

Cholera in Two Contrasting Pathies in Nineteenth Century India

Dhrub Kumar Singh
Research Scholar
Centre for Historical Studies
Jawaharlal Nehru University
email: singhdhrubkumar@rediffmail.com

This paper is a stocktaking exercise of the various therapies and therapeutics that were employed by the medical men to combat cholera – the inscrutable malady of the nineteenth century. To begin with, an understanding of the etiological and epidemiological parameters of the disease and their implications both on the disease and the diseased population is essential. Both these parameters regarding cholera remained controversial all through the nineteenth century. Occasional confusion did occur by the symptomatological overlaps with other diseases which both preceded and followed cholera. However, by the middle of the nineteenth century, the diagnosis and prognosis based on its symptoms got fairly well established. Yet, why these symptoms arose and how they were to be tackled challenged the very limits of medicine.

Medicine for the larger period of the post-Enlightenment era was crude, heroic, and heavily influenced by the Cartesian mechanistic model of science which was continuously streamlining and nuancing its understanding of the human anatomy and physiology and the alteration caused by diseases to them. Both nosology and pathology were poised to acquire their distinct shape by the middle of the nineteenth century, yet at the prophylactic and curative levels, medicine was crude and heroic and, by today's standards, even barbaric. In what ways the context of heroic therapy allowed for the emergence of an alternative pathy – i.e. homoeopathy within western medicine and how was this strand picked up by some colonial men, will be our concern in this paper. This overarching interest will serve as the backdrop to our delineation in which cholera will figure as the contextualizing disease for the early conversion of some of the allopaths in the colony. This account will also briefly touch upon one of the most famous and early converts to homoeopathy in colonial India – Dr. Mahendra Lal Sarkar. But before we step into the controversy of this conversion via cholera, let us begin by recounting the sufferings of the 1817 cholera epidemic in the Bengal province of colonial India and

look at the early therapeutic encounters of medical men with this malady and with the indigenous systems of medicine then prevalent in the subcontinent.

Early Encounters and Heroic Therapy in Action:

The havoc created by the recurrent cholera epidemic in the first half of the nineteenth century added immediacy to the pursuit of a clue in therapeutics for this baffling disease. It led many medical men to scan the Ayurvedic sources with the help of *Vaidyans* or indigenous medical practitioners. Texts like the *Chintamani* which was regarded as an important indigenous medical source bore reference to terms like ‘*Sitanga*’ and ‘*Vidhumar Vishuchi*’ as diseases resembling spasmodic and epidemic cholera characterized mainly by ‘chillness like coldness’.¹ One finds the reconciliation² of the symptoms of *Sitanga* and *Vishuchi* in the term *Bisuchika* that became synonymous with cholera. In the reconciliation of *Sitanga* and *Vishuchi*, one was considered to be the virulent form of the other. For the afflicted, death offered the final reconciliation in both. Ayurvedic texts saw death as the culminating symptom of *Bisuchika*. This point was underscored by the practitioners of dominant western medicine as proof of the ingrained pessimism and hence was seen as the major weakness of *Ayurveda*. They dismissed the possibilities of finding a cure in the Ayurvedic system. These possibilities became dimmer and dimmer as the oriental romance of the earlier encounter ebbed away and derision towards the indigenous system of medicine became shriller and shriller.

Nevertheless, in the phase of the ‘orientalist commitment’, many lists and compendiums of native *materia medicas* were prepared and, in the enumerative modalities followed for its compilation, an in-built appropriative tendency can be palpably discerned. It was emphatically declared that “nearly all the articles of real efficacy used by the natives are found in *our* (emphasis added) pharmacopea,”³ and there was no need to look towards the ridiculous prescriptions of the *Vaidyans* which, it was construed by analogy, to be based on the ‘*paraselcian adage*’. According to this adage, “relief depends not so much on remedial action as upon psychological imbueement through the medium of the preparer”.⁴ By this analogy, the medical men of the dominant pathy overemphasized the ‘*empiricist strain*’ in *Ayurveda* and saw the ‘native practice of physic’ as an inferior science bordering on quackery.

During the cholera eruptions of November 1818, in Travancore, the Staff Surgeon Hay saw the presence of western medicine at Quilon as the sole guarantor of life and property. Hay's confidence in the efficacy of western medicine was bolstered and any expectancy of gaining knowledge from traditional medicine was undermined when he saw the *Vythians* (i.e. the *Vaidyans*) unscrupulously fleeing in the wake of *veshoo-u-geka*⁵ eruptions at Travancore.⁶ This cowardice on the part of the *Vythians*, for Hay, underscored the message that *Ayurveda* had no succour to offer to their dying brethren. With a heightened sense of responsibility, Hay recounted in his evidence before the Madras Medical Board, of how he recruited and reinstated the native medical men in their professional roles as *Vythians* by arming them with ample instructions and medicines from his system. Still, Hay feared high mortality owing to the 'general inattentive habits' of the native physicians in following his instructions, and was apprehensive that the *Vythians* may flee again in panic on the day of the epidemic visitation, leaving the sick unattended and unassisted.⁷ Hay was convinced that owing to weakness of the Ayurvedic system and the consequent fear psychosis, the native physicians were not capable enough to save even a single person.⁸

In contrast to Hay, the Judge and Magistrate of Zillah Jessore C. Chapman, was more impartial in his account of the fleeing population when cholera struck his district. According to him, it was not due to cowardice, but was more to be attributed to the "impossibility of affording any effectual medical aid from the suddenness of attack."⁹ He rationalized his own orders to close the court and sought the 'approbation' of this step from the government, as a preventive step taken "with the object of decreasing, as much as possible, the number of inhabitants in the town".¹⁰ Though Chapman appreciated the 'active exertions' of the attending Assistant Surgeon Dr. Tytler to administer medicine, he emphasized that, prudence demanded that "every person who could obtain the means of conveyance (be) removed to a distance from this place and its neighbourhood"¹¹ as this was to usher in favourable change for the diseased and those who were predisposed to the disease.

For our present focus and concern, the pertinent question is about the medicines Hay and Tytler dispensed. What were these efficacious drugs on which Hay relied so heavily to arm the *Vythians*? Was it

*calomel*¹² or was it *opium*?¹³ Perhaps both, because they were regarded as the ‘wondrous drugs’ which were used liberally during the Jessore epidemic of 1817 by Dr. Tytler.

