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ORIGINAL PAPER

Compromised: Making Institutions and Indigenous Medicine in Mysore State, Circa 1908–1940

Guy Attewell

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Abstract This is a study of the emergence of new institutional arenas for ayurveda and yunani medicine, collectivized at the time as 'indigenous medicine,' in a semi-autonomous State (Mysore) in late colonial India. The study argues that the characteristic dimensions of this process were compromise and misalignment between ideals of governance and modes of pedagogy and practice. Running counter to a narrative that the Princely States such as Mysore were instrumental for the 'preservation' of ayurveda, this study analyzes the process of negotiation and struggle between a variety of actors engaged with shaping the direction of institutionalized 'indigenous medicine'. In examining the entanglements over the priorities of the state administration and the conflicting desires and ideals of protagonists, the study problematizes the idea of studying the encounter between the 'state' and 'indigenous medicine,' in order rather to highlight their co-production and the tensions which were generated in the process. While institution-making for ayurveda and yunani in Mysore State assumed distinctive translocal forms, themes of divergence that were unresolved during the time of this study, over the role of the state, the politics of validation, appropriate curricula and pedagogy, and their relation to practice and employment, continue to inform the trajectories of state-directed health provision through 'indigenous medicine' on larger scales [India, health-care, ayurveda, yunani, education].

Keywords Mysore · Indigenous medicine · Ayurveda · Yunani · Education

G. Attewell (✉)
Social Sciences Department, French Institute of Pondicherry, Pondicherry, India
e-mail: guy.attewell@ifpindia.org

Introduction

> A highly useful system of medicine [ayurveda] would have been swept away altogether from practice at the present day if the liberal-minded and patriotic noblemen like the rulers of Mysore, Baroda, Kashmere, Jeypore etc., did not take interest in the resuscitation of the ancient system of medicine and help it to come into prominence. The College established by the late Maharaja of Mysore, wherein a free and complete training in the theory and practice of medicine according to the Ayurvedic system is available, is a standing proof of the high interest which its noble founder always took in the advancement of all that is good in our ancient systems.
>
> (Gopalacharlu 1909)

This paper examines formations of state and medicine in late nineteenth- and early twentieth-century colonial India. It takes the case of Mysore State, a semi-autonomous zone referred to during the colonial era as a princely state, which immediately indicates its subsidiary status to the British imperium. Princely states covered over 40 % of India's territory for most of the nineteenth century until Independence in 1947. Mysore State, formed in 1799, was one of the largest, and from the mid to late nineteenth century, considered 'progressive' and 'modern.' For a long time marginal to historical studies in the subcontinent, over the last decade or so there have been a number of critical engagements which have proved that the princely states are a productive terrain for rethinking colonialism and trajectories of modernity in India (Bhagavan 2003, Ernst and Pati 2007; Nair 2011; Ikegame 2013). In his study of higher education policies and governance in turn of the twentieth-century Mysore and Baroda, Manu Bhagavan argued that these states were able to fashion a 'princely modernity' that constituted a form of resistance against colonial domination. Waltraud Ernst and Biswamoy Pati point to the pitfalls of a quest for a narrative of 'alternative modernity' in critical histories of princely states, given the extent to which the British in India curtailed the autonomy of princely rule (Ernst and Pati 2007, p. 16). Janaki Nair's *Mysore Modern* navigates this debate deftly as she engages with the cultural productions of Mysore in art and architecture as well as legal initiatives that support her argument for understanding Mysore's modern history 'as a specific route to modernity under colonialism' (Nair 2011, p. 25); not an 'alternative modernity' as such. What can medicine contribute to these debates? Barbara Ramusack's study of public and private services for women, subtitled 'princely or colonial medicine', highlights the medicalization of childbirth in Mysore from the 1870s when decennial censuses started to be conducted that highlighted high maternal and infant mortality. The extension of western medical care to women, especially during childbirth, was episodic and carried out through a number of agencies that included British and Indian officials, medical practitioners, philanthropists, and missionaries. Ramusack traces a number of distinctive features in these activities in Mysore State, notably how they were not reducible to the legitimation of colonial authority through medical interventions, but included 'a desire to be perceived as modern' by working on reducing mortality

rates, the need for labor, among other factors (Ramusack 2007). A trope common to the rhetoric of maternal risk in Mysore as well as wider British India was the identification of the injurious activities of dais, local midwives. The conclusion seems to be that interventions in maternal health at this time were neither exclusively princely nor colonial but aligned in practical and ideological ways.

The story that will emerge in this paper over the formation of institutions for indigenous medicine in Mysore is, by contrast, one of misalignment. We will see that the view of Pandit D. Gopalacharlu, quoted above, of the role of Mysore in the 'revival' of indigenous medicine signaled little more than an imagination of such princely states as the upholders of Indian 'authenticity' yet at the same time as vanguards of 'progress.' Belying his impassioned tribute, the making of suitable institutions, such as the college he referred to, was a process fraught with tensions; the lack of congruence between ideals of indigenous medical advancement meant that these institutions were consistently compromised in this formative time.

