This chapter aims to examine the social context of Ayurvedic learning and practice in Punjab during the nineteenth century, in a period that marked the transition of Punjab's administration under the Lahore Durbar towards its consolidation under British colonial administration.

Studies on the state of medical learning and practice in pre-modern societies tend to emphasize the social diversity that characterized the diffusion of medical learning, and the medical plurality represented in its practice. This approach however only provides the broadest and most generalized explanatory framework for a problem that needs simultaneously to be located within the distinct as well as specific local conditions that anchored medical learning and practice.

The first section of this chapter shall therefore attempt to reconstruct the condition of Ayurvedic learning in early nineteenth-century Punjab, with reference to the social networks and political system that shaped its identity. It will outline the social topography characteristic of Ayurvedic education and its practitioners, the diffusion of Ayurved by traditional intellectuals and the occupational structure of indigenous medical practice in this period. What therefore was the place of Ayurvedic learning and its practitioners within society and the political system of this time?
Finally, the second section of this chapter, set in the colonial period, will trace the social and political trajectory of Ayurvedic learning and its practitioners, refracted through the assumptions and priorities in medical education that were being increasingly clarified by colonial administrators towards the last quarter of the century.
SECTION I

The social context of Ayurvedic learning and its practice in early nineteenth-century Punjab, as elsewhere in North India, was closely associated with the teaching of advanced Hindu religion and philosophy in Sanskrit schools or pathshalas.\(^1\) The teaching in these schools was predominantly controlled by Brahmin Pandits who taught as well as often practiced Ayurved, and most of the students consisted of Brahmin pupils who learnt Ayurved, through the medium of Sanskrit, along with a curriculum characteristic of traditional Brahminical learning, that could range from Sanskrit grammar and logic, to Vedanta and prosody.

Leitner's survey of indigenous education in Punjab, which was conducted in the late nineteenth century, re-constructed the nature of these Sanskrit pathshalas and their distribution. Ayurvedic learning, controlled by Brahmin Pandits, consisted of small schools that taught groups of 15-20 students and were sustained by the Pandit-Vaid's own ritual functions in the local community or by small grants, mostly from local Hindu patrons. Leitner for instance, summed up all the features typical of a small town pathshala in his listing for a pathshala in Mubarakpur in Ambala district:

Pandit Naryan Dass, a good Sanskrit scholar, conducts a pathshala in Mubarakpur, where 25 pupils learn Sanskrit grammar, the Vaidic system of medicine, Astrology, Bhagwat, & c., gratuitously.\(^2\)

Sanskrit schools under the Lahore state were not characterized by the possession of large land grants and the teaching of Ayurved as well as its practice by the Pandits was therefore based largely in urban sites, where the Pandits depended upon contributions from the local Hindu community.

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Sanskrit pathshalas were therefore located either in traditional centres of Hindu Brahminical learning such as Kurukshetra and Karnal, that were also Hindu pilgrimage towns or in larger towns like Ambala, Jullundur and Ludhiana that were all broadly in the eastern areas of Punjab and contained an important concentration of a Hindu population.  

In Punjab however, Ayurvedic learning and its practice in the early nineteenth century was also distinguished by its well developed association with Hindu and Sikh heterodox sects. The role of the Hindu and Sikh ascetic orders in the diffusion of the Baidak or Ayurvedic system played a crucial role in influencing the social composition of its practice and dissemination as well as defined the specific functions that practitioners of indigenous medicine assumed in the social life and political order of the early nineteenth century.

The involvement of the Hindu ascetic orders such as the Dadupanthis, the Jogis, the Jain priesthood as well as Sikh sects such as the Udasis and Nirmalas in Ayurvedic learning served to extend its diffusion to a large number of new and emerging centres of learning, as well as to areas that did not possess a concentration of Sanskrit pathshalas. The Udasis and Nirmalas were responsible for setting up centres of learning in the western districts of Punjab. They established monasteries or dharamshalas with Gurumukhi schools in large towns and cities predominantly in the districts of Amritsar, Gujranwala, Gurdaspur and Sheikhpura, with the Nirmala monasteries being particularly well established in Hoshiarpur and Gurdaspur as well as in the Malwa area of Patiala.  

