani Chatterjee, ‘Gossip, Taboo and Writing Family History’, in Indrani Chatterjee (ed.), *Op cit* note 6, pp. 222-260

section locates the distinctions proposed between blood ties and the strategic envisioning of family. It discusses texts commenting on the most convenient family structures vis-à-vis business ownership. The final section looks at how inflexible family structures defined exclusively in terms of blood ties were highlighted as the secret behind the success of these homoeopathic enterprises.

Homoeopathy and the world of Bengali Fiction

From the third quarter of the nineteenth century, popular Bengali literature recorded a remarkable preponderance of the term 'homoeopathy' that stood for a distinct form of therapeutics. Such a trend continued uninterrupted well into the twentieth century. It surfaced in myriad genres of literature by a significantly wide range of writers including renowned nineteenth century playwrights Dwijendralal Ray, Girish Chandra Ghosh, as well as anonymous writers of short battala⁹ farces. Indeed, the figure of the homoeopathic physician appeared in novels, short stories, as well as in dramas written by such widely read Bengali authors of repute as Sarat Chandra Chattopadhyay, Rajshekhar Basu (Parashuram), Tarashankar Bandopadhyay and Saradindu Bandopadhyay.

The figures of the homoeopathic physician in these myriad literary forms resist any persistent stereotype. It is difficult to single out any particular pattern in the literary depictions of homoeopaths. These homoeopathic characters, as this section will delineate, circulated in various moulds ranging from honest, well-meaning, peripatetic village practitioners to fraudulent, corrupt physicians who smuggled cocaine in the garb of homoeopathic drugs. They were equally visible in obscure *mofussil* locations struggling to find a niche for their practice, as also in elite Calcutta mansions as respectable family physicians to affluent emerging bourgeoisie. However, cumulatively these writings often produced a strong effect of irony or satire.¹⁰ In Dwijendralal Ray's noted 1904 play *Trhyasparsha ba Sukhi Paribar* or *Triangular Impact and Happy Family* an apparently

⁹ Battala- a commercial name originating from a giant banyan tree in the Shovabazar and Chitpur area of Calcutta, where the printing and publication industry of Bengal began in the nineteenth century. Though it was increasingly ridiculed by the rising literary gentry, battala literature managed to survive in the publication industry of the country until the end of the nineteenth century. A number of scholars have written on the history, productions and impact of the Battala publications. For an exhaustive history of battala see Sripantha, *Battala*, Calcutta: Ananda, 1997. For the most recent exploration of battala print culture see Gautam Bhadra, *Nyara Battalay Jay Kawbar?*, Kolkata: Chhatim Books, 2011.

¹⁰ The dominant mode was to make fun and ridicule the homoeopathic characters, very rarely with an implicit object of constructive social criticism.

fraud homoeopathic physician assumed a central role. In dedicating the play to poet Atul Prasad Sen, Ray noted that it would be best to describe the play as ‘completely purposeless aimed solely at evoking laughter for the readers’.¹¹ Some of texts dealing with the theme of homoeopathy directly belonged to the growing contemporary genre of Bengali farces.¹² Other forms spanning plays, short stories and novels too invoked what Sudipta Kaviraj terms as the tradition of ‘literary humour’¹³ of Bengali literature. A broad range of Bengali fictions seemed at once to ridicule and celebrate homoeopathy. These writings imparted a strong sense of acknowledging homoeopathic presence in society even if to ridicule it. This holds true even in the comical portrayal of sincere, genuine homoeopaths who managed to turn off prospective patients by their sheer earnestness in diagnosis. There is frequently a sense of ridicule, of denigration of the activities of homoeopathic physicians while simultaneously conceding and even celebrating their pervasive presence in different layers of Bengali society. In their repeated acts of criticisms or in making fun of the idiosyncrasies related to homoeopathic physicians, the authors hardly ever appeared to castigate homoeopathy altogether. Rather, such literary depictions exude an unmistakable sense of approval, of endorsing homeopathy’s presence as an object of invariable ubiquity, especially in Bengali households.

Late nineteenth century texts emphasised the increasing faith within Bengali households on homoeopathy over competing genres of medicine. An anonymous farce *Daktarbabu* or *The Physician* published in 1875 for instance, elaborated the dilemma of a middle class Bengali in choosing appropriate remedy for his family.¹⁴ The second scene of the farce details the thoughts of Nilkantha, one of the middleclass bhadralok protagonists of the farce who after enumerating the various ailments plaguing his household announces his decision to turn to homoeopathy for help. In his words, ‘the doctors and kavirajes have been of no help, so I will turn to homoeopathy this time.’¹⁵ When discouraged to do so, he emphatically announced, ‘whatever you might hold, I sincerely feel homoeopathy is hundred times better than daktari [vernacular term for orthodox western medicine or allopathy]. Even if their

¹¹ Dwijendralal Ray, ‘Dedication page’, *Trhyasparsha ba Sukhi Paribar (Triangular Impact or the Happy Family)*, Calcutta: Surdham, Second edition, 1915.

¹² For an account of ‘farce’ as an important literary genre see Anindita Ghosh, ‘Revisiting the ‘Bengal Renaissance’: Literary Bengali and Low Life Print in Colonial Calcutta’, *Economic and Political Weekly*, 37, 42, 2002, pp. 4333-4334.

¹³ Sudipta Kaviraj, ‘Laughter and Subjectivity: The Self-Ironical Tradition in Bengali Literature’, *Modern Asian Studies*, 34, 2, May 2000, p. 382.

¹⁴ Anonymous, *Daktarbabu (The Physician)*, Calcutta: Jogendra Ghosh, 1875, pp. 5-10

¹⁵ *Ibid.*

drugs fail to cure, they at least never cause any harm. They are good to taste, which is particularly useful in case of children.’¹⁶ Similar agnosticism for all forms of medicine and a growing faith in homoeopathy is reflected in the satirical play *Kritanter Bangadarshan* or the *Visit of the King of Hell to Bengal* that was put up at the reputed Minerva Theatre in early twentieth century Calcutta.¹⁷ In a completely satirical gesture on the medical scene in contemporary Bengal, the drama depicted the arrival of the mythical Yama, or the Hindu deity of death, in Bengal with his trusted associate Chitragupta. Ironically enough, on his arrival, Yama was immediately contaminated with malaria through one his own employees stationed in that region for the purpose of spreading the fatal disease. Chitragupta’s suggestions of seeking medical relief from either a kaviraj or an allopath were vehemently turned down by Yama. He cited a long list describing the innumerable pitfalls of using either ayurveda or allopathy. His bias for homoeopathy was evident when he readily agreed to avail medical aid from a homoeopath. Of homoeopathy, as this play illustrated, none other than Yama, the deity of death himself opined, ‘if available please summon [a homoeopath] fast. Their drugs are good, no adulteration, moderate expense, no trouble gulping, no fuss, and no façade of having supplementary food. Even if I have to suffer of flawed diagnosis, I will at least have sweet water to taste when I die.’¹⁸

Acknowledging homoeopathy as a viable option in an otherwise pathetic world of medical relief was complemented with a parallel discourse on the irregularities associated with this form of medicine. One of the central characters in Dwijendralal Ray’s play *Tryhasparsha ba Sukhi Paribar* as mentioned above was a homoeopathic physician.¹⁹ A man of dubious qualification, he kept referring to English texts of absurd nomenclature by way of showing his grip over the western ‘science’ of homoeopathy.²⁰ The drama gives a hilarious account of how this homoeopathic physician Bhudeb managed to infiltrate the household of prosperous Calcutta elite as a trusted ‘family physician.’ In course of the drama not only did he fake his own qualification, he also issued a false death certificate in favour of the wife of his patron that led to the climax of the drama. However, in a perverse sense his acts of fraud in fact helped expose other rampant social evils like that of adultery and marital deception.

¹⁶ *ibid*, p. 5-10.

¹⁷ The drama was reported in detail in a lengthy editorial in a popular homoeopathy journal. See ‘Editorial’, *Homoeopathy Paricharak*, 1, 4, July 1927, pp. 226-227.

¹⁸ *Ibid*, pp.226-227.

¹⁹ Dwijendralal Ray, *Trhyasparsha ba Sukhi Paribar*, Calcutta: Surdham, Second edition, 1915.

²⁰ For instance see *Ibid*, p. 19-21.

Homoeopathic physicians of similar questionable calibre were brought to life by other contemporary authors. The farce *Daktarbabu* depicted how homoeopathic physician Manmatha transgressed the blind trust in him by a middleclass Bengali family as he intimately examined their daughter Hem.²¹ Girish Chandra Ghosh's drama *Haranidhi* or *Lost Gem* too records the fate of a character Naba whose ill-reputation being exposed was advised to turn to homoeopathy as it would be compatible with his deceitful temperament.²² The drama *Manpyathy* was another farce staged in 1924 based on the 1923 short story of the famous Bengali humorist Rajshekhar Basu or Parashuram.²³ The play authored by the native landed elite Maharaja of Kassimbazar was inaugurated at his own residence in 1924 before being staged at various public theatres across Calcutta.²⁴ Both the story and the stage adaptation were biting sarcasm of the alleged incompetence of various forms of medicine including homoeopathy. The figure of the homoeopath was shown to be full of idiosyncrasies relating to his art of diagnosis. He was so obsessed in the consultation of western homoeopathic texts and the symptoms manifest in his patient that he failed to arrive at any conclusion regarding the medication. Engrossed in a deep polemic with the allopaths, he only recommended drugs to purge the body of such 'allopathic poison' before demanding a staggering fee for the futile consultation.

Some of the characters with similar dubious qualification and comparable idiosyncrasies were nonetheless etched with supreme empathy. The character of Priyanath Mukherjee in Sarat Chandra's 1920 novel *Bamuner Meye* or *Daughter of a Brahmin* and that of physician Srinath in Tarashankar Bandopadhyay's 1934 short story *Srinath Daktar* are unforgettable tragic heroes of Bengali literature who practiced homoeopathy to their doom.²⁵ Amateurish, well meaning and struggling, both were depicted as completely obsessed and sincere with their craft in a strangely futile way. Srinath Daktar's burning passion to produce newer homoeopathic drugs by experimenting at home resulted in the most unfortunate death of his wife.²⁶ The character of Priyanath Mukherjee rendered by Sarat Chandra Chattopadhyay

²¹ Anonymous, *Daktarbabu*, Calcutta, 1875, p. 38-45.

²² This is quoted in K.N.Basu, 'Homoeopathic Upadhi Samasya', *Hahnemann*, 9, 10, 1926, p. 547.

²³ Srish Chandra Nandi, *Monpyathy*, Kasimbazar: Publisher not cited, 1931.

²⁴ Srish Chandra Nandi, 'Dedication page', *Monpyathy*, Kasimbazar, Publisher not cited, 1931.

²⁵ See Sarat Chandra Chattopadhyay, 'Bamun er Meye', *Sarat Sahitya Samagra*, Vol I, Kolkata: Ananda Publishers, 1920/1986, pp. 979-1013; Tarashankar Bandopadhyay, 'Srinath Daktar', *Tarashankar er Galpaguchha*, Kolkata: Sahitya Samsad, 1934/1990, p. 373-383.

²⁶ *Ibid.*

was that of a poor, insignificant village physician whom the villagers loved and adored.²⁷ Yet, they often avoided him for his extreme commitment to his texts that sometimes came in the way of his diagnostic pragmatism and preferred his daughter Sandhya who dispensed homoeopathic drugs as a complete amateur from home. Priyanath was brutally victimised and the novel climaxed as he was implicated in the notorious caste politics of his village. This happened when he was trusted with an illegal abortion with his drugs, which he firmly refused.²⁸ Interestingly, implicit in the very act of requesting Priyanath with the scandalous abortion was an inherent trust- both in the figure of the homeopathic physician as well as in his therapeutics. Homoeopathic physicians like Priyanath were believed to be harmless, ubiquitous figures who could be reliably trusted with the inner, private, feminine domains over others. The characters in the novel seemed to exhibit a deep-seated conviction in the homoeopathic physician's abilities to perform covertly, effectively and faithfully. Such trust seemed to resonate with Yama's proclamation in the farce *Kritanter Bangadarshan* that homoeopathic drugs, if not effective can never be harmful. Practitioners prescribing the most gentle, sweet tasting, insignificant, white globules were somehow considered equally incapable of causing any significant social harm. They were considered the most gentle, trustworthy, inconsequential characters who could be moulded as per the whims of the more powerful in society. In the early 1940s author Saradindu Bandopadhyay can be seen to be working with such a well-established understanding when he introduced his famous Bengali detective series around the figure of Byomkesh Bakshi with the story *Satvanneshi* or *Searcher of Truth*.²⁹ The climactic revelation in the plot that the helpful, gentle, amateur homoeopath Anukul daktar was in fact the leader of an infamous drug-peddling gang smuggling cocaine, comes therefore as a massive shock to the readers.

The recurrence of the figure of homoeopathic physician in myriad genres of Bengali fictions therefore evoked the simultaneous effect of ridicule and appreciation. They seemed to castigate homoeopathy for its many slippages while equally celebrating it as a pervasive, ubiquitous and valuable genre of medical practice in Bengal. Such depictions suggest revealing tensions as much in the status of homoeopathy in Bengal as also in the genre of

²⁷ See Sarat Chandra Chattopadhyay, Op cit note 25, pp.979-1013

²⁸ Ibid, pp. 1006-1007.

²⁹ See Saradindu Bandopadhyay, 'Satvanneshi', *Byomkesh Omnibus*, Vol I, Calcutta: Ananda Publishers, 1932/ 2000, pp. 13-32.

Bengali satirical prose itself which often highlighted the importance of its subjects while making fun of them.

Homoeopathy: a ‘Growing Scandal...Under British Rule’³⁰

Taking cue from the sustained and extensive Bengali literary engagements around homoeopathy, this section looks into the colonial registers that discussed the subject in the late nineteenth century. As hinted in the introduction, since the 1870s homoeopathy invariably surfaced in colonial discussions around medical malpractice in Bengal, particularly in and around Calcutta. Homoeopathy emerged as a topic of frequent engagement in the leading and widely circulating ‘orthodox’ journals like the *Indian Medical Gazette* or the *Lancet*. Equally, it featured in the writings of the physicians associated with the medical faculty of the Calcutta University and the Calcutta Medical College, the two central colonial medical institutions. Finally, it made persistent appearance in the bureaucratic correspondence of the colonial medical officials. Interestingly, all these various registers acknowledged the extensive presence of homoeopathic knowledge within various sections of the native Bengali populace. However, these various registers of the nineteenth century colonial administration were unanimously critical of homoeopathic presence in the Bengali medical landscape. A lengthy editorial in the *Indian Medical Gazette* published in 1882 and titled ‘Medical Practice in Calcutta’ for instance detailed the various conspicuous medical options available in Calcutta in the 1880s.³¹ Immediately after discussing the different categories of physicians practicing ‘European medicine’, it invoked the homoeopaths as a significant presence in the city. Of the homoeopaths the editor opined, ‘there are homoeopaths qualified, unqualified and amateur. Some of the qualified members of the sect do a large business....’³² However, he was quick and emphatic in adding that

We know little of this sphere of practice, but we suspect that a good deal of quacking goes on. Quacking is inseparable from dealing in occult agencies. We have met with two instances in which homoeopaths undertook, on prepayment of substantial fee, to cure cataract and cancer by infinitesimals.³³

³⁰ From the Coroner of Calcutta to the Secretary to the Government of Bengal, Judicial Department, Municipal Department Medical Branch, File Number A/15 2, Proceeding 46, September 1887 [West Bengal State Archives, hereafter WBSA]

³¹ Kenneth McLeod, ‘Medical Practice in Calcutta’, *Indian Medical Gazette*, 17, August 1882, pp. 215-216

³² *Ibid*,

³³ *ibid*.

In certain contexts, the authorities questioned the very basis of the homoeopathic doctrine equating it frequently with ‘charlatanism’, ‘quackery’ or as in the above instance, with ‘occult’. However, homoeopathy was put under the official scanner most frequently for the way it was practiced. It was argued that practice of homoeopathy involved a preponderance of ‘quacks’ who were unqualified in any formal medical training. The notion of ‘quackery’ in the official correspondence therefore appeared in at least two ways: at times it involved the general disapproving of homoeopathy as a doctrine, but more specifically it included criticisms of the homoeopathic practitioners’ lack of qualifications and competence. More than the scientific basis of homoeopathy, the official registers complained about the lack of any formal institutional structure around homoeopathy in the nineteenth century.

From the 1860s onwards, the leading and self-proclaimed ‘orthodox’ state-endorsed journals like the *Indian Medical Gazette* and the *Lancet* systematically published articles denigrating homoeopathy. Such publications were mostly dismissive of the validity of homoeopathic principle itself. The typical tone of these writings may be captured from a letter to the editor of the *Lancet* written in 1861 that argued,

In all times there have been pretenders, who have persuaded a certain part of the public that they have some peculiar knowledge of a royal road to cure, which those of the regular craft have not. It is homoeopathy now; it was something else formerly; and if homoeopathy were to be extinguished, there would be something else in its place.³⁴

A culmination of such trends may be seen in the huge controversy surrounding the admission of Dr. Mahendralal Sircar in the medical faculty of the Calcutta University in 1878 following a decision of the University Senate. Dr. Sircar, a reputed physician and the second M.D. of the Calcutta Medical College had ceremoniously declared his faith in homoeopathy in 1867. A figure central to the perpetration of homoeopathy in Bengal, we will have detailed encounters with him in course of the dissertation: in the latter part of this chapter and beyond. The other members of the medical faculty fought tooth and nail against the inclusion of Mahendralal Sircar arguing that ‘they were unable to associate themselves as Faculty of Medicine with a member who professes and practices homoeopathy...’³⁵ They stood firm in their decision in the face of repeated petitions from Mahendralal Sircar

³⁴ Anonymous, ‘Letter to the Editor: Sir Benjamin Benjamin Brodie on Homoeopathy’, *Lancet*, September 7, 1861, pp. 238-239.

³⁵ See Arun Kumar Biswas, *Collected Works of Mahendralal Sircar, Eugene Lafont and the Science Movement, 1860-1910*, Kolkata: Asiatic Society, 2003, p. 232.

justifying his inclusion into their ranks.³⁶ In the end, Dr. Sircar was forced to resign. The decision of the faculty was widely appreciated in the contemporary leading journals. The article 'Homoeopathy and the University of Calcutta' published in the *Indian Medical Gazette* for instance celebrated the decision as the most appropriate step in 'maintaining the cause of scientific truth and purity in Bengal, unflinchingly against the faintest encouragement of or association with delusion or error.'³⁷

From the 1880s however, more than questioning the scientific validity of homoeopathic doctrine, the state was increasingly more concerned with the organisational and institutional aspect of homoeopathy. Over the 1880s and 90s, there was a swelling administrative anxiety over various forms of medical irregularities in Bengal. The idea of introducing a Medical Registration Act in the model of the English Act was being actively debated in the official circles. The article 'India: Registration of Medical Practitioners' published in 1888 in the *Lancet* for instance explicitly stated how it was slowly getting impossible for the public to 'discriminate between the qualified and the unqualified' physicians.³⁸ Irregularities in the pervasive practice of homoeopathy were one of the central concerns reflected in such discussions. A typical letter to the editor of the journal *The Medical Reporter* in 1895 for instance regretted that 'Nowadays a large number of vaidic (sic), homoeopathic and allopathic quacks have a magnificent field for the exercise of their powers, and many are their victims.'³⁹ These writings urged the government that 'there is no alternative to this vile injurious system until the Indian Government take due steps to stop it by medical Acts.'⁴⁰

Indeed, the need of a Medical Registration Act as a measure to control unqualified physicians recurred in official correspondences. In the last quarter of the nineteenth century the possibility of such an act was repeatedly discussed with regard to various malpractices related specifically to homoeopathic therapeutics.

This is evident from a number of nineteenth century legal cases that implicated homoeopathy dismissing the thoroughly unorganised ways in which it was being practiced.

³⁶ Ibid, pp. 231-247.

³⁷ Anonymous, 'Homoeopathy and the University of Calcutta', *Indian Medical Gazette*, 13, June 1878, pp.

³⁸ Anonymous Correspondent, 'India', *The Lancet*, February 25 1888, p. 399-400.

³⁹ Anonymous, 'Letter to the Editor, Correspondence: The Indian Systems of Medicine', *The Medical Reporter*, August 16, 1895, p. 125.

⁴⁰ Ibid, p. 125.

The case involving the death of a Bengali woman Shyrobee Raur in late 1880s is a case at hand. The case after lying for a while with the police department was put before the coroner of Calcutta in May 1891 for a final verdict.⁴¹ The coroner delved into the details of the verdict of the jury about the circumstances attending the death following the administration of homeopathic drug in a charitable dispensary. None was found conclusively guilty.⁴² Yet, the coroner used the excuse of this death and the attending jury report to submit a detailed ‘proposal for passing an Act for the registration of qualified medical practitioners, with a view to put down quacks...’⁴³ The witness’ account in the case taken at the coroner’s court in June 1887 recorded that the two guilty men, i.e. the owner of the Bowbazar Charitable Dispensary Behary Loll Mullick and his assistant Jogendra Loll Bose who had administered the homoeopathic drug to the deceased lacked any formal training in medicine.⁴⁴ However, on enquiry both revealed that they considered themselves trained in homoeopathy, as they possessed experience of curing patients. They stated that they had acquired their homoeopathic knowledge through reading of relevant books.⁴⁵ The owner Behary Loll Mullick particularly stated that although he was a clerk in a merchant office, he was simultaneously ‘a homoeopathic practitioner for the past 15 years.’⁴⁶

The Coroner’s summary of the jury report submitted to the secretary to the Government of Bengal, Judicial Department in June 1887 reveal that the Jury unanimously held the opinion that

...from what has been said by the witness from the Bowbazar Homoeopathic Charitable Dispensary that, there is much risk at present, for the public from the indiscriminate practice of medicine by persons who are not qualified sufficiently to do so- we think that the time has arrived when the public should be protected by a Legislative Enactment such as the Medical Registration Act now in force in England.⁴⁷

By way of summarising the jury’s opinion, the coroner further justified the importance of legislation by highlighting the fact that the necessity of implementing a Registration Act was inherent in the English Act itself. He argued that ‘it might be fairly presumed that the

⁴¹ From the Coroner of Calcutta to the Secretary to the Government of Bengal, Medical Department, Municipal Department, Medical Branch, File Number A/15, Proceedings 1-5 B, May 1891 [WBSA]

⁴² Ibid.

⁴³ ⁴³ From the Coroner of Calcutta to the Secretary to the Government of Bengal, Judicial Department, Municipal Department Medical Branch, File Number A/15 2, Proceeding 46, September 1887 [WBSA]

⁴⁴ Ibid.

⁴⁵ Ibid.

⁴⁶ Ibid.

⁴⁷ Ibid.

interests of her Majesty's subjects in the vast Indian Empire were not excluded from those in the colony....'⁴⁸ The irregular practice in homoeopathy as exemplified in the Shyrobee Raur case was referred to as an embarrassing 'scandal', as the coroner appealed for the 'gradual suppression of the growing scandal of men and women undertaking charlatanism and quackery so utterly unworthy of enlightened India under British rule.'⁴⁹

Legal cases like this and others unequivocally recorded a colonial discomfort in the ways in which homoeopathic knowledge disseminated in Bengal. Nineteenth century colonial medical bureaucracy consistently resented the lack of any standardised institutional structure around homoeopathy. The following five sections would look into the parallel nineteenth century development of a distinct and discrete institutionalisation of homoeopathy in Bengal around 'family'. Different in approach from the conventional and stentorian institution demanded by the colonial bureaucracy, the cause of homoeopathy was being nonetheless taken up, as the rest of the chapter would show, by a number of business concerns who proclaimed themselves as 'families'.

The Competing Companies

Late nineteenth–early twentieth century medical print in Bengal is replete with advertisements by a wide range of companies projecting themselves as the most trusted authorities on homoeopathy. These firms combined in themselves the multiple roles of acting as pharmacies, importing and distributing homoeopathic drugs, publishing houses for homoeopathic literature including journals and often as dispensaries. Most advertised themselves as 'homoeopathic chemists, druggists, booksellers and publishers'.⁵⁰ This chapter focuses on six such protagonists and their firms who through their publications consistently asserted themselves as foremost authorities in the field. Berigny and Company owned by physician Rajendralal Datta, the Pals of the Batakrishna Pal and Company fame, the Sircars headed by the famous physician Mahendralal Sircar, Pratap Chandra Majumdar along with son Jitendranath Majumdar owning the Majumdars Pharmacy, the M. Bhattacharya and Company headed by Mahesh Chandra Bhattacharya and the Bhars, who

⁴⁸ Ibid..

⁴⁹ Ibid.

⁵⁰ 'Advertisement of Lahiri and Company', *Indian Homoeopathic Review*, 21, 2, February 1912, page number not cited.

owned the Hahnemann Publishing Company were among the most prominent business concerns dealing in homeopathy.

Since the mid-nineteenth century, these firms invested in homoeopathic publications and pharmacies on an enduring basis. Situated at 12, Lalbazar Street and owned by Rajendralal Datta (1818-1889) and his nephew Ramesh Chandra Datta, Berigny and Company's Calcutta Homoeopathic Pharmacy was supposedly 'the first and the oldest' homoeopathic pharmacy in India.⁵¹ Apart from publishing and supplying drugs, some of them were subsequently involved also in building formal institutions like schools and colleges around homoeopathy in the mid twentieth century. Between them, they edited some of the most important Bengali homoeopathic journals of the time. Interestingly, most of these companies were run by physicians across generations. Historical accounts of homoeopathy written in course of late nineteenth –early twentieth century also highlight these physicians and their enterprise as crucial to the development of homoeopathy in Bengal.⁵² They were often highlighted as being invested in homoeopathy as a 'family'. Writing about one such family, the Majumdars, author Sarat Chandra Ghosh noted, 'Dr. P. C. Majumdar is dead but will live long through his works and accomplishments. Dr. J. N. Majumdar is the eldest son of late Dr. P. C. Majumdar...he is an eminent homoeopath and has kept up the traditions of his father and their house remarkably well.'⁵³

However, these six concerns were in no way alone in the market dealing with homoeopathic drugs and publications. This section situates the leading firms of our focus within the plethora of other firms advertising themselves as 'dealers in homeopathic drugs and books'. The purpose is to get a sense of the crowd of companies associated with homoeopathic business and to note the normative codes of their business operation. Lahiri and Company (14 and 35, College Street), B. Datta and Company (Chitpur Road), Chatterjee and Company (121/1 Bowbazar Street), C. Ringer and Company (4, Dalhousie Square East), Carr and Company(36, Cornwallis Street), L.V. Mitter and company (1 Upper circular Road), C.Kylye and Company (150, Cornwallis Street), Messrs K. Dutta and Company (21, Bowbazar Street), King and Company (Harrison Road), Sarkar and Banerjee (110, College

⁵¹ Sarat Chandra Ghosh, 'Dr.T.Berigny', *Hahnemann*, 22, 4, 1939, p. 198.

⁵² See for instance S.C.Ghosh, *Life of Mahendralal Sircar*, Calcutta: Oriental Publishing Company, First edition, 1909.

⁵³ S.C.Ghosh, *Life of Mahendralal Sircar*, Calcutta: Hahenmann Publishing Company, Second edition, 1935, pp. 67-72.

Street), B.K. Pal and Company (12, Bonfield Lane), N.K. Majumdar and Company (Clive Street) were just a few of the range of companies that recurrently published such advertisements.

In 1909, physician Sarat Chandra Ghosh noted the presence of around two hundred such concerns doing ‘excellent business’ in and around Calcutta.⁵⁴ Thriving primarily along the hub of north Calcutta, most had branches all over the city and also in the *mofussil*. Lahiri and Company was a typical homoeopathic concern owned by physician Jagadish Lahiri and later by his son physician Satyaranjan Lahiri. An advertisement of the Company published in a book authored by the founder Jagadish Lahiri in 1907, mentioned several other branches apart from the main College street office.⁵⁵ Apart from the Burrabazar and the Shobha bazaar branch in the north of the city, there was also a Bhawanipore branch in the south and branches in Bankipore, Patna etc that were advertised as the *mofussil* branches.⁵⁶

There was a stiff sense of competition among these companies in trying to attract a large body of clientele. The main index of competition remained the quality- both of the drugs they supplied and the books they published. The advertisements often made a strong case for the absolute necessity of a ‘trusted’ drug selling company in case of homoeopathy.⁵⁷ Most of them emphasised on the ‘accurate’ mode of preparation as extremely crucial for the efficacy of the homoeopathic drugs. A few factors appeared recurrently in myriad advertisements as essential to the purity and authenticity of homoeopathic medicine. The independent manufacture of homoeopathic drugs in India began much later – well into the twentieth century. Hence, most of the drugs in this period were advertised as being imported from the west. The country of origin, the way these drugs were imported, their freshness, local packaging in the companies, the experience and credibility of the physicians involved in the final preparation and selling, the potency of the drugs, their prices, how long the drugs lasted etc all contributed in the discussion around what constituted ‘pure’ and ‘good quality’ homoeopathic drugs.

⁵⁴ Sarat Chandra Ghose, Op cit note 52, p. 101.

⁵⁵ ‘Advertisement of Lahiri and Company’, in Jagadish Chandra Lahiri, *Homoeopathy r Bipokkhe Apotti Khondon (Negation of Allegations against Homoeopathy)*, Calcutta: Lahiri and Company, 1907, page number not cited.

⁵⁶ *ibid*

⁵⁷ Batakrishna Pal, ‘Preface’, *Homoeopathic Mowt E Saral Griha Chikitsa (Simple Domestic Treatment According to Homoeopathy)*, Calcutta: Great Homoeopathic Hall, Seventh Edition, 1926, page number not cited.

These drugs were chiefly claimed to be imported from England, America or Germany. Each company vouched for the efficacy of their own products and as opposed to the ones imported by the rest. A typical advertisement of C. Ringer and Company in the journal *Krishak* for instance read, 'If you really want your homoeopathic medicine to work, then refrain from using the cheap German variety and kindly use the fresh and genuine English medicine that is available in our store.'⁵⁸

Some of the companies specifically mentioned the names of reputed western firms from whom drugs were directly imported. The Great American Homoeopathic Store run by Carr and Company and the Homoeopathic Medical Hall run by Messrs K. Dutta and Company, for instance, claimed to sell genuine American drugs imported from the firm Boericke and Tafel.⁵⁹ Similarly, the College Street based Maitra and Company noted that their drugs were imported from the reputed London based firm Goolf and Sons who were 'the suppliers of drugs to the London Homoeopathic Hospital and was the best homoeopathic pharmacy in London.'⁶⁰ Boericke and Tafel was described in a K. Dutta and Company advertisement as the 'great American homoeopathic chemists and the most eminent firm in the world.'⁶¹ Claiming to import the 'original potency' drugs directly from Messrs Boerice and Tafel, another north Calcutta based company named Homoeopathic Serving Society advertised themselves as the suppliers of the most long lasting homoeopathic drugs.⁶² They argued that drugs from their store would remain as effective until the last drop or the last globule of each bottle. They claimed that 'it was not the case with drugs imported from any other company or those prepared in any other way'.⁶³

Apart from the source of importation, the quality of the drugs was shown to vary with the expertise of the physicians in handling the final preparation. An advertisement of the firm Sarkar and Banerjee, for instance, stated that the physician attached to their firm, Sri Raimohan Bandopadhyay was a teacher at the Homoeopathic College. He had also previously served the Lahiri and Company for many years. The advertisement claimed that

⁵⁸ 'Advertisement of C.Ringer and Company', in *Krishak*, 11, 1, 1910, page number not cited.

⁵⁹ 'Advertisement of Carr and Company', in *Chikitsa Sammilani* New Series, 2, 1, 1912, page number not cited.

⁶⁰ 'Advertisement of Maitra and Company' in Bipin Bihari Maitra, *Disease of Children and Its Homoeopathic Treatment*, Calcutta: Maitra and Company, 1887, page number not cited.

⁶¹ 'Advertisement of Messrs K. Dutta and Company', *Calcutta Journal of Medicine*, 10, April 1882, page number not cited.

⁶² 'Advertisement of Homoeopathic Serving Society', in *Homoeopathy Pracharak*, 1, 5, 1926, page number not cited.

⁶³ *Ibid.*

the expertise of their physician made all the difference to their drugs. They challenged the potential buyers saying, 'on the first use itself one immediately gets to understand the difference between the available medicine in the market, and that of our own, prepared in a far superior way.'⁶⁴

The packaging of the drugs was also a matter of critical discussion. Most of the pharmacies owned by the companies sold drugs in several sets of self-contained boxes. The Homoeopathic Laboratory run by B. Datta and Company, for instance, always put up elaborate details of the boxes they had for sale.⁶⁵ The range was often extensive- both in terms of the price and the size of the boxes. There were boxes priced between Rs 3 and Rs 100, containing from 12 bottles of medicine to 80 bottles. The advertisements contained descriptions of the boxes including the exact dimensions and the material used in their making.⁶⁶ In addition, different advertisements addressed various consumers - the householders, the practitioners, cholera patients etc. Some companies even included information regarding the security of the boxes and described arrangements for locking them with keys.⁶⁷

Another major index of self-promotion among these competing companies was the quality of their publications. Most of these companies owned printing presses and published homoeopathic works authored by them and others. These publications ranged from monographs, materia medica, serially published manuals to journals. B. Datta and Company, for instance, published a series of manuals- *Datta's Family Guide*, *Datta's Homoeopathic Series in Bengalee*, *Datta's Series Griha Chikitsa* etc. The number of edition a particular book had, counted as an obvious indicator of its quality. An advertisement by Lahiri and Company gave an exhaustive list of books authored by the owner physician Jagadish Chandra Lahiri and published by the company.⁶⁸ The name of each book was followed by quotes from generous newspaper reviews. The advertisement quoted newspaper *Bangabasi* praising their book *Griha Chikitsa or Domestic Treatment*

⁶⁴ 'Advertisement of Sarkar and Banerjee', *Bigyan*, 2, 9, 1913, page number not cited.

⁶⁵ 'Advertisement of Homoeopathic Laboratory', Basanta Kumar Dutta (ed.), *Datta's Homoeopathic Series in Bengalee*, 1, 1, January 1876, page number not cited.

⁶⁶ Batakrisna Pal, Op cit note 57, page number not cited.

⁶⁷ 'Advertisement of Carr and Company', in *Chikitsa Sammilani* New Series, 2, 1, 1912, page number not cited.

⁶⁸ 'Advertisement of Lahiri and Company', in Jagadish Chandra Lahiri, *Homoeopathy r Bipokkhe Apotti Khondon (Negation of Allegations against Homoeopathy)*, Calcutta: Lahiri and Company, 1907, page number not cited.

mentioning, 'this book has had five editions. This news is enough in itself. There is hardly any need for the authors of such books to do further publicity stunts. The author has already justified the reputation of the book.'⁶⁹

The other important factor contributing to the quality of the texts was the name of their original authors and place of publication. Books were regularly advertised as compilations from various important western authorities on the subject. As with the drugs, the quality of the books too depended on the names of the western authors whose works were translated and compiled. The extensive practices and politics of these homoeopathic translations will be studied in detail in the third chapter. However, accessing and translating authentic homoeopathic texts remained a hallmark of the achievements of these companies. The second-generation owner of C. Ringer and Company, Dr Kishorimohan Bandopadhyay's obituary thus extensively described how the company was a trendsetter in translating the works of western scholars.⁷⁰ The obituary contained a list of books that the company began translating long before others in the field. Some of them were *Farrington's Materia Medica*, *Hughes' Pharmacodynamics*, *Nash's How to take the Case and Find the Similium*, *Hughes' Principles and Practice of Homoeopathy*.⁷¹ Often the books were advertised as more than a straightforward translation of any single English work. B.K. Pal and Company while advertising one of its publications i.e. *Chikitsa Darpan*, especially harped on the fact that it contained the views and experiences of 'not one, but a range of English physicians including Tanner, Johnson, Roberts, Bear, Herring etc'.⁷² The company claimed that this made this book count as one of the best medical works in Bengali language.⁷³ The links that were maintained with international homoeopathic journals were also carefully flagged up. Thus, a favourable review of *Datta's Homoeopathic Series* in the London based journals *The Homoeopathic World* and *Homoeopathic Review* was quoted extensively in the promotional advertisement of the series.⁷⁴

⁶⁹ Ibid.

⁷⁰ Sarat Chandra Ghosh, 'Kishorimohan Bandopadhyay', *Hahnemann*, 23, 12, 1940, pp. 728-729

⁷¹ ibid

⁷² 'Advertisement of Batakrishna Pal and Company', in Batakrishna Pal, *Homoeopathic Mowt E Saral Griha Chikitsa (Simple Domestic Treatment According to Homoeopathy)*, Calcutta; Great Homoeopathic Hall, Seventh Edition, 1926, page number not cited.

⁷³ ibid

⁷⁴ Basanta Kumar Datta (ed.), 'Review of Datta's Homoeopathic Series' in *Datta's Homoeopathic Series in Bengalee*, 5,-6, May- June 1876, promotional advertisement at the end.

Thus, the keen sense of competition between these companies focussed primarily on two issues - qualities of the drugs supplied through their pharmacies and the literature they published. Both these aspects were strongly intertwined with being in regular contact with the west. Success in any enterprise involving homoeopathy apparently relied on the capacity to keep up with the latest developments in the field of homoeopathic medicine in the West. A covert implication of all the advertisements was the service they were rendering in bringing these advanced western medical ideas to India. B. Datta and company for instance included a newspaper review of *Bharat Sangskarak* in their advertisement that declared, ‘Basanta Datta is not only involved in medical business with homoeopathy. He is deeply concerned about popularising this useful medical doctrine for the common people of this country.’⁷⁵ An editorial article of the journal *Hahnemann* edited by B. Datta and Company too proclaimed,

Discovered in 1793, the homoeopathic doctrine is already far ahead of the other prevalent doctrines in the west. Not only one - almost all the civilised races are gracefully embracing this useful form of treatment. *Hahnemann* (the journal) is the Bengali messenger of homoeopathy....we can assert with pride and happiness that our efforts are bearing fruit. Homoeopathy is gaining popularity among the fallen races of this conquered land.⁷⁶

Reaching out to the largest set of consumers, especially beyond the urban milieu, was projected as another important marker of the success of these companies. Most advertisements highlighted their service to the consumers based in the *mofussils*- the way their drugs and books were sent in parcel, the way the extra postage cost and advanced subscriptions from the *mofussil* customers were received were noted most diligently.⁷⁷ There was a sense of importing ideas and drugs from the west and circulating them directly into the interiors of Bengal. An advertisement of the Great American Homoeopathic Store read, ‘we invite the attention of *mofussil* doctors to our stock of genuine homoeopathic medicines, indented direct from Messrs Boerike and Tafel, U.S.A.’⁷⁸

⁷⁵ Basanta Kumar Datta (ed.), ‘Review of Datta’s Homoeopathic Series’ in, *Datta’s Homoeopathic Series in Bengalee*, 3, 3, March 1876, cover page.

⁷⁶ ‘Editorial:Hahnemann er Borsho Bridhhi’ (Growth of Hahnemann over the Years), *Hahnemann*,3, 1, Baishakh 1885, p. 4.

⁷⁷ ‘Advertisement of Datta’s Homoeopathic Series’, in *Datta’s Homoeopathic Series in Bengalee*, 1, 1, January 1876, page number not cited.

⁷⁸ ‘Advertisement of The Great American Homoeopathic Store’, in *Indian Homoeopathic Review*, 19, October 1910, page number not cited.

As mentioned at the beginning of this section, this chapter will focus primarily on six protagonists and their familial enterprise concerning homoeopathy. They were Rajendralal Dutta, Batakrishna Pal, Mahesh Chandra Bhattacharya, Pratap Chandra Majumdar, Mahendralal Sircar and Prafulla Chandra Bhar. With their sustained investments in homoeopathic publications and drugs, these protagonists remained central in the production and dissemination of homoeopathic knowledge in Bengal. Between them, they edited and published the most widely circulating and enduring homoeopathic journals including *Calcutta Journal of Medicine* (edited and published by the Sircars)⁷⁹, *Indian Homoeopathic Review* (edited and published by the Majumdars), *Homoeopathic Herald* and *Homoeopathy Chikitsa* (published by M.Bhattacharya and Company), *Hahnemann* and *The Hahnemannian Gleanings* (published by Hahnemann Publishing Company). The chapter further elaborates on their role in leading some of the most prominent pharmacies dealing with homoeopathic drugs. Such entrepreneurs often recognised and acknowledged one another as conducting the most credible business around homoeopathy. An editorial article in the journal *Hahnemannian Gleanings* published by the Hahnemann Publishing Company thus identified the ‘Hahnemann Publishing Company, the Economic Pharmacy (of Mahesh Bhattacharya) and one or two pharmacies’ as the ‘pioneers of introducing neat, genuine and rightly prepared homoeopathic remedies...in India.’⁸⁰ It contrasted the position of these reputed pharmacies with those indulging in various forms of practices which ‘tantamount to a pure professional misconduct’.⁸¹ Emphasis was also laid on the pitfalls of unnecessary rivalry between one another. The secret to successful business was shown to depend also on mutual help and collaboration. The same editorial article noted further, ‘Harmony should be the basic principle upon which true friendship and good business can last and flourish. Selfishness, greed, enmity, rivalry and mutual vilification do away with and undo that which it took years to build up...’⁸²

⁷⁹ Initiated in 1867 by Mahendralal Sircar this was the oldest homoeopathic journal that was published and continued uninterrupted well in to the twentieth century, After Mahendralal’s death in 1904, the charge was taken over by his son Amritalal Sircar. The journal continued to be published at least till 1913 and in its heydays under Mahendralal Sircar limited copies were also distributed in London as is evident from his diary entries of January 22, 1874.

⁸⁰ ‘Editorial: New Year’s Retrospection and Inspection’, *The Hahnemannian Gleanings*, 4, 1, 1933, pp. 4.

⁸¹ *Ibid*, p. 7.

⁸² *Ibid*, p. 11.

‘One cannot accumulate wealth without trade and business’⁸³

Publishing was a significant aspect of the careers of the six homoeopathic protagonists and their enterprises that this chapter focuses on. Apart from homoeopathic literature, most of these enterprises also indulged in publishing texts not exclusively devoted to medicine. Besides, there were a significant number of biographies and a few autobiographies written about the owners of these enterprises. These detailed the thoughts and values propagated by such protagonists. An interesting trend in such texts was the overwhelming importance attached to the utility of earning wealth. They unanimously harped on the importance of business and entrepreneurship in earning money and generating wealth. Through their emphatic emphasis on wealth and business, these texts promoted a veritable culture and ethic of entrepreneurship. In his book ‘*Byabshayee*’ literally meaning *Businessman*, Mahesh Chandra Bhattacharya noted, ‘One can never be rich without doing business. One gets to earn the most through business. Next is the income through industry, then agriculture, then salaried service or chakri. The least income is incurred through begging.’⁸⁴ Jitendranath Majumdar too noted in his text *Arther Sandhan* or *Pursuit of Wealth*, ‘one cannot accumulate wealth without engaging in trade and business.’⁸⁵

These texts played out the importance of wealth at various levels. First was the exclusively personal domain of the maintenance and well-being of the household. Narrating the life and achievements of his father, Jitendranath Majumdar recounted how Pratap Chandra Majumdar was forced to spend almost the whole of his ‘princely income’ towards the marriage of his daughters and the education of his sons and son-in-laws.⁸⁶ He sponsored each one of their education in England or in America.⁸⁷ Thus, familial obligations exhausted nearly all of his savings.⁸⁸ It kept him busy until almost the last days of his life and made him incapable of any substantial charity during his lifetime.⁸⁹ At his death, the famous physician could barely leave anything more than his immovable assets. Migrating to Calcutta from an obscure *mofussil* background, young Pratap Chandra had to battle it out with extreme poverty in the initial stages of his career. Jitendranath carefully noted how his

⁸³ Jitendranath Majumdar, Op cit note 2, p. 116

⁸⁴ Mahesh Chandra Bhattacharya, Op cit note 3, p. 8.

⁸⁵ Jitendranath Majumdar, Op cit note 2, p. 116

⁸⁶ J.N.Majumdar, ‘Dr. Pratap Chandra Majumdar MD’, *Hahnemann*, 23, 8, 1940, p. 451.

⁸⁷ *Ibid*, p. 451.

⁸⁸ *ibid*.

⁸⁹ *ibid*.

father would often remember those initial struggles to pronounce emphatically, ‘wealth is the most desired thing in life!’⁹⁰

Importance of wealth was also discussed in relation to social respectability. The links between independent enterprise, however small, and social respect, was often reflected upon. The writings of Mahesh Chandra Bhattacharya deal with this theme most recurrently. A biography of Mahesh Chandra records the deep anxiety in the mind of child Mahesh Chandra about his poverty.⁹¹ As a child, he looked up to the landed Kayastha zamindar family of his village. Many of the relatives of that family were established professionals. He aspired to learn English and be as respectable as them in society. However even as a child, he hardly missed the fundamental relation between wealth and social respectability.⁹² The traditional trading and money-lending castes like the Baisyas too inspired his imagination to the extent that he made up his mind to accumulate wealth through business enterprise.⁹³

The factor of social respectability remained a central concern for Mahesh Chandra Bhattacharya. In 1905 as an established entrepreneur, he wrote the instructive tract *Byabshayee* meaning *Businessman* (mentioned before) that ran into several editions.⁹⁴ The book discussed the requirements of a successful business. It was primarily meant to guide young beginners in establishing themselves. Mahesh Chandra discussed issues of business and social prestige at the very beginning of his book. He lamented the lesser social prestige associated with conducting business in contemporary Bengali society.⁹⁵ He referred to traditional laws and customs from ancient shastras to argue that the traditional trading and business castes i.e. the Baisyas commanded a lot of social prestige.⁹⁶ He argued that neither the famous ancient lawmaker Manu, nor the Puranas considered business as socially demeaning. He pointed to the fact that they in fact considered the Baisyas or the traditional business caste as socially at par with the Brahmins in certain contexts.⁹⁷ It was pointed out that conventional Bengali synonyms of a businessman like ‘mahajan’, ‘uttamarna’ ‘sadhu’

⁹⁰ *ibid*, p. 452-453.

⁹¹ Srish Chandra Talapatra, *Mahesh Chandra Charitkatha*, Calcutta: Economic Press, 1946, pp. 120-121.

⁹² *Ibid*.

⁹³ *Ibid*.

⁹⁴ *Byabshayee* was written and published by Mahesh Chandra Bhattacharya in 1905. Since then it had at least four editions, the last one being published in 1921. The prefaces to the various editions proclaimed that the purpose of the tract was to introduce potential beginners to the fundamentals of business and entrepreneurship.

⁹⁵ Mahesh Chandra Bhattacharya, *Op cit* note 3, pp. 2-6

⁹⁶ *Ibid*, pp. 3-4.

⁹⁷ *Ibid*,

were all socially respectable epithets.⁹⁸ The biography of Batakrishna Pal titled *Sadhu Batakrishna Pal or Saint Batakrishna Pal* extensively dealt with the epithet of ‘sadhu’.⁹⁹ His biographer Gopal Chandra Mukhopadhyay referred to ‘ancient’ Bengali texts like *Manasa Bhashan* and the mythic businessman figure of Chand Saudagar to argue that the rich gandhabanik businessmen were traditionally referred to as ‘sadhu’ or ‘saint’.¹⁰⁰ The biography highlighted Batakrishna as belonging to the same gandhabanik trading caste as Chand Saudagar. It argued that the epithet ‘sadhu’ was reserved for successful businessmen in ancient Bengal. The author further expressed his awareness of the current connotation of the word ‘sadhu’ in Bengali dictionary where it stood for pious, religious men with impeccable character dedicating life towards spiritual salvation or social good.¹⁰¹ He argued that such contemporary connotations of the word encompassed past references of great businessmen who showed remarkable integrity of character, honesty and dignity in doing business.¹⁰² Mahesh Chandra Bhattacharya too invoked similar virtues while discussing the relationship between business and respectability. He argued that any enterprise conducted with dignity, integrity and honesty should be respectable.¹⁰³ He felt that the Brahmins, more than any others, should indulge in all kinds of enterprises to retain their social respectability.¹⁰⁴

In this context, Mahesh Chandra made a distinction between the incomes from landed agrarian properties and those from business. He had deepest respect for the erstwhile class of landed gentries – the zamindars, talukdars etc.¹⁰⁵ He appreciated their benevolence in patronising men of knowledge and letters through the gift of tax-free or ‘Brahmottar’ lands.¹⁰⁶ Mahesh Chandra’s own paternal properties were themselves received by his ancestors as tax-free ties.¹⁰⁷ However, he was resistant to the idea of acquiring landed property for himself. His biographer notes that once Mahesh Chandra emerged as an established businessman, many of his well-wishers advised him to buy landed assets for his

⁹⁸ Ibid,

⁹⁹ Gopal Chandra Mukhopadhyay, *Sadhu Batakrishna Pal*, Vol II, Calcutta: Publisher not cited, 1919, pp. 243-248.

¹⁰⁰ Ibid. pp. 244-247.

¹⁰¹ Ibid.

¹⁰² Ibid. p. 248

¹⁰³ Mahesh Chandra Bhattacharya, Op cit note 3, pp. 2-6

¹⁰⁴ Ibid, p. 7.

¹⁰⁵ Srish Chandra Talapatra, Op cit note 91, p. 16

¹⁰⁶ Ibid, pp. 16-17.

¹⁰⁷ Ibid

son.¹⁰⁸ His reply to such well-wishers was, 'Buying a zamindari will turn my son into a lazy, extravagant rich. That will tantamount to committing a sin as a parent. I will rather leave my store for him. If he is hardworking and honest the store will earn him enough to live a very comfortable life.'¹⁰⁹

Mahesh Chandra also drew the attention of his readers to the Bengali obsession with salaried jobs and hinted at its grave social implications. He was concerned that even the leaders of the society, who delivered public lectures on the necessity of being respectful to entrepreneurs, secretly wished their own children to become lawyers or judges, or a low-salaried clerk in the least.¹¹⁰ In this context, he indulged in an elaborate discussion on the relative advantages of business over salaried jobs or 'chakri'.¹¹¹ He noted that while chakri involved a degree of security and less hard work, business on the other hand held possibilities of unlimited expansion. He made a distinction between 'office jobs' and jobs in the business sector.¹¹² He argued that the latter held greater potential of improving one's position.¹¹³ He further pointed out that the income from chakri tends to diminish drastically in older age. However, in the hands of competent successors or good staff, the incomes from business increase substantially with age.¹¹⁴ Jitendranath Majumdar's book *Arther Sandhan* or *Pursuit of Wealth* too deals with similar concerns. Jitendranath, like Mahesh Chandra, made a strong case for entrepreneurship as against salaried jobs.¹¹⁵

Such discussions on the importance of wealth and business often had broader socio-political resonances. The biography of Batakrishna Pal devotes an entire chapter to discuss the anxieties of Batakrishna regarding the necessity of generating social wealth by the Bengalis. Titled 'Svajatipriyota' or 'Love for One's Race' the chapter dealt with Batakrishna's thoughts on the improvement of the Bengalis from their current fallen status compared to the British.¹¹⁶ He argued that the British were the most advanced race primarily because of their proliferating trade and business.¹¹⁷ All other superiorities of the English – political,

¹⁰⁸ Ibid, pp. 44-45

¹⁰⁹ Ibid.

¹¹⁰ Mahesh Chandra Bhattacharya, Op cit note 3, pp. 2-3.

¹¹¹ Ibid, pp. 8-12.

¹¹² Ibid, pp. 11

¹¹³ Ibid, pp. 11-12.

¹¹⁴ Ibid, pp. 10.

¹¹⁵ Jitendranath Majumdar, Op cit note 2, p. 132

¹¹⁶ Gopal Chandra Mukhopadhyay, Op cit note 99, pp. 256-261.

¹¹⁷ Ibid, p. 257.

scientific, and intellectual- emanated out of the fundamental power of wealth, he argued.¹¹⁸ Batakrishna strongly asserted that generating wealth through business was the ideal way of self-assertion of any race.¹¹⁹ Nationalistic charges are unmistakable in such formulations.

Interestingly, along with national self-assertion there was almost equal concern about regional identity of the Bengalis. Mahesh Chandra Bhattacharya and Jitendranath Majumdar shared similar concerns in their writings. Mahesh Chandra noted in *Byabshayee*,

So far only the Europeans were draining the wealth of this country through trade. Now the Marwaris and the Bhatias have joined them. They are buying off all the lands in and around Calcutta. The Bengalis are only concerned with their education, degree and with the ways of becoming teachers, lawyers, judges or doctors. They are oblivious about their future- about where they will live and what they will eat.¹²⁰

National anxiety, however, reigned supreme in most such tracts. Batakrishna argued that it was by dint of their mercantile power that the English have managed to be rulers of this country.¹²¹ He made a strong case for economic self-sufficiency as an essential tool for the development of a nation. Batakrishna held that races that manage to be self-sufficient in terms of their food production are the only ones who ensure the development of their own nation i.e. '*sva-desh*' and own race i.e. '*sva-jati*'.¹²² Very passionately he proclaimed,

...races which are unable to feed themselves and are forever hankering for food, are hardly any different from slaves. They are detestable lots. Such races are not only deficient in food but in almost everything. All kinds of vices get hold of such people and they become completely sapped of vitality.¹²³

He held that the king and the leaders of the nation should address the problem of providing enough for the people to eat.¹²⁴ That ought to be their first and foremost duty. These thoughts resonate with larger economic nationalist formulations of a self-dependent economy highlighted by histories of nationalist thought. Historians Manu Goswami and Andrew Sartori have dwelt upon the evolving body of nationalist thoughts concentrating on

¹¹⁸ Ibid.

¹¹⁹ ibid, p. 258.

¹²⁰ Mahesh Chandra Bhattacharya, Op cit note 3, pp.9.

¹²¹ Gopal Chandra Mukhopadhyay, Op cit note 99, pp. 258.

¹²² Ibid, pp. 258-259.

¹²³ Ibid, p. 259

¹²⁴ ibid, p. 259.

the economy since the 1870s.¹²⁵ Importance of economic independence achieved through the blooming of indigenous enterprise was the major theme of such formulations.

Mahesh Bhattacharya's writings too reflected concerns about national self-sufficiency. He firmly believed that the youth of a country should indulge in various innovative and new enterprises.¹²⁶ He devoted a substantial aspect of *Byabshayee* in discussing an extremely wide range of possible fields of investment.¹²⁷ These were meant for beginners equipped with business capital of various proportions- from meagre to large ones.¹²⁸ He elaborately discussed the potentials of business in various fields- the traditional ones included investment in order supply, publishing, opening factories for different goods, business involving construction work etc.¹²⁹ His list included also uncommon sectors of investment like opening of auction houses, business involving astrological predictions, shoes, clock and so on.¹³⁰ In that context, he also discussed the greater lucrative potentials of opening up homoeopathic dispensary-cum-pharmacies compared with allopathic pharmacies in Calcutta and other big cities.¹³¹

Mahesh Chandra argued that more a country is capable of producing its essential necessities, the better.¹³² He believed that a country should ideally import required raw materials and manufacture the necessities on one's own soil. He held that when a country accomplishes that, 'it is as praise worthy as it is profitable. Importing manufactured items is a matter of utmost shame as it involves national losses'.¹³³ Therefore, goods that may be easily manufactured in a country should never be imported from abroad. He considered business involving the everyday necessities of common people like groceries, oil, cloth etc to be of crucial importance.¹³⁴ Jitendranatha Majumdar further emphasised that investment in such quotidian necessities of people inevitably ensured a profitable business.¹³⁵

¹²⁵ See Manu Goswami, 'From Swadeshi to Swaraj: Nation, Economy, and Territory in Colonial South Asia', *Comparative Studies in Society and History*, 40, 4, 1998, pp. 609-636; Andrew Sartori, 'The Categorical Logic of a Colonial Nationalism: Swadeshi Bengal, 1904-1908,' *Comparative Studies of South Asia, Africa and the Middle East*, 23, 1&2, 2003, pp. 271-285

¹²⁶ Srish Chandra Talapatra, Op cit note 91, pp. 47

¹²⁷ Mahesh Chandra Bhattacharya, Op cit note 3, pp.95-132.

¹²⁸ Ibid.

¹²⁹ ibid.

¹³⁰ ibid.

¹³¹ ibid, pp. 104-105.

¹³² Ibid, pp. 83-84.

¹³³ Ibid, p. 83.

¹³⁴ Ibid, p. 84.

¹³⁵ Jitendranath Majumdar, Op cit note 2, p. 118.

Such ideas had obvious resonance of the swadeshi nationalist ideologies. Although none of the protagonists of these texts were self-proclaimed swadeshi nationalists, yet their efforts often were appropriated within the framework of swadeshi-nationalist endeavours. On a visit to the premises of B.K.Pal and Company in 1911, Maharaja Sir Pradyot Coomar Tagore was said to have commented,

...I was highly impressed with what I saw. The business is entirely under Indian management and is by far the biggest concern of its kind in the whole of India. This is the right kind of Swadeshi enterprise and as such deserves commendation and encouragement.¹³⁶

Enterprises in homoeopathy were often retrospectively referred to as ones bearing strong swadeshi spirit. A biographer of Rajendralal Dutta for instance commented,

In these days of swadesism we have heard much about Industrialism, of starting Cotton Mills and Steamer Service Companies, of National Education...in those days when nobody even dreamt of such things and when to do such things was hazardous enough to make one very unpopular...Rajendra Dutt practically organised such institutions quite single-handed.¹³⁷

A related concern, which was reflected in these tracts was about the prevalent system of education in the country. Mahesh Chandra for instance criticised the existing education system describing it as 'purposeless' and therefore harmful for the country.¹³⁸ He was aware of the futility of technical/ commercial schools. According to him, one could hardly learn to become a good businessman through attending a school or by reading any book.¹³⁹ He felt that apprenticeship to a successful businessman was the ideal way to learn good business.¹⁴⁰ To him, a good businessman was one who was equipped to do all kinds of work related to his business, from the lowliest to of jobs like sweeping the floor to taking highest level decisions.¹⁴¹ He felt that rich parents should teach their children accordingly or send them over to do a salaried service for some time before they joined business.¹⁴² That would help them gain insights about ways of treating their employees.

¹³⁶ Gopal Chandra Mukhopadhyay, Op cit note 99, p. 80.

¹³⁷ S.C. Ghose, 'Homoeopathy and Its First Missionary in India', *The Hahenemannian Gleanings*, Volume 3, Number, 8, Sept 1932, p. 337.

¹³⁸ Srish Chandra Talapatra, Op cit note 91, p. 79.

¹³⁹ Mahesh Chandra Bhattacharya, Op cit note 3, p. 57.

¹⁴⁰ Ibid, p. 58.

¹⁴¹ Ibid, p. 58-59.

¹⁴² Ibid.

Harping on the importance and fundamentals of business Mahesh Chandra made a clear distinction between medical practice and business involving medicine. To him, it was not always important to be a physician to do such a business. He cited his own example in his autobiography to suggest how he consciously stayed away from learning medicine to be able to focus solely on his business. It is not surprising therefore, that many of such families simultaneously invested in fields other than medicine. For the the Bhattacharyas, the Pals and for the family of Rajendralal Datta, enterprise in homoeopathic drugs formed a part of their varied entrepreneurial efforts. The Dattas for instance owned shipping companies and other business concerns, chief among which was the Dutt's Lintzee and Company.¹⁴³

Business as Family, Family as Business

Efficient management of firms emerged as a recurrent theme in the texts published by homoeopathic entrepreneurs in late nineteenth –early twentieth century Calcutta. Labour recruitment and management was a foremost subject of discussion in such texts. Such texts seem to blur any rigid distinction between a presumably private domain of 'family' and public domain of 'business'. They insisted on strategically replicating the personal, intimate ties of affection associated with families within the sphere of business. Business modelled on familial bonds was projected as the ideal form as it generated maximum revenue. While discussing labour management, these publications promoted a flexible commodious and porous understanding of family.

Batakrishna Pal, Jitendranath Majumdar as also Mahesh Chandra Bhattacharya stressed on the importance of competent employees for the success of any business. They projected ideal employers as emphatic and paternalistic. Mahesh Chandra argued, 'To a businessman, honest, dutiful and efficient employee is more precious than the son. Many entrepreneurs trust such employees more than their own son.'¹⁴⁴ Therefore, he attached supreme importance to the recruitment and training of the employees. He devoted an entire chapter of *Byabshayee* titled 'Karmachari' or 'Employee' in discussing these aspects.¹⁴⁵ He strongly advocated recruiting one's own relatives or those belonging to one's own region or caste.¹⁴⁶

¹⁴³ S.C.Ghose, 'Homoeopathy and Its First Missionary in India', *The Hahnemannian Gleanings*, 3,8, September 1932, pp. 337-338.

¹⁴⁴ Mahesh Chandra Bhattacharya, Op cit note 3, p.. 72

¹⁴⁵ Ibid, pp. 62-82.

¹⁴⁶ Ibid, p. 65

He felt that only in case of a candidate with extraordinary calibre, the employers ought to overlook these considerations.¹⁴⁷ Batakrishna Pal also abided by similar considerations in recruiting employees. His biographer claimed that distant relatives and those who were considered parts of the broader kinship network invariably found preference in his company.¹⁴⁸ The author delineated how Batakrishna actually recruited many such relatives and men from his own caste background. The discussion in *Byabshayee* further included the kind of people to be strictly avoided.¹⁴⁹ Mahesh Chandra felt that the recruits should first act as apprentices and be put under regular observation until they learnt the fundamentals of their work.¹⁵⁰

A few protagonists like Mahesh Chandra Bhattacharya and Batakrishna Pal attached a lot of importance to caste ties. A Brahmin by birth, Mahesh Chandra often chose Brahmins as objects of his charities as also for recruitments in his company. He was also sympathetic towards people from his own native village of Bitghar in the district of Tripura. His weakness for the Brahmins was so widely known that often there were allegations of him being biased.¹⁵¹ His biographer noted how Mahesh Chandra defended his caste bias saying 'if someone from the kayastha caste did something for the Kayasthas, I would be very happy about it. If everyone likewise contributed towards the benefit of one's own caste or region, that will be good for the country overall.'¹⁵² Batakrishna Pal too was very conscious of his caste origin and relied on caste ties in matters of recruitment. The biography of Batakrishna Pal carefully notes his deep caste loyalties.¹⁵³ Hailing from the traditional trading caste of Baisya Gandhabaniks, he was known to be deeply involved in the Gandhabanik movement in early twentieth century Calcutta.¹⁵⁴ He was made the President of the committee to deal with issues of the Gandhabanik caste in 1900.¹⁵⁵ Batakrishna also sponsored the publishing and distribution of the tract called *Gandhabaniktattva* in 1902 dealing with the history and lineage of his caste.¹⁵⁶

¹⁴⁷ Ibid.

¹⁴⁸ Gopal Chandra Mukhopadhyay, Op cit note 99, pp. 54-55.

¹⁴⁹ Mahesh Chandra Bhattacharya, Op cit note 3, pp. 66-67.

¹⁵⁰ Ibid, p. 64.

¹⁵¹ Srish Chandra Talapatra, Op cit note 91, p.64.

¹⁵² Ibid, p. 64.

¹⁵³ Gopal Chandra Mukhopadhyay, Op cit note 99, pp. 261-268

¹⁵⁴ Ibid.

¹⁵⁵ Ibid, p. 262.

¹⁵⁶ Ibid, p. 64

Once recruited, the management and maintenance of the employee was the major concern for most of the protagonists. The rhetoric of *family* was invoked recurrently and most powerfully to explain the relationship between the employer and the employee. In fact the business in such homoeopathic firms were often organised in a way as to resemble an extended household bound by ties of loyalty and affection. Batakrishna Pal's biographer noted how Batakrishna carefully looked after the well-being of the five-hundred- plus retinue of employees working for B.K.Pal and Company.¹⁵⁷ He was especially careful about their food and maintenance.¹⁵⁸ Several Brahmin cooks were appointed to look after their needs. Mahesh Chandra's biography also notes how he looked after all his employees as if they were 'his own son'.¹⁵⁹

It is revealing that Batakrishna Pal always preferred using parts of his own residence as his firm. Hence, the spatial and architectural distinction between business and the household would often collapse in the context of the homoeopathic firms. Initially, the various departments of B.K.Pal and Company were dispersed over different parts of North Calcutta. The biography of Batakrishna Pal notes how eventually Batakrishna built a huge palatial residence at 30, Shobhabazar street.¹⁶⁰ He found it convenient to move the head offices of his various departments including the branch offices of his Homoeopathic Pharmacy to this new residential building.¹⁶¹ The Hahnemann Publishing Company as well continues to function in a similar way since the early twentieth century. The Bowbazar complex of the company houses the office and the pharmacy while serving as the residence of the Bhars.¹⁶²

The personalised affection of such entrepreneurs was especially emphasised in their publications. Mahesh Chandra's biography for instance mentioned that although he was professionally quite strict, yet in cases of ill health or in case of familial trouble he took personal care of the employees - helping them either with cash or in kind.¹⁶³ His company was known for helping the employees with free medical treatment. The interpersonal relations in such firms often hinted at a veritable moral economy of care, warmth and love. To cite one instance of how the texts illustrated their level of concern for their workers, we

¹⁵⁷ Mahesh Chandra Bhattacharya, Op cit note 3, pp. 93-95.

¹⁵⁸ Ibid, p. 94.

¹⁵⁹ Srish Chandra Talapatra, Op cit note 91, p.57.

¹⁶⁰ Gopal Chandra Mukhopadhyay, Op cit note 99, pp. 168-169.

¹⁶¹ Ibid.

¹⁶² As narrated by Dr. Durgashankar Bhar, the current owner of Hahnemann Publishing Company and the grandson of the founder Prafulla Chandra Bhar, in an interview in date August 2009.

¹⁶³ Srish Chandra Talapatra, Op cit note 91, p.57.

can refer to the case involving an employee named Atul from Mahesh Chandra's biography. The latter was said to have contracted plague in the year 1902-03.¹⁶⁴ The biography mentions the dominant popular perception about plague victims at the time. It was believed that once taken to the hospitals such victims hardly ever returned home. The biography emphasised that Mahesh Bhattacharya himself in conjunction with Kumud Bhattacharya (the nephew of Mahesh Bhattacharya and the then manager of M. Bhattacharya and Company) refused to send Atul to any hospital. They had decided to nurse the patient themselves. It was elaborately noted how Mahesh Bhattacharya would visit the patient every 2 to 3 hours and make necessary recommendations for his recovery. The biography further claimed that Mahesh Chandra Bhattacharya often looked after his employees in their old age and gave a semblance of pension money to many.¹⁶⁵

Importance of virtues of loyalty and trust were also discussed in the context of generating good will of such enterprise. Especially in enterprises committed to deal with health and well-being, the factor of mutual trust was considered of supreme importance. It was shown to be the defining factor of the relationship between the employer and employees as also between the employer and his customers. Writing on the good will of the Hahnemann Publishing Company of the Bhars, the editor of their journal *The Hahnemannian Gleanings* observed, 'the patients come to us in a simple faith: trusting health and even life itself in our hands. The physician is trusted more than anyone else in the world.'¹⁶⁶

Apart from physical welfare, these homoeopathic employers were committed to the emotional as well as moral welfare of his employees. Mahesh Chandra's biography mentions that he took care to see that the young men, especially those coming from distant villages to work for him, did not fall prey to the seductions of city life.¹⁶⁷ He was concerned that the people working under him did not become extravagant, indulge too much in alcohol or in frequenting brothels.¹⁶⁸ To encourage 'healthy habits' like reading books in their spare time, he built up a library exclusively for his employees within the immediate premises of their quarters.¹⁶⁹

¹⁶⁴ Ibid, pp. 59-60.

¹⁶⁵ Ibid, p. 58.

¹⁶⁶ 'Editorial: New Year's Retrospection and Inspection', *The Hahnemannian Gleanings*, 4, 1, February 1933, p. 7.

¹⁶⁷ Srish Chandra Talapatra, Op cit note 91, p.57-59

¹⁶⁸ Ibid.

¹⁶⁹ Ibid., pp. 59

In his guidelines on various ways of dealing with employees, Mahesh Chandra repeatedly invoked the metaphor of father and son. He argued the relation between the employee and his employees should exactly replicate the bond between a father and his son. Thus, he proposed that it remained the responsibility of the employer to ‘protect’ his employees from all kinds of corrupting influences, to ‘control’ them as well as to ‘reward’ them for their efficiency in a way he would to his own son.¹⁷⁰ He stressed on the importance of occasional rewards in the form of commissions, increase in salary, gifts etc.¹⁷¹ He further advised that on retirement, and particularly in absence of any efficient son, old trusted employees could be turned into partners in business.¹⁷²

The boundaries between caste, kinship, blood or professional ties seem undefined in such texts. A very diffused, flexible and inclusive notion of family seems to emanate from the texts published by homoeopathic entrepreneurs in colonial Bengal. Familial relations, as described by such texts, appeared as much acquired as they were ascriptive. Affective relationship and entrepreneurial partnership often appeared overlapping in that context. Historians of family like Indrani Chatterjee argue for the predominance of complex households, which included a variety of dependants throughout nineteenth century.¹⁷³ She urges to revisit the historiographic relevance of ‘affect’ in envisioning such households. What can be the potential role and position of dependants and servants in such formations? Texts written and published by homoeopathic entrepreneurs on control and management of labour share such historiographic concerns. Together they project an extremely fluid and inclusive notion of family around these commercial firms that involved trusted employees recruited through older regional ties, caste and kinship networks, distant relatives and even acquaintances. They seemed to easily form part of an extended family dwelling close to one another. One finds a caricature of this overt reliance of homoeopathic commercial concerns on their employees in the drama *Trhyasparsha ba Sukhi Paribar* discussed in the first section. Referring to the famous physician Biharilal Dutta, the father-in-law of Pratap Chandra Majumdar, the author ridiculed how one of his long standing employees assumed himself to be a member of his family and consequently a homoeopath by default.¹⁷⁴

¹⁷⁰ Ibid, p. 76-77.

¹⁷¹ Ibid, p. 80-81.

¹⁷² Ibid.

¹⁷³ Indrani Chatterjee (ed.), Op cit note 6, p. 17.

¹⁷⁴ Dwijendralal Ray, *Trhyasparsha ba Sukhi Paribar*, Calcutta: Surdham, Second edition, 1915, p. 3-4.

Interestingly such paternalistic language of care, concern and welfare almost invariably converged with concerns about profit maximisation. Mahesh Chandra firmly believed that the employers reaped distinct advantages in treating the employee, as his own son. It minimised the risk of generating any discontent among the workers.¹⁷⁵ In *Byabshayee* he argued that enterprises functioning on such explicit familial model almost never run the risk of facing workers' strikes.¹⁷⁶

The texts registered an overlap in the notions of 'business' and 'family' at various other levels. While discussing ways of organising business as a family, these texts frequently referred to the institution of family as a kind of business. Both Jitendranath Majumdar and Mahesh Chandra Bhattacharya drew analogy between 'shongshaar' or the household and 'byabsha' meaning business. Jitendranath in his book *Arther Sandhan or Pursuit of Wealth* observed, 'all householders are businessmen in a sense. But in general by businessmen one understands the traders.'¹⁷⁷ On different occasions, they compared the family with business. While elaborating on the details of managing a company, Mahesh Chandra for instance noted,

The will to improve one's condition both in the realm of business as in the domain of the household is contingent on being dependent on others. The more one wishes to improve, the more he is dependent- he needs to take others help and also needs to keep them all in good humour.¹⁷⁸

In the preface to the third edition of *Byabshayee* he noted that as much as he wished to, it was beyond him to write another separate book on managing a successful household.¹⁷⁹ However, since he firmly believed that 'conducting a business was similar in most ways to conducting a household', he included his reflections on running a successful household in his tract *Byabshayee*, meant for teaching the essentials of successful business. Mahesh Chandra cited specific examples to illustrate the analogy that he drew between running a household and managing a business. Certain virtues like frugality, economy etc was shown to be equally important in both the spheres. Just as every businessman was encouraged to keep a reserve fund for emergencies, so also every household was asked to maintain a secret

¹⁷⁵ Mahesh Chandra Bhattacharya, Op cit note 3, pp. 75.

¹⁷⁶ Ibid.

¹⁷⁷ Jitendranath Majumdar, Op cit note 2, p.115.