The primary interest in this paper is then to foreground these tensions in an institutionalization process in an attempt to go beyond an encounter narrative, between, in this case, 'state' and 'indigenous medicine,' as if they were pre-given entities that became 'hybridized.' Analyzing interactions between state/colonial and indigenous counterparts through 'encounters' has been a commonplace of recent histories of science, technology, medicine, and environment in colonial India, as Projit Mukharji (2009) has succinctly pointed out and challenged.[1] This chapter approaches the emergence of new forms of 'indigenous' medicine in state-supported arenas as a fragile assemblage, in which institutionalization was a key process in its making, and, ultimately, in the possibility of its writing. I am using institutionalization in a conventional sense to refer to the establishment of institutions for ayurveda and yunani tibb, in this case a hospital and a college. The term 'institutionalization' implies a degree of stabilization, and this was achieved through naming practices, such as 'indigenous medicine', 'ayurveda', 'hospital', 'college', as well as interrelated organizational and material practices, which will be evident in the course of the discussion. Through a close reading of archival documents, this paper reveals the fissures within the apparent stabilization, the elements which did not easily hang together, the constant struggles over value and credibility among different parties, the strange alliances which were forged, and the various forms of compromise that were enacted.

The use of 'assemblage' to frame the discussion in this paper is at a distance from the original formulations of *agencement* in the writings of Gilles Deleuze and Félix Guattari, which as, John Phillips notes, is restrictively translated in English as 'assemblage' (Phillips 2006). My use of assemblage resonates especially with the conceptualization of the term in the introduction to the edited volume by Collier and

[1] Studies in the history of medicine in India which deploy the 'encounter-frame,' as Mukharji puts it, include Deepak Kumar, "Unequal Contenders, Uneven Ground: Medical Encounters in British India, 1820–1920", in A. Cunningham and B. Andrews, Western Medicine as Contested Knowledge, 1997, 172–211; Chittrabrata Palit and Achintya Dutta (eds), *History of Medicine in India: the Medical Encounter* New Delhi: Gyan Books, 2005; Deepak Kumar and Raj Sekher Basu (eds), *Medical Encounters in British India* New Delhi: Oxford University Press, 2013. I am grateful to a conversation with Projit Mukharji several years back in which he alerted me to issues of encounter.

Ong (2004), for whom the topic of study is the interaction of global forms and other elements that together occupy 'a common field in contingent, uneasy, unstable interrelationships.' For them, an assemblage 'is the product of multiple determinations that are not reducible to a single logic. The temporality of an assemblage is emergent. It does not always involve new forms, but forms that are shifting, in formation, or at stake.' (Collier and Ong 2004, p. 12). While it may be argued that no phenomenon or becoming is reducible to a single logic, assemblage is compelling for the present study because it centrally evokes multiplicity, heterogeneity, emergence, the in-formation of institutionalized indigenous medicine and its inherent tensions, even while patterns and effects of dominance can be discerned. Bearing this in mind, there is then a risk in using assemblage without adequately specifying the content of the relationships that give assemblages their shape, as John Allen cautions, (Allen 2011), and in the potential to obscure stratifications and the political within their own making. When I speak of ayurveda, yunani tibb, indigenous medicine, western medicine, I, therefore, do not do so in any transcendent sense—they were continually being produced and reproduced through the engagements of actors within and without the state apparatus, in processes rendered only partially intelligible for this study through the archival arrangements of Mysore State in the first decades of the twentieth century down to the present.

The analysis seeks to go beyond a narrative that is satisfied with co-production, interaction, and complexity by highlighting the asymmetrical relationships that constrained the process of making 'indigenous medicine' in Mysore. Such asymmetries were evident in the following questions pursued in this paper: who administered over medicine? How was 'indigenous medicine' enacted through the formation of institutions? What was at stake and for whom in pedagogical practices? How was instruction validated or assessed? What kind of agency did students have in contesting or shaping their instruction? What were the limiting constraints for the actors involved? As a recent field survey makes clear (Hardiman 2009), the nature and value of college education in ayurveda or yunani were debated and contested through the twentieth century, and they continue to animate debate today.

It is worthwhile then to consider what the case of Mysore can add to the growing literature on the politics of indigenous medicine and institutional formation in India. One of the key elements which distinguish the Mysore experience was the conditions of governance within which new institutions were both enabled and constrained. They were created within the constraints of a bureaucratic state, which was caught, as Janaki Nair perceptively observes, between realizing a territory with a population to be governed and representing the interests of communities classified and reified through administrative process (Nair 2011, p. 13). We are not dealing with institutional formations (schools, drug manufacturers, hospitals) that arose out of powerful dynastic practices or entrepreneurship, as in Delhi (Habib and Raina 2005), Lucknow (Alavi 2007), or Bengal (Mukharji 2009). Such institutions were private, even if some were well-positioned enough—socially, politically and economically—to receive support from provincial governments in many cases. Before the constitutional reforms of 1919 leading to limited empowerment of local self-government in British India, however, the provincial governments of British

India played little role in creating and supporting institutions for non-western medicine, even though systematic investigations into the practical applications of Ayurveda, yunani and siddha of the Tamil country began in the mid 1910s. The influential Board of Indian Medicine was only formed in United Provinces of northern India in the early 1920s (Berger 2013). Other princely states, such as Hyderabad, did create an administration for yunani and ayurveda from the 1890s, but there was little oversight over their operations (Attewell 2007). In Mysore, by contrast, the operation of an 'indigenous hospital' and an ayurvedic college were considered 'experiments' over which administrators attempted to exert control. Contestations about the role of the state and state actors, aspirations to be 'modern,' and indeed the status of medicine itself were in the process thrown into relief. This conjuncture affords then insights into the formation of institutions and indigenous medicine which were compromised from the very beginning.

