

## Colonial Challenges and Indigenous Resilience: Indigenous Colonial Medical System in Colonial Delhi and the Battle for Scientific Status,1883-1921

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**Abstract:***In the late nineteenth century, Delhi, then part of colonial Punjab, boasted a range of medical institutions, including the lunatic asylum, lock hospital, Delhi Civil Hospital, dispensaries at Lal Kuan, Sadar Bazar, Ballabgarh, Faridabad, Najafgarh, Mehrauli, and missionary hospitals for women and children. All of them adhered to modern healthcare standards. Strikingly, despite official records like the 1884 and 1912 gazetteers for the district, published by the Punjab government, which briefly mentioned the Tibbia School specializing in imparting Unani medicine in a hundred-word paragraph, there is no mention of indigenous healthcare facilities in the region. This omission in official documentations underscores the challenges faced by traditional medical practices during the colonial period. The current paper, therefore, seeks to explore the historical aspects of how traditional medical knowledge and practices were taught and followed within colonial Delhi during the late nineteenth and early twentieth century. It places particular emphasis on Unani medicine's relative success while also examining the state's efforts to undermine indigenous healing practices in favour of modern medicine.*

**Keywords:** *Ayurvedic, Colonial Delhi, Hospital, Unani, Western Medicine etc.*

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**Introduction**

The advent of British colonialism brought along Western medicine in the Indian colony, threatening the already present indigenous medical systems. At the outset, a degree of mutual appreciation and

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cooperation stood between practitioners of both systems.<sup>1</sup> However, this collaborative spirit waned as British orientalist and physicians increasingly viewed Indian medicine as religious, unscientific, irrational, and superstitious. Towards the latter half of the nineteenth century, various factors including the influx of European missionaries, doctors and other healthcare workers, increased state patronage of modern medicine and its support from elite upper-class locals, establishment and distribution of colonial dispensaries and hospitals, successive preference for English medicine over 'Bazar' medicine, absence of Dissection and Surgery in the indigenous medical systems, etc., contributed towards marginalization of the latter.

In response to the challenging circumstances, advocates of indigenous medicine initiated what Kanagarathinam termed the 'Revitalization movement.'<sup>2</sup> This movement gained momentum, particularly in the British presidencies of Bengal, Bombay, and Madras in the late nineteenth and early twentieth century. Indigenous medical practitioners took various measures to reinvigorate their systems, integrating insights and practices from Western medicine to counter Western dominance.<sup>3</sup> Poonam Bala referred to these measures as the 'paradigms of defense.'<sup>4</sup> In Punjab, Ayurvedic practitioners addressed the perceived arrogance of Western medicine by integrating aspects of biomedicine into their healing systems. This approach aimed to address new medical reasoning and 'truth claims' that supported the scientific foundation of indigenous medicine and its claims to authority.<sup>5</sup> While documenting the responses in Delhi and Kerala (Kottakal), Deepak Kumar discussed the emergence of a 'new quest for identity' in the early twentieth century.<sup>6</sup> He believed that for traditional medicine to compete effectively, it needed to 'borrow' from and 'improve' upon the terms established by its epistemological counterpart. Like Kumar, Attewell underscored the importance of introducing a fresh dimension to the transformation of Unani medicine, which heavily relied on elite practitioners, notably Hakim Ajmal Khan, to lead this reconstruction.<sup>7</sup> This concept has been expanded upon in the research conducted by Neshat Quaiser, who delved into the Tibbiya College in Delhi, an institution founded by Khan.<sup>8</sup> Thus, majority of research conducted emphasizes the significance of introducing educational, institutional, and intellectual changes aimed at achieving a recognized and respected 'scientific' status to challenge and compete with the prevailing state-endorsed biomedicine.

While exploring Ajmal Khan's role in Delhi is crucial, it is equally vital to contextualize this narrative within the broader framework of colonial medical strategies and the indigenous treatment methods prevalent in the region. Hence, this paper goes beyond the establishment of the native Tibbiya School in 1883 and its subsequent evolution into a fully-fledged college and hospital in 1921, and instead, delves into the pedagogical history of the prevalent Ayurvedic and Unani traditions during that period. To accomplish this, the paper draws from a variety of primary sources obtained from the British Library (online), National Archive of India (New Delhi), and Delhi State Archive (New Delhi), as well as secondary sources to offer a more comprehensive insight into how

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these traditional medical systems were taught, disseminated, and practiced. This investigation also encompasses an examination of the challenges, policies, and factors that contributed to the marginalization of Ayurvedic and Unani practices, shedding light on the enduring impact of colonial rule on indigenous healthcare systems.

