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THE CHANGING PLACE OF VAIDS:
PLAGUE ADMINISTRATION
AND POLITICS IN PUNJAB'S URBAN ARENAS
(1898-1900)

Introduction
Plague administration in Punjab brought into relief processes and ideas that were beginning to shape the self-perception of indigenous practitioners and their medical practice in urban centres. It dramatized the role and function of indigenous practitioners in the wider public sphere of polemic and debate surrounding issues concerning urban power relations and public leadership.

In this chapter, the impact and course of the plague in urban centres in Punjab will be viewed in terms of its interaction with the mechanisms of urban social control in Punjab's towns and cities. Plague administration, or the navigation of its priorities and the mediation of its initiatives in the urban arenas, brought into focus the newer, public leadership that was emerging in urban arenas in these years. It confirmed the crucial place of the press and publicity in urban social control and in contesting older hierarchies of authority in urban administration.

The interplay of plague time politics and public debate created the conditions for indigenous practitioners to assume a more articulate public profile. It allowed them to advance early initiatives that sought to address and rationalize the place of their learning as well as their public function.
In the first section in this chapter I look at plague policy in Punjab in the light of one of its central concerns and priorities: namely to intervene medically while maintaining social order. The process of introducing plague rules and later plague prevention schemes such as inoculation measures, highlighted new contests in urban power relations. I examine the emerging centres of patronage and leadership represented in the public debate in the vernacular press, as a means of identifying the role assumed by urban, indigenous practitioner-publicists in plague related matters.

In the latter section of this chapter, I examine the plague tracts written by indigenous practitioners to trace the changing concerns and audience that certain Vaid publicists were beginning to address. The professional trajectory of these practitioner publicists, which I will outline, will contextualise the concerns that guided the growing participation of these practitioners in politics in the urban arena.
SECTION I

In the autumn of 1897, a number of cases of plague began to be identified in the Jullundur and Hoshiarpur districts of Punjab. The plague had arrived north after about two years of being contained near the Presidencies. Earlier, the Punjab government had already passed regulations regarding the check and quarantine of travellers from those areas. In January 1898, it now turned to draft a Resolution that was empowered by the Government of India’s Epidemic Diseases Act,¹ and outlined a scheme to extend in Punjab, a course of plague administration that was modelled upon the Bengal Rules.

The January Resolution provided a rigorous framework for plague administration. It proposed strict surveillance and inspection for the early identification of plague, the complete evacuation of plague ridden homes, and camp-based segregation for not only plague patients but also their relatives and others suspected of having contracted plague.²

The Resolution was publicized through the district authorities and in the official Gazette, and news of its contents rapidly spread to the public. In Delhi, the Deputy Commissioner, keeping in mind the strategic nature of the city, had put forward this Resolution to the city’s Municipal Committee and emphasized the need to prepare the public, particularly for the enforcement of segregation.³

The district authorities in other cities followed suit, but in Delhi itself the proposed plague rules soon created widespread panic. The plague scare that followed in Delhi was not entirely unfamiliar to colonial administrators, for

the earlier response in cities such as Bombay and Poona had created similar conditions. In Delhi, the plague scare spawned rumours that created unrest and threats of disorder lingered for nearly a month. As a result, public representations and press-based campaigns grew, followed by the flight of residents following rumours of looting, water poisoning or violation and poisoning of women by plague doctors.4

The plague scare in Delhi and other cities like Lahore and Jullundur served to dramatize certain issues in relation to the hierarchy and networks of urban social control. Colonial authority and its relationship with local, urban leadership on the one hand, and the contests within urban politics on the other, were articulated with greater clarity with public representations, posters and placards as well as debates within the vernacular press serving as the medium.

Central to this narrative of urban social leadership and critical public debate and alignments, lies the debate over the role and function of indigenous practitioners. Medical intervention during epidemics in urban areas had always needed to engage with or at least open a dialogue with indigenous practitioners. The social contests and shifting power relations during the plague allow the identification of the emerging public profile and politics of certain groups of publicist-practitioners.

The most crucial characteristic of the January Resolution was its tendency to locate as well as locate the initiative of medical intervention in the subordinate medical and police agency. The concentration of this authority implied that local networks of urban social negotiation, based at the middling level of the neighbourhood or mohalla, were circumvented. While district authorities, such as in the meeting called by Delhi's Deputy

Commissioner, did engage with the city's municipality members, their use solely of official Government machinery in the form of its plague doctors and police implied that private, local agency remained marginalized.⁵

In previous epidemics however, the local medical administration and the city elite that mediated epidemic relief, directly addressed local level agencies of the neighbourhood. The municipal councillors, of whom Raises formed a significant component, were directly engaged in their capacity as mohalladars, in distributing medicines and in accompanying the Government's medical doctors.⁶ In cholera epidemics, such as in 1868-9 in Amritsar, they were engaged in persuading people to file death returns, and in other Punjab cities the local Civil Surgeons’ subordinates were introduced in each mohalla by these leaders.⁷

Indigenous practitioners were also crucial to the extension of this medical relief. At Peshawar, the Civil Surgeon employed the services of a dozen or so local Hakims during the cholera epidemic and coopted them in the distribution of cholera pills and other medicines.⁸ The control over these physicians was loose, allowing them by and large to practice their own remedies. Their activities were given indirect sanction through monetary rewards and the award of Khillats.⁹ The cooption of local Hakims by the state administration gave them an important local status during these earlier epidemics.

In their temporary duties providing epidemic relief under the local authorities, many Hakims posed a sharp threat to Government medical

⁵ Ibid. pp. 9-10.
⁶ PG, M&S, IA, April 1870, p. 63
⁷ Ibid. p. 60
⁸ Ibid, pp. 60-3.
⁹ Ibid, p. 63.
practitioners. During the Amritsar cholera of 1869-70 for instance, the local government medical official was to observe:

The Hakeems were assembled, and requested to lend their assistance; I certainly gave my consent to this measure, though I did it unwillingly...they gave themselves great airs, stated that the Deputy Commissioner gave them preference over the 'Doctor Sahib', and tried every means to injure my practice, [and] took many cases from under my treatment...10

The plague administration and the rules that it proposed in Punjab, like earlier in the Presidencies, was far more interventionist in its scope than any previous form of control during epidemics. Facing international pressure to control the plague, the Government of India’s Epidemic Diseases Act could be employed by the provincial authorities to impose regulatory initiatives that were not only far more intrusive but also did not concede the presence of independent, private agency. The plague administration relied upon the mediation of its structures of native collaboration, such as the Municipal Committee in Delhi, but also little concession for the local differences, challenges and varying control of this municipal elite.

Central to the fate of plague administration, and its unpopular reception, lay the networks of the Raises, and through them the influence and initiative exerted by the local, municipal administration. In Punjab, the larger municipalities of Delhi, Lahore and Amritsar had been founded in the 1860s. Their constitution was revised under the Municipalities Act XV of 186711, and they shared an important responsibility as recommended by the Army Sanitary Commission, in implementing sanitary projects and extending medical relief.12

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10 PG, M&S, May 1870, Appendix D, p. 175.
12 Ibid.
The early membership of these municipalities had included a carry over of the aristocratic mohalladars and Ministers of the previous regime. However their membership was increasingly dominated by members of influential families in the city, and established business magnates.

In the Amritsar Municipality, for instance, the Raises typically, cultivated important networks that extended their influence over residential mohallas, caste biradris in certain areas, and acted as patrons of religious activity and traditional learning. Like in Delhi, where physicians’ families related to the family of Hakim Majid Khan enjoyed an influential position in the municipality, Amritsar too, had an important composition of traditional intellectuals, indigenous practitioners and religious specialists in its Municipality.

An elite family of brahmin physicians in the city, that of Pandit Dharnidhar, had a long term of representation in the municipality. Pandit Surb Sukh, the grandson and heir of this family, had been allowed to retain a large section of the Durbar endowed land grant to his family. He enjoyed an influential position in the Panditan Wali mohalla and was the leading land holder and leader amongst the prominent Brahmin families of Lahore and Amritsar who had obtained common villages as their endowments from the Lahore Durbar.