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3 Leitner, History of Indigenous Education, p.29.  
Aside from initiating the establishment of new centres of learning, the periodic seasonal movement of these sects to religious pilgrimage and fairs or sectarian meets contributed to the spread of Ayurvedic practice beyond the urban centres where it was traditionally concentrated. Besides, it helped also in linking traditions of Ayurvedic learning in Punjab with those elsewhere.

The Dadupanthis in Punjab for instance, were originally a sect founded in Rajasthan in the early seventeenth century. They traced their association in Punjab partly to the influence of Guru Arjan Dev; their order of Uttaradhesis was reputed for its learning in Sikh theology as well as their practice of medicine. Though settled in and around the area of Rohtak, Hissar and Patiala, this order moved every phagan season for an assembly near Jaipur and subsequently for a fair at Sambhar. Other sects like the Dhundia Jains of the Phagwara area in Punjab traced their association with Ayurvedic learning as far back as a seven generation old Guru lineage to the place of their origin, Bikaner.

It was not uncommon for ascetic orders to be involved in the systematization and propagation of Ayurvedic learning. Buddhist monastic orders in Ancient India had cultivated Ayurvedic learning in monastic hospices and universities, giving it a distinct intellectual basis and widening its reach to a lay public outside the social hierarchy and religious orthodoxy of the Brahminical order. To understand the manner in which these orders influenced the contents of a distinct tradition of Ayurvedic learning and practice in early nineteenth-century Punjab, we need to trace the

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7 Ibid.
The adoption by these ascetic orders of a role in the diffusion of indigenous learning, including the teaching of Baidak as well as the practice of medicine, had gained importance early in the nineteenth century, when many of these sects were seeking to settle amongst lay communities in *dharamshalas*. The teaching of medicine as well as its practice became an important means to consolidate social influence as well as to find support and acceptance for ascetic teachings amongst the public.

The practice of Ayurvedic medicine for these orders was not only an important source of livelihood, they also obtained support from the local community towards their emerging monastic settlements. The Dadupanthis for instance, set up a large monastery in Rohtak and many of its members obtained support for their order by engaging as teachers of Baidak. Even in the late nineteenth century, Leitner's Survey indicated the continuing presence of Dadupanthis in this area and mentioned the practice of medicine by two Dadupanthi faqirs, Manak Ram Sadh at Rohtak, and Atma Ram Faqir, at nearby Bhiwani, who ran small *Baidak pathshalas*.

In other instances, the teaching and practice of Ayurved not only served as a means of livelihood but also a means of gaining acceptance for a newly emerging sect and its doctrine. This was illustrated in the case of Jain Dhundias, a breakaway sect of the Jain Terahpanthis who seceded in 1817 from the larger Jaina order at Ahmedabad.

One of the five founding Gurus of this new order, Muni Meghraj, moved with his *chelas* to Phagwara to disseminate the doctrine of the new order or

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the authority of the 52 shlokas, along with the teaching and practice of medicine.\textsuperscript{10} This establishment soon gained a reputation for its learning as well as for its lineage of Baidak scholars, and Megh Raj claimed in a later work written in 1827, that it had even attracted the patronage of a local Jain ruler, Churramal Jain.\textsuperscript{11}

The early nineteenth century was also marked by the growth in social influence and political position of the Sikh ascetic orders. Their role as traditional intellectuals found increasing patronage from the Lahore state and its Sardars. The Udasi and Nirmala orders in particular expanded their establishments, with the former founding nearly 60 new establishments in this period along with expanding their older dharamshalas in cities like Amritsar, Lahore, and Batala.\textsuperscript{12} The Nirmalas, largely concentrated in monasteries, also received grants and support from Sardars of the Lahore Durbar and feudatories such as the Bhangi Sardars and the Phul Rulers.\textsuperscript{13}

The Udasis, however, were the largest and most influential of these heterodox sects. Under Ranjit Singh, the Udasis rose substantially in social status as well as political prominence. The Udasi dharamshala did not remain merely a centre for theological debate and teaching but was often closely allied to the existing political order. Baron Hugel, an early nineteenth century traveler passing through Punjab, gives a description of the routine at an Udasi dharamshala at Kiratpur, an important centre for Sikh pilgrimage, that brings out this relationship:

At noon I reached Kiratpur, and was hospitably received at the Dharamshala of a set of Sikh Fakirs termed Udasis. In the course of the evening the whole party [ of

\textsuperscript{10} Gazetteer Phulkian States, p. 254.
\textsuperscript{11} Sudhanidhi, No.1, Prayag, 1927, pp. 334-5. Feature on Punjab’s ancient Vaid vidwans.
\textsuperscript{12} Sulakhan Singh, ‘Udasi Establishments’, p. 75.
\textsuperscript{13} Darshan Singh. ‘How Did the Nirmalas Preach’, p. 151.
Udasis] engaged in prayer, in the course of which, [they offered] their good wishes for their ruler, the Singh Sahib...and the other travelers in their dwelling.\textsuperscript{14}

The Udasis were increasingly co-opted under Ranjit Singh as an influential class of intellectuals who supported the rule of the Lahore State and maintained social order. The latter became an issue of particular significance in key cities such as Lahore and Amritsar, where religious-martial orders such as the Nihangs and the Akalis constantly challenged Ranjit Singh's local administration. At Lahore, Dr Martin Honigberger, a European physician at Court who was once called upon to treat the imprisoned leader of a Nihang band, recalled one such threat to order in the city. He wrote:

In time of peace, the Nahungs gave a great deal of trouble to Ranjit Singh. On one occasion, he was even forced to place two pieces of cannon outside the Delhi gate of Lahore...because this band dared to intercept the communication of that city and they shut themselves up in Meean Mir, five miles distant from Lahore, thence they made their appearance as rebels, but they were defeated and forced to depart,...from the town also, to Umritsar.\textsuperscript{15}

Udasi intellectuals were therefore also influential \textit{jagirdars} and functionaries. They were beneficiaries of large land grants, that were estimated in value as being close to those in the possession of the Sikh Guru lineages, such as the Bedis and the Sodhis.\textsuperscript{16} Aside from wielding considerable influence as land owners, the Udasis, with their large establishments in urban areas, were a visible and influential presence in cities like Amritsar where leaders like Pandit Sarup Das Udasi led residents and pilgrims to support public works such as canal building in the city.\textsuperscript{17}

The state sanction enjoyed by the Udasis attracted further patronage from Sikh \textit{sardars} as well as community grants for Udasi \textit{dharamshalas} and

\textsuperscript{14} Baron Charles Hugel, \textit{Travels in Kashmir and the Punjab}, London, 1845, p. 75.
\textsuperscript{15} J. Martin Honigberger, \textit{Thirty-Five Years in the East}, London, 1852, p. 50.
\textsuperscript{16} Sulakhan Singh, 'Udasi Establishments', p. 39.
\textsuperscript{17} Sulakhan Singh, 'Udasi Establishments', p. 40.
centres of learning. This in turn sustained the dissemination of Ayurvedic learning and the provision of gratuitous Ayurvedic treatment and medical relief in Udasi akharas.

The largest Udasi educational centres, in particular the medical schools, were situated at Amritsar. Amritsar city had become increasingly the focus of Ranjit Singh’s court, and many of his courtiers had settled in the city and developed its various neighbourhoods. Education centres too had multiplied in the city with more than a dozen akharas at the turn of the century run by Sikh traditional intellectuals, like Udasis and Nirmalas.

The Bungas, or the rest houses around the tank of the Golden Temple at Amritsar, were supported mainly by the Sikh Sardars and the Lahore state. The largest and most prosperous of them was the Bunga Brahm Butt, associated with Sarup Dass Udasi. Both the Bunga Brahm Butt as well as the other Udasi Bungas at the Golden Temple such as Bhai Wasti Ram’s Bunga and the Jallianwala Bunga were closely associated with the teaching of Ayurved studies. ¹⁸

The Bunga associated with Sarup Das Udasi was reputed for its large Gurumukhi school, and Leitner’s Survey of Sikh educational establishments in the city recorded that it had as many as 100 to 150 chelas or disciples.¹⁹ It taught Sikh theology, the Hindu shastras and offered subjects such as medicine, music and calligraphy. These Bungas often had reputed Udasi scholars associated with them who were renowned for their medical practice as well as for their command over specific medical treatises.