Mysore as a 'Model' State

With the killing of Tipu Sultan at Srirangapatnam in 1799 the British assumed control of Mysore, which paved the way for the assumption of British paramountcy in India. After carving up the newly acquired territory in Mysore, the British returned about half of it to a previous ruling dynasty, the Wodeyar, whom they installed upon the throne as nominal rulers. With the excuse of fiscal mismanagement of the state, the British assumed direct rule of the province from 1833 until the persistent claims of unreasonable deposition proved embarrassing and they returned the territory to the Wodeyars again in 1881.[2] The British made sure their concerns for order in the state were retained, however, through the system of Residency and a military presence in the city of Bangalore, to the east of the seat of kingly residence in Mysore.

During the rules of Chamarajendra Wodeyar X (r. 1881–1894) and, especially, his successor Krishnaraja Wodeyar IV (r. 1894–1940), Mysore gained its status as a 'model' state in colonial eyes, compared to most other princely states. Mysore's claims to 'progress' lay in its deliberative bodies, like the Representative Assembly and later Legislative Council, which (in theory) allowed for greater public participation in political processes. Frequently led by Dewans (Prime Ministers) in an articulated administrative system, the government of Mysore instituted a number of social and educational reforms (for female education, worker's rights), and invested in industry and science (including engineering colleges and the prestigious Tata-backed Indian Institute of Science in Bangalore (established in 1907). The government set up a public health department in 1912, a University in 1914 and a (western) medical college in 1924. By the end of the nineteenth century Mysore also stood out for its psychiatric facilities, as the only princely state to have an asylum for those classified as insane (Jain 2003, p. 286). It was located in centre of British military power in the State, in Bangalore, first in a hospital in 1847, then in a jail and

[2] The following discussion of politics and social reform in Mysore is mainly based on Manu Bhagavan (2003).

subsequently in a new building by a lake. As Sanjeev Jain notes that Professor Edwin Mapother, an important figure in British psychiatry and a known critic of psychiatric facilities in India and Ceylon, commented to the then Dewan of Mysore in 1937 that the Bangalore institution was '[…] almost unique among mental Hospitals in India […] it is quite evident that modern methods of diagnosis and treatment are available and freely used' (recounted by Dewan Mirza Ismail, cited in Jain 2003, p. 287). Neither psychiatry nor indigenous forms of treating psychosocial distress would have a place in the indigenous medical institutions set up in Mysore. Nevertheless, the multifaceted concept of progress, which riveted the minority brahmin[3] elites who dominated the administration, was brought into debates on health-care provision and the place of ayurveda in the state.

Terms of Engagement

In 1908, a senior government official, the serving Dewan of Mysore, V.P. Madhava Rao,[4] reflected on the government's two 'experiments' supporting indigenous medicine. He alluded to the promotion of ayurveda and yunani tibb in the Maharaja's palace during the mid-nineteenth century under the inspiration of the Palace Controller, Rangacharlu (a catalyst in the formation of Mysore's Representative Assembly), which resulted in the publication of works on *materia medica* by Jagannatham Naidu. The Dewan referred to two institutions funded by the government: the 'Indigenous Hospital,' which opened in 1892 in Mysore city with an ayurvedic and a yunani branch, and a smaller clinic of a well-known practitioner of ayurveda, Munyer Krishna Jettiappa. The hospital was initially greeted with enthusiasm, because of its 'phenomenal popularity,' but popularity and relative cheapness were not enough to satisfy those who supported indigenous medicine modeled on the then accepted standards of the western medical profession.

> Th[is] file […] and advertisements in the newspapers contain catalogs of ayurvedic preparations. It does not appear that the composition of these preparations is in any case known to any ayurvedic practitioner other than the individual maker. Nor that even the two ayurvedic institutions at Mysore (Kemparama'a and Munyer Jettiappa's)[5] are in touch with each other though they are professedly based on the same system. Thus, these practitioners work in disconnected and water tight compartments so to speak [*sic*], and, therefore, on non-progressive lines. Compare this with the systems of European medicine in respect of which there is an official pharmacopeia common to all,

[3] In the Mysore section of the Census of India (1911) the castes in the state were divided into hierarchies according to ritual and socio-economic status from the high 'twice-born' castes (brahmins, kshatriyas and the vaishyas), to upper non-brahmin sudra castes (lingayats, vokkaliga and others); to lower non-brahmin sudra castes (agasa, bestha…) and the lowest 'scheduled castes' (otherwise known as dalits, harijans and untouchables. The lingayat and vokkaliga were the most numerous, and included a large number of occupational sub-groups (jatis).

[4] V.P. Madhava Rao was plague commissioner during the plague epidemic in Mysore between 1899 and 1901. He was Dewan between 1906 and 1909.

[5] Munyer Krishna Jettiappa received a Grant from Government for a clinic in Mysore.

> there are medical journals of various sorts through which every practitioner is able to profit by the experience of others, there are great manufacturers of medicine who bring to bear on their work the most recent discoveries of chemical and sanitary science, most of which are not dreamt of by our vydyans and hakims. (Rao, cited in Establishment of an Ayurvedic College 1908)

The only hope to make ayurveda, and then yunani, 'progressive' was to inculcate the values of modern medicine in one of its defining temples—the college and teaching hospital. Its premise was built on the ideal of an 'integrated' approach that would produce an 'indigenous' medicine aligned with disciplines of modern medicine. This dubious ambition was compromised right from the start.