Other municipality members such as Mahant Brahm Buta anchored their influence in the city through their leadership of wealthy and influential akharas. Their influence over the local sangat or following was considerable. Not only traditional intellectuals like the akhara leaders, but

13 Ibid.
14 Municipal Committee Proceedings, Amritsar, 5 May 1868.
15 GOI, Foreign Proceedings, Book III Pandits, No. 211, Case No. 9, 27 May 1853, Pundit Dhurneedur. Interview with Kiran, of the Dhurneedhar family, Amritsar.
also emerging new *Rais* such as Lala Gaggar Mal, who had considerable support amongst the textile traders in Amritsar, represented a *Rais* leadership that constantly sought to widen its constituency as cultural patrons. Lala Gaggar Mal for instance, founded a large institute for advanced Sanskrit studies in Amritsar in the 1880’s. It taught traditional subjects that included Ayurved, and consolidated the Gaggar Mal family’s position as leading Sanatan Hindu leaders of the city.¹⁶

Despite the introduction of elections in these municipalities in the 1890s the *Rais* composition did not see any immediate or substantial change. In Delhi, the hereditary domination of the municipality continued through a handful of powerful old families consisting of Hakims, Hindu and Jain bankers.¹⁷

In the decades preceding the plague, the position of the *Rais*, namely, their ability to serve the colonial authorities as social mediators, was already being widely challenged. The plague only reinforced and created the conditions for a wider articulation of these contests.

The social networks of patronage and cooption that extended the control of the *Rais* into the local *mohalla* was based upon a loose system of superintendence and collaboration. Their failing control over the bazaar leaders and inability to maintain order in the face of rising communal tensions in Punjab’s cities, became increasingly obvious in the recurring communal riots in the 1880s and 1890s. Delhi for instance, had repeated

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¹⁶ The Gaggar Mal Pathshala continued to exist until 1920s or 1930s with prominent Pandit Vaids in Amritsar teaching in it. Interview with Pandit Kishan Kanth, Katra Parja. For further references on Vaid families in Amritsar, see Chapter 5.

riots in the 1890s, with a worsening of communal relations after the assassination of Pandit Lekh Ram in 1897.\textsuperscript{18}

\textit{Rais} leadership not only failed to control communal conflicts, even their initiative in sanitary works and in coopting local townspeople in epidemic relief, came under intense criticism in the last quarter of the nineteenth century. The cholera epidemic of 1881 that affected Lahore city brought forth response and pressure for accountability from an educated, public voiced in local newspapers like the \textit{Tribune}. The contest for the control of municipal administration and the threat to \textit{Rais} leadership was emerging from public men and educated urban groups at the local level of various towns and cities. Their opposition to \textit{Rais} leader became apparent during the plague administration. In various local spheres, their interests and constituencies, as well alternative networks and mediums of public influence challenged the power relations and hierarchy of control that the colonial authority was attempting to maintain, such as during the plague administration.

The changing composition and size of urban populations in Punjab’s large cities in the last quarter of the nineteenth century partly explains these fissures in urban social control. Large cities like Delhi, Amritsar and Multan became important trade \textit{entrepots} in the 1880s and 1890s, due to the establishment of important railway lines that radiated from these centres.\textsuperscript{19} Other cities like Lahore grew as important centres of administration and education, attracting a large service class in these years.\textsuperscript{20}

\textsuperscript{18} K. Jones ‘Organised Hinduism in Delhi’, in Frykenberg, ed., \textit{Delhi Through the Ages}, Delhi, 1993, pp. 207-10.
\textsuperscript{20} Ibid., p. 24.
Famine and epidemics no doubt contributed to significant movements of population into these cities; especially the famine in Punjab’s southern districts in the 1890s; these were also the fleeing populations from plague-stricken Karachi and Bombay to Delhi and Amritsar. However, it was the growing number of service and professional groups concentrated in these cities, along with the consolidation of influential business interests and patrons, who posed a challenge to the social leadership of the Raises. New public leaders of reformist organizations, such as in Lahore and Amritsar, were beginning to consolidate constituencies mobilized under Arya or Singh Sabha dogma, with their mobilisation conducted through a growing vernacular press. Newspaper editors were important public men, who increasingly formed an influential leadership in urban arenas, and even ambitious business magnates who were building networks outside the municipalities cultivated their influence through vernacular journals.

In Delhi, the plague scare and panic was dominated by the responses on the one hand, of the Hindu trading classes, and popular level threats to order on the other. Both groups were affected by the threat of imminent plague inspections, forcible evacuation and segregation by plague doctors. Many of these fears were voiced in representations by local groups, popular rumours and notices that were put up in public places like at Chandni Chowk.

The plague scare again underlined the uncertain control of the Rais leadership of the city at the local level, and the Deputy Commissioner, despite his support of Rais leaders like Hakim Majid Khan, expressed his own reservations to the Government, when he stated:

...If it should become...necessary at any time to introduce plague measures in Delhi, we should have to count upon the strongest opposition from the ignorant

\[22\] Ibid., p. 12-13.
classes, and that we should not receive much assistance from the persons who pose as the leaders of native society.\textsuperscript{23}

\textit{Rais} families of physicians, closely related to one another and with a long standing leadership in the municipal committee, were a target of public criticism and denunciation during the plague scare. Hakim Majid Khan, and others like Hakim Zahiruddin had exerted their influence as leading physicians in the city, as they began in public statements to explain the plague rules and the threat of an epidemic, to the local public.\textsuperscript{24} Through their own statements, and their network of physician-disciples, they also issued statements with plague-related precautions, such as instructions regarding food and diet restrictions based upon Yunani principles.\textsuperscript{25}

Indigenous medical advice expressed in public forums was popularly interpreted according to the politics of its practitioners who were public leaders. In the case of this leadership of Hakims, posters expressing local, popular response to their medical advice to the public, made little difference between the perceived illegitimacy of their politics, and the falsity of their medical do's and don'ts. A public notice warned:

\begin{quote}
Oh! The disciples of Hakim Abdul Majid Khan, you have brought disgrace upon your teacher and yourselves by prohibiting the use of Kachalu, roasted meat, plums, & c., which cure diseases of all sorts. If the use of these articles be prohibited how will their dealers maintain themselves? Do not care for Hakims and throw away their medicines.\textsuperscript{26}
\end{quote}

Meanwhile, the local public and various groups of aspiring public leaders were beginning to establish their individual channels of dialogue with the local colonial authorities. They stressed the strength of their public constituencies in the city and mobilized themselves to address fears of popular disorder and rioting.

\textsuperscript{23} GOI, HS, April 1898, 461-72A, p. 10.
\textsuperscript{24} Ibid., p. 11.
\textsuperscript{25} Ibid., p. 13.
It was public men in cities like Delhi, comprising of publicists and editors of vernacular newspapers, and business interests, who had found themselves to be ‘out’ of municipal politics, that pressed forward the demand for the local Government to engage in a dialogue with public groups other than with the Raises. A public notice in Delhi, for instance, clearly instructed the government to negotiate and discuss its regulations with the ‘public’, by communicating through the Urdu, vernacular press. It stressed the importance of addressing a public that the press and perhaps certain newspaper editors increasingly competed to represent.  

As Delhi’s plague scare began to spawn similar unrest in other cities, the focus upon the role of the Raises and the wider problem for the government, that of identifying correct allies to mediate its plague related initiatives became an important source of debate in local newspapers. Newspaper editors such as Munshi Ram Rachhpal of the Ludhiana based Civil and Military News mounted direct criticism of the Raises and municipal leaders and hinted instead at the powers of the “real leaders of the people”, who had access to and communicated directly with the masses. A report in the vernacular press publicised his views:

The writer observes that the persons whom the Civil and Military Gazette takes for Raises and leaders of native society, are not regarded by the public in that light... The impression [is] that all jagirdars, Municipal Commissioners, Honorary Magistrates and title holders are leaders of the people; but unfortunately this is not the case. Ninety per cent of these gentlemen do not concern themselves with the affairs of the people, and consequently possess no influence among them... the real leaders of the people have no access to Government Officials, but they rule over thousands of hearts. The situation cannot improve so long as Government confounds wealthy natives with the leaders of the people.