Both Dr. Tytler and Dr. Hay relied on the ‘prompt exhibition of the calomel and opium’.¹⁴ “The consumption of calomel was so great”¹⁵ that within the last twelve days of August 1817, all the calomel in Tytler’s possession got expended and, as he had to resort to frequent borrowings, he signaled for immediate and speedy supply of calomel by Dâk from Fort William to save the already thinning population of Zillah Jessore.¹⁶ Such a high consumption by the small population living under the shadow of cholera reveals the heroic doses that were being administered by Tytler. The Medical Board at Fort William “approv(ed) the practice pursued by Dr. Tytler in the treatment of the disease”.¹⁷ Calomel rapidly established itself as a panacea, ‘scruple after scruple of calomel’.¹⁸

Clearly, there were not one Tytler or Hay but many. For instance, Dr. Ayre once gave 580 grains of calomel in three days¹⁹ and recorded no disagreeable effects. ‘Heroic doses of calomel’ “which under ordinary circumstances (would) have *salivated* (emphasis added) a troop of dragoons, and as much opium powder and tincture as would have *stupefied* (emphasis added) a company of infantry,”²⁰ were witnessed by Dr. Moor of the Bengal army, as being prescribed by many doctors as late as 1850s. A large variety of liquors and decoctions of spices and aromatics added extra colour and effect to the heroic therapy in vogue. Did a malady arising from the consumption of ‘new rice’, as Tytler had discovered, require such heroic doses of drugs? Nevertheless, the brave doctors had set the stage for the employment of heroic therapy against the humbling symptoms of cholera and in the process had marginalized the native system of medicine as quackery.

As the spatial expanse and virulence of the 1817 cholera epidemic increased, memorandums pertaining to the symptoms and the plan of treatment to be adopted, were issued to the surgeons and magistrates of the Bengal Presidency. Broad guidelines were made in English as well as in Bengali, for the recruitment, guidance and compensation of the native physicians, so that the ‘wondrous drugs’ supplied could be transmitted wherever the malady manifested itself.²¹ It was through them that the efficacy of western medicine was established among the ‘reluctant’ and ‘sly’ natives.²² As the general symptoms of this ‘fell disease’ were marked, the

Medical Board sought to establish order among the ‘diversity of opinion and practice’ so that a general principle could be put forward. The basic mode of treatment entailed the use of stimulants and opiates, in between which evacuatives were to be used to get rid of the ‘morbific matter’. Evidently, inconsistency and uncertainty were the chief features of the treatment plan, and this lent space for varied interpretations of the disease as per the after effects of the various drugs, leading in turn to more confounding permutations and combinations of drugs administered on a hit and trial basis.

As alluded to earlier, the risk of salivation did not deter the use of calomel in large doses. It “(had) from the first been very largely used in India and in two ways: in scruple or (increasingly) larger doses, as it has been used in dysentery with the apparent effect of quieting the stomach and bowels.”²³ The doses generally varied randomly. Many a time, calomel was administered “in smaller doses for its supposed chalogogue effects.”²⁴ In contrast, many advocated its full dose because, in their opinion, “given in full dose (calomel) was often retained by the stomach and, though (it remained) inert during collapse,”²⁵ its latent therapeutic effects were to unfold during the time of reaction, and this was vital for the retrieval of the patient from the jaws of death.²⁶

Further, in order to preserve the retentivity of calomel in the stomach, opium was combined with it to prevent the mercury from running off by the bowels²⁷ since opium acted as a binding agent. But as different people had varying degree of tolerance, the remedy became, many a time, dangerous and unmanageable. Yet, calomel and opium allowed the medical men to ride the tide of triumphalist medicine. A few cautious medical men expressed suspicion about the purgative effects of calomel but for the defenders of the drug, “it was not used for its purgative effects.”²⁸ The treatment of cholera by the heavy use of calomel, laudanum, and stimulants was termed as a ‘rational method’ of treatment. Many doctors in their heroic spirit to dominate and tame the disease, overemphasized the ‘curative effects’ of opium, and exhorted their professional bretheren “not (to) shrink from its use from the dread of its ulterior consequences”.²⁹ Ulterior consequences in the form of secondary symptoms from all the above drugs were thought to be minor problems which were to be managed and targeted separately.

Rhetoric apart, the above mentioned ‘magic drugs’ for cholera were often laced with many indigenous ones.³⁰ Indigenous concoctions, expressed in native idioms, were added to the instructions issued for native physicians who were to encounter the disease where European medicines and assistance were not procurable.³¹ Not only were varieties of drugs to be tried, various other ameliorative measures were also to be adopted simultaneously. In their combative strategies, physicians, it was observed, “should not rest content with the application of *any single remedy* (emphasis added); (results could be) accomplished most effectually and rapidly by a combination of measures. The warm-bath, *blood-letting*,³² (emphasis added) and large doses of calomel and laudanum (were not only) to be immediately prescribed,”³³ but if possible simultaneously prescribed.

These gleanings from the cholera treatises and reports convincingly proves the point that the average treatment, with minor omissions, remained ‘wonderfully uniform’ and the remedial armament of the dominant western system of medicine retained its ‘*polypharmatic*’ flavour for the larger part of the nineteenth century. It becomes fairly clear that most practitioners relied on a few great ‘sheet anchors’ like calomel, laudanum and other specific purgatives and emetics. Novelties like the “saline enemata, the successor of saline injections into the veins”,³⁴ were tried all along but it could not yield results. How this technique evolved over time to become a standard rehydrating mechanism in the first quarter of the twentieth century, is not well documented in the cholera literature of the nineteenth century. However, practices like para-boiling and blood-letting were gradually abandoned after the 1860s.

It becomes evident that dominant medicine was as much characterized by the sin of polypharmacy,³⁵ as the indigenous therapeutics, and many medical men frankly conceded to the chaotic and fatally heterogeneous nature of their cholera prescriptions. Despite the advocacy of a triumphalist and combative stance, both patients and doctors shared the same sense of anxiety. The cholera documents are, in fact, replete with the anxieties of the ‘embattled minority’, but the anxieties of the vast majority plagued by this disease, was underplayed by the cultural rhetoric invoked against them. Were the natives inherently slothful, fatalistic and an enfeebled race, or did the “absolute depots of pills”³⁶ found in their alimentary canal decimate them?

The heroic history of cholera therapeutics allows us to understand the subtle ways of ‘colonizing the body’. Do the crude census and the culturally informed or misinformed cholera reports actually mirror the horrors of the mercurous compounds which the dominant medicine poured down the throats of the vast native population? Do they provide any account of the extent to which the native constitutions were ruined, or the number of the delicate and old murdered by those ‘efficacious drugs’?³⁷ Is there any assessment of the cases of debility accentuated and perpetuated by those opiates and stimulants?