Negotiated Space? Situating Ayurvedic and Yunani Education

Perhaps, the best way of introducing the first college in Mysore State for instruction in ayurveda (several years later for yunani tibb) is to point to the conflation of different modes of engagement which would strongly determine its compromised nature. The following, written in 1921, summarised the stakes in founding the college:

> The Ayurvedic College was started in 1908 mainly to rescue the ancient system of ayurveda from quacks and to systematise it, combining it with physiology, anatomy and surgery under European methods; and also owing to the difficulty of providing medical aid in most of the villages in the state. (Muzrai Department 1921)

In this short paragraph we are introduced, in hindsight, to the generative dimensions of the Ayurvedic College: indigenism—a form of cultural nationalism to recover (particular forms of) indigenous science; the protocols and disciplines of 'modern' medical science—systematisation, European methods; an ideal of governance iterated through ambitions for population-level health provision. What is elided in this succinct formulation, but strikingly evident elsewhere in the Mysore State archive, is the irreconcilability of these desires. Before 1908, ayurveda and yunani in Mysore were mostly to be learnt through informal apprenticeship with a physician. Incipient practical instruction in ayurveda and yunani tibb with state support began in the 1890s at the Indigenous Hospital, but it was not on a permanent basis. Sanskritic ayurveda was also taught in the Maharaja's Sanskrit College in a more formalized manner, and certificates of proficiency were issued upon completion of a five year 'vidvat' course, but this course was criticized for a lack of a practical component, and especially western medical training.

The responsibility for devising a curriculum for the College fell not on the Medical Department, as might be assumed, but on the department for religious institutions and affairs in the state: the Muzrai Department. The proximate reason for this is that the formation of a dedicated school of ayurveda arose out of the Maharaja's Sanskrit College in the city, but it is already indicative of the framing of

indigenous medicine not as science but as culture.[6] The Medical Service never funded Grants to indigenous dispensaries and in many ways this division left greater leeway for the formulation of educational programs favorable to ayurveda, although, significantly, the Medical Department did payroll the position of Principal at the Ayurvedic College. The initial problem for the Muzrai officials charged with formulating proposals for consultation was to find an appropriate model for indigenous medical education in Mysore. It was to one of their former students, whose illustrious career was already taking shape during his 5 year course of ayurvedic studies at the Maharaja's College, that they turned.

A Model for Mysore in Madras?

Although there were not many who went through the 'Vidvat' ayurvedic course at Mysore's Sanskrit College, there was one who became well-known throughout India, Pandit D. Gopalacharlu (1872–1920). His career shaped the evolving institutionalization of ayurveda in Mysore and, in his various professional capacities, he had an impact in other parts of south India, if not further afield. Gopalacharlu is thus central to our story. That most of his professional career took place outside Mysore,[7] in Madras, only goes to show that, as far as indigenous medicine goes, princely states cannot be presumed to be the isolated and unique entities that much historiography on princely India has suggested. Some of the intimate social, political and cultural links in the sphere of education that Manu Bhagavan has shown to have existed between Mysore and British India, especially Madras, are replicated in the sphere of medicine.

A Telugu-speaking Vaishnavite brahmin from Machilipatnam in the Dominions of the Nizam of Hyderabad, D. Gopalacharlu belonged, in his own words, to

> … an ancient and highly successful family of physicians, both on the maternal and paternal sides. Study and practice of medicine have been hereditarily carried on in my family, and hence, even from childhood, a practical acquaintance with various medicinal drugs, diseases and their remedies has been inevitable. (Gopalacharlu 1909)

During the early 1890s D. Gopalacharlu came to Mysore to study the 5 year course in ayurveda at the Maharaja's Sanskrit College there. Already in the course of his studies his skills as a healer drew the attention of one of his Sanskrit lecturers, to whom he became personal physician, although he would have been only in his early twenties at this time. Shortly after graduating, he undertook a tour of centres of Ayurvedic learning—Calcutta, Benares, Bombay, Kashmir, Lahore, Hardwar and Jaipur, and in a style which revealed his skills at self-promotion, he announced

[6] Jean Langford (2002) explores ayurveda in the twentieth century from the perspective of ayurveda as culture, especially in the projection of ayurveda as essentially 'Indian,' (read 'Hindu spiritual', i.e., non-materialist) for European and American clientele.

[7] He did not sever ties with Mysore, he was appointed an examiner for the Ayurvedic College.

himself to eminent ayurvedic physicians in these places, furnishing his certificates.[8] Back in the south, he served as a physician at the Theosophical Society's Hospital at Bangalore. From there he moved to Madras, where in August 1898 he was appointed physician of Sri Kanyaka Parameswari Devasthanam (SKPD) Ayurvedic Pharmacy, whose object was to provide free treatment to the poor of the area. This was a Vaishya[9] temple trust funded by endowments, located at the centre of the Vaishya community in Georgetown, Madras.