26 GOI, HS, April 1898, 461-72A, p. 13.
27 Ibid., p. 11.
28 NNR, Paida Akhbar, Lahore, 8 May, 1898, p. 318.
29 NNR, Paida Akhbar, Lahore, 6 May, 1898, p. 318 (Emphasis added).
In Delhi, the growing initiative shown by the city’s various public men provided the opportunity for certain groups of indigenous practitioners to mobilize under their patronage and approach the local authorities in offering plague related advice. In the first week of February 1898, when the exodus of the city’s Jains was beginning, the city’s Voids under the patronage of a Jain Banker, met to discuss the Government’s plague rules. Based upon this meeting, the leader of the city’s assembled Voids, Pandit Shiv Chandra Jaini, wrote offering the local government a medical treatise on the plague. The treatise offered cures for the plague based on Ayurved as well as criticized the need for segregation as proposed in the plague rules. The Voids also offered their services to conduct medical relief in case of an outbreak of plague.

Pandit Shiv Chandra Jaini, the ‘elected leader’ of a Sabha consisting of Delhi’s Voids, represented the growing engagement of many indigenous practitioners in public debate and polemic. As an important publicist-reformer of the Jain community in Delhi, he represented the patronage that certain types of reformist leadership provided to indigenous practitioners. During calamities like the plague, this patronage and public profile was employed to project wider influence.

The Jain community in Delhi was of a relatively recent origin. The 1870s and 1880s had witnessed clashes between the Jains and the influential Hindu Vaishnav bankers and traders of the city, since the Jains were beginning to seek greater influence in local politics. These clashes, often at the level of
competing religious festivities, encouraged the mobilization of Jain community interests.\textsuperscript{34}

Temple construction such as that of the Dharmpura Jain Temple marked the initial attempt at this consolidation and was promoted by leading Jain families.\textsuperscript{35} This temple became the centre of Jain politicization, with the distribution of literature and public engagements being centred here. Publicist Vaids such as Shiv Chandra Jaini acted as priests in this temple,\textsuperscript{36} and were closely engaged in Jain mobilization.

Indigenous practitioners formed an important section of the ideologues of Jain mobilization, both in Delhi as well as in other parts of the Punjab. The Jain community in Punjab was highly literate\textsuperscript{37} and a large number of Hindi journals, of various Jain reformist or Sanatanist interest groups articulated their dogmas along with campaigns to support wider institutional networks based in schools, colleges and publishing presses.

Writing in these journals, and elaborating upon reformist dogmas and polemic made indigenous practitioners assume an important public profile, often far beyond their immediate city, in various urban centres in the province and beyond.\textsuperscript{38} Shiv Chandra Jaini for instance, was an important contributor to a Lucknow-based reformist Jain journal that had been founded in 1896.\textsuperscript{39} Other practitioners, such as Pandit Gopi Nath Sharma,

\textsuperscript{34} Ibid., pp. 75-6.
\textsuperscript{35} Ibid., p. 76.
\textsuperscript{37} \textit{Report on Punjab Census}, 1891-1901, p. 71, Adult literacy over 20 was 1 in 3 for Jains as compared to 1 in 10 for Sikhs & Hindus. These included the following Jain sponsored journals (with dates of their founding): \textit{Jain Prabhakar}, Lahore, 1890; \textit{Jain Samachar}, Lucknow, 1896; \textit{Jain Gazette}, Lahore, 1895; \textit{Atmanand Jain Patrika}, Lahore, 1900.
\textsuperscript{38} \textit{Jain Prabhakar}, vol. 13, No. 2, Lahore, Nov. 1890, pp. 15, 22-3.
\textsuperscript{39} The \textit{Jain Samachar}, Vol. 1, Lucknow, 1896, Issues No. 1 & 3, had articles by Shiv Chandra Jaini in the nature of regular columns.
edited conservative Jain journals like the *Jain Prabhakar* of Lahore,\(^{40}\) and their writings and public profile allowed them an important network of patrons amongst the new leadership of the Jain community.

Vaid publicists such as Shiv Chandra Jaini did not merely derive their networks and influence from their engagements with reformist publicity. On the other hand, their status as indigenous practitioners, and their intellectual attainments as medical men were equally significant in lending credibility and offering a wider profile as publicists. With Gopi Nath Sharma, editor of the *Jain Prabhakar*, for instance, the emphasis on protecting his reputation as a legitimate and reputed practitioner became a crucial means to affirming his credentials as writings as a Sanatanist editor. In response to a reader's allegations, Pandit Gopi Nath Sharma emphasized his academic networks not only with a prominent Vaid guru at Lahore, but also stressed his brief training at the Lahore Medical College. He thus refuted his critics doubts regarding his learning and legitimacy as an intellectual and editor.\(^ {41}\)

The widespread resistance that had emerged to the plague rules provided the setting for indigenous practitioners, either through the support of certain patron networks or through the vernacular press, to press forward their services to the government. In Shiv Chandra Jaini's case, speaking as a representative of a wider group of practitioners, he was seeking a public function for certain practitioners that he led and represented. In Delhi, the resistance to the leadership of the Rais-Hakims, made his offer significant, particularly as it was likely to be acceptable to the influential trader classes and their leadership in the city.

\(^{40}\) *Jain Prabhakar*, Vol. 13, No. 1, Lahore, Last page, lists of subscribers and patrons.

Many private, individual practitioners too participated in the widespread condemnation of plague related measures such as plague time segregation that was already being criticised in the vernacular press. Newspaper editors often buttressed their arguments with views from leading physicians. Indigenous medicine and practitioners garnered growing support in the vernacular press in the summer of 1898, positioned mostly in contrast to ‘western medicine’ and ‘doctors’, with their medicine even being offered as a replacement for all forms of unpopular, western medical treatment.

However, the opposition to plague rules in cities like Delhi could not so easily be explained away as the resistance, often of the poorer classes, to western medicine and its practitioners. It came instead from the overwhelming emphasis of the January Resolution on government agency.

Private agencies such as the medical missionaries were active in advancing medical relief during the plague scare as well as in later attacks of the plague. Their relief work faced little or no challenge as it was not associated with the coercion and regulation that was so widely associated with the workings of the government's medical and police subordinates.

It was the ‘voluntary’ nature of the medical missionary work of the Cambridge Mission doctors and medical workers, that distinguished their services and relief operations from those of the government. The medical missionaries, despite their familiarity with work in the city’s bastis and the working of the St. Stephens Hospital, did face initial ‘suspicion’ from those that they offered to help. However, the lack of coercion and instead

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42 NNR, Paisa Akhbar, Lahore, 17 March 1898, p. 194.
‘persuasion’\textsuperscript{44} and ‘haranguing’\textsuperscript{45} that characterized their work made their services as doctors and their use of Western medicines acceptable.

For instance, in Doctor Muller’s account of plague relief work done by the Mission in Delhi, the security that the medical workers experienced amidst the basti crowds, contrasted sharply with the expectations of the policeman. The latter was clearly representative not only of government agency but also of government’s anticipation of the need to order the medical relief operations, and its preconceived expectations of crowd behaviour. Dr. Muller’s account of the plague related medical work, clearly traced this evolving relationship between private, western medical practitioners and the poorer public of Delhi. She wrote:\textsuperscript{46}

There can hardly be anything more depressing than living in a plague stricken city. For more than two months, we went out everyday visiting basti, after basti. One doctor did the hospital and Dispensary work while the other accompanied by a Nurse, visited the plague stricken. We started every morning...in one of the hospital carriages with a stock of milk, medicine, dressings, disinfectants, and often clothes. At first we were regarded with a good deal of suspicion; but gradually appeals came from bastis all over the town for help. \textit{It was about this time that friends, in England were hearing of riots and restlessness, however, we went about as usual, absolutely, unmolested, and I had to assure an anxious policemen that the crowd gathered round my carriage had only followed me out for the daily dole of milk for the sick.}\textsuperscript{47}

Medical Work by missionaries of the Cambridge Mission in other towns adjacent to Delhi, such as Karnal and Rewari when they were stricken by plague, revealed a similar experience.\textsuperscript{48} Medical missionaries, who were often supporters of an active and regulatory plague policy, were usually characterized by faith in the effectiveness of western scientific medicine and

\textsuperscript{44} Ibid.
\textsuperscript{45} Ibid.
\textsuperscript{46} Ibid.
\textsuperscript{47} Ibid. Emphasis in text.
its procedures such as inoculation. Their understanding of their own work and its method however was based on it being a medical ‘service’, and therefore even their efforts at inoculation yielded some results, largely because ‘precept and example constituted the only force used in the matter’. 49

The monopoly enjoyed by Government medical and police agency over plague administration in the city, was however rapidly diluted by the Delhi Government. Central to the growing relaxation of the plague rules was the Delhi Government’s stance towards the employment of indigenous practitioners by private patients. The importance of indigenous practitioners in influencing the tide of public opinion in local neighbourhoods was conceded by Delhi’s Deputy Commissioner, when he chose to identify Hakims and Vaids as an important source of leadership in spreading rumours about western medicine and plague doctors. 50 As the crisis in the city escalated, the importance of mediation by indigenous practitioners was underlined by local officers. Senior officers in Delhi, with an eye on coopting local practitioners, for instance, emphasized the need to publicize the freedom of private agencies like indigenous practitioners to treat plague cases. 51

Despite the Government’s directives to temper medical intervention, and the public proclamation of these intentions, the months of April and May 1898 continued to witness disaffection and instability in large towns and cities in Punjab. Social networks of control varied between cities and in large cities

49 Ibid.
50 GOI, HS, 461-472A, April 1898, p. 10.
51 PG, M&S, 4-7B, May 1898, p. 2.
like Lahore, comparable in size to Delhi, plague-related public insecurities were papered over with greater ease by the city’s elite.  