The institutional basis provided to Ayurvedic learning by the large Bungas and akharas was sometimes extended through smaller Gurumukhi schools based in local dharamshalas, that offered training in Ayurved. Leitner's Report estimated that such schools were located in large towns or at centres of importance for Sikh pilgrimage. They were mostly intended to teach primary level Gurumukhi instruction along with the teaching of certain Sikh religious texts. After a primary course in Gurumukhi, certain Gurumukhi schools also offered teaching in the Baidak with a curriculum that consisted of texts in Punjabi Bhasha. Leitner described a typical course in Baidak offered by a Gurumukhi School:

The pupil who wishes to devote himself to medical practice now reads the Nighant (drugs), Saringdhar (prescriptions and pathology) and the Nidan (causes of diseases and diagnosis) in Gurumukhi.

The teaching of Ayurved at schools run by ascetic orders such as Udasis and Nirmalas, as well as by the Jains, was marked by its use and cultivation of the Punjabi Bhasha. Their social position as well as their religious doctrine marked the heterodox sects outside of the Brahminical intellectual tradition and its Sanskrit-based learning. Their role in diffusing Ayurvedic learning in the medium of Sant Bhasha, consisting of several dialects written in Gurumukhi script made Ayurvedic learning accessible beyond the sphere of Sanskrit based knowledge.

The Nirmalas, particularly of the order based in Amritsar, were trained at their Bungas as tikkakars and were involved in the late nineteenth century in the composition of tikkas in Ayurved. These tikkas were annotated or edited interpretations of old Sanskrit treatises and their commentaries, and were widely used by a readership of Vaidys and Vaid pupils.

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20 Ibid., p. 35 (emphasis in text).
21 Ibid.
The various Guru-chela lineages of noted Vaidas amongst both the Udasis and the Jains were also associated with authoring a large number of works on Baidak, often anthologies or pothis in Punjabi, that continued to be consulted through most of the nineteenth century by Vaidas and Vaid students. Baba Amir Das Udasin,\(^{23}\) Pandit Bal Mukand, and his chela Vaidya Sheetal Dass of Kapurthala,\(^{24}\) composed works such as the *Amir Prakash, Vaid Kalpataru and Byadh Binashak* that were used in Ayurvedic teaching not only amongst the Udasis, but also used by lay Vaidas pursuing Ayurvedic learning. The Jain Muni Meghraj’s work *Megh Vinod* was the first—and until as late as the 1900s the only—competent translation of an important sixteenth century anthology called *Bhau Prakash.*\(^{25}\) Subsequent works by Megh Raj, such as the *Megh Vilas* (1827), *Megh Mala* consisted of his own prescriptions and were valued even for their literary merit due to his introduction of new genres of verse composition in Punjabi *Bhasha.*\(^{26}\)

The Lahore Court under Ranjit Singh as well as the regional courts of many of his feudatories were an important centre for patronage and sanction for Ayurvedic learning and practice. Bhai Wasti Ram, Baba Amir Das and Pandit Balmokand were well known Udasis who taught and practiced Baidak and were also associated at various times with Ranjit Singh’s Durbar. Bhai Wasti Ram, the founder of an Udasi Bunga at Amritsar, was reputed for his medical skills and also held important court appointments along with a large *jagir* in the Gurdaspur area.\(^{27}\)

The milieu of the court however, also represented a highly competitive environment for medical practitioners, with royal patrons as well as

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\(^{24}\) *Sudhanidhi*, No.3, 1927. Second part of feature on Punjab’s Vaids.

\(^{25}\) *Sudhanidhi*, No.1, 1927, p. 333.

\(^{26}\) Ibid. *Sant Bhasha* was often referred to in later histories of Punjab literature, as Punjabi *Bhasha*.