## Traditional Medical Institutions in Delhi

In 1858, Delhi was incorporated as a district within the Punjab province. Subsequently, in 1911, it was transformed into the imperial capital of British India, shifting from its earlier capital status in Calcutta. By that time, state-sponsored Western medicine had already begun to establish its influence in certain central and peripheral areas, with a limited number of hospitals and dispensaries.<sup>9</sup> During the first two decades of the twentieth century, colonial medical institutions in the Delhi province were organized into six distinct categories, namely, 'state-public,' 'state-special,' 'local-fund,' 'private-aided,' 'private non-aided,' and 'railway,' all following modern and standardized lines.<sup>10</sup> Despite the presence and successful working of these institutions, Narayani Gupta observed that private treatment by hakims and vaidyas remained the preferred choice among the local populace.<sup>11</sup> Exploring this area can shed light on the complex dynamics between traditional and Western medicine.

A striking disparity seems to have emerged between the rapid institutionalization of Western medicine and the relatively scant efforts to establish a regularized system within indigenous medicine. Government reports from this period briefly acknowledge the involvement of indigenous practitioners, but their roles were largely confined to that of lower-ranking hospital assistants. Hakims and vaidyas were predominantly called upon for specific tasks, such as vaccination and providing itinerant reliefs during outbreaks of diseases like Cholera, Smallpox, and Plague.<sup>12</sup> They were especially deployed in remote and underserved regions where superior medical officers were reluctant to be stationed. It is worth noting that despite the existence of indigenous schools, such as *Maktabas*, *Chatsals*, and *Pathshalas*, which focused on teaching languages like Urdu, Persian, Arabic, Hindi, *Nagri*, *Shastras*, and English, the Tibbia School was the lone institute where medical instruction in indigenous medicine, particularly Unani, was provided.<sup>13</sup> Regrettably, the reports made no reference to any educational or medical form related to Ayurveda until the next century.

In the subsequent century, 'Education' and 'Public Health' underwent a transition to being 'transferred' subjects. This shift was accompanied by a rise in the membership of legislative councils. Local representatives raised concerns and grievances in the imperial assemblies regarding the state's medical policies, compelling the authorities to address a range of questions concerning the status of local medical practices. Consequently, this facilitated a more thorough incorporation of

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indigenous medical information into records, signifying a clear departure from the historical lack of attention in earlier centuries.

In Delhi, both indigenous medical forms of Ayurveda and Unani seemed to have been widely taught and practiced.<sup>14</sup> Qualified practitioners of these systems were trained through two main methods. The first involved enrollment in Indian schools of medicine, where students completed a regular course of study. The second method consisted of private tuition and apprenticeship under prominent hakims or vaidas. There were renowned mentors like Hakim Haziuddin Khan (Shifa-ul-mulk) and Hakim Bakawa, who imparted knowledge through private tutoring. The duration of this instructional period varied, with students receiving official recognition in the form of *sanads* only upon the mentors' satisfaction that they had thoroughly mastered their craft. Despite the growth of Western medical institutions and their modern practices, the traditional indigenous medical traditions endured through these educational approaches. The majority of native doctors were products of the first method, going on to practice their profession in their hometowns or elsewhere. Seasoned hakims and vaidas, with limited time for teaching, took on only a few pupils. Some of the latter, having learned Vaidak from recognized private teachers or schools in places like Benaras and Bengal, came to Delhi for seeking employment opportunities.

The sole Ayurvedic School, known as Vaidak Patshala, managed by Banwari Lal Ayurved Vedyalia, distinguished itself as the only institution producing qualified vaidas.<sup>15</sup> This unique school provided a comprehensive five-year Vaidak studies programme, granting certificates or *sanads* after each examination – one year for Vaid, two years for Vaidvar, and the remaining two years for Vaidraj. In its inaugural years, the course attracted as many as thirty-eight scholars. On the other hand, the exclusive institution for Unani education was Madrassa-e-Tibbia, conceived by the renowned Unani physician Hakim Abdul Majid Khan. Following his demise and in reaction to the state's apathy towards native medicine, his brother, Hakim Ajmal Khan,<sup>16</sup> transformed it into a college-cum-hospital. The institution offered a three-tiered syllabus covering Ayurveda, Unani, and Western techniques. An attached hospital provided students with practical experience in treating patients.