Private initiatives taken up by influential public leaders in the city, in coopting the educated and propertied classes, and the noted physicians of the city, played a crucial role in working parallel to the Rais leadership of the city in these efforts to preserve social order. Munshi Muharram Ali, a public leader of influence and intellectual took the initiative to hold a meeting of indigenous practitioners of the city. Discussing the implications of the government’s plague rules and the impact they were having in stirring local disturbances, the meeting suggested alterations to certain aspects of the proposed plague administration.  

The meeting of the physicians and their recommendations for tempering the plague rules was given widespread publicity in the vernacular press even in other Punjab cities. The cooption of indigenous practitioners and the mutual consensus between the city’s public leaders and the physicians, to address the plague rumours, was an important turning point in consolidating the forces of order, as well as an affirmation of their networks of collaboration down to the local neighbourhoods.  

The Rais leadership, when it won over emerging, influential public leaders in the city’s urban arenas was more confident of effecting social checks and control. In Lahore, the introduction of the government’s inoculation operations in the city, some years later, showed the results of this growing consensus. Rais leaders, such as Nawab Kazil Baksh, led meetings

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52 NNR, Paisa Akhbar, Lahore, 13 April, 1898, p. 237; and Nazim Ul-Hind, Lahore, 16 April, 1898, p. 237.  
53 NNR, Paisa Akhbar, Lahore, 13 April, 1898, p. 237.  
54 Ibid.  
55 NNR, Umballa Gazette, Ambala, 3 May 1898, p. 289.  
56 NNR, Rofiq-I-Hind, Lahore, 4 Oct., 1902, p. 539.
attended by editors of vernacular newspapers, influential residents of the city as well as leading physicians to discuss the publicizing of inoculation operations.\(^{57}\)

Newspaper editors as a result gave widespread publicity to such meetings and actively supported inoculation. Physicians like Hakim Ghulam Nabi\(^{58}\) who supported these efforts, also used their skills as publicists and influence as practitioners to write tracts that campaigned strongly in favour of inoculation. Journals on the nature of the plague epidemic were published and distributed by these influential practitioners, always containing strong support for the government’s plague related initiatives such as inoculation, ratting and disinfection.

The plague scare in the summer of 1898, however, had important implications for plague administration in urban centres. The Punjab Government, as in the case of the North Western Provinces, was unwilling to test the strength of its control over urban centres. Being less certain of the influence of the Rais leadership unlike its carefully cultivated hierarchy of authority in the country side, a separate set of rules termed the ‘Modified System’ were devised for plague administration in urban areas.\(^{59}\)

The towns and cities of the province were perceived as being likely to offer ‘forcible resistance’, and therefore a conference that discussed the seriousness of this threat conceded the need to place medical intervention in the hands of the local, urban administration.\(^{60}\)

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\(^{57}\) Ibid.

\(^{58}\) Hakim Ghulam Nabi is mentioned in this press report as one of the physicians present at the Nawab’s meeting, who had along with the Editor of Raffiq I Hind given a speech in favour of inoculation. I have also identified plague tracts and journals that he published in the same years (they find mention in Section-II of this Chapter).


\(^{60}\) Ibid.
Municipal committee members and local notables were to form Plague Vigilance Committees and organise Ward Committees with an emphasis upon involving local public leadership at the level of the mohallas for conducting plague related operations.\textsuperscript{61} The Ward Committees had representatives of local communities, and inspections as well as evacuations was to be conducted in the presence of two indigenous practitioners.\textsuperscript{62}

The revision in the plague rules after September-October 1898, increasingly led to plague administration related debates and public responses being restricted to the local, urban area. The municipalities, led by the local district administration took the initiative to establish stronger ties of consent with a ward based, public leadership, as well as to engage the participation of the local press. The government's directives also increasingly emphasized measures of plague prevention. Between 1902 and 1903, inoculation operations were initiated and devolved to the municipal administration.

The engagement with the local, public leadership of each town or city's neighbourhoods and wards also implied a dialogue that aimed at the cooption of indigenous practitioners. The latter's willingness to lend support to state medical efforts and to provide social leadership in wards was often crucial in the local acceptance of these government initiatives.

In Amritsar, for instance the inoculation campaign led by the district administration and the municipalities publicized its aim to seek the cooperation of the three local, private agencies that were seen as being crucial to mediating medical intervention, namely, the educated public, the press and local practitioners.\textsuperscript{63} The dissidence of one or more of these agencies often created problems for the immediate local success of a

\textsuperscript{61} Ibid.
\textsuperscript{62} Ibid.
\textsuperscript{63} Ibid.
medical initiative. The *Public Gazette of Amritsar*, for instance, narrated the following incident in its coverage of the workings of the city’s municipal administration:

The Deputy Commissioner recently invited the gentry, journalists and physicians of Amritsar, to a conference and explained to them the advantages of inoculation. As a result of this, the members for Ward No. 2 convened a public meeting of the residents of the city at the Town Hall with the object of popularizing the operation among their fellow-townsmen. Unfortunately, Hakim Abu Turab, got up and opposed the measure, thereby rendering the meeting a failure. The Hakim based his opinion on a certain medical work and asserted that inoculation had in no wise proved efficacious. A meeting of the residents of wards No. 11 and 12 was called the same day, but with no better result.

The course of the inoculation operations remained dominated by the politics and publicity related to the municipal administration, only to be briefly disturbed by the news and agitation over the Malkowal incident. The deaths due to tetanus infection at Malkowal in Gujrat District, raised the issue of coercion during inoculation operations. The issue was debated in the provincial and national press and there was pressure to conduct investigations at higher levels. However, preventive plague precautions were in 1904-1905 gaining increasing currency and support in the Government of India, and increasingly it was issues of sanitation that the urban public addressed in plague administration.

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64 Ibid.
65 Ibid. Emphasis added.
66 Aside from the investigations conducted by the Punjab Govt., native newspapers particularly *The Tribune* had regular coverage of the Malkowal 'affair' in the last quarter of 1902. See also GOI, HS, 61-iiiA, 'Resolution on Malkowal disaster'.
SECTION II

The plague years lent greater urgency to the efforts of indigenous practitioners to publicise and elaborate upon attempts to define the wider authority of their learning. As a result of the competition to render medical advice that emerged in these years in urban centres, certain sections of indigenous practitioners began to address their audience by authoring plague tracts. An effort to identify the place of their professional advice and wider public role in the context of plague concerns emerged in these tracts.