\(^{27}\) Leitner, *History of Indigenous Education*, p. 78.
courtiers often extending patronage and providing professional mobility to various kinds of medical men and traditional intellectuals. The courts, in their patronage of certain practitioners, Pandits, and astrologers, contributed to making the occupational hierarchy of medical men and traditional intellectuals highly fluid. Much like the circumstances in the Lahore court, regional courts of various feudatories too patronized a number of medical men, who were summoned for medical consultations and competed for elite patronage. A contemporary travel account of the court of Raja Sansar Chand of Kotoch, a hill Raja, described a medical consultation that involved a member of the royal family and a number of local physicians:

On the night of the 30th of June, Fateh Chand, the Raja's brother... was taken seriously ill... At the Raja's desire I went to see him. Upon the floor on one side of his bed was a row of lamps... Eight or Ten Hindu and Mohammedan physicians sat or knelt around the bed...

Court physicians at the Lahore Court, both Vaidas as well as Hakims, for instance, had to work under the supervision of the skilled jurrab or surgeon, Faqir Azeez-Ud-Din. The Faqir, who had been trained by a reputed surgeon in Lahore, Hakim Hukum Rai, had won Ranjit Singh's favour on treating the ruler for a battle injury following the siege of Multan. He had subsequently enjoyed a meteoric rise, with his appointment as Ranjit Singh's personal physician and also later as his prime minister.

Even outside the court Vaid practitioners seem mostly to have practised closely alongside Yunani Tibb practicing Hakims. Honigberger's account of court consultations in the city as well as those among elite clients at Lahore, indicated the close and overlapping occupational spheres that marked the practice of medicine by Vaidas and Hakims in Punjab. He described a typical upper class consultation as follows:

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Consultations were generally held in the presence of the patient so that he might choose whichever remedy he preferred. In the assembly of the Hakims the Persian language was spoken, and the technical terms used were Arabic, which no patient could understand; but if there were present any Hindu physicians or Pundits [astrologers] which was always the case when consultations were held at respectable houses, then the Indian language was spoken because generally the Indians are not versed in the Persian.30

Ayurvedic learning in nineteenth-century Punjab was identified with and taught as a separate system of learning but in practice it lacked independent professional authority. The Vaid practitioner attended on clients along with the Yunani Hakim, whose system of learning was far more widely diffused and influential in Punjab than that of the ‘Baid’. Leitner’s Survey for instance indicates a concentration of reputed Punjabi Hakims and schools teaching Tibb in centres like Delhi and Amritsar31 along with a large number of Yunani practitioners in each of the districts, including in the Eastern divisions.

The strength of Yunani Tibb practice was based on the widespread diffusion of Arabic learning, and the popularity of Persian that served as a court and service medium amongst a cross-section of the elite and professional groups in Punjab. Maktabs or Persian sections of Arabic schools were extremely well attended as they taught skills that were crucial for Government employment and a career in court. Many of the maktabs in Delhi and Amritsar that were listed by Leitner were supported by wealthy Hindu \textit{Raise}s and Sikh notables and often employed Pandits and Sikh traditional intellectuals for instruction in Persian.32

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31 Leitner, pp. 4, 52.
32 Ibid., p. 72.
Unlike the Koran schools, the maktabs also taught professional studies such as law and literature, and the study of medicine often seems to have the 'most accessible scientific subject in many [such] schools....'\textsuperscript{33}

The study of Tibb medical treatises was facilitated by the knowledge of Persian and Arabic that was widely acquired by scholars and pupils who attended these institutions. The Sikhs in particular were reputed for producing scholars who specialized in 'a combined knowledge of both classical languages Sanskrit and Arabic', and also formed an important section of Yunani practitioners.\textsuperscript{34} In Amritsar city for instance, nearly 20 out of 28 or so well established Hakims of the city in the late nineteenth century were Sikh Bhais.\textsuperscript{35}

Contemporary European accounts that observed the organisation of medical practice in Punjab described the knowledge and skills of Yunani and Ayurvedic practitioners. They emphasized the predominance of the 'Hindi Baid' and Hakims who, in their position as full time medical practitioners, were seen as dominating the existing professional hierarchy. These accounts were influenced by their attempt to identify the counterpart of the nineteenth century European physician in these practitioners. Honigberger for instance, placed the Hakim and 'Hindi Baid' respectively as the practitioners solely representative of their medical traditions. In practice however, the Vaid physician identified by these observers was far more difficult to locate, with his services and his sphere of practice commonly overlapping with the attari or druggist-chemist, associated with the preparation of Ayurvedic prescriptions, who proliferated in towns and cities.