Gopalacharlu also presided over a 'college' at the same SKPD to teach ayurveda. The college started off teaching Sanskrit texts. One of the only differences in the ayurvedic curriculum to the Maharaja's College in Mysore was the inclusion of the text *Nadivignana*, a treatise on pulse diagnosis, although the extent to which the pulse was taught as an applied diagnostic technique is not clear from the records. Early in its life, the college also provided for instruction in elements of hygiene, physiology, anatomy, midwifery and *materia medica* of European medical science.[10] For this purpose, Gopalacharlu hired the services of Dr C Singaravelu Mudaliar, who had trained in Edinburgh and Glasgow, to give instruction in these subjects in vernacular languages.

Gopalacharlu was not only interested in teaching ayurveda, but also one of his major spheres of activity was 'research' in indigenous drugs and therapies. A few years after moving to Madras, Gopalacharlu set up his 'Ayurvedic Laboratory,' in which the medicines that brought him renown throughout India were 'very carefully prepared with scrupulous attention to the rules laid down in the shastras [scriptures, texts].' The fact of the 'laboratory' signaled Gopalacharlu's intent to straddle two worlds, and interweave them: rigor and experiment feature strongly in the ways he presented his work, but it was always with a view to the exposition and validation of inscribed knowledge. The ancientness, the all-encompassing scope of ayurvedic knowledge was emphasized in his sketch of ayurveda's history, when he wrote: 'Thus, we find [in ayurveda] an elaborate system of medicine, complete in itself, in our ancient sacred writings.'(Gopalacharlu 1909). Gopalacharlu became known country-wide for the display of his medicines in Industrial and Agricultural Exhibitions organised by the Indian National Congress, India's largest political formation of the late colonial era. Medicinal preparations and marketing as well as institutions then were intimately tied in Gopalacharlu's many claims to fame.

According to his own testimony, his period of experimentation that came to be appreciated by his professional peers and his patients began in Bangalore. His movements from Bangalore to Madras coincided with the outbreak of plague in the southern states.[11] It was plague that made his name and by which he is especially

[8] As revealed by some of the testimonials included in his product brochure.

[9] The vaishyas are the third caste of the varna system, a caste of merchants, artisans and landowners.

[10] According to Lt GW King, Sanitary Commissioner in Madras, it was at the suggestion of an eminent visitor to the college, Chief Justice Subrahmaniam Iyer, that physiology and anatomy became a necessary part of the course, as elaborated on page 12.

[11] The first case of plague in Bangalore was on 12 August 1898, six days before the inauguration of the SKPD pharmacy and college at Madras.

remembered.[12] The two remedies for plague which he manufactured—Haimadi Panakam and Satadhouta Ghritam—won praise as cures not only in the press, but also from plague officials stationed in different parts of India. The pages of 'unsolicited' testimonials in his product brochure point to this, as do the data on treatments that he compiled. These plague remedies were just two of about forty medicinal products which he made and marketed, which claimed to treat anything from malarious fevers, cholera, dysentery, to debility, bilious diseases and dandruff. The brochure in question is in English, its language is replete with references to the processes and structures of the body in European medicine: the nervous system, energy, subcutaneous tissue, for instance. The adoption of ayurvedic terminologies for diagnostic classification, such as the 'vatham' diseases, i.e., those caused by the preponderance of the 'wind' dosha ('defect,' loosely 'humor') are sparse in this text.

Pages of testimonials were regular features for all kinds of advertising material for indigenous, homeopathic or allopathic medicinal products. But the high profiles of these people cited in Gopalacharlu's pamphlet—lawyers, politicians, nobility, professors, medical officers, and some Europeans—ensured that the credibility stakes were high, for these people were known and might not have wished to be associated with a product if there was no substance to the association.

Gopalacharlu had a formative influence on the establishment of a dedicated ayurvedic teaching institution in Mysore in two ways, though he was never formally involved in the process. Firstly, Gopalacharlu provided a way of imagining a successful and alternatively modern ayurveda which appealed to many of the promoters of indigenous medicine in Mysore. His institutions and innovations stood for 'progressive' ayurveda, a modernity for ayurveda which recognized the values of western medicine but was not subordinate to it, if anything its claims were superior. One could think of plague in this context, but for those exposed to Gopalacharlu's charisma and conviction there were many other examples of how Gopalacharlu pitched the superiority of his 'shastric' treatments over the European ones, whether in efficacy (e.g., cholera, leucoderma) or even taste. An example here is that celebrated ayurvedic remedy, Chyawanprash (currently manufactured by the large indigenous pharmaceutical companies Dabur and Hamdard, among other concerns), or 'the asthma curative and preventive […] to cure nervous debility consequent upon asthma, bronchitis, cough, etc.' Gopalacharlu commented:

> The only medicine which is generally administered by European doctors for some of the ailments which our specific can cure is cod liver oil, but our specific is infinitely superior to that most nauseating of liquids, for in addition to possessing all the efficacy of that liquid, it has a very pleasant taste, which is surely a cause of its popularity. (Gopalacharlu 1909)

Gopalacharlu's second contribution to ayurvedic education in Mysore was posthumous—his will provided for a large percentage of his wealth to be presented

[12] For instance, http://www.Chennaibest.com, a one-stop website for all that's happening in the city of Chennai from good accommodation to dosas and cinemas, waxes about Gopalacharlu's achievements in ayurveda, and his cure for plague tops them. Haimadi Panakam is the only remedy of his mentioned in KR Srikantamurthy, *Luminaries of Indian Medicine (from the earliest times to the present day)* (Varanasi: Chaukambha Orientalia, 1987), 90.

to the Ayurvedic College in Mysore to fund a professorial chair in the college; a pay-back to the city, which he described as his '*alma mater*' where he had embarked on his career. His wealth was considerable. He awarded scholarships to students out of his own funds, and he must have been one of the very few vaidyas or hakims to have owned a car at this time.