Indigenous practitioners were beginning to face increasing competition for clients and patrons in urban centres even in the decades preceding the plague years. The source of this competition stemmed from the growing number of chemists/druggists who were preparing not only drugs but also venturing out as physicians who combined drugs and diagnosis from various western as well as indigenous systems of treatment. Censuses in the province in the late nineteenth century were unable to specify the difference between the various ranks of traditional pansaris or grocers on the one hand, and the druggists on the other, but admitted that their growing numbers ought not to be underestimated.67

The vernacular press in the late nineteenth century carried numbers of advertisements for druggist’s pharmacies, private dispensaries and patent medicines.68 Their drug usage was unreliable, and even often fatal with many contemporary reports asked for local authorities to effect more careful monitoring of such practitioners.69

68 Khalsa Akhbar, 2 June, 1899, p. 1 and in all such contemporary newspapers.
69 Selections from Reports in Native Newspapers (henceforth NNR), for e.g. Reports from Mihr-i-Nimrož, 15 Oct. 1883, P. 864; Municipal Guide, 15 July 1883, p. 603. Both newspapers from Bijnore and Agra respectively.
The proliferation of this chemist and druggist enterprise was partly an inadvertent impact of the growth of western medical practice in urban areas. In more educationally backward provinces like Punjab or the North Western Provinces, medical education or its expansion was gradual and even at the turn of the century, students and their ambitious middle class families saw medical education as a direct means of entering government service. In Ved Mehta’s autobiographical novel, Daddyji, for instance, the Punjabi Arya Samaj family that had set its sights on Lahore for its younger generation saw the medical college not as a means for private practice but for assured government service.70

The Punjab government’s medical administrators conceded the persistence of this approach to western medical practice, but also narrowed the access of the better off public to government medical aid, by amending and then restricting the treatment of all but the poorer classes in the governments’ charitable dispensaries.71 Further, it was noted that government medical practitioners, along with some private independent practitioners, had informal arrangements with druggists and commission agents and made not only their consultations, but also their prescriptions doubly expensive.72

In larger towns and cities people were being exposed to western education, and were also resorting to plural systems of medical advice.73 Western medical advice often combined with indigenous drugs was most easily

71 PG, M&S, May 1870, 170B.
72 NNR, Hindustani, Lucknow, 6 Sept. 1883, pp. 739-740.
73 A medical missionary of the Society for Propagation of Gospel (S.P.G.) observed this tendency amongst her patients in her work in Delhi and other southern districts. She wrote, ‘A very common statement with which a patient begins her story is something like this—“I have been ill for a long time, and have had treatment in vain from ‘Hakeems’, exorcists and native dais. Now at last hearing your great name, I come to you for relief”’. S.P.G. and C.M. Reports, 1898-1903, Volume I, p. 43.
accessible to these groups, who ranged from quack practitioners mostly from the ranks of retired compounders, to enterprising *attars*.

The plague epidemic altered and lent momentum to these developments. Studies on the plague frequently stress that the persistent inability to check plague attacks served to question the therapeutic effectiveness of western medicine amongst the public. More specifically, however, I would argue that it was the loss of status and ineffectiveness of *state* sponsored medicine that was crucial in public judgement. In its impact upon the urban medical market the inability of state medical agency to check the plague, its growing withdrawal from active intervention in urban centres based on an emphasis upon defensive, plague prevention measures, had an important implication for private practitioners. It was private medical agency, consisting of medical missionaries with a somewhat limited scale of operation and more crucially, the independent private practitioners of indigenous medicines as well as the enterprising 'quack'-druggist that proliferated in the growing absence of active government medical relief.

The scale of these operations in the large cities was illustrated in a vernacular press report on conditions in Amritsar city:

...ever since Government had changed its former plague policy and left the people to place the plague patients under the treatment of whomsoever they like, quite a host of quacks have sprung up in different parts of the Punjab. Amritsar possesses a large number of such medicos and they are plying their trade without let or hindrance.75

In the last quarter of the nineteenth century, certain groups of indigenous practitioners were attempting to develop a wider clientele amongst the

74 David Arnold argues that the plague epidemic spelt a crisis of confidence in western medicine and publications in general. David Arnold, *Colonizing the Body. State Medicine and Epidemic Disease in Nineteenth Century India*, Delhi, 1993, p. 237.
75 *NNR, Public Gazette*, Amritsar, 24 Nov. 1902, p. 352.
growing urban service classes, by establishing pharmacies and by widening the sphere of their medical practice to a large and often dispersed urban clientele. These groups were beginning, in the plague years, to evolve skills in publicity in an expanding vernacular press. It was these sections that directly engaged in the growing urban medical market during the plague and responded by publicising and attempting to project their practice.

These shifts in the scope of indigenous medical practice and the widening amplitude of ideological engagements with urban public debate can be clearly traced in the families and careers of two important emerging Vaid publicists of the Lahore-Amritsar area, Bhai Mohan Singh Vaid and Pandit Thakur Dutt Sharma.

Bhai Mohan Singh Vaid’s own career provides an interesting contrast in its professional scope and bearings to that of his father Bhai Jaimal Singh whose career as a druggist-Vaid was closely documented in a biography by his son. 76 Bhai Jaimal Singh, 77 established the family Vaid-patrimony by establishing a modest attar shop in Tarn Taran. As his practice expanded, he was to cultivate his reputation and influence through a network of important local officers who were amongst his clients, 78 and he was also to be nominated as the town’s choudhary as well as to head the newly established Guru Singh Sabha at Tarn Taran. 79

His son, Bhai Mohan Singh Vaid, characterised the rise of a growing number of indigenous practitioners who lacked a traditional ancestry in the profession, but were successful as an emerging and influential popular literati who were able to publicise their practice through their ease in the

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76 Sant Sampuran Singh, Safal Jeewan, Amritsar, n.d. (See Chap 1, Section 1, n. 36-37).
77 Born 1841.
78 Sampuran Singh, Safal Jeewan, pp. 23-4 (See Chap 1, Section, 1, n. 37).
79 Ibid, p. 31
vernacular print medium. They thereby cultivated a wider clientele and relocated the networks and ideological basis of their influence and authority beyond that of the immediate, local sphere.

By the turn of the century, the qasbah of Tarn Taran was already connected by rail to growing urban centres such as Amritsar and Lahore and had become an important satellite town. Early in his career, Mohan Singh Vaid, who founded the family's Khalsa Pharmacy, trained as an able and energetic publicist under some of the better known Singh Sabha ideologues in Amritsar and by the turn of the century could count amongst his clients important reformers and public men in Lahore and Amritsar along with patients from more distant towns.

Bhai Mohan Singh Vaid began his career as a publicist by writing for Khalsa journals and newspapers and through his Singh Sabha engagements and through shastrarth and other public debates in urban fora, he began to extend the profile of his professional activities and concerns beyond the qasbah.

Large cities like Amritsar, Delhi and Lahore had an important concentration of medical practitioners including influential families of hereditary practitioners of the Ayurvedic and Yunani system. By means of the publicised commercial pharmacy, however, many newer entrants were able to put forward a claim for an urban clientele. The Ayurvedic or Yunani pharmacy was an important medium for enterprising Vaid publicists to establish a reputation in large cities. Vaids like Pandit Thakur Dutt Sharma

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80 Tarn Taran itself was growing in size due to these influences. Report of the Punjab Census, Lahore, 1901, p. 18.
82 Wrote articles in Khalsa Samachar, and closely associated with Khalsa Young Man's Magazine.
moved from smaller towns, went to Lahore spurning the offer to command local authority as a hereditary family Zaildar, and sought instead, a career in Ayurvedic practice in a larger city. 83

Though news of the plague had spread amongst the urban public in Punjab as the epidemic made its way across the Presidencies, it was still an unfamiliar disease for the locals when it struck Punjab. The plague was an urgent concern for the informed urban public that formed an important section of the clientele of hereditary practitioners and Vaid publicists.

To address this growing preoccupation, many reformist bodies and associations published and distributed short tracts on the plague. The plague tracts that they distributed reinforced their participation in public concerns and their claims to leadership of their various constituencies. The Khalsa Tract Society for instance issued a plague tract in Punjabi, called, *Plague Darpan* 84 that was authored by a local assistant surgeon. It aimed at familiarising its readership with the history of the plague out-break and its origins, and by providing basic guidelines for medical relief, it sought to make the disease intelligible in social and medical terms.

Plague tracts formed a common and popular genre of vernacular writing in the plague years, printed and circulated both by philanthropic individuals as well as prominent social organisations. Indigenous practitioners however seem to have formed the largest number of authors of plague tracts that were issued by private agencies. More than half a dozen plague tracts and plague journals issued during the plague years were written by indigenous

84 Khalsa Tract Society, *Plague Darpan*, Amritsar, 1902. Other such tracts included the Sat Sabha sponsored *Plague Patrika* by Bishan Das Puri, published from Lahore in 1900.
practitioners, a few of which were written and distributed in several vernaculars and ran into several editions.\(^8^5\)

No doubt plague tracts that were written by indigenous practitioners broadly shared a content and structure that was similar to other such writing that was being circulated in these years. However, they also marked an important initiation or venture for many of these authors who graduated into writing on medical issues and health care.