Under the environmental paradigm in general, and the miasmatic theory in particular, extensive statistical tabulation and analysis with regard to cholera mortality and its relationship with seasonal and climatic specificities were made. Based on climatic factors, topographical maps were drawn for the selection of cantonment sites for stationing the garrison. But the more pertinent question which will explicate the concealed anxiety of the dominant western medicine pertaining to cholera is that why the ‘rational’ commitment of the dominant ‘pathy’ did not engage itself with the statistical analysis of the effects of its treatment. “Statistical results of treatment would have helped us,”³⁸ as some doctors had realized. They hoped “to judge of the value of the huge *armamentum* (emphasis added) of remedies”³⁹ and to ascertain their therapeutic worth. However, such cautious approach advocated by few was against the spirit of the heroic medicine. Unfortunately, the cholera archive also does not provide us any proof that such hopes of some of the lamenting doctors were ever sought to be realized.

The Hahnemannian Interlude: Homoeopathy and Cholera

Significantly enough, the medical men of the ‘heroic age’ largely dismissed the empiricist tradition present in their own medical thought as also in the indigenous system of medicine with derision. Many a time when the allopath practitioners could not explain the failure of a particular class of remedies employed, they attributed its unsuccessful use to the cardinal dogma of the empiricists, which, in their opinion, had contaminated their medical thought and practice. Unable to explain their reliance on the heavy use of the evacuative class of drugs in the cases of cholera, the rationalist strand shifted its blame to the empiricist strand. This reveals how uncertain and inconsistent the regular medicine was about its own therapeutic rationale for the

most part of the nineteenth century. To gauge how suspicious and how vindictive the adherents of one strand of medical thought were of the other, let us briefly turn to Samuel Hahnemann's revolt⁴⁰ from the dominant pathy and his founding of a new pathy called 'homoeopathy', based on the maxim '*Similia Similibus curantur*' – let likes be treated by likes. In contrast to this epithet, "regular medicine generally prescribed *allopathically* (emphasis added), (where) treatment was based on principles *other* (from the Greek word 'allos', emphasis added) than symptom similarity. Typically allopathic medicine (tried) to remove or oppose disease causes, and to suppress or palliate symptoms".⁴¹ In the context of the prevailing heroic therapies with its indiscriminate purging, drugging, and blood-letting, Hahnemann began to question his own convictions as an allopath about the crude ways in which medicine was being practiced.⁴²

In an age when drug affliction had become a malady in itself, Hahnemann continued to articulate his feelings regarding the uncertainties of medical practice and "confusion in the laws of medicine (was) a continual source of annoyance"⁴³ to him. Moreover, it should be borne in mind that he was "a thoroughly well-posted physician, skilled both in theory and practice, better read in various notions of the medical books of the time than most of his fellows".⁴⁴ Yet, he was thoroughly disgusted with the mode of physik of his age and began to raise fundamental questions regarding the philosophical underpinnings of the dominant medicine. Hahnemann's philological expertise⁴⁵ allowed him to become an exceptional scholar in the history of medicine, botany,⁴⁶ and chemistry⁴⁷ and his larger intellectual commitment had a different pedigree and lineage. Instead of adhering to the rationalist Galenic tradition (which in his age was heavily influenced by the Mechanistic view of the human organism, leading to its mechanistic appreciation of pathology, and desiring powerful mechanical effects in remedies to oppose, dominate, and tame diseases), Hahnemann, in order to resolve his questions about the heroic therapies and its murderous regimen, gravitated towards the faint and subdued empirical tradition of Greek medicine.⁴⁸ In him we see the retrieval, revival, and strengthening of this tradition which ultimately culminated in his founding of a new school of medicine.

Hahnemann's alternative pathy was based on the vitalistic understanding of the body and diseases in contrast to the mechanistic. The regular dominant medicine followed the Cartesian-Mechanistic conception of

the living organism, which perceived the human body as a complex piece of machinery. The body was approached by what in today's parlance is called a systems approach and it also served as the basis of disease classificatory exercises – i.e. nosology. As all “human machines were essentially identical (and were) liable to common and recurring malfunctions of the constituent parts,”⁴⁹ the classification and elaboration of standardized categories of disease or class of diseases was made the basis of therapeutic endeavour and intervention. It is evident that in the mechanistic perspective, the body was not a whole and there could be no individuality accorded to sickness.

Conversely, Hahnemann rejected the mechanistic perspective and argued for a ‘vitalistic’ appreciation,⁵⁰ which emphasized on the wholeness of the human body. Disease, as viewed by him, was a vitalistic problem affecting and implicating both the physical and mental dispositions. Since the vital force is all-pervasive, both the mental and physical symptoms are important. The symptoms are the manifestations of the deranged vital force and *they primarily constitute the disease*. Hahnemann elaborates that “it is only the vital principle deranged to such an abnormal state, that can furnish the organism with its disagreeable sensations, and incline it to the irregular processes which we call disease.”⁵¹ The physician's art constitutes the reading of ‘these disagreeable sensations’ which are manifest as the *morbid symptoms* caused due to the derangement of the vital force. The empiricist strain in Hahnemann is more than evident as, for him, through “no other way can it make itself known,”⁵² and so the morbid signs and symptoms are to be collated with the sensations and sufferings articulated by the patient. These in totality constitute the disease. For Hahnemann, it was not conceivable, nor provable “by any experience in the world, that, after the removal of *all the symptoms of the disease* (emphasis added) and of the entire collection of the perceptible phenomena, there should or could remain anything else besides health, or that the morbid alteration in the interior could remain uneradicated.”⁵³

Clearly then for Hahnemann, any disease was always the disease of the whole organism. It was individualistic. Treatment, therefore, needed to be focused on the person as a whole whose individualistic responses to the disease made allopathic ‘nosology’ redundant. Moreover, since the vital force was responsible for the harmony and equilibrium of the body, the morbid signs and symptoms of the body could be viewed as an

expression of the body's attempt to restore normality. The task of the physician was to assist in the restorative process. In his view, it was dangerous to disturb the body violently by heroic intervention.⁵⁴ According to the homoeopathic principles, the physician had no right to impede the 'homeostatic activity of the human organism'.