\textsuperscript{33} Ibid., p. 73.
\textsuperscript{34} Ibid., p. 30.
\textsuperscript{35} Ibid., p. 52.
The attari's training and his practice is vividly described in a family biography of Bhai Jaimal Singh, a druggist and minor Sikh intellectual who established his practice in the 1870's in the town of Tarn Taran. The attari was traditionally of a trader caste and his training, unlike that of the Vaid, was largely practical, based on his experience at his shop, though often coupled with instruction in the composition of drugs, based on the study of a Nighantu or treatises on drugs.

Bhai Jaimal Singh for instance, first opened his own independent attari shop selling Ayurvedic medicines after training with a local attari. He, however, pursued further studies in certain texts related to his practice, even consulting some Ayurvedic works under the guidance of a Sikh Bhai at the local dharamshala at Tarn Taran. Despite his limited training, the attari often worked as a Vaid practitioner. Bhai Jaimal Singh's biography for instance, claimed that the Bhai's services were widely sought by local officials, and that his medicines were often considered more effective than that of local Vaids and Hakims.

Contemporary medical texts too indicate that Vaidic practice was a widely contested sphere, with Vaid practitioners and medical men like the bazaari attari often performing competing medical functions. The Baidya Jeevan, a tikka of a popular Vedic text called Lollambiraj, addressed the problem posed by attaris who posed as Vaids and identified the attari's lack of training in any medical system, his lack of erudition in writing prescriptions, ignorance of the medical theory of humors and inability to diagnose by

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36 Sant Sampuran Singh, Safal Jeewan, Amritsar, n.d. Tract published by his family for limited circulation and available at the Bhai Mohan Singh Vaid collection, Punjabi University, Patiala. His younger son Bhai Mohan Singh Vaid was to become a renowned Vaid-publicist. The family ran a well-known pharmacy that still has functioning branches in Tarn Taran and Amritsar. See Chapter 4, Section II for more details.

37 This is corroborated by the status and relative prosperity of his family as recollected in his son, Mohan Singh Vaid's biography and his diaries. See Chapter 5, Section I.
pulse reading as the most visible distinguishing traits of a ‘quack Vaid’. It noted:

The medicine of a Vaid who is a trader is not judicious[,] for his preparation will only worsen his [the patient's illness]; the untutored Vaid is one who has not been trained in Baidak shastras and merely employs medicine from experience ['Suni Sunai Dawai'] and therefore Swami Bal Mookand 38 outlines all the features of a quack Vaid of this nature. 39

Most vernacular medical treatises that were composed at this time reflected a concern to identify the legitimate Vaid practitioner. Two features of his professional legitimacy—his scholastic training regulated by a Guru and his competence in theoretical treatises of the Baidak system—were commonly cited as a means of distinguishing a ‘Suvaid’ from a quack or ‘Kuvaid’. 40

It was not merely the competence offered by training and education but also his social authority that distinguished a Vaid practitioner from the quack. The Vaid student studying these treatises was therefore repeatedly instructed on the medical etiquette or code of conduct that needed to be cultivated by a Vaid practitioner. 41 The Vaid's moral and social authority was sought to be developed by delineating precise and formal guidelines as to the manner of being invited for a consultation, the manner of the bearer sent to summon the Vaid, the ritual means of inviting a Vaid and finally, the Vaid's demeanour in interacting with his patient. Despite these efforts, the identity of the Vaid and his sphere of practice remained largely ill-defined, with a range of medical men of varying training and social-intellectual position engaged in its practice.

38 The Udasi author.
41 Ibid., p. 7.
SECTION II

The earliest impact of British colonial rule in Punjab on indigenous medical learning and its practitioners was experienced by the medicine men at court—Vaids, Hakims, Jurrah surgeons and traditional intellectuals—whose services were now brought to an end. The Punjab Administration Report of 1851-2, described these developments noting that:

...The numerous dependents of the last regime are...provided...for...the office bearers of the court, the Chamberlains, the mace-bearers, the soothsayers, the physicians, the savants...are all [now] borne on the pension rolls of the British State.  