¹⁷⁸ Mahesh Chandra Bhattacharya, Op cit note 3, p. 144.

¹⁷⁹ Mahesh Chandra Bhattacharya, 'Preface to the Third Edition', *Byabshayee*, Calcutta: M. Bhattacharya and Company, Fourth edition, 1921.

reserve of cash and kind.¹⁸⁰ Mahesh Chandra mentioned a prevalent household custom of the middle-class or the poor Bengalis.¹⁸¹ It was often customary for women of such backgrounds to keep a handful of rice or pulses away from their daily cuisine and store in a separate container. He deeply appreciated such a stance and drew analogy between such savings and the emergency funds in business enterprises.¹⁸² Even in his autobiography, while discussing certain unsuccessful business ventures, he noted that such experiences had left him enriched with lessons that he later found extremely useful within the realm of his household.¹⁸³

Physicians practicing homoeopathy in late nineteenth-early twentieth century Calcutta often wrote about their profession too as if it was one big family. The biographies of the various protagonists projected a close bonding between the various successful practitioners that will be elaborated in the next chapter. These biographies often referred to an informal network of pedagogy involving homoeopathy. There was an absence of formal institutions teaching homoeopathy in the nineteenth century. The Calcutta Homoeopathic College established by the Majumdar in the 1880s as a very small unit was the only exception. Most of the famous physicians were trained as regular doctors at the Calcutta Medical College, and eventually became interested in homoeopathy, which they learnt informally through reading and interactions with other physicians. Homoeopathy was widely projected as a science that could be acquired through individual acts of meticulous reading. A few were graduates of homoeopathic colleges in America, for instance, J.N.Majumdar, D.N.Ray, M.M.Basu etc. However, the informal network of pedagogy was highlighted as the foremost way in which homoeopathic knowledge disseminated in colonial Bengal. Interestingly enough, the rhetoric of family was invoked all too frequently to describe the interpersonal relations between the leading physicians.

The most glaring example was the relation between Rajendralal Dutta and Mahendralal Sircar. All biographies of both physicians dramatically highlight the way Rajendralal inducted Mahendralal into the principles of homoeopathy, taught him the fundamentals and how Mahendralal forever remained grateful to Rajendralal Dutta acknowledging him as his

¹⁸⁰ Ibid, p. 23.

¹⁸¹ Ibid, p. 23

¹⁸² ibid p. 24.

¹⁸³ Srish Chandra Talapatra, Op cit note 91, p. 64.

mentor.¹⁸⁴ Mahendralal's service offered to Rajendralal on his deathbed was especially highlighted as exemplary. In an intensely emotional letter written to Shambhu Charan Mukherjee following the death of Rajendralal Dutta, Mahendralal was said to have observed,

...he used to call me his 'father and son', and subscribe himself in all the letters he wrote to me as 'your son and father'. The love that he bore me was not a whit less than that of a father to his son. His faith in me as you know was unbounded. His reverence for me was that of a son. Could I be undutiful to such a man? My personal loss in his death is more than that of any other man...¹⁸⁵

Mahendralal's friendship with Biharilal Bhaduri was likewise often highlighted in the context of the informal pedagogic network. The biography of Pratap Chandra Majumdar written by son Jitendranath Majumdar elaborates how the two leading homoeopaths – Mahendralal and Biharilal, were inspired by the famous nineteenth century social reformer Vidyasagar to take up homoeopathy.¹⁸⁶ Vidyasagar was an ardent admirer of homoeopathy and had developed a personal interest in the subject. He was said to have built a huge collection of books on homoeopathy imported from England and America. Studying at Vidyasagar's library, Mahendralal and Biharilal was said to have developed a unique fraternal camaraderie and friendship that strengthened over time.¹⁸⁷ Highlighting their role in the dissemination of homoeopathy, Jitendranath claimed that ever since the two physicians started practicing in Calcutta, 'the people of Calcutta began to realise the potentials of this form of treatment.'¹⁸⁸

Lokenath Maitra was another famous contemporary homoeopath. A student of Rajendralal Dutta, like many others, Lokenath had established a flourishing practice in Benaras. Jitendranath Majumdar recounts how Pratap Chandra developed his initial interest in homoeopathy while visiting Lokenath Maitra at Benaras after completing his L.M.S.degree from the Calcutta Medical College.¹⁸⁹ The biography harps on the lifelong affective bond

¹⁸⁴ For instance see, Sarat Chandra Ghosh, 'Bharatbarshe Homoeopathic Chikitsar Sorboprothom Pothoprodorshok o Pracharak Dr. Rajendralal Dutta', *Hahnemann*, 22, 1, 1939, pp. 14-16.

¹⁸⁵ Sarat Chandra Ghose, 'Homoeopathy and its First Missionary in India', *The Hahnemannian Gleanings*, 3, November 1932, pp. 449- 450.

¹⁸⁶ Jitendranath Majumdar, 'Dr. Pratapchandra Majumdar', *Hahnemann*, 22, 5, 1939, pp. 260-267

¹⁸⁷ *Ibid*, pp. 263-265

¹⁸⁸ *Ibid*, p. 267.

¹⁸⁹ Jitendranath Majumdar, *Op cit* note 186, pp. 259-260.

that the two physicians struck since then. So deep was the attachment of love and respect that Lokenath always referred to Pratap Chandra as his 'grandson'.¹⁹⁰

Different familial relations like 'elder brother', 'son', 'father', 'grandson' etc were common tropes extensively used in the literature on homoeopathy to describe the depth of intimacy between physicians. Such a projection reiterated the inclusive and flexible understanding of family emanating out of the texts published by the homoeopathic entrepreneurs. In such an understanding, intimate familial relations were identities that were not always and necessarily ascribed and inherited from birth, but acquired in one's own lifetime. Such familial identities were often acquired through networks of service, performance, and care. The fluid and diffused notion of family represented in such texts were projected as serving the twin purposes of both profit maximisation as well as knowledge acquisition.

The Exclusive Family

Such apparently inclusive and commodious understandings concerning the family were however questioned in the very same texts. As the discussions in these texts steered away from labour recruitment, management and maintenance to codes of ownership and profit sharing, one notices a simultaneous celebration of the exclusive, the private and the filial. Owning and efficient management of property was simultaneously considered of utmost importance. The ideal family structure suitable for owning a business was discussed in that context. In the fourth edition of *Byabshayee*, Mahesh Chandra Bhattacharya elaborated on the logistics of such family structure.¹⁹¹ While discussing the advantages associated with the prevalent joint family system, he drew the attention of his readers to its potential pitfalls. Apart from difficulties of dealing with lack of cooperation, selfishness etc, he also introduced the logic of property and material assets in such discussions. Historical explanations of the breakdown of the joint family structure in Bengal have tended to focus more on its incompatibility with the newer kinds of relations enabled by colonial modernity. The reformed husband and the new conjugality have often been at the focal point of the historiography mapping the changes in familial constitution.¹⁹² Texts as *Byabhsaee* invoke

¹⁹⁰ Sarat Chandra Ghose, 'Daktar Lokenath Maitra', *Hahenmann*, 22, 12, 1939, p. 309.

¹⁹¹ Mahesh Chandra Bhattacharya, Op cit note 179, pp. 173-175.

¹⁹² For instance see Pradip Bose, 'Sons of the Nation: Child Rearing in the New Family,' in Partha Chatterjee (ed.), *Texts of Power: Emerging Discipline in Colonial Bengal*, Minneapolis: University of Minnesota Press, 1995, pp. 118-144. Rochona Majumdar looks at the shifts in the joint family structure through the changing

certain material rationale behind consciously doing away with the joint family structure, especially in the context of men involved in business. Mahesh Chandra argued that since there was an element of unpredictability associated with business, the joint family structure was unsuitable for families involved in business. He felt that it was prudent to do away with a joint family set up even before one initiated a business organisation.¹⁹³ He cautioned that, 'there is hardly any certainty about the profit and loss incurred in any business. In case of profit there is likely to be legal disputes regarding property between family members and in case of losses there are likely to be disputes regarding liabilities and responsibilities.'¹⁹⁴ He recommended that in case of extended families getting involved in the same business, there should be clear understandings on the share of each member, preferably through registered deeds.¹⁹⁵

The relative advantages and disadvantages of the joint family system were seriously weighed in this context. It was argued that a joint family set up involving a large number of people bred laziness where many tend to live off other's income.¹⁹⁶ On the other hand, in joint families the costs of socialisation and the expenses on servants were divided among many. Though the texts harped on certain benefits associated with the joint family system, the nuclear families were projected as financially more practicable for those involved in business. Mahesh Chandra in his text *Byabshayee* suggested a new kind of family structure called 'joutha paribar' or 'cooperative family' where the extended family will live together but will share only certain costs between themselves.¹⁹⁷ The second volume of Batakrisna Pal's biography contains a separate chapter entitled 'Sukhi Paribar' or 'The Content Family'.¹⁹⁸ The nuclear family structure comprising of parents and the children was celebrated as the most convenient one for those involved in commercial enterprise. Respecting women and keeping them happy was considered the essential factor for overall familial happiness.¹⁹⁹ It was highlighted as an important factor to achieve a 'content

understandings of marriage. See Rochona Majumdar, *Marriage and Modernity: Family Values in Colonial Bengal*, New Delhi: Oxford University Press, 2009.

¹⁹³ Mahesh Chandra Bhattacharya, Op cit note 179, pp. 173.

¹⁹⁴ Ibid, p. 173

¹⁹⁵ Ibid.

¹⁹⁶ Ibid, p.174.

¹⁹⁷ Ibid, p. 174.

¹⁹⁸ Gopal Chandra Mukhopadhyay, Op cit note 99, pp. 176- 181.

¹⁹⁹ Ibid, p. 180.

family'. Providing adequately so that the wife, sons and daughters never felt the dearth of anything was considered the most important duty of any man in the family.²⁰⁰

Discussions on business ownership elaborately and explicitly dealt with structures of family. Such definitions appeared inflexible and exclusively contingent on blood ties. Marriage was considered critical in that regard. The biography of Batakrishna Pal reflected on his views on marriage. As a practicing Hindu he considered marriage essential for the Aryans.²⁰¹ The necessity of marriage was considered far more pervasive than mere sexual needs – it was considered necessary for a balanced conduct of material and religious practices of life.²⁰² Both Mahesh Chandra Bhattacharya and Batakrishna Pal discussed the importance of good 'bangsha' or genealogy. Mahesh Chandra defined a good 'bangsha' as one that had the reputation of producing knowledgeable, educated and religious men in the past as well in the present.²⁰³ They criticised the hankering for physical beauty among the present generation. Batakrishna insisted that rules created around marriage by the ancient law-makers ensured wellbeing not only of each household but of the society at large.²⁰⁴ Both advised on marriages between families equal in terms of social prestige and wealth. Mahesh Chandra held that marriage with socially and materially superior families often run the risk of being a reason of embarrassment rather than of pride.²⁰⁵

Other than marriage, the male progeny was highlighted as the main indicator of the family. A patrilineal conception of family was often upheld as ideal. Batakrishna invoked the Vedas to argue that producing a son was one of the main pillars on which rested the Aryan conception of the permanence of the soul.²⁰⁶ His biography details his thoughts on this philosophy of immortality of soul. Since Hindu customs required the son to perform all the death rites, hence the importance of the son was considered supreme within the sphere of the family.²⁰⁷ Having referred to such spiritual perspectives, the biography drew analogy between Batakrishna's own sons with precious gems. Each one of them were eulogised for inheriting not only their father's professional genius but for being capable of considerably

²⁰⁰ Ibid, p. 180.

²⁰¹ Ibid, p 144.

²⁰² Ibid.

²⁰³ Mahesh Chandra Bhattacharya, Op cit note 179, p. 175.

²⁰⁴ Gopal Chandra Mukhopadhyay, Op cit note 91, p. 150

²⁰⁵ Mahesh Chandra Bhattacharya, Op cit note 179, pp. 175.

²⁰⁶ Gopal Chandra Mukhopadhyay, Op cit note 91, p. 155

²⁰⁷ Ibid, p. 155-157.

enhancing their inherited fortunes.²⁰⁸ Hence, the material considerations were not completely divorced from discussions about spiritual necessities of a family. Mahesh Chandra Bhattacharya maintained that since familial property could be an issue among the sons, the English law of primogeniture was a practical solution.²⁰⁹ He even held that having lesser number of sons helped one avoid such confusions over issues of entrepreneurial inheritance.²¹⁰ Mahesh Chandra believed such a law was beneficial for the younger sons as well in different ways. In *Byabshayee* he argued that although the law of primogeniture denied father's property to the younger sons, towards the end of their life all the siblings are often found to be equally prosperous. From a sense of deprivation, the younger brothers often cultivate virtues of perseverance to achieve much more than the brother who directly inherits the property.²¹¹

Hence, exigencies relating to the owning of businesses and properties resulted in a celebration of the patrilineal and nucleated notion of family. One notices a shift from notions of extended household to a more defined kinship identity in these texts, as far as business ownership was concerned. Under the section named 'Pratap Chandra's Family' in the biography of the physician, his son Jitendranath gave details of his three sons as well as nine daughters.²¹² The occupation and identity of his sons-in-laws too comprised an important part of the description of his family. Jitendranath considered Pratap Chandra to be extremely fortunate in being able to leave the legacy of a successful and happy unit behind. In a particularly narcissistic mode, Jitendranath noted that 'it is not very usual for successful fathers to have sons professionally as successful as him. In Pratap Chandra's case, this has been proven wrong. He is fortunate enough in leaving behind sons who will perpetrate his name when he will be no more.'²¹³ An associated projection of family as the domain of the private and intimate too fed into such understandings. A biography of Rajendralal Dutta in the *Hahnemannian Gleanings* for instance commented,

²⁰⁸ Ibid, p. 160.

²⁰⁹ Srish Chandra Talapatra, Op cit note 91, p. 26

²¹⁰ Ibid, p. 26.

²¹¹ Mahesh Chandra Bhattacharya, Op cit note 3, p. 175.

²¹² J.N.Majumdar, 'Dr. Pratapchandra Majumdar', *Hahnemann*, 23, 3, 1940, pp. 454-455.

²¹³ Ibid, p. 455.

Great as Rajendra Dutt undoubtedly was in the arena of public life, he was greater by far in all the sacred relations of private life. Whether as a son, as a father, as a husband...he had scarcely any equal and a better, or greater, a noble model my countrymen could not have had...²¹⁴

Index of Success: Family Business

A celebration of the patrilineal family was apparent also in the way the successes of these homoeopathic enterprises were narrated. The biographies of the protagonists and other publications by homoeopathic actors often reflected on the commercial success of such enterprise. Incorporating direct family members like one's own sons in overall management and ownership was considered crucial. The biography of Batakrishna Pal, for instance, discussed how he insisted on having his eldest son Bhootnath Pal assist him in his enterprise.²¹⁵ He terminated Bhootnath's education when the latter was only sixteen. Batakrishna personally taught his son the essentials of business and the way he conducted it. The biographer commented that, 'the implication of this wonderful collaboration was soon apparent to relatives, friends, fellow shop-owners and especially to the consumers.'²¹⁶

Advertisements figured as a critical factor behind the success of any enterprise. The biography of Batakrishna Pal notes how the decision to advertise extensively was taken by Batakrishna's eldest son Bhootnath Pal. It argued that the profits of B.K.Pal and Company increased manifold ever since the company began investing substantially on advertisements.²¹⁷ The initiative paid off so well that advertisements for the company were soon being published in all the leading newspapers, journals as well as in the almanacs used extensively by the Hindus.²¹⁸ Batakrishna had incorporated his two other sons (Harishankar Pal, Harimohan Pal) as well as his nephew Haridas Daw, in crucial posts in his enterprise. The third son Harishankar Pal who was a particularly brilliant student was also made to give up his education to join his father in his business.²¹⁹ Harishankar Pal was given the charge of the homoeopathic department of his sprawling drug business which involved import of allopathic drugs as well. He looked after the pharmacy, The Great Homoeopathic Hall and

²¹⁴ S.C.Ghose, 'Homoeopathy and Its First Missionary in India', *The Hahnemannian Gleanings*, 3,8, September 1932, p. 340.

²¹⁵ Gopal Chandra Mukhopadhyay, Op cit note 99, Vol I, pp. 50-51.

²¹⁶ Ibid, p. 51

²¹⁷ Ibid, p 52.

²¹⁸ Ibid, p. 52.

²¹⁹ ibid, p. 67.

the extensive homoeopathic publications of the store.²²⁰ The biographer regarded that Harishankar's insights 'injected new blood into the veins of the office'.²²¹ The biography also mentions the wonderful collaboration between the brothers in as much as Harishankar Pal acted as the 'right hand' of his elder brother Bhootnath Pal.²²² The onus of ownership in case of the Hahnemann Publishing Company too passed on from the father to the sons. Thus, the founder of the company, Prafulla Chandra Bhar was assisted and later succeeded by his eldest son Gauri Shankar Bhar in the management and ownership of the concern.²²³

In absence of sons, next of kin relatives like the nephews were also considered valuable in business ownership and management. The biography of Mahesh Chandra Bhattacharya records the unfortunate loss of his son Manmatha in the year 1908 when the latter was only 19.²²⁴ His biography and autobiography both mention his complete reliance on his nephews Jagadbandhu and Kumud Bhattacharya in the organisation of his work. In his later age, he recognised his adopted son Heramba as a great support. Mahesh Chandra gratefully recounts the crucial role of his staff and especially his nephews towards the expansion of his business.²²⁵ Their contribution was most felt when he temporarily retired from life following his son's untimely death. He elaborately acknowledges in his autobiography how his business actually expanded in the four years he stayed away.²²⁶ The depth of his dependence on his nephews can be sensed from such reminiscences.

Life stories of physicians Pratap Chandra Majumdar and Mahendralal Sircar too demonstrate their dependence on their respective sons Jitendranath Majumdar and Amritlal Sircar. Since the 1880s Pratap Chandra and Jitendranath published and co-edited the second oldest homoeopathic journal *The Indian Homoeopathic Review* that lasted well into the twentieth century. The father-son duo was also in charge of the Majumdar's Homoeopathic Pharmacy situated at Cornwallis Street with branches at the Corporation Street.²²⁷ Jitendranath published a biography of his father serially in the journal

²²⁰ For an extensive list of the publications of the store see 'Advertisement of the Great Homoeopathic Hall', in *Grihasthamangal*, 3,1, Baishakh 1929, pp. 16.

²²¹ Gopal Chandra Mukhopadhyay, Op cit note 99, Vol I, p. 68

²²² Ibid, pp. 69.

²²³ As narrated by Dr. Durga Shankar Bhar, the son of late Gauri Shankar Bhar, who is the current owner of Hahnemann Publishing Company in an interview in August 2009.

²²⁴ Srish Chandra Talapatra, Op cit note 91, p. 151.

²²⁵ Mahesh Chandra Bhattacharya, *Atmcharit*, Calcutta:Economic Press, Fourth edition, 1957, pp. 69-70.

²²⁶ Ibid.

²²⁷ 'Advertisement of Majumdar's Homoeopathic Pharmacy', *Indian Homoeopathic Review*, 19, 6, June 1910, page number not cited.

Hahnemann. He began the story of his father's life by detailing the achievements of his famous homoeopath grandfather Biharilal Bhaduri.²²⁸ The biography upheld Pratap Chandra as the founder of the first sustained homoeopathic school in India. The Calcutta Homoeopathic School was established in 1890, which later augmented into the Calcutta Homoeopathic Hospital.²²⁹ The biography describes how Pratap Chandra was ably assisted by his eldest son Jitendranath in the conduct of this hospital.²³⁰

Mahendralal Sircar²³¹ did not typically fit into the pattern of families involved in enterprise involving homoeopathy in as much as neither he nor his son Amritalal establish any formal commercial firm. Yet, he remained one of the central figures among these homoeopathic families in Bengal as he collaborated with his son Amritalal on various projects involving homoeopathy since the late 1860s. The homoeopathic journal *Calcutta Journal of Medicine* launched by Mahendralal Sircar in 1867 was proudly highlighted by them as one of the first of its kind.²³² Edited and published by Mahendralal, the charge of the journal was taken over by his son immediately after his death in 1904.²³³ Mahendralal Sircar published extensively on homoeopathic remedies from the Anglo-Sanskrit Press at Sankharitollah. His son Amritalal Sircar reworked and published many of the later editions of his books- for instance, the one on the treatment of plague.²³⁴ Mahendralal and his son together maintained 'daily written diaries that were preserved in the family' and much of what he had written there 'pertained to their homoeopathic practice and patients.'²³⁵ They jointly ran a very successful homoeopathic dispensary at their residence.²³⁶ Mahendralal wrote about the popularity of the dispensary in his journal, detailing the high attendance of patients.²³⁷ The average number of patients treated daily was shown to be so staggeringly high (more than a

²²⁸ J.N.Majumdar, 'Dr. Pratap Chandra Majumdar MD', *Hahnemann*, 23, 5, 1940, pp. 261-267

²²⁹ J.N.Majumdar, 'Dr. Pratap Chandra Majumdar MD', *Hahnemann*, 23,6, 1940, pp. 324-325. Involvement of the son is mentioned in a sequel article in *Hahnemann*, 23, 7, 1940, p. 453.

²³⁰ Ibid

²³¹ Chapter two will detail the various achievements and the iconic status achieved by Mahendralal Sircar among Bengali authors writing on homoeopathy.

²³² 'Editorial Our Creed', *Calcutta Journal of Medicine*, 1, 1, 1868, p. 190-191

²³³ See for instance Amritalal Sircar, 'Published Monthly: Calcutta Journal of Medicine', *Calcutta Journal of Medicine*, 32, 8, July 1913, back cover page.

²³⁴ For instance see Amritalal Sircar, *Therapeutics of Plague*, Calcutta: Anglo-Sanskrit Press, Fourth edition, 1913.

²³⁵ See Arun Kumar Biswas (ed.), *Gleanings of the Past and the Science Movement: In the Diaries of Drs. Mahendralal and Amritalal Sircar*, Kolkata: Asiatic Society, 2000, pp. 5-7

²³⁶ Amritalal Sircar, 'The Late Dr. Mahendralal Sircar, CIE, MD, DL', *Calcutta Journal of Medicine*, 23, 2, February 1904, pp. 45-66. Also see, Amritalal Sircar, *Obituary Notice of Dr. Mahendralal Sircar*, Kolkata: Anglo Sanskrit Press, 1905, pp. 37-39.

²³⁷ Mahendralal Sircar, 'Outdoor Homoeopathic Dispensary', *Calcutta Journal of Medicine*, 7, 1 and 2, 1874, pp. 47-52

hundred) that it drew him into controversies with contemporaries like Dr. Salzer, who would not believe his claims.²³⁸ Mahendralal wrote a follow up article in his journal justifying his position and reiterating the overwhelming attendance of patients at his home dispensary.²³⁹

Interestingly, as much as the entrepreneurs asserted their familial links themselves, such links were projected by others too. Such familial entanglements were lauded as a marker of dedication and commitment of these families in the homoeopathic cause. The obituary notice of Pratap Chandra Majumdar in the Bengali journal *Hahnemann* explicitly discussed his familial links with homoeopathy. Elaborating on Pratap Majumdar's contributions towards homoeopathy, the obituary dealt with his close ties with his father-in-law Dr. Biharilal Bhaduri, describing the latter as 'a very competent homoeopathic physician.'²⁴⁰ The author of the obituary hoped that Pratap Chandra's efficient and famous son Dr. Jitendra Nath Majumdar would soon take up his place as one of the leading practitioners in Calcutta. He further hoped that the son would eventually match his illustrious father in his reputation.²⁴¹ The fact that the renowned homoeopath Dr. N.M. Chowdhury M.D was his son-in-law was carefully noted.²⁴²

Likewise, the familial connection between the legendary Mahendralal and Amritalal was often written about in the literature around homoeopathy, especially in dedications of several popular tracts on homoeopathy. Dedicating his popular book on homoeopathic therapeutics to Mahendralal, Dr. C. S. Kali for instance, carefully noted the presence of his illustrious son in the profession.²⁴³ The obituary collective of the great physician, compiled by his son Amritalal himself, is also replete with such references. Navin Kali Devi's poem 'Sunya Bharat' or 'Empty India' thus lamented the death of the departed doctor and mentioned his worthy son as the only person competent enough to fill up the vacuum left by him.²⁴⁴

²³⁸ Mahendralal Sircar, 'Further Considerations on the Necessity for a Homoeopathic Hospital and Dispensary in Calcutta', *Calcutta Journal of Medicine*, 8, 2, 1876, pp. 57-62

²³⁹ Ibid.

²⁴⁰ Anonymous, 'Shok- Sangbad' (Sad News), *Hahnemann*, 5, 7, 1922, p. 383.

²⁴¹ Ibid.

²⁴² ibid

²⁴³ C.S.Kali, 'Dedication page', *Homoeopathic Chikitsa Bidhan (Principles of Homoeopathic Treatment)*, Calcutta: S. Kyle and Company, Volume II, Thirteenth edition, 1928.

²⁴⁴ Quoted from Arun Kumar Biswas, 'Preface', *Gleanings of the Past and the Science Movement In the Diaries of Drs. Mahendralal and Amritalal Sircar*, Kolkata: Asiatic Society, 2000, p. VIII

However such references to homoeopathic enterprises as family units were not always eulogistic. The institutions built by the Majumdars for instance were often alleged as more of a private family-run affair. An editorial in the journal *The Hahnemannian Gleanings* thus remarked about the Pratap Chandra Memorial Hospital, ‘the Pratap Chandra Memorial College and Hospital cannot be called a public institution proper as the properties have not been transferred into the hands of the committee which the College does not possess (sic).’²⁴⁵ In their journal *Homoeopathy Paricharak*, a contemporary rival organisation called the Homoeopathy Serving Society repeatedly charged Hahenamnn Publishing Company of attempting to conduct ‘*ekchetiya byabsha*’ or ‘monopoly business’ around homoeopathy.²⁴⁶

This section has mapped how the homoeopathic enterprises in Bengal were projected essentially as engaged in ‘family business’. Sharing the responsibility of ownership with one’s immediate kin, preferably the eldest son, was emphasised as the surest index of success of such enterprise. Texts narrating the lives of successful homoeopathic entrepreneurs highlighted real familial bonds defined by blood and birth as factors behind their success. Frequently they were projected, eulogised and criticised too as functioning nucleated familial units. Through such recurrent acts of self- projection as patrilineal families engaged in business, they contributed to notions of ‘family business’. Texts referring to these units as such also contributed to the consolidation and entrenchment of such a notion.

Conclusion

This chapter traces three disparate worlds of homoeopathy in late nineteenth century early twentieth century Bengal. Firstly, it surveys the entrenched presence of homoeopathy in the twin worlds of Bengali fiction and colonial governance since the mid nineteenth century. It explores the simultaneous caricature and celebration of the figure of the homoeopath in the rich literary domain of Bengali. It further studies the deep administrative anxiety in the extensive medical malpractice induced by homoeopathy and the colonial discomfort with the unorganised nature of homoeopathic practice in Bengal. Secondly, taking cue from governmental apprehensions this chapter looks at the distinct process of organising homoeopathy around the rhetoric of family in colonial Bengal. In so doing, this chapter

²⁴⁵ ‘Editorial Notes and Comments’, *The Hahnemannian Gleanings*, 3, 6, June 1932, p. 236.

²⁴⁶ ‘Editorial: ‘Homoeopathy r Dheki’, *Homoeopathy Pracharak*, 3, 9, Dec 1929, pp. 316-321.

explores one of the multiples forms of institutionalisation possible in a colonial context. The final chapter in the dissertation will look into the interface between these distinct domains in the twentieth century: between the state and the homeopathic families introduced in this chapter. Meanwhile, this chapter has made a detailed study of the organisation of homoeopathy around the idiom of family. It explores the ways in which notions of ‘family’ and ‘business’ overlapped in the publications of a range of homoeopathic protagonists. These protagonists asserted their familial presence around homoeopathy in their publications. Further, the chapter traces the articulation of two different yet simultaneous understandings of family in the context of owning and managing business firms in late nineteenth –early twentieth century Bengal. In doing so, it has studied how ‘family’ emerged as a distinct form of institution in the context of homoeopathy- as both the agent and the site of organising homoeopathy. The agency of the number of homoeopathic business families in institutionalising and disseminating homoeopathy was crucial. The next three chapters would explore how the familial institutionalisation around homoeopathy was reinforced in three other sites: through practices of biographising, translations and quotidian domestic health managements.

Chapter Two – Writing Lives, Forging Identities: Life Stories, Biographies and Histories of Homoeopathy

‘It is possible to earn money in other vocations as well, but homoeopathy would enable you to serve and do well to a lot of people.’¹

‘The honor of being the first to signalize this law (homoeopathic law) belongs to Hahnemann and Hahnemann alone;... excepting the late Dr. Mahendralal Sircar we can think of no other Indian who in our time and generation rendered more brilliant services to the cause of homoeopathy...’²

‘Personal element plays so important a part in the history of every moment that no one can afford to ignore it or to treat it with indifference.’³

‘The life of Dr. Sircar was connected in such imperishable links with the history of Homoeopathy in India that any attempt to write a biography of this great man necessitates a fair exposition of the Rise and Development of Homoeopathy in India and any biography bereft of it will not be found to be interesting and withal it will prove the incompleteness of the book.’⁴

Literature on homoeopathy in Bengal, since the mid nineteenth century, is replete with life stories of various practitioners. From eulogising accounts about Hahnemann, its celebrated eighteenth century German founder, to the less spectacular lives of *mofussil*-based local practitioners, from accounts of the brilliant young graduates of the Calcutta Medical College who converted to homoeopathy, to life stories of famous entrepreneurs who invested in homoeopathic drugs, prints or dispensaries in Bengal; such life stories circulated in the overlapping market of print and medicine in Bengal. These dispersed lives seemed connected by their shared interest in homoeopathy--- a relatively new medical doctrine with roots in the west, that proposed to ‘reform’ the prevailing cultures of institutional medical practice in colonial Bengal.

Interestingly, narration of these lives acquired widely different forms. The relatively more conventional works of biography and autobiography were frequently produced. Specific individual biographies describing particular lives varied in size from slender booklets to heavier tomes. Besides, serial biographies of stalwart practitioners were regularly published in eminent homoeopathic journals. A few autobiographies too were published in the first quarter of the twentieth century. Yet, these were not the only means of depicting such lives.

¹ Sriramkrishna Chattopadhyay, ‘Paralokgato Dr. Nilmani Ghatak er Jiboni’ (Life of Late Dr. Nilmani Ghatak), *Hahnemann*, 22, 11, 1939, p. 681

² S.C.Ghose, ‘Homoeopathy and Its First Missionary in India’, *The Hahnemannian Gleanings*, 3, 7, August 1932, pp. 292-295.

³ *Ibid.*, p. 294.

⁴ Sarat Chandra Ghose, *Life of Dr. Mahendralal Sircar*, Second Edition, Calcutta: Hahnemann Publishing Company, 1935, p. 27

Life histories of physicians appeared in myriad formats and on remarkably different pretexts.

Recent historiography has elaborated on the necessity and importance of pursuing every possible clue for the reconstruction and narration of past lives.⁵ Such historiographies emphasise the study of ‘life history’ from various different sources rather than focus only on self-proclaimed biographies or autobiographies. However, a section of the historiography regards the term ‘life story’ preferable over ‘life history’ as the scope of the former is considered more comprehensive, with no explicit truth claim attached to it.⁶ Dedication pages, prefaces, introductions and forewords of books on homoeopathic therapeutics, manuals or materia medica, articles and published lectures, advertisements, journal editorials, obituaries, published conference papers read out to international homoeopathic conferences regularly served as platforms for narrating either fragmented or comprehensive lives of actors relevant to the proliferation of homoeopathy in colonial Bengal. This chapter looks at around seventy-four such ‘life stories’ including biographies, autobiographies, obituaries and the myriad fragmentary forms already mentioned.

As the previous chapter has shown, homoeopathic commerce in Bengal, since the mid nineteenth century, was primarily controlled by a host of business concerns that systematically invested in the publication, production and distribution of homoeopathic drug and print. Berigny and Company owned by physician Rajendralal Datta, Pratap Chandra Majumdar along with son Jitendranath Majumdar owning the Majumdar’s Homoeopathic Pharmacy, the M. Bhattacharya and Company headed by Mahesh Chandra Bhattacharya, B.K.Pal and Company owned by Batakrisna Pal and his sons, and the Bhars owning the Hahnemann Publishing Company were among the most prominent leading business concerns dealing in homeopathic print and pharmacy. Asserting themselves as ‘business families’, they systematically insisted on a familial, personal and affective mode of operation as their chosen business ethic. Emphasis on the ‘personal’ and the ‘affective’ were in fact promoted as a typically homoeopathic way of operating even in strictly professional arena. Such enterprises were also the main patrons of the production of homoeopathic life stories in late nineteenth-early twentieth century. They were involved in

⁵ David Arnold and Stuart Blackburn (ed.), *Telling Lives in India: Biography, Autobiography and Life History*, New Delhi: Permanent Black, 2004, pp. 9-14.

⁶ This is the view expressed by more anthropologically inclined scholars, following anthropologists Peacock and Holland (1993: 368). Quoted in David Arnold and Stuart Blackburn (ed.), *Op Cit* note 5, p. 9.

such publications in multiple capacities: primarily as sponsors, but also as authors and more often than not served as subjects of the life stories. Given such overlap, it is hardly surprising that the authors of most life stories demonstrated a positive empathy towards their subjects, to an extent, that their publications may be regarded as much as their stories as their subject's.⁷ The authors and their subjects seemed involved in a collective project of propagating homoeopathy. Together these life stories depicted a closed, intimate, affective world of physicians dedicated to the cause of Bengali homoeopathy. The role of the authors and their interpersonal bonds with their subjects will be taken up in the last section and in the conclusion, once the content of the life stories are discussed in greater depth.

Of all these different forms of writing, biographies seem to be the most extensive and recurrent. Spanning the first half of the twentieth century, there seem to have existed a booming 'biography industry'⁸ catering to the life stories of various figures related to homoeopathy in colonial Bengal. A 1938 editorial of the Bengali journal *Hahnemann* of the Hahnemann Publishing Company, for instance, announced their project of serially publishing the lives of important individuals involved with homoeopathy.⁹ The editorial promised to publish the biographies serially along with images of each stalwart. The proclaimed purpose was to introduce the readers to the figures instrumental in the spread of homoeopathy in Bengal. In a similar spirit, the journal, *The Hahnemannian Gleanings* promised to serially publish biographic sketches of important personalities to give its readers a taste of the history of homoeopathy in India.¹⁰ Along with the Hahnemann Publishing Company, others like the King and Company, M. Bhattacharya and Company, Lahiri and Company, B.K. Pal and Company and others, periodically published life stories, mostly in the form of biographies.

One can assess the interest in these lives by the occasional remarks, queries, and letters in response, sent to the editors following the publication of such biographies. Such readership was often not restricted to the particular journal where the biography was originally published. Rivalry between journals was often exposed in context of the information

⁷ Secondary literature dealing with the role of the authors establishes this point. For instance, see, Allen Hibbard, 'Biographer and Subject: A Tale of Two Narratives', *South Central Review*, 23, 3, 2006, pp. 25-32. Also see, Avner Falk, 'Aspects of Political Psychobiography', *Political Psychology*, 6, 4, 1985, pp. 605-619.

⁸ The phrase 'biography industry' has been used by authors to give a sense of the demand and circulation of biographies published at any given context. For instance see Allen Hibbard, Op cit note 7, pp. 19-36.

⁹ 'Editorial', *Hahnemann*, 21, 12, 1938, pp. 709-10.

¹⁰ 'Editorial Notes and News: Reminiscences of Old Torch-bearers of Homoeopathy in India', *The Hahnemannian Gleanings*, 9, June 1939, pp. 266-67.

conveyed in the biographies. The particular editorial of the *Hahnemann* cited above, for example, engaged in a polemic with a rival journal *Homoeopathic Samachar*, over the details of Rajendralal Datta's life, which they had published a few months back.¹¹

The narrators of these lives too seemed to be aware of their extensive demand and wide range of circulation. Writing in 1909, a biographer expressed his conviction regarding the sale of his book saying, 'As many educated Indians like Homoeopathy now-a-days and as there is every likelihood of my book being sent to or purchased by them...'¹² Such confidence was reaffirmed by the proliferation of most published biographies into multiple editions. Writing the preface of the fourth edition of his autobiography in 1943, Mahesh Chandra Bhattacharya pompously noted that his account was inspired by wide ranging interest in his life's details among a Bengali reading public.¹³

What were the functions of these various life stories circulating in the print market of Bengal? What role, if any, did they play in the consolidation of the homoeopaths as a distinct social entity while identifying the key personalities instrumental in its sustenance? In what ways did the life stories associate homoeopathy with an ethically charged, idealised way of leading life, with deep nationalist ramifications? How does the practice of writing shape and reify the central founding figure of a doctrine while accommodating multiple interpretations of that single life? What was the extent of homeopathy's outreach across Bengal? What relationship did these writing practices have with other contemporary trends of documenting and memorialising pasts?

This chapter addresses these issues by studying the extensive archive of written lives of Bengali homoeopathic actors. In so doing, it elaborates on the following two themes: First, it tries to assess the extent to which these narratives were invoking certain nineteenth century Bengali bhadralok sensibilities, towards characterising homoeopathy as a veritable way of life, ideally suited to the emerging nation. Second, it addresses the methodological tension inherent in recording biased yet reliable, intimate yet objective pasts. Thus, it studies the complex interrelations and overlaps between the myriad genres of remembering

¹¹ 'Editorial: Doktor Rajendralal Dutta Sambandhe Homoeopathic Samachar er Uktir Uttor' ('Reply to the Remark on Dr. Rajendralal Dutta by Homoeopathic Samachar'), *Hahnemann*, 22, 3, 1939, pp. 181-183.

¹² Sarat Chandra Ghose, *Life of Dr. Mahendralal Sircar*, Calcutta: Oriental Publishing Home, First edition, 1909, p. 55.

¹³ Mahesh Chandra Bhattacharya, 'Preface', *Atmakatha (My Life)*, Calcutta: Economic Press, Fourth Edition, 1957, page number not cited.

and narrating pasts, i.e., history, biography, autobiography, memoirs and other forms of often-fragmentary life stories. More often than not, the life stories further demonstrated the difficulty of reading individual sources in isolation. One finds a reflection of the idea of 'self-in-society' formulated by David Arnold and Stuart Blackburn in relation to life history writings in India. The authors hinted at how the individual life stories, especially in the form of biographies, were often in conversations with similar interrelated series of stories narrating past lives.¹⁴

Service as a Way of life

The life histories pledged to revolve around the lives of the first generation of notable physicians who practiced homoeopathy or invested in business around homoeopathic drugs and print. These lives, as they were narrated, promoted certain specific virtues and ethos--- an idealised way of conducting life. They appeared to conform to a shared pattern: initial poverty marked by a phase of struggle and painstaking labour, followed by a world of accomplishments as physicians or entrepreneurs, despite holding on to simplicity of life style, and most importantly, elaborate dispensation of acquired wealth in selfless charity. The different tropes and common pattern highlighted certain virtues--- a way and philosophy of life, which seems to have made these lives worth remembering.

Discussion on poverty and struggle was a frequent theme in the life stories. The childhood and early adolescence of many protagonists were narrated as marked by intense poverty. Many were orphaned at an early age and struggled to procure the fundamentals for living, like food, clothing and basic education. Mahesh Bhattacharya's autobiography notes how the young child had to depend on the whims of the village priest in getting rice for daily consumption.¹⁵ Biography of physician Jagacchandra Ray gives a heart-wrenching account of how young Jagacchandra was forced to serve as the domestic cook of a certain gentleman in Deoghar, who helped his education till the Entrance Examination.¹⁶ Biographies as well as the autobiography of Dwarakanath Ray note how the early death of his father drastically impacted upon the condition of the family.¹⁷ A biographer describes major hindrances to young Dwarkanath's studies, as he was required to help his widowed mother with familial

¹⁴ David Arnold and Stuart Blackburn (ed.), Op Cit note 5, pp. 19-23.

¹⁵ Mahesh Chandra Bhattacharya, Op cit 13, p. 8

¹⁶ Saratchandra Ghosh, 'Dr. Jagachandra Ray L.M.S', *Hahnemann*, 23, 11, 1940, p. 662.

¹⁷ D.N. Ray, *Daktar D.N. Ray er Atmakatha*, Publisher not cited, 1929, pp. 18-19

chores.¹⁸ Most were shown to have pursued education in most unfavourable of conditions, under the patronage of distant relatives or benevolent gentlemen for whom they were required to work. Whether due to untimely loss of parents, or dramatic turns in family fortunes, most of those who acquired fame suffered from severe financial constraints in their early life. The biographies highlighted these sufferings as a necessary condition for their subsequent professional achievements. One notices a certain glorification and idealisation of poverty, struggle, distress and suffering in the making of successful lives. A biography of Mahendralal Sircar for instance noted, 'In most cases boys who are most poor, who face much difficulty and obstacle, who are destitute and alone in their fight to establish themselves in the professional field, are the ones who make it to the pinnacle of success and acquire immortal fame with time.'¹⁹

Related to the glorification and idealisation of struggle was the emphasis on the ethic of labour. Sheer hard work or incessant labour was written as the motto of these lives, the secret to their success. The authors of the biographies promoted the figure of a hard-working, laborious, individual, over genius or any in-built talent. The biographer of Mahesh Bhattacharya thus observed emphatically, 'Very rarely are men born with extraordinary talent or genius...He (Mahesh Bhattacharya) was extremely hard working and rated hard work much above any such talent.'²⁰ One could easily make up for any lack of intelligence or talent by comprehensive effort and perseverance, he argued.²¹ Of Mahendralal Sircar it was written,

"Work regularly" was one of his maxims. His soul was shut up in that maxim like the pearl in the oyster. The keynote to Dr. Sircar's life was work, hard unremitting work. He was the most laborious person I ever knew--- the most prodigious worker.²²

Nilmani Ghatak's biographer noted his severe reluctance to stop working even when he fell fatally sick.²³ When he was forced to quit working in his dispensary a few days prior to his

¹⁸ Saratchandra Ghosh, 'Daktar D.N.Ray M.D', *Hahnemann*, 22, 8, 1939, p. 450.

¹⁹ Saratchandra Ghosh, 'Daktar Mahendralal Sircar er Jibon-katha' ('Life of Dr. Mahendralal Sircar'), *Hahnemann*, 22, 2, 1939, p. 67.

²⁰ Srish Chandra Talapatra, *Maheshchandra Charitkatha (Life of Mahesh Chandra)*, Calcutta: Economic Press, 1946, p. 101-102.

²¹ *Ibid*, p. 101

²² Sarat Chandra Ghose, *Op Cit* note 12, pp. 117-118.

²³ Sriramkrishna Chattopadhyay, *Op cit* note 1, p. 685.

death, he was reported to have complained that lack of work was the most severe form of punishment for him.²⁴

Workaholism simultaneously implied a strict sense of management of time. 'Strict economy of time' as opposed to 'waste of time' was celebrated in these texts. Such relentless work in a field like medicine was said to have a distinct bearing on the cause of the nation. It was regarded as a way of serving the people and the country. The obituary notice of Dr. Younan in *The Hahnemannian Gleanings* for example, quoted Dr. Younan to have said, 'What are great gifts but the correlative of great work? We are not born for ourselves, but for our kind, for our neighbours, for our country...'²⁵ Such workaholic men were the dire need of the day, according to some narrators. A biographer of Mahendralal Sircar seemed convinced of the need of such men as Mahendralal, in the 'annals of New India'.²⁶

Eventual success as physicians/ entrepreneurs was the primary criteria for recording such lives. Conscious as they were of their achievements, 'high ambition'²⁷ and a 'laudable desire of success'²⁸ was highlighted as a defining feature of most of these men. Success, as these life stories narrated, rested on the twin pillars of fame and wealth acquired by any individual.

Most of the biographies and autobiographies showed their protagonists as impeccably reputed physicians. This was evident from their credibility and popularity as physicians among different sections of clientele. An obituary article of Dr. Nilmani Ghatak claims how his fame attracted patients not only from all over India, but beyond.²⁹ People from Burma and Rangoon apparently travelled to consult him.³⁰ Rajendralal Datta's biography mentions that 'a crowd of eager patients assembled in his house every morning with the punctuality that marks the rising of the sun in the east and as cure followed cure, the crowds grew'.³¹ Curing eminent patients like the Maharajah of Shobhabazar and social reformer Radhakanta

²⁴ Ibid, p. 685

²⁵ S.C.Ghosh, 'In Memorium: Late Dr. W. Younan', *The Hahnemannian Gleanings*, 9, January 1938, p. 537

²⁶ Sarat Chandra Ghose, Op Cit note 5, pp. 144.

²⁷ Gopal Chandra Mukhopadhyay, *Sadhu Batakrishna Pal*, Vol I, Publisher not cited, 1919, pp. 37

²⁸ S.C.Ghosh, Op Cit note 25, p. 537.

²⁹ Sriramkrishna Chattopadhyay, Op cit note 1, p. 683.

³⁰ Ibid, p. 683

³¹ S.C.Ghose, 'Homoeopathy and Its First Missionary in India', *The Hahnemannian Gleanings*, 3, November 1932, p. 451.

Deb of his notorious gangrene added on to his fame.³² The fact of being summoned by eminent, even princely clients was meticulously recorded as a distinct marker of their reputation and popularity. Hence, while an autobiography of Dr. D.N.Ray noted the names of Dadabhai Naoraji, the Grand Old Man of India, Byaramjee Malabari, the editor of the newspaper *Spectator* among his patients,³³ biographies of Dr. Salzer narrated his demand among the princely states of India with special reference to the Nawab of Bhopal.³⁴ Dr. Salzer earned unprecedented amount of money by curing the mother of the said Nawab. Similarly, the biography of Dr. Nagendranath Majumdar described his popularity among the princely states and elaborated how in 1918 the Raja of Baroda Shivaji Rao Gaekwad had to come over to Bengal in person seeking the doctor's help in treating his eldest son.³⁵ Not only the elite natives, names of Englishmen who regularly consulted Bengali homoeopathic physicians also featured in these narratives. A biography of Rajendralal Datta for instance, recorded Lord Ripon, Sir Henry Cotton, Sir Peacock, Sir Risley, Sir Harrison, Sir Lambert, Mr Robert Night (editor of the newspaper *Statesman*), Father Lafont, among others, as men who regularly consulted him and held the physician in much high esteem.³⁶

The previous chapter has shown how a strictly patrilineal conception of family was upheld in the literature dealing with enterprise around homoeopathy. This continued to recur in various biographical narratives involving homeopathic actors. Whether as physicians or as owners of enterprises concerning homoeopathy, collaboration between the father and the son was portrayed as a major factor behind their success. Far too many physicians were recorded to have taught homoeopathy to their sons or so-in-laws and acted as their mentors for life. Biographies of Drs. Bamacharan Das, Baridbaran Mukhopadhyay, Nilamani Ghatak, Pratap Chandra Majumdar among others, describe how they worked closely with their respective sons or son-in-laws in treating patients.³⁷ An obituary of Dr. Kishorimohan Bandopadhyay gives details of the great collaboration between him and his father, Late

³² Saratchandra Ghosh, 'Bharatbarshe Homoeopathy Chikitshar Sorbo pratham Pathopradarshak o Pracharak Dr. Rajendralal Datta' ('The Pioneer Physician and Perpetrator of Homoeopathy in India'), *Hahnemann*, 22, 1, 1939, p. 17.

³³ D.N. Ray, Op Cit note 17, p. 273

³⁴ Saratchandra Ghosh, 'Dr.L.Salzer M.D', *Hahnemann*, 22, 6, 1939, pp. 326-7.

³⁵ Saratchandra Ghosh, 'Dr. Daktar Nagendranath Majumdar M.B', *Hahnemann*, 23, 9, 1940, p. 517.

³⁶ Saratchandra Ghosh, Op Cit note 32, p. 19.

³⁷ For instance, see the obituary article of Nilmani Ghatak. Written by his son-in-law, who described himself as his chief assistant, the obituary enumerates the details of how Ghatak taught homoeopathy to his own son and son-in-law. Sriramkrishna Chattopadhyay, Op cit note 1, p. 681.

Kalipada Bandopadhyay, in establishing and running the C. Ringer and Company.³⁸ Referring to the said company as Kishorimohan's 'paternal business', the article details the way he devoted his life towards its improvement.³⁹ Homoeopathic knowledge, as perceived by these individuals, was valuable enough to be inherited, nurtured and practiced across generations.

The other indicator for determining success was predictable: Money. The wealth acquired by these physicians remained another standard indicator of their success and credibility. Wealth was often assessed in terms of the property they managed to acquire and the inheritance one left behind.⁴⁰ Many of the life stories are dotted with details of the palatial residences they had built.⁴¹ The fact that Mahendralal Sircar was one of the highest paid doctors of contemporary Calcutta charging a fee of 32 rupees per patient was adequately highlighted in his biography.⁴² It was also carefully mentioned that he had declared a 'prohibitive fee' of rupees 100 per patient, once he had formally retired. The elite reportedly were prepared to pay staggering amounts like Rs. 2000, only as consultancy fee after his retirement. The biography at the same time noted how his patients named him 'Dhanwantari' after the legendary Indian healer of the mythical past.⁴³ That success was weighed in terms of fame and money is evident by the characterization of physicians like M.M. Basu, who failed to acquire both, as professionally 'unsuccessful'.⁴⁴

However, more important than acquisition was the valorisation of the ability to give up such acquired wealth. The narrations of these lives imparted a defined philosophy around codes of acquisition, utilisation and dispensation of wealth. The whole discourse of proper utilization of wealth was shown as intimately related with notions of 'seba' or 'service', 'welfare' and 'tyag' or 'sacrifice'.⁴⁵ The biography of Batakrishna Pal elaborated on the notion of 'Mahapurush' or 'Great Man' within that context.⁴⁶ It was argued that the

³⁸ Saratchandra Ghosh, 'Dr. Kishorimohan Bandopadhyay', *Hahnemann*, 23, 12, 1940, pp. 727-728.

³⁹ *Ibid*, pp. 728-729

⁴⁰ Biographies and autobiographies of many stalwarts like Batakrishna Pal, Pratap Chandra Majumdar, Lokenath Maitra, D.N.Ray etc have elaborate details of their property. For instance, see, J. N. Majumdar, 'Dr. Pratap Chandra Majumdar M.D', *Hahnemann*, 23, 5, pp. 452-453.

⁴¹ For instance, see Saratchandra Ghosh, 'Dr. Brajendranath Bandopadhyay M.D', *Hahnemann*, 23, 3, 1940, p. 133.

⁴² Saratchandra Ghosh, *Op cit* note 19, p. 137.

⁴³ *Ibid*, p. 143.

⁴⁴ Saratchandra Ghosh, 'Dr. M.M.Basu M.D', *Hahnemann*, 23, 2, 1940, pp. 65, 68.

⁴⁵ Rashbehari Mukhopadhyay, 'Shworgiyo Raysaheb Dinabandhu Mukhopadhyay er Jiboni' (Life of Late Raysaheb Dinabandhu Mukhopdhyay'), *Hahnemann*, 4, 8, 1921, p. 293

⁴⁶ Gopal Chandra Mukhopadhyay, *Op cit* note 27, pp. 6-7.

attribute of being a millionaire did not necessarily qualify anyone as a 'Mahapurush' nor did such a person inevitably deserve a biography.⁴⁷ Only when one possessed the heart to give up his hard-earned wealth for the well-being of the people of his own country and race, could one earn the epithet of a 'Mahapurush', and claim to have lived life respectfully.⁴⁸ Others who earned millions and spent all for themselves could hardly be referred to as a Mahapurush. Such people hardly deserved to be called men--- they were sub-human, monsters of some form.⁴⁹ The emphasis on service and welfare is made evident from a conversation between physician Nilmani Ghatak and his son-in-law, quoted in the former's obituary. Dr. Ghatak advised his son-in-law to learn homoeopathy, saying, 'it is possible to earn money in other vocations as well, but homoeopathy would enable you to serve and do good to a lot of people.'⁵⁰

The biographies in fact constructed a certain hierarchy among the lives they narrated, in view of how they spent their assets. Figures like John Martin Honigberger and Berigny, some of the early European practitioners, were evidently dismissed, as they considered homoeopathy merely a means to earn wealth.⁵¹ Both lives were narrated as examples of those who journeyed to India for the sole purpose of making money by practicing the new medical truth they had mastered. To the biographers this was utterly condemnable. They justified their act of writing such biographies nonetheless, by stating both as pioneering figures who brought the idea of homoeopathy into India in the first place.⁵² Labeling Berigny as purely a 'businessman physician', the biography explicitly reminded the readers that Berigny was not inspired by any lofty ideal of either consciously propagating homoeopathy or performing any other form of social good.⁵³

Treating the poor with empathy was considered the most useful way of utilizing wealth. It was maintained in all the life stories, how none of the protagonists ever discriminated against the poor. In fact, homoeopathy was written about as a way of serving the people, especially the poor. Rajendralal Dutta's biography claimed: 'To distribute medicines and food free of cost amongst the sick poor and to minister to their comforts in every imaginable

⁴⁷ Ibid, pp. 6-7.

⁴⁸ Ibid, pp. 6, 174-75.

⁴⁹ Ibid, pp. 174-175

⁵⁰ Sriramkrishna Chattopadhyay, Op cit note 1, p. 681.

⁵¹ For instance see Saratchandra Ghosh, 'Dr. T. Berigny M.D', *Hahnemann*, 22, 4, 1939, pp. 193-194

⁵² See Saratchandra Ghosh, 'Dr. John Martin Honigberger', *Hahnemann*, 23, 1, 1940, p. 12

⁵³ Saratchandra Ghosh, 'Dr. T. Berigny M.D', *Hahnemann*, 22, 4, 1939, pp. 193-194.

way constituted Rajendra Dutta's special delight.'⁵⁴ Biographies of Mahendralal Sircar, Brajendranath Bandopadhyay, Dinabandhu Mukhopadhyay, Akshay Kumar Dutta, Batakrishna Pal mention many instances of their unprecedented help and empathy towards the poor in the form of free treatment and free distribution of drugs.⁵⁵ At the death of Akshay Kumar Dutta, many destitutes are recorded to have lamented that 'the rich people of the country have many renowned doctors to look after them. But he was like a parent to the poor and the hapless, who had no one else to turn to'.⁵⁶ One of Mahendralal's obituary articles referred to him as 'an angel in the guise of man' referring to his service to the poor.⁵⁷

The rhetoric of service was shown to be the most critical element in the career of most of these men. Most biographies record the deep charitable involvement of the protagonists, in the cases they took up. The biography of Dr. Bamacharan Das melodramatically describes how the doctor would spend sleepless nights beside the bed of his patients and would hardly care for his own needs.⁵⁸ Rajendralal, it is recorded, 'in many instances, got prepared in his own house and at his own costs, some elegant and suitable dish for a patient and took it as a present to the distressed soul. He would sit by the dying man, do his best to lighten to his pangs ... would be among the chief mourners.'⁵⁹ Empathy for and service to the sick--- of any class and background, seemed to have characterized the lives of these men. With special attention to the poor, theirs seemed to be a 'life devoted to the service of the suffering.'⁶⁰ 'Seba' or service was highlighted as the primary motto of these lives.⁶¹ Mahesh Chandra's role in reducing the price of homoeopathic drugs in his Economic Pharmacy was narrated as such an extraordinary instance of his service to the people.⁶² The biographies claimed such services to have a distinct bearing on the welfare of the nation as a whole.⁶³

⁵⁴ S.C.Ghose, 'Homoeopathy and Its First Missionary in India', *The Hahnemannian Gleanings*, 3, 8, September 1932, pp. 338-339.

⁵⁵ For instance, see Rashbehari Mukhopadhyay, 'Shworgiyo Raysaheb Dinabandhu Mukhopadhyay er Jiboni', *Hahnemann*, 4, 7, 1921, p. 147.

⁵⁶ Saratchandra Ghosh, 'Dr. Akshay Kumar Datta L.M.S', *Hahnemann*, 23, 4, p. 199

⁵⁷ Amritalal Sircar, *Obituary Notice of Mahendralal Sircar CIE, MD, DL*, Anglo Sanskrit Press, 1905, pp. 36-42

⁵⁸ Saratchandra Ghosh, 'Dr. Bamacharan Das L.M.S', *Hahnemann*, 23, 10, 1940, p. 583.

⁵⁹ S.C.Ghose, 'Homoeopathy and Its First Missionary in India', *The Hahnemannian Gleanings*, 3, 8, September 1932, pp. 451

⁶⁰ *Ibid*, pp. 451-452

⁶¹ Srish Chandra Talapatra, *Op cit* note 20, p. 148

⁶² *Ibid*, pp. 31-32

⁶³ *Ibid*. Also see, Rashbehari Mukhopadhyay, 'Shworgiyo Raysaheb Dinabandhu Mukhopadhyay er Jiboni', *Hahnemann*, 4, 7, 1921, p. 147.

Of all the ways of dispensing wealth meaningfully, the idea of charity received the most enduring attention in these texts. Charity or ‘*Daan*’ was glorified as the noblest way of utilizing one’s wealth. Mahesh Chandra Bhattacharya firmly held that the best way to enjoy one’s wealth was to distribute much of it through charity. His biography mentions him as the author of a pamphlet entitled ‘*Daanbidhi*’, where he had articulated his thoughts on charity.⁶⁴ To him, charity was a way of paying back the advantages and privileges one derived from one’s country and society since birth.⁶⁵ Charity to him, therefore, was a duty one was morally bound to perform.⁶⁶ The moral compulsion of charity becomes evident from the elaborate justification that Pratap Chandra Majumdar’s biographer puts forward, of his inability to indulge in any substantial charity.⁶⁷ ‘He engaged in many small acts of charity, but his duty towards his family was hardly over when he died, therefore he did not find enough courage to part with his money’, the biographer argued.⁶⁸ Dr. Lokenath Maitra or Dr. Salzer’s biographers celebrate the fact that they were left with very little saving at death, owing to their extensive charities.⁶⁹ Even an ‘unsuccessful’ physician as Mohinimohan Basu, was reported to have engaged in acts of charity whenever he could.⁷⁰ Such acts justified the recording of his life for posterity, in spite of his failure at establishing himself as a credible physician.

Further, the protagonists were extremely cautious about maintaining the secrecy of their charities. The biography of Batakrishna Pal includes an entire chapter called ‘*Daan-Brata*’.⁷¹ It narrates how particular Batakrishna was in keeping his charities secret. According to Batakrishna, advertising one’s own charity was the most condemnable form of self-glorification.⁷² In his introduction to Mahesh Chandra’s biography, noted scholar Kshitimohan Sen, narrated (from his personal experience), how Bhattacharya used to be sincerely agitated if his charities ever got publicized in newspapers or other similar forums.⁷³ The various life histories enumerated extensive charitable acts of various kinds. These ranged from funding educational institutions to sponsoring weddings. The authors

⁶⁴ Srish Chandra Talapatra, Op cit note 20, p. 62.

⁶⁵ Ibid, p. 62.

⁶⁶ Ibid,

⁶⁷ J.N.Majumdar, ‘Dr. Pratap Chandra Majumdar M.D, *Hahnemann*’, 23, 8, 1940, p. 451.

⁶⁸ Ibid, p. 451.

⁶⁹ For instance, see Saratchandra Ghosh, ‘Daktar Lokenath Maitra’, *Hahnemann*, 22, 12, 1939, p. 710.

⁷⁰ Saratchandra Ghosh, Op cit note 44, p. 70.

⁷¹ Gopal Chandra Mukhopadhyay, *Sadhu Batakrishna Pal*, Vol II, Publisher not cited, 1919, pp. 269-283.

⁷² Ibid, p. 271.

⁷³ Kshitimohan Sen, ‘Introduction’, in Srish Chandra Talapatra, Op cit note 20, pp. c-d.

claimed to be privy to such carefully maintained covert acts of charity, only by virtue of their close interpersonal relation with their subjects.⁷⁴ The ‘intimacy’ among the biographers and the subject, as mentioned in the introduction, was shown to have significant bearing on their acts of writing such lives. This theme will be taken up in greater detail in the last section of the chapter.

Proper utilization of wealth included the everyday lifestyle of individuals as well. Life histories of the homoeopathic protagonists gave descriptions of their extraordinarily simple lifestyle involving food, clothing and other daily habits. The celebrated autobiography, *Atmasharita* or *Autobiography*, of the nineteenth century Brahmo social reformer Shibnath Shastri, included a chapter on Mahendralal Sircar. About Sircar’s personal lifestyle, he wrote, ‘He always wore Taltollah slippers; whether visiting patients or attending public meetings. The Calcutta public does not remember having seen him in boots or shoes... In his modes of diet and clothing Sircar was extremely simple. He more resembled an old poor Brahmin in these respects than a successful medical practitioner of the town.’⁷⁵ An obituary article of Dr. Nilmani Ghatak suggested that while serving as a homoeopathic physician, Ghatak sacrificed every possible means of luxury.⁷⁶ He only wore Khadder, inspired by the Gandhian ideal of swadeshi nationalism. Batakrisna Pal’s biographer mentions that the protagonist continued to don the same unassuming outfit, which he wore at the beginning of his career.⁷⁷ His appearance remained unaltered with the dramatic changes in his fortune, and the biographer mentioned having seen him in the same kind of attire for over fifty years.⁷⁸

Simplicity of diet was also highlighted in the texts with many of the protagonists preferring a strict vegetarian diet. Physicians like Dr. Salzer gave lectures and wrote tracts promoting vegetarianism.⁷⁹ A simple, even austere lifestyle marked all these different lives. Men like Mahesh Bhattacharya condemned extravagance of any kind, as a sin, especially in a poor, subjugated nation as India.⁸⁰ He believed that the cunning colonial powers dominated other nations by luring them into a luxurious lifestyle that plays havoc with their prevalent social

⁷⁴ Srish Chandra Talapatra, Op cit note 20, pp. 67-68.

⁷⁵ Shivnath Shastri, ‘Men I Have Seen’, *Atmasharita*, Calcutta: Prabasi Karjalay, 1918, Reprint Dey’s, 2003, pp. 503-504.

⁷⁶ Sriramkrishna Chattopadhyay, Op cit note 1, p. 685

⁷⁷ Gopal Chandra Mukhopadhyay, Op cit note 71, pp. 205-207

⁷⁸ Ibid, p. 206.

⁷⁹ Saratchandra Ghosh, ‘Dr.L.Salzer M.D’, *Hahnemann*, 22, 6, 1939, p. 326

⁸⁰ Srish Chandra Talapatra, Op cit note 20, pp. 77-78

norms. The ascetic way of everyday living that these life-stories promoted, claimed to resemble a rather saintly image. In fact, quite a few biographies positively compared their protagonists with ancient sages.⁸¹ Conducting an extremely ascetic lifestyle and inspired by a moral ideal of serving men through homoeopathy, their biographies often referred to these protagonists as 'savants' or 'saints'.

Such saintly demeanors, it was suggested, impacted considerably on their respective patients. Adjectives like 'gentle', 'composed', 'confident', 'ever-laughing', 'sweet-natured', 'compassionate', 'hypnotic personality',⁸² 'wonderfully calm and placid temperament'⁸³ etc., recurred as characterizing traits of these diverse lives. Most were written to be of extremely pleasing personalities. The biographies emphatically projected these qualities as most assuring and inspiring to the ailing patients. A biography of Lokenath Maitra explicitly stated that his 'body was replete with a spiritual aura for which even his presence or touch consoled or cured many patients.'⁸⁴ Life stories of physicians like Bamacharan Das, Lokenath Maitra, Jagacchandra Ray, and Nagendranath Majumdar, among others, took note of the dramatic impact, their saintly gentle persona had on their patients. The biographer of D. N. Ray, for instance, wrote: 'He had the deepest faith in himself and his drugs. It easily contaminated his patients...the sound of his footsteps; his mere appearance, was most assuring to the patients. His gentle ways and looks helped them feel a lot better.'⁸⁵ These myriad narratives reinforced the credibility of these men and their desire towards serving people.

Geography of Service

Serving people through homoeopathy, earning wealth in the process, and redistributing that wealth among the unprivileged, emerged as the common pattern of many lives memorialized in print. Such a pattern conformed to a common trajectory, a similar circular route along which these various lives traversed. Most of these life stories depict a certain journey beginning in the place of birth, i.e. the village of origin towards the outer world and

⁸¹ See for instance, Sriramkrishna Chattopadhyay, Op cit note 1, p. 685 and Saratchandra Ghosh, Op cit note 44, p. 68.

⁸² Saratchandra Ghosh, 'Daktar Lokenath Maitra', *Hahnemann*, 22, 12, 1939, p. 708.

⁸³ S.C.Ghose, 'In Memorium: Late Dr. W.Younan', *The Hahnemannian Gleanings*, 4, 12, January 1933, p. 538.

⁸⁴ S.C.Ghose, 'Dr. Lokenath Maitra', *The Hahnemannian Gleanings*, 11, 9, October 1940, pp. 432-433.

⁸⁵ Saratchandra Ghosh, 'Daktar D. N. Ray M.D', *Hahnemann*, 22, 9, 1939, p. 517.

an inevitable return to the roots, i.e. the native village. That Calcutta, the imperial capital until 1911, was considered an important place to live and work, is hardly surprising. However, these life stories depict a deep wonderment towards the city; manifested most frequently in a compulsive desire to move away from distant and interior locations in the *mofussil* and to travel up to Calcutta. They all seemed seduced by the lure of Calcutta where one could possibly become famous, rich and established.

The autobiography of D.N.Ray, for instance, captures in detail, his first memory of visiting Calcutta as a child.⁸⁶ Giving vivid descriptions of the houses, people, streets and lights of the city, he reminisced, 'I was simply awe struck by my first visit to Calcutta.'⁸⁷ He elaborated on the grandeur of the city, commenting on how other contemporary cities like Dacca faded miserably in comparison.⁸⁸ The life stories often recurrently projected Calcutta as a far-off land full of promise and potentials. It was recurrently referred to as 'bidesh' or foreign land.⁸⁹

The texts are equally significant in revealing interesting dynamics between the big city and the *mofussil*. The autobiography of Mahesh Chandra Bhattacharya recorded elaborate details of his repeated attempts to reach Calcutta, which he believed was best suited to fulfill his entrepreneurial dreams.⁹⁰ The book records how he succeeded in arriving at Calcutta only in his third attempt.⁹¹ From Comilla he had to undertake a protracted and hazardous journey for months together in boats, steamers and railways across many rivers including Padma. The long description of the journey imparts the impression of Calcutta as an extremely distant, far-off land, which lured many.

Drive for higher education was an important impulse for the protagonists to travel up to Calcutta. The decision/desire to become a physician was almost always accompanied by a simultaneous move to Calcutta, for admission in the Calcutta Medical College. Moreover, building up one's reputation as a physician or as a successful entrepreneur was shown to be contingent on being located in the big city. Pratap Chandra Majumdar's biography narrates the physician's role in encouraging a number of colleagues like Brajendranath

⁸⁶ D.N. Ray, Op Cit note 17, pp. 108-109.

⁸⁷ Ibid, p. 108

⁸⁸ Ibid, p. 108-109.

⁸⁹ For instance, see Mahesh Chandra Bhattacharya, Op cit note 13, p. 23.

⁹⁰ Ibid, pp. 23-31

⁹¹ Ibid.

Bandopadhyay to move to Calcutta for practice.⁹² He believed it to be more rewarding in terms of both the wealth and the fame one acquired. The case of Dr. Chandrashekhar Kali, a classmate of Pratap Chandra at the Calcutta Medical College and an established homoeopath in the district of Pabna, elucidates the point well. While visiting Pratap Chandra in Calcutta he realized that the money he made out of his flourishing practice at Pabna compared poorly with what Pratap Chandra earned in Calcutta.⁹³ He was so disturbed with the disparity that he decided to move in to the city at once. The biographer justified this move by commenting, ‘if he stayed back in Pabna- however efficient he would have been as a doctor, who would have known him?’⁹⁴

Therefore, success, fame, reputation and making money, seemed contingent upon one’s location in Calcutta, which was projected as an emancipating, fulfilling space. Such hopeful projections hardly ever resonated with the challenges of excessive migration, over-population, competition and drudgery that have been historically associated with nineteenth century Calcutta.⁹⁵ The biography of Jagacchandra Ray for instance, claimed that the success he received in his professional life was all due to his timely exodus from his native village and relocation in the capital city of Calcutta.⁹⁶

Apart from being portrayed as a remote land full of promise and potentials, Calcutta was also shown to be the place to build overseas contacts and earn recognition across British India and beyond. Quite a few physicians had traveled overseas---beyond the Indian Ocean, to complete their education. Learning homoeopathy from foreign medical institutions or establishing practices abroad were highlighted as very significant accomplishments.

The autobiography of D.N.Ray recalls that his elder brother offered to provide funding for his education abroad as he was doing very well as a student at the Calcutta Medical College.⁹⁷ To quote him, ‘The proposal sounded like a dream, something I had dared not think about. I kept thinking would God be so kind as to help me to go to Britain (*bilaat*).

⁹² J.N.Majumdar, ‘Dr. Pratap Chandra Majumdar M.D’, *Hahnemann*, 23, 6, 1940, p. 327.

⁹³ J.N.Majumdar, ‘Dr. Pratap Chandra Majumdar M.D’, *Hahnemann*, 23, 7, 1940, pp. 385-387.

⁹⁴ *Ibid*, p. 386.

⁹⁵ For Instance, see, Pradip Sinha, *The Urban Experience, Calcutta: Essays in the Honour of Professor Nishisth R. Ray*, Calcutta: Riddhi India, 1987. For an exposition of the extensive migration of the lower classes and its associated social dislocations, see Sumanta Banerjee, *Parlour and the Streets: Elite and Polular Culture in Nineteenth Century Calcutta*, Calcutta: Seagull, 1989.

⁹⁶ Saratchandra Ghosh, ‘Dr. Jagacchandra Ray L.M.S’, *Hahnemann*, 23, 11, 1939, pp.663, 665.

⁹⁷ D.N. Ray, *Op Cit* Note 17, pp. 156-157.

Traveling to Britain was such a huge affair in those days...⁹⁸ The biographies of D.N.Ray and M.M.Basu describe how they further traveled to America after the completion of their conventional medical degree in Britain. Intrigued by the novelty of homoeopathy, both were interested in learning the ‘new’ doctrine and eventually got degrees from the New York Homoeopathic Medical College and Flower Hospital.⁹⁹

Attaining international recognition of any kind was considered equally prestigious. Pratap Chandra’s biography, for instance, contains a separate section on his journey to Britain and consequent international attainments.¹⁰⁰ It mentions in detail his presentation at the World Medical Congress in Chicago in 1893.¹⁰¹ It also records the fact that he was invited over by the American Institute of homoeopathy, and his two articles on Cholera and Malaria were appreciated extensively. The famous American publisher, Boericke and Tafel, voluntarily published his articles in the form of monographs. The Herring Medical College even endowed him with an honorary M.D. degree. All these were highlighted in the biography as Pratap Chandra’s illustrious achievements. The biographer was of the opinion that, ‘No other Indian physician ever received so much honor.’¹⁰² Reminiscences of erstwhile *mofussil*-based practitioner, Sarat Chandra Ghose, revealed how he was encouraged to participate in international forums and journals by senior colleagues in the profession.¹⁰³ Guidance by seniors like Brajendranath Bandopadhyay, to publish in selected international journals, helped him attain an honorary M.D. degree as well.¹⁰⁴

However, almost each and every life history narrated a story of return. These were then as much stories of outward journey as they were of inward retreat. At some point in their practicing or entrepreneurial career or after retirement, there was a compulsive return to their roots, a ‘backward’ travel into the ‘interiors’ of Bengal. The stories of their ceremonious journeys out of their immediate local context, exploits into the wider world, often leading to international laurels, were invariably complemented by these comeback narratives.

⁹⁸ Ibid, p. 156.

⁹⁹ For instance, see, Saratchandra Ghosh, Op cit note 44, p. 65.

¹⁰⁰ J.N.Majumdar, ‘Dr. Pratap Chandra Majumdar M.D’, *Hahnemann*, 23, 7, pp. 387-389.

¹⁰¹ Ibid, pp. 388-389.

¹⁰² Ibid, p. 389.