Authors like Bhai Mohan Singh Vaid and Vaid Shiv Chandra Jaini for instance, had already been active as publicists for reform movements and community-based mobilisation. Mohan Singh Vaid’s earliest tract, *Nindat Brashtachar* had addressed Arya allegations regarding Sikh beliefs. Shiv Chandra Jaini, before writing his treatise on the plague, had been engaged in publicising Jain socio religious reforms and in guiding important debates on reform doctrines in Hindi journals published by Jain patrons.\(^8^6\)

More specifically, the contents and arguments in plague tracts that were written by indigenous practitioners, in particular by publicists like Bhai Mohan Singh Vaid and Thakur Dutt Sharma, represented the first attempts by individual Vaid publicists to project issues that concerned certain aspects of their learning and standards of their medical practice to a critical urban public readership. The growing number of Vaid-authored plague tracts represented the earliest manifestations of an attempt by indigenous practitioners to negotiate a public place for their learning and also define the scope of their politics in the context of urban plague administration.

\(^8^5\) Bhai Mohan Singh Vaid’s tract, *Mahamari Daman*, was published in Urdu, Gurumukhi and later translated into Hindi. A revised version of it was printed as *Plague De Dinan Di Rakhya* in 1914. Thakur Dutt Sharma had earlier published his tract, in parts, in a special plague issue of his journal *Desh Upkarak* in Oct. 1905 from Lahore.

\(^8^6\) Pandit Shiv Chandra Jaini was an important author and contributor to at least one of the many Hindi journals published by the Jain community in the 1890s.
These plague tracts therefore identified the emergence, and engagements of the indigenous practitioner-publicist, who was beginning to construct a wider public role for himself. Nearly all plague tract were by urban, indigenous practitioners engaged in running pharmacies or similar commercial enterprises that catered to a widespread clientele that often spanned many cities. These practitioners, in the face of growing competition, particularly from commercial quacks, now sought alternative social legitimacy and a public profile distinct from the sanction in local, social networks and patronage that had earlier sustained traditional practitioners.

These publicists attempted to distinguish their concern for public issues and charitable and service-oriented approach to the plague, from that of the quacks and their narrow, commercial concerns. The authors of these tracts therefore made mention of their public philanthropy, or narrated incidents that featured the qualified Hakim stressing to a patient the importance of committed and personal treatment over the greed for consultation fees.\(^{87}\) Other tracts offered medical advice that was aimed at preventing plague or for treating it at home,\(^{88}\) so as to establish the publicist-practitioner not merely in the sphere medical relief but also in preventive efforts.

The charity and service for the ‘public’ as promised by the plague tracts, however, was not to be confused for medical services that were aimed for society at large. These tracts had in mind another very specific audience that they intended to engage in the issues that they discussed and the public role that they were beginning to assume. Plague tracts were aimed at a literate and educated ‘public’. These groups did not simply form an influential clientele but had also, during the plague become a private, critical sphere of

interest and begun to project its leadership of urban opinion upon various aspects of medical relief.

No doubt plague treatises often contained appeals or *benati* made to the government for the sanction of certain schemes put forward by indigenous practitioners. But the views that they sought to influence more urgently were those of urban patrons and public men who were crucial, for they represented a means for indigenous practitioners to be able to influence a wider, urban public. Bhai Mohan Singh Vaid, summed up this judgement in *Mahamari Daman* as he attempted to trace the eroded public support of Ayurved. He wrote:

The declining prestige of Ayurvedic learning can be traced to two main reasons. The first being that we lack real support from the ruler, secondly our own people do not give it sufficient attention... Other patriotic citizens who observe this attitude... start to believe [Ayurvedic] knowledge to be false and Hindi Vaid's to be ignorant!89

Frequently, indigenous practitioners in their plague tracts also sought to project their medical prescriptions and plague precautions by emphasising that these had been derived from research in classical medical texts.90 This not merely established the authority of their source, it also marked the association of their qualification and learning with an ancient, authoritative tradition. The Ayurvedic *granths* or citations from the emblematic Ayurvedic texts were an important sanction and touchstone for Vaid publicists to support the legitimacy of their learning and prescriptions. Statements, for instance, in the vernacular press, that projected the alternatives in medical relief offered by indigenous practitioners echoed this

90 Ibid, pp. 33-48, as also in T.D. Sharma, *Plague Pratibandhak Upay*, Lahore, 1905, p. 85, as also in other tracts such as Hakim Ghulam Nabi's *Rat, Cat and Plague*, n.d., pp. 13-14.
reference to the authority lent by an enlightened and intellectually evolved medical tradition.

For instance, the *Paisa Akhbar* reported:

European Doctors and native Hakims are divided in regard to the methods which should be adopted to stamp out the bubonic plague as the hakims cite old medical authorities in support of their contention, Government should not treat their opinions with indifference and should at least give a trial to the remedies suggested by them.  

Such statements marked a tendency to locate the boundaries of legitimate, indigenous medical before the public by anchoring it in a rational-critical scriptural tradition.

The threat of *mantra* or recitation and charm based healing, and other exorcism for medical relief seems to have been an important threat during the plague: plague tracts by Voids often make references to such treatment.  

The absence of any real cure for the plague and the prolonged treatment of its symptoms made resorting to *jhaad* or exorcism more common. *jhaad*, involved invocations to the charisma of *pirs* and *faqirs* or using talismans from magicians and was an important means for the plague afflicted and their relatives to come to terms with the disease. Explanations of the plague as a visitation, as a punishment for social immorality, decline in religious faith were commonly advanced.

Indigenous practitioners therefore made it a point in their writings to emphasize that the plague was primarily a ‘medical’ issue; its rightful and

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91 *NNR, Paisa Akhbar*, Lahore, 14 April, 1898, p. 258.
successful treatment, it was stressed, had to be according the formal traditions of medical learning that was anchored in authoritative medical texts and practised by those who applied this learning alone. In this sense, in Vaid efforts to identify Ayurved within a rational-critical, scriptural tradition that implicitly carried progressive, scientific qualities; there was also an effort to establish their ‘difference’ from folk healing. In folk healing and rituals the Vaids isolated the empirical and ‘false’ characteristic in turn that western medicine or its ideologues had identified in indigenous medical learning.

In the plague tract *Sanad Majurbad* for instance, a learned Hakim takes pains to emphasize to his lay interlocutor, Lala Kanshi Ram Mehta, that the resorting to divination and exorcism only interrupted or hindered legitimate medical relief. *Jhaad*, for instance, he claimed, was resorted to by misguided and ill informed individuals. He then describes his own experience of such exorcism, that had interrupted treatment of a young plague patient:

I was once treating a patient. *Her treatment was proceeding smoothly by the Tibb Method*. However, some woman visited the patient and told the people at home that his treatment was unlikely to be beneficial. Relief would only come from summoning a *Jadugar* and having him perform *Jhaad*. When the magician arrived and beat drums and burnt incense, the patient’s head began to reel. ... she then asked, “Is there anyone who will release me from this torture?”, at which.... I was summoned.... It took a long time, subsequently, for the patient to improve.\(^{94}\)

In *Mahamari Daman*, Bhai Mohan Singh Vaid too devoted a separate section meant to educate his readership to identify ‘quacks’.\(^{95}\) He listed the various plague related rumours and proclamations made by local holy men and ‘pretenders’, that encouraged a ‘false’ understanding of the plague.

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\(^{95}\) Vaid, *Mahamari*, pp. 143-5.
Even in Tarn Taran, he revealed that there had been resort to *jhaad* and exorcism by locals.