Even under the Council of Regency supported by the British, the emphasis on introducing western medical practitioners into the system of state medical patronage had already been indicated. The Durbar’s Darul Shefa or hospital, at Lahore, was placed under the superintendence of the British medical officer, McGregor; he was assisted by Honigberger, who now found a more significant professional function under the new administration. Honigberger, who had under Ranjit Singh’s rule only been allowed to observe the working of this hospital was now provided with facilities to practice in it. Brahmin assistants were provided to him to prepare his medical prescriptions as well as Jurrahs to help him in his operations.

The death of the court milieu represented an important loss of access for Vaids and Hakims to the social status and prestige associated with court employment. However, the most substantial setback to indigenous medical learning and its traditional teachers emerged later in the nineteenth century. The logic of the Punjab Government’s new land settlements had matured

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42 Leitner, p. 162. Emphasis in text.
43 Honigberger, Thirty-Five Years, pp. xviii-xix.
and the older revenue grants—*dharmarth* emoluments distributed by the Lahore State to support traditional intellectuals and educational institutions—now began to be curtailed. Leitner’s survey recorded that Brahmin Pandits and *Pandas* who had holdings that supported Sanskrit *pathshalas* largely based in the districts of Jullundur and Hoshiarpur, faced an increase in assessments on their grants. The *Pandas* of Mubarakpur for instance, in Hoshiarpur District, who used their grant to support a medical school, were recorded as facing an important loss of income.\footnote{Leitner, *History of Indigenous Education*, p. 91.}

The Udasis and Nirmalas, in particular the former who had enjoyed substantial social status and wielded influence through their landed resources, faced a gradual reduction in their grants. Amongst many other prominent Udasi land grantees, the *chelas* of Baba Amir Das Udasi lost most of their endowments in the 1870s and Leitner’s survey reported that the size of their *dharamshala* as well as the number of their disciples was much diminished.\footnote{Ibid., p. 52.}

Pandit Sarup Das Udasi’s descendants were associated with the largest and most prestigious Udasi grants. Successive land revenue settlements in Amritsar District however resulted in a growing loss of income. The value of the grants to this Udasi establishment had amounted to Rs. 18,000 under Sikh rule, and by 1850 had been reduced to Rs. 5,000 and further, by 1882 with the death of its reigning Mahant Brahm Hari, its holdings were only worth Rs. 3,000.\footnote{Ibid., p. 52.}

The impact of these developments upon the course of indigenous education was to considerably alter the scale of its institutions of advanced learning. *Ayurved* taught at large schools in the *Bungas* and in monasteries was now
increasingly restricted in its institutional base, to smaller pathshalas that were mostly dependent upon support from their students and the local public or private patrons.

In Leitner's survey for instance, the typical location of Ayurvedic teaching was in small pathshalas that were run by Pandits or members of certain ascetic orders. In Amritsar itself, Leitner mentioned only the school in the Bunga of Sarup Das Udasi. The other Bungas and Akharas noted earlier in the century for their association with Ayurved no longer seemed to be as prominent.

Ascetic orders such as the Udasis and Nirmals increasingly turned for patronage to the old Sikh aristocracy and the rulers of the native states. Some of the Bungas such as those supported by the Ahluwalias and the Patiala and Nabha rulers continued to receive royal patronage even in the late nineteenth century. However, lacking any wider social authority or political support, traditional intellectuals concentrated increasingly on religious-theological functions, and reduced the scale of their involvement with advanced education and the practice of medicine.

The focus of the new administration in Punjab in its attempts to promote medical education was centred around the Lahore Medical School that was established in 1860. The function of medical education in the new setting was to train medical professionals to staff the growing Government medical establishment in Punjab. This priority persisted until the late nineteenth century.