¹⁰³ Saratchandra Ghosh, Op cit 41, pp. 136-138

¹⁰⁴ Ibid, p. 138

A deep attachment to the ‘rural’, the ‘indigenous’, the ‘interior’, the ‘*mofussil*’ appear interchangeably in these texts. Thus while Rajendralal Dutta’s biography depicted his love for indigenous arts and crafts of various kinds,¹⁰⁵ Baridbaran Mukhopadhyay’s, recorded his affective ties with his place of birth, Chandannagar.¹⁰⁶ He was ‘fluent with its history and felt delighted whenever he heard of that place’.¹⁰⁷ The biography of Batakrisna Pal narrated how the protagonist maintained his old paternal house at Shibpur, which he kept visiting throughout his life.¹⁰⁸ He was in regular contact with his larger kinship network back in the village and with the village people in general.¹⁰⁹ Similarly, the biography of Kishorimohan Bandopadhyay mentions that although he was forced to stay in Calcutta for the purpose of business, he was extremely fond of his own native village.¹¹⁰ An abiding sense of nostalgia for the rural roots can be sensed as well from D.N.Ray’s description of his own childhood.¹¹¹ His autobiography records prolonged ramblings about his village, its natural beauty, the rural household, food, festivities, sports and other features he experienced as a child.¹¹²

The place of birth or the native village was often referred to as ‘*janmabhumi*’, meaning birth place or ‘*desh*’ meaning country/nation.¹¹³ In the context of early twentieth century India, the words ‘*janmabhumi*’ or ‘*desh*’ had distinct nationalist resonances. Mahesh Chandra Bhattacharya’s biography explicitly emphasizes such resonance. Describing Mahesh Chandra as a patriot, his biographer explained that the idea of nation in his patriotic imagination was quite narrow in its scope.¹¹⁴ He believed in work rather than words and always felt it more effective to set smaller goals.¹¹⁵ Serving the nation, he believed, necessarily began with one’s immediate place of birth. It could then be endlessly extended to include the society and the nation as a whole.¹¹⁶ Homoeopathic knowledge was projected as a useful tool to serve the ‘interiors’. The biography of Bamacharan Das describes how he

¹⁰⁵ Saratchandra Ghosh, ‘Op cit note 32, p. 23

¹⁰⁶ Anonymous, ‘Paralok e Dr. Baridbaran Mukhopadhyay’ (Late Dr. Baridbaran Mukhopadhyay), *Hahnemann*, 23, 7, 1940, p. 428

¹⁰⁷ *Ibid*, p. 428

¹⁰⁸ Gopal Chandra Mukhopadhyay, Op cit note 71, p. 170.

¹⁰⁹ *Ibid*, p. 170

¹¹⁰ Saratchandra Ghosh, ‘Dr. Kishorimohan Bandopadhyay’, *Hahnemann*, 23, 12, 1940, p. 729.

¹¹¹ D.N. Ray, Op cit note 17, pp. 20-91.

¹¹² *Ibid*.

¹¹³ For instance see Srish Chandra Talapatra, Op cit note 20, p. 14

¹¹⁴ *Ibid*, pp. 8-9

¹¹⁵ *Ibid*

¹¹⁶ *Ibid*.

abandoned his practice in the city to establish a flourishing practice at his native village of Shantipur.¹¹⁷ This was highlighted as an extraordinary gesture of self-sacrifice in the larger cause of serving ones 'desh'.¹¹⁸ Similarly, Baridbaran Mukhopadhyay's effort in treating men beyond the main cities was described as an extremely praiseworthy endeavor.¹¹⁹

For these protagonists, working for one's 'desh' was not confined to service only through homoeopathy. A distinct indebtedness and accountability towards one's roots marked these life histories. Mahesh Chandra's biographer narrated how he was concerned with the welfare of the poor and rich alike living in his native village of Bitghar.¹²⁰ Such concerns for 'welfare' ranged from establishing schools to building new roads.¹²¹ Batakrisna Pal's biography mentions his affectionate patronage in the building of the sole English medium school in his village.¹²² Recognizing the constructive role of primary education in building the nation, Mahesh Bhattacharya even established an education council that incorporated around forty schools in and around his native village.¹²³ One finds clear resonances of contemporary nationalist agenda of rural reconstruction and improvement in such narratives. The village emerged in these life histories as the nerve centre from where work for one's country ought to begin. Perpetration of homoeopathic knowledge in the interiors was depicted as an important way of accomplishing such work. Elaborating on such measures Mahesh Chandra's biographer commented, 'His efforts gave a new lease of life to that village. One should visit the village of Bitghar to know how a dead village comes alive through true patriotic endeavors.'¹²⁴

The life stories narrated in the texts hint at a certain circuit, a definite geography of mobility from the village/*mofussil* to the city and back into the villages. Individuals committed to ideals of acquiring knowledge, earning wealth and serving people, seem to be in continuous movement. The depiction of such journeys and movements impart a sense of the depth of the interiors of the Bengal province. Narratives of compulsive and difficult journeys one undertook, the opportunities Calcutta opened up, the projection of Calcutta as a gateway to the rest of the world, generated impressions about the remoteness as well as the

¹¹⁷ Sarat Chandra Ghosh, 'Dr. Bamacharan Das L.M.S', *Hahnemann*, 23, 10, 1940, pp. 580-581

¹¹⁸ *Ibid*, p. 581.

¹¹⁹ Anonymous, 'Paralok e Dr. Baridbaran Mukhopadhyay', *Hahnemann*, 23, 7, 1940, p. 427

¹²⁰ Srish Chandra Talapatra, *Op cit* note 20, pp. 13-15

¹²¹ *Ibid*, pp. 69-75. Also see, Mahesh Chandra Bhattacharya, *Op cit* note 13, pp. 70-71.

¹²² Gopal Chandra Mukhopadhyay, *Op cit* note 71, pp. 236-241

¹²³ Srish Chandra Talapatra, *Op cit* note 20, p. 80.

¹²⁴ *Ibid*, p. 15

underprivileged status of various *mofussil* locations. Also, each successful physician and entrepreneur in the city was shown to have affective accountability towards their places of origin in distant parts of Bengal. Such depictions indicated deep social roots of homoeopathy in myriad locations across Bengal.

Enigma of the Founder

The projected circuitous mobility of homoeopathic actors involved overseas locations as well as places within rural Bengal. Ideas, brands, commodities, celebrated figures as well as legends associated with homoeopathy traveled across such routes. The name of Samuel Hahnemann featured recurrently in all the life histories as the founder of the homoeopathic doctrine. Men traveling across the various routes expressed their persistent faith in Hahnemann as the sole inventor of the homoeopathic ‘law of similars’ (*similia similibus curantur* or like cures like),¹²⁵ on which the doctrine rested. Certain biographies for instance that of John Martin Honigberger, elaborated on how the protagonist, who knew Hahnemann in person, traveled into India from Transylvania with details of the founder’s life and teachings.¹²⁶ This section will look into the centrality of the figure of the founder, in the identity of the Bengali homoeopaths as a distinct group. By studying the dispersed life stories of Hahnemann, it will focus exclusively on his career in Bengal since the mid nineteenth century.

Apart from the range of life stories, the life of Hahnemann provided the staple to an array of Bengali texts--- journal articles, eulogistic poems, monographs, pamphlets, advertisements, preface to manuals, dedication pages of books etc. Such texts were being published since the 1860’s---before the other life stories made their appearance. The name of Hahnemann was widely used in the naming of publishing houses, journals, societies and drugstores in Bengal associated with homoeopathy. Advertisements of pharmacies often mentioned the sale of Hahnemann’s portraits and statues.¹²⁷ Such images appeared regularly on the cover page of various books and most journals relating to homoeopathy. The cover page of C.S.Kali’s *Brihat Olautha Samhita* or *Enlarged Compendium of Treatment of Cholera* for

¹²⁵ The Latin phrase ‘*similia similibus curatur*’, meaning ‘like cures like’, popularly referred to as the ‘law of similars’, was widely written about as the essence of homoeopathy as enunciated by Hahnemann.

¹²⁶ Saratchandra Ghosh, ‘Daktar John Martin Honigberger’, *Hahnemann*, 23, 1, 1940, pp. 4, 7.

¹²⁷ ‘Advertisement of Kolkata Homoeopathic Pharmacy’, in Harikrishna Mallik, *Sadrisa Byabostha Bajhyik Proyog, Berigny and Company’s Bengali Homoeopathic Series V*, Calcutta: Berigny and Company, 1870, page number not cited.

instance has a picture containing an inscribed portrait of Hahnemann.¹²⁸ Referring to the image as a ‘registered trademark’ of the author, an advertisement at the very end of the book cautioned the readers against possible fraud of that image by other lesser-known publishers.¹²⁹ An inseparable relation between Hahnemann and homoeopathy was repeatedly established through such texts. Hahnemann was shown to have discovered the law and initiated the doctrine of homoeopathy. A representative biography of Hahnemann written in 1881 for instance, candidly argued, ‘the birth of homoeopathy is intrinsically tied with the figure of Hahnemann. Homoeopathy does not have an independent trajectory without Hahnemann.’¹³⁰

The repeated invocation of Hahnemann as the founding figure occurred through two broadly defined, distinct and contradictory tropes. On the one hand, he was highlighted as a sacred, mystical figure, in possession of divine spiritual powers. The other set of texts glorified Hahnemann as purely a secular character, a rational scientist who had dedicated his life in the pursuit of a secular scientific project. The simultaneous invocation of the twin tropes of the sacred and the secular added an enigma to the personality of Hahnemann.¹³¹ This unique conception of Hahnemann’s life fits well with the developing norms of depicting lives in colonial Bengal. In a fascinating account on Sivnath Shastri’s autobiography, Sudipta Kaviraj shows how the ‘central theme’ of Shastri’s writing was that it was possible and important to be both religious and impeccably rationalist at the same time.¹³²

Texts emphasizing the spiritual aspects of Hahnemann described him as a divine incarnation, as God’s messenger on earth to help people heal. Quoting a passage from the sacred Hindu text, the *Gita*, one biography compared Hahnemann with that immortal divine Power described in the *Gita*, which returns to the earth in every age when irreligion takes

¹²⁸ C.S.Kali, *Brihat Olautha Samhita*, Calcutta: C. Klye and Company, Twelfth edition, 1926, Cover page.

¹²⁹ *Ibid.*, p. 624.

¹³⁰ Mahendranath Ray, *Homoeopathy Abishkorta Samuel Hahnemann er Jiboni*, Taligunj: Kasi Kharda Press, 1881, pp. 3-17

¹³¹ Uday Kumar shows a similar deployment of the tropes of sacred and secular in discussing the writing of the lives of the gurus in twentieth century caste movements in Kerala. See, Uday Kumar, ‘Writing the Life of the Guru: Chattampi Swamikal, Sree Narayan Guru and the Modes of Biographical Construction’, in Vijaya Ramaswamy and Yogesh Sharma (eds.), *Biography as History: Indian Perspectives*, Hyderabad: Orient BlackSwan, 2009, pp. 53-87.

¹³² Sudipta Kaviraj, ‘The Invention of Private Life’, in David Arnold and Stuart Blackburn (eds). *Telling Lives in India: Biography, Autobiography and Life History*, Delhi: Permanent Black, p. 85

over.¹³³ It explicitly argued Hahnemann to have taken birth with the preordained mission of helping and curing millions of ailing people with his exceptional talent, sacrifice and planning.¹³⁴ In a similar vein, another biography originally read as a memorial lecture, spoke of some eternal truths prevalent in the world from time immemorial. It argued that in every age such timeless truths were reminded to men by some chosen messiah.¹³⁵ The former article quoted Hahnemann himself to have proclaimed homoeopathy as a pure divine gift. He was quoted to have explicitly stated,

I rejoice at the benefit it (Homoeopathy) has already conferred on humanity and look forward with intense pleasure to the not distant time, when ... a future generation of mankind will do justice to this gift of the gracious God, and will thankfully avail themselves of the blessed means He has provided for the alleviation of their bodily and mental sufferings.¹³⁶

In this context, the biographies also highlighted the intense devotion, the complete submission of Hahnemann to the almighty. An author writing in the 1850's noted, 'he seems to have been guided in his life by a most reverent spirit of obedience to his Creator. He was in the habit of daily seeking the blessing of the Most High on the selection and the use of his medicines...' ¹³⁷

Interestingly, Hahnemann himself was often compared in these texts with major Hindu deities or other religious icons. A poem titled '*Deboddesh*' or '*To the Divine*', published in the journal *Hahnemann*, for instance, compared Hahnemann with both Siva and Buddha.¹³⁸ Hinting at Hahnemann's experiments with different drugs on himself, the poet drew analogy between him and the Hindu God Siva who had consumed poison in order to save the Gods. Hindu legends have it, that Lord Siva turned blue from consuming poison as he helped the Gods attain '*amrita*' or the elixir for life. In addition, Hahnemann's determination to overcome disease and human distress was shown analogous to similar efforts by Buddha in defeating death. Apart from such acts of direct comparison, many other texts simply referred to Hahnemann as a spiritual Godhead. He was addressed with epithets like '*Sadhu*' or the hermit, '*Guru*', '*Maharshi*' and '*Prabhu*' that closely stood for

¹³³ Himangshushekhar Ghosh, 'Hahnemann O Adhunik Bigyan', *Hahnemann*, 23, 1, 1940, p. 20

¹³⁴ Ibid, p. 20.

¹³⁵ Bhupendranath Bandopadhyay, 'Smriti Sabha', *Hahnemann*, 9, 1, 1926, p. 34

¹³⁶ Himangshushekhar Ghosh, 'Hahnemann O Adhunik Bigyan', *Hahnemann*, 23, 1, 1940, p. 20

¹³⁷ F.C.Skipwith, 'Homoeopathy and Its Introduction into India', *Calcutta Review*, 17, 1852, p. 24.

¹³⁸ Radharaman Biswas, 'Deboddesh', *Hahnemann*, 23, 1, 1940, p.19

‘spiritual head’.¹³⁹ All these words possess deep religious resonances. In a monograph dealing with the life of Hahnemann and the principles of homoeopathy vis-à-vis Ayurveda, Hahnemann was shown to be a reincarnation of the ancient Indian sages who had apparently hinted at the law of homoeopathy centuries earlier.¹⁴⁰ The author very dramatically argued that the dispersed teachings of such ancient sages attained personification in the figure of Hahnemann.¹⁴¹

Almost all biographic accounts of Hahnemann highlighted the impact of his ideas on people. The discovery of homoeopathy was shown to be liberating for humanity at large. A presidential lecture at the Midnapore Hahnemann Association for instance noted, ‘he has shown the world the road to freedom from diseases, has liberated them from fear... have transformed drugs into sweets...’¹⁴² Comparing his discovery to a divine blessing, a poem titled ‘Hahnemann’ described its rising popularity in every household.¹⁴³ Faith towards homoeopathy was coupled with a deep devotion towards Hahnemann in such households. A heightened exposition of such emotions is to be found in the drama ‘Shantir Sandhan’ or ‘In Search of Peace’ published in the journal *Homoeopathy Paricharak*.¹⁴⁴ It captures a scene where the hero of the drama, a homoeopathic physician, literally worships the image of Hahnemann with appropriate Hindu rituals. When confronted by his wife, the physician justified his act describing how his personality had undergone essential changes ever since he was introduced to the truths of homoeopathy through a reading of Hahnemann’s ‘sacred text’ *Organon*. Hahnemann and his homeopathic doctrines, to him, were a divine blessing not only in terms of his profession but also for the conduct of his entire being and lifestyle.

Equally, Hahnemann was highlighted as a scientist and a scholar of the first order. The extreme scholarly disposition of Hahnemann was discussed as part of the secular trope deployed by his biographers in Bengal. Widely read and knowledgeable, Hahnemann was

¹³⁹ The journal Hahnemann for instance, published a series of poems on Hahnemann in its different issues across 1925, which were titled variously as, ‘Prabhu Hahnemann er Protī’, ‘Guru Hahnemann er Protī’, ‘Maharshi Hahnemann er Protī’ etc. For instance, see, Kalikumar Bhattacharya, ‘Prabhu Hahnemann er Protī’ (To Hahnemann the Divine’), *Hahnemann*, 8, 5, 1925, p. 1

¹⁴⁰ Surendra Mohan Ghosh, *Susrut o Hahnemann*, Calcutta: Bengal Medical Library, 1906, p. 63

¹⁴¹ *Ibid*, p. 63

¹⁴² Anonymous, ‘Presidential Address at the Annual Meeting of the Midnapore Hahnemann Association’, *Hahnemann*, 10, 2, 1927, pp. 65-66.

¹⁴³ Saratchandra Ghosh, ‘Hahnemann’, *Hahnemann*, 22, 1, 1939, p. 1.

¹⁴⁴ Ajitshankar De, ‘Shantir Shandhan’ (‘In Search of Peace’), *Homoeopathy Paricharak*, 2, 1, April 1928, pp. 42-45.

argued to be ‘... a thinker--- and a very original one...’¹⁴⁵ The biographies enumerated a range of subjects he specialized in, apart from medicine. From Mineralogy to Chemistry, he was shown to have a remarkable hold on a number of subjects to an extent that he published eighteen tracts, mostly on chemistry, even before his famous discovery in medicine.¹⁴⁶ Talking of his diverse interests, one biographer noted how he was intrigued simultaneously by ‘the researches in alchemy, the growth of chemistry, the reveries of the poet, the recorded facts of natural history...’¹⁴⁷ His life was considered instructive in prescribing how could one be an original thinker ‘like Mill and Mazzini’.¹⁴⁸

The process of discovering the homoeopathic law of cure received much attention in Hahnemann’s Bengali life histories. The next section will engage more directly with the event of the discovery. However, glorification of Hahnemann in the light of his discovery constituted a significant aspect of these biographies. His rational bent of mind, aptitude of questioning the established order of things were emphasized as markers of a great mind. One biographer regarded such questioning essential for human progress and development.¹⁴⁹ He described ‘suspicion’ and ‘questioning’ to be among the fundamental drives towards major scientific discoveries. Hahnemann was also depicted as a true scientist engaged in patient research for years together. As one biographer noted, ‘Hahnemann’s discovery was not the mere theory of a chamber philosopher indulging in idle reveries, but a plain induction from facts and experiments...after a series of trials covering many years of his life, and one therefore, against which no arguments can hold weight, unless they previously overturn the scientific facts upon which it is grounded.’¹⁵⁰ The fact of endless laborious experiments was especially highlighted. It was for instance noted that he took fifteen years to publish the first piece on his discovery.¹⁵¹

Hahnemann was said to have anticipated much of later scientific discoveries. His ideas on the law of similar, which established that ‘like cures like’ and the power of minute doses was shown to have confirmation of later sciences. An article titled ‘Hahnemann O Adhunik Bigyan’ or ‘Hahnemann and Modern Science’ precisely enumerated, ‘...were Hahnemann

¹⁴⁵ James. C. Wood, ‘Value and Limitations of Homoeopathy’, *The Hahnemannian Gleanings*, 3, Dec 1932, p. 501.

¹⁴⁶ Mahendranath Ray, Op cit note 130, pp. 19-23.

¹⁴⁷ F.C.Skipwith, Op cit note 137, p. 21.

¹⁴⁸ Nripendra Kumar Ray, ‘Book review’, in Mahendranath Ray, Op cit note 130, page number not cited.

¹⁴⁹ Mahendranath Ray, Op cit note 130, pp. 23-24

¹⁵⁰ F.C.Skipwith, Op cit note 137, pp. 22-23.

¹⁵¹ Ibid, pp. 22-23.

alive in this age, to which he belongs, he would find confirmation in the pathological and therapeutic effects of x-rays and radium “imponderables” – and by their antagonistically malignant and benign actions, perfectly exemplifying his law. The Chemistry of our day is more and more approaching Hahnemann...the infinitely little is becoming infinitely potent and the bulk and energy of particles are seen to be in inverse ratio.’¹⁵² Many biographies credited Hahnemann with having anticipated developments in science by more than a century.¹⁵³ This was regarded as an exposition of extremely sophisticated scientific acumen.

Mahendralal as Hahnemann- a Tale of Two Lives

The late nineteenth-early twentieth century ‘biography industry’ around homoeopathy thus celebrated the figure of Hahnemann as the unquestionable founder of the doctrine. However, the life of the founder seemed to have been analogous and in dialogue with another figure from contemporary Bengal: Mahendralal Sircar. Mahendralal was an important personality of nineteenth century Bengal for reasons more than one.¹⁵⁴ Many biographies highlighted the interest of Mahendralal Sircar, the second MD of the Calcutta Medical College, and one of the most famous physicians of his time, in homoeopathy. They enumerated Mahendralal’s various involvements and achievements in the broad field of science, including the establishment of the first native science organization--- the Indian Association for the Cultivation of Science.¹⁵⁵ The biographies especially emphasized the various Government recognitions that Sircar received, owing to his pioneering initiative in the ‘science movement’.¹⁵⁶

Such scientific attainments were highlighted as conclusive testimony of the undeniable scientific claims of homoeopathy, in which Sircar was equally invested. The biography of Dinabandhu Mukhopadhyay for instance, candidly argued, ‘in Bengal there is an indisputable connection between homoeopathy and the practice of science. This is evident from the fact that Mahendralal Sircar dedicated his whole life in the pursuit and

¹⁵² Himangshushekar Ghosh, ‘Hahnemann O Adhunik Bigyan’(‘Hahnemann and Modern Science’), *Hahnemann*, 23, 1, 1940, pp. 22-23.

¹⁵³ See for instance, A.N. Mukherjee, ‘Presidential Address Hahnemann’s Birthday Celebrations,’ *The Hahnemannian Gleanings*, 7, May 1936, p. 189

¹⁵⁴ Existing historiography have dealt with Mahendralal Sircar’s myriad projects concerning science with wider nationalist implications. See for instance, Pratik Chakraborty, ‘Science, Morality, and Nationalism: The Multifaceted Project of Mahendra Lal Sircar’, *Studies in History*, 17, 2, 2001, pp. 245-274.

¹⁵⁵ For instance, see Anilchandra Ghosh, ‘Daktar Mahendralal Sircar’, *Bigyane Bangali (Science and the Bengalis)*, Calcutta: Presidency Library, 1931, pp. 19-26.

¹⁵⁶ Saratchandra Ghosh, Op cit note 19, pp. 77-79.

establishment of both in the country.’¹⁵⁷ In short, Mahendralal was regarded as the foremost practitioner of homoeopathy in nineteenth century Bengal. His agency and participation was considered most significant in asserting the credibility of homoeopathy as a scientifically endorsed medical practice among the contemporary Bengali bhadralok.

Biographies of Hahnemann and Mahendralal often overlapped as they represented the two most important faces of homoeopathy in colonial Bengal. It was emphasized that,

The honour of being the first to signalize this law (homoeopathic law) belongs to Hahnemann and Hahnemann alone... excepting the late Dr. Mahendralal Sircar we can think of no other Indian who in our time and generation rendered more brilliant services to the cause of homoeopathy...¹⁵⁸

The two names appeared in tandem in many places. Books written on Hahnemann for instance were frequently dedicated to Mahendralal, mentioning him as the most authoritative figure in Bengali homoeopathy.¹⁵⁹ Mahendralal in his turn claimed to be an authority on Hahnemann and his teachings. He wrote quite a few articles and even a monograph on Hahnemann.¹⁶⁰ The narration of the two lives, in that context, took interesting forms in Bengal.

Events in their lives, separated at least by a century, were shown to have remarkable similarities. The biographies especially highlighted a few events. This section maps how they depicted overlapping and analogous life trajectories of Samuel Hahnemann in the eighteenth and Mahendralal Sircar in the nineteenth century. By taking two specific examples from their respective lives, the section delineates how Mahendralal Sircar was projected as a modern reincarnation of Hahnemann. Sircar’s life seemed to be the reenactment of that of the original founder in a different imperial theatre. A slightly later biography of Hahnemann titled ‘Asia r Hahnemann: Dr. Mahendralal Sircar’ meaning ‘Mahendralal, the Hahnemann of Asia’ captures the precise trend in these biographies--- of

¹⁵⁷ Rashbehari Mukhopadhyay, Op cit note 45, p. 276.

¹⁵⁸ S.C.Ghose, ‘Homoeopathy and Its First Missionary in India’, *The Hahnemannian Gleanings*, 3, 7, August 1932, pp. 292-295.

¹⁵⁹ Mahendranath Ray, Op cit note 130, Dedication page.

¹⁶⁰ This is mentioned in Sarat Chandra Ghose, Op Cit note 12, p. 114. The monograph was titled *Hahnemann the Father of Scientific Medicine*.

merging one life into another.¹⁶¹ The distant and the immediate in the context of colonial Bengal were therefore locked in constant dialogue with one another.

The biographies depicted Hahnemann's discovery of the homoeopathic 'law of similars', as the most defining moment in homeopathy's history. The authors noted his deep unease and disgust with the 'fallacies and uncertainties' of prevalent medicine. Writing in 1881, Mahendranath Ray recounted Hahnemann's observations, regarding a degree of certainty and law in governing everything in the kingdom of god.¹⁶² He reflected on the absence of any such certainty in medicine. He was vexed with finding an answer to the question, 'is there no great principle, no law by which I may guide my course?'¹⁶³ The act of the discovery, as an answer to that profound question, receives great significance in the biographies. These have mostly tended to elaborate on the event of the discovery in minute detail: of how Hahnemann chanced upon his profound observation while translating the *Materia Medica* of Cullen. Observing that when consumed by a healthy person cinchona produces symptoms of intermittent fever, he was struck by the idea that the 'power of the drug in curing fever could be in its power of producing a similar disease.'¹⁶⁴ Hence, his proclaimed universal law of healing, 'Similia Similibus Curantur' or 'like cures like'. The sequence of thoughts and events around that one incident has received significant attention of the biographers. Mahendranath Ray, in his biography of Hahnemann for instance, gave a comprehensive review of many contemporary authors who had ventured to write about the event of the discovery.¹⁶⁵

Just as Hahnemann's 'discovery' of the law, the event of Mahendralal Sircar's 'conversion' to homoeopathy received utmost attention from his biographers. All his biographies laid emphasis on his regular training, initial skepticism towards homoeopathy, and ultimate attraction and conviction in homoeopathy's truth.¹⁶⁶ The role of Rajendralal Dutta in convincing him is also meticulously noted. At the fourth Annual meeting of the Bengal branch of the British Medical Association in February 1867, of which Sircar was the Vice President, he declared his so-called shift to homoeopathy. The incident was highlighted

¹⁶¹ Satyendranath Ray, *Asia r Hahnemann: Dr. Mahendralal Sircar (Mahendralal Sircar: The Hahnemann of Asia)*, Calcutta: Institute of History of Homoeopathy, year not cited.

¹⁶² Mahendranath Ray, Op cit note 130, pp. 21-23.

¹⁶³ F.C.Skipwith, Op cit note 137, p. 21.

¹⁶⁴ Ibid, p. 22

¹⁶⁵ Mahendranath Ray, Op cit note 130, pp. 23-25.

¹⁶⁶ For instance, see Anilchandra Ghosh, 'Daktar Mahendralal Sircar', *Bigyane Bangali (Science and the Bengalis)*, Calcutta: Presidency Library, 1931, pp. 12-16.

without an exception in all his biographies. It was regarded as the single most important factor, like Hahnemann's discovery, behind the propagation of homoeopathy in Bengal. Highlighting the role of Mahendralal in popularizing homeopathy in Bengal with that of Hahnemann himself, one biographer for instance, noted, 'At the time of his conversion to homoeopathy, the name of Hahnemann was almost unknown to the nobility, the gentry and the mob of his country.'¹⁶⁷ The biographies recurrently contrasted the events and emphasized the significance of both in the annals of homoeopathy. In fact even by Mahendralal's own admission, the two events were analogous as they were equally effective in altering ideas around medicine in their respective times. Reflecting on his own career in the pages of his journal *Calcutta Journal of Medicine* in 1902, Mahendralal described his conversion to be an act of medical reform, comparable only with the original act of 'discovery' initiated by Hahnemann.¹⁶⁸

The analogy between the two lives seems most conspicuous in the context of the aftermath of the events described above. The repercussion of these bold events unfolded in a similar fashion to both. The life of Hahnemann in eighteenth century Germany and that of Mahendralal in nineteenth century Bengal seemed to suffer in the same way in establishing the truth of homoeopathy. The agonies associated with scientific discoveries or the process of initiating a radical change of idea in any context was shown to bear identical hardships. Both were ostracized professionally and their practice suffered immensely. The biographies conclusively regarded the fate of any great discovery as fraught with much difficulty. Hence, Sarat Chandra Ghose argued in his paper read out at an International Homoeopathic Congress, 'Like all discoveries, like Harvey's circulation of the blood, like Paracelsus' antimony and like Jenner's vaccination, Hahnemann's homoeopathy was for some time, persecuted with the most remorseless rancour....'¹⁶⁹ The ideas of Hahnemann were resisted as human nature by definition, his biographies argued, were opposed to innovation or change.¹⁷⁰ In an identical fashion, a newspaper article reviewing the conversion of Mahendralal Sircar to homoeopathy referred to the hindrance faced by every innovator in

¹⁶⁷ Sarat Chandra Ghose, Op Cit note 12, p. 129

¹⁶⁸ Mahendralal Sircar, 'The Story of Dr. Sircar's Conversion to Homoeopathy', *Calcutta Journal of Medicine*, 21, 1902, p. 276

¹⁶⁹ S.C.Ghose, Op cit note 2, p. 289.

¹⁷⁰ James. C. Wood, 'Value and Limitations of Homoeopathy', *The Hahnemannian Gleanings*, 3, December 1932, p. 504.

trying to bring about ‘progress or reform’.¹⁷¹ Mahendralal, the author believed, was a victim of such prejudice as was Hahnemann himself.¹⁷²

The biographies record a startling overlap in the way both faced stiff professional opposition, once they expressed public conviction in homeopathy. Words like ‘professional enmity’, ‘persecution’, ‘outcaste’, ‘struggle’, etc. were repeatedly deployed in describing these incidents in the lives of both Hahnemann and Mahendralal. Their’s seem to be a life dedicated to the establishment of a medical advancement. The biographies glorified their respective sacrifice of their already-established practices and other worldly gains. Their tolerance and conviction in the face of mounting opposition were especially praised.¹⁷³ Hence, the narration of the biographies molded two spatially and temporally distanced lives in a way as to resemble one another considerably on many counts.

‘Crusade against Orthodoxy’¹⁷⁴: Homoeopathy and the Brahmo Movement

Along with the people, the life stories also tried to make sense of the time in which these men lived. Many reflected on the context, the time and the society that provided the backdrop to these stories. They contain important commentaries on why ideas about homoeopathy impacted upon certain people in the way it did at a certain moment.

Many of the life histories described the nineteenth century as a period of rapid transformations. They often referred to the tremendous flux generated in society because of the colonial encounter. To quote one author, ‘modern India is greatly different from ancient India. English education has appeared in our midst and we are undergoing regular revolutions of mighty potency, which are operating with powerful force upon the foundation of Indian society....’¹⁷⁵

These biographies discussed the impact of foreign rule in various aspects of social life. The biography of Batakrishna Pal engaged for instance, with the tremendous social dislocation

¹⁷¹ ‘Review of Indian Daily News’, in Mahendralal Sircar, *On the Supposed Uncertainty in Medical Science and on the Relation between Diseases and their Remedial Agents*, Calcutta: Anglo- Sanskrit Press, 1903, p. 62

¹⁷² Ibid.

¹⁷³ For instance, see Anilchandra Ghosh, *Op cit* note 166, pp. 16-19. Also see, Mahendralal Sircar, ‘Hahnemann and his Work’, *Calcutta Journal of Medicine*, 12, 10, May 1887, pp. 391-416

¹⁷⁴ F.C.Skipwith, *Op cit* note 137, p. 20

¹⁷⁵ Sarat Chandra Ghosh, *History of Homoeopathy in India*, Calcutta: International Institute of History of Homoeopathy, 1997 [1906], p. 21.

generated by colonial rule.¹⁷⁶ The biographer believed English education to have caused unprecedented changes in the domains of the religious and the cultural.¹⁷⁷ The predominant focus was on the theme of decline. Hinduism and its associated social norms--- the position of the women especially, were under positive threat. Others reflected on the perceived need to change stagnant social dogmas due to the coming of the British in India. The biography of Akshay Kumar Dutta for instance, elaborately dealt with the dilemmas associated with the new class of English educated Indians in discarding old 'superstitious' social practice and embracing the western, modern ones.¹⁷⁸ It commented on the growing social distance and clash of ideas between the English educated youths with the earlier, more traditionally oriented generations.¹⁷⁹ The idea and practice of social reform was reported to have gained tremendous momentum in that context. The same biography locates the genesis of Brahmo movement in that situation of social change and an imminent lack of faith in Hinduism among many.¹⁸⁰ The biography further noted that Akshay Kumar's father, Kalidasa Dutta, himself embraced Brahmo faith and indulged in Brahmo worship and social practice.¹⁸¹

The Brahmo movement is considered an extremely important phenomenon in the social life of nineteenth century India. Its intimate links with the rhetoric of religious and social reform is well established in existing historiography.¹⁸² Primarily posed against orthodox Hinduism and all kinds of social conservatism, by Raja Rammohan Roy, the Brahmo doctrine had deep socio-political resonances. Evidently, the Brahmos represented a strong progressive force in nineteenth century Bengal. The biographies of stalwart homoeopaths noted a deep appreciation and sympathy for such social reforms and the Brahmo movement. A biography of Mahendralal Sircar for instance noted, 'Dr. Sircar hated from the bottom of his heart all retrogressive movements. He publicly taunted those educated men who advocated progress in science, literature and politics, but propounded retrogressive views in matters of social life. His sympathy for the great reformer Raja Rammohan Roy, were due to the fact of his having inaugurated religious and social reforms.'¹⁸³ An obituary collection of Mahendralal

¹⁷⁶ Gopal Chandra Mukhopadhyay, Op cit note 27, pp. 22-24

¹⁷⁷ Ibid.

¹⁷⁸ Saratchandra Ghosh, 'Dr. Akshay Kumar Datta L.M.S', *Hahnemann*, 23, 4, 1940, p. 194.

¹⁷⁹ Ibid.

¹⁸⁰ *ibid*, pp. 194-195.

¹⁸¹ Ibid.

¹⁸² See for instance David Kopf, *Brahmo Samaj and the Shaping of the Modern Indian Mind*, Princeton: Princeton University Press, 1979.

¹⁸³ Shivnath Shastri, 'Men I Have Seen' in *Atmcharit*, Calcutta: Prabasi Karjalay, 1918, Reprint Dey's, 2003, pp. 506-507.

also mentions his appreciation of the Brahma cause - including his material help in the foundation of the Bharatbarshiyo Brahma Mandir.¹⁸⁴

However, Mahendralal was hardly an exception. Biographies of almost all homoeopathic stalwarts, with very rare exceptions, reveal distinct Brahma sympathies. Most like Pratap Chandra Majumdar, M.M.Basu, Akshay Kumar Dutta, D.N.Ray etc were practicing Brahmans. Some life stories like the autobiography of D.N.Ray is a document on the developments within the Brahma movement in contemporary Bengal.¹⁸⁵ Ray recounts his stay at a boarding house in North Calcutta while he was a student at the Medical College in late 1870's.¹⁸⁶ He recounts the dissent of a few Brahmans, who also happened to own his boarding, against the leader of the movement, Keshab Chandra Sen. The dissenting group regularly met at the boarding house to discuss their problems. Such meetings eventually resulted in a rift within the sect and the formation of the Sadharon Brahma Sabha and the Nababidhan Samaj. The biography of M.M.Basu too records the deep involvement of his brother Anandamohan Basu with the Brahma cause.¹⁸⁷ His biography records Anandamohan's role in the establishment of the Sadharon Brahma Sabha.¹⁸⁸ Other homoeopaths who continued to be Hindus were often critical of its orthodox dogmas and social customs.

Many biographies register the deep dilemma of their protagonists as regards changing their faith. Mahesh Bhattacharya for instance notes in his autobiography a profound appeal of the Brahma doctrine to him in his youth. Yet he refrained from joining the creed only because he was apprehensive of hurting his mother's sentiments.¹⁸⁹ Biography of Lokenath Maitra too notes hostile family resistance to the idea of his change of faith.¹⁹⁰ However later in his life, Lokenath himself was sadly disappointed with the Brahma leader Keshab Chandra, when the latter failed to live up to the principles preached by him.¹⁹¹ Flouting the much fought for 'age of consent', Keshab Chandra forced his daughter to have an early marriage

¹⁸⁴ Amritalal Sircar, *Obituary Notice of Mahendralal Sircar CIE, MD, DL*, Calcutta: Anglo Sanskrit Press, 1905, pp. 30-33.

¹⁸⁵ D.N. Ray, Op Cit note 17, pp. 144-146.

¹⁸⁶ Ibid.

¹⁸⁷ Saratchandra Ghosh, Op cit note 44, p. 66.

¹⁸⁸ Ibid.

¹⁸⁹ Mahesh Chandra Bhattacharya, Op cit note 13, p. 40.

¹⁹⁰ Saratchandra Ghosh, 'Daktar Lokenath Maitra', *Hahnemann*, 22, 10, 1939, p, 708.

¹⁹¹ Ibid.

with the Raja of Coochbehar. This scandalous event within the Brahmo community drew Lokenath Maitra to write a farce entitled 'Kadambarir Bibaha ki Sambandha?'¹⁹²

The Brahmo connections of the homoeopathic physicians also become evident through their patient profile. The biography of Pratap Chandra Majumdar engages in detail with the faith of the Tagore family in homoeopathy.¹⁹³ The biography describes a particular instance when knowing the seriousness of his father Debendranath Tagore's illness, Rabindranath called upon Pratap Majumdar, pleading him to treat his father.¹⁹⁴ Debendranath recovered soon and the biographer claimed to have heard him declare his unbound faith in homoeopathy. Debendranath seemed to believe that allopathy engaged with 'mere patchwork' in the body, as opposed to the holistic treatment of homoeopathy.¹⁹⁵ The fame of Rabindranath and especially Debendranath as two leading Brahmo leaders of their time is well established.¹⁹⁶

The biographies therefore hint at an intimate link between the Brahmo movement, homoeopathy and social reform in nineteenth century Bengal. Apart from the Tagores, many of the biographies mention the interest of Iswar Chandra Vidyasagar, the famous social reformer of nineteenth century Bengal, in homoeopathic form of treatment. Vidyasagar personified the forces of reform generated within traditional Bengali society.¹⁹⁷ He was singularly instrumental in the legalization of widow remarriage in India by an official Act in 1856 that has been regarded as a bold yet contentious act of reform.¹⁹⁸ Following an almost miraculous cure of his chronic headache by Rajendralal Dutta, Vidyasagar seem to have begun learning homoeopathy by importing books from abroad.¹⁹⁹ He often administered drugs and encouraged his own brother Dinabandhu Smritiratna, informs subsequent accounts, to become a homoeopathic physician.²⁰⁰ Rabindranath himself, it is been

¹⁹² Ibid.

¹⁹³ J.N.Majumdar, 'Dr. Pratap Chandra Majumdar M.D', *Hahnemann*, 23, 6, 1940, pp.322-324.

¹⁹⁴ Ibid.

¹⁹⁵ Ibid, pp. 323-324.

¹⁹⁶ See David Kopf, 'Rabindranath Tagore as Reformer: Hindu Brahmoism and Universal Humanism' in *Brahmo Samaj and the Shaping of the Modern Indian Mind*, Princeton: Princeton University Press, 1979, pp. 287-312.

¹⁹⁷ See Amales Tripathi, *Vidyasagar, the Traditional Moderniser*, Delhi: Orient Longman, 1974.

¹⁹⁸ For a discussion on the impact and controversies around his reform, see Asok Sen, *Iswar Chandra Vidyasagar and His Elusive Milestones*, Calcutta: Ridhhi India, 1977. Also, see Shekhar Bandopadhyay, Caste, Widow Remarriage and the Reform of Popular Culture in Bharati Ray (ed.), *From the Seams of History*, Delhi: Oxford University Press, 1995, pp. 8-36.

¹⁹⁹ J.N.Majumdar, 'Dr. Pratap Chandra Majumdar M.D', *Hahnemann*, 23, 5, 1940, pp. 261-262

²⁰⁰ Ibid, pp. 261.

suggested, was very interested in homoeopathy and practiced it within the realm of his family.²⁰¹ The biography of Pratap Chandra Majumdar describes how Rabindranath established a charitable homoeopathic dispensary in his zamindari estate of Shilaidaha to promote free distribution of drugs.²⁰²

Whether formally converted to Brahma faith or not, most authorities on homoeopathy were critical of orthodox Hinduism and proposed reform. Rajendralal's biography for instance reveals his critical stand against Hindu idolatry.²⁰³ Many homoeopaths, in their personal life, addressed the question of women's emancipation and widow remarriage-issues that were predominantly taken up by the Brahmos. Biographies of physician Biharilal Bhaduri, mention how he was inspired by the social reformist zeal of Vidyasagar, to get his own widowed daughter remarried.²⁰⁴ The daughter was married to Pratap Chandra Majumdar, another eminent homoeopath and owner of one of the leading homeopathic enterprises, inspired by the ideals of Vidyasagar himself.²⁰⁵ The question of reform featured in many biographies. The biography of Mahesh Bhattacharya notes his elaborate ideas on social reform. Bhattacharya was apparently against the idea of sudden disruptive changes in society. His biographer noted, 'Slow elimination of superstitious practices rather than breaking of social norms with force' were his idea of reform.²⁰⁶ Yet he believed in the complete and rapid extinction of certain customs like the dowry system.²⁰⁷

It is possible to situate the advent and sustenance of homoeopathy in this larger milieu of social reform and critique of orthodoxy. The life histories simultaneously referred to homoeopathy as a new medical doctrine as opposed to the medical orthodoxy of the time. Hahnemann in that context featured as a 'celebrated reformer, who carried on so brave a crusade against those dark pills and potions, whose memory still carries terror to our emancipated spirit'.²⁰⁸ Homoeopathy signified a revolutionary change in the field of medicine. Representative biographies of Hahnemann frequently referred to the advent to

²⁰¹ There has been an extensive body of writing on Rabindrath's interest in homoeopathy. For instance, see, Md. Harun- ar-Rashid, 'Homoeopathy Chikitsa Bigyane Rabindranath', *Bangla Academy Patrika*, [Bengali, hereafter Ben: Sraban –Ashwin 1401], 1994, pp. 113-145

²⁰² J.N.Majumdar, 'Dr. Pratap Chandra Majumdar M.D', *Hahnemann*, 23, 6, 1940, p. 323.

²⁰³ Saratchandra Ghosh, Op cit note 32, p. 24.

²⁰⁴ J.N.Majumdar, 'Dr. Pratap Chandra Majumdar M.D', *Hahnemann*, 23, 6, 1940, p. 267

²⁰⁵ Ibid.

²⁰⁶ Srish Chandra Talapatra, *Mahesh Chandra Charitkatha*, Calcutta: Economic Press, 1946, p. 83.

²⁰⁷ Ibid.

²⁰⁸ F.C.Skipwith, Op cit note 137, p. 20.

homoeopathy as the ‘most glorious and beneficent’ change.²⁰⁹ It was regarded as a theory that would ‘overturn the whole of the present practice of medicine’.²¹⁰ Such accounts were extremely critical of the contemporary criticisms of the discovery. The biographies dismantled such contemporary critiques by categorizing them as ‘...of that genus who embittered the life of Newton, who would have jeered down Harvey and Jenner, and have strangled Luther’.²¹¹

Indeed, comparison with Luther featured recurrently in such texts. Describing the advent of homoeopathy as ‘a glorious reformation of the medical world’, Hahnemann was referred to as the ‘Luther of medical reformation’.²¹² Resistance to homoeopathy was compared in such texts with that faced by the Christian reformation.²¹³ It was argued that a progressive, emancipating doctrine as homoeopathy spread across the globe with remarkable rapidity. It was carefully noted that, ‘wherever ships go, there has gone the knowledge of this doctrine and practice. From Rio Janeiro comes proof of its extension, from Labuan and the Spice Isles, from India, New Zealand and Australia, from the steppes of Tartary and from the coast of Africa...’²¹⁴ Therefore, beyond its immediate context in Germany, the reforming zeal was shown to drive other protagonists of homoeopathy as well. The chapter on Mahendralal Sircar, in the autobiography of Shivnath Shastri, found reflections of the ‘spirit of Martin Luther upon Dr. Sircar’ as the latter declared the change of his medical faith.²¹⁵

Brahmo movement with its emphasis on socio-religious reform remained a dominant strand of thought in nineteenth century Bengal, when most of the stalwart first generation homoeopaths and their biographers lived. In his in-depth study of the Brahmo movement, David Kopf has in fact mentioned homoeopathy as a common profession among the Brahmo followers.²¹⁶ The overlap may be explained in terms of shared ideas of reform within Brahmo doctrine and homoeopathy.

²⁰⁹ Mahendralal Sircar, ‘Hahnemann and His Work’, *Calcutta Journal of Medicine*, 12, 10, May 1887, pp. 39-416

²¹⁰ F.C.Skipwith, Op cit note 137, pp. 19

²¹¹ *ibid*, p. 47.

²¹² Sarat Chandra Ghosh, Op cit note 175, pp. 25-26.

²¹³ O.S.Runnels, ‘Homoeopathy of Tomorrow’, *Calcutta Journal of Medicine*, 32, 8, August 1913, pp. 325-333.

²¹⁴ F.C.Skipwith, Op cit note 137, p. 43

²¹⁵ Shivnath Shastri, ‘Men I Have Seen’ in *Atmcharit*, Calcutta: Prabasi Karjalay, 1918, Reprint Dey’s, 2003, p. 498.

²¹⁶ David Kopf, *Brahmo Samaj and the Shaping of the Modern Indian Mind*, Princeton: Princeton University Press, 1979, p. 112.

Analogy between Brahma doctrine and homoeopathy featured in some of these life stories. Shivnath Shastri's account of Mahendralal Sircar for instance, records a long conversation between Sircar and himself on the subject of social and religious reform.²¹⁷ Shastri terminated the conversation with a direct analogy between the homoeopaths and the Brahmos. Both, he argued, represented progressive forces against the orthodoxy in their respective fields of operation, i.e. medicine and religion. Such overlap between medical and religious reform is further exemplified in an obituary of the Brahma physician, Annadacharan Khastagir in *Chikitsa Sammilani*.²¹⁸ An allopath in his early life, Annadacharan changed his orientation towards the end of his career to become a devoted homoeopath. The obituary documents a conversation between Annadacharan and the stalwart Brahma leader Keshab Chandra Sen, where a similar analogy between medical and religious change featured.²¹⁹

Perhaps it is not out of place to mention at this point that the life stories depicted homoeopathy itself as analogous to a religious dogma. The texts dealing with the lives of homoeopathic protagonists were dotted with words infused with religious charges. Words like 'conversion', 'Savant', 'high priest', 'Guru' or preceptor, 'shishya' or disciple, 'deekha' or initiation, 'heresy', 'faith' etc featured with remarkable frequency. A serial biography of Rajendralal Dutta, in the journal *The Hahnemannian Gleanings* was suggestively titled 'The First Missionary of Homoeopathy in India'.²²⁰ A great number of the life stories referred to Hahnemann's *Organon* as a holy text containing the main tenets of homoeopathy. A biography of Brajendranath Bandopadhyay for instance, refers to the *Organon* as the 'Bible of homoeopathy'.²²¹ Certain others mentioned it to be as valuable as the Vedas and the *Quran* in preaching timeless truths.²²²

The biographies further recorded a religion-like faith of the adherents to homoeopathy. It was demonstrated by their intense devotion and loyalty to homoeopathy. For any kind of medical help, it was shown; the proponents and their family members inevitably resorted to homoeopathy and nothing else.²²³

²¹⁷ Shivnath Shastri, Op cit note 216, pp. 504-505

²¹⁸ Editors, 'Daktar Annadacharan Khastagir', *Chikitsa Sammilani*, 4, 1887, pp. 37-44.

²¹⁹ Ibid.

²²⁰ See S.C.Ghose, Op cit note 2, p. 289.

²²¹ Saratchandra Ghosh, 'Dr. Brajendranath Bandopadhyay M.D', *Hahnemann*, 23, 3, 1940, p. 136.

²²² Bhupendranath Bandopadhyay, 'Smriti Sabha', *Hahnemann*, 9, 1, 1926, p. 34.

²²³ J.N.Majumdar, 'Dr. Pratap Chandra Majumdar M.D', *Hahnemann*, 23, 6, 1940, pp. 326-327

The biographies often elaborated on a number of deathbed scenes from the lives of the protagonists. Such dramatic scenes exemplify their undying faith in homoeopathy. Violating such faith in homoeopathy was considered almost blasphemous to the proponents. Biographies like that of Mahendralal Sircar captured his agonies at moments prior to his death.²²⁴ Even while he suffered in extreme pain owing to a dangerously expanded prostate, he refused to accept any form of allopathic drug or surgery to be inflicted on his body. Sircar particularly instructed his son Amritlal to see that such measures were not adopted even when he lost his consciousness in pain.²²⁵ Other biographies record similar unflinching faith of the protagonists while faced with impending death of closest relatives like one's own son. An obituary of Nilmani Ghatak and a biography of Rajendralal Dutta noted how they insistently stuck to homoeopathy in treating their own sons even as the cases turned fatal.²²⁶ In response to advice from friends to adopt allopathic remedies for his son, Nilmani Ghatak had proclaimed, 'If he does not get well by homoeopathy he will not be cured by any other means. Not only my son, if all the members of my family as well as extended kinship network die of homoeopathy, even then I will not lose my faith in homoeopathy'.²²⁷

However, the Brahmo leanings of some of the key personalities did not deter the Hindu iconisations of Hahnemann in his many biographies since the late nineteenth centuries. Indeed, the next chapter would delve deeper into the conscious politics of Hinduising homoeopathy through practices of translations in the Bengali print market. It explores the ways in which the major publication houses disseminated a mandate of culturally integrating homoeopathy with contemporary context of Bengal. Interpreting homoeopathic principles with notions of Hindu philosophy and tradition was considered the ideal way of doing that, as chapter 3 would reveal.

'Utility of a Biography'²²⁸: Historicizing pasts, memorialising lives

Writing life stories of stalwart homoeopaths in course of the late nineteenth and early twentieth centuries were often acutely self-conscious acts. Many life histories recorded

²²⁴ Saratchandra Ghosh, Op cit note 19, pp. 77-79.

²²⁵ Saratchandra Ghosh, 'Dr. Mahendralal Sircar er Jibon Katha' ('Life of Dr. Mahendralal Sircar'), *Hahnemann*, 22, 3, 1939, pp. 135-136.

²²⁶ See, Sarat Chandra Ghosh, 'Op cit note 32, pp. 19-20.

²²⁷ Sriramkrishna Chattopadhyay, Op cit note 1, p. 684.

²²⁸ Sarat Chandra Ghose, 'Dr. Lokenath Maitra', *The Hahnemannian Gleannings*, 16, 6, July, 1946, pp. 241-242.

reflections on the very act of writing and recording such lives. Recording the history of homoeopathy in India had been the proclaimed intention of most authors. This section deals with such self-conscious reflections of the authors on historicising homeopathy's past in India. These related mostly with the arrival and appropriation of homoeopathy within the mainstream Bengali society of the nineteenth century. The life stories dealt with a wide range of issues including the necessity of recording such pasts, the most appropriate ways of doing so and the ways, norms, compulsions, patterns and problems of historicizing lives in colonial Bengal.

These life stories often sincerely lamented the lack of a culture of memorialisation in India. They complained of an inherent forgetfulness and dearth of genuine appreciation of great lives among the Indians. It was regretted that, '...some of the greatest men of India had the shortest biographies. Many great men have been enwrapped in the folds of oblivion.'²²⁹ Characterising their own time as an age 'remarkable for its reactionary tendencies and reckless spirit of criticism,'²³⁰ some life stories attributed such forgetfulness to be the outcome of their times. Biographies like that of Biharilal Bhaduri or Lokenath Maitra, recorded how difficult it was for the authors to collect correct information of the lives.²³¹ They were vehemently critical of the family members of such men who failed to retain details of their great deeds.²³² Along with the importance of writing about the past, the life stories were emphatic also about preserving the unwritten elements of such pasts. The biography of Batakrishna Pal for instance noted, 'Had it been in the west, people undoubtedly would have preserved and worshipped the bricks of the building where he was born.'²³³ Apart from forgetfulness, the life stories also picked on the tendency among Indians, especially the Bengalis, of overlooking the most deserving people. Stating that 'there is very strong evidence that Bengal does not know its greatest men'²³⁴, Rajendralal Dutta's biography argued that 'it is the loud and the noisy who secure the largest recognition'.²³⁵ It was often reiterated that one needed to learn such practices of appropriate memorialisation from the west. Referring to Rajendralal's entrepreneurial skills, the same

²²⁹ S.C.Ghose, Op cit note 2, p. 289.

²³⁰ Ibid, p. 293.

²³¹ For instance, see Saratchandra Ghosh, 'Daktar Biharilal Bhaduri L.M.S', *Hahnemann*, 22, 7, 1939, p. 385.

²³² Ibid.

²³³ Gopal Chandra Mukhopadhyay, Op cit note 27, p. 17.

²³⁴ S.C.Ghose, 'Homoeopathy and Its First Missionary in India', *The Hahnemannian Gleanings*, 3, 10, November 1932, p. 450.

²³⁵ Ibid.

biography noted, ‘... had he been born among a more appreciative people, they would certainly have appreciated in him the stuff of which the Howards and the Hampdens are made...’²³⁶

However, of all the modes of memorialising the past, writing ‘authentic’ history of homoeopathy was regarded the most important. All the life stories proposed to narrate such a history. Historiography tracing the emergence of a nationalist consciousness has elaborated on the crucial importance and role of writing pasts of the nation.²³⁷ They show how such writings in Bengal since the mid nineteenth century were deeply imbued with post enlightenment progressive thoughts, so as to regard the western rational understanding of ‘History’ as the most desirable mode of accessing the past of a nation.²³⁸ The deep interconnection between the struggle for nationhood and writing of history resulted in a proliferating culture of public engagement with history in late nineteenth century Bengal.²³⁹ Recent historiography has noted the rise of professional ‘scientific’ history in India since the early twentieth century.²⁴⁰ This was the time when the late nineteenth century ‘amateur’ engagements with history was giving way to a process of institutionalisation with the establishments of University departments.²⁴¹ A deep-seated Rankean positivistic understanding of objective, unbiased historical truth characterised such notion of ‘scientific’ history.²⁴² This western academic model of history was widely celebrated as the only way of accessing the past, so much as to invalidate all other modes as inappropriate.²⁴³ It is possible to locate a resonance of such trends and discussions about the discipline of history in the observations of the authors narrating various life stories. In that, the life stories can be

²³⁶ S.C.Ghose, ‘Homoeopathy and Its First Missionary in India’, *The Hahnemannian Gleanings*, 3, 8, September 1932, p. 339.

²³⁷ Partha Chatterjee, ‘Nation and Its Pasts’, in *The Nation and Its Fragments: Colonial and Postcolonial Histories*, Princeton: Princeton University Press, 1993, pp. 88-94.

²³⁸ *Ibid.*, pp. 88-92.

²³⁹ Partha Chatterjee, ‘Histories and Nations’ in *Op cit* note 238, pp. 109-115.

²⁴⁰ Dipesh Chakrabarty, ‘The Public Life of History: An Argument Out of India’, *Public Culture*, 20, 1, 2008, pp.143-149

²⁴¹ *Ibid.*

²⁴² *Ibid.*

²⁴³ See for instance, Kumkum Chatterjee, ‘History and Nation-Making in Late Colonial India’, in Partha Chatterjee and Raziuddin Aquil (eds). *History in the Vernacular*, Delhi: Permanent Black, 2008, pp. 107-132. Focussing on the wealth of genealogy literature from Bengal, this article traces the public debate regarding the historicity of such materials. It shows how the predominance of the western rationalistic notion of history among a large section of Bengali intelligentsia comprising mostly the professional historians in the first half of the twentieth century, vociferously nullified all other notions of history offered by other participants in the debate.

read as important commentaries on the craft of writing history in the first half of the twentieth century.

The authors of homoeopathic life stories emphasised narrating lives as the most convenient mode of writing history. It was argued that the 'personal element plays so important a part in the history of every moment that no one can afford to ignore it or to treat it with indifference.'²⁴⁴ Such accounts recognised the role of individuals as supreme in any history. Thus they identified, 'the death of a discoverer or a leader may involve the degeneration or even bring the death-knell of the organisation of which he has formed the moving spirit.'²⁴⁵ Predictably, the authors argued for detailed and meticulous recording of 'important' and 'great' individual lives. It was suggested: 'Time swallows up small men, but great men rise above it: their actions produce epochs, create chronology, and thus give permanence and splendour to time itself.'²⁴⁶ The intricate relation between individual lives and the history of their times, is recurrently emphasised in the biographies. Most biographers stated their ulterior motive as the narration of homoeopathy's history in India.²⁴⁷ A monograph on the life of Mahendralal Sircar for instance explicitly stated,

The life of Dr. Sircar was connected in such imperishable links with the *history* of Homoeopathy in India that any attempt to write a *biography* of this great man necessitates a fair exposition of the Rise and Development of Homoeopathy in India and any biography bereft of it will not be found to be interesting and withal it will prove the incompleteness of the book.²⁴⁸

Thus the history of homoeopathy in India, it was suggested, could be most sincerely accessed through authentic individual life stories of various 'epoch-producing great men'. Producing histories of homoeopathy in India and writing life stories of significant homoeopathic actors appeared closely similar and interchangeable processes. Of all the modes of narrating life stories, the genre of biography was considered most credible. The few autobiographies published by homoeopathic stalwarts were greatly outnumbered by the plethora of biographies that featured regularly in many homoeopathic journals. The authors themselves often questioned the credibility of the autobiographies. In the preface to his own autobiography, Mahesh Bhattacharya for instance, cautioned the readers of the potential

²⁴⁴ S.C.Ghose, Op cit note 2, p. 294.

²⁴⁵ Sarat Chandra Ghosh, Op cit note 175, p. 15

²⁴⁶ S.C.Ghosh, 'In Memoriam Late Dr. W.Younan', *The Hahnemannian Gleanings*, 9, January 1938, p. 538

²⁴⁷ See for instance, Saratchandra Ghosh, 'Dr. T. Berigny M.D', *Hahnemann*, 22, 4, 1939, p. 193.

²⁴⁸ Sarat Chandra Ghose, *Life of Dr. Mahendralal Sircar*, Second Edition, Calcutta: Hahnemann Publishing Company, 1935, p. 27

flaws of his text. Referring to the truth claims of his autobiography he explicitly stated, 'Most of it is written from memory. Hence, there are ample chances of committing mistakes.'²⁴⁹

As against this, writing of critical biographies was noted as a more reliable mode of accessing the past. While delivering a lecture on Hahnemann's birth anniversary, Mahendralal Sircar talked on the importance of writing critical biographies.²⁵⁰ Emphasising the importance of the biographic mode, he cautioned against its potential dangers of degenerating into 'hero-worship' or some kind of hagiography. Admitting that such a tendency 'has been most felt in religion', Mahendralal argued that such trends make 'men and events acquire a magnitude and an importance which they do not intrinsically possess.'²⁵¹ Before narrating a biography of Hahnemann himself, Mahendralal therefore reflected on the importance of a critical biography of Hahnemann to 'judge of him as a man, and of his place in the history of medicine.'²⁵² Other authors too engaged with this idea of a critical biography. Writing a whole monograph on Mahesh Bhattacharya's life titled *Mahesh Chandra Charitkatha*, the author Srish Chandra Talapatra added an epilogue at the end where he accounted the chronological events of his life.²⁵³ He argued in that epilogue that the Charitkatha had failed to become a critical account of the subject's life.²⁵⁴ It was rather a discussion of his life from the perspective of an ardent admirer. One is reminded in this context of the popular connotation of 'charitkatha' that usually stood for religious eulogies. However, the author admitted that a proper critical appraisal of Mahesh Bhattacharya's life in the form of a critical biography would have demanded much more from his part: hard labour and an essential spirit of enquiry.²⁵⁵

The functions of such critical biographies and the ideal ways of writing them too featured in these life stories. Lives worthy of universal appreciation could merit as biographic subjects. A biography of Mahendralal Sircar for instance stated, 'His career justly excites emulation in the minds of all...I have tried to show in this biography how Dr. Sircar gained this

²⁴⁹ Mahesh Chandra Bhattacharya, Op cit note 13.

²⁵⁰ Mahendralal Sircar, 'Hahnemann and His Work', *Calcutta Journal of Medicine*, 12, 10, May 1887, pp. 391-416

²⁵¹ Ibid.

²⁵² Ibid.

²⁵³ Srish Chandra Talapatra, Op cit note 20, pp. 141-153

²⁵⁴ Ibid, p. 141.

²⁵⁵ Ibid.

position and what really made him the man he was.’²⁵⁶ Men whose ‘...thoughts and actions survive and leave an indelible stamp upon the people around whom he lived...’ deserved to be written about. The authors of the biographies considered their subjects to exude such universal appeal. Thus, the biographer of Mahesh Bhattacharya justified his use of frequent quotes by western scholars like Carlyle, Tolstoy, Edison etc in depicting his subject’s life.²⁵⁷ He argued that these quotes were apt for Mahesh Bhattacharya’s life since ‘great lives as his are beyond the boundaries of time, space and individuals. Their lives can be of any place and any time.’²⁵⁸

Emphasising the universal appeal of the lives of the subjects, some biographies were recommended to assume formal pedagogic roles. Thus, a newspaper review of Mahendranath Ray’s biography of Samuel Hahnemann certified the book as a regular text in the higher classes of schools in Bengal.²⁵⁹ Another similar review appended with it claimed such biographies as an asset not only to readers interested in homoeopathy but for the general audience.

The biographies served other functions as well. Notable was the emphasis laid on either a regional Bengali identity or a national identity and pride in remembering such lives. Most of the authors claimed to bolster Bengali identity by depicting glorious lives of such men. In an introduction to Mahesh Chandra Bhattacharya’s biography, noted scholar Kshitimohan Sen wrote about the role of biography in ‘building character’.²⁶⁰ Lamenting the lack of ‘character’ of the Bengalis, he drew an analogy between them and the Greeks of the classical age who had immense intelligence and no integrity.²⁶¹ He felt that the Romans defeated the Greeks by virtue of their sheer unity and strength of character.²⁶² Simultaneously, a sense of national pride accompanied most writers. Writing of Mahendralal, one such text thus remarked, ‘We can think of no Indian who in our time and generation has rendered more brilliant services to our country, homoeopathy and science than the late Dr. Sircar. He raised us in the estimation of the English speaking people as no

²⁵⁶ Sarat Chandra Ghose, Op Cit note 12, p. v

²⁵⁷ Srish Chandra Talapatra, Op cit note 20, p. 135.

²⁵⁸ Ibid.

²⁵⁹ ‘Review of Sambad Prabhakar’, in Mahendranath Ray, Op cit note 130, page number not cited.

²⁶⁰ Kshitimohan Sen, ‘Introduction’ in Srish Chandra Talapatra, Op cit note 20, p. e.

²⁶¹ Ibid, p. e.

²⁶² Ibid.

one else had done.²⁶³ Homeopathy was regarded as a platform that enabled the practitioners to engage with the western world on equal terms.²⁶⁴

Yet, how could one write ‘authentic’, ‘critical’, reliable, unbiased biographies? This was the knotty question, which preoccupied the authors even as they elaborated on the utility of writing and reading biographies of great lives. One can locate a tension, a dilemma in the way these life stories approached the issue. At one level, they emphasised the need to maintain a critical and analytical distance from their subjects. At another, the entire claim to write a good biography remained contingent upon the extent of intimacy and familiarity between an author and his subject. While objective, neutral analysis was considered extremely essential, the question of accessing such sources remained an equally grave concern. The tension featured recurrently in the writings of the authors as they simultaneously kept emphasising the need to maintain distance along with advertising their personal intimate ties with their subjects.

The critical distance between the author and his subject was measured in terms of both temporality as well as physical, affective bonding. Thus, in his introduction to the *Life of Dr. Mahendralal Sircar*, the author gave vent to his self-conscious anxiety regarding the timing of the act of his writing. He was aware that, ‘He [Mahendralal] lived so long and lived so manfully and nobly and was so warmly cherished in the affection of numerous readers, that it still seems *too soon* to venture on a critical estimate of his labours and works in the world.’²⁶⁵ The biography of Mahesh Bhattacharya on the other hand reflects the author’s anxiety regarding his interpersonal relation with his subject. Stating his long intimacy with not only Mahesh Bhattacharya, but also his entire family, the author elaborated on the problems generated by such association.²⁶⁶ Very self reflectively he discussed that close association between the biographer and his subject, could negatively affect the former’s work.²⁶⁷ He argued that if the authors were already habituated with the work of his subject, he would fail to appreciate the precise novelty, the uniqueness or the

²⁶³ Sarat Chandra Ghosh, Op Cit note 175, p. 7

²⁶⁴ Ibid, pp. 201-21

²⁶⁵ Sarat Chandra Ghose, Op cit note 12, p. i.

²⁶⁶ Srish Chandra Talapatra, Op cit note 20, pp. 3-4.

²⁶⁷ Ibid, p. 4.

greatness of his achievements.²⁶⁸ He considered it crucial and ideal to have an impartial, critical detachment with one's subject.

Simultaneously, the biographies emphasised on the importance of close acquaintance and intimacy between the authors and their subject. The reliability of the information they furnished in their texts seemed predicated on such intimacies. A fetish for searching and procuring the 'original' and 'authentic' source marked the broader, academic trend of history writing since the first quarter of the twentieth century.²⁶⁹ As recent historiography reveals, the process of accessing such 'original' historical material for public consumption is always fraught with hidden stories of enmity, rivalry, competition and friendship.²⁷⁰ It is therefore possible to locate multifarious private roots of the public archives. The authors writing biographies of homoeopathic stalwarts showed a similar propensity of accounting the 'authentic' history of homoeopathy based on the most reliable sources. All biographies of Mahendralal, for instance, claimed to represent the 'most reliable' account of his conversion incident.²⁷¹

Such claims of authenticity and reliability were always complemented by an assertion of familiarity. The projected intimacy between the authors and their subjects has already been hinted at in the introduction. The biographies claimed to be written by acquaintances ranging from sons, brother-in-laws, son-in-laws, and students to close family friends.²⁷² The personal elements were highlighted in their writing to an extent that the biographer of Batakrishna Pal, a friend of the subject for many years, expressed his intense remorse and helplessness at Batakrishna's death.²⁷³ In the very first page of his book, the author of Mahesh Bhattacharya's biography informed the readers of his fifty years of association with the family.²⁷⁴ In cases where such familial or other close relations were not asserted, an exceptional professional camaraderie and solidarity was expressed through such writings. Sarat Chandra Ghosh, himself a homoeopathic practitioner and the author of many serialised biographies in journals, expressed his excellent rapport with most of his subjects.

²⁶⁸ Ibid.

²⁶⁹ Dipesh Chakrabarty, 'Bourgeois Categories Made Global: Utopian and Actual Lives of Historical Documents in India', *Economic and Political Weekly*, 25, June 2009, pp. 71-75.

²⁷⁰ Ibid.

²⁷¹ For instance, see, Saratchandra Ghosh, Op cit note 19, p. 71.

²⁷² For instance, see Sriramkrishna Chattopadhyay, Op cit note 1, *Hahnemann*, 22, 11, 1939, p. 681. The author declared his designation as the son-in-law as well as the chief assistant of his subject, at the very beginning of the biography.

²⁷³ Gopal Chandra Mukhopadhyay, Op cit note 71, pp. 191, 292

²⁷⁴ Srish Chandra Talapatra, Op cit note 20, p. 3

He quoted personal conversations and letters, described personal meetings and the like. His biography of Mahendralal in the journal *Hahnemann*, has an entire section titled ‘An account of the strife between Mahendralal and Myself’.²⁷⁵ It gives a vivid account of the initial misunderstandings between the two and illustrates how that was dispelled to forge an ‘extremely amicable relation’ between the two.²⁷⁶ Breaking into a first person narrative the author wrote that, ‘Mahendralal was very affectionate towards me for as long as he lived. He even asked me to act as the assistant editor of his journal.’²⁷⁷ Most biographies in that sense could be read as autobiographic recollections assuming the mode of a memoir at various points.

The biographies capture this constant tension of simultaneously being objective, unbiased, critical and personally familiar with one’s sources. Such a tension is central to the biographic literature dealt with in this chapter. The level of intimacy between the biographer and his subject determined the credibility of such biographies. However, such intimacies were played out at different levels. As the previous chapter has shown, much of Bengali homoeopathy was bound in an affective network promoted primarily by business families invested in homoeopathic commerce. Protagonists of such concerns and their associates formed the staple of some of the most widely circulating biographies in Bengal. These business concerns once again, were the main patrons of the publication of homoeopathic life stories. It was impossible then to bypass the intimate, familial, private and informal sources of information in conceiving such life stories. A completely impersonal formalised domain of recounting was therefore impossible in case of Bengali homoeopathy. The notions of the ‘intimate’ were recurrently invoked in homoeopathic literature as a way of operation not only in the familial, but also in professional and entrepreneurial circles. They showed how such personal, informal intimacies were not necessarily ascribed and were hardly bound by rigid familial confines.²⁷⁸

It is possible to read homoeopathy’s emphasis on the ‘intimate’, the ‘personal’, the ‘affective’ and the ‘familiar’, as a response to the well-structured state medical infrastructure around allopathy, which it lacked. Such recurrent emphasis gave impressions

²⁷⁵ Saratchandra Ghosh, Op cit note 19, pp. 139-141

²⁷⁶ Ibid, p. 141.

²⁷⁷ Ibid.

²⁷⁸ For a recent work which looks at the various meanings and layers in the making of the ‘intimate’, see Anne Laura Stoler (ed.), *Haunted By Empire: Geographies of Intimacy in North American History*, Durham: Duke University Press, 2006.

of a closed intimate group of men at the helm of homoeopathic affairs in Bengal. Life stories, especially in the form of biographies, concretised such an impression by repeatedly referring to a group of men---their activities, movements, investments and socio-religious understandings in relation to the popularity of homoeopathy. Through the act of depicting and narrating intimacies, the authors as well as their subjects appeared as part of a broad network of lives dedicated to the shared project of establishing homoeopathy in India.

The shared nature of their project becomes more evident with the repeated reference of one biography in relation to another. Different life stories often merged into one another in a way that the readers were reminded of the futility of reading them in isolation. A biography of Dr. Tonnerre, a French homoeopath in nineteenth century Calcutta, thus began with the outlines of the life of Rajendralal Datta as the latter had initially sponsored Dr. Tonerre's travels into India.²⁷⁹ Similarly a biography of Rajendralal Dutta stated, 'As the works of Rajendra Dutt as a homoeopath were so inseparably connected with those of the late Dr. Mahendralal Sircar, it would not I hope tire the patience of our audience if I would relate how Dr. Sircar's conversion was brought about.'²⁸⁰ The lives of Lokenath Maitra and Dr. Salzer appear similarly tied with one another through various common events both experienced.²⁸¹ As referred to in the introduction, one finds a reflection of the idea of 'self-in-society' formulated by David Arnold and Stuart Blackburn in relation to life history writings in India.²⁸² The homoeopathic biographies reveal a similar difficulty in studying lives in isolation as they were 'neither completely autonomous, nor altogether anonymous' as individuals and were 'neither isolated wilful egos nor flattened into collective conformity.'²⁸³ They formed parts of several interrelated series of stories, as any other historical document, subject or source.

This section therefore has mapped the celebration in homoeopathic literature of biography as a mode of accessing 'authentic' history. Simultaneously it engaged with the problems associated with accessing and analysing the sources necessary for writing such histories. It also reveals the porous boundaries and a constant traffic between the various modes of accessing the past, viz, biography, autobiography, memoir and other ways of writing life

²⁷⁹ Saratchandra Ghosh, 'Dr. C.F.Tonnerre M.D', *Hahnemann*, 22, 5, 1939, pp. 261-262.

²⁸⁰ S.C.Ghose, 'Homoeopathy and Its First Missionary in India', *The Hahnemannian Gleanings*, 3, 8, September 1932, p. 341

²⁸¹ Saratchandra Ghosh, 'Daktar L. Salzer', *Hahnemann*, 22, 6, 1939, p. 327.