Similar to the Patshala, the college's programme extended over five years. During the first three years of the Unani course, students delved into theoretical aspects of medicine, anatomy, and the body's organs, along with their functions. The final two years focused on practical applications and lessons related to drug dispensing. During this period, students explored the names, properties, and uses of drugs, their compounding and dispensing, as well as the diagnosis and treatment of diseases. The subjects were instructed in Arabic and Urdu. Though Vaidak had always been taught in the school, the newly regularized Ayurvedic Vaidak courses followed a comparable yearly curriculum in Sanskrit and Hindi. In addition to the branches of medicine covered, each section was required to grasp foundational principles of Western medicine in their native language. As part of this

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expansion, the curriculum gradually introduced subjects such as Anatomy, Surgery, Physiology, Pathology, Hygiene, Midwifery, and Medicine.<sup>17</sup> The initial qualification or degree was awarded upon completion of the first three years, inclusive of one year of '*Matab*' (outdoor hospital work). Advanced courses offered ample opportunities for indoor practice, specialization, and research work.

While there was a substantial number of hakims and v aids, official recognition designated only forty-two hakims and fifty-nine v aids as qualified practitioners. Notably, the majority of recognized v aids were from the Brahmin community. Among the hakims, one-sixth could trace their familial roots to Ajmal Khan's family, and over a third held diplomas from the Unani and Ayurvedic Tibbia College.<sup>18</sup>

## Unani Medicine at the Helm: Battle for State Recognition

While both indigenous medical systems retained significant influence, Delhi held a unique position historically, with hakims boasting a rich heritage. During the pre-colonial period, especially in the early and later medieval era, it emerged as a preferred hub of authority for various local dynasties. Medicine and its practitioners became intricately linked with the ruling elites and the nobility. This connection led to substantial financial support and official approval for specific medical systems, notably favouring Unani medicine amongst others.

The 'Khandane Shareefi',<sup>19</sup> a distinguished family rooted in a singular Muslim physician lineage in Chandni Chowk's Ballimaran area, became synonymous with Unani medicine. Renowned for their private medical practice, members of this ancestry played pivotal roles as court physicians during the Mughal era, earning prestige and drawing a multitude of patients. The bustling streets of Delhi witnessed a constant flow of people seeking treatment, including individuals of affluence who either brought their family members to Delhi or sent them to these esteemed hakims. According to Madhurima Nundy, these ancient practitioners widely practiced and provided free treatment in colonial Delhi. The well-known hakims were patronized and received personal visits from ruling chiefs and wealthy families from all over the territory.<sup>20</sup>

In the colonial period, these hakims upheld a friendly association with the British, ensuring their esteemed standing in society. Ajmal Khan, the founder of the Tibbia College and Hospital, who also served as the personal physician to the Nawab of Rampur, was held in high regard. He received a monthly stipend of Rs. 600 from the Nawab while concurrently managing a medical practice in Delhi, establishing himself as a loyal and respected elite gentleman. This relationship persisted until the early twentieth century, when a critical event unfolded in the first decade, disrupting the previously loyal connection between proponents of traditional medical practices and colonial bureaucrats. On February 5<sup>th</sup>, 1910, members of the British Medical Association in the Bombay

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presidency urged the government to grant higher rights and privileges recognized by British courts of law.<sup>21</sup> The proposed bill aimed to establish a medical registration act to safeguard the public and the medical profession from practitioners with unrecognized qualifications. Basically, it sought to exclusively reserve medical rights for Western-trained practitioners, excluding the indigenous practitioners.

The establishment of the All India Ayurvedic and Unani Tibbia Conference in 1910 served as a platform where hakims and vaidis collectively convened, discussed, communicated, and endeavoured to promote awareness about indigenous medical traditions and plan for their future. As the president and members of the standing committee of this Tibbi Conference, Ajmal Khan and his colleagues lodged a petition against the Governor-in-Council, contending that granting such rights would adversely affect the sentiments of deserving professionals in other medical systems.<sup>22</sup> Dismissing Vedic and Unani medicine as lacking in reason and justice equated to rejecting the simple and cost-effective treatments that a majority of the native population derived significant benefits from.