In their attempts to lay down a dogma, or single way to interpret and understand the medical relief for plague, indigenous practitioners could be far more emphatic in their rhetoric than in the reality of their every day practice. Not only for patients but even for practitioners the coexistence with plural approaches to healing was still widely prevalent in their own ranks. In Bhai Mohan Singh Vaid’s own family his father had a local reputation for performing exorcism of spirits. Patients at the family’s *attar* shop were also treated and cured when Bhai Jaimal Singh read out passages from religious texts. 96

By discussing the works that they had consulted and by outlining the value and effectiveness of their medical preparations, practitioners like Bhai Mohan Singh Vaid and Pandit Thakur Dutt Sharma also tended to represent their learning with a single identifiable scriptural tradition. They anchored their discussions on epidemics and their medical therapies upon readings of ancient, Ayurvedic texts like the *Sushrut Samhita*. *Mahamari Daman* contained lengthy translations of relevant passages from such works thereby setting themselves the role of translators-physicians who recovered and interpreted the rational essence contained in Ayurvedic treatises for the purposes of plague related relief. 97

Despite the rhetoric of Vaid publicist writing in plague tracts, both Vaid education as well as Ayurvedic practice was really based upon a far wider and more diverse variety of medical *pothis*, anthologies that had been written in the eighteenth and nineteenth century, rather than upon the

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emblematic Ayurvedic texts or Samhitas. These works, such as those related to the preparations for drugs also frequently assembled an eclectic mix of prescriptions drawing from Ayurvedic texts as well as Yunani authorities. Further, aside from the diversity of their content, the access to and training in Ayurved in these various anthologies and tikkas was also limited by the various vernaculars in which they were composed.

Vaid publicists like Bhai Mohan Singh Vaid and Pandit Thakur Dutt Sharma also attempted in their plague tracts, to define the value of indigenous, Ayurvedic learning and its prescriptions in comparison to and as equivalent with scientific systems. They argued that indigenous Ayurvedic medicines were derived from local traditions, and therefore were suitable to the habits and customs of the people unlike Western drugs that were alien, foreign and threatened desi habits and local religious beliefs. The early grounds to support an argument regarding an indigenous/Ayurvedic scientific, tradition that was derived from the scientific scriptural authority of the Vedic treatises, while also being located in a moral-religious idiom were being identified. Mohan Singh Vaid wrote:

Why do we continue to be attracted by foreign medicines? Nearly all the cures in this book are desi, for desi (Ayurvedic) medicine.. is more beneficial than all other types of medical treatment. Angrezi medicines can ruin our religion while the desi do not do so!98

Based upon their claims regarding the superiority of Ayurvedic medicines, Vaid practitioners offered a range of desi drugs that were indigenous and locally made preparations to treat plague as well as to maintain sanitary surroundings. The ‘Ras Kapoor’ lotion was offered as an alternative to the perchloride of mercury lotion employed by doctors,99 and Phenyl, which was widely prescribed for all manner of plague related disinfection, could be

98 M.S. Vaid, Mahamari Daman, Amritsar, 1903, p. 119. Italics added.
substituted with ‘desi phenyl’ that could be prepared in homes.\textsuperscript{100} Guidelines on diet, based upon Ayurvedic therapeutics closely guided the reader\textsuperscript{101} and Thakur Dutt Sharma even campaigned in his tract as well as in local newspapers against ‘foreign’ made preparations such as beet sugar.\textsuperscript{102}

However, underneath the overarching, claims of ‘indigenous’ Ayurvedic learning and its relevance to social taboos and religious reform lay also distinct political, particularist identifications. Bhai Mohan Singh Vaid’s evocation of the ancient \textit{Vidvans} and sages who had written the old Ayurvedic texts\textsuperscript{103} was quite distinct from Pandit Thakur Dutt Sharma’s association of “Hindu” rishis and their contribution to founding old and valuable Aryan customs. The \textit{Havan} that the latter offered as an alternative to fumigation during plague was identified specifically within the composite Hindu reformist tradition being constructed by the Arya Samaj.\textsuperscript{104}

The emerging self-perception and public role that plague tract-writing practitioners were beginning to cast for themselves can be seen in particular in Bhai Mohan Singh Vaid’s \textit{Mahamari Daman} as well as in Thakur Dutt Sharma’s \textit{Plague Pratibandhak}. They addressed wider concerns debated in the growing public debate on plague administration amongst an urban public and attempted through these tracts, to define a wider professional profile for themselves.

Bhai Mohan Singh Vaid’s \textit{Mahamari Daman} for instance, was a tract written after the inoculation deaths at Malkowal. It reflected the increasing antagonism to inoculation and distrust of the nature of inoculation

\textsuperscript{100} Ibid.
\textsuperscript{102} Ibid.
\textsuperscript{103} M.S. Vaid, \textit{Mahamari}, pp. 22-3.
\textsuperscript{104} T.D. Sharma, \textit{Plague Pratibandhak}, p. 23.
operations amongst the urban public, fed largely by reports and coverage in the local press. Mohan Singh Vaid therefore devoted an important, political section of this tract to probing how inoculation operations were being conducted. 105 Criticizing the coercion employed in inoculation, as revealed at Malkowal, Bhai Mohan Singh Vaid questioned the benefits and effectiveness of inoculation. He sought instead to offer sanitary precautions as a more effective plague preventive.

Yet Mohan Singh Vaid’s stance was not so much oppositional to the Punjab government’s efforts as much as it revealed a self-consciousness and critical evaluation of the immediate, local sphere of urban experience of plague administration. Though in a _benati_ to the Government he offered an all-India level plan of plague operations based upon fumigation efforts across the country, 106 his own perspective still engaged most urgently with the local sphere of plague administration.

It was the local agencies of police and subordinate medical agency that were criticised by Mohan Singh Vaid. 107 His criticism of the coercion of local authorities was not always echoed in other plague tracts because his experience and perceptions were guided by plague administration in a small town still lacking the concessions in plague administration that had already been made for larger cities.

While the educated elite as reflected in editorials in urban newspapers, welcomed the concessions announced by the Punjab Government in the wake of the Malkowal Affair, Bhai Mohan Singh’s complaints regarding the authoritative nature of inoculation operations and the attitude of subordinate medical agency, or plague doctors persisted. He paraphrased a biting

caricature from the *Bharat Mitra*\textsuperscript{108} that emphasised the ignorance of plague doctors and their attempts to blame the indigenous public for failed plague measures. The meeting or *sabha* of plague doctors that he described at some length in his paraphrase of the satire was, somewhat dated and repetitive in its critical content in the experience of a more urban audience. However, for an emerging small town readership, the coercive and unchecked authority of local medical agencies engaged in inoculation continued to be real.

Bhai Mohan Singh’s plague tract played an important role in addressing a middling, service and professional class audience not only in Amritsar but also in the smaller towns that neighboured the two larger cities of the province. Here the population was getting urbanized in its awareness and access to information as also in its expectations, but had not been co-opted to the more conciliatory plague administration of the large towns.

Bhai Mohan Singh’s daily record or *Roz Namcha* for instance described in vivid terms the arrival of the plague in Tarn Taran, as well as public concerns regarding the epidemic and the treatment of a growing number of local patients, by private, indigenous practitioners. He recounted that within weeks of the arrival of the plague in Tarn Taran, local authorities in the form of the Tehsildar issued summons for a gathering of the indigenous practitioners in the town.\textsuperscript{109} Indigenous practitioners were to be asked to influence the local public in the conduct of inoculation operations. He noted:

Today, many Hakims gathered at the Tehsil, and waited anxiously. The Tehsildar only told them that they must instruct people to get inoculated.\textsuperscript{110}

\textsuperscript{108} This caricature is cited as having been published in *Bharat Mitra* in 1898. M.S. Vaid, *Mahamari*, pp. 11-12.
\textsuperscript{109} M.S. Vaid Diaries, *Notings for 10-14 Feb 1902*.
\textsuperscript{110} Ibid, *Noting for 14 Feb. 1902*. 

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Other indigenous practitioners writing in the same period often engaged with the inoculation measures differently. The printing of certain pamphlets and journals on the plague such as by Lahore’s reputed Hakim Ghulam Nabi was timed at a point when the city’s *Raise*, public men, leading indigenous practitioners had successfully come together to mobilize support for inoculation operations in and around the city.

Hakim Ghulam Nabi’s tract\(^{111}\) was aimed specifically at Lahore’s local readership and aimed to influence the residents to accept inoculation, as also to support the nascent campaign for sanitation in urban areas. He therefore persuasively argued for the adoption of inoculation, represented by him as a foolproof ‘body guard’ or defence against the plague. His tracts were rapidly reissued in many editions and he also published a journal on the plague intended for free circulation.

Intended urban audiences for plague tracts were not always identical for all practitioners and publicists. Moreover, the stance and perception of plague tract authors varied considerably according to differences in plague policy and its administration.

Plague tracts addressed concerns that were of relevance to their specific readership and in tracts like Thakur Dutt Sharma’s *Plague Pratibandhak*,\(^{112}\) the engagements or concerns differed from those in Mohan Singh Vaid’s tracts. Inoculation measures having been greatly tempered by this time, it was issues concerning the Government’s emphasis upon disinfection and sanitation that were explored in his writing.