²⁸² David Arnold and Stuart Blackburn (eds), *Op Cit* note 5, pp. 19-23.

²⁸³ *Ibid*, p. 22.

histories. They seemed to be in conversation with one another and with the emerging discipline of history. Let us conclude this section by discussing a representative text demonstrating this porous nature of the different genres.

The text, *History of Homoeopathy in India* was originally written as a paper and was read out at the International Homoeopathic Congress held at New Jersey, USA on September 15th, 1906.²⁸⁴ It was first published at the Proceedings of the said Congress and was republished much later as a pamphlet. Many such contemporary articles published in myriad journals dealt with the ‘history’ of homoeopathy.²⁸⁵ The author himself a physician, approached the ‘history’ through various ‘life stories’. He began with narrating a series of ‘short biographies’ of the figures instrumental in carrying knowledge on homoeopathy into India and those who played key role in its sustenance.²⁸⁶ He included himself as one of the actors and wrote his own life story in the same vein as the others, using a third person narrative idiom.²⁸⁷ The biographies remained dotted with ‘memoirs’ of his personal relation and rendezvous with his different subjects. The rest of the text dealt with the author’s testimony on the accounts of the various homoeopathic journals, institutes and societies of Bengal. In an ‘autobiographic’ mode, he engaged in detail with the various projects undertaken in one such society headed by him, called the Hindusthan Institute of Indigenous Drug Proving.²⁸⁸ The article also dealt with the problems faced by homoeopathy in India and probable means of rectifying them. In embodying the several modes of writing about the past, this text remains a representative example of the conversations and overlaps between the myriad genres in accessing ‘authentic’ pasts..

Conclusion

This chapter has been about the practice of writing and memorialising lives in late nineteenth- early twentieth century Bengal. At one level, it shows how such life writing practices bolstered the consolidation of homoeopaths as a distinct group. Such practices reiterated the centrality of Hahnemann as the founding figure of the doctrine around whom

²⁸⁴ Sarat Chandra Ghosh, *History of Homoeopathy in India*, Calcutta: International Institute of History of Homoeopathy, 1997 [1906].

²⁸⁵ For instance, see J.N.Majumdar, ‘History of Homoeopathy’, *Indian Homoeopathic Review*, 20, 8, August 1911, p. 225-230.

²⁸⁶ Sarat Chandra Ghosh, *History of Homoeopathy in India*, Calcutta: International Institute of History of Homoeopathy, 1997 [1906], pp. 2-17.

²⁸⁷ *Ibid*, pp. 13-14.

²⁸⁸ *Ibid*, pp. 20-22.

the group coalesced. Equally, they talked of the figure of Mahendralal Sircar as the lynchpin of the doctrine in Bengal. By recurrently referring to the founding figures, the central text, lives of physicians dedicated to homoeopathy, the routes along which they travelled, the sphere of their activities and the socio-religious sensibilities that informed such activity, these life stories outlined homoeopathy as a creed, a distinct collective of men inspired by a certain vision of living. Recurrent invocation of words like ‘Seba’ or ‘Service’, ‘tyag’ or ‘sacrifice’, ‘*mofussil*’, ‘rural development’, ‘interior’, ‘welfare’, ‘intimacy’, ‘affective tie’ etc. fed into such outlining of the homoeopathic creed. They also resonated with an early twentieth century nationalistic responsibility towards developing the emerging nation.

This chapter is also about the various ways of writing and remembering lives and accessing ‘authentic’ pasts. It emphasises the overlaps and dialogue between the various genres and their relation with the emerging discipline of history. It also elaborates the preference shown to biography-writing as the most appropriate mode of narrating pasts. The bulk of life stories discussed in this chapter have been in the form of biographies, published as single articles, monographs, or in serialised form in journals.

The authors of such narrations have been candid in proclaiming their intimacies with their subjects as a way of asserting their credibility as biographers. Relevant theoretical works have described biographies to be almost as much the story of the subjects as of the biographers themselves.²⁸⁹ Such works speak about the possible ‘projective identification’ of the authors with their subjects.²⁹⁰ Such identifications could range from being moderate to the extreme. It is possible to locate a similar identification of the homoeopathic authors with their subjects. Their modes of narration--- whether dealing with the life of Hahnemann or the dispersed lives of the very many practitioners, publishers or investors, reveal a degree of empathy with the subjects. They narrated the ‘history’ of homoeopathy in a way that resembled a conscious movement, a mission undertaken by most of their subjects. Propagation of homoeopathy was shown to be the motto of their lives, where individual glory did not matter as much as the cause of homoeopathy. Referring to some of the subjects as ‘leader of the movement’²⁹¹, lamenting the death of some as a ‘loss for the homoeopathic cause’²⁹² or by referring to the need of ‘having more diligent workers’²⁹³ for

²⁸⁹ Allen Hibbard, Op cit note 7, pp. 25-32.

²⁹⁰ Avner Falk, Op cit note 7, pp. 605-619.

²⁹¹ For instance, see Saratchandra Ghosh, Op cit note 19, p. 153.

²⁹² Sarat Chandra Ghosh, ‘Dr. Bamacharan Das L.M.S’, *Hahnemann*, 23, 10, 1940, p. 581.

furthering the cause of homoeopathy in India, the authors demonstrated their positive empathy with their subjects.

The lives of the various homoeopathic practitioners, entrepreneurs, and authors therefore were connected in their shared association with homoeopathy. Such an association also entailed a particular way of conducting life in the service of the people. It was informed by the contemporary discussions on reform and change floated by the reforming Brahmos since the early nineteenth century. This chapter therefore is as much about homoeopathy as an emerging ethic of life among a consolidated group of men projected to be at the helm of Bengali homoeopathy, as it is about the problem of narrating their history in an objective, unbiased yet reliable way.

²⁹³ Bhupendranath Bandopadhyay, 'Smriti Sabha' ('Gathering to Reminiscise'), *Hahnemann*, 9, 1, 1926, p. 38.

Chapter Three –

Making Vernacular Science: Homoeopathy and Practices of Translation

‘Our vernacular friends do not know the principles of Homoeopathic law of cure and many other things collateral to science like the above one. They therefore are very anxious to know them and requested us to translate our great master’s *Organon of the Art of Healing* into our own vernacular.’¹

‘Homoeopathic science is their science, to be able to use it in India, we need to adapt it to our situation and make it our own’.²

In the third volume of the journal *Hahnemann*, homoeopathic physician Sripati Chandra Boral wrote a long letter- to- the- editors titled ‘Protibaad’ i.e. ‘Protest’.³ The letter was in response to an article previously published in the journal.⁴ While discussing the intricacies of homoeopathic principles the article had used the phrase ‘*paap byadhi*’ in place of the Hahnemannian term ‘Psora’⁵. Sripati Chandra Boral was thoroughly dissatisfied with the use of ‘paap byadhi’ literally meaning ‘sin disease’ as the ‘vernacular synonym’ of ‘psora’. The topic led to a protracted correspondence involving different physicians as well as the editors of the journal that spanned several volumes of *Hahnemann*. In the article titled ‘Homoeopathic Philosophy’ for instance, author S.C.Thakur, in reference to Boral’s letter, proposed ‘adi disease’ meaning ‘fundamental malady’ as the synonym of ‘psora’.⁶ Discussions about the correct translation of this particular scientific term ‘psora’ opened up several issues. In these discussions, author Sripati Boral and all others were unanimous on the importance of translating western science into ‘the vernaculars’. Boral held that ‘it is for the purpose of national development that one needs to enrich one’s mother tongue with several [scientific] jargons. It is the best way to educate our people’.⁷ He considered the role of the journals as crucial in explaining western sciences like homoeopathy in Bengali.⁸

¹ Nilambar Hui, ‘Our Letter to the Publisher’ in *Sadrisa Bigyan Sutra*, Calcutta: Sanyal and Company, 1896, page number not cited.

² K.Chatterjee, ‘Bharate Kromo Somosya’ (‘The Problem of Potency in India’), *Hahnemann*, 8, 5, 1925, p. 406

³ Sripati Chandra Boral, ‘Protibaad’, *Hahnemann*, 3, 4, 1920, pp. 169-173.

⁴ This is mentioned in Sripati Chandra Boral’s letter. He cites the previous article as being published in *Hahnemann*, 3, 4, pp. 156-157.

⁵ ‘Psora’ like ‘Vital force’ was a unique term coined by Hahnemann that recurs in most discussions of homoeopathic principles. Simply put, diseases according Hahnemann were of two kinds- Acute and Chronic. Chronic diseases were considered more deep-seated and difficult to cure. According to homoeopathic discussions ‘psora’ was the most fundamental of the three chronic miasma causing chronic diseases to humanity.

⁶ S.C.Thakur, ‘Homoeopathic Philosophy’, *Hahnemann*, 3, 8, 1919, pp. 284-289.

⁷ Sripati Chandra Boral, ‘Protibaad’, *Hahnemann*, 3, 4, 1920, p. 169

⁸ Ibid.

However, these homoeopathic authors were deeply concerned with the modalities, constraints and implications of such translations. They extensively discussed the best way to translate ‘scientific terms’. Some of them were against coining new words in Bengali. It was argued that ‘it is unwise to create a new word in any language without investing deep thoughts on the subject’.⁹ They argued for directly incorporating English and German words into the Bengali language. Sripati Chandra Boral for instance argued, ‘if there is a term whose idea is not prevalent in our country, and it is difficult to get a Bengali synonym, we should incorporate that foreign word. As examples we can refer to words like chair, bench, hospital etc...’¹⁰

Discussions on vernacular translation of ‘psora’ also involved contentions over the ‘correct reading’ of original texts. In a letter to the journal *Hahnemann* author Manomohan Dey registered his disagreement with other homoeopathic practitioners like Nilmani Ghatak.¹¹ Emphasising his reading of the text *Organon* Manomohan Dey argued that the phrase ‘spiritual sickness’ was most appropriate to describe the term ‘psora’.¹² Sripati Chandra Boral however pointed out that the Bengali synonyms of ‘psora’ that were being proposed were all based on certain ‘religio-cultural interpretations’ of homoeopathic tenets. Such interpretations, he argued, pitched discussions around body and health at a level that was analogous to discussions in the ‘philosophical texts of our country’.¹³ In reply to Boral’s letter, the editors of *Hahnemann* in a note titled ‘Montoby’ or ‘Remarks’ strongly defended translations based on such cultural interpretations.¹⁴ To them, such interpretations were inseparable elements in any work of translation.

The above correspondence among homoeopathic authors about ‘translating homoeopathy’ into ‘the vernacular’ was not an isolated discussion in any sense. It was part of a wider engagement of the primarily north-Calcutta-based urban homoeopathic establishments to vernacularise a ‘western science’ through translation. Such efforts threw open various other concerns as illustrated by the discussions generated around translating the scientific term ‘psora’. This chapter examines the imperatives, constraints, deliberations and possible implications of such acts of translation.

⁹ Ibid.

¹⁰ Ibid.

¹¹ Manomohan Dey, ‘Patra’, *Hahnemann*, 8, 11, 1925, pp. 601-604.

¹² Ibid, p. 604.

¹³ Sripati Chandra Boral, ‘Protibaad’, *Hahnemann*, 3, 4, 1920, p. 169

¹⁴ Editors, ‘Mantabya’, *Hahnemann*, 3, 4, 1920, pp. 173-177

It studies the efforts of a range of authors in the Bengali print market in translating homoeopathy. These efforts were primarily promoted by the urban homoeopathic commercial concerns and publishers committed to the dissemination of the ‘western science’ of homoeopathy in Bengal. Chapter 1 has looked at the ways in which a number of Calcutta-based homoeopathic business houses competed between themselves in importing best quality drugs as well as publishing the latest scientific ideas from the *west*. Indeed, the western origin of homoeopathy was consistently highlighted through the publications of most such firms. This western root was also emphasised through the life writing practices discussed in the previous chapter. It has shown, it may be recalled, how trans-national contacts, travels and achievements were celebrated in the life stories of the physicians considered central to the crystallisation of homoeopathy in Bengal. Such texts explicitly noted the German origins and the subsequent careers of homoeopathy in different parts of the ‘western’ world, especially in Europe and America. The entrepreneur families, homoeopathic concerns, their publications and the affective network of lives mapped out in the first two chapters emphasised variously the western roots of homoeopathy. The significance of late nineteenth century actors lay it was claimed, in the role they played in importing it into Bengal.

Efforts to project homoeopathy as an advanced western doctrine converged with questions of disseminating such doctrines among the people at large. The dominant Calcutta-based publications and the authors contributing to them repeatedly advised on reading texts by celebrated western authors. Writing in the journal *Hahnemann* published by the Hahnemann Publishing Company, author Gyanendra Mohan Pan thus emphatically stated that ‘to acquire proper knowledge on various facets of homoeopathy one needed to read the texts by the homoeopathic giants like Hahnemann, Herring, Kent, Farrington and others’.¹⁵ Reading texts were in fact given overwhelming preference over attending schools or colleges as far as learning homoeopathy were concerned. In the preface to his book *Olautha Samhita* published by C.Kylye and Company, author Chandra Shekhar Kali for instance elaborately noted the advantages of reading texts for oneself.¹⁶ As the principal of Calcutta Homoeopathic College run by the abovementioned company, he emphasised that ‘it is a

¹⁵ Gyanendra Mohan Pan, ‘Edesh e Homoeopathy Chikitsar Unnotir Ontoray Ki?’ (‘What are the Hindrances to the Development of Homoeopathy in India’), *Hahnemann*, 21, 10, 1938, p. 585

¹⁶ Chandra Shekhar Kali, ‘Preface’, *Brihat Olautha Samhita*, Calcutta: C.Kylye and Company, Thirteenth edition, 1926, page number not cited.

matter of less significance to graduate or fail or to be part of any big college. The more important thing is to be able to cure a patient as efficiently as possible. For that, you have to read the texts closely, judge symptoms and apply drugs'.¹⁷

Translation emerged in that context as the most convenient and necessary means to access homoeopathic knowledge. The issue of translating 'original' European doctrines of homoeopathy 'into our own vernacular'¹⁸ was a recurrent theme in a range of Bengali homoeopathic texts published regularly by the various Calcutta based homoeopathic concerns. While the authors primarily grappled with the issue of linguistic translation of a western science, their discussions did not always remain confined to issues of language. Issues of linguistic translation were inevitably implicated into questions involving the translatability of science across contexts, the relevance of contextual innovations, the importance of culturally sensitive reading of science, etc. The chapter shows how the specific colonial context of Bengal remained crucial in reading and translating homoeopathy in certain specific ways as it was done in late nineteenth- early twentieth century Bengali print. It draws upon the historiography dealing with the circulation, translation, displacement and reception of 'western science' in colonial societies.¹⁹ In that, it shows how practices of literal and technical linguistic translation were shaped by vagaries and contingencies of situational specificities, meanings, interpretations and perceptions. It further reflects upon the question of the 'vernacular' with reference to such translations.

What were the imperatives in translating 'science' in a colonial society? What constituted ideal and authentic modes of translation? How crucial were such practices of translation in delineating a space for 'pure homoeopathy' in Bengali print? In what ways were notions of translation and vernacular related? This chapter attempts to answer these questions with regard to the sustained engagement in homoeopathic literature with the theme of 'translation'.

¹⁷ Ibid, p. 4-5.

¹⁸ Nilambar Hui, 'Our Letter to the Publisher', *Sadrisa Bigyan Sutra (Science of Similars and Its Principles)*, Calcutta: Sanyal and Company, 1896, page number not cited.

¹⁹ See Gyan Prakash, *Another Reason: Science and the Imagination of Modern India*, Princeton: Princeton University Press, 1999 and Pratik Chakrabarti, *Western Science in Colonial India: Metropolitan Methods, Colonial Practices*, Delhi: Permanent Black, 2004.

Codes of Translation, Conflicts of Language

Entrepreneur–physicians and their homoeopathic commercial enterprises discussed in the first two chapters consistently emphasised homeopathy’s western origin. Through their myriad publications in the form of advertisements, journals, manuals, medical monographs as well as biographies, memoirs and autobiographies, these figures projected themselves as entangled with the west through ceaseless transactions of ideas, drugs, people and pharmaceutical expertises. Beginning in the 1860s with the establishment of the first homoeopathic concern owned by the Duttas, such trends continued well into the twentieth century. In all such transactions, there was a strong sense of engaging with the very latest in ‘modern science’. Thus in his detailed reporting of the British Homoeopathic Congress of 1874 in the pages of his own *Calcutta Journal of Medicine*, Mahendralal Sircar appreciated the wide participation of various nations. Referring to homoeopathy as a recent science, he emphatically stated that, ‘Modern science, if true to her mission...should in view of the recent revelations of the correlation of forces and in the affinities in the races of organised beings that people our globe...enunciate a yet wider truth than even St.Paul was privileged to do.’²⁰ In a similar report of the International Homoeopathic Congress in his journal *Indian Homoeopathic Review* Jitendranath Majumdar proudly depicted his role in representing India in ‘the most representative Congress meeting that was ever held’ at London.²¹ He noted how carefully he learnt from those gatherings with the view to improve homoeopathy in Bengal.²² Articles in the leading homoeopathic journals routinely published articles that accounted for the progress of homoeopathy in the various American states as well as in Britain. The article ‘World Progress in Homoeopathy’ in the journal *The Hahnemannian Gleanings* for instance closely noted the steps that were being taken in the American homoeopathic colleges and schools of Chicago, Illinois, Boston, Massachusetts etc to popularise its doctrines.²³ Emphasising the triumph of homoeopathic science, it was

²⁰ Mahendralal Sircar, ‘British Homoeopathic Congress of 1874’, *Calcutta Journal of Medicine*, June-July 1874, p. 241.

²¹ Jitendranath Majumdar, ‘The International Homoeopathy Congress’, *The Indian Homoeopathic Review*, Vol 20 Number 9, September 1911, pp. 257-263.

²² *Ibid.*

²³ George Royal, ‘World Progress in Homoeopathy’, *The Hahnemannian Gleanings*, June 1932, pp. 213-218. Also see, Julia Minnewa Green, ‘Homoeopathy in the United States’, *The Hahnemannian Gleanings*, 7, 10, November 1936, pp. 437-443

repeatedly noted that 'biological works and scientific investigations in various countries from various sources have confirmed the truth formulated by Hahnemann'.²⁴

However, these flows were not always written about as unidirectional. Mahendralal Sircar's report for instance detailed the impact of his own paper on 'Homoeopathy in the Treatment of Malarious Fevers' which was eventually published in the *Transactions of the British Homoeopathic Congress* in London.²⁵ Exchange with the west was highlighted in various ways. A 1934 editorial of the journal *The Hahnemannian Gleanings* jubilantly noted the appointment of a foreign contributing editor based in New York, who was attached with the New York Homoeopathic Medical College and Flower Hospital.²⁶ The article emphasised on the possibility for exchange of ideas inherent in the New York based Dr. Stearns' claim that he was 'interested in obtaining from India as great a number of snakes as possible and snake Venoms' for his own research.²⁷

While a lot was written to highlight homeopathy's western origins by the Bengali writers, there were sustained and simultaneous emphases on the need to translate its doctrines. This section will explore homoeopathic predicaments on the necessity and modes of translation. Equally, it deals with the discussions around issues of language. As noted in the introduction itself, reading important western texts were highlighted as essential in knowing homoeopathy. In fact, reading key texts were considered more important than attending homoeopathic schools and colleges. However, it was equally acknowledged that such texts were beyond the reach of most Bengali readers as they were in European languages, primarily in English. Thus, a range of homoeopathic texts pledged to help 'the Bengali readers unfamiliar with English language'.²⁸ These texts in their introductions or in a separate translator's note promised to translate homoeopathy 'into Bengali for the benefit of our friends who do not know English and for its further spread.'²⁹ That English was often the main issue of concern is apparent from various letters to the editors of the leading homoeopathic journals requesting translations of important homoeopathic texts.

²⁴ 'Editorial: New Year's Retrospection and Introspection', *The Hahnemannian Gleanings*, 4, 1, 1933, p.3

²⁵ Mahendralal Sircar, 'British Homoeopathic Congress of 1874', *Calcutta Journal of Medicine*, June-July 1874, p. 241.

²⁶ 'Editorial Notes and Comments', *The Hahnemannian Gleanings*, 5, March 1934, pp. 91-92.

²⁷ *Ibid.*, p. 92.

²⁸ Nilambar Hui, 'Translator's Notes', *Sadrisa Bigyan Sutra*, Calcutta: Sanyal and Company, 1896, page number not cited.

²⁹ *Ibid.*

Writing in 1938 a *mofussil*-based physician Dharmadas Das, for instance, requested the editor of the Bengali journal *Hahnemann* to translate a specific section of the sixth edition of Hahnemann's *Organon*.³⁰ His letter noted that he failed to locate a Bengali version of that particular edition in any reputed Calcutta-based homoeopathic store. He repeatedly reminded the editor that his response would be 'immensely helpful to the English-ignorant homoeopathic physicians as him. It would help them understand the proper ways of healing inherent in homoeopathy. Many are unable to read English or procure English texts for want of money'.³¹ Indeed, relative prices of books were put forward as another significant impulse behind translating European texts. In his translation of Hahnemann's *Nature of Chronic Diseases* author Yaminikanta Gangopadhyay explicitly stated so. In the 'translator's note' written for the first edition of the book in 1927 he argued,

The price of the original text is too steep. It is not possible for the general reader to purchase and read it. Therefore, I am translating the original tenets from the English text in simple language, which can be easily followed by everyone. It would be possible for every potential reader to perceive the crux of the book and know enough of chronic diseases to help others.³²

In the preface to the first edition of his translation of the same text *Nature of Chronic Diseases*, author Nilmani Ghatak too justified his effort at translating by invoking the twin issues of language and price of the 'original' English text.³³

Translation into Bengali was considered especially necessary with reference to different homoeopathic pharmacopoeias. It was argued that such translations impacted on the preparations of various drugs, and in significant ways were relevant to the pharmacies as well as their consumers. The preface to the first edition of the pharmacopoeia *Bheshaja Bidhan* published by M.Bhattacharya and Company in 1892 thus stated,

The whole supply of medicine for our firm having been obtained from Germany and America, it has occurred to us that in the absence of a reliable Bengali treatise on the manipulation of such drugs, it would be quite impossible for our customers unacquainted with English to prepare their own dilutions....³⁴

³⁰ Dharmadas Das, 'Jigashya', *Hahnemann*, 21, 10, 1938, p. 545.

³¹ *Ibid*, p. 545.

³² Yaminikanta Gangopadhyay, 'Translator's Notes', *Hahnemann's Nature of Chronic Diseases*, Dacca: Baikunthanath Press, 1933, page number not cited.

³³ Nilmani Ghatak, 'Preface to the First edition', *Prachin Peerar Karon o Tahar Chikitsa (The Etiology and Treatment of Chronic Diseases)*, Calcutta: Sasadhar Printing works, Tenth edition, 1927/1967, page number not cited.

³⁴ Mahesh Chandra Bhattacharya, 'Preface to the First edition', *Bheshaja Bidhan (Pharmaceutical Prescription)*, Calcutta: M. Bhattacharya and Company, Fifth edition, 1920, page number not cited.

Advertising the book as a 'pharmacist's manual', the author argued that only through efficient and meticulous acts of translation could the three distinct methods of preparation, i.e. American, British and German, be standardised in Bengali. He hoped that by adopting the Bengali translation the consumers using American or German drugs imported by M. Bhattacharya and Company would 'overcome the difficulties and perplexities arising from vague, imperfect and varying preparations now in use'.³⁵

Translated Bengali treatises on homoeopathy came in different forms and formats. Some of the authors insisted on translating the key original texts of Hahnemann himself. As author R.R.Ghosh argued while beginning his serial translation of *Organon* for the journal *Hahnemann*, 'Hahnemann had incorporated all that was to know of homoeopathy in his *Organon*'.³⁶ Sharing a similar conviction translator/author Nilambar Hui in his book *Sadrisa Bigyan Sutra* or *Science of Similars and Its Principles* promised to provide a comprehensive translation of *Organon's* 292 principles along with their scientific explanations that will 'dispel any darkness in the reader's mind'.³⁷ Author Yaminikanta Gangopadhyay expected his translation of Hahnemann's *Nature of Chronic Diseases* published in 1933 to be as well received as his previous translation of the *Organon*.³⁸

Many others were engaged in the translation of specific homoeopathic authors based in Europe and America. At the beginning of his book *Diseases of Children and Its Homoeopathic Treatment*, author Bipin Bihari Maitra for instance mentioned that he intended to 'translate a few good books into Bengali to help the students of homoeopathy. Some of them have already been accomplished, of which, the first is the book on children's treatment by Dr. Gaurency'.³⁹ A range of other authors insisted on not entirely translating any particular book. Rather, they advertised themselves as compilers and translators of bits and pieces of various English homoeopathic texts for the benefit of the readers and students of homoeopathy. Writing in 1921, Mahendranath Bhattacharya in the introduction to the first edition of his *Contributions Towards a Knowledge of the Peculiarities of all Homeopathic Medicines*, stated that it was a 'Bengali translation of high quality of well-

³⁵ Ibid.

³⁶ R. R.Ghosh, 'Organon ba Homoeopathy Bigyan', *Hahnemann*, 1, 1, 1918, p. 11.

³⁷ Nilambar Hui, 'Translator's Preface', *Sadrisa Bigyan Sutra*, Calcutta: Sanyal and Company, 1896, page number not cited.

³⁸ Yaminikanta Gangopadhyay, 'Preface' *Hahnemann's Nature of Chronic Diseases*, Dacca: Baikunthanath Press, 1933, page number not cited.

³⁹ Bipin Bihari Maitra, *Diseases of Children and Its Homoeopathic Treatment*, Calcutta: Maitra and Company, 1887, p. 1

known works on homoeopathic relationship, aggravation, amelioration etc by reputed American professors Dr. Herring, Gaurency, Kent and Dr. C. Von Bonneinghausen.’⁴⁰ Bhattacharya argued that the book being a translation of the works of such reputed scholars required no further certificate of its merit.⁴¹ Preface to the 1892 edition of *Bheshaja Bidhan* by Mahesh Chandra Bhattacharya similarly mentioned a whole list of ‘books consulted in the compilation of this manual...great pains have been taken to systematise the matter compiled for the work’.⁴² Most such translated works had bilingual titles in Bengali as well as in English. Thus *Bheshaja Bidhan* was simultaneously titled as *The Pharmaceutists Manual: A Companion to the German and American Homoeopathic Pharmacopoeias*. Many authors prescribed reading translations of key texts like *Organon* along with other specialised homoeopathic texts. Author Nilambar Hui for instance recommended his readers to read his translation of *Organon* along with other translations of ‘Mahatma Allen’s book on fever and those of Bell on the diseases of the digestive organs as they are generally well written’.⁴³

The most appropriate and efficient modes of translating were frequently reflected upon. Often the authors published their translated works serially over a period. Most leading journals included such serial translations of single or more homoeopathic texts.⁴⁴ Translated works were also compiled in the form of a series of books. In the preface to his book *Homoeopathic Chikitsa Bigyan or Homoeopathic Medical Science*, Biharilal Bhaduri for instance noted that he would ‘draw upon various English texts and compile them in his monograph, but would not do it all at a time.’⁴⁵ He stated that for the convenience of both the readers and the author he would publish the book in various volumes, adding that each volume would be published systematically every two months.⁴⁶ Such serial and systematic

⁴⁰ M.N.Bhattacharjee, ‘Advertisement to the first edition’, *Contributions towards a Knowledge of the Peculiarities of all Homoeopathic Medicines*, Hooghli: Mahendranath Bhattacharya, 1921, p. 1

⁴¹ *Ibid*, p. 2.

⁴² Mahesh Chandra Bhattacharya, ‘Preface’, *Bheshaja Bidhan*, Calcutta: M.Bhattacharya and Company, First edition, 1892, page number not cited.

⁴³ Nilambar Hui, ‘Translator’s Preface’, *Sadrisa Bigyan Sutra*, Sanyal and Company, 1896, page number not cited.

⁴⁴ All leading journals published a number of serial translations of ‘original’ homoeopathic texts. Some of the longest running serial translations of homoeopathic principles were: ‘Organon ba Homoeopathy Bigyan’ (‘Organon or the Science of Homoeopathy’) in *Hahnemann*, ‘Etiology in Homoeopathy’ in *The Hahnemannian Gleanings*, ‘Shantir Sandhan’ (‘In Search of Peace’), in *Homoeopathy Paricharak* etc.

⁴⁵ Biharilal Bhaduri, ‘Bhumika or Preface’, *Homoeopathic Chikitsa Bigyan*, Calcutta: Saraswat Jantra, 1874-77, page number not cited.

⁴⁶ *Ibid*.

translations of original English texts were written about as an ideal way to ‘translate and teach’.

The *Datta’s Homoeopathic Series* published by B.Datta and Company included several contemporary newspaper reviews praising their effort at serialised translations. It quoted *Sulabh Samachar* of 9th Chaitra 1282 (1875) praising the series as doing immense benefit to the Bengali readers by ‘translating all available homoeopathic texts each month volume by volume into pure Bengali language’.⁴⁷ By way of explicating how gradually and systematically homoeopathic materia medica was being translated every month, the reviewer added that the ‘first issue has already covered discussions on Arnica and Ipecac and some parts of Aconite...’⁴⁸

Apart from serial and systematic acts of translation, most authors tended to invoke established authoritative figures to legitimise their acts. The entrepreneur-physicians at the helm of the homoeopathic families encountered in the first chapter were frequently invoked. Author Haricharan Chatterjee for instance cited in the preface to his *Practical Materia Medica* a list of western authors whose works had inspired his own. He further elaborated on the fact that the late Mahendralal Sircar had taken keen interest in his compilations and was most satisfied with the outcome. He let his readers know that Mahendralal had not only read the whole draft but had also suggested crucial revisions and changes at various places.⁴⁹ Indeed Mahendralal Sircar and Rajendralal Dutta were among the most cited names that were invoked in a range of texts translating various western homoeopathic works.⁵⁰

Besides, a number of texts included correspondence between the translators and the original publishers or authors by way of demonstrating the legitimacy of their publications. Correspondences demonstrating consent of the original western publishers or authors were cited as a feature of authentic acts of translation. The book *Contributions Towards a Knowledge of the Peculiarities of all Homoeopathic Medicines* included a paragraph titled ‘onumati patra’ or ‘permission letter’. It included a message from the author R.Gibson

⁴⁷ Basanta Kumar Datta (ed.), ‘Review of Datta’s Homoeopathic Series’ in *Datta’s Homoeopathic Series in Bengalee*, 3, 3, March 1876., cover page.

⁴⁸ Ibid.

⁴⁹ Haricharan Chatterjee, ‘Mukhobondho or Preface’, *The Practical Materia Medica of Homoeopathic Treatment*, Dacca: Popular Library Patuatoli, 1911, page number not cited.

⁵⁰ For dedication to Rajendralal Dutta see Biharilal Bhaduri, *Homoeopathic Chikitsa Bigyan*, Calcutta: Saraswat Jantra, 1874-77, Dedication page.

Miller granting the translator permission to ‘translate into Hindustani or any other language you desire....’⁵¹

In their letters seeking such permissions, the emphasis was often not as much on the specific language as on the effort to ‘vernacularise’ homoeopathy. Writing in 1896, author Nilambar Hui for instance included his correspondence with the ‘reputed America based firm Boericke and Tafel’ in his monograph. He sought permission to translate their particular version of the *Organon of the Art of Healing*.⁵² In that letter, Hui repeatedly highlighted his effort as one of ‘translating it [Organon] into our own vernacular’ for the benefit of ‘our vernacular friends’.⁵³ The ‘vernacular’ in his writing emerged as the language as well as the context and the people in which and for whom homoeopathy needed to be translated.

However, the issue of language remained central to the efforts to translate and vernacularise homoeopathy in Bengal. The readers were often reminded of the multiple acts of translation that the texts were undergoing, often from German to English before being translated into an Indian language. In his translation of the *Organon*, Nilambar Hui included the letter of permission from the American publisher Boericke and Tafel, who while granting him the right to translate, urged him to ‘give due credit to our house as well as Dr. Wesselhoeft the translator of the German (version)’.⁵⁴ Indeed, translations from German to English too featured frequently. In their promotional advertisements, the Hahnemann Publishing Company often mentioned names of English books that had been translated from the ‘original’ German into English under the aegis of their publication department.⁵⁵ However, the authors often cautioned the readers of the inevitable problems inherent in such acts of multiple translations. The article ‘On Translations of Hahnemannian Pathogenesis: With a Plea for a new English Version’ in the *Calcutta Journal of Medicine* discussed at length how the earliest English translations from German often failed to capture the specific essence of the German writings.⁵⁶ It argued that ‘some 5000 of Hahnemann’s symptoms are quotations from authors- English, Latin, French, Italian as well as German. It is easy to see

⁵¹ M.N.Bhattacharjee, Op cit note 40, pp. 2-3.

⁵² Nilambar Hui, ‘Our Letter’, *Sadrisa Bigyan Sutra*, Calcutta: Sanyal and Company, 1896, page number not cited.

⁵³ Ibid.

⁵⁴ Nilambar Hui, ‘Onumati Patra or Permission Letter’, *Sadrisa Bigyan Sutra*, Sanyal and Company, 1896, page number not cited.

⁵⁵ For instance see ‘Advertisement of Hahnemann Publishing Company’ in *Hahnemann*, 8, 11, 1925, p. 600.

⁵⁶ Richard Hughes, ‘On Translations of Hahnemannian Pathogenesis: With a Plea for a New English Version’, *Calcutta Journal of Medicine*, 8, 5 and 6, 1876-1877, pp. 311-315

what confusion is made when these are retranslated into English from Hahnemann's rendering of them into German'⁵⁷. German and English were not the only European languages invoked in the homoeopathic literature in Bengal. In the 1868-69 volume of the *Calcutta Journal of Medicine*, Mahendralal Sircar reported a series of 'public conferences in homoeopathy' which, were 'translated from the French of Dr. Jousset by the editor'.⁵⁸ At various moments English therefore emerged as the language through which homoeopathy was translated for the Bengali readers.

Indeed, in the 'notes on translations' included by authors in their works, Bangla or the Bengali language figured often as a moment in a continuous chain of multiple translations. Thus in a short note in his book *Olautha Samhita* author Chandra Shekhar Kali considered it to be 'a matter of great pride and honour for both Bengal and the Bengali language'⁵⁹ that the private Secretary to H.H.Raja Jahvar of Bombay Mr.S.G.Phalke sought the permission of Dr.Kali to translate his Bengali books on homoeopathy like *Chikitsha Bidhan* into Mahratta [Marathi].⁶⁰ Taken together, these instances affirm that seeking for and including a 'letter of permission' from the original publisher was customary in legitimising any act of translation. The importance of the author/publisher's consent may be assessed from Dr. Kali's words of caution to S.G.Phalke. While granting his whole hearted consent to translate his Bengali books into Mahratti, Dr. Kali cautioned, 'I beg to ask your goodness to note down, that without my permission you should not allow your translated Mahratta books of mine to be translated into any other Language. And this letter of mine be printed into those translated books of yours.'⁶¹

The translated works customarily also included instructions on reading them. Many like *Diseases of Children and their Homoeopathic Treatment* explained at the beginning, which portions had been retained and rejected from the original text.'⁶² He justified such acts of selective translation stating 'translating the whole text is a very time consuming and expensive exercise that is not necessarily more helpful for the readers.' Author

⁵⁷ Ibid.

⁵⁸ Mahendralal Sircar, 'Public Conference upon Homoeopathy: On the Reform of Hahnemann as the Basis of Positive Therapeutics', *Calcutta Journal of Medicine*, 1, 1, January 1868, pp. 14-15

⁵⁹ Chandra Shekhar Kali, 'Banga Bhashar Gourab o Samador' ('The Prestige and Recognition of Bengali Language'), *Brihat Olautha Samhita*, Calcutta: C.Kylye and Company, Thirteenth edition, 1926, page number not cited.

⁶⁰ Ibid.

⁶¹ Ibid.

⁶² Bipin Bihari Maitra, *Diseases of Children and Its Homoeopathic Treatment*, Calcutta: Maitra and Company, 1887, p. 1

Mahendranath Bhattacharya included a short note explaining the meaning of various signs that had been deployed by him to distinguish and communicate the various parts that were translations of different western authors. He for instance explained in that note that the parts that were ‘translations of Kent’s Lectures on Materia Medica were marked as (2)...’⁶³ In his *Bheshaja Bidhan* Mahesh Chandra Bhattacharya similarly noted,

The preparations of drugs according to the German homeopathic pharmacopoeia and American homoeopathic pharmacopoeia are expressly marked by the words ‘American’ and ‘German’ in the manual. Where neither of these words occurs, the preparation is to be understood to be made according to the German Homoeopathic pharmacopoeia.⁶⁴

The readers were further instructed to ‘master the abbreviations’ to read the text most efficiently.⁶⁵ Besides such instruction included remarks on the use of languages as well. Thus, *Bheshaja Bidhan* stated that it deliberately included an English column side by side its Bengali prose for the convenience of the ‘educated gentlemen of the N.W.P, Orissa, Madras etc’.⁶⁶

The deployment and use of language in fact received critical attention from the translating authors. In the introduction to his *Homoeopathic Bhaishajya Tattva Chikitsa Pradarshika* or *Guide to the Materia Medica of Homoeopathic Treatment* author Hariprasad Chakrabarti noted that he has retained the exact language which he used in lectures explaining homoeopathic principles to his students.⁶⁷ He explained that ‘the presentation may lack a little in organisation but facilitates the understanding of the readers.’⁶⁸ Indeed, easy communicability with the readers was considered an important merit of translated works. A 1927 promotional advertisement of the book *Chikitsa Darpan* or *Mirror of Medicine* published by Batakrishna Pal and Company thus emphasised that ‘although there are numerous other homoeopathic tomes written in the mother tongue, yet we can safely certify that you have not come across a tract written in a more simple and lucid language’.⁶⁹

⁶³ M.N.Bhattacharjee, Op cit note 40, pp. 2-3.

⁶⁴ Mahesh Chandra Bhattacharya, *Bheshaja Bidhan (Pharmaceutical Prescriptions)*, Calcutta: M.Bhattacharya and Company, First edition, 1892, p. xi.

⁶⁵ *ibid*

⁶⁶ *ibid*, Preface.

⁶⁷ Haricharan Chatterjee, ‘Mukhobondho or Preface’, *The Practical Materia Medica of Homoeopathic Treatment*, Dacca: Popular Library Patuatoli, 1911, page number not cited.

⁶⁸ *Ibid*.

⁶⁹ ‘Advertisement of Chikitsa Darpan’ in Anonymous, *Homoeopathic Mowt e Saral Griha Chikitsa (Simple Domestic Treatment According to Homoeopathy)*, Calcutta: Batakrishna Pal and Company, Seventh edition, 1926, page number not cited.

In his effort to reach out to a maximum number of readers ‘including the native doctors and Kavirajes’, translator Hariprasad Chakrabarti was careful about not using any ‘provincial dialect or term in his writing’.⁷⁰ He explained that such ‘provincial rustic language’ was not discernable by all and could not be looked up in the dictionaries. He further added that since it was easier for the readers to follow Bengali, he had retained the original English names of the drugs and diseases by writing such names with Bengali alphabets. However, to avoid confusion he had also ‘inserted the translations of the meaning of those words’.⁷¹ Hence, vernacular translation of homoeopathy did involve considerable negotiations with the English language. In any case, the overall linguistic quality of their writing remained an arena of concern for the authors. In his *Brihat Olautha Samhita* or *Enlarged Compendium of Treatment of Cholera*, Chandra Shekhar Kali was thus particular in highlighting a letter from one of his readers who extensively praised the author’s works saying ‘such books in one of our Indian vernaculars were a complete surprise’.⁷²

One can locate a simultaneous concern with the impact of such works of translation on Bengali as a language. The journal *Hahnemann*⁷³ edited by Basanta Kumar Dutta published a series of articles titled ‘Homoeopathic Bangla Sahitya’ or ‘Homoeopathic Bengali Literature’ which reflected upon the proliferation of homoeopathic literature in Bengali. In the first instalment of his article in 1884, the author drew the attention of his readers to the growing and thriving Bengali print market. He pointed out that while literary works like drama, novel and poetry formed the bulk of Bengali publications in late nineteenth century, homoeopathic authors were also becoming significant contributors to the language.⁷⁴ Newspaper reviews of *Datta’s Homoeopathic Series in Bengalee* included within the manual too confirmed that Bengali print market was increasingly proliferating beyond the literary genre to include writings of various other kinds.⁷⁵ A review published in the *Samaj Darpan* on 4th Chaitra 1875 stated that of all the various categories of physicians,

⁷⁰ Hariprasad Chakrabarti, ‘Bigyapon or Advertisement’, *Bhaishajya Tattwa Chikitsa Pradarshika*, Calcutta: Chikitsa Tattwa Jontro, 1902, page number not cited.

⁷¹ Ibid.

⁷² Chandra Shekhar Kali, ‘Banga Bhashar Gaurab o Samadar’, *Brihat Olautha Samhita*, Calcutta: C.Kylye and Company, Thirteenth edition, 1926, page number not cited

⁷³ It should be noted that *Hahnemann* was the name of a number of journals circulating in Bengal since the late nineteenth century. *Hahnemann* edited by Basanta Kumar Datta was different from *Hahnemann* published by the Hahnemann Publishing Company of the Bhars.

⁷⁴ Basanta Kumar Datta, ‘Homoeopathic Bangla Sahitya’, *Hahnemann*, 2, 10, 1884, p. 181.

⁷⁵ Basanta Datta (ed.), ‘Review by Samaj Darpan’, *Datta’s Homoeopathy Series in Bengalee*, 3, March 1876, promotional advertisement at the end.

homoeopathic authors were most active in writing Bengali texts.⁷⁶ The reviewer felt that such overabundance of writing had a distinctly positive impact on the language as a whole. It was further argued that extensive translations of scientific texts had a beneficial and enabling impact on Bengali language. It was pointed out that once translated such tracts could be put to further use for the benefit of the people. Many held that the translated texts could be discussed in greater detail in the scientific journals for the benefit of general readers. In his letter seeking permission from publishers Boericke and Tafel, author Nilambar Hui thus appealed, ‘we are going to write in our *Indian Monthly Homoeopathic Review* on Chronic diseases according to homoeopathic principles. References are frequently being made to specific sections of the *Organon*. This is the reason our friends are so much anxious to have it [Organon] translated into our own tongue’ (sic).⁷⁷ It was strongly held by many that such translation efforts would ‘nourish the growing limbs of the Bengali language’.⁷⁸

However, there were others disputing such convictions. Many authors and publishers were troubled by the remarkable regularity of the homoeopathic publications. To them, the plethora of translated works that were published in Bengali did not necessarily have an appreciable impact on the language. It was argued that random translations by authors of dubious competence did more harm to the language than good. The author of the article ‘Homoeopathic Bengali Literature’ for instance expressed serious reservations against the random ways in which the bulk of the homoeopathic texts were being translated.⁷⁹ After an extensive survey of the published books, the author identified three broad trends in translations. He elaborated that in the first kind of translation all the English terms were retained and the authors only inserted Bengali verbs. The second kind he complained was of outright bad quality, what he termed as the ‘battala’ standard. He castigated the publication standard of such tracts- their prints, letters, floral margins etc. The third trend identified by him was those writings where English words were variously translated.⁸⁰ He lamented the lack of any coherence and standardisation in the various translations by homoeopathic authors. He pointed out that it was quite common for authors to use different Bengali words

⁷⁶ Ibid

⁷⁷ Nilambar Hui, ‘Amader Patra or Our Letter’, *Sadrisa Bigyan Sutra*, Calcutta: Sanyal and Company, 1896, page number not cited.

⁷⁸ Basanta Datta (ed.), ‘Review by Sulabh Samachar’ in *Datta’s Homoeopathy Series in Bengalee*, 3, March 1876, cover page.

⁷⁹ Basanta Kumar Datta, ‘Homoeopathic Bangla Sahitya’, *Hahnemann*, 2, 12, 1884, p. 222

⁸⁰ Ibid.

for a single English term that was extremely confusing for the readers.⁸¹ Such writings were considered deeply injurious for the cause of both homoeopathy and Bengali as a language.⁸²

Such critical reflections on the ill effects of random, extensive translations stoked fundamental questions about the process of 'translation' itself. They initiated conversations about the problems of translating a western science in a different context. Indeed, the question of the *context* in which a scientific text was being translated emerged as a crucial theme for discussion. Literal translations of western texts were strongly opposed by many. As author K. Chatterjee explicitly argued in the journal *Hahnemann* that while translating American texts it was not advisable to follow their contents unconditionally and completely.⁸³ The author elaborated on the differences in climate, food habit, dressing patterns as also beliefs and customs between India and the west. Hence, a range of texts claiming to translate homoeopathy put premium on the experiences of physicians working in India. Author of *Berigny and Company's Bengali Homoeopathic Series* Harikrishna Mallika for instance was careful in noting that his writings while being translations of western texts were also adequately contextualised to suit the mental and physical health of the people inhabiting Bengal.⁸⁴ In the introduction to the fourth manual in the series, he explained that although 'the tract is mostly a translation from Borjo' yet he had integrated the knowledge gained from working among the people in Bengal. He elaborated on how he had innovated on the doses etc keeping in mind the context and his readers while translating that particular text.⁸⁵

Literal translations that did not take into account the specific context of Bengal- its physical and emotional landscape - were labelled as inadequate. It was repeatedly pointed out that although 'homoeopathic science is *their* science, to be able to use it in India, we need to adapt it to our situation and make it our own'.⁸⁶ Therefore, the process of 'translation' came to acquire a much wider meaning and significance with relation to homoeopathy. The authors argued that in making homoeopathy 'deshopojogi' or 'suitable for India' one had to necessarily take into account the specifics of the Indian context. Authors like K. Chatterjee

⁸¹ Basanta Kumar Datta, 'Homoeopathic Bangla Sahitya', *Hahnemann*, 2, 10, 1884, p. 183

⁸² *ibid.*

⁸³ K. Chatterjee, 'Bharate Krama Samasya', *Hahnemann*, 8, 8, 1925, pp. 405-407.

⁸⁴ Harikrishna Mallika, 'Upokramanika or Preface', *Berigny and Company's Bengali Homoeopathic Series Number IV: Sadrisa Byabastha Chikitsa Dipika*, Calcutta: Berigny and Company, 1870, pp. 1-2.

⁸⁵ *Ibid.*

⁸⁶ K. Chatterjee, 'Bharate Krama Samasya', *Hahnemann*, 8, 8, 1925, pp. 405-407.

argued that translations had to be extremely sensitive to factors like ‘desh, kal, patra’ or ‘time, place and individuals’.⁸⁷ Taking cue from such discussions among the homoeopathic authors, the following section will explore the ways in which homoeopathic principles were being consistently repackaged with an essentially ‘classical,’ ‘Hindu’ rhetoric. Hahnemann’s homoeopathy, as we shall see in what follows, was projected as compatible with and even inherited from ‘Indian classics’.

Translation beyond Language: Homoeopathy and ‘Hindu Philosophy’⁸⁸

In a series of articles and monographs dealing with homoeopathic principles, the ‘science’ of homoeopathy was shown to have deep religio-philosophic resonance. In their in-depth analysis of homoeopathic principles a number of authors argued that while homoeopathy represented ‘scientific medicine of the highest order’⁸⁹ yet one could hardly grasp its tenets by ‘only reading the materia medica’.⁹⁰ It was pointed out that to perfectly comprehend homoeopathy it was necessary to perceive its ‘darshonik tattwa’ or its ‘philosophical basis’.⁹¹ These texts identified the theory of ‘vital force’ and the ‘administration of infinitesimal or minute doses of drugs’ as the two fundamental principles preached by Hahnemann. Through elaborate discussions in a range of texts, authors argued that these two fundamental features resonated heavily with Hindu philosophical thoughts delineated in Indian classical texts. They argued that knowledge of Hindu philosophy as depicted in the Vedas and Upanishads would lead to the most comprehensive understanding of homoeopathy. A number of articles argued that the ‘precedence of mind over matter’ was the philosophical core that informed both the highest philosophical traditions of the Hindus as well as the highest science that was homoeopathy.⁹² Similarly, the article ‘Kromo Nirnay ba Matra Bijnan’ or ‘Science of Determining Doses’ in the journal *Hahnemann* asserted that, ‘the basis of true homoeopathy is spirituality. It is very apparent from the texts of Hahnemann and those of his principal disciple Kent, that there are distinct overlaps between

⁸⁷ Ibid.

⁸⁸ Nalini Nath Sharma, ‘Homoeopathic Chikitsak o Patrottar’(‘Homoeopathic Physician and Correspondence’), *Hahnemann*, 9, 6, 1926, pp. 320-321.

⁸⁹ Gyanendra Mohan Pan, ‘Edesh e Homoeopathy Chikitsashar Unnotir Ontoray Ki?’(‘What are the Hindrances to the Development of Homoeopathy in India’), *Hahnemann*, 21, 10, 1938, p. 583.

⁹⁰ Anonymous (Translated from the English of Herbert A Roberts), ‘Jeebani Shakti’ (‘Vital Force’), *Hahnemann*, 20, 7, 1937, p. 362.

⁹¹ Ibid, p. 362.

⁹² For instance see Kamal Krishna Bhattacharya, ‘Homoeopathy Bonam Allopathy O Onyanyo Chikitsaha Pronali’ (‘Homoeopathy vs. Allopathy and other Medical Systems’), *Hahnemann*, 23, 6, 1940, pp. 340-341.

their thoughts and Hindu philosophy.’⁹³ Evidently, these late nineteenth–early twentieth century writings while exploring the Hindu philosophical affinities of homoeopathy were also in conversation with the nationalist effort at discovering the scriptural foundations of Hindu philosophy and religion.

Authors like Nalininath Majumdar published a series of articles in the *Hahnemann* on the philosophic underpinnings in homoeopathic thoughts. In ‘Amiya Samhita’, a serially published long article he emphasised on why ‘medicine’ or the science of healing could not be studied without reference to ‘*dharma*’ or religion, which was also essentially related to the body and the world.⁹⁴ Justifying the title ‘Amiya Samhita’ the author held that homoeopathy was the science to attain long life. Since ‘*amiya*’ i.e. ‘*amrita*’⁹⁵ or the elixir for life leads to immortality, the tract on homoeopathic principles was justifiably termed ‘Amiya (meaning Amrita) Samhita’.⁹⁶ Indeed, the word ‘*amiya*’ was used as a Bengali variant of the word ‘Homoeo’ in a number of texts. In the introduction to his book *Olautha Samhita* author Chandra Shekhar Kali too referred to homoeopathy as ‘Amiya-Patha’ i.e. the path leading to the attainment of immortality or ‘*amrita*’.⁹⁷ He upheld ‘*amiya-patha*’ as the Sanskrit term for homoeopathy.⁹⁸

Interestingly, the word ‘*samhita*’ having distinct resonance with Hindu classical texts too appeared frequently in the titles of many such texts. Discussing the many meanings of the word ‘*samhita*’, C.S.Kali emphasised that it primarily stood for a collection of tenets compiled by the rishis or Indian sages. He pointed out that his book *Olautha Samhita* was justifiably named as it was also a collection of tenets compiled by the ‘German rishi’ Hahnemann.⁹⁹ Just as ‘*amiya*’ emerged as the vernacular term for *homoeo*, various other Bengali terms, often with distinct Hindu resonances began circulating in the homoeopathic translations. It was for instance argued that the Sanskrit phrase ‘*samah samang samayati*’ captured the meaning inherent in the Latin ‘*similia similibus curantur*’ used by Hahnemann

⁹³ Haricharan Ray, ‘Kromo Nirnay ba Matra Bijnan’ (‘Science of Potency’), *Hahnemann*, 1, 11, 1918, pp. 322-323

⁹⁴ Nalininath Majumdar, ‘Amiya Samhita’ (‘Collection of Principles Ensuring Immortality’), *Hahnemann*, 8, 4, 1925, pp. 192-193.

⁹⁵ Amrita literally means deathless. It is a magic potion that gives eternal life. It also means elixir of life. In Indian mythology during the churning of the sea, visha (poison) and Amrita came out. Shiva drank the poison and stored it in his Adam's apple.

⁹⁶ Nalininath Majumdar, ‘Amiya Samhita’, *Hahnemann*, 8, 4, 1925, p. 196.

⁹⁷ Chandra Shekhar Kali, Op cit note 16, pp. 1-2.

⁹⁸ *Ibid*, p. 1

⁹⁹ *Ibid*, p. 2

in delineating the homoeopathic law of similars.¹⁰⁰ Similarly, it was pointed out that the most appropriate Bengali translation of the term ‘potency’ in relation to the strength of homoeopathic drugs was ‘*shakti*’ which also had distinct Hindu religious connotations.¹⁰¹ Therefore, articles like ‘Oushadh er Shakti Tattva’ or ‘Principles Relating to the Potency of Drugs’ explicitly reminded the readers of the Hindu iconography of *shakti* and the cult of worship of *shakti* among the Hindus.¹⁰²

The theory of vital force as explicated by Hahnemann was considered a core doctrine of homoeopathy in these translations. ‘Vital Force’ translated as ‘jiboni shakti’ was the staple of a range of articles discussing the fundamental tenets of homoeopathy. As the author of the article ‘Jiboni Shakti’ in the journal *Hahnemann* elaborated, the homoeopaths considered life itself to be constituted equally of three parts- the body, the mind and spirit, and the vital force was the ‘spirit like force, the dynamis that animates the material body...’.¹⁰³ Of the constituent elements of life, the ‘simple, invisible, immaterial, spiritual, indivisible and qualitative’¹⁰⁴ vital force was considered most foundational. As the author C. Roy elaborated in an 1931 article in the journal *The Hahnemannian Gleanings*, ‘our body is a mere vehicle or abode of the vital force...and without the animating power of the vital force, the body is a mere mass of matter dead and defunct in every way’.¹⁰⁵ This vital force was considered to have preceded the body; it was regarded as the cause of the body.¹⁰⁶ As author S.N.Roy pointed out in his article ‘Rog Kahake Bole?’ or ‘What is Disease?’ neither dead bodies nor do inanimate objects experience diseases.¹⁰⁷ Only the bodies animated with vital force experience disease. Diseases according to homoeopaths were caused by the ‘derangement of the vital force by the ‘dynamic influence upon it of a morbidic agent inimical to life...’.¹⁰⁸ The homoeopaths following Hahnemann further argued that the ‘morbidic force’ disturbing the vital force of the body was also invisible and immaterial.

¹⁰⁰ For instance see the cover of the journal *Hahnemann* edited by Basanta Kumar Datta. The emblem on the cover describes the Sanskrit phrase as the translation of the Latin phrase.

¹⁰¹ Chandra Shekhar Kali, Op cit note 16, p. 3-4.

¹⁰² G. Dirghangi, ‘Oushadh er Shakti Tattva’ (‘Theories relating to the Potency of Drugs’), *Hahnemann*, 3, 8, 1920, p. 297.

¹⁰³ Anonymous (Translated from the English of Herbert A Roberts), ‘Jeebani Shakti’(‘Vital Force’), *Hahnemann*, 20, 7, 1937, pp. 362-363.

¹⁰⁴ C.Roy, ‘The Spiritual Power of Medicine does not accomplish its object by means of Quantity but by Potentiality and Quality’, *The Hahnemannian Gleanings*, 1, 1 February 1930, p. 59

¹⁰⁵ Ibid, p. 57.

¹⁰⁶ Anonymous, Op cit note 103, p. 363.

¹⁰⁷ S.N.Roy, ‘Rog Kahake Bole’ (‘What is Disease’), *Hahnemann*, 6, 12, 1923, p. 555

¹⁰⁸ Anonymous, Op cit note 103, p. 366.

Hence, they categorically denied the role of any material agent i.e. germs or bacteria in causing diseases. Diseases to them were caused by the impact of invisible, immaterial force on the vital force of the body. The article 'Comparison of Homeopathy with Allopathy and other Medical Systems' for instance stated, 'the allopaths argue that *Coma bacilli* causes cholera, but they confuse the effect with the cause...visible germs are not the disease causing entities rather their effects...'.¹⁰⁹ The article 'Bacteriar Shohit Rog er Ki Sombondho' or 'What is the Relation between Bacteria and Disease?' in the journal *Homoeopathy Paricharak* echoed similar convictions saying 'germs seek diseased tissue rather than being the cause of the diseased tissue'.¹¹⁰

It was pointed out that vital force could not be the same in any two individuals- it varied with the persona of every individual.¹¹¹ Thus discussing the immaterial, invisible nature of the most important human constituent, the vital force, the homoeopathic authors highlighted the importance of individual nature and character. In these homoeopathic discussions on vital force, the importance of the body was secondary to the mind. The article 'Hahnemann o Adhunik Bigyan' or 'Hahnemann and Modern Science' for instance reminded the readers that Hahnemann had categorically advised his followers to 'treat the patient and not the disease'.¹¹² These elaborate discussions on vital force reverberated with and reinforced different Hindu references and explanations related to various practices and metaphors. G. Dirghangi's article on homoeopathic drugs in the journal *Hahnemann* for instance argued how the concept of vital force was useful in understanding the caste hierarchies of the Hindus.¹¹³ He argued that the Hindu distinction between men belonging to the highest Brahman caste and the lowest Sudra caste could be explained by the difference in their vital force. The author asserted that the three different qualities of 'sattwah, tamah and rajah' as explained in the Vedas to explain caste hierarchies perfectly corresponded to the potential variations of vital force as explicated by Hahnemann.¹¹⁴

¹⁰⁹ Kamal Krishna Bhattacharya, Op cit note 92, p. 345.

¹¹⁰ Kali Kumar Bhattacharya, 'Bacteriar Shohit Rog er Ki sombondho' ('What is the Relation between Bacteria and Disease'), *Homoeopathy Paricharak*, 2, 12, March 1929, pp. 463-469.

¹¹¹ Anonymous, Op cit note 103, p. 362-367.

¹¹² Himangshu Shekhar Ghosh, 'Hahnemann o Adhunik Bigyan' ('Hahnemann and Modern Science'), *Hahnemann*, 23, 1, 1940, pp. 22-23.

¹¹³ G. Dirghangi, 'Oushadh er Shakti Tattva' ('Theories Relating to the Potency of Drugs'), *Hahnemann*, 3, 8, 1920, p. 300-301.

¹¹⁴ Ibid, pp. 300-301.

Similarly, discussions on the homoeopathic concept of vital force recurrently invoked detailed elaborations on Hindu philosophies. These discussions identified the central question of Indian philosophy as: ‘which is more fundamental and important between body, mind and spirit.’¹¹⁵ The essential point of contention as pointed out by author Kamal Krishna Bhattacharya was that ‘oriental thinking considers spirit to be the cause of matter while occident believes in the primacy of matter’.¹¹⁶ As C. Roy candidly pointed out in his article ‘Etiology in Homoeopathy’ that the western world, their worldview, thought process, indeed their ‘whole metaphysics itself, from Locke’s time onwards, has been physical, not a spiritual philosophy, but a material one...’¹¹⁷ Through intricate invocations of various contemporary debates in philosophy a number of authors including Kamal Krishna Bhattacharya, Nalininath Majumdar, C. Roy, Umapada Mukhopadhyay, Kali Krishna Bhattacharya and others writing in various journals established that the ‘eastern’ philosophical tradition celebrated the supremacy of spirit as ‘infallible and most logical’.¹¹⁸ These authors affirmed that an invisible, immaterial force variously termed as ‘Brahma’, ‘Atma’, ‘Purush’, ‘Shabda’ or ‘Paramanu’ by different schools of Indian philosophy and in various traditional texts or ‘shastras’, was at the centre and the cause of the material world. Nalininath Majumdar in his ‘Amiya Samhita’ for instance discussed how the Nyaya school of Indian philosophy, especially scholars like Gautam and Kanad, anticipated understandings about the ‘atom’, while establishing the primacy of ‘paramanu.’ Definition of ‘paramanu’ proposed by these Nyaya scholars, Majumdar argued, was very similar to modern conceptions of the atom: the minutest possible part of matter, beyond any form of sense perception.¹¹⁹ It was further pointed out that the most recent contemporary researches by eminent scientists like Jagadish Chandra Bose and Einstein conformed to such ancient philosophical ideas.¹²⁰

Conceptions concerning homoeopathic cure were as well repackaged as reflections of indigenised notions of the invisible and infinite spirit.¹²¹ In an article in *The Hahnemannian Gleanings* author C. Roy for instance stated that

¹¹⁵ Nalininath Majumdar, ‘Amiya Samhita’, *Hahnemann*, 8, 4, 1925, p. 201.

¹¹⁶ Kamal Krishna Bhattacharya, Op cit note 92, p. 341.

¹¹⁷ C.Roy, ‘Etiology in Homoeopathy’, *The Hahnemannian Gleanings*, 1, 1, 1930, p. 53-54.

¹¹⁸ For instance see Kamal Krishna Bhattacharya, Op cit note 92, p. 344.

¹¹⁹ Nalininatha Majumdar, ‘Amiya Samhita’, *Hahnemann*, 8, 10, 1925, p. 525

¹²⁰ Kamal Krishna Bhattacharya, ‘Homoeopathy Op cit note 92, p. 341.

¹²¹ See for instance Nalininatha Majumdar, ‘Amiya Samhita’, *Hahnemann*, 8, 10, 1925, pp. 525-528

Our[homoeopathic] medicinal agents, in like manner, are simple substances, qualitative and spiritual in nature and the concept of quantity is entirely and absolutely unattributable to them, as all simple qualitative, spiritual substances are invisible and indivisible...¹²²

To attain such a state for the drugs, it was argued that drugs needed to be ‘potentised’- a specialised process where drugs were diluted to an extent that they were rendered invisible and yet acquired tremendous strength. Homoeopathic authors claimed such concepts to be known to ancient Indian scholars as well.¹²³ Author Benoytosh Bhattacharya for instance asserted that ‘the qualities and powers residing in the ions of the homoeopathic potentised drugs have been described in a picturesque manner in the *Taittiriya Upanishad*, one of the immortal philosophical works of India’.¹²⁴ Asserting the spiritual aspect of homoeopathy articles like ‘Etiology in Homoeopathy’ detailed how ‘in the act of potentisation we do not potentise the actual, visible material atoms themselves but their inherent invisible power due to the indwelling simple substance pervading them’.¹²⁵

These discussions on homoeopathic principles, particularly those relating to drug potentisation frequently invoked ‘ayurveda,’ referring to it as the authentic Indian classical medical text. Thus, texts like *Susrut o Hahnemann* detailed overlaps between ayurvedic and homoeopathic principles.¹²⁶ In his article ‘Chikitsa Jogote Homoeopathy’ or ‘Homoeopathy in the Medical World’ in the journal *Chikitshak*, Abhaypada Chattopadhyay for instance asserted that drug ‘potentisation’ or ‘attenuation’ were known to the Aryan sages, who took care to see that their medicine affected not merely the material body made of the five elements or ‘*panchabhoot*’ but beyond.¹²⁷ He detailed how a number of ayurvedic drugs were prepared by grinding substances like ‘*makaradhvaj*’ in a specialised manner.¹²⁸ He insisted that such processes described in ayurveda were closely analogous to the process of potentisation devised by Hahnemann centuries later. Other authors too discussed such analogies. It was pointed out that the ayurvedic reliance on the curative powers of the smell of herbs like Tulsi and Neem also hint at an in-depth understanding of

¹²² C.Roy, ‘The Spiritual Power of Medicine does not accomplish its object by means of Quantity but by Potentiality and Quality’, *The Hahnemannian Gleanings*, 1, 1, February 1930, p. 59.

¹²³ See Abhaypada Chattopadhyay, ‘Chikitsa Jogote Homoeopathy’ (Homoeopathy in the Medical World), *Chikitshak*, 4, 1926, pp. 38-39

¹²⁴ Benoytosh Bhattacharya, *The Science of Tridosha*, Calcutta: Firma K.L.Mukhopadhyay, 1975 [1951]

¹²⁵ C.Roy, ‘Etiology in Homoeopathy’, *The Hahnemannian Gleanings*, 1, 1, 1930, p. 53-54.

Also see R.K.Mukherjee, ‘Homoeopathy Rohosyomoy ba Durgeyo Bishoy noy’ (‘Homoeopathy is not a Mysterious Subject’), *Hahnemann*, 22, 5, 1939, p. 288.

¹²⁶ See Surendra Mohan Ghosh, *Susrut o Hahnemann*, Calcutta: Bengal Medical Library, 1906.

¹²⁷ Abhaypada Chattopadhyay, ‘Chikitsa Jogote Homoeopathy’, *Chikitshak*, 4, 1926, pp. 38-39

¹²⁸ *Ibid*, pp. 38-39.

the immense potentials of invisible, immaterial properties.¹²⁹ Authors like Nalininath Majumdar regretted that the spiritual aspects of ayurvedic medicine was not developed and popularised as much in later centuries.¹³⁰

Apart from indicating specific references in ayurveda, homoeopathic translators also drew upon Hindu rituals and practices more generally. In his 'Amiya Samhita', Nalininath Majumdar for instance explicated how the power of the minute was most clearly discernable from the Hindu practices like 'Shradhha' or the death rites as also from Hindu astrologic practices.¹³¹ He elaborated the way in which ancient Hindu astrology was based on the understanding that the faintest rays of distant planets and sun was capable of controlling life cycles on earth.¹³²

Kamal Krishna Bhattacharya pointed out that the eastern philosophy around *atma* or spirit attributed immense potential to the spirit after the death of the material body. Such a conception of the phenomenon of death, he argued, was analogous to the homoeopathic process of dilution or potentisation, where the extinction of the material medicinal substance released latent, infinite power, just as the immensely powerful *atma* was released with the death of the physical body.¹³³ Nalininath Majumdar too detailed the concept of the emancipated spirit or 'atma', notion of 'pinda' or sacrificial offering to the soul to highlight the affinity between such profound yet subtle philosophies with homoeopathic principles.¹³⁴ He deeply regretted the fact that some of the 'modern materialist' Hindus were incapable of appreciating such intricate philosophy and expressed agnosticism both towards these traditional customs as well as towards homoeopathic principles.¹³⁵ The author was critical of the argumentative nature of many western educated Indians who demanded 'scientific' explanations of every truth. He further stated that modern science in reality is slowly approaching the truths already inherent in ancient Indian philosophy.¹³⁶

Bengali discussions on homoeopathic principles, as the preceding accounts show, were steeped in references to Hindu practices and metaphors. In these texts, homoeopathic

¹²⁹ Nalininath Majumdar, 'Amiya Samhita', *Hahnemann*, 8, 6, 1925, pp. 306-307.

¹³⁰ *Ibid*, pp. 306-307.

¹³¹ Nalininath Majumdar, 'Amiya Samhita', *Hahnemann*, 9, 1, 1926, p. 31.

¹³² *Ibid*, pp.27-31.

¹³³ Kamal Krishna Bhattacharya, *Op cit* note 92, p. 345.

¹³⁴ Nalininath Majumdar, 'Amiya Samhita' *Hahnemann*, 9, 2, 1926, pp. 96-97.

¹³⁵ *Ibid*, p. 97.

¹³⁶ Nalininath Majumdar, 'Amiya Samhita', *Hahnemann*, 8, 7, 1925, p. 349.

philosophy was being read and interpreted in a particular way, as if in agreement and dialogue with Hindu sensibilities. Such readings suggested the western homoeopathic science to be in perfect harmony with what was simultaneously celebrated as classical Hindu philosophy. These interpretations helped 'translate' homoeopathy by being sensitive towards the cultural situation of Bengal. By elaborating on the profound overlap between homoeopathy and Hinduism, these texts contributed towards making 'it [homoeopathy] our own' by a process of translation which was not merely linguistic. Such Hinduised readings of homoeopathy further enabled recurrent iconisation of Hahnemann.

The previous chapter has noted in detail how Hahnemann was frequently referred to as comparable with religious icons of indigenous origin i.e. Siva and Buddha.¹³⁷ Use of such religious metaphors abound the tracts dealing with the discussions on homoeopathic principles and translations. Commenting on the declining influence of the Vedas among contemporary Hindus, Nalininath Majumdar for instance referred to Hahnemann as the *avatar* or incarnation of Siva in the Kaliyug.¹³⁸ He held that it was sheer divine blessing that 'with the declining impact of Vedas in India, Hahnemann was born as an incarnation of Lord Siva to drive home such Vedic ideas under the name homoeopathy or amrita-path'.¹³⁹ The previous chapter has also drawn attention to the ways in which homoeopathy figured as a religion among the physicians whose life stories were being recorded. In a similar vein the article 'Homoeopathic Prachar e Bighnakari Bhratagon er Proti Nibedan' or 'Address to those who oppose the Dissemination of Homoeopathy' compared the practice of homoeopathy with worshipping God.¹⁴⁰ The author argued that identical 'faith, trust, devotion and meditation' was necessary for both religious worship and practice of homoeopathy.¹⁴¹ In the dedication page of his book *Homoeopathic Practice of Medicine* author Chandra Shekhar Kali encouraged the readers to 'look at the portrait of Hahnemann,

¹³⁷ See Chapter 2, pp. 110-112

¹³⁸ Avatar in Hinduism is a deliberate descent of a deity from heaven to earth, or a descent of the Supreme Being. It is mostly translated into English as "incarnation", but more accurately as "appearance" or "manifestation". Kaliyuga s the last of the four stages that the world goes through as part of the cycle of yugas supposedly described in the Indian scriptures. Kali Yuga is associated with the apocalyptic demon Kali, not to be confused with Goddess kali. For a scholarly deployment of the concepts in understanding nineteenth century Hindu Bhadrakok sensibility see, Sumit Sarkar, 'KaliYuga, Chakri, Bhakti: Ramkrishna and His Times', *Writing Social History*, Oxford University Press, 1997, pp. 282-357

¹³⁹ Nalininath Majumdar, 'Amiya Samhita', *Hahnemann*, 8, 7, 1925, p. 344-345.

¹⁴⁰ Ashutosh Sanyal, 'Homoeopathy Prochar e Bighnokari Bhratagon er Proti Nibedan' ('Address to those who Oppose the Dissemination of Homoeopathy'), *Hahnemann*, 22, 3, 1939, p. 155.

¹⁴¹ *Ibid*, pp.155-159.

and offer your devotion and gratitude...’ before each reading.¹⁴² In that context, it was widely held that the homoeopaths needed to lead a pious life as the ancient *rishis* or sages of India.¹⁴³ Authors like R.R.Ghosh in their translation and discussion of *Organon* in the journal *Hahnemann* termed the former as the ‘Vedanta’ of Homoeopathy.¹⁴⁴ Ghosh stated that just as the knowledge of the Vedanta enabled men to comprehend the true nature of the world, so also the knowledge of *Organon* enlightened its readers about the true nature of life and healing.

Homoeopathic doctrines charged with such deep Hindu connotations were commonplace in disparate forms of literature of the time. Amritalal Basu, was a notable figure of Bengali theatre in the late nineteenth century.¹⁴⁵ Basu learnt homoeopathy in his early life from the leading Varanasi-based physician Lokenath Maitra, whose biographies have been discussed in the previous chapter.¹⁴⁶ Published in 1903 and written as a long poem, Amritalal Basu’s reminiscences titled *Amrita-Madira* recounted his days with Lokenath Maitra at Kasi.¹⁴⁷ The poem is full of Hindu allusions in describing homoeopathy and its appeal among the people. It reflected upon the immense popularity of homoeopathy in Kasi, a place ascribed with considerable religious significance in Hindu Puranas.¹⁴⁸ It compared homoeopathic drugs with ‘amrita’ or ‘elixir for life’ that assured immortality and held that the Hindus could happily have them without any fear of losing their religion. The poem insisted that Hindu widows as well as children could benefit from depending upon homoeopathy.

Translation as Exclusion: Homoeopathy vs. Allopathy

Such discussions aimed at translating homoeopathy onto the specific Bengali milieu, were evidently entrenched within a growing Hindu nationalistic impulse of constructing a

¹⁴² Chandra Shekhar Kali, ‘Dedication page’, *Homoeopathic Practice of Medicine*, Calcutta: L.V.Mitra and Company, 1890.

¹⁴³ Gyanendra Mohan Pan, ‘Edesh e Homoeopathy Chikitsar Ontoray Ki?’, *Hahnemann*, 21, 10, 1938, p. 583.