In the outlined 'vitalistic' spirit with its 'empiricist' philosophical underpinnings, Hahnemann started abhorring the suppressive, combative medical measures which entailed the administration of large doses and which fostered 'needless purgatorial suffering'. He was particularly critical of the employment of blood-letting⁵⁵ in cholera. Blood-letting was such an established practice that Hahnemann was "denounced as murderer because he denied his patients the benefits of bleeding".⁵⁶ He was also against the use of calomel and other purgatives in such fatal doses. He had no direct encounter with cholera but, on the basis of the symptoms of the disease communicated by his followers, he strongly advocated the administering of camphor. In the initial years of his disenchantment with the allopathic use of heavy doses of medicine, Hahnemann started using only remedies called 'specifics', "whose effects were in a measure known".⁵⁷ But still the physiological action of these specifics was not very clearly understood. Therefore, Hahnemann indulged, in a big way, in what was called 'drug proving' on healthy human beings. Through this he wanted to ascertain the accurate account of the powers of medicine by assessing the physiological action they fostered and the consequent 'symptom picture' they generated. Hahnemann was always weary of and abhorred polypharmacy.⁵⁸

Hahnemann drew attention to the fact that it was unscientific for doctors to employ untried remedies on individuals who were diseased and to draw conclusions about the efficacy of the drug from the medley that resulted.⁵⁹ Remedies, said Hahnemann, should be administered in health – in 'the pure, uncomplicated state' – the observable symptoms they produce provide a certain guide to their powers when one is sick.⁶⁰ He exhorted to '*eliminate the cross-currents of disease*' (emphasis added) and then to note the pure and uncomplicated symptoms resulting from drug administration in a healthy human being.⁶¹ To revise the prevailing polypharmacy, Hahnemann proposed three points:

- (i) That the scientific mode of ascertaining drug action upon human being is by experimenting them upon a healthy individual. (ii) That the healing properties of drug correspond to its disease – producing properties upon the healthy human organism and (iii) That as a necessary consequence of the above two propositions the drug

must be administered in such a dose that will not produce too great an aggravation of the exciting or natural disease.⁶²

So, for Hahnemann, '*Similia Similibus curentur*' was the expression of the above mentioned therapeutic propositions. The 'drug picture' obtained, according to the above rules, was to be matched by the 'symptom picture' of the patient for the selection of a true cure. The art of the healer was in his ability to match the 'drug picture' to the 'symptom picture' of the patient. In order to obtain 'drug pictures' of various medical substances, a reformed and revised *materia medica* was the need of the hour. With this in view, Hahnemann "began the stupendous task of testing the *materia-medica* of his day, the results are in the '*Materia-medica pura*' in which are recorded the 'drug pictures' from the trials he made upon himself and his followers of the first 60 remedies."⁶³ "By the time Hahnemann died in 1843, he had supervised the proving of 99 medicines."⁶⁴

Hahnemann had more or less laid down the cardinal principles of his 'radical' 'new' pathy – homoeopathy by 1810-12. These were (a) *Similia similibus curentur* (not '*Sanantur*') (b) the proving of medicine on healthy subjects, (c) the single remedy, and (d) the minimum dose. It is not incidental that all the cardinal principles of homoeopathy addresses one or the other vices of heroic and polypharmatic therapy advocated by the then prevailing dominant medicine. It first challenged the mode of treatment in which diseases were to be opposed and dominated. Secondly, it underlined the arbitrariness of the drug selection and its administration. Third, it was set against the polypharmacy of allopathy and finally it sought to address the heroic doses as prescribed by it.

Let us now see how Hahnemann's principles were applied to counter cholera in Britain during the period when homeopathy had yet to establish its credentials. The entry of cholera and homoeopathy in Britain was almost coeval. The terror of cholera and the helplessness of regular medicine merged to accentuate/instigate cholera riots in London. The 'scientific insanity' to 'bleach, leech and nauseam' made death more certain. In recurrent epidemics, doctors served as targets for the contempt, sneer and resentment of the terrorized folk. Different physicians attending a cholera case would provide the patient with haphazard and contrasting prescriptions. Doctors would be delighted if the calomel bled the gums – for it was a proof that the medicine

was working. They sometimes devised ‘artful stratagems’ to administer heavy doses,⁶⁵ and frequent experimentation with different drugs was resorted to.⁶⁶

This was the opportune time for homoeopathy to make its mark felt. In contrast to the varieties of drugs with heavy doses, this new breed of physicians with their mild drugs recorded their first success against Asiatic cholera.⁶⁷ In the early 1830s, “the homoeopathic physicians began to treat the terrible cholera according to the principles of their system”⁶⁸ and did not embroil themselves too much in the causation controversies of this new malady. The reasons were not far fetched. In the Hahnemannian dictum, “the disease consist(ed) only of the totality of its symptoms”⁶⁹ and that there was no need to follow “the old school’s futile attempt to discover the essential nature of disease (*prima causa*)”.⁷⁰ In accordance to these fundamental precepts of their ‘pathy’, the homoeopaths remained aloof to the conflicting theories that were being propagated with regard to cholera and started using well proven drugs like *arsenic*, *veratrum*, *ippecac*, *camphor*, and *cuprum* as, given in their therapeutic law, to deal with it.

Dr. F. F. Quin, a student of Hahnemann found the opportunity to put his “pathy into extensive action in 1831 against an epidemic of cholera in Moravia”.⁷¹ Dr. Quin along with Dr. Gerstel and two other surgeons – Hanush and Linhart, had charge of all the cholera cases in the town of Tischnowitz and its neighbouring villages⁷² where they treated the cases successfully with *camphor*. Dr Gerstel also found *phosphorous* useful in the stage of the collapse of cholera and its half-infected variety – cholérine.⁷³ At other places also homoeopaths were showing favourable results. Doctors like Quin and Gerstel were in regular correspondence with Hahnemann. Though the latter himself had no opportunity of treating cholera, he took active part in advising his disciples through letters and pamphlets.⁷⁴ Nevertheless, cholera was capable of producing contradictions in Hahnemann as well. As is clear, Hahnemann advised the administration of camphor in quite large doses though much less than the normal allopathic doses of any medicine prevailing at that time. This was quite in contrast to his own homoeopathic principle of minimum dosage. By his own admission, he gave large doses of camphor to produce an ‘allopathic effect’, or palliative action so that the patient could be kept floating and the

homoeopathic medicine may get time to act.⁷⁵ Camphor and cuprum were the new successful remedies that Hahnemann brought to light.⁷⁶

Mahendra Lal Sarkar and his Vision of Medicine and Science:

The ‘allopathic’ contradiction in Hahnemann with regards to the use of camphor was also pointed out by an Indian doctor – Mahendra Lal Sarkar – in his book *A Sketch of the Treatment of Cholera*⁷⁷ that was first published in 1870. Clearly, by the 1860s, the Hahnemannian spirit had become well entrenched in choleraic Bengal⁷⁸ and doctors like Sarkar were creatively engaging with it. Sarkar, an accomplished allopath, who later changed his ‘creed’ to homoeopathy, was one of the greatest champions of this spirit. His conversion to homoeopathy was not a chance happening, nor was his engagement with it an amateur hobby that he developed.⁷⁹ The context of cholera as a recurrent malady and its lack of treatment in allopathy, made Sarkar realize the lacunae in the then prevailing heroic therapies and also allowed him to appreciate homoeopathy in proper perspective. By his own admission, allopathy was a “*signal failure in cholera* (emphasis added), scarcely less so in chronic diarrhea and dysentery, in fevers which were not amenable to quinine, and in vast majority of the diseases for which no specifics have been discovered.”⁸⁰

Sarkar regarded homoeopathy as a reform movement which tried to do away with the “mischief of giving powerful drugs at random and in heroic doses and of the reckless use of such dangerous agents as the leech, the lancet, the cautery, etc.”⁸¹ As a denouncer of homoeopathy in his initial days, he was challenged into witnessing and testing the efficacy of homoeopathic drugs by Rajendra Lal Dutt.⁸² Further persuaded by Vidyasagar to comply with the request of Rajen Dutt, Sarkar slowly came to terms with their request. A few years before his conversion, he delved deeply into the available homoeopathic literature of his time.