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\(^{111}\) Hakim Ghulam Nabi, *Chuha aur Plague, Billi aur Chuha aur Muhafaza Jaan Tikka*, n.d., Lahore, References to his publications on the back page of the pamphlet along with the English title of the book.

\(^{112}\) Ibid.
As suggested by its title Thakur Dutt Sharma’s tract directly addressed the issue of plague prevention and discussed the understanding of plague prevention as advanced by the Government. It outlined the developments in contemporary plague policy and the instructions and rules that it discussed were those issued by the Deputy Commissioner of Lahore. They related to the rules for disinfection and plague-related precautions in the city and Thakur Dutt Sharma broadly supported the advice advanced to the city's public.

In *Plague Pratibandhak*, Thakur Dutt Sharma largely addressed the city-based audience that formed the clientele of his expanding pharmacy business. His own preoccupations were not with any of the plague administration’s more coercive measures, for his own experience in a stay in a quarantine camp, while attending to his plague-stricken son, had been uninterrupted by any restrictions by subordinate official agency. He supported and praised the recourse to quarantine in camps that had replaced segregation and coercion by the Government’s plague staff.

Pandit Thakur Dutt Sharma’s tract, authored some years subsequent to Mohan Singh Vaid's *Mahamari Daman*, reflected the broad concord that had been achieved in cities like Lahore under the leadership of its propertied elite and public leadership. They questioned and criticized each other but broadly shared a ‘sanitary entente’ in some form, seeing themselves as paternalist leaders of a project to educate the ignorant masses on the importance of cleanliness and sanitation.

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115 Ibid.
The Khalsa Advocate, in an editorial that reflected a commonly voiced attitude, urged:

The subject of sanitary improvements has never received from anybody the proper attention it deserves. Sanitation has a very strong bearing upon our health and strength...the best and most efficacious way of doing this is that we should spread education among the masses...of course this is a very nice statement and really a true one but it will take very long to accomplish. Should we then defer the question of sanitary improvement until then? No, certainly not...we, the educated people should try to influence those who are near and dear to us...every one of us who is a Government servant...should vow that he will try his best to persuade not by threats but by good reasons, those who come in contact with him.\textsuperscript{116}

Thakur Dutt Sharma’s outline of the need to promote cleanliness as a means of checking plague, and his statement urging his readers to demand that the local authorities to fulfil their duties in this regard was part of this understanding. It fitted in with a growing understanding of common priorities amongst the municipal authorities, civic leadership and an educated public.

Bhai Mohan Singh Vaid’s Mahamari Daman, without directly opposing the local, urban political leadership, had nevertheless a more critical and penetrating understanding of the mediatory functions that the educated elite had chosen to perform in introducing and supporting measure like inoculation. As a Vaid publicist, he shared broadly the logic of this project without necessarily agreeing with many aspects of and the contents of this agenda.

Regarding inoculation, he argued that its own efficiency in medical terms were negligible.\textsuperscript{117} Referring to the widespread support it had received from an educated leadership and their attestations of its efficacy in protecting them, he argued that the immunity to plague attacks amongst these groups

\textsuperscript{116} Khalsa Advocate, Amritsar, 15 Feb. 1905, pp. 4-5.
\textsuperscript{117} M.S. Vaid, Mahamari, pp. 107-10.
was more likely to have sprung from their general health and hygiene. For the less well-off and poor he argued, no such certainty existed because they neither shared this privileged health, nor did they believe in inoculation. He wrote:

Wherever disease spreads, it affects the poor and uneducated population more than the rich and educated persons. It is also a fact that the use of inoculation is widespread amongst the rich and educated more than the poor and uneducated. It is clear therefore, that fewer deaths amongst those who get themselves inoculated is more due to their innate resistance to disease and the fact that in their lives, they already follow sound principles of sanitation and healthful living. There would be fewer deaths amongst people of this class even if they did not get themselves inoculated.\(^{118}\)

Mohan Singh Vaid prescribed instead that individual and social precautions be taken so that plague fatalities could be avoided. The responsibilities of the leaders of the neighbourhood, the charity and initiative of the Raises and other urban leaders needed to be called forth and tested in their commitment to public sanitation. Quarantines for each neighbourhood could only be successful when Choudhries and Mohalladars guided a panchayat of all religions and jatis; the success of quarantine rules to compulsorily segregate visitors depended upon their control and the cooperation that they exercised from the public.\(^{119}\)

Mohan Singh Vaid argued that the Raises and the elite of cities only tended to emphasise and elaborate upon cultivating their relationship and position in relation to Government authority, and it was their neglect of their wider public responsibilities that encouraged conditions of squalor and the lack of proper care of plague patients. Therefore, he described instead the indifference of this leadership to these responsibilities:

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\(^{118}\) Ibid, p. 108. Emphasis added.

\(^{119}\) Ibid, pp. 119-20.
Such sentiments of public feeling are no longer a part of the way of life of our country men [on the other hand] if it be for obtaining Government service and for being Municipal Commissioners etc. then thousands of rupees will be spent without care and even if this means they have to be in debt! But, if it is for the sake of religious work or for the good of the country then they would rather die than volunteer.\textsuperscript{120}

The issue of successfully undertaking plague regulations, even guiding inoculation, or urban sanitation therefore, needed an understanding of the beliefs and expectations of the people—in this case the urban public. In the case of the amended plague rules that year (1902), he pointed out that the \textit{sarkar} had amended them without sufficiently understanding the reasons behind public resistance to plague regulations, and had simply withdrawn them believing the plague doctors when they claimed that the public, in rejecting plague regulations, acted out of ignorance.\textsuperscript{121} Similarly, in the case of inoculation \textit{yakeen} or belief needed to be prevalent amongst the subjects for the scheme to be accepted.

It was in this capacity that Vaid publicists like Mohan Singh began to fashion a role for themselves in public debate, as people who understood how crucial was the link and communication between those who administered plague policy and those who endured the plague-related directives. It was the conviction lent by this role that prompted writing of \textit{Mahamari Daman} within a week of Tarn Taran being stricken by the epidemic and the initial checks of plague administration being applied. Similarly, Thakur Dutt Sharma too wrote of the function he perceived for his tract on plague-related precautions, guided by a wave of the epidemic threatening larger cities like Lahore.

\textsuperscript{120} Ibid.
\textsuperscript{121} Ibid, pp. 9-10.
CONCLUSION

Plague time debates brought out the resilience of indigenous practitioners in urban politics. These practitioners showed an adaptation to new public roles as well as to newer mediums such as the vernacular press that conducted urban, public debate. During the plague years, indigenous practitioners continued to be crucial to medical intervention in urban arenas. Their importance or public status at the level of the locality was confirmed by the revised priorities of plague administration in urban centres, where indigenous, private, medical agency was employed to mediate Government initiatives.

Plague administration was also marked by the growing contests between the Raisies and the emerging influence of the new public men, represented by reformist ideologues, patrons and newspaper editors. The attempts by Vaid publicists to negotiate these networks of authority and contending leadership marked their rapidly developing politicization. It was these publicists, and their ideas and mobilization that were to guide their political, particularistic concerns in the public sphere. Their engagements with the vernacular press, attempts to author popular tracts and to establish a dialogue with local, colonial authority marked their early attempts during the plague years, to project a public profile and to define a reformulated and rationalized frame of ideas for indigenous medical knowledge.

The growing presence of Vaid publicists in public debates stood in contrast to that of many traditional intellectuals who had survived the end of the Lahore darbar, by shoring up their influence through urban, family-based networks or in their public influence as religious specialists. The intellectuals now found their old position as mediators between colonial authority and urban public expectations being increasingly threatened.
Vaid rhetoric in the press and plague tracts and in other public engagements during the plague revealed the lingering ambiguities in the politics of indigenous practitioners. Their own stance on the debates in plague administration varied greatly, shaped by a variety of local conditions such as the specifics of the plague rules and initiatives, and the alignments and political networks of a city’s elite.

This was underlined in their attitude towards and cooption within the scope of plague administration, that was guided by their individual experiences in towns and cities or by their response to particular plague time measures. In this sense, indigenous practitioners remained largely centred or oriented towards the ins and outs of politics in specific urban arenas, rather than being able to focus upon the broader canvas of political idioms.