¹⁴⁴ R.Ghosh, ‘Organon ba Homoeopathy Bigyan’, *Hahnemann*, 1, 1, 1918, p. 11

¹⁴⁵ Amritalal Basu, (1853-1929) dramatist and actor, born in Calcutta was one of the pioneers of the nineteenth-century public theatre in Bengal. A close associate of the legendary Girish Chandra Ghosh Basu was fondly termed ‘Rasaraj’ or the ‘king of wits’. He acted in the historic staging of NilDarpan (1872) and some of his celebrated productions were Til Tarpan (1881), Sati Ki Kalankini (1874), Model School (1873) etc. He was elected the joint President of the Calcutta Bangiya Sahitya Parishad in 1923.

¹⁴⁶ Saratchandra Ghosh, ‘Daktar Lokenath Maitra’, *Hahnemann*, 22, 12, 1939, pp. 708-710.

¹⁴⁷ Amritalal Basu, *Amrita Madira*, Calcutta, 1903, pp. 79-84.

¹⁴⁸ Kasi, or Benaras, housing famous Vishwanath Temple of Lord Siva is a highly revered religious site of the Hindus.

classical Indian past. Efforts at translating the ‘western science’ of homoeopathy and transposing it within a distinctly Hindu ethos were thus simultaneous processes. These efforts and the discussions they initiated had wider ramifications in the realm of Bengali print market.

Such acts of translations, which were sensitive to relevant cultural contexts, it was claimed, distinguished the homoeopaths from practitioners and authors of other western medical sciences. Indeed, it was argued that these innovative and imaginative translations made homoeopathy appear as more familiar and ubiquitous to the Bengali readers. These claims were upheld specifically in opposition to the practitioners of state medicine recurrently termed by the homoeopaths as ‘orthodox’ or the ‘allopaths’. A series of articles published in homoeopathic and other medical journals since the late nineteenth century highlighted the ability of homoeopathic translators to adapt its doctrines within prevailing vernacular contexts. While asserting such abilities, these writings often took the form of allegations against practitioners of ‘orthodox’ medicine i.e. the ‘allopaths’. In his article in *The Hahnemannian Gleanings*, author J.N.Chowdhury, for instance, noted that ‘the allopaths of this country were being trained and patronised by the power that be and its super-masters in that distant island’.¹⁴⁹ It was argued that such ‘over-guidance’ was rendering the allopaths ‘impotent and dependent’.¹⁵⁰ The author explicitly argued that the allopathic practitioners and authors lacked any potential for culturally sensitive reading of the western tenets. He stated that they never innovated upon or contextualised its doctrines sensitively. He repeatedly complained that the allopaths mindlessly ‘simply reproduce what their over-sea masters (sic) are pleased to observe and this has entailed no small suffering on the public here’.¹⁵¹ These authors deeply lamented the lack of any state support for homoeopathy. In his introduction to the third volume of *Berigny and Company’s Bengali Homoeopathic Series*, author Harikrishna Mallik described homeopathy as ‘Raj shohay biheen’ i.e. ‘without any state support’.¹⁵² As a homoeopathic author, he felt compelled under the circumstances to assert homeopathy’s merits as ‘scientific medicine’ as opposed to allopathy.

¹⁴⁹ J.N.Chowdhury, ‘Recognition, a blessing or a Curse’, *The Hahnemannian Gleanings*, 1, 5 June 1930, pp. 208-209

¹⁵⁰ Ibid, p. 208-209.

¹⁵¹ Ibid.

¹⁵² Harikrishna Mallika, ‘Mukhobondo or Introduction’, *Berigny and Company’s Bengali Homoeopathic Series Number III: Sadrisa Byabastha Chikitsa Dipika (Glossary for Treatment According to the System of Similars)*, Calcutta: Berigny and Company, 1870, pp. 1-2

Indeed, the so-called allopathic and homoeopathic authors were engaged in long contentious tussles between themselves regarding the relative scientific merits of their crafts. The issues involving translation, contextualisation or innovative interpretation can be located within such longstanding trends of disputes between them.¹⁵³ Literature involving squabbles between allopathic and homoeopathic physicians can be traced in Bengali print since the early 1870s that continued well into the twentieth century. These were published mostly in the popular medical journals dealing broadly with issues of health and hygiene as well as in specialised journals dedicated exclusively to either homoeopathy or ‘orthodox’ medicine. Correspondence and discussion among these physicians in the pages of journals and manuals often took the form of unpleasant debates. The thread run by ‘allopathic’ practitioner Pulin Chandra Sanyal and ‘homoeopath’ Haranath Ray in *Chikitsa Sammilani* is a typical example. The dialogue and debate between this particular pair of ‘homoeopathic’ and ‘allopathic’ physician ran into several volumes of *Chikitsa Sammilani* beginning in the fourth volume of the journal in 1887.¹⁵⁴

These conversations, debates and correspondences published since the 1870s in Bengali yielded a series of binary oppositions, which fed into stereotypical descriptions of allopathy and homoeopathy in the vernacular. Cheapness of homoeopathic drugs as opposed to the expensive allopathic medicine; heroic doses of allopathy in contrast to the minute doses in homoeopathy; homoeopathic reliance on a single ‘law of cure’¹⁵⁵ as compared to a thorough disregard for any particular therapeutic law by the allopaths; gentle, sweet homoeopathic drugs as opposed to the bitter-tasting, pungent-smelling, harsh allopathic remedies; rationalistic deductions in allopathy as distinct from the inductive cure in homoeopathy enabled by experimental drug proving were some of the major binary distinctions that characterised this literature. To a great extent, through these writings the labels ‘allopathy’

¹⁵³ Such correspondence between contending, rival physicians have been an integral part of the history of homoeopathy in different contexts. For an in-depth study of the American context See J.H. Warner, *Orthodoxy and Otherness: Homoeopathy and Regular Medicine in Nineteenth century America* in Robert Jutte, Guenter B. Risse and John Woodward ed., *Culture, Knowledge and Healing: Historical Perspective of Homoeopathic Medicine in Europe and North America*, Sheffield, 1998, pp. 5-30. Also, see Naomi Rogers, *American Homoeopathy Confronts Scientific Medicine*, pp. 31-65 in the same book.

¹⁵⁴ Haranath Ray, ‘Homoeopathic Mowt e Jowr Chikitsa’ (‘Homoeopathic Treatment of Fever’), *Chikitsa Sammilani*, Calcutta, 4, 1887, pp. 122-126

1887, pp. 122-6. Pulin Chandra Sanyal, ‘Ini Abar Ki Bolen’ (‘What Does He Say’), *Chikitsa Sammilani*, 4, 1887, pp. 304-8.

¹⁵⁵ The essential scientific claim of homoeopathy lay in its discovery of a law of medicine. Hahnemann ‘discovered’ the law ‘similia similibus curantur’ meaning ‘like cures like’ in 1790 as discussed in the previous chapter. Widely known as the ‘law of similars’, it came to be recognised by the homoeopathic practitioners as the fundamental truth of homoeopathy.

and ‘homoeopathy’ came to be firmly associated with certain distinct medical practices, beliefs and practitioners in Bengal. The exclusive ability of homoeopathic authors and practitioners to innovate upon the tenets received from the west, to integrate their own experiences to read homoeopathy contextually, and provide a culturally sensitive interpretation to an European science were similarly parts of relevant homoeopathic assertions. It was repeatedly argued that such features set homoeopathy apart from other western medical practices like allopathy in Bengal.

Apart from failing to ‘translate’ imaginatively and sensitively, it was alleged, allopaths were guilty of adopting unacceptable expressions and gestures in their polemical opposition to the homoeopaths. Such objectionable language, homoeopathic texts lamented, flouted the exalted norms of respectable scientific debate established in and inherited from the west. Homoeopaths thus appeared to assert a pristine moral code for conducting and narrating western science in the vernacular; while emphasising on the need to indigenise and translate. In the homoeopathic schema then respectable acts of scientific writing in Bengali required to display a balance between imaginative repackaging of western science and uncontaminated Victorian moral uprightness. Innovative translation of science in the vernacular, homoeopaths warned, should be delimited by obvious moral guidelines. In so doing, homoeopathic writers upheld their own works as benchmarks of credible, respectable and effective rewriting of science in Bengali. The homoeopathic authors were often extremely careful about what could and could not be included in scientific discussions concerning therapeutics. Certain idealized norms of scientific discussion were central to their writings. In his introduction to the fourth manual in *Berigny and Company’s Bengali Homoeopathic Series*, Harikrishna Mallika for instance was hesitant in introducing a discussion involving venereal diseases. He argued that a discussion of those diseases invariably entailed the use of vulgar or ‘*ashleel*’ words and phrases. He considered it inappropriate to use such words in serious scientific discussions on treatment. He feared that discussions involving such unchaste words could be revolting to the ‘taste’ of the respectable men for whom they were meant.¹⁵⁶ Questions of ‘morality’ and ‘taste’ remained integral to such acts of scientific translations.

¹⁵⁶Harikrishna Mallika, ‘Introduction’, *Berigny and Company’s Bengali Homeopathic Series No. IV: Sadrisa Byabastha Chikitsa Dipika (Glossary for Treatment According to the System of Similars)*, Calcutta: Berigny and Company, 1870, page number not cited.

Reflecting upon the literature on the conflict between the allopathic and homoeopathic authors, physician Keshablal Dey too invoked the varying ‘tastes’ of the authors in a letter to the editor of the journal *Hahnemann*.¹⁵⁷ He further asserted emphatically that such scientific writings should not be belligerent in their tone.¹⁵⁸ The style and demeanour of registering disagreements and arguments on scientific issues were topics of frequent discussion. In a text carefully compiled by Mahendralal Sircar, the *Hindu Patriot* for instance was quoted to have condemned the aggressive tone in which ‘he [Mahendralal Sircar] was denounced as a Homoeopath, the grossest personal attacks was allowed to be made on him...’.¹⁵⁹

In all these homoeopathic writings, there was a deep sense of the pristine, immaculate norms of discussing ‘western science’ being violated by the allopaths. Such aggressive and inappropriate tone and style of the allopathic writers were condemned. In his monograph, Mahendralal Sircar for instance complained how the scientific meeting in the Bengal Medical Association in reality turned out to be a ‘farce’ and a ‘comedy’.¹⁶⁰ These homoeopathic publications repeatedly alleged how the allopathic attacks directed at them were falling short of and becoming distorted caricatures of a certain given standard of western scientific discussion. It was pointed out that attempts at ‘somalochana’ or ‘scientific critique’ frequently ended up being mere ‘*jhagra*’ or ‘outright quarrel’. An anonymous homoeopathic author in *Chikitsa Sammilani* for instance regretted,

... Informed debates involve a lot of reading and learning. In place of debating uneducated men simply, shout. It is very difficult to critique, very easy to quarrel. It is embarrassing to see educated men quarrel in the name of debating and critiquing.¹⁶¹

Discussions about translations and the norms of conducting and narrating western science in the vernacular therefore emerged in the homoeopathic discourse as a powerful tool to delineate itself from various other medical doctrines. It helped the homoeopathic authors define their ‘others’ in the print market. The homoeopathic publications projected ‘translation’ as a tool of exclusion that rendered homoeopathy most suited for a vernacular print market. Interestingly, the trope of ‘acceptable translation’ was often invoked to

¹⁵⁷ Keshablal Dey, ‘Pratibad’ (‘Protest’), *Hahnemann*, 5, 10, 1922, pp. 514-515.

¹⁵⁸ Ibid.

¹⁵⁹ Mahendralal Sircar, *On the Supposed Uncertainty in Medical Science and on the Relation between Diseases and their Remedial Agents*, Calcutta: Anglo Sanskrit Press, 1903, p. 67

¹⁶⁰ Ibid, pp. 55-56.

¹⁶¹ Anonymous, ‘Letter to the Editor’, *Chikitsa Sammilani*, 5, 1888, p. 98.

express scorn against certain groups of homoeopathic practitioners as well, particularly those located beyond the urban enclaves. The following section traces how ‘translation’ as a concept was also invoked and emphasised by the homeopathic authors in defining ‘authentic homoeopathy’.

Policing ‘*Mofussil*’ Practices

This chapter so far has traced two interrelated yet different processes of ‘translation’ as they recurred in homoeopathic publications of late nineteenth-early twentieth century. It has revealed how translation at one level was a linguistic exercise involving communication between at least two languages. At another, it has elaborated how linguistic translations were often related to processes of contextualization, innovative repackaging and cultural reinterpretation of meanings. Entanglement of the two processes is apparent in the urban homoeopathic admonishments of disparately dispersed *mofussil*-based practitioners. It was argued that the vast rural/*mofussil* market for homoeopathic publications induced an overproduction of homoeopathic texts. Many urban authors held that much of the vernacular translations took place in direct response to such *mofussil* demands. It was moreover argued that such large-scale linguistic translations further resulted in various unnecessary and unacceptable innovations in the *mofussil* and in villages. According to the urban authorities, such unbridled *mofussil* innovations had a corrupting influence on homoeopathic science.

The homoeopathic literature illustrates an acute awareness of the increasing bulk of vernacular homoeopathic publications. The Calcutta-based authors regularly blamed the *mofussil* readers for such over-production of homoeopathic texts. The journal *Hahnemann* published a series of editorial articles in 1884 titled ‘Homoeopathic Bangla Sahitya’ or ‘Homoeopathic Bengali Literature’. The author was deeply disappointed with the over abundance of publication of Bengali homoeopathic tracts.¹⁶² He expressed his concern with the linguistic standard and the arbitrary nature of translation in these publications. As noted in the first section, the author deeply regretted the disparaging impact of such publications on Bengali language as a whole. The editor Basanta Kumar Dutta, owner of the Calcutta-based B.K.Dutta and Company, was convinced that the *mofussil* and village based ill-educated people of various lower middle class professions were primarily responsible for

¹⁶² Basanta Kumar Datta, ‘Homoeopathic Bangla Sahitya’, *Hahnemann*, 2, 10, 1884, pp. 181-183.

the increasing demand of those cheap translated tracts.¹⁶³ He felt that such inefficient, random translations were in wide circulation among the semi-literate village people who chose to read them in plenty. They considered it to be the easiest route to a respectable profession like medicine. Indeed, the author raised an alarm saying, ‘the semi-literate unintelligent people in the villages diligently buy and read these sub standard, cheap tracts. Hence, with the swelling of such bad publications there is a simultaneous increase in the ranks of these ill-taught physicians’.¹⁶⁴ The article elaborated on the horrible inefficiency of the village based physicians who blindly emulated the cheap homoeopathic translations. Citing specific instances, the author argued that some of them were ‘even unaware of the distinction between the globules and tinctures’.¹⁶⁵ The author repeatedly made distinctions between the urban and sub-urban practitioners and consumers of homoeopathy. He emphasized that ‘the standard, good quality texts and physicians are not adequately appreciated beyond the capital (i.e. Calcutta)’.¹⁶⁶ These writings record considerable skepticisms and disapproval of homoeopathy practiced and consumed in the *mofussil*.

Practitioners in the *mofussil*, in turn, were as eager to highlight their differences from such city based big urban pharmacies and authorities. An elaborate advertisement of ‘Electro Homoeopathic Pharmacy’ appeared in the manual titled *Homoeopathic Mowt e Manashik Rog Chikitsa* or *Homoeopathic Treatment of Mental Diseases* published from the village of Khagra in Murshidabad district in 1904.¹⁶⁷ The advertisement stated that the pharmacy had branches at various *mofussil* locations in Saidabad and Berhampore with clientele dispersed districts of Bhagolpur, Munger, Chattagram and Noakhali.¹⁶⁸ At one level, the advertisement noted that their drugs were as good in quality and as well packaged as the ‘reputed pharmacies in Calcutta’.¹⁶⁹ However, it was also pointed out that the *mofussil* pharmacies rendered certain services that could hardly be matched by their urban counterparts. The advertisement made a list of these services that included helping the ailing patients who visited Murshidabad for treatment find suitable places to stay.¹⁷⁰

¹⁶³ Basanta Kumar Datta, ‘Homoeopathic Bangla Sahitya’, *Hahnemann*, 2, 11, 1884, p. 202

¹⁶⁴ Basanta Kumar Datta, Op cit note 162, p. 182

¹⁶⁵ Basanta Kumar Datta, Op cit note 163, p. 203

¹⁶⁶ Basanta Kumar Datta, Op cit note 162, p. 182

¹⁶⁷ ‘Advertisement of Electro Homoeopathy Pharmacy’ in Bipin Bihari Dasgupta, *Homoeopathy Mowt e Manashik Rog Chikitsa*, Murshidabad: Kanika Press, 1904, page number not cited.

¹⁶⁸ Ibid.

¹⁶⁹ *ibid.*

¹⁷⁰ *ibid.*

Advertisement of another *mofussil* based store i.e. National Pharmacy too had a range of similar services on offer.¹⁷¹ The pharmacy, it was claimed, performed multiple functions beyond those conducted in the urban homoeopathic pharmacies. National Pharmacy for instance promised to ‘supply special items of Murshidabad including silk cloth, buttons and other trinkets made of ivory... at reasonable prices’.¹⁷² They even pledged to assist their consumers and others in multifarious other functions including paying of taxes, seeking legal advice on specific cases, appoint city based lawyers and the like.¹⁷³ These pharmacies also listed a number of ‘patent drugs’ as an important distinguishing feature of the *mofussil* pharmacies. Advertisements of National Pharmacy included an elaborate list of drugs including ‘Hysteria Cura’, ‘Firingi Doman’, ‘Ringworm ointment’, ‘Gonorrhoea Drop’, ‘Nervina’ and others. It declared itself as the ‘sole agents of the patent drugs’.¹⁷⁴

The supposed ‘difference’ between the practices of homoeopathy in the urban Calcutta and beyond was often discussed at length in journals published from Calcutta. In their writings, the urban physicians deeply disapproved of and attempted to police the deviations and translations that took place beyond the big cities of Calcutta or Dacca. Such trends were condemned even when the village practitioners referred to their specific socio-cultural contexts as the impulse behind such innovations. Unbridled innovations, contextual reinterpretations and associated translations of the meaning and purpose of homoeopathy in the *mofussil* were emphatically discouraged. Indeed such trends in innovating were described as serious threats to the sanctity of ‘scientific’ homoeopathy. The use of ‘patent drugs’¹⁷⁵ by homoeopathic physicians in the *mofussil* was a topic of typical urban concern. In a letter to the journal *Hahnemann*, Ramcharan Sadhukhan for instance noted that it was a common sight in the villages for the ‘homoeopathic practitioners’ to possess and prescribe from a repertoire of patent drugs.¹⁷⁶ His letter blasted against a particular *mofussil* physician Amulya Kumar Chandra who allegedly promoted his own patent ‘deshabandhu batika’ in the pages of *Hahnemann*. Sadhukhan complained that the concerned drug was misleadingly

¹⁷¹ ‘Advertisement of National Pharmacy’ in Bipin Bihari Dasgupta, *Homoeopathy Mowt e Manashik Rog Chikitsha*, Murshidabad: Kanika Press, 1904, page number not cited

¹⁷² Ibid.

¹⁷³ Ibid.

¹⁷⁴ Ibid.

¹⁷⁵ Columbia Encyclopaedia describes patent medicine as packaged drugs that can be obtained without prescription. It clarifies that the term was formerly used to describe quack remedies sold by peddlers, a sense in which it appears in the homoeopathic literature of this time.

¹⁷⁶ Ramcharan Sadhukhan, ‘Patra’, *Hahnemann*, 9, 10, 1926, pp. 435-436.

advertised as a ‘guaranteed cure of all kinds of malarial fevers’.¹⁷⁷ It also promised to cure all patients ‘within forty eight hours’.

Interestingly, Amulya Kumar Chandra replied in the journal *Hahnemann* with a long letter defending his use of patent drugs. He invoked the contingencies of rural situations in justifying his use of the said ‘deshabandhu batika’. He emphasized that ‘only physicians practicing in the villages would know the widespread havoc caused by malaria with the onset of monsoon every year’.¹⁷⁸ He described the hard-pressed socio-economic conditions of the farmers for whom the monsoon was a very busy season. Such cultivators were the bulk of the patients in rural Bengal. Amulya Kumar Chandra argued that his prescription of patent medicine was essentially related to the treatment of a large number of patients at a particular time of the year in Bengali villages. He emphasized that his innovations were imperative on a combination of factors like the incapacity of his patients to visit him everyday or pay the fees regularly, their compulsion to be on the field daily, the absence of any possibility to gather precise symptoms of their disease etc. The author reminded the readers that ‘no one should be misled into believing that I have recommended deshabandhu batika in every case of malaria. It is to be prescribed only in the rural situations described by me where due to the above constrains, fever cannot be controlled by any other means’.¹⁷⁹

However, urban publications condemning the *mofussil* practices remained unconvinced by such innovations. Highlighting his position against the use of patent drugs, Ramcharan Sadhukhan for instance appealed to the editors as well as the larger homoeopathic fraternity to curb such practices.¹⁸⁰ He argued that by recommending the ‘unscientific’ patent drugs homoeopath Amulya Kumar Chandra only highlighted his personal ignorance in ‘homoeopathic science’.¹⁸¹ He felt that regular publication of advertisements promoting these ‘unscientific’ practices by journals like *Hahnemann* would cause immense harm to ‘real homoeopathy’.¹⁸²

However, one also notices a traffic across the urban- *mofussil* divide on such issues of translation and displacement. Since the second quarter of the twentieth century

¹⁷⁷ Ibid, p. 435.

¹⁷⁸ Amulya Kumar Chandra, ‘Patra’, *Hahnemann*, 9, 10, 1926, pp. 543-545.

¹⁷⁹ Ibid, p. 546

¹⁸⁰ Ramcharan Sadhukhan, ‘Patra’, *Hahnemann*, 9, 10, 1926, p. 436

¹⁸¹ Ibid, p. 436

¹⁸² Ibid, p. 436

advertisements of Calcutta based established pharmacies like M.Bhattacharya and Company, Hahnemann Publishing Company, Batakrishna Pal and Company and others began advertising their own patent drugs. A promotional brochure of M.Bhattacharya and Company published in the journal *Banik* in 1930 for instance advertised a range of patent homoeopathic drugs including the anti-malarial drug malogen.¹⁸³ Advertisements of Hahnemann Publishing Company as well promoted patent drugs like ‘Jvorona’ and Masoori Essence’ since 1940.¹⁸⁴ Among a few explanations, these advertisements emphasized that they changed their opinion since patent drugs suited the tastes and the economic constraints of the vast rural population of Bengal. Evidently, the urban authorities on homoeopathy were in dialogue with and drawing on their counterparts dispersed across the *mofussil*.

Conclusion

This chapter has examined the sustained engagement in homoeopathic literature around the theme of ‘translation’. It has also explored the efforts and discussions around ‘vernacularising’ homoeopathy- to render it accessible in vernacular, by the people living in Bengal. In so doing, it has elaborated on the impulses and constraints in translating a western science into a vernacular language i.e. primarily Bengali. Frequent incommensurability between the ‘original’ and the ‘translated’ language and negotiations between them, as detailed by homoeopathic authors, has been the focus of this chapter. It has illustrated how processes of ‘translation’ between languages contaminated the purity of the original as well as the replica, of the supposedly classical and the vernacular. It has reflected on the inroad of a range of English (often with supposedly German roots) words and terms into the Bengali vocabulary. Of them the more recurrent and significant were those including ‘homoeopathy’, ‘Organon’, ‘vital force’, ‘Hahnemann’, ‘drug-proving’, ‘chronic-disease’, ‘law of similars’ and the like. Efforts at such scientific translations were allegedly generating a prose that was Bengali only in its form, alphabets and verbs. Simultaneously attempts were also being made to translate and adapt far too many English (foreign) words to Bengali. The meaning and interpretation of such words and the context and location of the translators became critical in such circumstances. Thus ‘homoeopathy’ became ‘*amiya-patha*’, ‘potency’ was interpreted and translated as ‘*shakti*’ while the Sanskrit verse ‘*samah samang samayati*’ was written to be a close translation of the Latin

¹⁸³ ‘Advertsiement of M.Bhattacharya and Company’, in *Banik*, Shravan [1337] 1930, pp. 29-36

¹⁸⁴ ‘Advertisement of Jwarona of Hahnemann Publishing Company’ in *Hahnemann*, 23, 5, 1940, p. 8

phrase 'similia Similibus curantur'. The chapter has reflected upon such associated displacements in meanings.

Existing historiography has suggested how translations of science often acquired displaced, different and even 'enchanted' meaning in colonial India.¹⁸⁵ Contrary to these works, the chapter has shown that linguistic hybridity and displacements in meaning were not always accidental, but often deliberate and programmatic. To the homoeopathic authors, literal translations of 'science' were often inadequate until these were culturally integrated and transposed within a vernacular context. Accordingly, homoeopathic translations drew upon religious iconographies of Hahnemann, interpreted homoeopathic tenets through Hindu cultural metaphors and self consciously invoked familiar and popular tropes. In turn, homoeopathic translations reinforced stereotypes concerning a nationalism-inspired Bengali culture, which was increasingly Hindu in orientation. Translation, in that sense was written about not merely as passive replication but an intensely political, productive, and inventive exercise.

To the homoeopaths however, such creative potentials had to conform to certain normative codes, beyond which translations were considered to have a corrupting impact on the original practices and language. Such discussions negotiated between the compulsion to translate and the limits to such translations. In the process, urban-based homoeopathic discourses were posited as ideal in opposition to the literature on allopathy as well as homoeopathic practices in the *mofussil*. 'Authentic homoeopathy' was defined against the insensitive, often inadequate translation of the allopaths/orthodoxy on the one hand and the mindless and 'unscientific' innovations in the *mofussil* on the other. Translation therefore involved a series of traffics, not merely between two distant languages, but as a process of negotiation between primarily the 'pure' and the 'hybrid', between the 'orthodox' and the 'innovative', the 'urban' and the '*mofussil*', the 'metropolitan' and the 'derivative', 'the scientific' and the 'unacceptable'.

Discussions involving translation of homoeopathy hardly remained confined to the Bengali language alone. The chapter has illustrated how a single act of translation could invoke and implicate a range of languages including German, English, Bengali, Sanskrit and Marathi.

¹⁸⁵ See Gyan Prakash, 'Translation and Power', *Another Reason: Science and the Imagination of Modern India*, Princeton: Princeton University Press, 1999, pp. 49-85 and idem., 'Science 'Gone Native' in Colonial India', *Representations*, 40, Special Issue: Seeing Science, Autumn, 1992, pp. 153-178. Also see, Shruti Kapila, 'The Enchantment of Science in India', *Isis*, 101, 1, 2010, pp. 120-132

The 'vernacular' in that context emerged as a shifting and relational label that could be ascribed to various languages at various points. Moreover, in view of the productive, innovative function of 'translation' discussed above, this chapter has refrained from considering the 'vernacular' to be merely a linguistic concept. It has reconfirmed insights revealed in recent studies to consider the 'vernacular' as closely related to the 'popular' but more elastic in its scope.¹⁸⁶ It has further considered vernacular to be 'a flexible concept – more dependent on the sensibilities it impart rather than the language'.¹⁸⁷ This chapter has explored the vernacularisation of homoeopathy by examining the efforts of a range of authors committed to the task of 'translating' science in colonial Bengal.

¹⁸⁶ Mary E Fissell, *Vernacular Bodies: The Politics of Reproduction in Early Modern England*, New York: Oxford University Press, 2004, p. 9. She argues that she prefers the term 'vernacular' to 'popular' to describe the medical books at the heart of her study as the popular is too often taken to mean 'of the poorer classes'.

¹⁸⁷ For a development of this concept, see Raziuddin Aquil and Partha Chatterjee (ed.), *History in the Vernacular*, New Delhi: Permanent Black, 2008, p. 1-19.

Chapter Four – Innovating Indigeneity, Reforming Domesticity: Nationalising Homoeopathy in Colonial Bengal

In the tenth volume of the journal *Hahnemann* published by the Hahnemann Publishing Company, ‘amateur’ physician Kunjalal Sen, a retired clerk by profession, contributed an autobiographical account of his primary motivation in learning homoeopathy. The article titled ‘Abishvashir Homoeo Mantre Deekha’ or ‘The Conversion of an Unbeliever to Homoeopathy’, narrated why the author decided to introduce homoeopathic drugs within his domesticity. He was enormously impressed by the ‘prophetic’ and ‘magical’ cure of his youngest son from what was suspected as Typhoid.¹ Sen was deeply intrigued to learn the basic tenets of a doctrine that promised painless cure of major diseases with the consumption of negligible doses of cheap drugs. The physician who looked after his son advised Kunjalal to read the *Organon* on his own. Eventually Sen ended up reading the *Materia Medica* and other fundamental homoeopathic texts under the physician’s guidance. The result, in his own words were,

Before I took refuge in homoeopathy, within my huge family, every year there were a few cases of typhoid, bronchitis or pneumonia. Allopathic treatment of such diseases drained off huge amount of money... once a small child was detected with pneumonia and was treated allopathically...what a treatment it was! [...] That case of pneumonia used up all my hard-earned money and left the child weakened for life. Since converting to homoeopathy, I have been able to prescribe suitable gentle drugs for much worse cases of pneumonia and typhoid myself. They have all recovered without any permanent damage caused to their health. Besides, since I introduced homoeopathy in my family, surprisingly enough, such frequent illnesses has almost stopped visiting our household. Before converting to homoeopathy my family followed the allopathic treatment and our monthly budget on drugs alone was around Rs. 20. Now, unless it is a case of surgery we do not need doctors at all. Not only that, I can look after the health of my neighbours, friends and distant relatives too with the small globules.²

Hidden within the personal narrative of Kunjalal Sen are some of the crucial threads that bind this chapter together. It captures the multifaceted anxiety of a middle-class Bengali householder in early twentieth century Bengal of protecting his familial health. Providing good medication to the various members of his big family was central to this concern. The

¹ Kunjalal Sen, ‘Abishvashir Homoeo Mantre Deekha’ (‘Conversion of an Unbeliever to Homoeopathy’), *Hahnemann*, 10, 6, 1927, pp. 295-300.

² *Ibid*, pp. 299-300.

small paragraph notes the ravages of various diseases plaguing the everyday household. Equally, it reflects upon a deep anxiety on the efficient management of the available familial resources. One hardly misses the triumphant note in Kunjalal's account as he narrates his experience of negotiating these concerns by honing his own skills in a form of medical practice that could be easily acquired at home.

This chapter is about the homoeopathic assertion in the pervasive discourse on quotidian domestic health in colonial Bengal. It looks at the range of manuals and journals for the householders or 'grihasthas' in Bengal available in the overlapping market for print and medicine in Bengal. These contained observation, instruction and advice regarding the efficient running of the everyday household.³ Among these, the chapter focuses particularly on those dealing with the preservation of familial health with the aid of homoeopathy published primarily by the Calcutta-based homoeopathic concerns since the late nineteenth century. Since the second half of the nineteenth century these concerns extensively and consistently published homoeopathic texts that dealt with health in the household. Published in 1906, the advertisement to the fifth edition of *Homoeopathic Paribarik Chikitsa* or *Homoeopathic Family Treatment* published by the M.Bhattacharya and Company for instance noted, 'By the grace of God, three thousand copies of the fourth edition have been exhausted in two years. Hence, we have decided to publish the fifth edition...we are hoping the present volume to be as popular as almanacs in every Bengali home'.⁴ These manuals and journal articles systematically claimed homoeopathy to be providing the most suitable health care solution to Indian families. Along with health, these literatures further projected homoeopathy as ideal for the most efficient management of Indian domesticity. Indeed, homoeopathy and the Indian familial set up were shown to be extremely compatible on various grounds.

Late nineteenth- early twentieth century manuals and journals dealing with myriad aspects of domestic life resonated with deep nationalist propensities. Families were highlighted as the blueprints, the foundational units of the emergent nation. Colonialism denied the colonized the status of the citizen. Existing historiography have shown that Bengali

³ The plethora of manuals on extremely diverse themes has been a historically productive area of research, especially in the context of colonial Bengal. Recent studies that especially focused on the manual literature include, Judith Walsh, *Domesticity in Colonial India: What Women Learnt When Men Gave them Advice*, Lanham: Rowman and Littlefield Publishers, 2004.

⁴ Anonymous, 'Advertisement to the Fifth edition', *Homoeopathic Paribarik Chikitsa (Homoeopathic Domestic Treatment)*, Fifth Edition, Calcutta: M. Bhattacharya and Company, 1906, page number not cited.

engagements with the domestic cannot be discussed in separation from nationalism, the ideology that pursued visions of citizenship and the nation-state, and thus the ideal civil-political society that the domestic order would have the duty of serving.⁵

The enmeshing of the familial and the national can be made sense from representative articles like 'Paribarik Sangashkar' or 'Familial Reform' published in 1875 in the journal *Bangamahila* dedicated to discuss women's issues.⁶ It explicitly stated that any form of social reform should be predicated on the relevant reform within the familial sphere. It argued that 'any attempt to reform society without reforming the family is like watering a plant after having cut its roots.'⁷ Others, like the article 'Paribarik Niyamabali' or 'Familial Rules' in another women's journal *Mahila* drew interesting analogy between a family and a kingdom.⁸ It argued that just as a kingdom needed its rules and customs for the most efficient functioning, so did every family. Both required their own sets of laws to avoid unnecessary trouble and revolutions. Indeed a range of texts discussed the importance of having an able 'leader' or 'king' for families who would guide the inhabitants in the face of all possible hazards.⁹ They further elaborated on the required qualities of such a 'leader'. Thus conceived, the family was evidently perceived as a potential foundation of another form of kingdom in the making: the nation. The kingdom of family was the bridge between the lived realities of the British Empire in Bengal and the dream of a future nation.

These late nineteenth century publications on domesticity and domestic health were characterised by a sense of impending and abiding sense crisis within the institution of family. This chapter focuses on the recurrent discourse, which suggested that the Indian familial set up, characterised often as the 'ekannabarti paribar' or the 'joint family', suffered the risk of potential disintegration and collapse. Colonial rule, English education and the westernisation of social values were primarily indicated as critical factors engendering such a crisis in what was highlighted as the 'eastern hindu' life. The texts recurrently agonised over an excessive westernisation resulting in an extravagant, indulgent lifestyle.

⁵ See for instance Dipesh Chakrabarty, 'The Difference: Deferral of (A) Colonial Modernity: Public Debates on Domesticity in Colonial Bengal', *History Workshop*, 36, 1993, pp. 1- 36.

⁶ Anonymous, 'Paibarik Sangshkar' ('Familial Reform'), *Bangamahila*, 1, 10, 1875, pp. 234- 238.

⁷ *Ibid*, p. 234.

⁸ Anonymous, 'Paribarik Niyamabali' (Familial Rules'), *Mahila*, 9, 11, June 1904, pp. 300-301.

⁹ For instance see Nirupama Devi, 'Ekannabhukta Paribar er Ashanti Nibaran er Upay Ki?' ('What are the ways to pacify the problems in a Joint Family?'), *Antahpur*, 6, 9, January 1904, pp. 194-195.

The homoeopathic literature extensively engaged with the general discourse on the imminent crisis of the institution of family in Bengal. They engaged in a particularly strong critique of the wasteful consumerism resulting from ways of living inspired by the 'west'. Positing itself as an opposite to an unbridled wasteful consumerism initiated by the west, the homoeopathic discourse proposed a different, acceptable form of consumption for the nation. Consumption and practice of homoeopathy was considered ideal for the welfare of Bengali families. Practice of homoeopathy was upheld as a powerful response to the contemporary nationalist apprehensions over a possibility of dissolution of existing familial structures in Bengal. At one level, homoeopathy was written about as the most cost-effective, efficacious solution to domestic health problems. Simultaneously, its consumption apparently ensured an efficient functioning of domesticity. Widespread consumption of homoeopathic drugs therefore could guarantee the preservation of the familial health in Bengal on two counts: it ensured the well-being of the various members of a family while looking after the overall structure of the family itself. Homoeopathy, as this chapter would show, stood not merely as a health-care regime but a particular way of life inspired by certain specific nationalist ideals. As distinct from the self-centered, Europe-inspired, individualised consumption, use of homoeopathy signified an acceptable, desired, and indigenous form of consumption compatible with the commitment towards a moral economy of family. It promised to provide the best possible care to those most vulnerable in the familial/national framework: women and children.

This assertion of indispensability was contingent on confident claims of indigeneity. Taking cue from the extensive practices of homoeopathic translations discussed in the previous chapter, this chapter studies the simultaneous projection of homoeopathy as an indigenous therapeutic system. Such assertions were made by a range of publications dealing with the twin issue of homoeopathy as domestic health. Homoeopathy was most suitable for Indian households since it was indigenous, it was claimed. The various means, mediums and methods of asserting indigeneity has been explored in the chapter. It examines the ways in which perceptions of indigeneity were constituted around homoeopathy. It further shows how the texts established an opposition between the 'indigenous' and the world of consumption/ extravagance resulting from the evils of westernisation.

However, as the previous chapters have shown, homoeopathy was often emphasised as a medical doctrine imbued with western scientific rationale originating in eighteenth century Europe. The medical manuals prescribing homoeopathic remedy to domestic health

problems too highlighted its western roots.¹⁰ The chapter looks at the processes and assertions through which ‘homoeopathy’ negotiated its claims of being western and indigenous simultaneously. Negating the possibility of any pure ‘indigeneity’, it claimed to represent a pragmatic understanding of ‘tradition’ and ‘indigeneity’ that was necessary for a colonised people. This chapter then further complicates the existing historiography on revivalist efforts of knowing and recreating the past of the nation.

This chapter then is about the literal *domestication* of a western category based on its claims to *indigeneity*. How did an imported category negotiate with the everyday life of people in Bengal? How are claims of indigeneity constructed? In what ways are the ‘nation’ and the ‘indigenous’ related? How does a critique of unbridled consumption of European commodities ultimately lead to valorisation of certain specific forms of production? This chapter answers these questions while mapping how notions of domestication and indigeneity come together through elaborate, overlapping and shifting critiques of consumption within the familial sphere.

Section one maps the elaborate negotiations of authors writing on homoeopathy and domesticity with the nationalist revivalist proponents of ayurveda. It studies the ways in which despite acknowledging its western roots, homoeopathy was widely written about as a therapeutic practice ‘indigenous’ to India. Section two to four explores how such an indigenous practice was shown to be the ideal therapeutics for invigorating the degenerating colonial domesticities. Section two delves into the texts that interwove practical dimensions of homoeopathy with an ailing Bengali domesticity through a moral economy of thrift, moderation and self-sufficiency. Section three examines how such arguments were extended to highlight homoeopathy as the ideal indigenous practice equipped to address the perceived needs and vulnerabilities of Bengali women and children. Tracing the discussions around venereal diseases, section four studies the ways in which a homoeopathic ‘way of life’ was shown to impede the physical and moral degeneration of families. The final section focuses on the simultaneous discussions on Bengali households that were perceived as the ideal sites not only for the consumption, but also the production of homoeopathic knowledge and drugs.

¹⁰ See Anonymous, *Homoeopathic Mowt e Saral Griha Chikitsa*, Seventh edition, Calcutta: Batakrisna Pal and Company, 1926, pp. 1-2

Innovating Indigeneity

This section maps the contours of the homoeopathic claims to indigeneity. In a range of texts published in the Bengali print market since the third quarter of the nineteenth century homoeopathy's Indian roots were asserted. The texts included primarily homoeopathic domestic health manuals and articles in the leading journals published largely by the homoeopathic enterprises. Such texts often delved into homoeopathy's historical past and its history. The previous chapter has explored the specificities of homoeopathic translation in the Bengali print market. They unravelled the ways in which homoeopathy was being consciously translated by a section of Bengali authors so as to make it culturally commensurate with the larger Hindu, bhadrakalok predilections. This section maps the parallel efforts in identifying homoeopathy as the most legitimate and suitable form of healing for the Indians in view of its ancient Indian roots. These assertions included elaborate negotiations with simultaneous publications that claimed ayurveda or kaviraji medicine as part of authentic Indian classical past. Existing historiography has looked at the historical constitution of certain practices and ideas as 'indigenous', 'classical' or 'tradition from myriad registers as language¹¹, music¹² or gender identity.¹³ They have mapped the politics and imperatives inherent in such processes of the 'invention of tradition'.¹⁴ In the realm of medicine and healing, the issues of revivalism and the reinterpretation of ayurveda as an 'indigenous' practice have been studied recently.¹⁵ The case of homoeopathy further complicates these understanding in as much as an avowedly western category was indigenised by authors acknowledging its western roots. This section builds upon and scrutinizes a historiography that noted that despite its western origin, homoeopathy was 'naturalised' and 'indigenised' in India by the late nineteenth century. Writing in the early 1980s Surinder M. Bharadwaj argued that the terms of homeopathy's indigenisation in India derived from its purported affinity with the therapeutic principles of ayurveda. This chapter refrains from taking such 'affinities' and 'overlaps' between the two medical doctrines for

¹¹ Sumathy Ramaswamy, *Passions of the Tongue: Language Devotion in Tamil India 1891-1970*, Berkeley: University of California Press, 1997

¹² Janaki Bakhle, *Two Men and Music: Nationalism in the Making of an Indian Classical Tradition*, Delhi: Permanent Black, 2005. Also see Lakshmi Subramanian, *From Tanjore Court to the Madras Music Academy*, Delhi: Oxford University Press, 2006.

¹³ Lata Mani, *Contentious Traditions: the Debate on Sati in Colonial India*, Berkeley: University of California Press, 1998.

¹⁴ The phrase was famously coined by for the title of the book Eric J. Hobsbawm, Terence O.Ranger (ed.), *The Invention of Tradition*, Cambridge University Press, 1992.

¹⁵ Kavita Sivaramakrishnan, *Old Potions, New Bottles: Recasting Indigenous Medicine in Colonial Punjab, 1850-1945*, Hyderabad: Orient Longman, 2006.

granted. Rather, it looks at the processes and agencies through which such claims of ‘affinity’ came to be constituted. It argues that such assertions of being ‘indigenous’ and ‘natural’ to the Indian context was consciously and systematically propounded in the vernacular print market by physician/authors making careers out of writing on homoeopathy.

In their writings, the homoeopathic authors agreed upon ayurveda as the authentic, traditional medical knowledge that originated in the Indian soil. They recognised the importance of medicine ‘indigenous’ to a place. The article ‘Rog o Pashchatya Sabhyata’ or ‘Disease and the Western Civilisation’ in the Bengali journal *Hahnemann* for instance argued, ‘the place where one lives and his education and ways of life should be compatible. The ways in which people maintain their health in countries with cold weather like Europe or America is different from the requirements in India where six seasons prevail.’¹⁶ The introduction to the third manual in *Berigny and Company’s Bengali Homoeopathic Series* pointed out that the ancient Indian sages and other scholars from that time after much deliberation had delineated certain medical tenets for the benefit of the country.¹⁷ The homoeopathic texts showed much reverence to that traditional ayurvedic knowledge. For many such writers it was ‘a revealed system, originating as it did, from a class of people having the highest form of spiritual culture. They were the Indian Jogis and Rishis, - a class of God-intoxicated holy personages in the path of self- realisation.’¹⁸ It was further pointed out that the origin of ayurveda happened at a time ‘when India rose to her highest culture in every department of life, and could teach the whole world and she actually did so...Greece and Rome got their civilisation from India.’¹⁹

Sharing the pervasive nationalist anxiety, these homoeopathic texts regretted the blind imitation of west by Indians in every aspect of life. This tone, as we will see throughout the chapter, remained the central problematic in the homoeopathic discourse of the late nineteenth century, gaining particular momentum following the swadeshi movement in the twentieth century. The treatise *Rog o Arogyo* or *Disease and Cure* written by an ayurvedic

¹⁶ M. Chakrabarti, ‘Rog O Pashchatya Sabhyata’ (‘Disease and Western Civilisation’), *Hahnemann*, 3, 6, 1920, p. 215

¹⁷ Harikrishna Mallika, ‘Introduction’, *Sadrisa Byabostha Chikitsa Dipika (Glossary for Treatment According to the System of Similars)*, *Berigny and Company’s Bengali Homoeopathic Series Number III*, Calcutta: Berigny and Company, 1870, page number not cited.

¹⁸ N.Ghatak, ‘School of Medicine’, *The Hahnemannian Gleanings*, 1, 5, June 1930, p. 204

¹⁹ *Ibid*, p. 205

practitioner and dealing especially with the historical pasts of ayurveda and homoeopathy, elaborated on the essential differences between the east and the west.²⁰ It highlighted the deteriorating health of the Indians following this uncritical emulation of western ways of life. The author explained by adding, ‘every human being tends to worship those more powerful than him...when we were ruled by the Muslims, the people used to follow their customs...currently the English rule us. We are following them with all our might.’²¹ The homoeopaths were vociferous in pointing out the negative impact of this trend. Almost every aspect of Indian health, beginning with their life expectancy to their digestive capacity, were shown to be suffering. The authors cautioned against the apparent benefits of modern western civilisation, saying they were always underpinned with graver disadvantages. As an author satirically indicated, ‘just as western rule has enabled us to cover long distances very fast, so it has also made sure that we are covering our life span in a shorter time period and retiring from this world very fast.’²²

In that context, they emphatically condemned the consumption of western drugs advocated by the western allopathic treatment. The strong drugs used in the colder climate of west were considered unsuitable in the hot climate of India.²³ It was pointed out that allopathic treatment often involved the use of alcohol making them incompatible to Indian constitutions. The author of *Rog o Arogyo* argued that ‘the strong allopathic drugs are causing havoc to our people. The alcohol mixed strong drugs that are suitable for the daily-meat-eating powerful people of the west are too much for the vegetarian and amicable people of the east to handle.’²⁴

Respectful as they were of ayurveda’s potential, usefulness and suitability in India, the homoeopaths through their writings dwelt on what they considered to be the pathetic conditions of ayurvedic knowledge in contemporary India. The article ‘Bharatbarshe Homoeopathy’ or ‘Homoeopathy in India’ in the journal *Hahnemann* for instance began by describing the lost glory of ancient Indian civilisation where ayurveda had flourished.²⁵ The

²⁰ Surajit Dasgupta, *Rog o Arogyo (Disease and Cure)*, Mymensingh: Surajit Dasgupta, 1925.

²¹ *Ibid*, p. 19-32.

²² M. Chakrabarti, *Op cit* note 16, p. 215

²³ *Ibid*, p. 215-217

²⁴ *Ibid*, p. 217.

²⁵ G. Dirghangi, ‘Bharatbarshe Homoeopathy’ (‘Homoeopathy in India’), *Hahnemann*, 3, 11, 1920, p. 401.

texts lamented the fading importance of ayurveda under the influence of western values.²⁶ In an article on the Homoeopathic treatment of fever in the journal *Chikitsa Sammilani*, the author unequivocally stated, ‘under the aegis of allopathy our own customary medical science is suffering. For instance, earlier, Kaviraji was especially suitable for the cure of all kinds of fever. It is not so any more.’²⁷ The author stated that although ayurvedic knowledge was particularly suitable for Indians, there was an increasing absence of experienced reliable physicians. Hence, it was dangerous to advocate ayurveda as domestic medicine.²⁸ Indeed, the homoeopaths were vocal in pointing out the disappearance of efficient physicians from the ranks of the vaidas or kavirajes. The article ‘Rog o Pashchatya Sabhyata’ pointed out, ‘presently, ayurveda is in such a state that no one can be sure if there will be any existence of it another century from now. On the one hand there has been a drastic decrease in the number of physicians. Among those who still practice, there are hardly any outstanding physicians left.’²⁹ In a similar vein, the author of the third manual of *Berigny and Company Bengali Homoeopathic Series* feared that ‘only a handful of our revered, knowledgeable and competent physicians are still alive. Once they leave us, there are slim chances of the present generation to successfully carry their legacy forward.’³⁰ It was pointed out that the ayurveda was a ‘huge text’ that demanded ‘10/15 years of meticulous learning and practice.’³¹ The authors regretted that the younger generation lacked that dedication and often ‘declare themselves as physicians after having spent two or three years in learning.’³² While drug preparation was a critical aspect of ayurvedic treatment, it was alleged that the present physicians were mostly unaware of the precise properties of the plants and substances of which the drugs are prepared.³³ The authors specially cautioned against fake Kaviraji advertisements promising spectacular results in sexual disorders including the restoration of youthful vitality in old people.³⁴ It was argued

²⁶ Pranabananda Bhattacharya, ‘Chikitsa Jagate Ayurved er Sthan’ (Place of Ayurveda in Medical World), *Mashik Basumati*, 2, 1, 1945, pp. 91-92.

²⁷ Haranath Ray, ‘Homoeopathy Mowt e Jvar Chikitsa (‘Homoeopathic Treatment of Fever’), *Chikitsa Sammilani*, 3, 1886, p. 217-218

²⁸ *Ibid*, p. 221

²⁹ M. Chakrabarti, *Op cit* note 16, p. 217.

³⁰ Harikrishna Mallika, *Op cit* note 17, page number not cited.

³¹ Haranath Ray, *Op cit* note 27, p. 217- 219

³² *Ibid*, p. 219

³³ M. Chakrabarti, *Op cit* note 16, pp. 217-218

³⁴ Harendra Kumar Saha, *Bartaman Chikitsa Rahasya O Okal Mrityur Baan (Mysteries of Modern Medicine and Increase in Untimely Deaths)*, Faridpur: Bijoy Chandra Roy, 1922, p. 7.

that the modern practitioners of ayurveda survived on the fine reputation of the earlier generations.³⁵

The homoeopaths held that the failing reputation of ayurveda had necessitated the intervention of western medicine.³⁶ In a series of articles in the journal *Chikitsa Sammilani* the homoeopaths for instance elaborated on the inadequacies of ayurveda in contemporary society.³⁷ The article on homoeopathic treatment of fever asserted that in an age of overwhelming influence of science, it was inadvisable to rely only on traditional principles. He argued that ‘under foreign domination there has been tremendous change in our social context and with the advent of several new diseases there is dire need of modern medical knowledge. We cannot take it for granted that the way the Susrut, Charak, Bhagbat and Dhanwantary devised ayurveda, will be as effective in all times and in all social contexts.’³⁸ In short, these texts highlighted the need to reform, modernise and make ayurveda compatible for a modern colonised society.

Inefficient attempts at modernisation were considered futile and even dangerous. It was feared that such attempts ended up in mindless borrowing from allopathy. Homoeopathic writers scathingly noted that in the name of improvement and modernisation the ayurvedic practitioners simply imitated western medics. The so-called ‘healthy exchanges’ resulted in the growth of the allopathic repertoire while the originality of ayurvedic knowledge was tampered with. Commenting on the deplorable state of medicine in Bengal, an article in the journal *Bhishak Darpan* commented, ‘what difference do we have between kaviraji and daktari [vernacular term for western medicine] now?...we get abundance of potassium iodide in kaviraji salsa, quinine happily inhabits fever mixtures, and there is profusion of port wine which sells as drug for the pregnant women....’³⁹ Additionally they lamented the lack of competent personalities who could have rejuvenated ayurveda successfully.⁴⁰ An

³⁵ Haranath Ray, Op cit note 27, p. 220

³⁶ Harikrishna Mallika, Op cit note 17, page number not cited.

³⁷ See for instance Shashibhushan Mukhopadhyay, ‘Baidya Chikitshak er Ashumparnata’ (Inadequacies of the Kavirajes’), *Chikitsa Sammilani*, 8, 1891, pp. 269-272.

³⁸ Haranath Ray, Op cit note 27, p. 222.

³⁹ Ramesh Chandra Ray, ‘Chikitsar Her Pher’ (‘Changes in Treatment’), *Bhishak Darpan*, September 1911, p. 344

⁴⁰ Haranath Ray, Op cit note 27, p. 223

article in *Chikitsa Sammilani* dramatically concluded saying, ‘successful revival of ayurveda is like a fairy-tale. The pride of the Aryans has set forever.’⁴¹

In that context, homoeopathy was upheld as the most appropriate choice for Indians. Highlighting its modern, western and scientific roots, the homoeopaths elaborated on the reasons why homoeopathy still had legitimate claims to indigeneity. Evidently in conversation with the simultaneous practices of homoeopathic translations, these texts too highlighted the affinity between homoeopathic concepts and ancient Indian philosophical texts. In making such claims, the homoeopaths humbly admitted that ‘the main principle of homoeopathy was inherent within the large ayurvedic corpus.’⁴² In fact, there were contentious claims from the practitioners of ayurveda themselves regarding the ‘true’ origin of homoeopathy. In their defence against the attack from other medical systems, ayurvedic practitioners consistently upheld the antiquity of their doctrine. For instance, they frequently ascertained ancient Indian past as the ‘authentic’ origin of homoeopathy. Written in 1885 kaviraj Madhusudan Roy’s article ‘Abadhoutik ba Sadrisa Chikitsa’ or ‘Abhadhoutik or the Homoeopathic Medicine’ in the journal *Chikitsa Sammilani* was a representative text. It explicitly asserted, ‘the law which has made Hahnemann world famous had originally been invented by the now-fallen Aryans.’⁴³ The kaviraj by quoting a particular proverb in Sanskrit *shrutyote hi purolok e bishashya bishamoushadham* (poison is the best cure for posion) traced its origin its origin to a verse in the Charaka-Samhita considered one of the foundational texts in Sanskrit Ayurveda. He argued the verse to be containing the crux of homoeopathy. He then posited a complicated narrative, quoted European scholars like ‘Goldstucker’ and ‘Marshman’ to ascertain the antiquity of Charaka, and fixed it at around 900 B.C. Among others, vaidya raj Surajit Dasgupta Bhishak Shastri made identical assertions in his text *Rog o Arogyo* that was originally written as a lecture delivered at the twelfth session of the Mymensingh Ayurved Sabha. Mentioning the divine origin of ayurveda and discussing its greatness the author stated that the principle of ‘similars’ on which homoeopathy was based, was included in ayurveda as a viable curing principle. He argued that the Sanskrit verse ‘somoh somong samayati’ or ‘sadrisa sadrisen shamyoti’ in

⁴¹Ibid, p. 223

⁴² Ibid, p. 407

⁴³ Madhusudan Ray, ‘Abadhoutik ba Sadrisa Chikitsa’ (Abadhoutik or Homoeopathic Treatment’), *Chikitsa Sammilani*, 2, 1885, p. 146-161.

ayurveda denoted the exact meaning as the Latin phrase ‘similia similibus curanter’ later made famous by Hahnemann.

Such claims were hardly contested by writers propagating homoeopathy. In a range of texts dealing with homeopathy’s past and its claims of belonging to India, they referred to these assertions by ayurvedic practitioners and expressed solidarity with such a position. A typical text like *Susrut o Hahnemann* published in 1906 for instance delineated a detailed account of the historical origin and trajectory of ayurveda, western orthodox medicine or allopathy and homoeopathy.⁴⁴ Referring to Indian civilisation and ayurveda as the oldest of all, the author described how such doctrines travelled west primarily with the spread of Buddhism. On reaching Greece, some of the ayurvedic tenets were translated to Persian and Arabic that were again translated into Latin by the Romans. To the author it was therefore hardly surprising that ‘there is an underlying similarity between the fundamental principle of ayurveda and allopathy. The Aryans texts contained both the principles of cure- that based on similars and dissimilars. Since Hippocrates was influenced by ayurveda, he also mentioned the possibility of curing through the principle of similars.’⁴⁵ The writers on homoeopathy considered knowledge of these historical genealogies as extremely relevant since they put all kinds of medical knowledge in perspective. It was argued that these ‘historical truths’ explain why homoeopathy truly has deep roots in India. The author of *Susrut o Hyaniman* firmly asserted that although the possibility of cure by similars was included in ayurveda and other subsequent texts, it was not elaborated in a ‘systematic and disciplined manner’ before Hahnemann.⁴⁶ The homoeopaths emphasised that the greatness of Hahnemann lay in developing the fundamental principle given in ayurveda into a coherent body of knowledge.⁴⁷

Through their participation in discussions on contentious historical pasts, the promulgators of homoeopathy claimed to irrefutably establish homeopathy’s indigenous roots. As the author of the article ‘Ashar Alok’ or ‘Light of Hope’ in the journal *Hahnemann* summed conclusively up, ‘homoeopathy is our own Vedic property which has recently come back to us dressed in western attire. If we make it our own, with time it will be most efficient in

⁴⁴ Surendra Mohan Ghosh, *Susrut o Hyaniman (Susrut and Hahnemann)*, Calcutta: Bengal Medical Library, 1906, pp. 2, 6-11

⁴⁵ Ibid, p. 11

⁴⁶ Ibid.

⁴⁷ Ibid, p. 63

maintaining the power, health and resources of independent 'swaraj' India.'⁴⁸ The homoeopaths were so consistent in their assertion of homeopathy's indigeneity, that such an understanding was almost universal among them by the end of the nineteenth century. So much so, that the English manuals like *European Guide and Medical Companion in India* published from Britain advised homoeopathic remedy as ideal even for the European families travelling to India.⁴⁹ Written in 1895 with the 'chief object of giving instructions to European comers and sojourners in India for maintaining good health and avoiding tropical disease, which so often cut short their lives', the introduction itself declared that ' the treatment of the diseases is based on the homoeopathic principle.'⁵⁰

Along with these claims, the homoeopathic practitioners also made sincere, consistent efforts in demonstrating the proximity and compatibility between homoeopathy and ayurveda. The article 'Swarna' or 'Gold' in the journal *Hahnemann* for instance elaborated on how the therapeutic use of the substance gold identically resembled one another in ayurveda and in homoeopathy although ayurveda had indicated it thousands of years prior to Hahnemann's discovery.⁵¹ There were repeated attempts in synthesising certain features of the two doctrines. Interestingly, the author of all the manuals in *Berigny and Company's Bengali Homoeopathic Series* Harikrishna Mallika used the epithet of 'vaidya kulaja' meaning 'of the vaidya caste'. In the second manual of the series titled *Sadrisa Byabastha Jvar Chiktsha*, or the *Homoeopathic Treatment of Fever* published in 1871, the author highlighted the importance of consulting ayurvedic texts for the most relevant classification of Indian fevers unavailable in most texts of European medicine.⁵² He claimed to have synthesised the knowledge of such classification from ayurvedic texts of Susrut, Madhab etc with the treatments suggested in the texts of homoeopaths like Tsar, Laurie, Gaurency and others to prescribe the most effective remedies.⁵³

Attempts at synthesis had myriad manifestations. Appropriate and disciplined diet was considered a critical aspect of homoeopathic cure.⁵⁴ Accordingly, a number of manuals

⁴⁸ Kalikumar Bhattacharya, 'Ashar Alok' ('Light of Hope'), *Hahnemann*, 7, 2, 1924, p. 80

⁴⁹ Gangadin, *European Guide and Medical Companion to India*, Westminster: Roxburgh Press, 1895.

⁵⁰ *Ibid*, Introduction, pp. i-vi.

⁵¹ S.C.Dey, 'Swarna' ('Gold'), *Hahnemann*, 22, 3, 1939, pp. 161-169

⁵² Harikrishna Mallika, *Sadrisa Byabastha Jvar Chiktsha*, Berigny and Company's Bengali Homoeopathic Series No II, Calcutta: J.G.Chatterjee and Co's Press, 1871.

⁵³ *Ibid*, Preface, page number not cited.

⁵⁴ See Sarat Chandra Dutta, *Primary Guide to Homoeopathy or Companion to the Family Medical Chest*, Calcutta: Homoeopathic Medical Hall, 1899.

extensively and carefully discussed the food that was to be consumed in various stages of treatment. The manual *Pathya – Nirbachan* or *Selection of Diet* for instance stated explicitly, ‘since homoeopathic drugs are very subtle and gentle, they cannot function half as efficiently with adverse substances. Therefore, it is crucially important in homoeopathy, much more than in all other forms of healing, to be vigilant of the food habit and lifestyle of the patient.’⁵⁵ These included quotidian practices of eating, their timing, the routine of everyday life and so on, as hinted by texts like *Garhasthya Svasthya o Chikitsa Bigyan* or *Domestic Health and Treatment*. Such regulations were often imbued with distinctly nationalist resonances. It was repeatedly pointed out that the homoeopathic drugs worked best with indigenous food. Emphasising the importance of the freshness and quality of ‘deshiya khadya’ or indigenous food over western imported food and milk, the author of *Homoeopathy Mowt e Saral Griha Chikitsa* or *Simple Domestic Treatment According to Homoeopathy* stated, ‘for these reasons western diet is incompatible with homoeopathic healing’⁵⁶ In the third chapter of his manual *Pathya-Nirbachan* in 1925, homoeopath H.N. Mukhati in fact discussed the ayurvedic notion of ‘tridosha’ or the three bodily humours ‘bayu’, ‘pitta’ and ‘kaph’ whose derangement were essential to the ayurvedic concept of disease. He argued,

It is advisable to adopt the ayurvedic idea of diet along with homoeopathy as the former is ideally suited for our country. In following the logic of ayurvedic diet it is mandatory to know the essentials of bayu, pitta and kaph as they are the foundations of ayurvedic shastra.⁵⁷

It will not be perhaps out of place to mention that such trends of assimilation and ‘harmonisation’ of the principles of both doctrines continued on the part of the homoeopaths. A culmination of this trend may be seen in the book *The Science of Tridosha* written by homoeopath Benoytosh Bhattacharya in 1951 which has received some historiographic attention.⁵⁸ Published from America, the book based on Bhattacharya’s writings in the journal *The Homoeopathic Bulletin* had multiple editions. Bhattacharya who strongly felt that ‘homoeopathy is the only dynamic system of medicine available to mankind, thanks to the great genius of its founder, Samuel Hahnemann’ firmly held that ‘in

⁵⁵ H.N.Mukhati, *Pathya Nirbachan (Selection of Diet)*, Dacca, 1925, p. 7.

⁵⁶ Anonymous, Op cit note 10.

⁵⁷ H.N.Mukhati, Op cit 55, p. 17

⁵⁸ See Donald Warren, ‘The Bengali Context’, *Bulletin of the Indian Institute of History of Medicine*, 21, 1991, 17-51.

order that this dynamic system may be made full use of, it is absolutely necessary that the Tridosha methods should be applied to homoeopathy for the benefit of mankind.’⁵⁹

Frail Families, ‘Endangered Grihasthas’⁶⁰

This section explores the realm of quotidian domestic health in Bengal. Equally, it traces elaborate discussions on the vitality of the institution of family itself. The literature on homoeopathy intricately weaved these two distinct nineteenth century discourses together. Crisis of domesticity and familial structure was a recurrent theme reflected in various socio-medical journals and contemporary social anthologies. These included journals dealing with issues relating to everyday domesticity and the home (for e.g. *Grihastha*, *Grihasthamangal*); those broadly dealing with health and medicine (for eg. *Swasthya*, *Bhishak Darpan*, *Chikitsa Sammilani*) or journals dedicated exclusively to themes of women and household (eg. *Mahila*, *Antahpur*, *Bangamahila*). These journals frequently reflected on contemporary socio-familial concerns and prescribed a range of allopathic, homoeopathic and ayurvedic drugs for various diseases. The themes and explanations of crisis elaborated in this literature featured as well in specifically homoeopathic manuals, journals or contributions to the general medical literature. This section along with the following two will deal with the homoeopathic engagement with and resolution of various aspects of the discourse on familial crisis. Citing homeopathy’s unique features, distinct from any other form of medical knowledge, its indigenous roots and compatibility with Indian situations, the texts recurrently highlighted it as an ideal remedy to such crisis. Its peculiarity lay in being able to simultaneously and most efficiently manage health of individuals as well as Bengali families.

A wide range of writings in the late nineteenth century compared and differentiated between familial experiences in the east and the west. An article in the journal *Grihastha* for instance characterised the Hindu Bengali social existence as a ‘collective’ as opposed to the ‘individualistic’ western families.⁶¹ It argued that it was rather difficult to perceive any

⁵⁹ Benoytosh Bhattacharya, ‘Preface’ in *Science of Tridosha*, Calcutta: Firma K.L.Mukhopadhyay, [1951]1975, page number not cited.

⁶⁰ Raimohan Bandopadhyay, *Homoeopathic Griha Chikitsak (Homoeopathic Family Physician)*, Calcutta: Gurudas Chattopadhyay and Sons, 1926, dedication page.

⁶¹ Radhakamal Mukhopadhyay, ‘Madhyabitta srenir durobostha’ (‘Wretched Condition of the Middle Class’), *Grihastha*, [Ben:Ashadh], 1913, p. 573.

Hindu to be completely dissociated from his extended kinship network.⁶² An earlier article termed 'Bange Ekannabarti Paribar' or the 'Joint Family in Bengal' in *Grihasthali*, in the same vein argued that the joint family or the 'ekannoborti poribaar' was the natural familial set up in Bengal.⁶³ As distinct from the western families that has emerged out of western materialism, the Indian joint family was argued to be a 'natural growth' peculiar to Hindus.⁶⁴ It was shown to have had a long genealogy from the time of the Hindu epics like the *Ramayana* and the *Mahabharata*. As opposed to the individualised existence in the west, the Hindus were meant to be caught up in a collective existence with responsibility beginning with the immediate family but eventually going beyond to the society and caste.⁶⁵ The traditional caste system in fact helped strike a necessary balance between an individual and a collective existence.⁶⁶

According to these authors, a unique tie of affection and love bound such eastern families. Such affective tie between the brothers kept the several units together within a larger familial set up. The texts argued that the concept of family in the east was inspired by a positively higher ideal of living involving qualities like 'sharing, compassion, respect and love'⁶⁷ as well as 'obedience, sacrifice, selflessness'.⁶⁸ Such ideals entailed even sacrificing ones own life for the happiness of others in the family.⁶⁹ Indeed, these discourses on familial crisis had a strong focus on happiness. It was consistently argued that the eastern notion of happiness was not necessarily contingent on family fortunes. The article 'Sukhi Paribar' or 'Happy Family' in the journal *Mahila* for instance asserted, 'our ideal of happy family is different...family to us is a divine institution...hence real happiness is not contingent on wealth.'⁷⁰

Such discourses often acknowledged that the western individualistic set ups ensured financial wellbeing of its members.⁷¹ Such arrangements were still condemned as selfish and ethically unsound. An article in the journal *Antahpur* for instance deeply lamented the

⁶² Ibid

⁶³ Anonymous, 'Bange Ekannabarti Paribar' ('Joint Family in Bengal'), *Grihasthali*, 1, 4, 1884, pp. 94- 96

⁶⁴ Ibid.

⁶⁵ Radhakamal Mukhopadhyay, Op cit note 61, p. 573

⁶⁶ Ibid, p. 583

⁶⁷ Anonymous, Op cit note 63, p. 95

⁶⁸ Bhudeb Mukhopadhyay, *Paribarik Prabandha (Essays on Family)*, Third Edition, Hooghly, Budhoday Jantra, 1889, p. 183.

⁶⁹ Nirupama Devi, Op cit note 9, p. 197

⁷⁰ Anonymous, 'Sukhi Paribar' ('Happy Family'), *Mahila*, 9, 8, March 1907, p. 207

⁷¹ Anonymous, Op cit note 63, p. 96

breakdown of Indian joint families into nuclear units inspired by examples from the west.⁷² It stated that although the smaller units sometimes lived comfortably on their own, it was hardly acceptable from a socio-moral point of view.⁷³

Eminent social commentators like Bhudeb Mukhopadhyay however talked about the economic advantages of the joint familial set up in Bengal.⁷⁴ He argued that in the absence of the European Poor Law or the Life Insurance system in India, the eastern joint familial arrangement provided immunity against financial problem.⁷⁵ It was further argued that poverty and pecuniary constraint was one of the major factors that helped the emergence of the joint family. The system traditionally stood as a strong guard against individual economic difficulty since people with disparate income could help each other.

These texts were unanimous in their explanation and concern about the dangers threatening the institution of family in India. Encounter with the west, blind imitation and incorporation of western social values were considered immensely detrimental to the Hindu familial life.⁷⁶ Being exposed to English education and upbringing in a western way in the cities was considered immensely harmful. It was thought to be causing dislocation in the fundamentals of everyday life including child-rearing, food habits, medication, education and the like.⁷⁷ The authors lamented the complete loss of self-identity of Indians in such contexts.⁷⁸ It was argued that

The Indians seemed to have made up their mind regarding the fact that everything western – the ways, customs, social norms, systems are all good, while everything indigenous is bad. All things they [the westerners] do are scientific while everything Indians ever did is superstitious... by denying indigenous weather, food, clothes, recreation, music etc and trying to emulate English in all these spheres, we are being weak, coward, unhealthy and poor by the day.⁷⁹

⁷² Nirupama Devi, Op cit note 9, p. 194

⁷³ Ibid.

⁷⁴ Bhudeb Mukhopadhyay, Op cit note 68, p. 182

⁷⁵ Ibid, p. 183

⁷⁶ Radhakamal Mukhopadhyay, Op cit note 61, p. 569-573.

⁷⁷ Anonymous, Op cit note 63, p. 3

⁷⁸ Anonymous, 'Hay, Unnati!' ('The Farce of Improvement'), *Grihsthamangal*, 5, 5, 1931, pp. 85-86.

⁷⁹ Basanta Kumar Choudhury, 'Baje Kharach' ('Bad Expenditure'), *Grihasthamangal*, 5, 2-3, 1931, p. 35

The texts further argued that emulation of western values generated a false sense of independence that led individuals towards a selfish existence only around ones wife and children.⁸⁰ It often involved embittering ones relation with close relatives.

An alarming increase in human needs coupled with intense consumption and extravagance was characterised as an obvious fall out of this blind westernisation. The contemporary time was suggested to be in the '*bhog marg*' i.e. in a stage that could be defined solely in terms of consumption.⁸¹ '*Bilash*' or luxury and '*Bhog*' or consumption was identified as the two most potent evils of the western modern lifestyle. An article in the journal *Grihastha* for instance designed an average expense sheet for Bengali families of different middle class vocations.⁸² The table revealed an inclination to spend most in luxury items particularly over education and health. A number of texts identified this inclination towards overconsumption as the crucial factor disturbing the foundation of familial structures. Many quoted real instances from contemporary society where excessive emulation and consumption of western goods and values caused disintegration of families.⁸³

The texts simultaneously pointed out the fall out of such unrestricted consumption in the west. They elaborated on the extreme social conditions generated by extravagance. It was argued that the gap between different social classes was ever on the rise in the west.⁸⁴ As Amaresh Kanjilal argued in his manual *Byaktigato Arthaneeti* or *Personal Economics*, 'in the present world, the countries that are consuming the most, however bright their exteriors are, internally they are suffering ...they are bound by never-ending debt cycles...'⁸⁵

In these texts dealing with the ill health within Indian families, over-consumption and extravagance were identified as the central problems. Judicious management of familial wealth and economy therefore emerged as a crucial theme in almost all texts. It was argued that although joint families guarded against individual economic problems, the most serious threat faced by them was also economic in nature. Many texts dealt with the theme of disparate income of brothers as causing major familial tension.⁸⁶ Indeed, Bengali literature of the time is replete with instances of authors elaborating on such themes of

⁸⁰ Nirupama Devi, Op cit note 9, p. 194.

⁸¹ Amaresh Kanjilal, *Byaktigato arthaneeti (Personal Economics)*, Calcutta: Samyo Press, 1921, pp. 1-21.

⁸² Radhakamal Mukhopadhyay, Op cit note 61, pp. 572-573

⁸³ See Basanta Kumar Choudhury, Op cit note 79, pp. 31-33. Also see Anonymous, Op cit note 78, pp. 85-86.

⁸⁴ Radhakamal Mukhopadhyay, Op cit note 61, p. 581.

⁸⁵ Amaresh Kanjilal, Op cit note 81, pp. 1-21.

⁸⁶ See Nirupama Devi, Op cit note 9, p. 198-199.

disintegration.⁸⁷ The authors repeatedly emphasised the importance of thoughtful expenditure and saving. It was argued that one should only invest on things that would bear long-term fruits. Knowing and making sense of ‘*Dhanabigyan*’ or ‘Economics’ was shown to be of crucial importance in running a family. Quoting western economists such as Adam Smith and Ruskin these texts particularly warned the grihasthas or householders against wasting familial resources.⁸⁸ Bhudeb Mukhopadhyay’s authoritative tract on the institution of family in late nineteenth century Bengal had an entire chapter devoted to ‘Artha Sanchay’ or ‘Codes of Saving’.⁸⁹ This chapter and the one following it enumerated several means to manage familial wealth suited to grihasthas in Bengal. The Marwaris and the Jains, Bhudeb argued, were most efficient among Indians in managing and preserving familial assets.