The Legislative Council witnessed a considerable uproar over the entire issue. Elected representatives such as Pherozshah Mehta and Rafiuddin Ahmad took up the cause on behalf of the petitioners. Mehta labeled the Bill as 'premature' because it was borrowed from the English Act.<sup>23</sup> Conversely, Rafiuddin expressed dismay, pointing out that when the Government of India had officially acknowledged Hajim Ajmal Khan's claims by conferring upon him the title of 'Haziq-ul-Mulk',<sup>24</sup> the Bombay government's advancement of the bill was unfortunate.<sup>25</sup>

Despite the uproar, the Bombay Legislative Council passed the bill, formally enacting the Bombay Medical Registration Act of 1912. Similar legislation followed in Madras (November 11, 1913), Bengal, Bihar, Orissa (September 6, 1915), and Punjab (September 25, 1915), causing widespread dissatisfaction and unrest across the colony.<sup>26</sup> These developments left indigenous medical practitioners in a vulnerable position. Most importantly, such laws rendered institutions like Madrassa-e-Tibbiya in Delhi, which had been training and certifying diverse Vaidik and Unani medical students, irrelevant. The contention between indigenous and Western medicine, coupled with the reluctance to bestow scientific status upon the former and its practitioners, presented a significant challenge for advocates of indigenous medical systems. This attitude, most crucially, reflected the state's stance during that period.

In response to these challenges, Ajmal Khan initiated efforts to bring about substantial changes in traditional medicine and its practitioners in Delhi by organizing them through formal training and implementing methods to distinguish genuine hakims and vaidis from those lacking proper qualifications. The goal was to elevate indigenous medical institutions to the same level as Western medicine. In the third annual meeting of the Tibbi Conference in Delhi, leading vaidis, hakims, and gentry of the country dwelt at great lengths on the utility and importance of 'reviving'<sup>27</sup> and

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‘regenerating’<sup>28</sup> the indigenous medical sciences on modern lines. Consequently, plans were set in motion to upgrade the Tibbia School into an Ayurvedic and Unani Tibbia College and Hospital. However, a myriad of difficulties soon became apparent. When Khan sought the Viceroy, Lord Hardinge, for assistance in regards to establishing the college, the latter imposed a condition that it would only occur "when the requisite amount of subscriptions had been raised," pointing towards the state's unwillingness to provide support.<sup>29</sup> Despite the lack of financial assistance, Khan's popularity attracted numerous dignitaries, ruling chiefs, philanthropists, and nationalists who generously supported and sought to promote native medicine. Generous donations, including Rs. 50,000 from the Nawab Sahib of Rampur, Rs. 25,000 from the Maharaja Sahib of Patiala and the Begum Sahiba of Bhopal (with additional annual grants of Rs. 1,800 for maintenance), Rs. 25,000 from Maharaja Scindia Bahadur, Rs. 10,000 from Maharaja Sahib of Indore, and Rs. 40,000 from the Nawab Sahib of Tonk, solely covered the capital cost required for constructing the college.<sup>30</sup> Securing a suitable location for the college spanned several challenging years. The government ultimately granted the trustees a 15-acre plot on lease, situated in the 'low-class' city extension with limited infrastructure.<sup>31</sup> It was not until members moved a motion to the Governor-General in Council, urging the state to explore the scientific basis of ancient indigenous medical systems, emphasizing the importance of nurturing such institutions that such developments ensued. However, regardless of requests for an alternative site, none materialized. The deliberate assignment of land categorized as 'low-class' implied a clear lack of government interest in the college and indigenous medicine overall.