Soon after, like Hahnemann,⁸³ Sarkar, too delivered a speech ‘On the supposed uncertainty in medical science and on the relationship between disease and the Remedial Agents’, before the Bengal branch of the British Medical Association on its fourth annual meeting in February 1867.⁸⁴ Subsequently, he was expelled from the Association of which he was the founding Secretary. Over night he became a quack. The loss of his practice was sudden and complete. Orthodox journals like the *Indian Medical Gazette* printed slanderous

accusations against him. Sarkar replied in protest but his protest letters were consigned to the garbage bin. Sarkar decided to confront the orthodoxy of the dominant medicine and started the *Calcutta Journal of Medicine*, in 1868, on 'catholic principles'. He purposefully did not give any 'exclusive' name to the Journal.⁸⁵ In its very first editorial entitled 'Our Creed', Sarkar stated that "cures (were) effected in diverse ways,"⁸⁶ i.e. there were diverse creeds of medical systems.

Simultaneously, cholera also demanded Sarkar's attention. His book on cholera is well informed by the contemporary debates of his time and its texture and tenor qualifies every yardstick of it as a classic textbook. As his book reveals, Sarkar was not a Hahnemannian in toto; he always reserved his right to be eclectic. In the case of cholera, he based his etiological and epidemiological understanding as per the 'old school' but drew his therapeutic resources from homoeopathy because here the 'proven drugs' offered a better possibility of constructing a pharmacopea for cholera. Unlike Hahnemann, he underscored the importance of both pathology and the natural history of the disease by adopting the Cartesian-mechanistic viewpoint and dealt with the latest medical findings about the morbid anatomy in conjunction with the morbid physiology, which cholera occasioned. At the same time, he understood the vices of polypharmacy and the heroic doses, and in this context, he hailed Hahnemann's large scale 'drug proving' as a singular contribution.

Sarkar in the Hahnemannian spirit of 'drug proving' endeavoured to compile all the drugs used in cholera to construct a ready *materia medica* for the disease.⁸⁷ Though the 'therapeutics' of cholera was his prime concern, Sarkar was not bereft of a public health perspective which largely remained intact, more so, because he himself was on various water works committees and hence was not entirely obsessed with clinical inquiries alone. Neither, unlike Hahnemann, was he vitriolic towards allopathy though he remained critical of it. Adhering to homoeopathic practice, he was aware of the shortcomings in both. Sarkar had the "bilingual's confidence that a dialogue between different medical systems was possible".⁸⁸ He stood for a more 'plural encounter' between the medical systems. Sarkar read Ayurvedic texts and did not regard the system with contempt.⁸⁹ Cholera even led him to develop an interest in a Tibetan text describing an ailment similar to cholera that prevailed in ancient India and China.⁹⁰ Notwithstanding his in-depth assessment of the prophylactic

alternatives for cholera, astonishingly his classic book does not find mention in any other contemporary work on cholera or fails to even figure in the footnotes of such works.

This 'native', in other words, was no ordinary physician,⁹¹ yet, he found himself attacked from all sides. It is interesting to note that in the 1870s, a 'native mind' refused to imbibe western medicine as given to him, and his imagination got fired with the alternative currents that emerged within western medical thought. Sarkar, moreover, repudiated the exclusive and sectarian name of a 'homoeopath' for himself, and claimed his place as a physician and his right to choose a therapy according to the ever soaring high ideals of therapeutics. Inherent in the exercise of this right was the right to protest against the 'bigotry' of the old and new schools of therapeutics. Unlike Hahnemann, Sarkar neither professed nor preached homoeopathy as an absolute system of medicine. He did not subscribe to the Hahnemannian dictum that there was only one law of cure; neither did he regard the vital laws of the organism as the be all and the end all.⁹²

Against the exclusiveness of state patronage to allopathic or dominant western medicine, Sarkar forged out his vision for a plural culture of medicine. In a self-critical assessment of his role as a physician, he saw himself as a sinner without being ashamed of being so, as far as the Hahnemannian dictums of high dilutions were concerned. In contrast to this dictum, Sarkar in his own practice used medicines in low dilutions and mother tincture forms. For him, the question of dosage was an open one. He did not accord canonical status to the maxim '*Similia Similibus*' because, in his opinion, it was "the most unphilosophical and painful straining of *Similia Similibus*"⁹³ to proclaim that it was the most superior law or that it should pervade all other laws of therapeutics. But since it had refined and enriched the *materia medica* in many ways and had many positive recommendations for the healthy existence of human beings, it is incumbent upon dominant medicine to recognize homoeopathy as one of the therapeutic systems.

Evidently, Sarkar evinced a deep appreciation for the plurality of therapeutic science. It was such a concern that ultimately led him to an engagement with the 'cultivation of science' – a general culture of science, where specialization would not lead to 'parochialism;' where "fancies and prejudices begotten of limited study"⁹⁴ however utilitarian could be broadened to usher in a general culture of science; where science would

not merely tantamount to the worship of the 'Idols of the dens'. For, Sarkar saw the growth of different 'pathies' of medicine within the larger vision of the cultivation of science. However, his vision of a plural science could not be articulated by the Indian Association for the Cultivation of Science.⁹⁵ The concept was lost out in the blueprint for the institution.

NOTES

¹ William Scott, *Report on the Epidemic cholera as it has appeared in the territories subject to the Presidency of Fort St. George. Drawn up by the order of the Government under the Superintendence of Medical Board*, Madras: Asylum Press, 1824, p. iii.

² *Ibid.*, p. iii.

³ R. H. Irvine, *A Short Account of the Materia Medica of Patna*, Calcutta: W. Pidsdale, Military Orphan Press, 1848, p. 2. The Europeans claimed that articles such as "gamboge, impure calomel, pure corrosive sublimate, arsenious acid, senna, cassia fistula, sulphur, mercury, opium, musk, castor, croton-tiglium, rhubarb, turbeth root, jalap, impure potash and soda, the impure mineral acids and several others" were already found in their pharmacopea.