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66 Amritsar District Gazetteer, for 1883-84, Lahore, 1885, p. 53.
67 Leitner, p. 54.
68 Ibid.
69 A discussion of the colonial priorities in education and its impact upon local society follows in chapter 2.
71 Ibid.
century, and British colonial initiatives to promote the study of medicine and the support of its practitioners in the decades following Punjab’s annexation were guided by the priority of setting up a subordinate medical profession. Indigenous practitioners initially enjoyed a limited access to the subordinate ranks of this emerging medical establishment. They were employed in rural dispensaries and were also a part of the provincial vaccination staff.

The Government’s attempts to introduce training in Western medical education through the Lahore Medical School met with a limited local response in the initial years. The School had a high dropout rate in its Assistant Surgeon class and until the 1870s, it was unable to meet the needs of the province for well trained native doctors. Indigenous practitioners, both Vaids and Hakims, were therefore given a place in the school and were taught Ayurved and Tibb along with Western medicine, so as to enable their employment as native doctors in the Government’s dispensaries.

The condition of the Lahore Medical School and its training hospital however fell far short of these ambitions. The latter for instance, was viewed even in the 1870s as being, ‘most inconvenient and in a sanitary point of view all together the worst hospital...in India.’ Vastly inferior in the standard of their teaching staff and facilities relative to medical colleges in the Presidencies, the condition of both the Lahore as well as the Agra medical schools was rated so low that doubts were cast even upon the training and diplomas conferred by these institutions.

As a result, the Government of India coordinated efforts to reform the curriculum of the Lahore Medical College, abolishing local level degrees

52 Ibid. Later known as Lahore Medical College.
53 Ibid.
such as those of the 'native doctor', and replacing them by rationalised courses and degrees that provided for a training of Licentiates as well as Hospital Assistants. The Lahore hospital too was relocated and an improved course of practical training for students from the medical college was planned at this hospital.

The reform of medical education implied that the Government's medical administrators chose increasingly to identify the theoretical training provided at these institutions as the distinguishing feature in the identity of a professional practitioner. The course in indigenous medical learning at the Government Medical College was stopped as the certificates obtained by the Vaids and Hakims attending these courses were seen as a means of giving state sanction for their systems of learning.

Defining a professional identity for western medical learning was increasingly accompanied by an attempt to characterize indigenous medical learning and its practitioners as empirics. The occupational diversity of indigenous medical practice, composed of a range of medical men, was emphasized to illustrate its 'lay' identity. As the course of colonial medical intervention unfolded in the latter half of the nineteenth century, colonial medical administrators in their attempts to monopolize patronage would increasingly define the superior, scientific rationality of western medicine in relation to its 'difference' from indigenous systems of medical learning.

In effect however, the introduction of British colonial administration was contributing to a process of disorienting the occupational structure of medical practice. The end of court patronage and the emphasis by the

54 Ibid.
56 Ibid.
colonial state on the possession of a theoretical, institution-based training so as to claim professional authority, ended the scope for professional mobility enjoyed by medical men such as the Jurrah-surgeons and faqirs.

Traditional intellectuals such as the ascetic orders, involved earlier in the practice of medicine, had to reorient the place of medical healing amongst their activities, gradually creating conditions for the redeployment of their traditional intellectual skills in the newer urban hierarchies and associated ideological polarities that were emerging by the end of the century.

CONCLUSION

Ayurvedic learning and practice in early nineteenth century in Punjab was closely associated with traditional intellectuals belonging to the heterodox orders. Their teaching of Ayurved was based on their function as traditional intellectuals and introduced social diffusion as well as political sanction to Ayurvedic learning and its practice, that closely linked it to the social life and political system under the Lahore state.

The end of the Lahore state and the introduction of British colonial rule in Punjab marked the end of the political sanction enjoyed by indigenous learning and its practitioners. The priorities of Punjab's administrators by the late nineteenth century increasingly focused around medical learning in Government medical colleges, so as to give pre-eminence to the western medical practitioner or medical 'professional' who, by his association with this institutionalized learning, was distinguished from all other empirical practitioners.

The conditions under colonial administration however, also began to evolve certain institutional and intellectual norms that identified the empirical nature of indigenous practitioners; through its administration and understanding of local society it also served to narrow the occupational plurality of indigenous medical practice. In subsequent years, this created the conditions for Vaid practitioners to define their identity as well as to consolidate the terrain of their practice.