The inclusion of 'Anatomy' and 'Surgery' in the curriculum marked a significant enhancement to students' experiences, providing a bridge between Western medicine and the local medical system. Specializing in these branches allowed students to establish a novel connection with their bodies, ultimately enhancing their ability to heal patients. Within the Ayurvedic and Unani Tibbia syllabus, alongside foundational principles of medical science (*Kulleya*), additions such as Anatomy, Physiology, Chemistry, and Dissection became integral components of the Unani branch curriculum. This involved the practical dismemberment and demonstration of deceased human bodies. Provisions for the supply of cadavers to the institution for teaching sessions were made, with practical demonstrations of anatomy arranged with the sympathetic assistance of local authorities, including contributions from the Delhi Civil Hospital.<sup>32</sup> The equipped operation theatre in the hospital proved to be a valuable asset, significantly benefiting the students.

As the college evolved, additional subjects like Pathology were also introduced, enhancing students' diagnostic skills, clinical decision-making, and patient care, preparing them for hospital and clinical practice.<sup>33</sup> The Vedic branch incorporated Western subjects like Materia medica (*Drabyaguna*), Ancient hygiene (*Swastha Verittam*), Ancient Hindu Chemistry (*Rasasatra*), *Ragabijnan*, *Kayachikitsha*, etc., among others, in their syllabus for the *mardana* section.<sup>34</sup> Meanwhile, the small

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*zenana* section featured courses tailored for Hindu and Muhammedan girls, including nursing, midwifery, hygiene, first-aid, and indigenous medical sciences.

While these represented crucial advancements, the process of incorporating textbooks authored by non-Indian writers posed significant challenges. The translation of these English texts into vernacular languages for student instruction required considerable funds and networks. Despite the college's governing body anticipating government support for creating Urdu textbooks to teach specific aspects of Western medicine, no assistance materialized.

The transfer of educational and medical matters from the state to provincial administration in 1919 further impeded progress in medical advancements. According to Roger Jeffery, indigenous practitioners made limited strides, with Indian ministers overseeing medical portfolios in most provinces.<sup>35</sup> They faced consistent denial of 'scientific recognition' when inquiries were made in legislative assemblies about enhancing the indigenous medical system in centrally administered areas even during succeeding periods. In a particular instance, when the college's board of trustees sought recognition from the government, Chief Medical Officer, Paton opposed their efforts. He dissuaded support, arguing that the college exclusively offered Unani and Ayurvedic courses, making it ineligible for government assistance, whether financial or otherwise.<sup>36</sup> G.N Khanna, Secretary of the Delhi Medical Association, echoed this stance, emphasizing the absence of legal recognition by the government for multiple Unani and Ayurvedic colleges and their degrees nationwide.<sup>37</sup>

Therefore, in the quest to carve out a unique identity for indigenous medicine and local practitioners, an esteemed Unani practitioner like Ajmal Khan took on the challenge, reflecting the observations of scholars mentioned earlier in the article. However, despite dedicated efforts to raise traditional medicine to the level of Western medicine, the institution grappled with financial limitations, contingent support, and resistance from authorities hesitant to accord scientific recognition to indigenous medical practices.

## Conclusion

In retrospect, the medical scenario in colonial Delhi showcased a complex coexistence of traditional Ayurveda and Unani practices alongside the rising influence of Western medicine. However, the historical continuity and acknowledgement of practitioners in the Unani tradition played a significant role in making it more popular than Ayurveda during the given timeframe.

The establishment of the Ayurvedic and Unani Tibbia College and Hospital stemmed from the indigenous response to the state's disregard for traditional medical systems. Despite consistent appeals for financial assistance directed towards the college and its research facilities, these requests were consistently ignored. Colonial officials justified their limited support by either



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emphasizing the provided location of the college or stating that health and medicine had become transferred subjects whenever questions arose about promoting or supporting traditional medical systems in Delhi.

The inclusion of Western biomedical subjects into the Unani and Ayurvedic courses within the curriculum failed to gain substantial recognition. Even with the addition of Surgery and Dissection, the state remained indifferent. In the government's view, Tibbia College persisted as a traditional medical institution primarily teaching Ayurveda and Unani. The persistent labeling of it as 'unscientific' became a lasting stigma, as the government refused to officially recognize and confer scientific status upon the college.

## Notes & References

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<sup>3</sup> Ibid.

<sup>4</sup> Bala, Poonam (ed.), *Contesting Colonial Authority: Medicine and Indigenous Responses in Nineteenth and Twentieth Century India*, Plymouth: Lexington Books, 2012, p. xi.