With a view to establishing an ayurvedic college in Mysore the government set up a special committee to investigate issues of curriculum and approach. One of the committee members visited Madras, and reported his impressions of the working of Gopalacharlu's institutions. He emphasized the significance of recording patient visits to the pharmacy, and its popularity (65,359 for the year 1907), and commented that '[T]he institution is very excellently conducted and managed and gives entire satisfaction to the general public as appears from the various testimonials from highly educated and enlightened gentlemen […].'

These gentlemen (and one woman) who wrote in the visitor's book at the SKPD were mostly high power political figures, including Dewans from Mysore and other Princely States. The only one entry which was actually quoted in the Muzrai department proposal for an ayurvedic college must, therefore, have been deemed the most significant. This was the testimonial of the former Sanitary Commissioner to the Government of Madras, Lt Col WG King, whom Gopalacharlu invited to his pharmacy and college in 1905. When we compare two versions of the testimonial, one preserved in Gopalacharlu's product brochure and the other 'quoted' in the report we see that it contains subtle but important omissions. The omissions are highlighted in bold, the non-highlighted text was quoted in the proposal:

> **I have derived much interesting and useful knowledge of the method of bye-gone days. At his request I have examined the dispensary at which he works. Personally, I am no believer in 'systems,' but consider that** [S]cience can gather friut [*sic*] from the tree of experience in whatever soil it grows. There must be drugs that were known and used with advantage by ancient Hindus, which brought to light with the aid of modern method of pharmacology, may prove of great utility. Hence I am glad to observe that the institution is conducted in no conservative spirit but that**, at the suggestion of Chief Justice Subrahmaniam,** the teaching of physiology and anatomy is recognized as a necessary adjunct of the ayurvedic students' course. (Establishment of an Ayurvedic College 1908)

The omissions speak of ayurveda as something of the long-past, as medical practice that cannot have a rationale distinct from universal science, that the teaching of physiology and anatomy was not Gopalacharlu's idea. These details, minor yet significant, would detract from Gopalacharlu's institutions as model institutions for Mysore, and for this reason I believe they were omitted.

The endorsements of Gopalacharlu took a central place in the proposal for the establishment of the Ayurvedic College. Where the Maharaja's course was criticized for being too literary, this proposed college paralleled the combination of 'progressive' approaches to the shastric (scriptural) and western medical knowledge of Gopalacharlu. The college aimed, in Muzrai Superintendent Anantasami Rao's words,

> […] not simply to convey to the students a knowledge of the old ayurvedic books but to give them practical training in the preparation of medicines and the diagnosing of diseases and the dispensing of medicines. Instruction in physiology, anatomy etc. according to western methods will form an essential factor of the course of studies and the result will be a combination of the systems of the East and the West, and, therefore, no danger of quackery and charlatanism need be feared, as apprehended by the Inspector General of Education and the Senior Surgeon. (Establishment of an Ayurvedic College 1908)

Anantasami Rao addressed frontally the tensions which conflicting expectations of the College's operation were revealing. The views from the Education Department, which are referred to in the passage above, are not surprising. Under Maharaja Krishnaraja Wodeyar IV (enthroned in 1902, aged only 19), western, English-medium education was to become the lynchpin of Mysore's claims as a progressive state. As one might expect, the Inspector General of Education, consulted about the formation of the Ayurvedic College, was damning of the proposition in classic 'indigenous-medicine-is-static' style: '[T]o authorize pandits to practice the art of medicine publicly,' he declared, 'is to put back the clock of time by thousands of years and deprive the ignorant public of the blessings of the modern scientific knowledge.' (Report of the Inspector General of Education 1908)[13] The sentiment was applauded by the then senior surgeon, an officer of the Indian Medical Service of British India, Colonel Drake Brockman. Their views carried weight for sure, but they were outweighed by the socio-economic dynamics propelling reforms in indigenous medicine in Mysore.

Medicine as Culture

The promotion of ayurveda in Mysore was given impetus by the view of ayurveda as a cultural asset of Hindu India. In A. Rao's proposal for the college, the substance of what might be achieved was provided by the example of Gopalacharlu, but he also couched what was happening in Madras in a wider national context. A. Rao pointed to the institutionalization of ayurveda throughout India in Calcutta, Benaras, Bombay among other places. He argued that Mysore should be a part of this ayurvedic 'revival.' The Mysore government's self-representation, reflecting the opinion of the Dewan if not the Maharaja himself, as a modern state but also as a 'Hindu' state provided the path for extended state patronage of Sanskritic ayurveda

> A strong desire to revive the ancient methods of Hindu medicine is spreading through the country; and any steps on the part of a Hindu State like Mysore calculated to revive and encourage the study of a once celebrated branch of ancient Hindu learning, while providing also for the students thereof being

[13] This document was quoted in Establishment of an Ayurvedic College in Mysore, KSA Muzrai, 4 of 1908, 2.