The homoeopaths extensively engaged with this pervasive discourse on the degenerating condition of family in Bengal. Consumption of homoeopathy, they argued, at once took care of the domestic suffering of the people as well as the fundamental problems faced by the institution of family itself. In the process, homoeopathy also pledged in making amateur physicians from ordinary householders in Bengal – who will be competent in taking care of their own selves and their families. The rest of this section will discuss these homoeopathic strategies.

Directed specifically to the grihasthas⁹⁰ or the householders, the homoeopathic texts recurrently emphasised on a series of qualities that made homoeopathy indispensable within every household over other forms of medicine. Consumption of homoeopathic drugs were characterised as absolutely ‘safe and painless with literally no or very mild side effects.’⁹¹ They were so harmless that they ‘could be safely consumed by all- from new born babies to old people.’⁹² It was moreover emphasised that the pleasant taste of the drugs as opposed to

⁸⁷ Joint familial troubles were at the heart of a range of novels written by the eminent Bengali novelist Sarat Chandra Chattopadhyay (1876-1938). Set in colonial Bengal, those dealing centrally with such joint familial crisis based on financial management were *Nishkriti* (1917), *Bindur Chhele*, *Ram er Sumati*, *Mejdidi* etc.

⁸⁸ Radhakamal Mukhopadhyay, Op cit note 61, pp. 570-571.

⁸⁹ Bhudeb Mukhopadhyay, Op cit note 68, p. 186-191.

⁹⁰ The category ‘Bhadralok’ dominates the existing historiography of South Asia as the representative of literate middle class. Mapping the various contours of the category has been the fodder for an extensive range of studies. The homoeopathic texts, however, were unanimous on their focus on the figure of the ‘Grihastha’ or the middle class male in his familial context, i.e. as the householder.

⁹¹ Satyacharan Laha, ‘Advertisement’ in *Homoeopathic Griha Chikitsa*, Calcutta, 1914, page number not cited.

⁹² ‘Advertisement of Improved Homoeopathic Griha Chikitsa’ in *Benimadhab Dey and Company Almanac*, Calcutta: Benimadhab Dey and Company, 1896-97, page number not cited.

any other form of medicine made them especially suitable for children who ‘show positive interest in consuming homoeopathic drugs.’⁹³ The mild gentle nature of the drugs made them suitable for consumption by women too. It was argued that in ‘diseases related to pregnancy as well as for infants, even physicians professing other medical systems often advised homoeopathic drugs.’⁹⁴ In addition, some of the texts highlighted that ‘since the Bengalis are becoming debilitated by the day, they can hardly stand the strong remedies of other heroic therapies. Therefore, the tasty, minute, useful homoeopathic medicines are the most suitable for them.’⁹⁵

However, the best quality about homoeopathic drugs was that they were extremely economical. Not only were they cheaply priced, they were also advertised as long lasting to the extent that it was believed that ‘if kept with care, fresh homoeopathic drugs lasts for years.’⁹⁶ It was further emphasised that a very small amount of the drug needed to be consumed at a time.⁹⁷ Thus it was explicitly pointed out that ‘whereas a simple fever mixture for a week of other kind of treatment costs a patient around Rs. 4-5, homoeopathic drug worth Re. 1 can easily cure 5-6 such patients.’⁹⁸ Given these advantages, the texts claimed that it was only natural that the homoeopathic family medical guides were extremely popular in Bengali families. The introduction to the seventh edition of the manual *Homoeopathic Mowt e Saral Griha Chikitsa* or *Simple Home Treatment according to Homoeopathy* noted, ‘that we are compelled to publish repeated editions of this book so often, clearly indicates that it is widely accepted by all.’⁹⁹ Writing in 1926, the author of the manual *Homoeopathic Griha Chikitsak* therefore confidently hoped that the ‘book will circulate equally, just like an almanac, among poor Indians as well as among the rich residing in palaces.’¹⁰⁰

⁹³ Jagachandra Raya, *Garhasthya Svastha ebong Homoeopathic Chikitsa Bigyan*, Calcutta: Harendranath Roy, 1917, p. 251

⁹⁴ Anonymous, ‘Preface’, in *Homoeopathy Mowt e Adorsho Griha Chikitsa*, Calcutta: The Standard Homoeopathic Pharmacy, 1914, page number not cited.

⁹⁵ Raimohan Bandopadhyay, *Homoeopathic Griha Chikitsak*, Calcutta: Gurudas Chattopadhyay and Sons, 1926, Dedication page.

⁹⁶ Anonymous, Op cit note 10, pp. 13-14.

⁹⁷ ‘Advertisement of Improved Homoeopathic Griha Chikitsa’, Op cit note 92.

⁹⁸ Anonymous, ‘Letter to the Editor’, *Swasthya*, 4, 8, 1900, p. 238.

⁹⁹ Anonymous, ‘Introduction’, Op cit note 10, page number not cited.

¹⁰⁰ Raimohan Bandopadhyay, Op cit note 95, Dedication page..

The texts argued that the greatest advantage associated with the practice of homoeopathy was the virtue of being self-sufficient in terms of one's health.¹⁰¹ It was the most appropriate response to the nationalist anxiety related to loss of self-respect and an attitude of dependency that allegedly characterised the Indians. There was an evolving genre of self-help manuals like *Grihasta Darpan*, which promised to equip the grihasthas with the knowledge of procuring several everyday necessities themselves.¹⁰² Self-sufficiency in terms of health was regarded as a fundamental requirement of the grihasthas. Writing in 1901 an article entitled 'Atma Nirbharata' or 'Self Sufficiency' in the journal *Swasthya* for instance observed, 'like in other respects, self reliance in terms of one's own health as well as the health of one's family is an absolute necessity.'¹⁰³ The article pointed out that if the householders had to visit a doctor or a kaviraj on every domestic complain, it would be extremely taxing on the familial budget. Accordingly, the homoeopathic texts unanimously claimed to teach the 'endangered grihasthas'¹⁰⁴ in Bengal the fundamentals of cure. Written for the 'grihasthas and the literate women'¹⁰⁵ these texts promised to be 'easy guides to various diseases, their special symptoms and the relevant drugs.'¹⁰⁶ The complicated scientific explanations however were often purposefully left out to make the books usable to the lay people.¹⁰⁷ The books explicitly stated that they wanted to empower the grihasthas with enough curative power to make the figure of the physician completely redundant in everyday life.¹⁰⁸ Writing in 1902, author Hariprasad Chakrabarti for instance stated that the knowledge of homoeopathy would 'equip grihasthas to easily look after their own families in simple diseases and in cases of major ailments too they can apply drugs which may act as prophylactic to a certain degree.'¹⁰⁹ It was argued that only in cases of rapid aggravation

¹⁰¹ This aspect of homoeopathy has been hinted in the article David Arnold and Sumit Sarkar 'In Search of Rational Remedies: Homoeopathy in nineteenth century Bengal', in Waltraud Ernst (ed.) *Plural Medicine, Tradition and Modernity, 1800-2000*, London and New York: Routledge, 2002, 40-54. However, this chapter contextualises the appeal of such a quality characterised as homoeopathy's 'do-it-yourself' aspect within its broader political (both familial and national) context.

¹⁰² For instance see Purnachandra Mukhopadhyay, *Grihasta Darpan (Mirror of Domesticity)*, Calcutta: Basumati Sahitya Mandir, 1932. Also see Amaresh Kanjilal, Op cit note 81.

¹⁰³ Anonymous, 'Atma Nirbharata' ('Self Sufficiency'), *Swasthya*, 3, 7, 1899, pp. 204-205.

¹⁰⁴ Raimohan Bandopadhyay, Op cit note 95, Dedication page.

¹⁰⁵ Anonymous, 'Preface', Op cit note 10, page number not cited.

¹⁰⁶ Jagachandra Raya, 'Preface', Op cit note 93.

¹⁰⁷ Ibid

¹⁰⁸ Khetrnath Chattopadhyay, 'Advertisement' in *Homoeopathic Griha Chikitsa (Homoeopathic Domestic Treatment)*, First edition, Calcutta: People's Press, 1887. Also, see Anonymous, Op cit note 10, pp. 26-27.

¹⁰⁹ Hariprasad Chakrabarti, Preface, *Homoeopathic Bhaishajya Tattva o Chikitsa Pradarshika (Guide to the Materia Medica of Homoeopathic Treatment)*, Calcutta: Chikitsa Tattva Jantra, 1902, page number not cited.

one needed to consult a physician.¹¹⁰ Thus, knowledge of homoeopathy enabled people to treat oneself, his family, immediate neighbours and in the process help the nation.¹¹¹

The virtue of self-reliance was shown to be important beyond economic necessities. It was argued that often the grihasthas had to move to places with their wife and children for work where doctors were unavailable.¹¹² Homeopathic knowledge was of special help in villages and places away from the cities where qualified physicians were hard to find.¹¹³ The manuals in that context gave repeated assurance to its readers of the vastness of the repertoire of homoeopathic drugs.¹¹⁴ An advertisement of *Improved Homoeopathic Griha Chikitsa* summed up their offer saying, 'these are meant for the grihasthas to cure themselves and their family without the help of any doctor or kaviraj at minimal price.'¹¹⁵

The homoeopathic domestic chest or box was highlighted as the most glaring symbol of the self-sufficiency associated with the consumption of homoeopathy. Most texts advertised a range of boxes of various shapes and contents. These boxes along with the domestic medicine manuals were considered essential in enabling the householders to treat themselves. In their manual *Homoeopathy Mowt e Saral Griha Chikitsa*, Batakrishna Pal and Company for instance advertised Garhasthya o Sadharan Chikitshar Baksho or Boxes for Domestic and General Treatment.¹¹⁶ It presented boxes filled with 24 chosen drugs along with one domestic medicine manual, to those which came with 104 chosen drugs, 6 drugs for external use and one 'good quality' family health manual.¹¹⁷ The prices ranged between Rs 8 and 48 respectively. There were extensive advertisements by various homoeopathic pharmacies that promised to send catalogues of their boxes by post.¹¹⁸ The boxes were written about as essential items for the everyday household.¹¹⁹ Often the manuals discussed at length the various rules of storing such boxes away from strong smell and sunlight as on the description of the different components within each box.¹²⁰

¹¹⁰ Anonymous, Op cit note 10, pp. 26-27.

¹¹¹ Ibid

¹¹² Khetranath Chattopadhyay, Op cit note 108.

¹¹³ Jagachandra Raya, Preface, Op cit note 93.

¹¹⁴ Sarat Chandra Dutta, 'Preface' Op cit note 54.

¹¹⁵ 'Advertisement of Improved Homoeopathic Griha Chikitsa', Op cit note 92.

¹¹⁶ 'Advertisement of Garhasthya o Sadharan Chikitshar Baksho', in Anonymous, Op cit note 10.

¹¹⁷ Ibid.

¹¹⁸ For instance, see 'Advertisement of Chowdhury Brothers Chemists and Druggists', *Grihasthamangal*, 3, 1, 1929, page number not cited.

¹¹⁹ 'Advertisement of Improved Homoeopathic Griha Chikitsa', Op cit note 92.

¹²⁰ Jagachandra Raya, Op cit note 93, pp. 195-197

Together these texts demonstrated a fracturing of homoeopathy's professional identity and domain of expertise. Homoeopathy was written about as a science that could be mastered at home. The domestic medicine manuals with their deeply pedagogic tone promised to make amateur physician out of every lay householder. Sarat Chandra Dutta's *Primary Guide to Homoeopathy* for instance claimed that, 'with the said medical chest and a prescriptive manual, those who know absolutely nothing about medicine can also treat general cases.'¹²¹ The manuals included careful details of how to diagnose and detect symptoms of various diseases.¹²² They also had minute instructions on how and in what frequency one needed to change drugs. The books acted also as guides on how to adjust the doses. Most of the texts were careful about their design. The preface to *Shishu Rog Samhita* by Narayan Chandra Basu for instance justified why the author had put the disease histories first, saying it would be most useful for the readers while treating their children.¹²³ Some of the domestic manuals like *Homoeopathic Griha Chikitsa* written by Satyacharan Laha even guaranteed its readers of becoming practicing physicians of homoeopathy through meticulous reading.¹²⁴ These empowering assurances of homoeopathy were often criticised by others. The article 'Chikitsay Her Pher' or 'Variations in Treatment' in the allopathically inclined journal *Bhishak Darpan* for instance powerfully argued for the relevance of specialisation in medicine.¹²⁵ Homeopathy's role in diffusing the notion of professionalisation was particularly condemned. It was held that homoeopathy tried to be so much in conversation with the ideas of independence, swaraj and boycott that 'the grihasthas has stopped consulting the physicians regarding matters medical, they are guided by the advice from their wife, or may be even servants!'¹²⁶ The author cautioned his readers against such 'dangerous trends'.

The virtues of 'svabalambita' i.e. self-reliance and 'mitabyayita' i.e. sense of judicious spending were shown to be intricately related.¹²⁷ As we have seen, the literature concerned

¹²¹ 'Advertisement of Indian Homoeopathic Hall' in Sarat Chandra Dutta, Op cit note 54.

¹²² For instance see, Mahendranath Ghosh, *Soudaminir Dhatri Shikkha ebong Garbhini o Prashuti Chikitsa (Guidelines on Midwifery, Pregnancy and Reproductive Health Enunciated by Soudamini)*, Calcutta: Bharat Mihir Jontro, 1909.

¹²³ Narayan Chandra Basu, 'Preface' in *Shishu Rog Samhita (Compendium of Children's Disease)*, Calcutta: Sadhana Library, 1922, page number not cited.

¹²⁴ Satyacharan Laha, 'Bigyapon or Advertisement' in *Homoeopathic Griha Chikitsa (Homoeopathic Domestic Treatment)*, Calcutta: Akhil Chandra Shil, 1914, page number not cited

¹²⁵ Ramesh Chandra Ghosh, 'Chiktshay Her Pher' ('Variations in Treatment'), *Bhishak Darpan*, September 1911, pp. 340-347

¹²⁶ *Ibid*, p. 341.

¹²⁷ Amaresh Kanjilal, Op cit 81, pp. 1-21.

with the preservation of family in Bengal put much premium on balanced familial expenditure and savings. Overtly nationalist texts like *Byaktigata Arthaneeti* argued that the economic problem of nations had to be essentially negotiated in the ‘nityo jibon’ or everyday life of its people within their domestic spaces.¹²⁸ Such texts often recommended homoeopathic knowledge as useful in taking care of the health of the family without the intervention of physicians. It simultaneously emphasised that it was necessary for every household to be extremely careful of its expenses. Indeed, it encouraged its readers to imagine every household as a ‘germane technical school’ engaged in perfectly balanced accounting.¹²⁹ A judicious sense of economy and balance was therefore required of every householder. The article ‘Daijik Joma Kharach’ or ‘Bodily Saving and Expenditure’ in the journal *Svasthya* reminded its readers of how the bodily expense and saving was directly analogous to the balance sheet of familial expenditure and saving with implications in the larger society.¹³⁰

The homoeopathic texts were in particular conversation with this literature. It condemned the Bengali fascination for expensive allopathic drugs. It was argued that consumption of allopathy signified the larger culture of extravagance and luxury that was set in motion by western modernity.¹³¹ These texts lamented that the Bengali grihasthas were easily carried away by the allopathic drugs imported from Britain. They held that allopathic treatment made them indulge in injections on the slightest pretext and conduct unnecessary tests for simple diseases like fever. The cheap price of homoeopathic drugs in comparison to both allopathy and kaviraji was emphasised. In terms of its indigenuity and its virtue of economy, this literature often upheld homoeopathy as ‘natural’ – almost as cheap and essential as the elements of nature. In view of its cost, it was compared with wind, water, food and other elements essential for living that had been provided free of cost by nature. As the author of the article ‘Homoeopathy Aushadh er Mulya’ or ‘Price of Homoeopathic Drugs’ in the journal *Hahnemann* stated, ‘although it costs a little to collect the plants and to prepare the drugs, yet so minute are the doses, each patient may be cured with as less as one paisa.’¹³²

¹²⁸ Ibid.

¹²⁹ Ibid.

¹³⁰ Anonymous, ‘Daijik Joma Kharach’ (‘Bodily Saving and Expenditure’), *Svasthya*, 3, 8, 1899, p. 232-236.

¹³¹ Nilmani Ghatak, ‘Allopathy r Moho’ (‘The Allure of Allopathy’), *Homoeopathy Paricharak*, 2, 5, August 1928, pp. 165-168.

¹³² M.Chakrabarty, ‘Homoeopathy Oushadh er Mulyo’ (‘Price of Homoeopathic Drugs’), *Hahnemann*, 5, 8, 1923, p. 419.

Homoeopathy, in that, was the only form of treatment that could erase the existing social distinctions between the rich and the poor, he argued.¹³³

It was further pointed out that not only the drugs, but homoeopathic publications too were extremely cheap and denoted value for money. Thus a typical advertisement for the homoeopathic manual *Chikitsa Darpan* stated, ‘the book is all of 1250 pages, divided into seventeen chapters. Not bearing profit in mind its price has been fixed at a level which is accessible by everyone.’¹³⁴ Consumption of homoeopathy was regarded economical not only for every family but for the nation as a whole. Thus, the article ‘Homoeopathy Sombondhe Du Ekti Kotha’ or ‘One or Two Words about Homoeopathy’ in the journal *Hahnemann* noted,

Allopathic drugs have been introduced by the English rulers and they earn millions of rupees by selling those drugs in India. Homoeopathy has been introduced much later and independent of the English. The drugs are primarily imported from America and Germany. Besides, initiatives are being taken to produce them indigenously with Indian flora and fauna.¹³⁵

A Necessary Tool for the ‘Ideal Hindu Wife’¹³⁶

A prominent theme in the literature dealing with the degeneration of familial structure in Bengal was the ‘women’s question’. It is well established in the historiography of South Asia that for all its goals of reform and emancipating promises the patriarchal, nationalist discourse on women demarcated home as the ideal space for women. Embodied as the true essence of the nation’s culture and spirituality, the role of women was predominantly seen as that of a ‘*grihalakshmi*’ or the goddess of home.¹³⁷ The nationalist discourse on woman laid crucial importance on granting women autonomy and power within the realm of the household. However, it has been also pointed out that the rhetoric and idealised notions of liberation and autonomy did not necessarily correspond to the reality.¹³⁸ Taking cue from

¹³³ Ibid, p. 419.

¹³⁴ ‘Advertisement of Chikitsa Darpan’ in Anonymous, Op cit note 10.

¹³⁵ N.C.Ghosh, ‘Homoeopathy Sombondhe Du ekti Kotha’ (‘Few Words on Homoeopathy’), *Hahnemann*, 21, 7, 1938, p. 508

¹³⁶ Hemangini Ray Dastidar, ‘Publisher’s Note’, *Grihinir Hitopodesh (Advice from the Wife)*, Srihatta: Karimganj Press, 1917.

¹³⁷ See Partha Chatterjee, ‘Nationalist Resolution of Women’s Question’, in Kumkum Sangari and Sudesh Vaid (ed.) *Recasting Women: Essays in Indian Colonial History*, Brunswick: Rutgers University Press 1990, pp. 233-253. Also see Dipesh Chakrabarty, Op cit note 5, pp. 1-34

¹³⁸ The historiography has captured narratives of rampant exploitation and exclusion vis-à-vis the rhetoric of idealizing women. Such voices and stories have been approached from various openings: through study of

this broader historiography, this section engages with how the role of woman was perceived in the literature on familial crisis. It proposed to provide women with an important tool with which to assert their authority in the familial economy. The homoeopathic literature looked upon women fundamentally as the custodian of the future of the family. It elaborates on homoeopathic promise to equip women with means to establish their self-reliance not only in terms of their own health and those of others in the family, but also in terms of the future inhabitants. It pledged towards helping women gain an active respectable role within the domestic economy in non-metaphorical concrete ways. It showed how the maintenance of the domestic structure could be ensured with regular practice of homoeopathy.

The literature on the imminent breakdown of the familial system in Bengal was unequivocal on the necessity to improve women's condition within the household. Responsibility of women towards the sustenance of the familial structure was identified as crucial, much more than men in the family.¹³⁹ Since matrimonial ties bound girls from different families within a domestic space, their role was considered critical. Selfish, undutiful wives it was argued, could spell doom for the 'Hindu joint family'.¹⁴⁰ The texts recurrently emphasised on the importance of granting more power to women within the traditional households. They urged the relation between the men and women within a family to be equal and open. These texts further noted that women were centrally related to the efficient handling of familial resources. Efficient management of resources could only be ensured when the 'grihini' or the wife had inculcated the ideal of 'mitabyayita' or judicious spending.¹⁴¹ The older generation of women were shown to be naturally equipped in such ideals of self-reliance and balanced expenditure. It was up to the new generation of English educated women to inculcate these traditional values to efficiently take care of the well-being of themselves as well their families.¹⁴²

As noted in the previous section, self-reliance in terms of health and efficient management of family resources were integrally connected in homoeopathic discourse. Women were shown to traditionally have had a very important role in the preservation and management

women's autobiographies, colonial legislations and the like. For a representative study see Tanika Sarkar, *Hindu Wife, Hindu Nation: Community, Religion and Cultural Nationalism*, Delhi: Permanent Black, 2001.

¹³⁹ Nirupama Devi, Op cit note 9, pp. 197-199

¹⁴⁰ Manmathanath Chakrabarti, *Thakurma (Grandmother)*, Calcutta: Indian Art School, 1912, pp. 23-25.

¹⁴¹ Anonymous, 'Stree Shikha' ('Women Education'), *Svasthya*, 3, 2, 1899, pp. 39-41

¹⁴² Anonymous, 'Stree Neeti Shaar' ('Moral Code for Women'), *Mahila*, 10, 6, January 1905, pp. 145-146.

of familial health.¹⁴³ The nationalist literature upholding the Hindu joint family repeatedly characterised women as the ideal caretaker of the overall the health of all members of the family including the menial staff.¹⁴⁴ Care of the sick was regarded as an important aspect of familial existence in the east.¹⁴⁵ In comparison to European families, the structure of the joint families was considered especially equipped to deal with disease and ill health. As social commentators like Bhudeb Mukhopadhyay put it, ‘the economy and mind of all the various units of a large family usually become one in such context’.¹⁴⁶ Besides provision of resources, these texts emphasised ‘seba’ or care of the sick as a vital component of Indian culture. Indeed, service to the ailing and that to God were considered analogous.¹⁴⁷ Women were believed to be most ideally suited to impart such care in the family. An article titled ‘Seba’ or Service in the journal *Antahpur* explicitly argued that ‘being naturally compassionate and soft in temperament women are the best arbitrators of care. Men can hardly imitate the way in which women can channelise the affection, love, tolerance of their mind in treating and taking care of the sick, disabled, injured members and guests.’¹⁴⁸ However, such logic of care needed to be complemented with certain knowledge of healing. The nationalist texts often resonated with the necessity of teaching women the fundamentals of health care. Writings by women themselves reflected similar concerns.¹⁴⁹

A series of homoeopathic manuals published since the late nineteenth century exclusively targeted women audience. Written usually by male authors they provided ‘gentle’ homoeopathic solutions to various forms of afflictions particular to female bodies.¹⁵⁰ Besides, a number of manuals gave instructions on how homoeopathy could serve as an efficient tool for Hindu women for efficient management of familial health and its resources. Homoeopathy was advocated as the ideal means for women to serve her husband and his family. In helping women serve their family better, these homoeopathic texts hoped to contribute towards the ‘good of the nation and society’.¹⁵¹ A typical example of the second genre of texts is *Grihinir Hitopodesh* or *Advice by the Wife* written by Hemangini

¹⁴³ Lalmohan Chakrabarti, ‘Preface’ in *Paribarik Chikitsay Grihini*, Dhaka Shakti Press, 1925, page number not cited.

¹⁴⁴ See Binodini Ghosh,, ‘Seba’, *Antahpur*, 5, 4, 1902, pp. 73-77.

¹⁴⁵ Bhudeb Mukhopadhyay, Op cit note 68, pp. 201-206.

¹⁴⁶ Ibid, p. 202

¹⁴⁷ ibid, p. 205.

¹⁴⁸ Binodini Ghosh, Op cit note 144, pp. 73-77.

¹⁴⁹ Anonymous, ‘Bharat Mahilar Swasthya’, *Antahpur*, 4, 7, 1901, pp. 149-151.

¹⁵⁰ See, Mahendranath Ghosh, Op cit note 122.

¹⁵¹ Hemangini Ray Dastidar, ‘Preface’, Op cit note 136.

Ghosh Dastidar in 1917. Written in the form of a prolonged conversation between a newly wed wife and her mother-in-law, the manual detailed instructions on becoming an ideal Hindu wife. It resonated with the ideal of self-less service that was identified as essential in holding a large family together. Keeping her husband and his family happy was shown to be the greatest virtue of female life.¹⁵² Indeed, such manuals emphasised that, ‘a woman’s greatest duty lay in keeping her husband and God satisfied.’¹⁵³ The second part of the book was wholly dedicated to teaching homoeopathy to the new wife since ‘it is essential for every woman to possess some medical knowledge to run the family. Respectable women should know homoeopathy. It is most effective in diseases related to women and children and enables wives to take care of their families most efficiently.’¹⁵⁴ The text engages extensively with various homoeopathic drugs and their usage. They even recommended using homoeopathy interchangeably with other indigenous folk healing practice or ‘totka’ transmitted within families across generations.¹⁵⁵ These texts promised to equip women to acquire complete charge of the health of the family even in absence of the grihastha.¹⁵⁶

Besides taking care of the other members of the family, women were encouraged to be cautious in looking after themselves. It was argued that ill health of women disrupted smooth functioning of families. The texts pointed out that women’s health was directly associated with that of the children she bore.¹⁵⁷ It was moreover pointed out that such failure on the part of the wives frequently resulted in moral laxity in husbands as they were forced to seek pleasure beyond homes.¹⁵⁸ Hence, it was of utmost importance that women took good care of themselves. It was argued that the majority of maladies that contemporary women suffered from were outcomes of mindless westernisation of their everyday lives. Western influence was said to have transformed the quotidian routine of Bengali women. It was deeply lamented that women refrained from engaging in any erstwhile domestic duties and indulged in luxury. The article ‘Common Ailments of the Women in Bengal and their Causes’ in the journal *Indian Homoeopathic Review* for instance stated,

...we are gradually doing away with the little opportunities that our ladies used to have of breathing fresh air or getting the rays of the sun on them in the shape of fetching water or bathing in the river, and though

¹⁵² Ibid, pp. 5-17.

¹⁵³ Ibid, p. 23

¹⁵⁴ Ibid, p. 23.

¹⁵⁵ Ibid, p. 33.

¹⁵⁶ Khetranath Chattopadhyay, Op cit note 108.

¹⁵⁷ Anonymous, Op cit note 149, pp. 149-151.

¹⁵⁸ Anonymous Hindu Female, ‘Mahilar Svasthya’ (‘Health of Women’), *Antahpur*, 6, 3, 1903, pp. 57-61.

the poorer inhabitants of country-places may still retain these customs in a small scale, the comparatively richer ones consider it simply derogatory to indulge in any of these vulgar practices. Their only recreation consists of – a midday nap, or rather to be more accurate...nap, novel and gossip.¹⁵⁹

Indeed, lack of physical activity was identified as the accelerating factor behind most female diseases. The everyday household chores including cooking and washing was considered a useful way of keeping women healthy. Such work was the ‘main form of exercise for the previous generation.’¹⁶⁰ It was lamented that most families in recent times indulged in having far too many servants. Laziness of women and undue expenditure on servants in fact emerged as a recurrent concern in these texts.¹⁶¹ The homoeopathic domestic health manuals like *Garhasthya Svasthya o Chikitsa Bigyan* or *Domestic Health and Medical Science* for instance elaborated on this issue.¹⁶² It was held that leading a life devoid of enough physical activity left women with ‘a superabundance of adipose tissue with a sluggish liver, a bad digestion, in fact a fit subject for all diseases to comfortably accommodate themselves in.’¹⁶³ This discourse on ill health of women, luxury and indulgence was evidently linked with the broader anxiety on the draining of family expenses and on the virtues of self-sufficiency. An article in the journal *Antahpur* for instance candidly stated, ‘if the woman of our generation get rid of their laziness and get involved with household duties, then the family can be run with much less expenditure and their health remains intact. The household would also be bestowed with divine blessings.’¹⁶⁴

The homoeopathic texts emphasised on an additional factor while encouraging self-reliance to women as regards their health. Most homoeopathic manuals emphasised on the ‘natural shyness’ of respectable Hindu women in revealing their unease. As an article in the *Indian Homoeopathic Review* stated, ‘they will let a disease or a discomfort drag on for months, sometimes years, before they would let even their husbands know about it.’¹⁶⁵ Being secretive about diseases was dangerous also because it often entailed the possibility of

¹⁵⁹ S.Goswami, ‘Common Ailments of Women in Bengal and their Causes’, *Indian Homoeopathic Review*, 20, 1, January 1911, p. 12.

¹⁶⁰ Anonymous Hindu Female, Op cit note 158, pp. 57-61

¹⁶¹ Anonymous, ‘Amader Antahpur Svasthya’ (‘Our Domestic Female Health’), *Swasthya*, 3, 4, 1899, pp. 101-103.

¹⁶² Jagachandra Raya, Op cit note 93, p. 156-166.

¹⁶³ S.Goswami, Op cit 159, p.12.

¹⁶⁴ Anonymous Hindu Female, Op cit note 158, pp. 57-61

¹⁶⁵ S.Goswami, Op cit note 159, p. 71.

giving birth to sick children.¹⁶⁶ Women were urged not to be negligent about their own health ‘not only for their own sake, to develop a healthy mind in a healthy body, but for the sake of the off springs they present the country with....’¹⁶⁷ It was further pointed out that Indian women were so coy that they ‘preferred dying than exposing their body parts to unknown male doctors.’¹⁶⁸ Existing histories have dealt with the cultural resistance of Hindus in exposing their body to the male English gaze.¹⁶⁹ The texts were deeply in conversation with the contemporary nationalist construction of the ideal Hindu wife

The question of teaching medicine professionally to women in Medical Colleges was a topic of controversy in the decade of 1870s-80s. It has been shown that even when women were formally admitted in medical education there was deep social stigma attached to such women.¹⁷⁰ While admitting the usefulness of having women doctors, homeopathic journals were vocal in their assertion against exposing women to professional medical education. As the article ‘Stree Chikitshak’ or ‘Female Doctors’ in the journal, *Hahnemann* for instance raised issues of ethicality and morality in the idea of women conducting dissection of nude human bodies.¹⁷¹ They accused the government of not providing adequate infrastructure to ensure separate lectures for female students, as it was ethically incorrect for women to attend the lectures with men. For very similar reasons the homoeopaths lamented the absence of educated midwives among Bengalis.¹⁷² The number of English midwives available was also considered far less adequate in comparison to the huge demand. In such a context, the homoeopathic emphasis on self-help was highlighted to be of special importance. The homoeopathic texts argued that the Hindu women had long suffered the agony of revealing their internal organs to male physicians and midwives who were all outsiders. Homoeopathy provided the most convenient way out of such tribulations.¹⁷³

There was a range of homoeopathic publications designed exclusively for women readers. These texts included elaborate discussions on the most intimate female organs. They posed

¹⁶⁶ Bidyabati Saraswati Abiar (ed.), *Griha Dharma (Religion of Domesticity)*, Second edition, Calcutta: Hitabadi Press, 1910, p. 48.

¹⁶⁷ S.Goswami, Op cit note 159, p. 12.

¹⁶⁸ Anonymous, ‘Deshiya Dhatri’ (‘Indigenous Midwife’), *Hahnemann*, 2, 9, 1884, pp. 161-163.

¹⁶⁹ David Arnold, ‘Touching the Body: Perspectives on the Indian Plague, 1896-1900’, Ranait Guha (ed.) *Subaltern Studies V*, Delhi: Oxford University Press, 1987, pp. 55-90.

¹⁷⁰ Geraldine Forbes, *Women in Colonial India: Politics, Medicine and Historiography*, Delhi, 2005, p. 113. The book singles out Jamini Sen as the only woman to have continued her professional career.

¹⁷¹ Anonymous, ‘Stree Chikitshak’ (‘Women Physician’), *Hahnemann*, 1, 4, 1883, p. 49-52.

¹⁷² Anonymous, Op cit 168, pp. 161-163

¹⁷³ ‘Advertisement of Chikitsha Darpan’, in Anonymous, Op cit note 10, page number not cited.

as platforms that provided the most uninhibited responses to all possible queries women might possibly have had as regards their body and its functions. While discussing menstruation homoeopathic manuals for instance included the minutest details of the anatomical description of internal organs during menstruation with pictures.¹⁷⁴ They discussed the various possible menstrual dysfunctions and derangements at length. These discussions included descriptions of private, intimate details like the various forms of menstrual blood including their colour and smell or the different kinds of unease related to breasts, their sizes and shapes.¹⁷⁵ Through such discussions homoeopathy asserted its claim in the most intimate world of femininity. In their attempt to reach out to women, the homoeopaths often devised certain novel strategies. Often the materia medica, with the names of various drugs and their symptoms, was written in the form of a poem.¹⁷⁶ Women were advised to remember them by heart and use it from memory when required.¹⁷⁷ Often books were published as conversations between various female members of the household, most notably between the different wives and the mother-in-law.

According to the homoeopathic texts, a significant aspect of women's health concerned the institution of marriage and reproduction. As hinted earlier, the importance of women were evaluated also in terms of her ability to procreate. However, the homoeopathic literature urged the householders to perceive marriage in a broader perspective. They repeatedly highlighted how marriage and procreation was related to the advancement of the father's lineage or 'bangsha'.¹⁷⁸ They also emphasised on the role of each family as reproductive units to the larger interests of the nation. Indeed, manuals on women's health like *Soudamini r Dhatri Shikkha ebong Garbhini o Prashuti Chikitsa* or *Guidelines on Midwifery Pregnancy and Reproductive Health Enunciated by Soudamini* urged its readers to look at every individual pregnancy as a potential contribution to the cause of the nation. It asserted that,

Women who bear child are immensely fortunate. Who can predict that their pregnancies would not bear great men like Maharshi Debendranath Tagore, Dharmabeer Keshab Chandra Sen, Samajbeer Ramgopal

¹⁷⁴ Krishnahari Bhattacharya, *Homoeopatya Mowt e Stree Rog Chikithsa (Homoeopathic Treatment of Female Diseases)*, Calcutta: Medical Library, 1886, p. 4- 7.

¹⁷⁵ For instance see Mahendranath Ghosh, Op cit note 122..

¹⁷⁶ See, Ambikacharan Rakshita, *Homoeopathic Oushadh Shorashak (Sixteen Rules for Homoeopathic Drugs)*, Calcutta, 1909. Also see, Rajanikanta Majumdar, 'Bheshaja Shatak', *Grihasthamangal*, 1, [Ben: Baisakh-Chaitra], 1927, p. 17.

¹⁷⁷ Ibid, Majumdar, p. 17.

¹⁷⁸ Hemangini Ray Dastidar, Op cit note 136, p. 18

Ghosh, Jnanbeer Iswarchandra Vidyasagar, Daanbeer Kalikrishna Thakur...natyabeer Girishchandra Ghosh and Ranabeer Rana Pratap Singha. Who can say they will not give birth to religious minded women like Ahalya, Rani Bhabani or Rani Swarnamoyee?¹⁷⁹

By invoking figures associated with the so-called 'Bengal Renaissance' and adding the epithet of *beer* or courageous/warrior with each name these manuals showed signs of being implicated in the larger muscular and chivalrous forms of Hindu nationalist projects.

Asserting homeopathy's indigenous roots, such texts discussed how homoeopathic drugs assured painless, natural deliveries. It was argued that the application of suitable homoeopathic drugs 'works like a charm and spares women from difficult operations.'¹⁸⁰ Texts like *Thakurma*, written as advice given by a grandmother to her granddaughter on the essentials of being an 'ideal Hindu woman' stated that even in cases of complicated pregnancies if doctors were not available 'one should simply add a drop of homoeopathic Pulsatilla 30 in water and give that to the pregnant woman at regular intervals. It will inevitably lead to easy delivery.'¹⁸¹ Manuals on reproductive health gave graphic details of the various phases of delivery and gave recurrent assurances that physicians were necessary only in cases where defective child were born.¹⁸²

It is apparent that the discussions on women's health remained integrally related to those on children. Children were conceived as the future citizens of the emerging nation and there were numerous nationalist- oriented works such as *Grihadharma* or *Codes of the Household* which dealt at length on the necessity of appropriate upbringing of children for the good of the nation. Commenting on the fallen status of Indians at the hands of the British, the book urged every mother to bring up her child in a way that they could look after their 'relatives, society and the nation' and 'made certain contributions towards his race.'¹⁸³ The third section of the book titled 'Lalon Palon' or Rearing of Children included opinion of famous contemporary homoeopaths like Pratap Chandra Majumdar, Chandrashekhar Kali, Jagadish Lahiri and others on child health.¹⁸⁴

¹⁷⁹ Mahendranath Ghosh, Op cit note 122, pp. 25-26.

¹⁸⁰ M.M.Khatun, 'Homoeopathy r Abyartho Sandhan' ('The Guaranteed Cure of Homoeopathy'), *Hahnemann*, 20, 3, 1937, p. 158-160.

¹⁸¹ Manmathanath Chakrabarti, *Thakurma*, Calcutta: Indian Art School, 1912, pp. 23-25

¹⁸² Mahendranath Ghosh, Op cit note 122, p. 298.

¹⁸³ Bidyabati Saraswati Abiar (ed.), Op cit 166, pp. 2-3

¹⁸⁴ *Ibid*, Preface to the Second Edition, p. 6-7.

Increasing child mortality was an issue of grave concern to the homoeopathic authors. Homoeopathic physician L.M.Pal in his book *Infantile Liver* for instance lamented saying, 'probably no other civilised nation witnesses so many untimely deaths in children.'¹⁸⁵ The discourse on the change of quotidian lifestyle due to contact with the west was invoked also in the context of deteriorating child health. L. M.Pal identified liver as the most vulnerable organ lying at the root of most suffering of children.¹⁸⁶ He was convinced that middle class Bengali women out of their false vanity of exhibiting their westernised lifestyle and affluence often continued the liquid milk diet for their children until they were 2-3 years of age. He argued that with age the liver began secreting liquid suitable for digesting solid food. In such a stage if the child was still fed with liquid alone, the liver function was significantly hampered. He emphasised, 'when there was no advent of this crass civilisation in our country, this disease was nowhere to be found. It is seen recently in the last fifty years when we have learnt to emulate the English civilisation.'¹⁸⁷ The author prescribed independent indigenous solutions to such problem. He was a strong critic of the idea of depending on westerners for the solution of all our problems, including bodily unease. Homoeopathic remedies to him provided such a solution.

As pointed out in the previous section, homoeopathy made special claims over other forms of medicine as regards children's health. This was highlighted as a noteworthy feat for homoeopathy since efficient treatment of children was considered an especially tricky task, as they were unable to recount their own physical discomforts. Author Narayan Chandra Basu argued in his monograph *Shishu Rog Samhita* or *Compendium of Children's Diseases* 'as a physician it is most difficult to treat children. It calls for a thorough knowledge of the disease, utmost patience and compassion, extensive experience in the qualities and rules of dispensing drugs. Without these it is impossible for physicians to treat children and it is equally dangerous for the patients.'¹⁸⁸ It was argued that the children were 'nearer to Nature...not saturated with all the various (in most parts baneful) influences of our (so-called) civilisation.'¹⁸⁹ Homoeopathy claimed to score a point over other forms of medicine

¹⁸⁵ L.M.Pal, *Infantile Liver*, Calcutta: Hahnemann Publishing Company, 1935, pp. 1-3. Also see Anonymous, 'Jvar Tattva O Shishur Akal Mrittyu' ('Theories of Fever and Untimely Deaths of Children'), *Hahnemann*, 4, 5, 1921, pp. 161-170

¹⁸⁶ L.M.Pal, *Infantile Liver*.

¹⁸⁷ *Ibid*, pp. 18-26.

¹⁸⁸ Narayan Chandra Basu, 'Preface' in *Shishu Rog Samhita*, Calcutta: Sadhana Library, 1922, page number not cited.

¹⁸⁹ F. Woods, 'Homoeopathy and Children', *The Hahnemannian Gleanings*, 4, 1, 1933, p. 458.

in treating children as ‘the homoeopathic remedy works with Nature instead of against her.’¹⁹⁰

As the author of the article ‘Homoeopathy and Children’ in the journal *The Hahnemannian Gleanings* emphasised, homoeopathy was considered most effective in curing ‘hereditary poisons’ and helped improving the child’s overall constitution. Being a medicine for the overall constitution homoeopathy was projected as most useful in cases where a child suffered repeatedly from various recurrent ailments one following another, like ‘a digestive upset, attended by a little diarrhoea, or a little vomiting or perhaps a mild convulsion....’¹⁹¹ It was argued that in such situations ‘homoeopathy can do some of its greatest work ... for no matter at what point the treatment starts, it is aimed at eradicating the underlying constitutional weakness, and not merely at removing the acute symptoms of the moment, and what is more, it succeeds and nothing else does.’¹⁹² Additionally, it was also pointed out that as homoeopathy put a lot of premium on symptoms, including mental ones, it was easier to diagnose in case of children. Homoeopaths argued that ‘one can sometimes choose the child’s remedy on its mental symptoms alone... The mental symptoms give one the entry to the individual, and individualisation is the key to success in all treatment.’¹⁹³

Besides, the question of taste remained most relevant in treating children. Thus, the fictitious mother-in law in the book *Grihinir Hitopodesh* advised the newly-wed wife that drugs for children should always be pleasing to taste, like the homoeopathic ones.¹⁹⁴ The drugs were so ‘pleasant’ and ‘gentle working’ that mixed with water, ‘they could even be given drop by drop without waking up a sleeping child.’¹⁹⁵

As mentioned earlier in this section, some of the texts elaborated on the possible use of homoeopathy as a substitute to certain forms of indigenous, folk knowledge or ‘totka’ transmitted within families across generations. A text on the traditional role of women in familial health explicitly stated, ‘the earlier generation of women were specialists in child health. This is because prior to the advent of homoeopathy no one ever consulted a

¹⁹⁰ Ibid, p. 465.

¹⁹¹ Douglas M. Borland, ‘Homoeopathy and the Infant’, *The Hahnemannian Gleanings*, 5, 1934, p. 88

¹⁹² Ibid, p. 89

¹⁹³ F. Woods, ‘Homoeopathy and Children’, *The Hahnemannian Gleanings*, 4, 1, 1933, p. 462.

¹⁹⁴ Hemangini Ray Dastidar, Op cit 136, p. 49

¹⁹⁵ F. Woods, Op cit 189, p. 489

physician for treating children.’¹⁹⁶ In this way, several commentators on women’s health of the time, homeopaths and others, concurred that homeopathy was the most suitable form of medical treatment for the domestic arena – homeopathy could be aligned with the modes of womanly caring that existed prior to the depredations of ‘western living’ and the harsh treatments that were associated with allopathy.

The discourse on women’s health, childcare and reproductive health remained deeply entangled with one another in the homoeopathic literature. It was held that the care of the child in reality ‘begins, not at the time of birth but in utero. It is essential to guard the health mental and physical, of the mother during pregnancy, if the best possible child is to be born.’¹⁹⁷ Hence, discussions on child health frequently elaborated on various homoeopathic drugs effective in various stages and symptoms of pregnancy.¹⁹⁸ They also pledged to provide the most efficient treatment and handling in post-natal care of children beginning with the washing up of the child.¹⁹⁹ The texts provided for the appropriate drugs for an extensive range of possible post-delivery disorders. Homoeopathic treatment for newborn babies was often endorsed by journals dealing broadly with issues of health and medicine yet lacking a strict homoeopathic bias. Thus the article ‘Nabajata Shishur Sambandhe Dhatri o Chikitshak er Kartabya’ in the journal *Chiktsha Sammilani* was followed by a short note by the editors of the journal. The editors hoped that the article on the care of newborn babies by an eminent homoeopath as Haranath Ray would be of particular help to its readers.²⁰⁰

Such homoeopathic literature on women health, childcare and reproductive health in many cases projected the figure of an idealized woman, who diligently practiced homeopathy in the home and who could serve as a role-model for other Bengali middle-class women. These ideal-types were sometimes the very wives of eminent homeopaths whose model virtues were celebrated in obituaries published in homeopathic journals. They also took on fictional form, as we will see below. Often these were real women from contemporary Bengal whose obituaries were regularly published in the homoeopathic journals. These

¹⁹⁶ Lalmohan Chakrabarty, ‘Preface’ in *Paribarik Chikitshay Grihini (Role of the Wife in Domestic Treatment)*, Dhaka Shakti Press, 1925, page number not cited.

¹⁹⁷ Douglas M. Borland, Op cit note 191, pp. 80-81.

¹⁹⁸ Ibid, pp. 81-83.

¹⁹⁹ See Mahendranath Ghosh, Op cit note 122.

²⁰⁰ Haranath Ray, ‘Nabajata Shishur Sambandhe Dhatri o Chikitshak er Kartabya’ (‘Duties of Physicians and Midwives towards Newborn Babies’), *Chiktsha Sammilani*, 4, 1887, pp. 390-398.

women happened to be the wives of various homoeopathic physicians of fame who had learnt homoeopathy from their husbands. As the obituary article ‘Homoeopathy Sebika r Parolokgamon’ or in the journal *Homoeopathy Paricharak* showed, the sphere of practice of Kiran Shashi Devi, wife of homoeopath Kalikumar Bhattacharya was hardly limited within her own household. Following their illustrious husbands, these women too dedicated their lives to the ‘service of homoeopathy’. Kiran Shashi Devi, Mrs. R.C.Nag and others like them, are described to have treated other women from the neighbourhood free of cost. Interestingly, many homoeopathic self-help manuals for women too revolved around similar personalities. The series of manuals around the fictitious character ‘Soudamini’, wife of a famous city-based homeopath, is a case in hand.²⁰¹ The Soudamini series of manuals elaborated the exploits of Soudamini as she visited her native village. Written wholly as conversations between Soudamini and a few village women, the manuals depict the service she rendered free of cost to the female members of various households across class and castes. The manual written in a strongly pedagogic mode showed how an exclusive community of women was built around the personality of Soudamini as she disseminated free and effective medical knowledge among the women beyond her immediate family. This is an aspect of the Soudamini narratives which clearly indicated the ambitions of a woman-centric network of transmission for homeopathy across Bengal, that in its own idiom reiterated the trope of well-connected city-dweller bringing to the ignorant villager enlightened medical knowledge, in this case homeopathy.

‘Norms of Ideal Domesticity’²⁰² and Venereal Disease

Just as certain types of women were upheld as role models in the homoeopathic literature on domestic health, certain others were designated as outright threats to Bengali domesticity as well as health. This section is about the homoeopathic preventives against such potential peril. Discussions on these potential dangers faced by Bengali families since the late nineteenth century too were shown to be resulting from the culture of excess consumption initiated by colonial domination. A common trope in the social commentary of the nineteenth century was that the problem of immorality and sexual promiscuity ran rampant

²⁰¹ Written by Calcutta based physician Mahendranath Ghosh, the series of manuals revolved round the fictitious character of Soudamini. They dealt with various aspects of women and child health. Three or more editions of each manual were published since the early twentieth century.

²⁰² Bijoya Kumar Basu, ‘Jouna Samasya Samadhan er Ingit’ (‘Hint towards Treating Sexual Problems’), *Hahnemann*, 22, 1, 1939, p. 26

among Bengali males threatening the peaceful sanctity of the familial set up. As the preface to the fourth manual of *Berigny and Company's Bengali Homoeopathic Series* suggested, 'the men in our country, either due to bad company in youth or as result of contagion or due to various other temptations [...] suffer from venereal diseases.'²⁰³ The homoeopathic literature on familial health especially engaged with this theme of the weakening foundation of families due to the problem of moral laxity. Complementing the ideal-women encountered in the foregoing section, homoeopathic literature also demarcated a sphere of the 'bad women' who remained marginal to the domestic space, i.e. the prostitutes or the 'dangerous outcastes'²⁰⁴ who nonetheless possessed the power to contaminate it. This section maps how consumption of homoeopathy was considered part of an idealised way of life and strict moral regimen that was prescribed as the most appropriate measure against such threats.

Immorality and promiscuity were seen as a regular quotidian crisis. Thus the article 'Jouna Samasya Samadhan er Ingit' or 'Hints towards Solving Sexual Problems' in the journal *Hahnemann* noted, 'Presently, the problem of sexuality is as widespread as that of shortage of food and poverty. It is difficult to discern which, is a greater threat to familial peace and the health of different members of the family. Probably these problems are very closely related if one looks at them from the perspective of the norms of ideal domesticity.'²⁰⁵ The homoeopathic texts drew the attention of their readers to an ever-growing demand of remedies for various sexual and venereal disorders amongst the Bengali male. The article 'Homoeopathy Mowt e Jouna Byadhi Chikitsar Ingit' or 'Hints to Curing Sexual Ills with Homoeopathy' in the journal *Hahnemann* thus regretted that the author was getting so many letters from patients with sexual disorders that he hardly had any time to respond to them individually.²⁰⁶ He was therefore forced to write the article in *Hahnemann* to reach out to many patients together. He further noted that the cases were so diverse in nature, orientation and symptoms, that it defied the standard prescriptions stated in the authoritative books on sexuality.²⁰⁷

²⁰³ Harikrishna Mallika, 'Preface', Op Cit note 17.

²⁰⁴ The term has been borrowed from the exhaustive work on Bengali prostitutes by Sumanta Banerjee, *Dangerous Outcaste: Prostitutes in Nineteenth Century Bengal*, Calcutta: Seagull, 1998.

²⁰⁵ Bijoya Kumar Basu, Op cit 202, p. 26

²⁰⁶ R. Biswas, 'Homoeopathy Mowt e Jounabyadhi Chikitsar Ingit', *Hahnemann*, 21, 10, 1938, p. 613.

²⁰⁷ Ibid,

In that context, the homoeopaths attempted to comprehend the contemporary trends of self-indulgence and moral decadence. They argued it was impossible on the part of social reformers to prevent people from engaging in sexual excess and indulgence by simply lecturing and advising against them.²⁰⁸ To them, sexual instinct was a natural, biological, even necessary human instinct. The homoeopathic manuals dealing with the cure of venereal diseases therefore discussed broadly around notions of sexuality, deviance, morality and their relation with the changing institution of family. The two-volume manual *Sachitra Rati Jantraidir Peera: Sexual and Venereal Ills and Evils* is a representative text. It delineated in detail several familial structures that were in practice over time.²⁰⁹ The author listed different familial formations like the ‘consanguine family’ where men and women from the same lineage engaged in sexual acts. This was followed by the ‘punaluan’ structure after which the ‘pairing’ system came into vogue. By discussing the evolution of the notion of sexuality and corresponding ideas about ‘family’, the author arrived at his principal thesis. He argued that the modern notion of conjugality around monogamous couples was a very recent phenomenon. Since men were more numerous in numbers, he held, this particular idea of family around the father’s lineage was devised keeping in mind the most effective distribution of paternal property.²¹⁰ The homoeopathic authors recognised the importance of families with monogamous couples. However, they were also acutely aware of the fact that men have had a longer history of engaging in sexual acts beyond marriage and procreation.²¹¹ Therefore, they rationalised that, vestiges of such instincts persist and prostitution as an industry thrives. Despite such rationalisation, they identified such trends as deeply troubling for ‘modern’ families. Syphilis and Gonorrhoea, in that context, were identified as the two most threatening diseases. The readers were repeatedly reminded of the fact that, ‘gonorrhoea and syphilis- both are deeply entrenched in Bengali society, cohabiting with prostitutes is the main cause of both the diseases and such prostitutes are sources of much instability within the families.’²¹²

The manuals condemned the inclination of Bengali grihasthas to conceal such diseases. It was argued that such a tendency of ‘concealing external manifestations’ inevitably resulted

²⁰⁸ Jnanendra Kumar Maitra, *Sachitra Rati Jantraidir Peera: Sexual and Venereal Ills and Evils*, Volume I, Calcutta: Maitra and Sons, 1923.

²⁰⁹ Jnanendra Kumar Maitra, *Sachitra Rati Jantraidir Peera: Sexual and Venereal Ills and Evils*, Volume II, Calcutta: Maitra and Sons, 1923, pp. 61-65.

²¹⁰ Ibid, p. 63

²¹¹ Ibid, pp. 64-65.

²¹² Ibid, p. 66

in aggravation of the disease which often led to 'eternal suffering'.²¹³ Besides, the grihasthas were warned against the grave ramifications of these on their 'wife and future children who are forced to suffer.'²¹⁴ Hence, one needed to be extremely cautious with these diseases once they had been conceived. Homoeopathic manuals promised to 'show them the true path- following which they may recover, at the same time there are lower chances of contaminating the society through their off spring.'²¹⁵

However, the manuals emphasised on the difficulties related to the cure of venereal diseases. The author of the *Sexual and Venereal Ills and Evils* for instance pointed out the moral and social taboos associated with them. The attitude often forced the sufferers to be secretive of their unease and rely upon 'advertisements of patent drugs promising miraculous cure of hidden diseases.'²¹⁶ These advertisements in almanacs, newspapers and other forums were decried as frauds that were essentially 'a means for filthy profit-making by abuses the physical weaknesses of people.'²¹⁷ Besides, issues of morality, taboo and propriety prevented these diseases and their remedies from being discussed even in medical schools and colleges. Hence, doctors did not seem to possess the expertise necessary to deal with these cases.²¹⁸ The homoeopathic manuals in that context promised to fulfil the social duty of providing the most up-to-date scientific cure of such diseases.

Homoeopathic manuals argued that the other forms of treatment were hardly of any use in these maladies. Allopathy for instance could only provide for general sedatives and tonics in such cases- 'sedatives helped controlling the sexual impulses while tonics contributed to the overall health of the patient.'²¹⁹ Homoeopathy, in contrast, had an extensive list of drugs and cure specific to various symptoms. It was argued that unlike other systems homoeopathy never recommended quick-fix cures like the use of injections. As discussed in the previous chapter, homoeopathy in its diagnosis relied almost solely on the symptoms of the individual patient. This was highlighted as the greatest advantage of homoeopathy over the rest. Thus, the author of *Sexual and Venereal Ills and Evils* stated, 'the present symptoms and the past history of an individual is the guide in selecting homoeopathic

²¹³ Jnanendra Kumar Maitra, Op cit note 208, Dedication page.

²¹⁴ Harikrishna Mallika, 'Preface', Op cit note 17.

²¹⁵ Jnanendra Kumar Maitra, Op cit note 208, Dedication page.

²¹⁶ Ibid, 'Preface', page number not cited.

²¹⁷ Bijoy Kumar Basu, Op cit 202, p. 26

²¹⁸ Jnanendra Kumar Maitra, 'Preface', Op cit note 208.

²¹⁹ Ibid, p. 14

drugs. It is never the case that two people suffering from the same disease have identical symptoms. Therefore unlike other forms of treatment, a homoeopath will never be able to dispense the same drugs for two similar cases.’²²⁰

It was further noted that mental symptoms occupied a central role in the homoeopathic treatment of sexual problems. The author of the article ‘Homoeopathy Mowt e Jounabyadhi Chikitshar Ingit’ thus affirmed, ‘Sexual problems are often manifestations of mental problems.’²²¹ Citing several case studies, the author stated that the names of the disorder like spermatorrhoea or impotency meant nothing for homoeopaths since the key to the remedy lay in discovering the exclusive, specific symptoms.²²²

Apart from symptoms, the homoeopaths also put a lot of emphasis on the doses. In discussing the relative advantages of homoeopathy, it was argued that in case of certain diseases like syphilis, the chief curative substance i.e. mercury remained the same in all forms of treatment including allopathy, kaviraji and homoeopathy.²²³ However, the extra large doses prescribed by allopaths and others frequently resulted in further suffering for the patient. The mild, minute doses of homoeopathy ensured, ‘that the patient’s body was exempted from paying a painful penalty for taking drugs.’²²⁴ The biggest ‘benefit’ and ‘advantage’ of homoeopathy in these diseases remained the painless nature of recovery that it ensured. Besides, the homoeopathic repertoire was far more extensive and included drugs ‘whose use is never seen in allopathy, and in all likelihood they have not heard of them.’²²⁵ The manuals included elaborate materia medica exclusively for venereal diseases.²²⁶

Equally, the texts insisted on the importance of ‘patience and trust’ in these cases.²²⁷ While empathising with their suffering, the authors reminded their readers of the protracted nature of homoeopathic healing especially in cases of sexual disorders. They were discouraged from expecting quick, spectacular healing as promised by the patent drugs.²²⁸ As the article ‘Jouna Samasyar Samadhan Sambandhe Du Ekti Kotha’ or ‘A Few Words on the Cure of

²²⁰ *ibid*, p. 126.

²²¹ R. Biswas, *Op cit* 206, p. 614

²²² *Ibid*, p. 618

²²³ Jnanendra Kumar Maitra, *Op cit* 208, 157

²²⁴ *Ibid*, p. 69

²²⁵ *Ibid*, p. 69

²²⁶ Jnanendra Kumar Maitra, *Op cit* 209, pp. 1-47

²²⁷ For instance see R. Biswas, *Op cit* 206, pp. 616-17

²²⁸ Akhil Chandra Ray, ‘Jouna Samasya Samadhan Sambandhe Du Ekti Kotha’ (‘A Few Words on the Cure of Sexual Problems’), *Hahnemann*, 23, 7, 1940, pp. 408-409

Sexual Problems' in the journal *Hahnemann* noted, 'utmost patience is required of both the physician and the patient in these cases.'²²⁹ The authors often quoted Hahnemann who held that it was often necessary to consume drugs for at least two years in a row to cure chronic diseases.²³⁰

As we have previously noted, discussions on homoeopathic cure of venereal diseases incorporated commentaries on sexuality and deviance in contemporary society. To them, controlling prostitution by force by the state was hardly an effective way to control sexual disorders rupturing Bengali households. The authors cited the example of the German state which attempted in vain to ban prostitution by police force.²³¹ The materiality of the homoeopathic drug alone was also considered insufficient in dealing with this broader problem of immorality and the resultant venereal diseases. The texts unequivocally prescribed a moral regimen and discipline with which the drugs were required to be complemented. They formulated a moral universe for their readers. Consumption of drugs had to be essentially part of the discipline guided by their proscriptions. An advertisement to the second edition of Hahnemann Publishing Company's *Dhatu Daurbalya* or *Seminal Weakness* for instance stated that the book was a perfect balance of discussions on moral advice and homoeopathic drugs for sexual diseases.²³² It was held that it was the responsibility of the parents, relatives as well as the teacher of every child to enlighten them about the necessity of such disciplines and regulations in life.²³³

The ethic and ideology of discipline that the homoeopathic texts upheld often overlapped with those reared by the nationalists. It was lamented that 'the external glamour of western education' has dazzled Indians so much as to forget the real nature and purpose of life.²³⁴ Texts like *Bartaman Chikitsha Rahasya o Akal Mrityur Baan* or the *Mysteries of Modern Medicine and the Crisis of Mortality* written in 1922, for instance, resonated with contemporary nationalist concerns.²³⁵ It dealt exclusively with the problem of declining health and increasing mortality of Indians under the colonial rule. These texts concluded that in their blind emulation of the west, Indians were oblivious of their traditional

²²⁹ Ibid, pp. 408-409

²³⁰ Ibid.

²³¹ Jnanendra Kumar Maitra, Op cit 209, p. 74 -76

²³² 'Advertisement of Dhatu Daurbalya' in *Hahnemann*, 22, 1, 1939, p. 11

²³³ Jnanendra Kumar Maitra, Op cit 208, pp. 18-19

²³⁴ Harendra Kumar Saha, Op cit 34, p. 1

²³⁵ Ibid.

spirituality and strength. They only engaged in celebrating the materialist advances of the physical world. Arguing that the west was characterised primarily by 'bhog' or consumption while the values of 'tyag' or sacrifice defined the east, these texts suggested a principled regimen and discipline for Indians. These regimens were directed towards protecting the inner vitality of Indians within colonial domination. Discarding 'western allopathy' as providing expensive, incomplete, localised cure, and lamenting the fading brilliance of ayurveda, these texts often glorified homoeopathy as most suitable for contemporary Indian situations.²³⁶

The moral regimens proposed by the homoeopathic texts were in constant conversation with such nationalist anxiety about Indian health. Practice of brahmacharya or celibacy was highly recommended for the young males in Bengali households. Author of the pamphlet *Bartaman Chikitsa Rahasya o Okal Mrityur Baan* for instance held that practice of the ancient Hindu ashrama system was ideal for Indians. Brahmacharya was the first stage in the four-fold ashrama system practice of which in their early years helped Indians protect their inner strength and health. Addressing his advice to social reformers and leaders of the Indian National Congress the author Harendra Kumar Saha argued that, 'only with the proper conduct of brahmacharya could one ensure the satisfactory practice of the other ashramas beginning with garhasthya.'²³⁷ Homoeopathic texts on venereal diseases too emphasised on the practice of celibacy especially for young unmarried males. Homoeopath Bijay Kumar Basu for instance noted in his article 'Jouna Samasya Samadhan er Ingit', 'No race can ever survive without practicing celibacy.'²³⁸

The institution of marriage was regarded in high esteem in these literatures. Families around monogamous married couples were written about as the most desirable form. The homoeopaths regarded marriage as the most 'civilised and effective' way to retain 'true health and spirit.'²³⁹ It has been noted earlier that marriage and the proliferation of familial lineage, were considered integrally related. Referring to the threats faced by this institution from venereal diseases, the texts highlighted the potential dangers for monogamous marriage from venereal diseases. It was argued that they had the potential to tarnish 'not

²³⁶ Ibid, p. 5-9

²³⁷ Ibid, p. 20

²³⁸ Akhil Chandra Ray, 'Jouna Samasya Samadhan Sambandhe Du Ekti Kotha', *Hahnemann*, 23, 7, 1940, p. 27

²³⁹ Jnanendra Kumar Maitra, Op cit 209, p. 76-77

only the reputation of the lineage but also the conjugal happiness of couples.’²⁴⁰ The women within the families were shown to be particularly vulnerable to these diseases when contaminated by their husbands. In an engaging article titled ‘Syphilis and Its Relations to Marriage’ the author stated that usually ‘she [the wife] is liable to very dangerous late lesions, and her power of transmitting the poison is much greater and more long lasting than that of the male.’²⁴¹ The homoeopathic literature affirmed these diseases as capable of infecting the child and threatening ‘the disappearance of that particular lineage and race.’²⁴²

The prescribed regimens within the texts therefore included instructions to lead an ethically, morally sound conjugality. For that, every couple had to be aware of the essentials of eugenics. They argued that Bengali girls and boys should be made aware of them ‘at home and in schools and colleges.’²⁴³ The texts disciplined their readers regarding the frequency of cohabitation one should practice to attain a healthy family life. They warned against frequent cohabitation saying it resulted not only in loss of strength in men, but ‘excessive cohabitation can even lead to impotency.’²⁴⁴ The ideal number of intercourse couples of various age groups should practice, the most suitable time of the day for such acts were delineated in minute detail.²⁴⁵ They even included a materia medica exclusively for physical unease resulting from cohabitation.²⁴⁶

Recent works have dealt at some length with the anxiety reflected in contemporary Bengali medical prints regarding the potential depletion of seminal fluids.²⁴⁷ It has also dealt with regulations and norms of sexuality set by the nationalist patriarchy in constituting the ideal Hindu wife.²⁴⁸ The homoeopathic texts shared that anxiety, which centred around providing stability and sustenance to the familial economy. This is evident from homoeopathic texts that discouraged frequent cohabitation since it increased the possibility of impregnating the wife frequently. They cautioned the grihasthas that too many children often meant paying less attention to them individually. Besides, it implied a strain on the familial budget. It was

²⁴⁰ Jnanendra Kumar Maitra, Op cit 208, p. 61

²⁴¹ Anonymous, ‘Upodangsho o Bibaho’ (Syphilis and Marriage), *Hahnemann*, 3, 1, 1885, p. 26

²⁴² Anonymous, ‘Jvar Tattva O Shishur Akal Mrittyu’, *Hahnemann*, 4, 5, 1921, p. 214.

²⁴³ Jnanendra Kumar Maitra, Op cit 209, pp. 72-73

²⁴⁴ Jnanendra Kumar Maitra, Op cit 208, p. 24

²⁴⁵ Jnanendra Kumar Maitra, Op cit 209, pp. 82-84

²⁴⁶ R. Biswas, Op cit 206, pp. 618-619

²⁴⁷ Projit Mukharji, *Nationalizing the Body: The Medical Market, Print and Daktari Medicine*, London, New York: Anthem Press, 2011, pp. 213-250

²⁴⁸ See Tanika Sarkar, Op cit 138. Also, see Charu Gupta, *Sexuality, Obscenity, and Community: Women, Muslims and the Hindu Public in Colonial India*, Delhi: Permanent Black, 2001, pp. 123-196.

argued that, 'it is important to comfortably bring up the child who is forced to arrive as a result of the parents seeking pleasure.'²⁴⁹

Cohabitation without pregnancy was acceptable for these authors. The book *Sexual and Venereal Ills and Evils* thus extensively discussed all prevalent forms of contraception from rubber sheaths to patent or quinine solutions etc.²⁵⁰ However, the author expressed his reliance on *sangyam* or 'self control' and 'will power' as the most effective measure. Reminding the householders of the necessity of cultivating a moral, ethical way of life he advised the husbands to 'concentrate all the force of their mind upon the more peaceful, devotional, sacrificial aspect of their love, rather than upon its more passionate and physical side.'²⁵¹ Certain homoeopaths even pointed out the importance of addressing the increasing lack of religiosity amongst the Hindus as compared to Christians and Muslims.²⁵² Cultivation of religiosity was considered relevant in stimulating a morally sensitive way of being.

Apart from advising a monogamous, controlled, morally upright conjugal life, the homoeopathic manuals also advocated a disciplined and regulated way of living. They strongly advised against alcoholism and every other form of intoxication and suggested a simple diet. It was argued that strong food or drink clashed with the mild doses of homoeopathic drugs and was an impediment to their smooth functioning.²⁵³ It was repeatedly asserted that the homoeopathic drugs worked best when one led a composed, balanced and disciplined life.²⁵⁴ Consumption of alcohol was especially discouraged in a range of articles, which enlisted the evils of alcohol in the body and its interactions with the homoeopathic drugs.²⁵⁵ Those who found it difficult to get rid of their habit were advised in having small quantity of indigenous liquor, as it was relatively less harmful.²⁵⁶ To some authors, 'vegetarianism and practice of celibacy are often more effective than any drug in

²⁴⁹ Jnanendra Kumar Maitra, Op cit 209, p. 86

²⁵⁰ Ibid, p. 101-111

²⁵¹ Ibid, p. 116-117

²⁵² Anonymous, 'Jvar Tattva O Shishur Akal Mrittyu', *Hahnemann*, 4, 5, 1921, pp. 211-213.

²⁵³ Jagachandra Raya, Op cit 93, p. 176

²⁵⁴ Anonymous, Op cit note 10, pp. 14-16.

²⁵⁵ For instance, see Anonymous, 'Surapaan' ('Drinking Alcohol'), *Hahnemann*, 1, 12, 1883, pp. 177-181. Also see, Haranath Ray, 'Madyapan Jonito Rog' (Diseases relating to Drinking Alcohol'), *Chikitsa Sammilani*, 4, 1887, p. 26-28.

²⁵⁶ Jagachandra Raya, Op cit 93, p. 176

curing venereal disease.’²⁵⁷ It was argued that ‘jibon jatrar pronali’ or the conduct of everyday life held the key to an ideal domesticity.²⁵⁸

The homoeopathic literature attached so much importance to the conduct of everyday life that they insisted on the need of such discipline even in physicians who would treat such a patient suffering from venereal disease.²⁵⁹ In an interesting article titled ‘How I attained My Long Life’ published in the journal *Hahnemann*, the author Piyari Mohan Mukhopadhyay, identified a disciplined lifestyle along with consumption of homoeopathy as the secret behind his long life of ninety plus years.²⁶⁰ An obituary article in the same journal too highlighted that Piyari Mohan, a close friend of both Rajendralal Datta and Mahendralal Sircar, had an extremely disciplined lifestyle.²⁶¹ The article emphasised that he never consumed any other drug other than homoeopathy in his lifetime and enjoyed a remarkably long and healthy life.²⁶²

Celebrating the Indigenous: From Consumption towards an Ethic of Production

The previous sections have dwelt upon the overlapping discourse of crisis-ridden, ailing domesticity in colonial Bengal and the quotidian practice of homoeopathy as its potential remedy. Asserting its deep ironically indigenous roots, practice of homoeopathy was shown to present an ideal form of consumption for Indian households. Such consumption was shown to be commensurate and intersecting with the values and ethics represented by the emerging nation. Virtues of self-sufficiency, self-rule or swaraj and self sufficient economy were shown to be central to the overlapping discourse of nationalism as well as homoeopathy. This section will argue how along with a critique of Europe-inspired unbridled consumption of imported goods and an appreciation of acceptable/indigenous objects of consumption; Bengali homeopathic literature fostered a simultaneous celebration of particular ethics of production.

²⁵⁷ R. Biswas, Op cit 206, p. 614

²⁵⁸ *ibid*, p. 614

²⁵⁹ Akhil Chandra Ray, ‘Jouna Samasya Samadhan Sambandhe Du Ekti Kotha’, *Hahnemann*, 23, 7, 1940, p. 29,32

²⁶⁰ Piyari Mohan Mukhopadhyay, ‘Amar Deeghayu Labh er Karon’ (‘How I Attained my Long Life’), *Hahnemann*, 21, 7, 1938, pp. 411-413.

²⁶¹ ‘Editorial’, *Hahnemann*, 21, 7, 1938, p. 422-23

²⁶² *Ibid*, p. 422-23

Since the early twentieth century, the authors writing on homoeopathy frequently highlighted a glaring lacuna of homoeopathy. It was pointed out that for all its emphasis on self-reliance, Indians had to remain dependant on the supply of homoeopathic drugs from abroad. As the author of the article 'Bharatbarshe Homoeopathy' or 'Homoeopathy in India' in the journal *Hahnemann* stated, 'a conspicuous difficulty of consuming homoeopathy is that the drugs are not manufactured in India. If America today is unwilling to import drugs, we will be paralysed.'²⁶³ Accordingly, the homoeopathic literature urged the consumers to be attentive to the process of production. The appeal was directed primarily to the same householders or the Bengali grihasthas who had been encouraged to consume homoeopathy since mid nineteenth century. The texts emphasised on the crucial roles that every household in Bengal could potentially play in the experiments related with the preparation of drugs. One finds here an unmistakable link with the Gandhian ideology of production and consumption around 'khadi' except that it was adopted even in the production of scientificised commodities.

Through their publications, the homoeopaths elaborated on the incentives of experimenting with indigenous or local plants of India. The usefulness of such indigenous vegetation over the imported ones was repeatedly pointed out. Sarat Chandra Ghose, a biographer of Mahendralal Sircar for instance noted in his work, 'it is daily marked by us that the plants growing in a particular locality bear a remarkable affinity to the temperament and constitution of the individuals inhabiting that locality. It is, therefore, apparent that Indian drugs will be found most suitable to our constitution.'²⁶⁴ In the preface of the book *Bharat Bhaishajya Tattva: Materia Medica of Indian Drugs* homoeopath Pramada Prasanna Biswas too expressed solidarity with this position and added that from ancient times Indians have been curing their ills without taking help of other nations.²⁶⁵ The authors firmly held that it was a 'law of nature' that a locality breeding a certain disease always had natural resources that could cure it.²⁶⁶ These writings portrayed each individual as products of the natural

²⁶³ G.Dirghangi, 'Bharatbarshe Homoeopathy' ('Homoeopathy in India'), *Hahnemann*, 3, 11, 1920, pp. 465-466.

²⁶⁴ Sarat Chandra Ghose, *Life of Dr. Mahendralal Sircar*, Calcutta: Hahnemann Publishing Company, Second edition, 1935, p. 79

²⁶⁵ Pramada Prasanna Biswas, 'Note to Indian Physicians' in *Bharat Bhaishajya Tattva: Materia Medica of Indian Drugs*, Pabna: Hahnemann Medical Mission, 1924, page number not cited.