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<sup>9</sup> *Gazetteer of the Delhi District, 1883-1884*. Calcutta: The Calcutta Central Press Company, 1885, pp. 155.

<sup>10</sup> *Supply of the Classified List of Institutions Appended to the Annual Report of Hospitals and Dispensaries in Delhi*, 28<sup>th</sup> April 1927, File No. 5-18, Chief Commissioner, Education, Delhi State Archive (DSA thereafter).

<sup>11</sup> Gupta, Narayani, *Delhi between Two Empires: Society, Government and Urban Growth, c. 1803-1931*, New Delhi: Oxford University Press, 1981, p. 89.

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<sup>12</sup> *Proceedings of the Honorable Lieutenant Governor of the Punjab in the Home Department*, 14<sup>th</sup> May 1886, File No. IOR/V/24/722, India Office Records and Private Papers, British Library, London, United Kingdom.

<sup>13</sup> *Punjab District Gazetteers, Vol. V A.: Delhi District with Maps, 1912* (Lahore: The Civil and Military Gazette Press, 1913), pp. 203-13.

<sup>14</sup> *Teaching and Practice of Unani and Ayurvedic systems of Medicine in Delhi*, 25<sup>th</sup> February 1916, File No. 68, Chief Commissioner, Home, DSA.

<sup>15</sup> *Ibid.*

<sup>16</sup> Born in 1868, he had received instruction in the Islamic branches of medicine since his teenage years. Similar to his predecessors, he was a knowledgeable scholar and an outstanding physician. Between 1890 and 1905, he compiled a catalogue of Arabic and Persian manuscripts in medicine, wrote a booklet on plague in Urdu, commenced the publication of his monthly journal 'Mujalla-i-Tibbia,' providing valuable information on *Tibb*, and assumed control of Madrassa-e-Tibbiya.

<sup>17</sup> *Teaching and Practice*, 22<sup>nd</sup> May 1916.

<sup>18</sup> *Ibid.*

<sup>19</sup> *Punjab District Gazetteers*, pp. 72-74.

<sup>20</sup> Nundy, Madhurima, 'Emergence and Social Transformation of Charitable Medical Institutions in Delhi: A Historical overview,' *History and Sociology of South Asia*, Vol. 8, 2014, No. 2, pp. 195-215.

<sup>21</sup> 'Vaid and Hakims: Petition to Government.' *The Times of India (TOI thereafter)*, March 8, 1911, p. 11.

<sup>22</sup> *Ibid.*

<sup>23</sup> *Memorial of the All India Ayurvedic and Unani Tibbi Conference against the Medical Registration Act of 1912*, Progs. Nos. 50, Part B, Home, Medical, 1914, National Archive of India.

<sup>24</sup> The state bestowed formal titles and marks of respectability upon individuals in recognition of their contributions in various fields. Such titles included 'Haziq-ul-Mulk,' 'Rai Bahadur,' 'Rai Sahib,' and 'Khan Bahadur.'

<sup>25</sup> *The All India Ayurvedic and Unani Tibbi Conference*, p. 3-4.

<sup>26</sup> Nizami, Zafar Ahmad. *Builders of Modern India: Hakim Ajmal Khan*. New Delhi: Ministry of Information and Broadcasting, Government of India, 1988, p. 28.

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<sup>29</sup> *Performance by the Viceroy of the Opening Ceremony of the Tibbia College, Delhi*, 29<sup>th</sup> June 1913, File No. 168, Chief Commissioner, Education, DSA.

<sup>30</sup> *Enquiry Regarding the Date of Laying Foundation Stone of the Ayurvedic and Unani Tibbia College*, 29<sup>th</sup> March 1916, File No. 18, Chief Commissioner, Education, DSA.

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<sup>33</sup> *Construction of a Dawa Khana on the Land Adjoining the Tibbia College, Delhi*, File No. 5-34, Chief Commissioner, Education, DSA.

<sup>34</sup> *Ibid.*

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<sup>36</sup> *Application for the Recognition of Tibbia College, Delhi*, 5<sup>th</sup> July 1937, File No. 5-90, Chief Commissioner, Education, DSA.

<sup>37</sup> *Protection of Diplomas Granted by the Unani and Ayurvedic College of Repute*, 26<sup>th</sup> June 1929, File No. 5-43, Chief Commissioner, Education, DSA.