> trained as far as possible in the principles and methods of modern medicine are sure to be welcomed by the state. (Government Proceedings 1908)

Here ayurveda figured as a nationalist imaginary, the sign of a glorious non-colonial Indian past, and Mysore could, or indeed should, play its part in its resurrection by welding it to the universalist claims of modern medicine. The disjunctures in this amalgamation were, however, continually being brought to government attention, by medical officers, by practitioners and also on occasion by the students themselves. We should remind ourselves that the division between purported a-cultural, universalist *medicine* and 'cultural' ayurveda or indigenous medicine had already been made at a structural/organizational level when the administration of indigenous medicine was assigned to the religious affairs or Muzrai department and not the Medical department.

Representing Yunani

Parallel projections of yunani's past associations with the attainments of Perso-Arab and Indo-Islamic culture and, in some cases its embedded roots in India, also figured in yunani's contemporaneous revivalism in northern India and Hyderabad. But yunani went unrepresented in Mysore during the crucial formative period of the college. Mobilization for indigenous medical revivalism throughout India was often channeled along religious, ethnic or caste lines, and this meant that for tibb its locus was mostly among Muslim communities.

In Mysore, the promotion of yunani was socially and politically at a disadvantage. Muslims (as other non-brahmins) were a politically disenfranchised minority in Mysore. The representation of Muslim interests in Mysore began with the Central Muhammadan Association, which was formed at the same time as non-brahmin caste groups began to organize politically (notably the Lingayats and the Vokkaligas), in 1905–1906.

Given the historical moorings of tibb in Indo-Islamic culture, it is no surprise that most calls for the establishment of a yunani school came through leading individuals in the Muslim communities as well as through Muslim community organisations. It should not be presumed, however, that such linkages were self-evident. In one proposal at the Representative Assembly in 1912, one of those raising the case for the inclusion of yunani instruction in the state was a certain Subba Rao (the name indicates a subgroup within the brahmin caste), of Tarikere Taluk (Dasara Representative Assembly 1912). A string of such requests were made in 1909, and in each year from 1911 to 1914.

The case made for the encouragement of yunani in Mysore was that a dispensary (like the Indigenous Hospital in Mysore) should be opened in Bangalore since yunani 'is very popular there both with the Mohamedans and the Hindus,' and that 'a yunani branch may also be attached to the Ayurvedic College in Mysore to make provision for the teaching of the yunani system of treatment which is as popular as the ayurvedic system,' (Dasara Representative Assembly 1909). Upon a further representation in 1911, the government requested information on a possible

curriculum. The senior hakim at the Indigenous Hospital was asked for his opinion. Although not named in the document, this was most likely Hakim Sayyid Mustafa, a hakim of great renown in Mysore from a prominent lineage of hakims, who was also respected by the Committee of the Ayurvedic College.[14] A skilled physician he might have been, but the hakim in question did not know the language of administration in Mysore and he also did not know the 'language' and protocols of a complex bureaucracy. His plan for the instruction of yunani included relevant works in the field and a cursory note on prospective costs but it was judged insufficiently detailed by the government. That these initiatives did not make any ground seems not to have been because the Ayurvedic College resisted it (almost all members responded favorably to the proposal of a yunani branch of the college), but because the government was still unsure about how successful the Ayurvedic College was going to be. As the Muzrai superintendent noted in 1912: 'It is yet too early to gauge the success of the instruction in the Ayurvedic Collge and it will not be expedient to expand its work for some time to come. In the meantime if suitable students are forthcoming, a system of scholarships may be adopted to enable them to pursue their studies elsewhere.' (Teaching of the Unani System of Medicine at the Ayurvedic College 1912, Muzrai Department 1912). Unani was put on hold (and it would have been even if the hakim's suggestions conformed to the government's expectations)—another 17 years passed before a yunani section was opened in the Ayurvedic College, during which time the Ayurvedic College was hardly managing to keep at bay the heterogeneous logics of its constituents.

Mismatches: Medicine and the Exigencies of a Model State

If Gopalacharlu's institutions in Madras gave substance to an aspiration in Mysore, the first years of the College's existence were fraught. A critical report of the institution was compiled in 1914 by Mysore's District Medical Officer, Mohamed Usman (whose report on the Indigenous Hospital was described above). The arbitration of standards at the Ayurvedic College was conducted by a medical officer and not an ayurvedic physician. Usman noted that to call the Ayurvedic school a 'College' was a misnomer. He observed that the current mode of teaching employed there 'was indiffusable on any ground and not a safe one.' (Usman 1914). Usman picked up on the absence of facilities to teach students practical elements of their western medical training: 'The school is not furnished with a laboratory surgical instruments [*sic*] and pathological specimen [*sic*]. The teaching of the subjects which is confined now only to theory cannot be considered satisfactory without practical demonstrations.' But Mohamed Usman was not oblivious to the skills of some vaidyas and hakims; he could hardly mask his disappointment that of eighteen students enrolled at the time (a very small number considering the outlay) only four were of hereditary backgrounds. Mohamed Usman examined the students, and remarked:

[14] Hakim Sayyid Mustafa was employed in the Indigenous Hospital as senior hakim from 1900, and was still working there in 1923.