⁴ *Ibid.*, p. 3.

⁵ Another name for *Veshoo-u-geka* in Travancore was *Neer-comben*.

⁶ William Scott, *Report on the Epidemic cholera as it has appeared in the territories subject to the Presidency of Fort St. George. Drawn up by the order of the Government under the Superintendence of Medical Board*, p. xvi.

⁷ *Ibid.*, pp. xvi and xvii.

⁸ *Ibid.*, pp. vi. Note: It is interesting to note that in another region of Kerela, after almost a century later i.e. in 1902, a Vaidyan established his reputation and redeemed Ayurvedic tradition by facing the cholera calamity in and around Kotakkal. He roamed around the region ministering and consoling the sick and administering them a self made tablet called 'Vishoochikari'. For details see Gita Krishnankutty's *A Life of Healing: A Biography of Vaidhyaratnam P. S. Varier*, Viking, Penguin India, 2001.

⁹ Letter from C. Chapman, Esq., Judge and Magistrate, Zillah Jessore, to W. B. Bayley, Esq., Secy. to the Govt. in the Judicial Department, Fort William, dated Zillah Jessore, the 25th August 1817. Reprinted in *The Indian Annals of Medical Science*, Vol. 25-26, No. XXVI, 1869, p. 171; by D. B. Smith as 'Early Records of Cholera'.

¹⁰ *Ibid.*, p. 171.

¹¹ Letter from C. Chapman, Esq., Judge and Magistrate, Zillah Jessore, to W. B. Bayley, Esq., Secy. to the Govt. in the Judicial Department, Fort William, dated Zillah Jessore, the 28th August 1817. Reprinted in *The Indian Annals of Medical Science*, Vol. 25-26, No. XXVI, 1869, p. 172; by D. B. Smith as 'Early Records of Cholera'.

¹² Calomel is nothing but mercury chlorides: 1. Mercury (I) chloride, mercurous chloride, calomel $Hg_2 Cl_2$, a white insoluble powder, m. p. 3°C, used in medicine and as a fungicide. 2. Mercury (II) chloride, corrosive sublimate $Hg Cl_2$, a poisonous white soluble salt, m. p. 276°C, used as an antiseptic and to make other mercury compounds.

¹³ Opium was generally used Laudanum which is nothing but an alcoholic tincture of opium.

¹⁴ Letter from R. Tytler, Esq., M. D., Asst. Surgeon, to C Chapman, Esq., Judge and Magistrate, Zillah Jessore, dated Zillah Jessore, the 23rd August 1817. Reprinted in *The Indian Annals of Medical Science*, Vol. 25-26, No. XXVI, 1869, p. 172; by D. B. Smith as 'Early Records of Cholera'.

¹⁵ Letter from R. Tytler, Esq., M. D., Asst. Surgeon, to C Chapman, Esq., Judge and Magistrate, Zillah Jessore, dated Zillah Jessore, the 31st August 1817. Reprinted in *The Indian Annals of Medical Science*, Vol. 25-26, No. XXVI, 1869, p. 174; by D. B. Smith as 'Early Records of Cholera'.

¹⁶ *Ibid.*, p. 174.

¹⁷ Extract of a letter from the Secretary to the Medical Board, dated the 6th September 1817. Reprinted in *The Indian Annals of Medical Science*, Vol. 25-26, No. XXVI, 1869, p. 175-176.

¹⁸ A Madras Report of 1824 found that calomel was being "universally administered in cholera (cases) from 15 to 20 generally 20 grains of dry calomel being placed upon the tongue, (which) was washed down by 100 drops of T. Opii (Tincture of opium)." William Scott, *Report on the Epidemic cholera as it has appeared in the territories subject to the Presidency of Fort St. George. Drawn up by the order of the Government under the Superintendence of Medical Board*, p. Ivii (i.e. p. 57).

¹⁹ John Macpherson, *Cholera in its home with a sketch of the Pathology and Treatment of the disease*, London: John Churchill & Sons, 1866, p. 94

²⁰ *Ibid.*, p. 94.

²¹ Letter from R. Levy, Esq., Secy., Medical Board, to W. B. Bayley, Esq., Secy. to Govt., Judicial Dept. dated Medical Board Office, the 23rd September, 1817. Reprinted in *The Indian Annals of Medical Science*, Vol. 25-26, No. XXVI, 1869, p. 188.

²² In Jessore, Tytler recommended 'small pecuniary' rewards for two such native doctor-interlocutors, Muhammad Zukee and Balram, for their laudable conduct and longstanding loyalty of thirteen and nine years respectively. Letter from C. Chapman, Esq., Judge and Magistrate of Zillah Jessore, to W. B. Bayley, Esq., Secy. to the Govt. in the Judicial Department, Fort William, dated Zillah Jessore, the 3rd October 1817. Reprinted in *The Indian Annals of Medical Science*, Vol. 25-26, No. XXVI, 1869, p. 197.

²³ John Macpherson, *Cholera in its home with a sketch of the Pathology and Treatment of the disease*, p. 124.

²⁴ *Ibid.*, p. 124.

²⁵ *Ibid.*, p. 124.

²⁶ *Ibid.*, p. 124.

²⁷ Phillip A. Nicholls, *Homeopathy and the Medical Profession*, London: Croom Helm, 1988, p. 85.

²⁸ John Macpherson, *Cholera in its home with a sketch of the Pathology and Treatment of the disease*, p. 108.

²⁹ *Ibid.*, p. 114.

³⁰ *Cherayata, Rhubarb*, and calombo root powder were simultaneously administered as part of the 'rational medicine' Memorandum from W. B. Bayley, Esq., Secy. to Govt., Judicial Dept. dated the 23rd September, 1817. Reprinted in *The Indian Annals of Medical Science*, Vol. 25-26, No. XXVI, 1869, pp. 184-85.

³¹ They were advised to administer a *rutty* of opium dissolved in water and at every quarter of Bengal *gurree*, until the vomiting and purging ceased. One *chittack* of Bengal rum with two *chittack* of warm water was generally advised until the debility and coldness was overcome. This could be substituted with "watery decoctions of *pepper*, and such other warm aromatics and spices as could be procured, or any of such decoctions such as *Punch- cole* and *Dusmoolpaunchun*, or any of the stimulant medicines...such as *Sawchagy*, *Chintamoney*, with *Russasindoor* and juice of raw ginger". Taken from 'Instructions for Native Doctors in the Treatment of the Cholera morbus, in the Mofussil, where European medicines and assistance are not procurable'. Reprinted in *The Indian Annals of Medical Science*, Vol. 25-26, No. XXVI, 1869, pp. 192-93; by D. B. Smith as 'Early Records of Cholera.'