²⁶⁶ Pramada Prasanna Biswas, 'Deshiya Oushadh Sambondhe Aboshyokiyo Kotoguli Kotha' (Few Useful Words on the Indigenous Drugs'), *Hahnemann*, 8, 7, 1925, p. 370.

vegetation, climate, wind, water, soil and food of a particular locality.²⁶⁷ So much so that it was held impossible that, the drugs required for the cure of a particular disease in a certain locality 'will have been provided by the Almighty in Europe and America.'²⁶⁸ The nationalist biases of these texts become evident as they elaborated on the notion of 'locality.' The editorial comment on the investigation with indigenous plants by Joykissen Mukherjee in the journal *Calcutta Journal of Medicine* for instance pointed out that, 'according to such dogma, it will be impossible to define the boundary of a locality. Nevertheless, we are persuaded that for a great many, if not for all, the diseases peculiar to India there exist admirable remedial agents within the boundaries of India itself.'²⁶⁹

The process of discovering new drugs or 'proving' was considered a critical aspect of homoeopathic knowledge. As the author of the *Materia Medica of Indian Drugs* pointed out, apart from the homoeopathic law, the other crucial contribution of Hahnemann was the methodology of testing drugs on healthy human body.²⁷⁰ Indeed, it was argued that testing and proving drugs on healthy individuals as opposed to 'clinical verification' was a distinct feature that set homoeopathy apart from other medical systems, notably allopathy.²⁷¹ Drug proving involved ingestion of different forms of vegetations in specified manner by healthy individuals. The 'provers' had to maintain a record of all the minute reactions that were generated in their body following such ingestion. The knowledge of such reactions to various quantities of consumed vegetation was considered critical in preparing homoeopathic drugs from them. The authors regretted the fact that while Indian physicians wholeheartedly adopted the homoeopathic law in their practice, they lacked miserably in their efforts towards the other important aspect i.e. proving.²⁷² It was pointed out that while adherents of homoeopathy in Europe and America were consistent in their efforts to increase the pharmacoepia, 'India has done nothing of the kind....'²⁷³ The authors urged fellow homoeopaths and their readers to address this problem by engaging in extensive

²⁶⁷ Ibid, p. 370

²⁶⁸ Pramada Prasanna Biswas, 'Homoeopathic Bhaishajya Tattver Bishesattva o Sustho Manab Dehe Aushadh er Parikkha' (Peculiarity of the Homoeopathic Materia Medica and Proving Drugs on Healthy Human Bodies'), *Hahnemann*, 6, 10, 1923, p. 464.

²⁶⁹ Anonymous, 'Baboo Joykissen Mookerjea on the Investigation of Indigenous Drugs', *Calcutta Journal of Medicine*, 3, 5 and 6, May-June 1870, pp. 177-179.

²⁷⁰ Pramada Prasanna Biswas, Op cit note 265.

²⁷¹ See Pramada Prasanna Biswas, 'Letter to the Editor', *Hahnemann*, 7, 7, 1924, p. 332. Also see Pramada Prasanna Biswas, Op cit 268, p. 466-467

²⁷² Pramada Prasanna Biswas, Op cit note 265.

²⁷³ Sarat Chandra Ghose, *Life of Dr. Mahendralal Sircar*, Calcutta: Hahnemann Publishing Company, Second edition, 1935, p. 79

‘proving’ of Indian vegetation. A letter to the editor of the journal *Hahnemann* in 1925 stated this urgency saying that proper proving of indigenous plants would be beneficial not only for the Indians but the entire world.²⁷⁴ The texts further encouraged people to be extensive and indiscriminate in their proving. They were encouraged to take inspiration from the preaching of Mill and Kant who held that every substance in the cosmos had the potential to contribute.²⁷⁵

The value of the ‘indigenous’ over foreign or imported were repeatedly highlighted. For several commentators India was ‘a land of six seasons’²⁷⁶, exceptionally rich in its medicinal resources.²⁷⁷ As Leopold Salzer noted in the article ‘On the Necessity of Drug Proving in India’ in 1869, ‘in therapeutic resources, of all the countries of the world she [India] presents the best opportunity...she may be truly said to be only waiting for the hands of the explorer to make over her healing treasure.’²⁷⁸ Description of such Indian treasures included not only plants but also mineral and animal substances capable of producing drug.²⁷⁹

However, articles like ‘Deshiya Beshaja o Tahar Shakti’ or ‘Indigenous Drugs and their Power’ pointed out in unequivocal terms that the real problem lay in the condemnable attitude of Indians who looked down upon things indigenous.²⁸⁰ Directly referring to the growing nationalist ideology of swadeshi and self-reliance, the authors held that consumption of indigenous drugs should be the logical culmination of the cult of swadeshi.²⁸¹ Celebration of the ‘indigenous’ was indeed a strong common link between the homoeopathic discourse and those on nationalism. The December 1928 editorial of the journal *Homoeopathy Pracharak* for instance proudly noted that the homoeopathic drugs

²⁷⁴ Anonymous, ‘Letter to the Editor: Alochona’, *Hahnemann*, 8, 5, 1925, p. 234

²⁷⁵ H.P.Maity, ‘Deshiya Beshaja o Tahar Shakti’ (‘Indigenous Drugs and their Power’), *Hahnemann*, 7, 4, 1924, p. 176

²⁷⁶ Pramada Prasanna Biswas, Op cit 265.

²⁷⁷ K.K.Bhattacharya, ‘Records of Indian Drug-Proving’, *The Hahnemannian Gleanings*, 1, 1, February 1930, p. 112.

²⁷⁸ Leopold Salzer, ‘On the Necessity of Drug Proving in India’, *Calcutta Journal of Medicine*, 2, 5 and 6, May-June 1869, p. 174

²⁷⁹ Pramada Prasanna Biswas, ‘Chikitshita Rogir Bibaran’ (‘Description of a treated Patient’), *Homoeopathy Paricharak*, 2, 4, July 1928, p. 131-139.

²⁸⁰ H.P.Maity, Op cit 275, p. 177.

²⁸¹ Anonymous, ‘Deshiya Beshaja’ (Indigenous Drug’), *Svasthya*, 3, 2, 1899, p. 35-37.

prepared out of indigenous plants were selected for the exhibition marking the next session of the Indian National Congress in Calcutta.²⁸²

Proving of indigenous plants was upheld as an effective means to deny dependence on the west. Writing in 1925 the author of the article 'Deshiya Aushadh Sambondhe Abashyakiya Kataguli Katha' or 'Some Essential Facts Regarding Indigenous Plants' asserted, 'based on the few indigenous drugs that has been proved, the predominance of foreign remedies is on the decline.'²⁸³ The homoeopaths moreover believed that the imported drugs were inadequate in curing peculiarly Indian diseases like certain kinds of fevers common only in India. The only way out to them was to introduce newer remedies through experiments with indigenous substances. The author of the article 'Talks about Homoeopathy' in the journal *The Hahnemannian Gleanings*, thus pointed out, 'For all these different fevers we have a different remedy; most of these remedies are unknown to the old school. These are comparatively new remedies and work miracles in the hands of a Homoeopath.'²⁸⁴ The authors moreover reminded the readers of the difficulty faced in procuring homoeopathic drugs during the First World War. Published in 1924, the *Materia Medica of Indian Drugs* for instance explicitly stated that 'it was impossible to get drugs from Germany during the war. Simple drugs like Aconite, Bryonia and Belladonna that are prepared from German plants were difficult to get. The American dealers supplied those drugs at their will at the end of the war.'²⁸⁵

These texts pointed out that Hahnemann himself had preached the merits and importance of drug proving by physicians. They urged physicians to come forward in an endeavour to complete an Indian materia medica of homoeopathic drugs.²⁸⁶ Simultaneously it was declared that such a 'daunting task' would also require the participation of the 'thousands of amateurs, patrons and practitioners of homoeopathy.'²⁸⁷ As an article in the *Calcutta Journal of Medicine* insisted, 'It is more than probable that the Indian flora contains specimens which would best be adapted to cure diseases peculiar to this country. Will there

²⁸² 'Editorial: Pradarshani te Deshiya Homoeo Oushadh' ('Indigenous Homoeopathic Drugs at Exhibition'), *Homoeopathy Pracharak*, 2, 9, Dec 1928, p. 366.

²⁸³ Pramada Prasanna Biswas, Op cit 266, p. 370

²⁸⁴ J.H.Freebome, 'Talks About Homoeopathy', *The Hahnemannian Gleanings*, 3, Dec 1932, p. 514

²⁸⁵ Pramada Prasanna Biswas, Op cit note 265.

²⁸⁶ Pramada Prasanna Biswas, Op cit 266, p. 372.

²⁸⁷ Leopold Salzer, Op cit 278, p. 177-178.

not be found, in that very same country, specimens of men, ready to subject themselves to proving of the drugs of their own soil?’²⁸⁸

Indeed, every individual was encouraged to be ‘active’ and ‘energetic’ in participating in whatever capacity they could.²⁸⁹ As the article ‘Homoeopathic Bhaishajya Tattver Bisheshotto o Sustho Manabdehe Aushadh Porikkha’ or ‘Speciality of Indian Materia Medica and Drug Proving in Healthy Human Bodies’ in the journal *Hahnemann* pointed out, ‘we need various categories of workers in accomplishing this task. If everyone agrees to participate in whichever capacity they would prefer, that would contribute substantially in the great task. In reality, this can never be completed by the efforts of dispersed individuals.’²⁹⁰ It was pointed out that those who could not be involved in the direct proving of drugs in their body could still contribute by consuming the drugs after they were being proved and reporting their reactions to its various doses.²⁹¹

The participation of women were especially sought. Thus after proving the plant *Atista indica* and publishing its result in the journal *Hahnemann*, physician Kalikumar Bhattacharya noted, ‘before inserting this as an official remedy we need to get it tested in some other humans. Especially to know how it works in female constitution and affects which organs, we have to inspire some women to take up the task.’²⁹² Participating as a family was highly recommended involving many members of the same household.²⁹³ The author of *Materia Medica of Indian Drugs* noted how he and his family members including other relatives were committed to the task of proving indigenous drugs of malarial fever.²⁹⁴ The most effective drugs that were proved were compiled and the result was the monograph *Bharat Bhaishajya Tattva: Materia Medica of Indian Drugs*.

These egalitarian invitations to ‘ordinary’ ‘amateur’ people along with the ‘professionals’ were often contested from within the ranks of the homoeopaths themselves. Some authors were dubious of the viability of involving of lay householders.²⁹⁵ To them, it was dangerous for any lay person to test any plant and infer its medicinal values. They strongly felt that

²⁸⁸ Ibid, pp. 177-178.

²⁸⁹ H.P.Maity, Op cit 275, p. 174.

²⁹⁰ Pramada Prasanna Biswas, Op cit 268, pp. 101.

²⁹¹ Ibid, p. 100

²⁹² See Kalikumar Bhattacharya, ‘Atista Indica Proving er Itibritta’ (‘Account of the Proving of Atista Indica’), *Hahnemann*, 4, 9, 1921, p.323. Also see Pramada Prasanna Biswas, Op cit 266, p. 413.

²⁹³ Pramada Prasanna Biswas, Op cit 268, pp. 99-101.

²⁹⁴ Pramada Prasanna Biswas, Op cit 265.

²⁹⁵ Anonymous, ‘Letter to the Editor: Alochona’, *Hahnemann*, 8, 5, 1925, p. 235

‘some specific knowledge and awareness was necessary for such participation.’²⁹⁶ However, authors like Kalikumar Bhattacharya contributing in the same journals negated such a viewpoint. In a letter to the editor of the journal *Hahnemann*, Bhattacharya took a strong position against such advocacy of specialised knowledge.²⁹⁷ In response to the attacks by a younger colleague, he cited instances from his real life where he had been guided in discovery of new drugs by lay knowledge among women that are transmitted across generations in the household.²⁹⁸ To him, lay participation was of utmost importance in furthering the cause of homoeopathy. In a short note that followed the article, the editors defended Bhattacharya saying it was easy to criticise these efforts but difficult to engage in meaningful work in an inclusive way.²⁹⁹

These discussions on indigenous vegetations involved a range of plants that were most easily available and ‘often grown in the backyards of one’s residence.’³⁰⁰ Of those most extensively experimented and written about were *Ocimum* (Tulsi), *Kalmegh*, *Papaya*, *Neem* and so on. The authors encouraged the ordinary householders to test these mundane, commonplace vegetations that one daily encountered. The author of the article ‘Talks about Homoeopathy’ in the journal *The Hahnemannian Gleanings* for instance induced his readers to test ‘Marigold (*Calendula officianialis*), known to you as the Gainder; sometimes you decorate your houses with it and make garlands from it.’³⁰¹ Deliberately diluting the possibility of any rigid professional/amateur divide, these texts highlighted each Bengali household and its backyard as a potential laboratory for homoeopathic drugs. Ordinary householders with no specialist knowledge were shown to be capable of producing and positively contributing to the repertoire of homoeopathic knowledge.

However, the texts admitted the importance of being extremely cautious in the attempts of proving. In a letter to the editors of the journal *Hahnemann* homeopath Pramada Prasanna Biswas discussed the methods of homoeopathic proving.³⁰² He noted that to eliminate the chances of error it was always advisable to test each plant by multiple groups of people of different age group and constitution. It was repeatedly pointed out that ‘thorough proving is

²⁹⁶ H.P.Maity, Op cit note 275, p. 177

²⁹⁷ Kalikumar Bhattacharya, ‘Letter to the Editor: Alochonar Prattyuttor’, *Hahnemann*, 8, 5, 1925, p. 239-248.

²⁹⁸ *Ibid*, p. 240-241

²⁹⁹ Anonymous, ‘Letter to the Editor: Alochona’, *Hahnemann*, 8, 5, 1925, p. 238.

³⁰⁰ Pramada Prasanna Biswas, Op cit 265, p. 1

³⁰¹ J.H.Freebome, ‘Talks About Homoeopathy’, *The Hahnemannian Gleanings*, 3, Dec 1932, p. 515.

³⁰² Anonymous, Op cit 299, p. 234-238.

impossible without the participation of a number of people. Unless it is possible, one sided proving simply has no value.’³⁰³ In his article ‘Homoeopathic Bhaishajya Tattver Bisheshotto’ Pramada Prasanna Biswas advised the relatively healthy people to volunteer for the act of proving. To acquire fundamental knowledge of homoeopathic drugs and their proving, he advised them to read relevant parts of Hahnemann’s *Organon* which he cited in his article. Those not conversant in English were instructed to read a particular Bengali translation published in an earlier edition of the journal *Hahnemann*. To him, such fundamental awareness was necessary before one committed to acts of proving.

The authors further indicated certain guidelines for the potential ‘provers’. They needed to follow certain routine and regulations in their quotidian life for the period they were engaged in testing indigenous plants. The article ‘Ashar Alok’ for instance enumerated that the grihasthas had to practice vegetarianism and celibacy since at least one month prior to the test.³⁰⁴ During the period, they were required to have a disciplined routine of bathing, eating and sleeping and should generally engage in peaceful, religious discussions or in discussions on the science of homoeopathy benefiting the world.³⁰⁵ In the article ‘The Proving of Atista Indica’ in the journal *The Hahnemannian Gleanings*, author K.K.Bhattacharya recounted his routine saying,

Before taking medicine for proving purposes I regulated my diet, taking only rice, ghee, vegetables without fish or meat. In the afternoon, I took mohanbhog...no more than 4 ounces everyday. I biked for one hour every morning and evening...³⁰⁶

The provers were instructed to always carry a notebook and take meticulous notes of all the minute changes and symptoms that they experienced with their timing.³⁰⁷ They were reassured repeatedly through a number of writings that there was no physical danger associated with such acts of proving.³⁰⁸

Not only was ‘proving’ considered harmless, it was instead presented as a means to serve the world. Homoeopaths of all ranks and stature held that Hahnemann was propelled in his discovery purely by his desire to help the suffering humanity. Proving of indigenous plants

³⁰³ Ibid, p. 235

³⁰⁴ Kalikumar Bhattacharya, ‘Ashar Alok’ (‘Light of Hope’), *Hahnemann*, 7, 2, 1924, pp. 81-82

³⁰⁵ Ibid, P. 81

³⁰⁶ K.K.Bhattacharya, Op cit 277, p. 115

³⁰⁷ Kalikumar Bhattacharya, Op cit 304, p. 66

³⁰⁸ Pramada Prasanna Biswas, Op cit 268, p. 466

was written about as another important way of accomplishing the same ideal. Chapter two has elaborated on how the rhetoric and ethic of ‘service’ emerged as a way of social posturing for Bengali homoeopaths by the twentieth century. The convictions of each homoeopath in such higher ideals can be assessed for instance from the writing of K.K.Bhattacharya for the journal *The Hahnemannian Gleanings*. In the article ‘Records of Indian Drug-Proving he declared, ‘...to ameliorate the sufferings of the helpless millions I have made up my mind to prove homoeopathically as many drugs as I can in my life, following the footsteps of our illustrious elders who have already shown the way by proving a few stray drugs.’³⁰⁹ The homoeopaths believed that through their sincere, well-meaning efforts they could successfully intervene in the government’s futile public health efforts to ‘stun the swelling tides of the pestilential visitations’ marked by cholera, malaria, small-pox etc that ‘are fearfully taking away their annual tolls of victims by hundreds and thousands....’³¹⁰ Referring to these contexts, the authors frequently harped on the higher ideals of homoeopathy that set it apart from any other form of medical knowledge. As the author Pramada Prasanna Biswas dramatically reminded his colleagues through the journal *Homoeopathy Paricharak*, ‘Remember you are a homoeopathic physician. Your medical knowledge is not only for business. It is noble and based on very high ideals...’³¹¹

In their extensive discussion of indigenous plants, the physicians in the twentieth century frequently invoked memories of their predecessors in the nineteenth century. The texts often expressed their gratitude to these predecessors as pioneers of the efforts towards preparing new drugs. The book *Materia Medica of Indian Drugs* by Pramada Prasanna Biswas for instance had a detailed dedication page enumerating his intense gratefulness to Pratap Chandra Majumdar whom he cited as not only his own mentor but also as the real initiator of drug proving in India.³¹² He commented, ‘you were the first among the physicians to have given instruction to test drugs in healthy humans. You may be termed as the pioneer. I do not know of any Indian who has proved any drug before you conducted your proving of *Ezadirecta indica*.’³¹³ Interestingly, the entrepreneur-physicians at the helm of Bengali homoeopathy indicated in the first chapter, were also noted as the foremost initiators and

³⁰⁹ K.K.Bhattacharya, Op cit 277, p. 112.

³¹⁰ Ibid, p. 113

³¹¹ Pramada Prasanna Biswas, ‘Chikitshito rogir Bibaran’, *Homoeopathy Paricharak*, 2, 4, July 1928, p. 131-139

³¹² Pramada Prasanna Biswas, Op cit 265, Dedication page.

³¹³ Ibid.

patrons of the process of drug proving. Thus, in his article *Records of Drug-proving*, K.K.Bhattacharya noted, ‘...I shall include some more medicines which had been proved here in India my predecessors... such as Dr. Sarkar, Dr. Majumdar, Dr. Bhadury, Dr.Ghose ...and others.’³¹⁴

The twentieth century homoeopathic discussion on experiments with indigenous plants can hardly be complete without referring to the efforts at institutionalisation. As we have noted, the very promise of homoeopathy as a quotidian remedy rested on blurring any strict amateur/professional divide. Homoeopathic literature of domesticity and health indeed promoted an all-inclusive, egalitarian notion of healing as opposed to medical specialisation. However, there were strong impulses towards forming institutions especially in the context of experimenting with new drugs. In his biography of Mahendralal Sircar, physician Sarat Chandra Ghose proudly announced the foundation of the Hindusthan Institute of Indigenous Drug-Proving stating ‘this sort of a society is the crying need of India.’³¹⁵ However, such efforts at establishing societies were extremely irregular. They were hampered for a variety of reasons that will be taken up in the next chapter. The author of the article ‘Homoeopathy Mowt e Aushadh Porikkha’ or ‘Drug Testing According to Homoeopathy’ for instance complained that there were frequent resolutions towards forming societies or associations to conduct tests that never materialised.³¹⁶

The homoeopaths in that context promoted a very different kind of institutionalisation around the professional journals. They sought active contributions from the ordinary readers relating to the experiments with indigenous plants. The readers were encouraged not only to participate in proving but to always register their names with any established homoeopathic journal before they began doing so.³¹⁷ They were asked to report all the relevant information regarding the date, time, amount consumed and their symptoms in the body. The journals reported the eagerness of many readers who wrote to them about participating in experiments. Others were reported as expressing interest in consuming the newly proved drugs in illness. Thus, the author of the article ‘Ashar Alok’ in the journal *Hahnemann* noted that, ‘it is a matter of great hope that many people, often as a couple, have proved

³¹⁴ K.K.Bhattacharya, *Op cit* 277, p. 114.

³¹⁵ Sarat Chandra Ghose, *Life of Dr. Mahendralal Sircar*, Calcutta: Hahnemann Publishing Company, Second edition, 1935, p. 79.

³¹⁶ S.C.Dey, ‘Homoeopathy Mowt e Oushadh Porikkha’, *Hahnemann*, 21, 5, 1938, p. 272

³¹⁷ Kalikumar Bhattacharya, *Op cit* 304, p. 82

certain drugs or have shown interest in tasting proved drugs like my quinia indica.’³¹⁸ Many got back with their feedback of the tested drugs.³¹⁹ The journals therefore emerged as a unique space in homoeopathic discourse where professional physicians, amateur authors, lay householders interested in participating in homoeopathic endeavours, or ordinary consumers and readers extensively interacted and informed one another. The authors earnestly encouraged these various genres of readers to actively write and discuss various facets of homoeopathy including their own experience of consuming homoeopathic drugs. The journals confidently noted that through such reciprocal exchanges, certain drugs became ‘popular articles of everyday use.’³²⁰ Experiments with indigenous plants were also a medium of assertion for Indian physicians in the homoeopathic pharmacopeia at large. The journals equally provided a space for the Bengali physicians to advertise their drugs and to assert their presence in the international platforms. The 1934 editorial of the journal *The Hahnemannian Gleanings* for instance, noted at length that physician Sarat Chandra Ghose had been given honorary membership of the very prestigious Royal Society of Literature of the United Kingdom in view of his ‘systematic and original researches in the domain of indigenous drugs.’³²¹

Conclusion

This chapter has been about the pervasive nationalist angst for the preservation of the identity of Indians in the face of westernisation of values and lifestyle since the second half of the nineteenth century. Central to this literature was a concern for the declining health of the Indian people. A growing concern over the structure and vitality of the Indian families too characterised this literature. This chapter has mapped how medical literature on homoeopathy strategically intervened and weaved these three discourses together to uphold the practice of homoeopathy as an ideal response to such anxieties. Consumption of homoeopathy- in the form of drugs, printed materials and ways of living it prescribed- was written about as the most effective indigenous remedy to the corruptions induced by a colonial modernity in the pristine ways of Indian life. Existing historiography has delineated how a welding of swadeshi and swaraj was the ideological core of late nineteenth century

³¹⁸ Ibid, p. 81.

³¹⁹ See Pramada Prasanna Biswas, ‘Advertisement to the First edition’, Op cit 265.

³²⁰ S.C.Dey, ‘Homoeopathy Mowt e Aushadh Parikkha’, *Hahnemann*, 21, 5, 1938, p. 278.

³²¹ S.K.Das, ‘Editorial Notes and Comments’, *The Hahnemannian Gleanings*, 5, August 1934, p. 332-333.

economic nationalism.³²² The chapter has demonstrated that homeopathy was deeply entangled with the ideological core of late nineteenth-century economic nationalism with deep ideological emphasis on ethos of self reliance – swadeshi and swaraj. It has done so by analyzing the conjuncture of three constitutive elements: first, the concern with the ‘indigenous’ and how homeopaths crafted homeopathy in Bengal as a pragmatically hybrid science – one that was compatible with indigenous ways, yet also equipped with scientific credentials. Second, the mutual shaping of discourses on domesticity in Bengal with the particular, if not unique, attributes of homeopathy, which aligned consumption, production and knowledge transmission to create a powerful tool for health improvement outside and alongside the push for professional bodies of medical expertise.

This conjuncture was further propelled and sustained by the way the homeopaths and other commentators interwove practical dimensions of homeopathy with the perceived needs and vulnerabilities of the bodies of women and children, with ideologies of women’s role and responsibilities in the family, a moral economy of thrift and moderation, a concern for the threat to the ‘family’ by physical/moral degeneration, and through the propulsion to experiment with and make use of India’s medicinal resources – entirely attuned with nationalist orientations and ambitions in turn of the twentieth-century India. Taking the logic of self-reliance and swadeshi to its logical culmination, consumption complemented by an effort to produce was highlighted as the best form. With the promise of homeopathy’s unique egalitarian democratic outreach to each basic unit of the nation, every household emerged as a potential consumer as well as producer of homoeopathic products.

Indeed, this chapter has also been about this unique promise of homeopathy in creating democratic citizen doctors of future. Homoeopathy, as the world of Bengali manuals and journals reveal, was a science that could be mastered at home, by all, through the simple act of reading. The notion of professionalisation as understood in twentieth century India stood immensely fractured and diluted in this homoeopathic discourse. In almost defying the need to learn homoeopathy through professional institutions, it also promised a different form of institutionalisation. Together with the cult of biography writing delineated in the second chapter, and the use of the space of the professional journals discussed in this, Bengali

³²² Manu Goswami, ‘From Swadeshi to Swaraj: Nation, Economy, Territory in Colonial South Asia, 1870-1907’, *Comparative Studies in Society and History*, 40, 4, Oct 1998, pp. 609-636.

homoeopathy operated within a different index of institutions as this thesis illustrates. An overlapping network of physicians, manufacturers, drug sellers, publishers, journal editors and writers stood caught in an affective mode of operation around the central dynamic of 'family'. The final chapter would look into the imperatives and politics of the negotiations of this network with the government in the second quarter of the twentieth century in delineating a space for 'authentic' homoeopathy through state legislations.

Chapter Five –

‘Into the heart of the nation’¹: Homoeopathic Families, Nationalism and the Politics of Legislation, 1920-1941

‘...homoeopathy needed to win the government by its side, failing which it would fade in comparison with its state-supported allopathic or even ayurvedic counterparts.’²

‘...some provision should be made to prevent the practice, now prevalent in Calcutta and the *mofussil*, of homoeopathic practitioners adopting letters which imply the possession of registrable (sic) diploma in western medicine while merely correcting this implication by adding in small type the term ‘homoeo’ or even the letter ‘h’, eg. L.M.S homoeo or L.M.S.H....’³

‘A therapeutics which is extremely subtle and difficult to master has been reduced to an easy hobby for everybody.’⁴

‘Allopathic doctors may not find any merit in that system, but so far as millions of patients in Bengal are concerned, they will, I think, freely recognise its merits in view of the benefits they daily derive.’⁵

Between the early 1920s and 1941 homoeopathy was implicated in various administrative moves involving a series of legislations in Bengal. In August 1941, the nationalist government in Bengal provided unprecedented official recognition to homoeopathy by setting up a General Council and State Faculty of Homoeopathic Medicine. This period witnessed changes not merely among the custodians of the state but also in the functioning of the entrepreneurial families, who had sustained their interests and investments in homoeopathic drugs, publications and knowledge. These eventful years in Bengal politics saw the growing electoral strengths of the nationalist parties and the eventual formation of a nationalist government in the province in 1937.⁶ In this period of instability and transition, the state’s attitude to homoeopathy may at best be termed as ambiguous. Medical legislations introduced by the state appeared simultaneously dismissive of and accommodative towards homoeopathy. While being critical of the way homoeopathy was practiced, such legislations nonetheless acknowledged the restricted outreach of state

¹ N.M.Choudhuri, ‘Organisation of Homoeopathy and Its Improvement’, *Home and Homoeopathy*, May 1931, p. 439

² S.N.Guha, ‘Kaj er Kotha’ (‘Useful Words’), *Hahnemann*, 6, 10, 1923, p. 437

³ W.H.H.Vincent Secretary to the Government of India, Legislative Department to the Secretary to the Bengal Council and Assistant Secretary to the Government of Bengal, Legislative Department, Financial Department Medical Branch, File 2-D/8, Proceedings 18-33 A, December 1915.

⁴ Anonymous, ‘Homoeopathic Chikitshak’ (‘Homoeopathic Physician’), *Hahnemann*, 9, 6, 1926, p. 318

⁵ *Bengal Legislative Assembly Proceedings*, Vol L.1 Number 3, August- September 1937, Alipur: Bengal Government Press, pp. 806-808 [West Bengal Secretariat Library, hereafter WBSL]

⁶ For an in-depth study of the political history of the period, see Joya Chatterji, *Bengal Divided: Hindu Communalism and Partition, 1932-1947*, Cambridge: Cambridge University Press, 1994. For a study of the political developments in a slightly earlier period see Tanika Sarkar, *Bengal 1928-1934: The Politics of Protest*, Delhi: Oxford University Press, 1987.

sponsored medical relief programmes especially in rural Bengal. In such a context, there were official deliberations on the necessities of standardising and promoting ‘indigenous’ practices of which homoeopathy was increasingly considered an integral part especially since 1937.⁷ The chapter studies the reconfiguration of the leading homoeopathic business families into associations, societies and other pressure groups in the face of these politico–legal changes.

The chapter primarily traces the entangled processes through which homoeopathy and nationalism appropriated one another in twentieth century Bengal. It, as well, examines the ways in which these processes produce certain varieties of exclusions and margins. The previous three chapters have explored the growing intersections between homoeopathy and Hindu nationalist ethos. Taking cue from such overlaps this chapter focuses on how the emergent nationalist state and elite business families negotiated in deciding what constituted ‘pure’, ‘acceptable’, ‘reformed’ homeopathy compatible with the ‘scientific’ parameters set by the state. In that, it shows how homoeopathy was made to fit into the developmentalist, pro-people rhetoric of the government in this period around ideals of mass rural reconstruction. It studies the terms of their negotiations in making the same therapeutic practice respectable in the eyes of the state, which it previously ridiculed as a ‘scandal’.

The chapter examines the twin ramifications of these negotiations on Bengali homoeopathy and its practitioners. At one level, homoeopathy with its emphasis on ‘economy’ and ‘indigeneity’ was projected as the ideal public health tool suitable for a nationalist government that claimed to be committed to the people. While continuing to assert its significance in the nationalist regeneration of family, homoeopathy was increasingly emphasised in this period as relevant beyond the realm of the domestic sphere. Interestingly, such nationalist discourse of homoeopathy chimed perfectly with the statist concern with quackery in delineating a sphere of ‘pure’ homoeopathy. Such delineation was premised on purging the community of those self-taught, amateur, often-suburban and frequently semi-literate subaltern characters who seemed to have escaped the disciplining apparatus of the nation. At another level, this nationalist discourse on homoeopathy was related essentially to the structure of homoeopathic pedagogy and aspects of formal institutionalisation. It upheld a state-sanctioned standardised institutional pattern of

⁷ Indeed, the homoeopathic Faculty was instituted just after the ayurvedic Faculty was announced in 1936 but ahead of the formal recognition of any other ‘indigenous’ practices including Unani.

education, which the elite homoeopathic families promised to propound through their newly built institutions in this period. Such standardised education also involved greater incorporation of the knowledge of auxiliary sciences like physiology, anatomy and even bacteriology within homoeopathic education. Evidently, the discourse on purification castigated a vast majority of practitioners, who did not comply with the state-endorsed standards of institutionalised education as: illegitimate ‘quacks’.

The idioms of ‘reform’ and ‘purification’ therefore locked homoeopathy and nationalism in a seemingly reciprocal entangle. This chapter explores the violence inherent in such dialogue. The earlier chapters have studied how homoeopathy was being projected as a model that could ensure a healthy nation by its quotidian presence in the households. Such projections upheld an inclusive vision that invited egalitarian participation of all future citizens of the emerging nation. However, in view of the legislative assaults of the state, the decades of 1920s and 30s saw a simultaneous role reversal. Nation in this period was posited as that archetypical disciplining apparatus that would cure homoeopathy of its evils. To meet the standards set by the nationalist government, the leading homoeopaths sought to purge the community through drastic hierarchisation at the cost of the earlier accommodative epistemology that sustained its practice.

The homoeopathic entrepreneurial families, as the previous chapters have revealed, exhibited consistent efforts in going beyond the clutches of the state and its terse bureaucratic institutionalisation in disseminating homoeopathy. Devoid of conventional institutional protocols, homoeopathy was shown to be thriving upon familial, inclusive, amateurish, and affective intimacies fostered primarily through a vibrant print market. The ‘translated’ texts in the form of manuals or journals a coupled with the medical-chest were the principal bases that ensured its proliferation across households. However, from the 1920s, in negotiating with the state and in delineating a space for ‘pure’ homoeopathy, the entrepreneurial families appeared to nuance, police and even displace such inclusive and affective registers.

Finally, this chapter maps the contours of the dissenting voices, which were excluded abruptly from the 1920s by the disciplining drives of the nation and elite homoeopaths. While protesting the arbitrary imposition of hierarchies, these voices further alleged that the big business houses were undermining the exalted causes they previously stood for. Negotiations with the state and the reconfiguration of homoeopathic pedagogy along state-

dictated lines, it was argued, caused more fundamental corruption to the practice than the relatively minor problem of quackery. Indeed it was widely dissented that reconfiguring homoeopathic pedagogy along state-imposed parameters inflicted real corruption to the pristine and pure Hahnemannian homoeopathy.

To what extent were political interventions instrumental in shaping therapeutic practices? In what ways and to what end did nationalism and homoeopathy shape one another? How were state-endorsed medical authorities constituted in the process? How did such politics of recognition and authority hinge on delineating the boundaries of a therapeutic field and in the production of its 'other'? What role, if any, did religious identity play in the politics of homoeopathy's 'recognition'? This chapter answers these questions by probing the interactions, negotiations and traffics of interests between the legislative impulses of the colonial and the increasingly nationalist state, the elite business families and the eclectically dispersed, self-taught, urban and *mofussil* practitioners slowly condemned as 'illegitimate' in this period.

Nationalism, Homoeopathy and State Legislations

This section maps a change in the attitude of the Calcutta based entrepreneurial firms while asserting their familial presence in the field of homoeopathy. As hinted in the introduction, from the second quarter of the twentieth century there were radical alterations in the ways these families functioned. The leading families and their trusted employees reoriented themselves into formal associations and clubs by the 1930s. Section 3 of this chapter will delve deeper into the formation and functioning of such associations. There was a parallel shift in the way in which homoeopathy came to be represented by them in the 1930s. To put it briefly, there was a distinct effort to reach out to the state, to project homoeopathy as an ideal tool for state's public health apparatus. These shifts should be understood in the context of a number of twentieth century legislations that directly or indirectly implicated homoeopathy. This section and the next will analyse such legislations.

As has been historiographically suggested, the 1930s was a decade of significant changes in Bengal politics. The nationalist parties, represented most prominently by the Indian National Congress were in conversation with the colonial state more than ever before. The trend manifested in the 1919 Government of India Act, which allotted certain crucial administrative departments to the provinces could be seen culminating in the 1935 Act that

ensured provincial elections. The latter opened up the rural electorate in Bengal by reserving an overwhelmingly large number of election seats for the rural constituencies. This coupled with the Great Depression of the 1930s, which markedly affected rural agrarian relations led to what has been poignantly described as the ‘emergence of the *mofussil* in Bengal politics’.⁸ The countryside including the huge rural population predominantly came into unprecedented focus of the nationalist agenda in the 1930s. Meanwhile, the Gandhian programmes around the Civil Disobedience movements in the early 30s also marked a shift in focus to the rural areas and a departure in Congress organisational activity.⁹ However, the limited nature of the Congress’ involvement in rural Bengal in early 1930s has also been commented upon.¹⁰ Yet, existing histories have emphasised the undeniable centrality of the rural population, especially the lower peasant classes in the electoral agenda of the Congress, which was in fact in contradiction to its earlier stance of protecting the rights of the landed elites.¹¹ This was especially the case in the face of other regional parties gaining rapid prominence like the Krishak Praja Party (KPP) of Fazlul Haq whose electoral campaign hinged on an exclusive and emphatic pro-peasant call with a distinct ‘neo-populist rhetoric’.¹² It is indeed revealing that a significant slogan of the KPP campaign in the 1936 Bengal Assembly elections was ‘*dal-bhat*’ or rice and lentil which was considered ‘in Bengal the simplest fare’, the basic subsistence requirement of an individual.’¹³ The Congress and the KPP were in fact in an informal alliance with one another until at least the 1936 elections, which the latter won.

Thus overall, the rhetoric of population, rural construction, mass contact and welfare of the *mofussil* became central themes in mainstream Bengali nationalist formulations of the 1930s. Indeed, ‘development’ in general had emerged as an essential theme in nationalist thinking by the decade of the 1930s.¹⁴ As has been pointed out, such nationalist developmentalist impulse should not be mapped in narrowly defined economic terms. The ostensibly economic issue of ‘development’ was linked to wider social and moral questions

⁸ See Joya Chatterji, Op cit note 5, pp. 55-102.

⁹ Tanika Sarkar, Op cit note 5, p. 1-2.

¹⁰ Joya Chatterji, Op cit 5, p. 65

¹¹ Ibid, pp. 88-96.

¹² Ibid, pp. 75-76.

¹³ For a discussion of the slogan and its significance in drawing large scale rural attention see Paul R. Greenough, *Prosperity and Misery in Modern Bengal: The Famine of 1943-1944*, New York, Oxford: Oxford University Press, 1982, pp. 70-71.

¹⁴ See for instance Benjamin Zachariah, *Developing India: An Intellectual and Social History c.1930-50*, Delhi: Oxford University Press, 2005.

related to 'progress' and 'welfare'. 'Development' in the 1930s incorporated incongruent and discreet themes of social reform, village uplift, rural reconstruction, constructive work, cooperative farming and credit, self-reliance, improvement and so on.¹⁵

The growing overlaps between homoeopathic ethos and nationalist ideologies, particularly swadeshi, have been studied in the previous chapters. With possibilities of the establishment of a nationalist government becoming more apparent in the 1930s, there were tangible changes in the way homoeopathy was projected. The shift in the attitude of the homoeopathic entrepreneurs in the 1930s needs to be studied in this overall changing political context. There was a distinct effort in projecting homoeopathy as the ideal tool in governmental administration relating to public health management. While continuing to assert the significance of homoeopathy in acting as a catalyst in the nationalist regeneration of family, there were simultaneous attempts to move beyond the confines of domesticity. There were conscious efforts to engage with and converse in the language of the emerging nation-state, and its concerns around population, rural welfare and development. In their approach towards reaching out to the masses, one notices an evident overlap with the electoral concerns of the nationalist parties. Such an altered approach needs to be studied in the context of legislations implicating homoeopathy. In addition, one needs to appreciate the historiographic assertion relating to the growing 'economic insignificance of the middleclass' Bengalis.¹⁶ Existing works have noted the growing competition in the field of private investment and commerce from the European firms and the Marwaris in Calcutta in the 1920s and especially 1930s.¹⁷ Strategic aligning of Bengali homoeopathic enterprise with the vision of the emerging nation-state needs to be studied in the light of these broader currents of events over the decade of the 1930s.

Relevant entrepreneurial families had begun appealing to the provincial government to acknowledge homoeopathy as a suitable ally in its public health programmes. Through their publications, they referred to the widespread infiltration of the doctrine in Bengali households over the past many decades. The vibrant print culture around homoeopathy was repeatedly highlighted as the main tool behind the extensive dissemination of homoeopathy across Bengali households. In a speech delivered to commemorate Hahnemann's birthday in

¹⁵ Ibid, p. 44

¹⁶ Tanika Sarkar Op cit note 5, p. 8

¹⁷ Ibid, p. 7-8. For detailed discussion on the subject of European competition in private investment, see Amiya Bagchi, *Private Investment in India 1900-1939*, Cambridge: Cambridge University Press, 1972.

early 1936 published in the journal *The Hahnemannian Gleanings* of the Hahnemann Publishing Company, A.N.Mukherjee¹⁸, for instance, alluded to the impressive attainments in the field of homoeopathic publications over the years. He pointed out that

Hundreds of treatises, both in English and in vernaculars, have been published; almost all the classical works from foreign languages have been translated. Side by side there also exist a large number of periodicals, which have proved very helpful in popularising the principles and practice of homoeopathy.¹⁹

At a national meeting of homoeopaths held in 1938 Jitendranath Majumdar began his presidential speech (published in the same journal), by presenting a collage of various domestic contexts where Bengali householders had ‘historically’ resorted to homoeopathic drugs.²⁰ Talking about the remarkable popularity of homoeopathy these authors boasted that ‘nearly fifty percent of the Homoeopathic drugs manufactured by Boericke and Tafel in America are sold in the Indian markets’.²¹

Simultaneously, these authors suggested ways in which homoeopathy could potentially aid the government’s extensive public health programmes. The cost effectiveness of deploying homoeopathy in such extensive governmental endeavours was especially highlighted. In the article ‘Progress of Homoeopathy in India’ A.N.Mukherjee for instance asserted, ‘the density of the population, the area of square miles and the money spent per capita by the government for medical relief work in India as published in the census report make interesting reading. It clearly shows that the amount spent is very inadequate.’²² Reminding the readers about homeopathy’s ‘special appeal to the people of India who are proverbially poor’, Mukherjee argued that ‘homoeopathy has made it possible to supplement this [the inadequacy in governmental medical relief] to a great extent and could render further useful services at a nominal cost if Government help were forthcoming’.²³ In unprecedented ways, editorials in journals like *The Hahnemannian Gleanings* from the early 30s began

¹⁸ He was the principal of Calcutta Homoeopathic College established by Pratap Chandra Majumdar. An associate of the Majumdar family, he emerged as an important voice in the realignment of the entrepreneurial families into associations in this period. Section 3 will elaborate on his activities in the period.

¹⁹ A.N.Mukherjee, ‘Hahnemann’s Birthday Celebration’, *The Hahnemannian Gleanings*, 7, May 1936, p. 191

²⁰ J.N.Majumdar, The Sixth All India Homoeopathic Medical Conference, *The Hahnemannian Gleanings*, 9, February 1938, p. 49-50

²¹ A.N.Mukherjee, ‘Progress of Homoeopathy in India’, *The Hahnemannian Gleanings*, 8, January 1937, p. 560

²² *Ibid*, p. 560

²³ *Ibid*, p. 560

highlighting the potential usefulness of homoeopathy in addressing the government's various public health issues, including combating epidemics.²⁴

These writings tended significantly to demand governmental recognition of homoeopathy as a valid and scientific medical doctrine. Writing in 1936, Jitendranath Majumdar, for instance, emphasised on the importance of securing an official validation and formal patronage from the state by aligning with the administrative machinery of the government.²⁵

Such homoeopathic optimism was not without its basis. From the mid 1930s, there were ongoing discussions at the central legislature regarding homeopathy's scientific status and potential. In April 1937, a resolution was moved in the central Legislative Assembly urging the government to recognise the 'introduction of homoeopathic treatment in government hospitals and recognising the homoeopathic colleges in India'.²⁶ The resolution was passed immediately and was thereafter forwarded to the provinces for their consideration. The leading homeopathic journals in Calcutta unanimously celebrated the legislative decision as a crucial step towards acknowledging homoeopathy as a necessary resource in governmental health administration.²⁷ In a jubilant mode, some of them published the whole of the official report detailing this decision of the Government of India.²⁸ However, doubts persisted about homeopathy's scientific basis as the central legislature actively debated this issue. Referring to technical details of homoeopathic therapeutics, it was even argued that 'the whole treatment is ultimately reduced to treatment by water...'²⁹ In course of the legislative debates such issues however were addressed and resolved conclusively. In various moments during these debates, homoeopathy's efficacy and economy were predominantly asserted.

The 1937 central legislation promoting homoeopathy in government hospitals was not completely fortuitous. It had a significant precedent in the 1920 order passed by the

²⁴ For instance see 'Editorial: New Years Retrospection and Introspection', *The Hahnemannian Gleanings*, 4, February 1933 p. 10

²⁵ See for instance J.N.Majumdar, 'State Recognition of Homoeopathy and Status of Homoeopaths in India', *The Hahnemannian Gleanings*, 7, May 1936, p. 178

²⁶ *Official Report of the Legislative Assembly Debates of 1937*, Vol 3, Number 10, p. 2935. Republished as 'Resolution Re Introduction of Homoeopathic Treatment in Government Hospitals and Recognition of Homoeopathic Colleges in India', *The Hahnemannian Gleanings*, 8, August 1937, pp. 301-311

²⁷ See for instance 'Editorial: Bharat Government Homoeopathic Chikitsa Podhhoti sombandhe onumodan' *Hahnemann*, 20, 1, 1937, p. 3-4. Also see 'Resolution Re Introduction of Homoeopathic Treatment in Government Hospitals and Recognition of Homoeopathic Colleges in India', *The Hahnemannian Gleanings*, 8, August 1937, p. 301-311

²⁸ *Ibid.*

²⁹ *Ibid.*, p. 312-313.

Governor in Council in Bengal. The Order in Council signed by the Secretary to the Government of Bengal specified that ‘the dispensary rules should be so altered as to make it possible for district boards to establish, maintain and make grants to dispensaries following systems of medicine other than allopathic.’³⁰ Existing historiography has noted the growing official tolerance towards ‘indigenous’ medicine in this period. Some scholars have attributed the trend to the growing realisation post 1914 that indigenous medicine and practitioners played a culturally and financially responsible role in maintaining the basic health of the Indians.³¹ It has been argued that the severe strain the World War I placed on the availability of medical services and supplies made it impossible to ignore existing health care options. These works have highlighted the changes in the administrative structure following the 1919 Government of India act that initiated a ‘diarchy’ in major provinces.³² The reforms introduced a new system that brought among other departments, ‘health’ fully under the aegis of regional governance.

Thus following the order passed in 1920, the provincial district boards were encouraged to ‘establish, maintain and subsidise non-allopathic dispensaries’ and a corresponding set of ‘draft rules’ for the ‘establishment, maintenance and management’ of such dispensaries were formulated.³³ In the official discussion regarding the establishment of the ‘non-allopathic’ dispensaries, private funding was immensely encouraged apart from the ‘grant-in-aid’ promised through the district boards. The minister-in charge accordingly notified to the people the elaborate rules pertaining to the setting up and management of such dispensaries.³⁴

The 1920 regulation was followed by frequent establishment of state endorsed homoeopathic dispensaries in the Bengali countryside over the decade of the 1920s and early 30s. The official report for the year 1924 alone recorded the establishment of a

³⁰ Local Self Government Department Medical Branch Proceedings Volume July 1921, ‘Rules for the Establishment, maintenance and management of dispensaries following systems of medicine other than allopathic’, File 2R-1 (1) Proceeding 8 A, March 1920. [WBSA]

³¹ See for instance Mark Harrison, *Public Health in British India: Anglo India Preventive Medicine 1859-1914*, Cambridge: Cambridge University Press, 1994.

³² See Rachel Berger, ‘Ayurveda and the Making of the Urban Middle Class in North India 1900-1945’, in Dagmar Wujastyk and Frederick Smith (ed.), *Modern and global Ayurveda: Pluralism and Paradigms*, Albany: SUNY Press, 2008, pp. 104-105.

³³ Surgeon General with the Government of India to the Secretary to the Government of Bengal Finance (Medical) Department, Local Self Government Department Medical Branch Proceedings Volume July 1921, File 2R-1(3) Proceeding 10 A, March 1920p. [WBSA]

³⁴ Local Self Government Department Medical Branch, Proceedings Volume July 1921, File 2-r-1 (13) Proceedings 26 A, Notification No 1504 Medical, May 1921. [WBSA]

number of homoeopathic dispensaries in the districts of Dacca, Pabna, Burdwan etc.³⁵ Indeed, the steady rise in the number of homoeopathic dispensaries reflected in the annual reports since 1920. The ‘Annual Report on the Hospitals and Dispensaries in Bengal for the year 1923’, for instance, recorded the establishment of 27 homoeopathic dispensaries that treated 46,865 patients as opposed to 13 ayurvedic and only 2 unani dispensaries.³⁶ In certain cases, the dispensaries declared themselves as resorting to both the ayurvedic and the homoeopathic systems of medicine.³⁷

Thus, the provincial government had been accommodative of the so-called ‘non-allopathic’ therapeutics since the early 1920s. Of such therapeutics, the state was inclined more towards discussing the prospects of ayurveda and homoeopathy stating them to be more rampant in Bengal than others.³⁸ The optimism and eagerness of the homoeopathic businesses in the mid 1930s to align homoeopathy intimately with the state machinery were premised on these legislations. Following the Montague Chelmsford Reforms Act of 1919 there was a heightened and renewed phase of activity among the nationalist parties in the provinces. By the end of the 1920s there was mounting hope around the eventual formation of a nationalist government. The values and ethos promoted by the homoeopathic literature in Bengal over the years often intersected with and reinforced these nationalist concerns. Thus from the mid 1930s the homoeopathic businesses began projecting homoeopathy as an effective, efficacious and economic tool of direct state governance.

Chapter 3 and 4 have dealt with the overlap between the projected homoeopathy ethos and nationalist ideologies at certain distinct registers. They have explored the ways in which homoeopathy’s compatibility with an evidently Hindu nationalist sensibility was systematically upheld in the Bengali print market. Such an indigenised, traditionalised and largely hinduised image of homoeopathy was promoted primarily through the efforts of the entrepreneurial families at the helm of Bengali homoeopathy. It has also been noted how

³⁵ Local Self Government Department Medical Branch, Proceedings Volume 1924, See for instance File 1D-70 Proceedings 507-08 B ; File 1D-55, Proceeding 229-31 B ;File 1D-43 Proceedings 271-73 B.

³⁶ R.Heard Surgeon General, Government of India to the Secretary, Government of Bengal, Local Self Government Department Medical Branch, Proceedings Volume March 1925, File 1-R-2(II) Number 1-2, ‘Annual Report on the Hospitals and Dispensaries in Bengal for the Year 1923’, p.4 [WBSA]

³⁷ Local Self Government Department Medical Branch, Proceedings Vol 1924, File ID-11 Proceeding 271-78 B. [WBSA]

³⁸ Most official correspondence on the scope of native/indigenous therapeutic practices in Bengal discussed the relative popularity of ayurveda or homoeopathy over unani. See Upendra Nath Brahmachari to the Officiating Secretary to the Government of Bengal Municipal (Medical) Department, Financial Department Medical Branch July 1913, File 3-M/9 23 Proceeding 33 B. [WBSA]

such publications simultaneously acknowledged the modern, western, rational face of homoeopathy. Such an indeterminate, liminal, in-between aura about the category homoeopathy was suitably utilised by its chief elite North Calcutta- based perpetrators. It is important to note that these leading homoeopathic voices over the period of the 30s selectively drew upon its various attributes in delineating it as a potential public health tool for governance. Particularly in their correspondence with the governmental representatives, as the latter sections would illustrate, any association with an explicit religious identity was conveniently underplayed. Instead, they built upon a developmentalist ideal of ‘service’ and ‘relief’ in deploying homoeopathy towards an apparently secular nationalist regeneration of the population at large. This was especially true of their interactions with the KPP party, which fought and won the Bengal assembly election on a pro-people mandate, yet, eventually gathered a Muslim overtone through larger historical contingencies.³⁹

Drive to ‘maintain the purity of the pathy’⁴⁰

The previous section sketched the deliberate legislative attempts to accommodate homoeopathy within the state apparatus. Such acts were not however unconditional. Homoeopathy was hardly ever provided a free hand in medical governance. Apart from the inclusive acts already discussed, other contemporary legislations expressed suspicion about homoeopathic practices. As shown in chapter 1, the colonial administration in the late nineteenth century remained vehemently critical of the ‘scandalous’ ways in which homoeopathy was allegedly practiced. Practice of homoeopathy was considered utterly irregular, unsystematic and incoherent because of a remarkable lack in organisation, formal institutions and in pedagogy. Indeed, the state had deep reservations in the ways in which the craft of homoeopathy was disseminated and acquired. We have noted already in Chapter 1 the ways in which alleged homoeopathic irregularities provoked the state to discuss a medical registration act. The state was evidently concerned with the problem of quackery associated with all genres of medicine. Nevertheless, homoeopathy featured centrally in such official correspondence relating to quackery. Such criticisms continued and even escalated in the twentieth century. They culminated in a couple of government legislations in the first quarter of the twentieth century.

³⁹ See Jaya Chatterjee, Op cit note 5, pp. 191-219.

⁴⁰ N.Ghatak, ‘Homoeopathy-Past and Present-in India’, *The Hahnemannian Gleanings*, 8, December 1937, p. 506

The Bengal Medical Bill of 1913 had introduced a medical council and a system of registration whereby only the graduates of government medical institutions and of those institutions recognised by the government qualified as ‘registered practitioners’.⁴¹ The act thus rendered most of the homoeopathic physicians as ‘unregistered’ since a handful of them had formal medical training. The unregistered practitioners, homoeopathic and otherwise, were however not debarred entirely from practice. Clause 26 of the act provided a ‘penalty upon an unregistered person representing that he is registered’.⁴² While the province reeled under the ambiguity relating to the scope of the act, a second act was passed by the Government of India to ‘penalise the use of bogus medical degrees’.⁴³ The Indian Medical (Bogus Degrees) Act, 1915 summarily deemed illegal the grant of degrees by bodies other than institutions, which were either established or recognised by the government.⁴⁴ The act however related primarily to the ‘western medical science’ which was defined as ‘western methods of allopathic medicine, obstetrics and surgery, but do not include the homoeopathic or ayurveda or unani systems of medicine.’⁴⁵ However, as has been hinted in the existing literature, the act had simultaneously made it ‘pretty evident that while tolerated, the other medical traditions would not be privileged or even considered part of the scientific tradition.’⁴⁶

Indeed, when the bill was discussed at the provincial administrative level it involved severe antagonistic comments from the authorities whose opinions were sought. The majority of such antagonistic remarks in Bengal concerned homoeopathy, which was identified as a significant threat to the practice of ‘western medicine.’ Prior to the passing of the act, while the bill was being discussed, the council of Medical College, for instance, strongly urged that

Some provision should be made to prevent the practice, now prevalent in Calcutta and the *mofussil*, of homoeopathic practitioners adopting letters which imply the possession of registrable diploma in western

⁴¹ J.Donald Officiating Secretary to the Government of Bengal, Municipal Department to the Secretary to the Government of India, Home Department, Municipal Department Medical Branch, February 1913, File 3-M/9 2 Number 47, attached Draft of The Bengal Medical Bill, 1913, p. 15 [WBSA]

⁴² *Ibid*, p. 17

⁴³ H.Wheeler Secretary to the Government of India Home Department to the Secretary to the Government of Bengal Municipal (Medical) Department, Municipal Department Medical Branch May 1913, File 3-M/9 Number 14, Legislation to Penalise the Use of Bogus Medical Degrees, p. 1 [WBSA]

⁴⁴ *Ibid*, p.2

⁴⁵ *Op cit* note 3.

⁴⁶ See for instance Rachel Berger, *Op cit* note 32, p. 103.

medicine while merely correcting this implication by adding in small type the term 'homoeo' or even the letter 'h', eg. L.M.S homoeo or L.M.S.H....⁴⁷

These discussions questioned the standard and credentials of a rising number of homoeopathic institutions that were being set up since the early twentieth century. In his suggestions to the bill, Rai Kailash Chandra Bose, C.I.E, L.M.S, for instance, warned the Bengal government about 'several homoeopathic institutions in Calcutta' which,

...freely traffic in bogus degrees and diplomas, which strictly speaking are not colourable imitation of the University degrees and as such do not come under the purview of the Criminal Procedure Code, but their moral effect upon the populace is just as bad. They avoid law by the insertion of the letter 'H' before their degrees and diplomas.⁴⁸

Hence, well into the twentieth century intense administrative doubts prevailed about the ways in which homoeopathy was disseminated and practiced in Bengal. Although the act did not summarily penalise or debar the ordinary homoeopathic practitioner, it identified a vast majority of them as unqualified and unregistered. The government most importantly disapproved of the mushrooming homoeopathic institutions that had begun extensively to grant medical degrees.

However, these bureaucratic discussions simultaneously conceded that 'the present supply of qualified medical practitioners is unable to cope with the need of the country for medical relief.'⁴⁹ It was pointed out that 'most of the villages go without any or have to be satisfied with a mere apology of such relief.'⁵⁰ In view of such realities, many groups consulted in relation to the bill, like the Indian Association, urged the government to consider 'the question of the protection afforded to qualified men who practice the system of homoeopathy.'⁵¹ It is therefore hardly surprising that within a few years of the passing of the Bogus Degree Act, where the homoeopaths were discussed as a threat to 'western allopathic medicine', the 1920 dispensary regulations welcomed the setting up of homoeopathic dispensaries.

⁴⁷ Op cit note 3.

⁴⁸ Rai Kailash Chandra Bose to The Under Secretary to the Government of Bengal Financial Department, Financial Department Medical Branch, File 2-D/B7 Number 24, November 1915, p. 12 [WBSA]

⁴⁹ Pramatha Nath Banerjee Honorary Assistant Secretary to Indian Association Secretary to the Government of Bengal Municipal (Medical) Department, Financial Department Medical Branch, File 3-M/9 35 Number 45, September 1913, p. 61 [WBSA]

⁵⁰ Ibid, p. 61

⁵¹ Financial Department Medical Branch November 1913, File 3-M/9 Nos-14-48 A, p.5 [WBSA]

The position of the government in relation to homoeopathy in this period therefore can best be described as ambivalent and hesitant. It was torn between being simultaneously accommodative and dismissive. While conceding the widespread outreach of homoeopathy, it was uncomfortable with the informal and corrupt ways in which homoeopathic pedagogy and institutions supposedly functioned. The Calcutta-based entrepreneurial families claiming to represent the legitimate face of homoeopathy internalised the logic of such governmental critiques. In a revealing way, their nationalist portrayal of homoeopathy in this period completely imbibed the hierarchical bias of the colonial state against the so-called unqualified practitioners. It was precisely against such dispersed and unqualified practitioners of homoeopathy that the homeopathic entrepreneurial families defined themselves by invoking a strong rhetoric of 'purification'. The publications of the leading entrepreneurial families in this period engaged consistently with themes of 'reform' and 'purification' to purge the supposedly scandalous and embarrassing miscreants from their trade.

The politics of the families in this period thus exposed an essential tension within their continuing attitudes and efforts in promoting homoeopathy. Since the late nineteenth century, they had committed themselves to a mandate of institutionalising homoeopathy through domestic, familial and affective channels with the aid of the print market. As illustrated in the previous chapters, these leading publishers had encouraged the reading, learning and practice of homoeopathy beyond the bounds of the conventional state patronised institutions like schools, hospitals and colleges. Yet, from the 1920s and through the 1930s, the agenda of 'reform' and 'purification' emerged as a persistent theme in their publications. Such writings took a position precisely against those self-taught, 'amateur', often-suburban and semi-literate practitioners whom the state considered recalcitrant and dangerous. The homoeopathic family-based enterprises thus began exhibiting remarkable solidarity with the statist concern in taming such intractable elements, which seemed to have slipped out of the disciplining apparatus of the emerging nation state.

The unbridled proliferation of the self-taught, amateur practitioners was in fact identified as the most deep-seated problem plaguing homoeopathy.⁵² A range of articles published in the

⁵² Existing historiography reflect confusion over the status of the 'lay' and 'self-taught' homoeopaths in other contexts around the same period. See for instance Marijke Gijswijt-Hofstra, 'Homeopathy and its concern for purity: the Dutch case in the early 20th C' in M. Gijswijt-Hofstra, G.M. Van Heteren and E.M. Tansey (eds),

leading journals including *Hahnemann*, *The Hahnemannian Gleanings*, *Indian Homoeopathic Review*, *Homoeopathy Paricharak*, *Home and Homoeopathy* as also in other monographs dealt with these issues. They ridiculed and condemned the trend that men from various eclectic professional backgrounds had acquired amateurish interest in homoeopathy. The 1923 article ‘Kaj er Kotha’ or ‘Useful Words’ published in the journal *Hahnemann*, for instance, sarcastically noted that,

In our times the lawyers-attorneys, clerks in the courts and offices, the nayeb-gomosthas-amins to the zamindars, clerks in railways and steamers, those dealing with the parcels in these departments, students in various schools and colleges, even the petty shop owners are in effect homoeopathic physicians.⁵³

In a similar vein, the article ‘Homoeopathic Upadhi Samasya’ or ‘Problems of Homoeopathic Degrees’ noted that, ‘Nowadays the station masters become practicing homoeopaths while in service. From police officers, gurus in pathsalas to grocers in local shops all claim equal expertise in homoeopathy.’⁵⁴

As shown in Chapter 3, these elite Calcutta based physicians with an inherent vision of purification especially targeted the *mofussil*. It was argued that the *mofussil* with a large semi-literate population was a fertile ground for nurturing amateur, lay practitioners. The article ‘Palligram e Homoeopathy o Tar Durobostha’ or ‘The Deplorable Condition of Homoeopathy in the Villages’ in the journal *Homoeopathy Paricharak*, for instance, reflected upon the proliferation of various different diseases in the *mofussil*.⁵⁵ It wondered whether the overabundance of diseases led to the emergence of hundreds of amateur homoeopaths, or it was the other way round.⁵⁶ These authors condemned such practitioners variously as ‘bhando’ or ‘frauds’, ‘quacks’, ‘bhuihors’ or ‘upstarts’, ‘amateurs’ and even ‘dacoits’.⁵⁷ The deceit involved in projecting oneself as a homoeopathic physician simply by possessing domestic health manuals and procuring the standard homoeopathic chest was

Biographies of Remedies: Drugs, Medicines and Contraceptives in Dutch and Anglo-American Healing Cultures, Amsterdam: Rodopi, 2002, pp. 99-121.

⁵³ S.N.Guha, *Op cit 2*, p. 434

⁵⁴ K.N.Basu, ‘Homoeopathic Upadhi Samasya’ (‘Problems of Homoeopathic Degree’), *Hahnemann*, 9, 10, 1926, p. 546.

⁵⁵ Khagendranath Basu, ‘Palligram e Homoeopathy O Tar Durobastha’ (‘Deplorable Condition of Homoeopathy in the Villages’), *Homoeopathy Paricharak*, 1, 3, June 1927, p. 164-166.

⁵⁶ *Ibid.*

⁵⁷ Manmatha Nath Gangopadhyay, ‘Bisadrisa Chikitsay Sadrisa ba homoeo shabder Obantor proyog’ (‘Irrelevant Use of the Word Homoeo in Treatment of Dissimilars’), *Homoeopathy Paricharak*, 1, 1, April 1927, p. 60-62

especially criticised.⁵⁸ The article ‘Gharer Dheki’ or ‘Internal Problem’ specifically castigated the incompetence of the *mofussil* physicians labelling the bulk of them as ‘enemies within’.⁵⁹

Such proliferation of amateur practitioners was allegedly associated also with the mushrooming of homoeopathic institutions in the first quarter of the twentieth century. It was argued that such institutions were primarily set up by self-taught men of dubious competence.⁶⁰ Articles like ‘Upadhir Byabsha’ or ‘Degree Trade’ emphatically contended that such homoeopathic schools were set up with the singular purpose of reaping profit.⁶¹ Commenting on the standard of education in such institutions the article ‘Homoeopathic College’ in the journal *Hahnemann* noted with alarm that, ‘nowadays it is hardly an exaggeration to suggest that there are as many homoeopathic institutions as the number of physicians in the city.’⁶² The author further held that the relation of ‘food and predator’ prevailed between the teachers and students in such schools.⁶³ The fundamental critique launched against these schools remained a complete absence of any standardised, regularised curricula in tune with modern medical knowledge. They were accused of selling degrees in return for an agreed amount of money. Referring to appalling inconsistencies in homoeopathic pedagogy, these journals reported that while some colleges granted degrees at the end of four years, some offered at the end of one, while some others promised long distance teaching and examination.⁶⁴ A 1922 editorial of *Hahnemann* noted that the newly set up homoeopathic colleges promised degrees within a range varying from two months to two years, and in exchange of money varying from 1 rupee to 100 rupees.⁶⁵ Not only degrees, but gold and silver medals too were said to be on offer.⁶⁶ The deplorable situation led a number of authors to refer to such institutions as ‘degree selling shops’.⁶⁷ The distaste of the dominant homoeopathic actors against these small institutions was vented out variously as some of them noted with derision, ‘Hopefully in the near future these colleges

⁵⁸ Ibid, p. 60-62

⁵⁹ Prabal Chandra Chatterjee, ‘Gharer Dheki’ (‘Internal Problems’), *Hahnemann*, 6, 3, 1923, p. 121

⁶⁰ G.Dirghangi, Op cit 60, p. 552

⁶¹ Ibid, p. 553

⁶² G.Dirghangi, ‘Homoeopathic College’, *Hahnemann*, 1, 10, 1918, p. 308

⁶³ Ibid, p. 312

⁶⁴ G.Dirghangi, Op cit 60, p. 554

⁶⁵ ‘Editorial’, *Hahnemann*, 6, 7, 1923, p. 290

⁶⁶ G.Dirghangi, Op cit 60, p. 554

⁶⁷ See ‘Editorial’, *Hahnemann*, 6, 7, 1923 p. 291. Also see S.N.Guha, Op cit 2, p. 437

would sell magic pills for 1 or 2 paise, swallowing which students will get educated in homoeopathy ... what a fate of a glorious science!’⁶⁸

In a range of articles, these reformist authors blamed such indiscriminate sale of degrees for bringing disrepute to the overall craft of homoeopathy, and for promoting quackery.⁶⁹ As the article ‘Homoeopathic Upadhi Samasya’ or ‘Problems Relating to Homoeopathic Degrees’ contended, such degrees were not respectable simply because there was no way of judging if they were fake or not.⁷⁰ The authors lamented that the situation was so grave that it had generated a popular proverb, ‘jar nai onno gati, shei pore homoeopathy’ literally meaning ‘anyone incapable of attaining a respectable profession could try his hands at homoeopathy.’⁷¹

Those pushing for the agenda of purification discussed simultaneously the importance of negotiating with the government. In view of the legislations passed in the first quarter of the twentieth century, the leading homoeopathic journals regularly published articles that criticised the so-called amateur practitioners. Such articles equally emphasised on the need to secure government support. The article ‘Kaj er Kotha’ or ‘Useful Words’ in *Hahnemann*, for instance, argued that homoeopathy needed to win the government by its side, failing which it would fade in comparison to its state-supported allopathic or even ayurvedic counterparts.⁷² Indeed, the authors deeply reflected upon the weight of the powerful government legislations, even comparing the field of homoeopathic medicine as a veritable ‘kurukshetra,’⁷³ where the government stood for the mighty kauravas.⁷⁴ These authors frequently invoked instances where lay homoeopaths fraudulently using false M.B. (Bachelor of Medicine) degrees were penalised by the government.⁷⁵ To the homoeopathic enterprises, such isolated instances revealed the necessity of appeasing the government rather than antagonising it.

⁶⁸ G.Dirghangi, Op cit 60, p. 554

⁶⁹ G.Dirghangi, Op cit 62, p. 311

⁷⁰ K.N.Basu, Op cit 54, p. 547

⁷¹ S.N.Guha, Op cit 2, p. 434

⁷² Ibid, p. 437

⁷³ ‘Kurushetra’ is the name of a mythical dynastic battle between the mighty Kauravas and the apparently weaker Pandavas described in the famous epic *Mahabharata*.

⁷⁴ See for instance Sashi Bhushan Chattopadhyay, ‘Prokrito o Adorsho Homoeopath o Homoeopathy’ (‘Real and Ideal Homoeopaths and Homoeopathy’), *Homoeopathy Paricharak*, 2, 6, September 1928, p. 243-244.

⁷⁵ ‘Editorial: Homoeopathy Chikitshak er Shasti’ (‘Punishment of a Homoeopathic Physician’), *Homoeopathy Paricharak*, 2, 5, August 1928, p. 185

By pushing such agenda of reform, the north Calcutta-based homoeopathic firms were hopeful of winning the support of a future nationalist government. Several ideas were discussed concerning the agenda of reform and purification. The advantages of introducing a centralised board and a premier homoeopathic institution in the model of the Calcutta Medical College recurred in such discussions.⁷⁶ Indeed, most recommendations concerned the regularisation of the homoeopathic education through centralised vigilance.⁷⁷ The prospect of a centralised examining body too was recommended.⁷⁸ It was further pointed out that such a centralised board or organisation could take a leading role in the production of homoeopathic drugs in the country. Referring to the Bengali dependence on the import of crucial homoeopathic drugs from Europe and the USA, these authors argued for the sustained investment in research around indigenous plants initiated by the proposed body.⁷⁹ In a revealing way the discussions on purification almost inevitably proposed unbridled centralisation of power in the realms of pedagogy, publication as well as in the production of homoeopathic drugs.

The proposed moves towards cleansing homoeopathy were however projected as essentially nationalist endeavours committed to the welfare of the people. The reforming voices frequently invoked eminent nationalist figures as potential leaders in such efforts. The article ‘Samasya o Pratikar’ or ‘Problem and Solution’ written in 1924 recommended the need to secure support from widely respected nationalist figures.⁸⁰ To the author, Rabindranath Tagore and scientist P.C.Ray were two obvious choices since both were nationalists of repute who supported homoeopathy. Since Tagore, a ‘high class homoeopath’ himself, was in China at the time, the author elaborated on the advantages of approaching P.C.Ray. The author was confident of gaining Ray’s support if one could convince him about the lofty objectives of the reforming agenda, which was for the ‘benefit of the nation and the people at large.’⁸¹

Such efforts were often articulated as expressions of regional nationalist sentiments. As the article ‘Organization of Homoeopathy and Its Improvement’ in the journal *Home and*

⁷⁶ See for instance K.N.Basu, Op cit 54, p. 549

⁷⁷ See for instance Kalikumar Bhattacharya, ‘Samasya o Pratikar’ (‘Problem and Its Solution’), *Hahnemann*, 7, 1, 1924, p. 51

⁷⁸ G.Dirghangi, Op cit 62, p. 314

⁷⁹ S.N.Guha, Op cit note 2, p. 437-438

⁸⁰ Kalikumar Bhattacharya, Op cit 77, p 43

⁸¹ Ibid, p. 43

Homoeopathy argued, 'Bengal has fallen back considerably from her fraternity in all things pertaining to lead and leadership. Let it once again lead in homoeopathy by being the formulator of a real strong form of action to guide homoeopathic medical education in India.'⁸² Hence, it was suggested that the homoeopathic fraternity would gain by following keenly the twists in nationalist politics. Some authors were candid about the potential advantages of aligning overtly with the nationalist parties. The article 'Government o Homoeopathy' written in 1924 therefore highlighted the need to pursue the Swarajya Party⁸³ 'as they are winning in the legislative assembly.'⁸⁴ Referring to the fact that their leader Chittaranjan Das was known to personally prefer homoeopathy, the author hoped to benefit from the success of Swarajya party in the assembly.⁸⁵

Evidently, the discourse about purification delicately hinged on nationalist ideals. It was recurrently emphasised that the reformist agenda was inspired by a vision of making homoeopathy suitable for the emerging nation state. In the aftermath of the legislations, from the 1920s, the vision of an emerging nation was invoked to purge homoeopathy of its amateurs. Nation was written about as that disciplining apparatus at the altar of which the purification of homoeopathy was promised. At the same time, homoeopathy continued being projected as an ideal remedy to cure national/familial ills; as the model health care regime that ensured a healthy nation through its quotidian presence in Bengali households.

Of Families, Associations and 'Model Institutions'⁸⁶

This section looks into the composition and contours of such reforming voices. It maps how the late nineteenth century commercial-familial networks were reworked into the changing socio-political contexts of the late 1920s and 1930s. It studies particularly the ways in which the entrepreneurial concerns of family businesses converged with and were reshaped in response to the nationalist agenda to reform homoeopathic pedagogy. It traces the regrouping of the families into associations, which began acting as pressure groups in this period. Besides, family businesses started setting up 'model' homoeopathic institutions to reform existing practices associated with homoeopathic pedagogy.

⁸² N.M.Choudhury, Op cit 1, p. 445

⁸³ Swarajya Party was a breakaway party formed by dissenting Congress men led by C.R.Das in 1923. The party worked within the broader ambit of Congress politics for a brief period in the 1920s.