> I regret I cannot say that the result was satisfactory. These students have not the advantage of the hereditary instinct, long training and experience of native pandits and hakims of established reputation. The instruction that is imparted to them in anatomy, midwifery and allied subjects is neither full nor practiced and accurate with them. With smattering knowledge [*sic*] they are let loose on society and are of danger. (Usman 1914)

This half-way house, with students apparently neither skilled in one discipline or another, each with its own various demanding techniques and methods, was what some commentators in Mysore had feared about the integration of the 'East' and 'West.' Tellingly, one of Mohamed Usman's suggested reforms was that the government should perhaps abandon altogether the idea of incorporating western medical subjects into the curriculum and return to a system more akin to apprenticeship, which the institution was intended to replace. This suggestion was only partially and temporarily considered in Mysore. The overhaul of the college lay some years ahead and the government resorted to short term arrangements which did not require significant funds, such as sending good students to Calcutta to study under respected Kavirajas (ayurvedic physicians) there and to visit Zandu pharmaceuticals in Bombay to learn about the manufacturing of medicines (Deputation of Successful Students 1914).

Perhaps, the most damning criticisms of the institution came from the students themselves. In 1919, they presented a petition to the government in which they were forthright in their opinions:

> Of four years of our term of study in the college three have already been spent without the thought for benefit and if the sort of training continues nothing can be done during the coming year and four years of our prime of life will have been wasted for nothing. (Practical Training to the Students of the Ayurvedic College 1919)

Their criticisms covered every aspect of their training: theory, practice, and knowledge of medicines and diagnosis. On theory, they stated: 'the way of teaching the text books is inadequate, the library is too inefficient; lecture system is quite necessary […] Newly published books on ayurveda must be bought.' (*Ibid*.) In their practical training they complained that they were not being taught how to identify medicinal plants adequately, suggesting that monthly field trips should be organised, as was done for students of engineering, and the drug museum enlarged. They also were not being taught how to prepare the medicines themselves and they wanted to experiment. In diagnosis, they complained that they did not have sufficient access to cases.

All of these complaints point to the fact that the students lacked confidence in whatever it was they were being taught. They desired more rigor in their training and greater emphasis on the practical application of knowledge. These mismatches were fodder for those who thought the support of indigenous medicine in Mysore 'a complete waste of time and money,' in the words of Senior Surgeon H.B. Nylvalagam, and senior surgeons were again the most vocal callers for closure.

Rifts about whether or how the Ayurvedic and (after 1928) Unani College should be reorganised continued right through the 1920s and into the 1930s. Recruitment made for tensions. The Medical Department continued to succeed in securing Principals to the College who were trained in western medicine (S. Venkoba Rao in 1912, Ramakrishna Rao in 1928). Appointing staff who were trained both in western medicine and ayurveda/yunani made for problems, because they often wanted to apply their knowledge of allopathy over their indigenous medical training (as was the case for H. Sherrif in the yunani branch). The Gopalacharlu Professorial Chair went to an MBBS (equivalent of MD) graduate also trained in ayurveda who was found unsuitable and ordered to leave, (Senior Surgeon to Muzrai Commissioner 1934).

Ideals of medical 'progress' propounded by some senior surgeons, who argued that graduates of the indigenous college should *not* be highly qualified, because they then would not serve in remote areas, conflicted with the political economic interests of government to provide cheap medical provision to rural areas. After much debate on the length of studies, the government settled at 4 years, which gave graduates problems trying to become registered as 'A' class physicians in the presidencies of British India, notably Madras, which required five (Recognition of the Madras Board of Indian Medicine 1938). Complaints about quality, from practitioners themselves, continued in the 1930s. The Central Unani Medical Practitioners Association, Bangalore, made that all too common charge of the lack of coordination of theory and practice in the teaching of yunani tibb, (Representation of the Central Unani Medical Practitioners Association 1932).

Conclusion

The Government Ayurveda Medical College and Hospital Mysore (the Unani section of the college no longer exists)[15] celebrated its centenary in 2008 and it takes pride in declaring that it is on the verge of securing the status of a 'Model college' by the Government of India.[16] This study does not attempt to question what kind of model that might be, but it does question an attempt to retrospectively cast the emergence of this institution in a narrative of the preservation of ayurveda by benevolent rulers ostensibly outside direct British dominion. It argues that the first college for ayurveda in Mysore State came about through a specific assemblage of incongruent and shifting desires, demands, and practices whose complexity cannot be understood as an episodic 'encounter' between western—indigenous modalities, even as many of those involved enacted and consolidated such dichotomous ways of

[15] The reasons why the yunani section was dropped and the circumstances surrounding it are not known to me. In the absence of data about the institutionalization of yunani medicine in Mysore post 1948 and its place in the newly formed state of Karnataka in 1956, it is difficult to speculate whether such a closure was part of a wider phenomenon that affected ayurvedic as well as yunani facilities or only certain of them. It is noteworthy that Bangalore is the site for the National Institute of Unani Medicine, a postgraduate research and teaching facility under the department for non-biomedical traditions, AYUSH, has been operating since 2004.

[16] http://gamcmysore.com/aboutus.html. Accessed 15 May 2012.

thinking. Following the insight of Janaki Nair cited at the beginning of this paper, we can consider the experience in Mysore as a specific route to a form of modern ayurveda in the making. While institution formation for ayurveda and yunani in Mysore State assumed distinctive translocal forms, themes of divergence that were unresolved during the time of this study, over the role of the state, the politics of validation, appropriate curricula and pedagogy and their relation to practice and employment, continue to inform the trajectories of state-directed health provision through 'indigenous medicine' on larger scales today.

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