³² Bleeding or venesection was not just a therapy, it was also a 'diagnostic tool' i.e. from the amount and after effects of bleeding, the stage of the disease and its prognosis were to be determined. "Apart from the practice of general bleeding, which remedied general plethora, local bleeding was done with the help of leeches or by sacrifice and cupping." [Phillip A. Nicholls, *Homeopathy and the Medical Profession*, p. 82.] Since references to leeches are wanting in the literature on cholera, the later mode can be assumed to have been the plausible method. Though in the medical literature of the nineteenth century bleeding as a remedy was classed as evacuates, in choleraic cases, "it was used to relax spasm, relieve venous congestion, with a vague notion 'that it might interrupt vitiated visceral secretions' and ...chiefly to relieve the circulation and respiration". [John Macpherson, *Cholera in its home with a sketch of the Pathology and Treatment of the disease*, p. 119.] Some medical men were of the opinion that, for Europeans and robust natives, under the initial stage of attack, nothing helped like bleeding and that "it was more successful than any other remedy, in cutting short the disease...". [J. Johnson and J. R. Martin, *The Influence of Tropical Climate on European Constitutions*, S. Highly, 1841 (6th edition), p. 344.]

³³ James Kennedy, *The History of the Contagious Cholera; with facts explanatory of its origin and laws of a Rational Method of Cure*, London: James Cochrane and Co., 1831, p. 175.

³⁴ John Macpherson, *Cholera in its home with a sketch of the Pathology and Treatment of the disease*, p. 99.

³⁵ It was generally alleged by European medical men that the indigenous system of medicine especially Ayurveda was 'chaotic' in its drug prescription owing to its adherence to polypharmacy.

³⁶ John Macpherson, *Cholera in its home with a sketch of the Pathology and Treatment of the disease*, p. 95.

³⁷ *Ibid.*, p. 103.

³⁸ *Ibid.*, p.103.

³⁹ *Ibid.*, p. 103.

⁴⁰ The consideration of Hahnemann's revolt is important because the Hahnemannian questions will echo once again when we talk about M. L. Sarkar's conversion to homeopathy. Both Hahnemann and Sarkar were trained doctors of the regular dominant medicine. Both had to grapple with cholera, the former in the first half of the nineteenth century had an indirect encounter with it; the latter in the second half of the same century had a direct encounter with the malady.

⁴¹ Phillip A. Nicholls, *Homeopathy and the Medical Profession*, p. 3.

⁴² In his letter to a physician of high standing on the great necessity for a *regeneration* in medicine, Hahnemann poignantly revealed his feelings: It was agony for me to walk always in darkness, with no other light than that which could be derived from books, when I had to heal the sick, and to prescribe, according to such or such an hypothesis concerning diseases, substances which owed their place in the *materia medica* to an arbitrary decision. I could not conscientiously treat the morbid conditions of my suffering brethren by

these unknown medicines, which being *very active substances* (emphasis added), may (unless applied with the most rigorous exactness, which the physician cannot exercise, because their peculiar effects have not yet been examined) so easily occasion death, or produce affections and chronic maladies, often more difficult to remove than the original disease. To become thus the murderer or the tormentor of my bretheren was to me an idea so frightful and overwhelming, that soon after my marriage, *I renounced the practice of medicine* (emphasis added), that I might no longer incur the risk of doing injury, and I engaged exclusively in chemistry, and in literary occupations. But I became a father, serious diseases threatened my beloved children, my flesh and my blood. My *scruples redoubled* (emphasis added) when I saw that I could afford them no certain relief.” Thomas Lindsley Bradford, *The Life and Letters of Dr. Samuel Hahnemann*, Calcutta: Roy Publishing House, 1970 First Indian edition (First Published in 1895), p. 33. This quoted section contains all the seeds of Hahnemann’s formulation of homoeopathy.

⁴³ Thomas Lindsley Bradford, *The Life and Letters of Dr. Samuel Hahnemann*, p. 35.

⁴⁴ *Ibid.*, p. 35. Besides being a physician, he also held the position of ‘*Stadtphysikus*’, i.e., he also had the power to supervise and control the pharmaceutical chemists and their drug shops and stores under his jurisdiction. “He was also a surgeon; his treatment of necrosis by scraping the bone proves that.”

⁴⁵ At the age of 22 years, Hahnemann was a master of Greek, Latin, English, Hebrew, Syraic, Arabic, Spanish, German, and some smattering of Chaldaic.

⁴⁶ Hahnemann always expressed gratitude to Schreber who taught him botany at the University of Erlangen.

⁴⁷ Non other than the great Chemist Berzelius once said about Hahnemann, “That man would have made a great chemist, had he not turned out a great quack.” Quoted from Thomas Lindsley Bradford, *The Life and Letters of Dr. Samuel Hahnemann*, p. 29.

⁴⁸ Both the empirical and rationalist perspectives were present in the eclectic Hippocratic corpus. At practical level, it contained both the principles of medicine i.e. the principles of ‘*Contraria Contraries curantur*’ and ‘*Similia similibus curantur*’.

⁴⁹ Phillip A. Nicholls, *Homoeopathy and the Medical Profession*, p. 58.

⁵⁰ It is the vital force that animates the material organism in health and in disease and, for Hahnemann, “the material organism, without the vital force is capable of no sensation, no function, no self-preservation; it derives all sensation and performs all the functions of life solely by means of the immaterial being (the vital principle) which animates the material organism in health and in disease.” Samuel Hahnemann, *Organon of Medicine*. Translated by William Boerick, New Delhi: B. Jain Publishers (Indian Reprint), 1979, 6th edition (First published in 1843), p. 98.

⁵¹ Samuel Hahnemann, *Organon of Medicine*, pp. 98-99.

⁵² *Ibid.*, p. 99.

⁵³ *Ibid.*, p. 97.

⁵⁴ In contrast to the rational mechanistic tradition that wants to control and dominate the disease, the empirical tradition in medical thought always subordinates itself to the nature of the human organism. It reads the manifestation of the disease as a positive symptom. In the rationalist tradition, diagnosis and therapy are two separate spheres. The therapy has to oppose the diagnosed symptoms by attacking that particular site or that particular system where the functional disorder is located. In the empirical tradition, therapy is subsumed within the diagnosis, because here the physician aids and walks along with the body’s natural, curative or restorative processes of adjustment. Since such medication focuses on the encouragement of the body’s curative process, a similar remedy in small doses is administered in order to offer the vitalistic response a little extra aid to come to terms with the disease. It relies on the self-limiting properties of the morbid symptoms which are nothing but the manifestation of the vital derangement that the body itself is in the process of curtailing. Phillip A. Nicholls, *Homoeopathy and the Medical Profession*, pp. 3-36.