⁸⁴ Amulya Kumar Chandra, 'Government O Homoeopathy', *Hahnemann*, 7, 3, 1924, p. 142

⁸⁵ Ibid, p. 142-143

⁸⁶ A.N.Mukherjee, Op cit 21, p. 597

By the early 1930s, the Majumdars and the Bhars assumed a central role in reforming homoeopathy. Jitendranath Majumdar, the son of Pratap Chandra Majumdar and Sarat Chandra Ghosh, the editor of both the journals *Hahnemann* and *The Hahnemannian Gleanings* (published by the Hahnemann Publishing Company owned by Prafulla Chandra Bhar) emerged as the vanguards in restoring homoeopathic purity. The other entrepreneurial concerns including the M.Bhattacharya and Company, B.K.Pal and Company or Berigny and Company continued their business primarily around homoeopathic drugs and publications. Yet, for a variety of reasons, unlike the Majumdars and the Bhars they failed to retain centre stage in the 20s and 30s. Rajendralal Dutta and Mahendralal Sircar, for instance, died by the early twentieth century. Following the demise of Mahendralal Sircar in 1904, his son Amrita Lal continued to publish the *Calcutta Journal of Medicine* for some years although he was more engrossed with the works of the Indian Association for the Cultivation of Science.⁸⁷ However, with the death of Amrita Lal Sircar in 1919, the interest of the Sircar family in homoeopathy slowly petered out. Meanwhile, the Majumdars and the Bhars endeavoured to reinvent the journals they published as representative voices of the entire homoeopathic community. Sarat Chandra Ghosh, for instance, pledged in a 1933 editorial of *The Hahnemannian Gleanings* to promote unity among the homoeopaths.⁸⁸ He was confident that through such acts of organisation and unity, the journal would turn into a ‘mouthpiece of Bengali Homoeopathy’.⁸⁹

Indeed, discussions on the necessity of reform converged with the ways of implementing it. Organising the leadership was considered a part of the purifying process. Many of their writings in this period explicitly dealt with efforts of organising the homoeopaths of Bengal in a common shared platform. Such efforts in organisation were often juxtaposed with the nationalist reorganisations of the 1930s. Sarat Chandra Ghosh in his 1935 tome, *Life of Dr Mahendralal Sarkar* explicitly noted,

⁸⁷ The Indian Association for Cultivation of Science (IACS) was founded in 1876 for the dissemination of scientific education in India. For the involvement of Mahendralal Sircar and son Amritlal Sircar in IACS see Arun Kumar Biswas, *Collected Works of Mahendralal Sircar, Eugene Lafont and the Science Movement 1860-1910*, Calcutta: Asiatic Society, 2003.

⁸⁸ ‘Editorial: New Year’s Retrospection and Introspection’, *The Hahnemannian Gleanings*, 4, February 1933, p. 10-11; Sarat Chandra Ghosh, as this section would delineate assumed a position of centrality representing the Hahnemann Publishing Company in this period. He was the author of a number of biographies published in homoeopathic journals, which Chapter 2 has dealt with. For an overview of his accomplishments in his own words see Sarat Chandra Ghosh, ‘An Open Reply to the letter published by one Dr.H.Guha of Dacca on the Homoeopathic Bulletin of July 1932’, *The Hahnemannian Gleanings*, 3, September 1932, p. 365-377

⁸⁹ *Ibid*, p. 11

In the reorganisation of the whole country which is now looming largely before the government and the public, we shall, however, be deprived of our right to occupy our place if we do not, in the first instance organise ourselves into an effective and strong body to do away with all abuses committed by us in the name of homoeopathy.⁹⁰

Such writings since the mid 1920s pointed out the necessity of forming clubs and associations by way of organising the homoeopathic fraternity. In an introspective mood most of these articles argued that the homoeopaths needed to form associations that would meet regularly just as the allopaths did.⁹¹ By the early 1930s two such powerful organisations had indeed come into place. The first was the South Calcutta Homoeopathic Association, with Sarat Chandra Ghosh as its president. The other was the Calcutta Homoeopathic Society, which was initially formed by the efforts of Pratap Chandra Majumdar and his son, Jitendranath in 1909. As mentioned in chapter 1, the Calcutta Homoeopathic College was the earliest homoeopathy teaching institution founded by Pratap Chandra Majumdar in the 1881. It was in fact the only attempt at building a formal pedagogic institution by the leading homoeopathic families in the nineteenth century. As reported in the *Indian Homoeopathic Review* edited by the Majumdars, in 1909 ‘the promoters of the institution [the Majumdars and a few of their homoeopath associates like D.N.Ray⁹²] ... formed themselves into a committee and registered themselves as the Calcutta Homoeopathic Society.’⁹³ The Society was rejuvenated in the 1920s when the purification agenda began being pursued. The Society held regular meetings to discuss the necessity of reform as well as the utility of having medical clubs and associations. In these meetings, associations were repeatedly projected as the sole legitimate voices, capable of addressing and resolving the challenges facing homoeopathy.⁹⁴

Figures connected with these associations emerged as the most audible voices in the period. Apart from Jitendranath Majumdar (who also published as J.N.Majumdar) and Sarat Chandra Ghosh, N.M.Choudhury, the son-in-law of the late Pratap Chandra Majumdar was

⁹⁰ Sarat Chandra Ghosh, *Life of Dr. Mahendralal Sircar*, Calcutta: Hahnemann Publishing Company, Second edition, 1935 p. 93

⁹¹ See for instance Anonymous, ‘Bhishak Kalima Udghaton’ (‘Exposing a Fraud Physician’), *Hahnemann*, 8, 7, 1925, p. 359

⁹² D.N.Ray was a close friend of the leading homoeopathic families. Excerpts of his many biographies, published in the leading journals have been studied in Chapter 2.

⁹³ ‘Editorial: Calcutta Homoeopathic Hospital’, *Indian Homoeopathic Review*, 19, 6, June 1910, p. 102. Also see ‘Editorial: Calcutta Homoeopathic Society’, *Indian Homoeopathic Review*, 19, 11, November 1910, p. 321-322.

⁹⁴ See for instance Anonymous, ‘Sangbad’ (‘News’), *Hahnemann*, 10, 1, 1927, pp. 54-56

a prominent voice in such meetings. The other important names were those of A.N.Mukherjee and J.N.Ghosh, who followed Jitendranath Majumdar to become presidents of the Calcutta Homoeopathic Society.⁹⁵ Both were also influential in running the Calcutta Homoeopathic College. At the same time, the Bengal Homoeopathic Pharmacists Association was formed with J.N.Majumdar as its president.⁹⁶

Interestingly, the new voices in the 1930s had invariably emerged from the legacies of the older familial networks and establishments. While physician Sarat Chandra Ghosh was patronised by the Bhars of the Hahnemann Publishing Company, he was turned into a spokesperson of the firm in the period. Thus, almost all the meetings convened by Ghosh in the period noted the ‘distinguished presence of Prafulla Chandra Bhar, the proprietor of the company and his brother Sudhangshu Mohan Bhar.’⁹⁷ The leading voices in the period, although invariably patronised by the old familial legacies, had claims not only to formal medical training but also often to foreign degrees. The article ‘Dr. A.N.Mukherjee M.D and Ourselves’ in the journal *The Hahnemannian Gleanings*, for instance, detailed the international contacts, degree and laurels earned by A.N.Mukherjee.⁹⁸ It also celebrated his service to the journal as a contributing editor and his active role in the Calcutta Homoeopathic Society.

Through regular meetings, conferences and resolutions the associations indeed posed as the most representative and credible face of homoeopathy, with whom the state could engage. A number of conferences in and around Calcutta were organised to discuss the need to unite and purify the community from the menace of corrupt pedagogical practices. Reporting the first All Bengal and Assam Homoeopathic Conference of May 1931 of which he was the president, Sarat Chandra Ghosh, for instance, wrote that the main objective of the conference was to ‘bring about unity amongst the homoeopaths and to elevate the status and position of homoeopathy.’⁹⁹ The reform and dissemination of homoeopathy, it was argued, could be enabled by greater association with the official state machinery. Winning

⁹⁵ Ibid pp. 54-56

⁹⁶ See ‘The Bengal Homoeopathic Phamacist’s Association’, *The Hahnemannian Gleanings*, 12, October 1941, p. 454.

⁹⁷ See for instance ‘Editorial: Khulna Jela Homoeopathic Sammelan’ (‘ Homoeopathic Conference at the Distirict of Khulna’), *Hahnemann*, 20, 12, 1937, p. 661.

⁹⁸ ‘Editorial: Dr.A.N.Mukherjee M.D and Ourselves’, *The Hahnemannian Gleanings*, 3, June 1932, p. 235. Also see, ‘Homoeopathic News: A.N.Mukherjee and Calcutta Homoeopathic Hospital Society’, *The Hahnemannian Gleanings*, 8, February 1937, p. 49.

⁹⁹ Sarat Chandra Ghosh, Op cit 90, p. 93

governmental support was considered essential not merely for homeopathy's survival but for its respectability.

The associations accordingly lent their wholehearted support to the homoeopathic faculty bill that was introduced in the Bengal legislative assembly in 1937 by the Congress representative P. Banerji.¹⁰⁰ The bill sought to establish a centralised provincial faculty to deliberate on matters related to homoeopathy. Indeed, Congress being the major political party in the province prior to the elections, the leading homoeopathic voices initially attempted to establish direct political collaboration with them. The predominantly upper class, Hindu *bhadralok* aesthetics of Congress party seemed to sit well with the overall politics of the homoeopathic entrepreneur families. Sarat Chandra Ghosh and J.N.Majumdar vigorously supported the bill in their respective journals. Immediately after the bill was introduced in the assembly, Sarat Chandra Ghosh published an article enlisting the consent of many significant Bengalis who supported the move.¹⁰¹ J.N.Majumdar too came in with whole-hearted support of the Bill referring to P.Banerji as 'our member in the Legislative Assembly.'¹⁰² Indeed, the homoeopathic leaders took every possible step to own up P.Banerji as their spokesperson. The January 1938 editorial of *Hahnemann*, for instance, recorded two simultaneous gatherings that took place 'on the same day, at the same time in two buildings virtually across the road' where J.N.Majumdar and Sarat Chandra Ghosh conducted meetings in support of the bill. In their respective speeches, both the speakers earnestly congratulated the Congress party member P.Banerji of the assembly for helping the homoeopathic cause.¹⁰³

The homoeopathic faculty bill however suffered an unfortunate fate in the assembly at the hands of the Krishak Praja Party, which had in between assumed power in the province. After a long discussion in the assembly in 1938, the bill was finally turned down by H.S. Suhrawardy who was acting briefly as the health minister of the KPP ministry. He acknowledged the bill as 'an important motion and all are interested in it'. However, hinting at the collaboration between the homoeopathic leaders and the Congress members he stated that 'the honourable mover would be well advised in the interests of the persons, whose

¹⁰⁰ See 'Editorial: Homoeopathic Faculty Bill, 1937', *Hahnemann*, 20, 4, 1937, p. 210

¹⁰¹ See 'Editorial: Homoeopathic Faculty Bill, 1937', *Hahnemann*, 20, 5, 1937, p. 269

¹⁰² J.N.Majumdar, Op cit note 20, p. 51. See 'Editorial: Nikhil Bharat Homoeopathy Sammelan' ('All India Homoeopathic Conference'), *Hahnemann*, 20, 10, 1937, p. 537

¹⁰³ 'Editorial', *Hahnemann*, 21, 1, 1938, pp. 1-5

cause he is advocating here, to withdraw the bill....'¹⁰⁴ Although conceding the importance and benefits of forming a centralised homoeopathic faculty, Suhrawardy highlighted the problem of widespread 'quackery' associated with homoeopathy as his grounds for rejecting the bill.¹⁰⁵ Rampant irregularities in homoeopathic pedagogy were the main allegation on grounds of which the bill was ultimately withdrawn from the assembly. Although the KPP summarily rejected a bill moved by their major political opponents, the assembly debates were hardly reflective of any political animosity. These discussions about the bill were couched in sombre discussions involving issues of 'welfare', 'service' and the evils of medical malpractice.

In the given context, the purification drive upheld by the Calcutta-based homoeopaths could hardly be considered altruistic. Indeed, along with their call for reform, the leading families, now clustered into associations, exhibited trends of diversifying their entrepreneurial zeal in homoeopathic pedagogy. While exposing the evils associated with the institutions that were being set up in the early twentieth century, they claimed to establish educational institutions where 'authentic' homoeopathy as expected by the state government would be taught. Writing in 1935, Sarat Chandra Ghosh, for instance, enlisted the Calcutta Homoeopathic College founded by P.C.Majumdar, The Bengal Allen Homoeopathic College whose founder-principal N.M.Choudhury happened to be the son-in-law of Pratap Chandra Majumdar as well as the Pratap Chandra Memorial College and Hospital founded by son J.N.Majumdar as the top three credible institutions teaching homoeopathy.¹⁰⁶

These institutions were persistently highlighted as the 'model institutions' for disseminating homoeopathy and fighting the 'evils' within the community. Speaking at a meeting of the Calcutta Homoeopathic Society in 1934, president A.N.Mukherjee, for instance, highlighted the Calcutta Homoeopathic College as 'a visible record of this achievement.'¹⁰⁷ It was emphasised that the fundamental difference between the 'model schools' and the others remained that besides the 'homoeopathic subjects (such as Organon of Medicine, Materia Medica, Philosophy of Chronic Diseases)' the former also engaged with 'all the auxiliary branches of medicine as Anatomy, Physiology, Pathology, Practice of Medicine,

¹⁰⁴ *Bengal Legislative Assembly Proceedings*, Vol L.III, Number 4, September 1938, Calcutta: Bengal Government Press, pp. 65-67

¹⁰⁵ *Ibid*, pp. 65-67

¹⁰⁶ Sarat Chandra Ghosh, *Op cit* 90, pp. 97-98

¹⁰⁷ A.N.Mukherjee, *Op cit* 19, p. 193

Midwifery, Surgery etc.’.¹⁰⁸ Through the meetings organised by the associations, and their publications in the 1930s the homoeopathic enterprises consistently advertised their schools as the ideal ones imparting comprehensive medical training to students. Their syllabi were shown to be in perfect tune with the ‘developments in modern medicine including the auxiliary branches of medicine.’ As Sarat Chandra Ghosh pointed out in 1935,

One inevitable disastrous consequence of the homoeopathic schools already opened has been the creation of an impression in the mind of the public that homoeopathy has very little to do with the Science of Medicine and does not require for the understanding of its principles any respectable learning; any knowledge of anatomy or physiology.¹⁰⁹

It was repeatedly pointed out that to be considered credible by the government and be at par with the modern medical developments, the ‘model schools’ would teach ‘all Collateral Sciences in addition to the teaching of Homoeopathic Materia Medica, Philosophy and Therapeutics.’¹¹⁰ The revised syllabi in such institutions promised to ‘take advantage of all modern methods of teaching including the lecture hall, the laboratory, with all obtainable hospital and dispensary facilities and all the laboratory and diagnostic apparatus necessary....’¹¹¹

These ‘model institutions’ established by the homoeopathic families were considered essential to salvage the situation. They were upheld as homeopathy’s means to appear as respectable before the nationalist government. They were upheld also as the ‘model’ for reform of for other institutions already in existence. As N.M.Choudhury, the founder of the Bengal Allen Homoeopathic College pointed out in Feb 1934, ‘in organising homoeopathic education on these lines, it is imperative that some of the well-established institutions should lead the way....’¹¹² Referring specifically to his own college he pointed out that it had been ‘the product of our incessant labour for a decade...institutions of this type ought to serve as models....’¹¹³

¹⁰⁸ N.M.Choudhury, ‘Second Andhra Homoeopathic Conference Presidential Address’, *The Hahnemannian Gleanings*, 5, February 1934, p. 42

¹⁰⁹ Sarat Chandra Ghosh, Op cit 90, p. 89

¹¹⁰ Ibid, p. 90

¹¹¹ Ibid, p. 91

¹¹² N.M.Choudhury, Op cit 108, p. 42

¹¹³ Ibid.

Manoeuvres towards State 'Recognition' 1937-'41

This section maps the activities of the homoeopathic associations in between the years 1937 and 1941. It studies the ways in which they acted as a pressure group in relation to the nationalist government in extracting formal official patronage. It looks into the terms of the negotiation between the homoeopathic associations and the nationalist Krishak Praja Party (KPP) in determining what constituted an acceptable and 'recognised' science of homoeopathy. It notes how such negotiations occurred as much within the legislative assembly as outside it.

The KPP, which had practically come into formal existence on the eve of the elections in 1936, assumed extraordinary prominence in Bengal politics in between 1937 and 1941. Fazlul Haq, became the first nationalist chief minister in 1937 of a KPP led ministry in Bengal. Immediately since his assumption of power, the homoeopathic associations established contacts with him for patronage and support. Gradually distancing themselves from the Congress leaders, the associations concentrated on establishing contacts with the Haq ministry instead. Later that year, the Calcutta Hospital Society organised a meeting to simultaneously celebrate Hahnemann's birthday and to discuss the central government legislation that allowed incorporation of homoeopathy in government hospitals.¹¹⁴ The society made it a point to invite Fazlul Haq as the Chief Guest who however failed to make it to the meeting. The speakers at the meeting elaborated on the need to build upon the central 1937 government legislation. They urged the newly appointed ministry in Bengal to follow the central legislature and take up homeopathy's cause in Bengal.

Meanwhile as discussed in the previous section, a Homoeopathic Faculty Bill had been introduced in the Bengal Assembly in September 1937. The homoeopathic associations through the Congress party member P.Banerji had introduced the bill. Since its introduction they had made conscious efforts in publicising Banerji to be working 'at our instance (we purposely use this expression)...to bring this Bill before the Assembly.'¹¹⁵ In an elaborate editorial in the *Hahnemann*, Sarat Chandra Ghosh narrated a detailed account of how the bill was conceived by him with the help of ex-mayor of Calcutta Santosh Kumar Basu, who

¹¹⁴ Reported in 'Sangbad', *Hahnemann*, 20, 1, 1937, pp. 36-37

¹¹⁵ 'Editorial: Fate of the Homoeopathic Faculty Bill', *The Hahnemannian Gleanings*, 9, October 1938, pp. 502-503.

convinced P.Banerji of the utility of introducing the bill.¹¹⁶ The article amply illustrated that the powerful homoeopathic associations were in fact instrumental in orchestrating the bill in the assembly with P.Banerji's assistance.¹¹⁷ The declared vision of the bill and the proposed homoeopathic faculty was to 'make homoeopathic education foolproof and credible.'¹¹⁸

Yet, when the bill had to be withdrawn on allegations of 'quackery', the homoeopathic associations blamed it on P.Banerji. They evidently made an immediate and conscious attempt in distancing themselves from the Congress party, which had failed to assume power in Bengal. In an introspective tone, Sarat Chandra Ghosh noted in a 1938 editorial in *The Hahnemannian Gleanings*, 'We cannot but find fault with the conduct of Mr. P.Banerjee in this matter. He was the sponsor of the bill...but unfortunately when the crucial moment arrived and the tie of strength was measured he was found short of our expectations.'¹¹⁹

Simultaneously, following the legislative setback in 1938, the homoeopathic associations were engaged in negotiating with the newly elected legislators. There were frequent meetings and conferences convened by the leading associations discussing ways to make homoeopathy credible and useful to the nationalist government. Homoeopathy was projected as the ideal public health tool necessary for a 'neo-populist' government that had come to power.¹²⁰ In their publications between 1937 and '41 the homoeopathic journals consistently committed to serve the government in its programme of eradicating rural ill-health. In a 1939 editorial of *Hahnemann* titled 'Rog, Doridrota o Oshikkhar Birudhhe Bengal Government er Procheshta' or 'The Efforts of Bengal Government in Combating Disease, Poverty and Illiteracy' Sarat Chandra Ghosh reported the launching of the 'National Welfare Unit' by the Bengal government. Describing the lofty ideals of the unit in 'rural reconstruction' it reminded the government that 'the battalion that has gone or the

¹¹⁶ 'Editorial: Bangiya Byabastha Parishad e Homoeopathy Faculty Bill Prabartan er Sathik Sangbad' ('The Accurate Account of the Introduction of the Homoeopathic Faculty Bill at the Bengal Assembly') , *Hahnemann*, 20, 6, 1937, p. 320

¹¹⁷ Ibid.

¹¹⁸ Ibid, p. 322

¹¹⁹ Op cit note 115, pp. 502-503

¹²⁰ The KPP government has been labelled as such in the historiography. See Joya Chatterji, *Bengal Divided*, p. 78.

ones that will be sent in future, if they include competent homoeopathic physicians equipped with drugs, can effect large scale good at very low cost.’¹²¹

Meanwhile, the nationalist government with an explicit pro-people electoral agenda began facing questions within the legislature to prioritise the ‘nation-building departments’ like the ‘Medical’. In the budgetary sessions since their assumption of power in 1937, the KPP faced demands to justify their election by ensuring mass rural health. Referring to the bleak rural health scenario, various members in the assembly contended, ‘along with the change in government the angle of vision should be changed; otherwise what is the good of ushering a simple change in the form of government, but not in the spirit and sense?’¹²² In discussing the medical budgets in between 1937 and 39, the government was reminded of its promised commitment to ‘improve and better the poor lot or lessen the sufferings of thousands of villagers who are dying every day without treatment.’¹²³ Arguing that the ‘real nation’ lives in villages, the members regularly pleaded for greater allotment of medical resources for the villages. It was pointed out that ‘the poor cultivators, the growers of raw products, the real producers of wealth are on the verge of ruin due to ill-health and insanitation.’¹²⁴

In that context there were mounting pressures within the legislature to integrate the ‘indigenous’ practices within the governmental health care system. This signified a clear shift in the government’s attitude in British Bengal. The colonial government had stopped formal patronage of any form of indigenous medicine ever since the abolition of the short-lived Native Medical Institution in 1835.¹²⁵ The British state had since then followed what has been described as its ‘Eurocentric policy in medicine’¹²⁶ till the first decades of the twentieth century. The mid 1930s witnessed a distinct change in such an erstwhile official position. Yet, the nationalist positions echoed the colonial reliance and belief in the primacy and superiority of western allopathic medicine. Hence, within the Bengal legislature there were recurrent suggestions of incorporating ‘indigenous’ systems as supplementary to the western ‘scientific’ treatment. As Debi Prosad Khaitan in the 1937 discussions on medical

¹²¹ ‘Editorial: Rog, Doridrotā o Oshikkhar Birudhhe Bengal Government er Procheshta’ (‘The Efforts of Bengal Government in Combating Disease, Poverty and Illiteracy’), *Hahnemann*, 22, 9, 1939, p. 563

¹²² *Bengal Legislative Assembly Proceedings*, Vol L.1 Number 3, 1937, Calcutta: Bengal Government Press pp. 802-803 [WBSL]

¹²³ *Ibid*, pp. 802-803

¹²⁴ *Bengal Legislative Assembly Proceedings*, Vol L.IV Number 3, 1939, Calcutta: Bengal Government Press p. 170-171 [WBSL]

¹²⁵ Zhaleh, Khaleeli, ‘Harmony or Hegemony? Rise and Fall of the Native Medical Institution in Calcutta, 1822-1835’, *South Asia Research*, 21, 1, 2001, pp. 77-102.

¹²⁶ *Ibid*, p.77

budget argued, 'it is quite true that allopathy has advanced more in science than any other system. But it is equally true that at least 90% of the people get themselves treated according to the indigenous system.'¹²⁷

The budgetary discussions dwelt at length on the many inadequacies of allopathy to nurse and cure the inhabitants of the vast Bengali countryside. Hence, it was repeatedly pointed out that 'in the mufassal the Indian method of Ayurvedic treatment may be introduced and homoeopathic dispensaries established, as they are less costly and most useful in rural areas.'¹²⁸ Interestingly, in most such official proposals, homoeopathy featured as part of the discussion on indigenous medicine. In the light of the above considerations, the KPP health minister Tamizuddin Khan too was most supportive of the cause of indigenous medicine. In his 1937 budget speech, he conceded the importance of recognising ayurveda, homoeopathy as well as unani medicine, especially on the ground of 'people's faith' in them. However, he reminded of the necessity for standardisation before any formal recognition could be granted. Yet, in the same speech the minister put primacy on registers like 'faith' ahead of considerations of 'science' when a system like homoeopathy was in focus. Of homoeopathy, for instance, he stated in his 1937 speech, 'allopathic doctors may not find any merit in that system, but so far as millions of patients in Bengal are concerned, they will, I think, freely recognise its merits in view of the benefits they daily derive.'¹²⁹ The discussions on the 1939 budget particularly highlighted the importance of indigenous medicine in the context of rural contingency and allopathic inadequacy. After the speeches by those urging for government patronage of ayurvedic and unani medicine, P.Banerji made an elaborate presentation in favour of homoeopathy. He argued for the futility of large-scale investment in allopathic treatment by the government, as it 'does not do good particularly to the constitution of the people of this country.'¹³⁰ He also referred to the paltry number of allopathic practitioners in contrast with homeopathy's rising popularity, especially in the countryside. Finally he promised that the government could save more 'if the homoeopathic form of treatment is introduced.'¹³¹

¹²⁷ *Bengal Legislative Assembly Proceedings*, Vol L.1 Number 3, 1937, Calcutta: Bengal Government Press pp. 804-805 [WBSL]

¹²⁸ *Ibid*, pp. 799-801

¹²⁹ *Ibid*, p. 806-807

¹³⁰ *Bengal Legislative Assembly Proceedings*, Vol L.IV Number 3, 1939, Calcutta: Bengal Government Press pp. 180-181 [WBSL]

¹³¹ *Ibid*, pp. 180-181

The legislative assembly discussions around homoeopathy in between 1938 to 1941 therefore echoed what the leading homoeopathic voices had been propagating outside the legislature for quite some time. The official acknowledgement of homeopathy's 'indigeneity' was an evident vindication of what the entrepreneurial families had been asserting over the decades. Besides, they elaborated on the necessity of recognising homoeopathy as an essential public health tool. Forming a state backed faculty to regulate and standardise homoeopathic education was considered crucial in that respect. To that effect, the leaders began concerted arbitrations with the government. Following the rejection of the 1938 bill, the homoeopathic spokespersons focussed on negotiating directly with the KPP ministers outside the legislature. Interestingly, the religious allusions associated with homoeopathy were carefully avoided in these private meetings. The KPP government with a growing intimacy with the Muslim League too maintained a secular rhetoric in their budgetary meets and assembly discussions involving the health of the province. The Congress too, on the other hand, continued to appeal for the need to officially recognise homoeopathy in terms of its cheapness, indigeneity as well as widespread acceptance in rural Bengal. Homoeopathy seemed to fit the bill for the ideal kind of 'indigenous' therapeutics for all the lobbies.

The year 1939 saw a string of meetings organised by the homoeopathic associations with KPP leaders. A huge gathering for instance was organised by the South Calcutta Homoeopathic Association on April 1, 1939 at the residence of the president Sarat Chandra Ghosh to felicitate the chief minister Fazlul Haq. On behalf of the 'homoeopaths of Bengal', Sarat Chandra Ghosh presented a deputation to Haq emphasising 'the necessity of constituting a Homoeopathic Faculty by the government at an early hour.'¹³² The report of the meeting published in various homoeopathic journals especially noted the large number of dignitaries from Calcutta including 'eminent allopathic physicians,' who were present, expressing their 'solidarity with the motion'.¹³³ The gathering and the deputation impressed the minister to an extent that in his speech he delegated Sarat Chandra Ghosh the

¹³² 'Editorial: Reception of the Hon'ble Mr. A.K.Fazlul Huq Chief Minister of Bengal By the Members of the South Calcutta Homoeopathic Association', *The Hahnemannian Gleanings*, 10, May 1939, p. 217

¹³³ 'Editorial: Manoniyo Pradhan Mantri Fazlul Haq er Sambardhana' ('Felicitation of Fazlul Haq, the Honourable Chief Minister'), *Hahnemann*, 22, 1, 1939, pp. 3-5. Also see Op cit note 132, p. 218

responsibility to ‘select members of his association, who would be deputed to confer with him in this matter.’¹³⁴

At the same time, Fazlul Haq had made it clear that he needed to consult his health minister before arriving at any conclusion regarding homoeopathy. Accordingly, the South Calcutta Homoeopathic Association immediately took initiatives to approach the health minister separately. The association organised another meeting to ‘present an address to the Hon’ble Minister of Public Health’ Tamizuddin Khan.¹³⁵ In his persuasive presentation Sarat Chandra Ghosh reminded the audience about the ‘economy’, ‘efficacy’ and ‘popularity’ of homoeopathy. Similar justifications, it may be recalled, were put forward in the legislative assembly by P. Banerji to elaborate on homeopathy’s usefulness in public health programmes. Ghosh argued eloquently about the advantages of homoeopathy over both allopathy and ayurveda in terms of economy. He held that the government could save ‘at least 70 percent’ of their expenditure ‘if the patients be treated by homoeopathic medicines.’¹³⁶

Besides, Ghosh requested Tamizuddin Khan to consider homoeopathy’s scientific virtues. He argued that the celebrated scientific researches in modern times of Jenner, Pasteur, Lister, Koch and others ratified the truth of homoeopathy.¹³⁷ Ghosh pointed out that ‘it is a noteworthy fact that biological works and scientific investigations in various countries from various sources have confirmed the truth formulated by Hahnemann.’¹³⁸ The address however acknowledged the ‘corruption’ that had been bred by ‘ill-manned and ill-equipped institutions’ and their owners by whom ‘the noble science of therapeutics is now being prostituted’.¹³⁹ The proposed faculty formed by the leading homoeopaths was projected as the best remedy to salvage homoeopathy from its problems.

Tamizuddin Khan’s reply in the meeting was considered a ‘landmark’ in the career of homoeopathy as he officially conceded the formation of a State Homoeopathic Faculty. However, the terms of official governmental patronage carefully elided over the question of homeopathy’s scientificity. Instead, it focussed on the index of popularity, indigeneity and

¹³⁴ Op Cit 132, p. 218

¹³⁵ Ibid.

¹³⁶ ‘An Address: Presented to Hon’ble Mr. Tamizuddin Khan, Minsiter Public Health, Bengal Government’, *The Hahnemannian Gleanings*, 10, May 1939, p. 213

¹³⁷ Ibid, p. 211

¹³⁸ Ibid,

¹³⁹ Ibid, p. 212

efficacy in the given context of Bengal. He argued that, 'Without going into comparative merits of the Western Scientific System of Medicine and the indigenous systems, I firmly believe that Homoeopathy is *peculiarly suitable* to Indian conditions and has a bright future in Bengal.'¹⁴⁰ His speech emphasised more on the standardised, 'scientific' ways of imparting homoeopathic knowledge. Besides, the logic of indigeneity was especially invoked in the official recognition of homoeopathy. In doing so and in elaborating on the niche for different forms of medicine, Tamizuddin Khan hinted at a unique secular appeal of homoeopathy unmatched by any other forms of 'indigenous' medicine. He argued that

The Tibbi system of therapeutics flourished during the time of Moslem dynasty, Ayurveda reached the climax of position when the Hindu rajas were the sovereigns of the country...India is a poor country and as such homoeopathy is the proper system of treatment peculiarly fitted to the existing conditions of India.¹⁴¹

The homoeopathic journals reported the euphoria among the leading homoeopathic actors in Calcutta following the announcement of the State Homoeopathic Faculty. Referring to the event as a wonderful achievement of the South Calcutta Homoeopathic Association, *The Hahnemannian Gleanings* for instance pointed out, 'as such this house should be regarded by all homoeopaths as a sacred place- Mandir (i.e. temple) -where they have first heard of the success of the mission....'¹⁴² To expedite the formation of the faculty, Tamizuddin Khan further promised to announce an advisory committee to the government. Predictably, the advisory committee that was announced in the Calcutta Gazette of April 1939 comprised of all the names who had been vigorously advocating the purification drive induced by the state.¹⁴³ Apart from Sarat Chandra Ghosh and J.N.Majumdar, it also included A.N.Mukherjee, N.M.Choudhury, J.N.Ghose and others.¹⁴⁴ Hence there was a glaring overlap between the leading journals, their publishers, older familial networks of pharmacy owners, leaders of the associations, the government committee and the members of the future faculty. In 1939 and 1940 the leading journals detailed the progress of the committee in drafting the statutes for the state faculty.¹⁴⁵ They regretted the brief interruptions to the

¹⁴⁰ Op cit note 132, p. 220

¹⁴¹ Ibid.

¹⁴² Ibid, p. 222

¹⁴³ Ibid.

¹⁴⁴ Ibid.

¹⁴⁵ See for instance 'Editorial: News about the Advisory Committee of the State Homoeopathic Faculty of Bengal', *The Hahnemannian Gleanings*, 11, July 1940, p. 334. Also see 'Editorial: Homoeopathic State Faculty Songothon' ('Formation of the Homoeopathic State Faculty'), *Hahnemann*, 23, 9, 1939.

cause with the change of ministers when Tamizuddin Khan was succeeded in office by Nawab Habibullah of Dacca.¹⁴⁶ The journals kept urging the committee to work faster on forming the faculty that would 'regulate the standard of instruction in homoeopathic medicine' by holding examinations, granting certificates and maintaining a register of qualified homoeopathic practitioners.¹⁴⁷ The committee further exercised the authority to negotiate and select institutions that would be recognised by the faculty statutes.¹⁴⁸ The July 1940 editorial of *The Hahnemannian Gleanings*, for instance, reported a scheduled discussion in the committee on 'consideration of the Bengal Allen Homoeopathic College into a public institution prior to its inclusion in the statutes.'¹⁴⁹ The General Council and State Faculty of Homoeopathic Medicine in Bengal were officially founded in August 1941 with the declared object of 'stimulating a systematic study of the Homoeopathic system of medicine and of differentiating trained homoeopathic practitioners from the untrained ones.'¹⁵⁰ The 'statute' elaborated on the composition of a homoeopathic council where an overwhelming majority of the members were nominated by the 'local government'. The faculty in effect cemented the hold of the closed group of associations on matters homoeopathic in Bengal turning them into state-endorsed authorities on the subject.

Resistance and Purity

The previous section traced the process of negotiation between homoeopathic associations emerging from big pharmacies and the government regarding what constituted the 'acceptable' and 'scientific' in homoeopathy. However, such mutual agreement between the state and the leaders produced many exclusions and alienations. While earmarking a privileged domain of mutually acceptable and 'reformed' homoeopathy that qualified for official state patronage and recognition, boundaries were redrawn and hierarchies reinforced.. This section maps various voices of dissent who attempted to register their disagreements with the ways in which 'reformed' 'authentic' and 'pure' homoeopathy was defined.

¹⁴⁶ 'Editorial: Bengal Homoeopathic Faculty Sombondhe Sothik Sangbad', *Hahnemann*, 23, 2, 1939, p. 113

¹⁴⁷ Op cit 132, p. 223

¹⁴⁸ Op cit 145, p. 334

¹⁴⁹ Ibid, p. 334

¹⁵⁰ 'General Council and State Faculty of Homoeopathic Medicine in Bengal: Government Announcement', *The Hahnemannian Gleanings*, 12, 7, August 1941, p. 237

Homoeopathic publications since the mid 1920s recorded occasional voices of dissent against the growing bonds between the associations and the state. While accepting the need to be vigilant against the swelling numbers of ill-trained, money minded lay practitioners, these writings remained critical of the ways in which the problem was sought to be resolved. Mostly written by self-taught homoeopaths these publications articulated their grievances in being summarily excluded from the newly emerging domain of 'pure' homoeopathy. The editors of the leading journals however registered their differences with such articles, which justified 'lay' methods of healing. Almost invariably, the editors put a note before the articles proclaiming the 'editor and the journal to be not responsible for the opinion of the author'.¹⁵¹

Indeed, a range of writings in the 1920s and 30s identified the nineteenth century homoeopathic family-business houses at the root of much of the twentieth century governmental discomfort around homoeopathy. The article 'Homoeopathy Shebir Asha o Nirasha' or 'The Anxieties of a Servant of Homoeopathy' in the journal *Homoeopathy Pracharak*, for instance, identified 'the greed of business houses' as the fundamental problem plaguing homoeopathy.¹⁵² He pointed out that 'the proprietors of each big homoeopathic pharmacy in Bengal have a collection of domestic medicine manuals and other such publications.'¹⁵³ He further reminded the readers of the recent investments of such business houses in homoeopathic colleges, which were also 'quite profitable.'¹⁵⁴ However, the indiscriminate sale of homoeopathic boxes and domestic medicine manuals by the big pharmacies was regarded as the most serious problem. The 1925 article 'Homoeopathy'r Bartaman Abastha' or 'The Present Predicament of Homoeopathy' argued that the extensive sale of such publications generated the impression that homoeopathy could be mastered and practiced by anyone, including 'women and even children.' This attracted semi literate, cunning men, the author lamented, in the lookout for easy, amateurish ways of making a living.¹⁵⁵ Such business-induced corruption was projected as the fate of homoeopathy in most countries. A few authors thus elaborated on the similar

¹⁵¹ See for instance Akhilchandra Roy, 'Homoeopathy'r Mul Tattva Sombondhe Du Ekti Kotha' ('A Few Words on the Fundamental Principle of Homoeopathy'), *Hahnemann*, 22, 11 1939, p. 661 Also see Nalininath Majumdar, 'Baro Daktar Rahasya', *Hahnemann*, 8 8, 1925, p. 427.

¹⁵² Chintaharan Bandopadhyay, 'Homoeopathy Shebir Asha o Nirasha' ('The Anxieties of a Servant of Homoeopathy'), *Homoeopathy Paricharak*, 2, 8, November 1928 pp. 296-303

¹⁵³ *Ibid.*

¹⁵⁴ *Ibid.*

¹⁵⁵ Nalininath Majumdar, 'Homoeopathy r Bartaman Durabastha' ('The Present Predicament of Homoeopathy'), *Hahnemann*, 8, 12, 1925, p. 663

problems faced by American homoeopathy in the hands of the ‘biggest and most trusted American Drug company Boericke and Tafel’ who had indulged in the large-scale production of homoeopathic patent drugs.¹⁵⁶

Nevertheless, these authors were unified in their understanding of homeopathy as a ‘science’ that could be mastered at home. However, proper learning of homoeopathy, it was argued, involved meticulous and systematic reading of key texts like *Organon*, and its inherent philosophy.¹⁵⁷ The fatal harm caused by homoeopathic business concerns, it was argued, was the production of a widespread impression that homoeopathy could be easily accessed through any book and a chest of medicine.¹⁵⁸ It was regretted that ‘a therapeutics which is extremely subtle and difficult has been reduced to an easy hobby for everybody.’¹⁵⁹ It was pointed out that the primary duty lay in changing such perceptions from the mind of the educated middleclass Bengalis.¹⁶⁰ It was felt that without a fundamental change in such mindset, no amount of governmental recognition and resolutions could help homoeopathy.¹⁶¹

At the same time, such texts, critical about the efforts of the family-businesses, spelt out the inevitable inadequacy of institutional pedagogy for a ‘science’ as homoeopathy. It was repeatedly pointed out that as ‘a symptom based science’, practice of homoeopathy involved individual reading and consultation of texts ‘for life, till ones last days.’¹⁶² Formal institutional settings, in that context, appeared redundant for teaching homoeopathy. As the article ‘Homoeopathy- Aj Kon Poth e?’ or ‘What is the Future of Homoeopathy?’ elaborated, ‘two/three years of education in a college hardly makes one a true homoeopath. I do not think homoeopathic knowledge is so easily attainable. It requires lifelong passion for the subject and thorough reading.’¹⁶³ Even those associated with the ‘mushrooming’ homoeopathic colleges frequently shared the sentiment. A speech delivered at the graduation ceremony of the Hahnemann Memorial College reminded the students about the

¹⁵⁶ Akhilchandra Roy, Op cit 151, p. 664

¹⁵⁷ Tarak Das Chakrabarty, ‘Homoeopathy aj Kon poth e?’ (‘What is the Future of Homoeopathy?’), *Hahnemann*, 23, 11, 1940, p. 692

¹⁵⁸ Ibid, also see Nilmani Ghatak, ‘Lok-Shikkha’ (‘Lessons for People’), *Hahnemann*, 10, 6, 1927, p. 285

¹⁵⁹ Anonymous, ‘Homoeopathy Chikitsak’, *Hahnemann*, 9, 6, 1926, p. 318

¹⁶⁰ Tarak Das Chakrabarty, Op cit 157, p. 693

¹⁶¹ Ibid, p. 693

¹⁶² Akhilchandra Roy, Op cit 151, p. 661

¹⁶³ Tarak Das Chakrabarty, Op cit 157, p. 693

futility of a formal homoeopathic degree in the practical sphere.¹⁶⁴ Comparing such degrees with ‘a useless piece of paper’, the speaker urged the audience to remain sincere students of homoeopathy for life.¹⁶⁵ He was confident that only such sincere, individualised, and informal learning could rescue the lost prestige of homoeopathy often dubbed as a ‘bogus’ or an ‘orphan’ science.¹⁶⁶ Indeed, a large number of ‘self-taught’ physicians narrated their experience of successful treatment of several cases. In a letter to the journal *Hahnemann* in 1940 the author Dharmadas Mandal introduced himself as a ‘humble village physician who have neither been to any college nor possess any degree.’¹⁶⁷ He further stated that although a ‘sincere follower of homoeopathic texts’ and committed to the cause of learning ‘pure’ homoeopathy, he was unconfident because of his humble location and funds. Yet, he considered it worthwhile to make the readers aware of the number of cases of mental disease he had been successfully treating in the village Rampur in Burdwan district.¹⁶⁸

These writings argued in favour of household based practice of homoeopathy in contrast to any rigidly regulated formal institutional structure. Such apparently unregulated practice, it was claimed, had made homoeopathy what it was- a household name in Bengal. As the article ‘School of Medicine in India’ published in the journal *The Hahnemannian Gleanings* in 1930 argued, ‘homoeopathy is daily gaining ground and that, inspite of its want of state-help...it may be said that Homoeopathy has already got its entrance into the families of the intelligent and the educated....’¹⁶⁹ These authors alerted the readers to the fact that mere government recognition could hardly ensure or account for the dissemination and popularity of homoeopathy within Bengali homes.¹⁷⁰ Authors like R. Biswas writing in *Hahnemann* even as late as in 1939 reminded the readers of the immense advantages the Bengali families could reap in making men and especially women adept in homoeopathy.¹⁷¹ For the benefit of Bengali families and the larger society he argued, ‘I hope that in every village and every household in Bengal the children are inspired to select homoeopathic drugs by

¹⁶⁴ Harendra Nath Mukhopadhyay, ‘Homoeopathic Chhatragan er Proti’ (‘To the Students of Homoeopathy’), *Hahnemann*, 21, 6, 1938, p. 347

¹⁶⁵ Ibid, p. 346

¹⁶⁶ Ibid, p. 347

¹⁶⁷ Dharmadas Mandal, ‘Homoeopath er Dak e Saara’ (‘Response to the Calls of a Homoeopath’), *Hahnemann*, 23, 5, 1940, p. 289

¹⁶⁸ Ibid, p. 290

¹⁶⁹ Nilmani Ghatak, ‘School of Medicine in India’, *The Hahnemannian Gleanings*, 1, 8, September 1930, p. 340

¹⁷⁰ Tarak Das Chakrabarty, Op cit 157, p. 692

¹⁷¹ R.Biswas, ‘Homoeopathy Balika School’ (‘Homoeopathic Girls’ School’), *Hahnemann*, 22, 7, 1939, pp. 414-415

reading *Materia Medica* so that they can treat the basic familial ills themselves.’¹⁷² Such proficiency, he insisted, were hardly acquired through formal trainings in schools. He contended that the schools could cater to those seeking professional, specialised knowledge by learning details of ‘anatomy, physiology and practice of medicine.’¹⁷³

In that context, many of the articles published from the 1920s onwards questioned the politics of governmental recognition and the associated drive against quackery. The discontent in negotiating with the government was articulated on various counts. For some, resisting the government was a political choice. Authors like Nilmani Ghatak writing in 1922 for instance argued that in an era ‘when the Bengalis are so deeply committed to the cause of swaraj [self rule]’, it was unacceptable to look for governmental sanction in organising the homoeopathic profession.¹⁷⁴ Others like G. Dirghangi resented the idea of governmental intervention and regulation, arguing that the state would fail inevitably to ensure quality.¹⁷⁵ He argued that sale or faking of degrees were hardly problems which endangered homoeopathy exclusively, since these were inevitable in a free market. He reminded the authorities that patients/consumers were the best judge of the quality of products associated with homoeopathy.¹⁷⁶ He further added that the politics of earning governmental sympathy by cleansing irregularities from the profession was misplaced. He suggested that the ‘the cunning business- minded people would get away. If the homoeopathic colleges do not succeed they would publish journals, or open up an insurance company or do something else’ while the ordinary practitioners would suffer from punitive governmental measures.¹⁷⁷ Finally, some of the authors attracted the attention of their readers to the fact that the ‘government’ ultimately was constituted of people with their specific agendas and prejudices. Author Nalininath Majumdar, for instance, argued that even if one believed the good intentions of the government, one needed to appreciate that they are ‘lay men in matters related to health’, and relied on ‘a group of well-paid

¹⁷² Ibid, p. 417

¹⁷³ Ibid, p. 417

¹⁷⁴ Nilmani Ghatak, ‘Nijeder Kotha’ (‘Our Words’), *Hahnemann*, 5, 4, 1922, p. 184-188

¹⁷⁵ G.Dirghangi, ‘Homoeopathy Parikkha Samiti’ (Homoeopathic Examination Committee’), *Hahnemann*, 4, 12, 1921, p. 451-459

¹⁷⁶ Ibid, p. 458

¹⁷⁷ Ibid, p. 459

physicians under whose advice it had to act.’¹⁷⁸ Hence, he urged the readers to be agnostic and not regard ‘governmental recognition’ as a sacrosanct end in itself.

These dissenting voices included ‘lay’ householders inspired by the nationalist vision of self-help, the self-taught practitioners committed to the cause of learning and disseminating homoeopathy and often based in the *mofussil*, as well as associates and members of existing homoeopathic colleges, which the proposed faculty sought to categorize as those propagating inappropriate standards of education. By 1940 the advisory committee to the government was busy deciding on the composition and remit of the state faculty. Meanwhile, those excluded from the exclusive state -big business nexus got together in articulating their differences with the state legislation more vigorously than ever before. Proclaiming themselves as ‘protestors’ against the drive to attract state recognition, they organised ‘protest meetings’ upholding the cause of the ‘self-trained homoeopaths and housewives who had been responsible for propagating homoeopathy so rampantly across Bengal.’¹⁷⁹ Various petitions appeared to convey the voices of the ‘general public and the unqualified and semi-qualified homoeopaths in cities and in the *mofussil*.’¹⁸⁰ The presidential address to Howrah Zilla Homoeopathic Sammelan, for instance, elaborated on the reasons to suspect the competence and intentions of the state advisory committee. The speech explicitly stated that ‘the selfish, motivated men who have found their way into the governmental advisory committees through recommendation and donation can barely cause any improvement to homoeopathy.’¹⁸¹

Many excluded and disgruntled voices alleged that the alliance between the associations and the government compromised the original essence of the homoeopathic doctrine. Reforms of regularising and standardising homoeopathic curricula were dismissed as a replication of the allopathic paradigm. The consequent shift in the nature of homoeopathic pedagogy and therapeutics was considered the greatest corruption inflicted upon homoeopathy. The reform agenda of the associations and their ‘model institutions,’ which glorified the relevance of the auxiliary sciences of anatomy, physiology, and even bacteriology etc in teaching

¹⁷⁸ Nalininath Majumdar, Op cit 151, p. 429

¹⁷⁹ N.C.Ghosh, ‘Sahar o Mofussil Bashi der Pakkha hoite Homoeopathy o Ashikhita ba Ardha Shikhita Homoeopath Sombondhe Du ekti Kotha’ (From the Inhabitants of Towns and Mofussil a few words on the illiterate or the Semi Literate Homoeopaths’), *Hahnemann*, 21, 2, 1938, p. 75

¹⁸⁰ Ibid, p. 72

¹⁸¹ J.C.Banerjee, ‘Howrah Zilla Homoeopathy Sammelan (‘ Homoeopathy Conference for the District of Howrah’), *Hahnemann*, 23, 4, 1940, p. 363

homoeopathy, were condemned. Some articles referred to the implicit hierarchies, which were reinforced through the act of governmental recognition. The necessity of homoeopathy, it was lamented, was conceded only in the context of deficient allopathic infrastructure. Otherwise, allopathic superiorities were allegedly acknowledged even by the literature seeking state recognition of homoeopathy.

It was further argued that the elaborate efforts of purging the community of corrupt practitioners and practices ended up diluting the original purity of homoeopathy itself. The article 'Homoeopathy-Past and Present in India' thus regretted that experienced physicians "of name, fame, standing and heritage, not to speak of the exalted position as that of Dr. Majumdar at last favour the idea that 'Allopathy is the Science of Medicine'..."¹⁸² These authors and 'protestors' dismissed the big business- state nexus as a greater evil to the profession than the so-called problem of quackery. It was pointed out that 'the bogus men do not count much in the field, but the homoeopaths of name and renown do not care to maintain the purity of the pathy.'¹⁸³ The self-motivated reform drives of the elite practitioners in fact were considered more injurious to the cause of homoeopathy than the problem of fake degrees and ill-taught practitioners. As author N.Ghatak pointed out, 'it is half-homoeopathy, Allo-Homoeopathy that does the most injury. Those that should uphold and vindicate, do as a matter of fact, lower down and compromise.'¹⁸⁴ Indeed, the Calcutta based elite practitioners and their selfish politics were identified in a range of articles as the principal agents of distorting 'pure' 'Hahnemannian' homoeopathy.¹⁸⁵ Author Akhil Chandra Ray seemingly summed up these allegations when he proclaimed, 'the harm that has been caused to homoeopathy by those opposing it fades in comparison to the ones induced by its most ardent patrons.'¹⁸⁶

Conclusion

In the early twentieth century therefore homoeopathy figured variously in the Bengal provincial legislations: as an object of prohibition, policing, admonishment, and eventual

¹⁸² N.Ghatak, 'Homoeopathy-Past and Present-in India', *The Hahnemannian Gleanings*, 8, December 1937, p. 506

¹⁸³ *Ibid*, p. 506

¹⁸⁴ *Ibid*, p. 507

¹⁸⁵ See for instance Anonymous, 'Amader Atmakahini' ('Our Autobiography'), *Hahnemann*, 9, 7, 1926, pp.370-376.

¹⁸⁶ Akhilchandra Roy, *Op cit* 151, p. 665

appropriation. The gradual entanglement of the family-based business enterprises into the nationalist agenda, this chapter has argued, explains homoeopathy's increasing incorporation as a governmental tool in the late 1920s and 30s. The formation of the nationalist government in the province in early 1937 provided homoeopathy unprecedented visibility in bureaucratic correspondence. Homoeopathy began to be projected as a necessary and tolerable evil in the public health agendas of the emergent nation state. Though not necessarily lauded as a perfect and 'pure' science, homoeopathy's ubiquitous outreach was widely celebrated in government circles. At one level, homoeopathy claimed to represent the radical, unorthodox and novel face of progressive modern science; often projected as particularly suited to aid the engine of development and nationalist reconstruction. At another level, it appeared deeply enshrined within the indigenous traditions of Hindu India. Homoeopathy's cosy intimacies with predominant nationalist processes reveal tensions and contradictions within an emerging 'secular' postcolonial state.

This chapter has studied the entangled discourses through which homoeopathy and nationalism appropriated one another from the 1920s to the early 1940s in Bengal. It has mapped the processes of negotiation, manipulation and interaction between forces of nationalism symbolised most significantly by the nationalist government since 1937 and the elite entrepreneurial families, with sustained interest in homoeopathic drugs, publication and commerce. It has examined how the traffic of interests between the two, at one level, produced the contours of what constituted acceptable, 'authentic', 'pure' homoeopathy, which seemed compatible with the standard scientific parameters of the state. It simultaneously constituted state-endorsed official experts or authorities on homoeopathy.

The normative standards of acceptable, necessary and 'recognisable' therapeutics were shaped through a convergence of politico-commercial interventions. Such negotiations took place as much in the floors of state legislature through official political debates as it did through the medium of private meetings, appeals and deputations. This chapter has shown how the question of homeopathy's scientificity was simultaneously upheld and dismissed as 'indigenous', and 'popular'. In so doing, it has taken note of the flexibility of such labels as 'recognised', 'acceptable', and 'scientific'.

Finally, the chapter has examined the hierarchies, which were reinforced and boundaries that were redrawn while homoeopathic associations sought 'recognition' from the state., In the process, vast majority of *mofussil* based practitioners and self trained amateurs were

rendered illegitimate. Homoeopathic pedagogy was considerably restructured. Homoeopathic knowledge itself was redefined through an unprecedented dialogue with the components of allopathic and state medicine. Instead of seeking to judge whether there existed a subaltern realm of homoeopathy, this chapter has examined how certain voices within the community were marginalised and rendered peripheral.

Conclusion – Swadeshi Homoeopathy

This dissertation has examined a cluster of families involved in homoeopathic commerce in colonial Bengal. It has mapped the enduring engagements of these major commercial houses with the production and dissemination of homoeopathic knowledge, drugs and expertise from the 1870s to the late 1930s. It has explored the extensive range of publications facilitated by them and others concerning homoeopathy, health, family and business in Bengal. These commercial concerns, as the dissertation chronicles, were fostered and sustained by men of disparate caste and class backgrounds: From Rajendralal Dutta (owner of Berigny and Company) belonging to ‘one of the eminent post-plassey baniyan families of Bengal- the Dutts of Wellington Square’¹ to Mahesh Chandra Bhattacharya (owner of M.Bhattacharya and Company) who was born into a poor Brahmin family in the remote village of Bitghar in the district of Tripura.²

Yet, they were bound by their shared interest in propagating homoeopathy as a means to ensure individual welfare as well as collective national good. Through their publications, these entrepreneurs consistently upheld an ethic and vision of production, primarily through organised enterprises to constitute a self sufficient economy and ‘serve’ the people (as elaborated in chapters 1 and 2). Writings of protagonists like Batakrishna Pal, for instance, made a strong case for economic self-sufficiency as an essential tool for the development of a nation.³ Batakrishna held that ‘races that manage to be self-sufficient in terms of their essential items are the only ones who ensure the progress of their own nation i.e. ‘*swa-desh*’ and own race i.e. ‘*swa-jati*’.⁴ The texts further extended the ethic of production to contend that every household, with the support of select nationalist enterprises, could be potent centres for producing indigenous items of everyday consumption (as shown in chapter 4).

Together, these texts unravel a world of ideas and practices that are historically associated with swadeshi nationalism, which is believed to have reached its apogee between 1905 and 1911. The texts advocated a unique entanglement of virtues of self-reliance, enterprise,

¹ S.C.Ghosh, Homoeopathy and Its First Missionary in India, *The Hahnemannian Gleanings*, 3, 7, 1932, p. 294

² Mahesh Chandra Bhattacharya, ‘Mukhabandha or Preface’, *Atmcharit*, Economic Press, Fourth edition, 1957, page number not cited.

³ See Gopal Chandra Mukhopadhyay, *Sadhu Batakrishna Pal*, Vol II, Press not cited, July 1919, pp. 256-261.

⁴ *Ibid*, pp. 258-259.

nationalism, Hinduness and family values. Such ideas resonate with the existing historiography of swadeshi that seek to understand the phenomenon as ‘Hindu nationalism’s linkage of an indigenist cultural politics with a “productionist” vision...’ that would provide scope for the fuller exercise of the range of human capacities than the narrow duties of service –profession.’⁵ As it highlighted the nation as the most legitimate productive unit, swadeshi ideology has been shown to be ‘predicated on the critique of the idea of liberal exchange.’⁶ As this dissertation has demonstrated, economic self-sufficiency and an emphasis on the ‘indigenous’ remained at the heart of the homoeopathic discourse. A few existing works have noted the sporadic initiatives taken around a fledgling drug industry primarily involving ayurveda (for instance the Dhaka Shakti Oushadhalaya) in the first decade of the twentieth century, as a direct fall-out of swadeshi ideology.⁷ This dissertation, on the contrary, has studied the more enduring presence of homoeopathic enterprises focussing as much on drugs as on medical publications since the 1870s till 1930s. It has noted the ways in which the homoeopathic texts often acknowledged themselves as perfect culminations of swadeshi ideology. Thus the biography of Batakrishna Pal emphasised how on a visit to the premises of B.K.Pal and Company in the hey days of the movement in 1911, Maharaja Sir Pradyot Coomar Tagore was said to have commented,

...I was highly impressed with what I saw. The business is entirely under Indian management and is by far the biggest concern of its kind in the whole of India. This is the right kind of Swadeshi enterprise and as such deserves commendation and encouragement.⁸

A number of subsequent homoeopathic texts retrospectively asserted the late nineteenth century homoeopathic enterprises as instances of swadeshi endeavours. Of Rajendralal Dutta’s efforts it was commented in his 1932 biography published by the Hahnemann Publishing Company,

In these days of swadesism we have heard much about Industrialism, of starting Cotton Mills and Steamer Service Companies, of National Education...in those days when nobody even dreamt of such things and when to do such things was hazardous enough to make one very unpopular...Rajendra Dutt practically organised such institutions quite single-handed.⁹

⁵ Andrew Sartori, ‘The Categorical Logic of a Colonial Nationalism: Swadeshi Bengal, 1904-1908,’ *Comparative Studies of South Asia, Africa and the Middle East*, 23, 1&2, 2003, p. 274

⁶ Ibid.

⁷ Amit Bhattacharya, *Swadeshi Enterprise in Bengal, 1880-1920*, Calcutta: Seagull, 2008, pp. 73-90.

⁸ Gopal Chandra Mukhopadhyay, *Sadhu Batakrishna Pal*, Vol II, Publisher not cited, July 1919, p. 80.

⁹ S.C. Ghose, ‘Homoeopathy and Its First Missionary in India’, *The Hahnemannian Gleanings*, 3, 8, Sept 1932, p. 337.

Such overlapping trajectories of homoeopathic discourse and swadeshi ideology in Bengal, opens up newer possibilities of studying them together. The current work has sporadically referred to the compelling interfaces between them. In view of the extensive archive of homoeopathic publications in Bengal, this dissertation draws upon and contributes to the historiography of swadeshi in the following ways.

Firstly, this dissertation has drawn upon scholars who have argued against conceptualising swadeshi nationalism solely in relation to the tumultuous events involving the partition of Bengal between 1905 and 1911.¹⁰ Manu Goswami convincingly draws a genealogy of swadeshi ideology to the twin ‘processes of consolidation of a spatially bounded sense of territory and economy’ since the late nineteenth century.¹¹ Swadeshi ideology was integrally bound, she argues, with the ‘colonial production of India as a bounded, coherent entity’ and the emergent nationalist imaginings of a school of thinkers who ‘urged to develop a specifically national developmentalist model to ground their critique of colonial rule and classical political economy’.¹² Such historical intertwining of ideas concerning economy, enterprise and nationalism, deeply reflected in the homoeopathic literature from the late nineteenth century. In that, this dissertation speaks to Goswami’s contention that while swadeshi assumed its radical mass form only after 1905, ‘yet the first swadeshi associations, journals, industrial melas and key features of the movements repertoire were forged during the nineteenth century.’¹³ Equally, the legacies of swadeshi socio-economic thinking persisted much beyond the events of 1911.¹⁴ Particularly, the incorporation of the swadeshi agenda within the Gandhian mass movements of the 1920s and their ramifications in the industrial sector has been studied.¹⁵ The homoeopathic archive too illustrates swadeshi to be an enduring and evolving way of thinking with its genesis in the late nineteenth century. The career of the text *Byabshayee* or *Businessman* by Mahesh Chandra Bhattacharya, for instance, illustrates the point well. Published in 1905, the first edition of

¹⁰ Conventional historiography of swadeshi had for long conceived swadeshi ideology with the movement relating to the partition of Bengal. For the most celebrated and detailed account of the study of the movement see Sumit Sarkar, *Swadeshi Movement in Bengal, 1903-08*, Delhi: People’s Publishing House, 1973

¹¹ Manu Goswami, ‘From Swadeshi to Swaraj: Nation, Economy, Territory in Colonial South Asia, 1870-1907’, *Comparative Studies in Society and History*, 40, 4, 1998, pp. 624-625

¹² *Ibid*, pp. 615-623

¹³ *Ibid*, pp. 623-624

¹⁴ For an account of the lasting impact of the swadeshi legacy in the Indian textile industry see S. R. B. Leadbeater, *The Politics of Textiles. The Indian Cotton-Mill Industry and the Legacy of Swadeshi, 1900-1985*, New Delhi: Sage Publications, 1992.

¹⁵ See Sabyasachi Bhattacharya, ‘Cotton Mills and Spinning Wheels: Swadeshi and the Indian Capitalist Class, 1920-22’, *Economic and Political Weekly*, 11, 47, 1976, pp. 1828-1834

Byabshayee recorded the author's views on the importance of indigenous enterprise to produce essential items of quotidian consumption including drugs. It invoked the activities, ideas and struggles of the protagonist as he initiated his business in Calcutta in the 1880s. The book continued to be published by M.Bhattacharya and Company over the first quarter of the twentieth century with the fourth edition appearing in 1921. The trajectory of this particular text reinforces works that decentre swadeshi as an isolated phase of nationalist thinking, and conceptualise it as an ongoing process over the late nineteenth to the early twentieth century.

Secondly, existing works on swadeshi have focussed almost exclusively on the writings of the acclaimed nationalist intellectuals of the time. They have drawn upon the writings of the 'great political economists of Congress'¹⁶ including Dadabhai Naoraji, R.C.Dutt M.G.Ranade or G.V.Joshi or revolutionary extremists like M.N.Roy¹⁷ as well as on such avowed nationalist social thinkers/reformers as Aurobindo Ghosh, Bipin Chandra Pal, Satishchandra Mukherjee or even the iconic Rabindranath Tagore.¹⁸ In his recent rejoinder article to the revised edition of Sumit Sarkar's classic study of the swadeshi movement, Dipesh Chakrabarty has voiced his concern about a perceived boredom with studies involving the 'bhadralok as a historical subject.'¹⁹ While he elegantly reiterates the impossibility of writing 'histories of modernity in Bengal without discussing the people who debated and gave shape, however imperfectly, to such modernity'²⁰, this dissertation focuses on a distinct section of the Bengali bhadralok, usually ignored in conventional histories of swadeshi nationalism.²¹ Beyond the realm of the high intelligentsia, this work has sought to understand the sustained role of entrepreneurs like Rajendralal Dutta, Batakrisna Pal, Jitendranath Majumdar or Mahesh Chandra Bhattacharya in propagating swadeshi ideology. Sakharam Ganesh Deuskar's *Desher Katha* or *Story of the Nation* written in 1904 has received historical attention for its espousal of thoughts of Ranade and

¹⁶ Andrew Sartori, Op cit note 5, p. 274

¹⁷ See Kris Manjappa, *M.N. Roy: Marxism and Colonial Cosmopolitanism*, London, New York, and New Delhi, Routledge, 2010

¹⁸ See Andrew Sartori, Op cit note 5, pp. 271-282

¹⁹ Dipesh Chakrabarty, 'Home and the World in Sumit Sarkar's History of the Swadeshi Movement', in Sumit Sarkar, *Swadeshi Movement in Bengal, 1903-08*, Delhi: Permanent Black, 2010, pp. 465-466

²⁰ Ibid, p. 466

²¹ The role of P.C.Roy and the Bengal Chemicals and Pharmaceuticals has been noted in isolation. See Pratik Chakrabarty, *Western Science in Modern India: Metropolitan Methods, Colonial Practices*, Delhi: Permanent Black, 2004, pp. 219-252

Naoraji in a popular idiom.²² It has been identified as among ‘the most popular and influential swadeshi texts.’ Writings of the homoeopathic protagonists, as this dissertation has illustrated, often echoed similar ideas. In studying such texts, this dissertation has traced the ways in which swadeshi was enacted and reinterpreted at the everyday level, beyond the realms of the spectacular and the ideologues. Through their intimate prescriptions on practices of quotidian living and consumption these texts spawned and circulated an everyday ideology of swadeshi. The present work has further discussed the ways these texts upheld and popularised homoeopathy as the ideal ‘indigenous’ remedy over ayurveda for a nation suffering from the ills of colonialism.

Thirdly, in focussing on the career of homoeopathy in Bengal, this dissertation contributes to the discussions on the multifarious and cosmopolitan roots of swadeshi nationalism. Recent histories have sought to tease out the contradictions inherent in swadeshi thinking, especially in the swadeshi emphasis on the doctrines of indigeneity and ‘boycott’. In his reflections on Sumit Sarkar’s *The Swadeshi Movement in Bengal*, Dipesh Chakrabarty highlights how Sarkar only hinted at issues of foreign influence on swadeshi thinking including the figure of Okakura, the folklore movement imported from Europe or the impact of Japan’s victory over Russia, but stopped short of following up on those leads.²³ He argues that the post globalisation trends in historical thinking have entailed ‘histories that speak of movements of people and ideas connecting places’ that have given newer edges in understanding ‘local’ phenomenon. More recent histories have convincingly demonstrated how the swadeshi critique of the liberal idea of a free market of exchange heavily borrowed from the ‘neo-mercantilist strategies towards securing a state protected national economic space’ enunciated in the writings of European thinkers, most notably German thinkers like Friedrich List.²⁴

Indeed, newer researches are unravelling complex transaction of ideas between Europe and India that crucially shaped Bengali intellectual milieu in the late nineteenth-early twentieth centuries. The place of Germany has been shown to be of utmost significance in such

²² See for instance Manu Goswami, Op cit note 11, p. 624. Also see Ajanta Biswas, ‘Sakharam Ganesh Deushkar and the Swadeshi Movement in Bengal: the Second Identity’, *Social Scientist*, 33, 3-4, 2005, pp. 66-73

²³ Dipesh Chakrabarty, Op cit note 19, pp. 469-470

²⁴ See Manu Goswami, Op cit note 11, pp. 614-623

works.²⁵ It is possible to situate discussions involving homoeopathy and Hahnemann, which simultaneously recognised homoeopathy's German roots and indigenous identity, within such an analytical framework. Through a case study of homoeopathy, this dissertation has demonstrated how the logic of importation was accommodated within the parameters of swadeshi ideology. Such logic was not confined only to the abstract idea of a German therapeutics. This dissertation has elaborated on the dynamics of movement and circulation of an entire range of commodities, ideas, and practices including drugs, authoritative figures, journals, brands and expertise between various parts of Bengal, British India, Britain and North America. In so doing, this work has highlighted the inconsistencies inherent in the contemporary conceptualisation of swadeshi capital as insulated and protected. Rather, it conceives swadeshi as a product of what Kris Manjapra calls the 'colonial cosmopolitanism.'²⁶ It speaks closely to Manjapra's recent work that emphasises the futility of understanding swadeshi nationalism 'within the dichotomous schemes of the inner versus outer, the local versus global, the spiritual versus secular or the indigenous versus the Western.'²⁷

This dissertation has likewise explored the myriad contradictions associated with the practice of homoeopathy in colonial Bengal. It has, for instance, noted the Brahmo convictions of many of the key practitioners (as shown in chapter 2) while they engaged in propagating an essentially Hindu identity of homoeopathy (as chapters 3 and 4 show). The Brahmo familial core of the practitioners often contrasted with their conscious agenda of propagating homoeopathy through majoritarian, popular religio- cultural idioms. While this remained the dominant trope in representing homoeopathy, this dissertation has been equally attentive to the ways in which homoeopathy was conceptualised as a domain of rational secular science, development and nation-building. It has explored the overlaps and often-deliberate intertwining of these different strands of thinking in relation to homoeopathy. In his rejoinder to *The Swadeshi Movement in Bengal*, Neeladri Bhattacharya has emphasised on the 'productive use of irony' by Sumit Sarkar in his accounting of

²⁵ Andrew Sartori, 'Beyond Culture-contact and Colonial Discourse: "Germanism" in Colonial Bengal, *Modern Intellectual History*, 4, 1, 2007, pp. 77–93

²⁶ See Kris Manjapra, *M.N. Roy: Marxism and Colonial Cosmopolitanism*, London, New York and New Delhi, Routledge, 2010.

²⁷ *Ibid*, p.5

swadeshi's history.²⁸ The current work, similarly, has attempted to be sceptical of essentializing narratives in 'unfolding, layer upon layer, the contrary dimensions of historical events and actions, pointing to the paradoxes of history and the inner contradictions of individuals.'²⁹

Fourthly, as the preceding points have already suggested, this dissertation has examined the many identities straddled by homoeopathy in colonial Bengal. It has been attentive to the various moulds in which homoeopathy had been cast by its perpetrators at various contexts. We have noted how homoeopathy could simultaneously represent the 'indigenous' and the 'western', the 'heterodox' as well as the 'traditional', the 'religious' and the 'secular' in British Bengal. In the process, this dissertation has elaborated on the liminal, in-between, chameleonic identities of homoeopathy that tended to resist rigid, water-tight categorisations. Such enigmatic characteristics, we have seen, rendered homoeopathy tolerable, acceptable, and even desirable to the state at various moments. This dissertation has noted in some detail the complex, ambiguous, indeterminate relationship between homoeopathy and the state. It has categorically refrained from accounting a straightforward narrative of victimhood for homoeopathy. In so doing, this dissertation has presented a case study of the ways in which swadeshi capital was not always in opposition to the colonial state. It has demonstrated how entrepreneurial ventures predicated upon and propagating swadeshi values could be discreetly tolerated by the state in its own interest.³⁰

Finally, this work has sought to interrogate the contours of swadeshi economy through a study of homoeopathy in Bengal. Manu Goswami has critiqued the conventional understandings of swadeshi economy as a restricted domain of business and production. In tracing the co-production of categories like economy, territory and culture she has foregrounded their porosity and interrelatedness.³¹ Her work suggests an enmesh between the notions of the economic, the political or the cultural in relation to nationalism. Building upon such insights, the current work has envisaged 'economy' as an intertwined network of

²⁸ Neeladri Bhattacharya, 'Irony and the Writing of History', in Sumit Sarkar, *Swadeshi Movement in Bengal, 1903-08*, Delhi: Permanent Black, 2010, pp. 472-473

²⁹ Ibid.

³⁰ This ambivalent role of the state in exoticizing, even criminalising certain practices only to discreetly promote them through the backdoor draws analogy with the concept of 'casino-capital' conceptualised by Comaroff and Comaroff (2000) and deployed by Vincanne Adams in her study of the criminalisation of Tibetan medicine and its parallel state promotion since 'magical' sold well in the alternative medicine market. See Vincanne Adams, 'Randomised Control Crime, Post colonial Sciences in Alternative Medicine Research', *Social Studies of Science*, 32, 5/6, 2002, pp. 659-690.

³¹ Manu Goswami, Op cit note 11, pp. 631-632

actors, commodities and ideas associated with homoeopathy. The economy encompassed the constituents in the medical market concerning homoeopathy. However, in the context of homoeopathy, this dissertation has elaborated on the blurred boundaries between the 'medical market' and 'domesticity' that obfuscated any rigid distinction between the figures of the 'patient', 'physician', 'producer', 'consumer', 'author' and 'reader' (as evident from chapters 2 and 4). The swadeshi economy around homoeopathy, in that context, was constituted through an intricate traffic of commodities as well as ethically charged ideas concerning domesticity, health, everyday and nationalism. It was hardly restricted to the specificities of material exchanges in the realms of print market and pharmaceutical business. It equally encompassed negotiations in bhadrak morality, religious sensibility and nationalist aspirations that converged in domesticating homoeopathy as a specific worldview, an ethic, a vision and regimen of life in Bengal. This dissertation has understood the economy as the network that was established between these myriad elements.³²

Swadeshi and homoeopathy in colonial Bengal reinforced one another in an interrelated field of practices and discourses, which this dissertation has identified as the 'vernacular'. This study has refused to reduce understandings of the 'vernacular' into an exclusively linguistic position, status or domain. A 'vernacular' in homoeopathy, this dissertation has argued, held together and was sustained by the entangled worlds of north Calcutta based business elites, eclectically dispersed *mofussil* practitioners; quotidian lives of Bengali householders, Hindu revivalist voices, as well as the developmentalist aspirations of a nascent nation.

³² In conceptualising the expansive notion of economy this work is inspired by Agamben's idea of 'Oikonomia' which he argues to be the theological root of metacategories like apparatus or the dispositive. See Giorgio Agamben, 'What is an Apparatus?' in *What is an Apparatus? And Other Essays*, Stanford University Press, 2009, pp. 1-24.

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