⁵⁵ He drew the attention of his pupils towards the agonizing fact of how the regular allopaths were teaching “to mistreat cholera and (to) make it fatal with blood-letting to 30 ounces, quantities of leeches and calomel to the extent of three or four drachms, on a false theory and after the example... of *the best physicians in the world – the English* (emphasis added).” Thomas Lindsley Bradford, *The Life and Letters of Dr. Samuel Hahnemann*, p. 259.

⁵⁶ Thomas Lindsley Bradford, *The Life and Letters of Dr. Samuel Hahnemann*, p. 255.

⁵⁷ *Ibid.*, p. 35.

⁵⁸ “The day of the true knowledge of remedies and a true system of therapeutics will dawn when physicians shall abandon the ridiculous method of mixing together large portions of medicinal substances whose remedial virtues are only known speculatively or by vague praises, which is in fact *not to know them at all* (emphasis added).” Quoted in Thomas Lindsley Bradford, *The Life and Letters of Dr. Samuel Hahnemann*, p. 99.

⁵⁹ Sharat Chandra Ghose, *Life of Dr. Mahendra Lal Sircar*, Hahnemann, Calcutta, 1935, p. 133.

⁶⁰ *Ibid.*, p. 133.

⁶¹ *Ibid.*, p. 133. On the basis of the maxim ‘let likes be cured by likes’, if a drug given to a healthy volunteer cause the presenting symptoms of the patient i.e., if the administered drug arouses the similar symptoms in health as is presented in a disease, that drug is administered in very low dilutions as a cure to the patient.⁶¹ [Andrew Vickers and Catherine Zollman, ‘Homoeopathy’, Selections from *British Medical Journal*, Vol. 15, February 2000, p. 913; also see *British Medical Journal* Vol. 319, 23rd October 1999, pp. 1115-1118.

⁶² Sharat Chandra Ghose, *Life of Dr. Mahendra Lal Sircar*, p. 136.

⁶³ Benj. C. Woodbury, Jr., 'The Homoeopathic School of Medicine' in *The Indian Homoeopathic Journal* with which is incorporated the *Madras Homoeopathic Journal*, Vol. III, No. 2, February 1952.

⁶⁴ Phillip A. Nicholls, *Homeopathy and the Medical Profession*, p. 9.

⁶⁵ Charles E. Rosenberg, *The Cholera Years: The United States in 1832, 1849 and 1866*, Chicago: The University of Chicago Press, p. 157.

⁶⁶ Amidst the controversies and rumours about the cause and communicability of the malady, everything from "calomel, zinc, bismuth, musk with camphor, ipecacuanha, valerian, sal volatile, hartshorn, natron, carbon menth piperit, arnica, colombo, cascarilla with naphtha and opium, tinct. aromatica, calam., arom., cold douches, leeches, emetics and chinchona" [Thomas Lindsley Bradford, *The Life and Letters of Dr. Samuel Hahnemann*, pp. 253-254.] and a host of other things were being tried as victims persisted in dying.

⁶⁷ Phillip A. Nicholls, *Homeopathy and the Medical Profession*, p. 11.

⁶⁸ Thomas Lindsley Bradford, *The Life and Letters of Dr. Samuel Hahnemann*, p. 256.

⁶⁹ Samuel Hahnemann, *Organon of Medicine*, p. 20.

⁷⁰ *Ibid.*, p. 20.

⁷¹ Phillip A. Nicholls, *Homeopathy and the Medical Profession*, p. 108.

⁷² So great was the success in Tischnowitz that its chief magistrate Ernst Dieble sent a letter of thanks to Dr. Quin stating eloquently that "the authorities feel themselves under the obligation to make respectful acknowledgements to you for the assistance you afforded, with such generous humanity, to the inhabitants of the district." Magistrate Dieble also sent his own statistics along with the letter of thanks which were in favour of the emerging pathy. According to him, out of 6, 671 inhabitants, 680 had cholera out of which 331 had been under allopathic treatment and of whom 102 of them died. In contrast, 278 were treated homoeopathically and only 27 of them died; of the 71 treated with *camphor* only 11 died. Thomas Lindsley Bradford, *The Life and Letters of Dr. Samuel Hahnemann*, p. 267.

⁷³ *Ibid.*, pp. 266-267.

⁷⁴ In 1831, he wrote a pamphlet on the 'Cure and Prevention of the Asiatic Cholera'. He distributed 30,000 copies of his 'Directions on cure and prevention' among the inhabitants of Vienna, Hungary, Berlin and Magdeburg. He recommended *camphor* as the principle remedy. Thomas Lindsley Bradford, *The Life and Letters of Dr. Samuel Hahnemann*, pp. 262-263.

⁷⁵ *Ibid.*, p. 262. Camphor was recommended only for the first stage of cholera. After the first stage of the disease is passed, *copper* prepared from the pure metal according to the methods and directions provided regarding the chronic diseases, and "of which the patient is to get one or two globules every hour" [Mahendra Lal Sarkar, *A Sketch of the Treatment of Cholera*, Calcutta: P. Sircar, Anglo Sanskrit Press (2nd ed.), 1904, p. 67.] is to be given till he recovers. Hahnemann, however, advised that no other medicine or herbs were to be administered simultaneously with copper.

⁷⁶ Mahendra Lal Sarkar, *A Sketch of the Treatment of Cholera*, pp. 67-68.

⁷⁷ *Ibid.*, pp. 67-69. Sarkar has shown similar other contradictions pertaining to other diseases as well. Sarkar also made one of the most impartial and medically valid arguments with regards to the nomenclature of cholera in the late nineteenth century. He, being well read in the literature existing in his age on the natural history of cholera, made symptoms the yardstick both, as presented in the European medical literature before 1817 and in the Indian Ayurvedic literature, in order to compare with the cholera of the nineteenth century. His survey of the symptomatology of cholera in Europe before 1817 and the cholera of India in and after 1817, convinced him that "the two diseases *though allied*, were *distinct* (emphasis added)." [Mahendra Lal Sarkar, *A Sketch of the Treatment of Cholera*, p. 40.] The factors of fatality and epidemicity vs. sporadicity were employed by him to distinguish between the disease as it occurred in Europe and India in the nineteenth century.

⁷⁸ In the 1830s, as 'Asiatic cholera' took the metropole in its embrace, the 'new school' of medicine i.e. homoeopathy prevalent in other parts of Europe, found its way to the colony. Some military men practiced it as an amateur hobby from the 1840s. Some Government medical officers stationed at Fort William were known to admire homoeopathy and practised it. There are evidences that some missionaries also made this 'pathy' a part of their 'do good ethic'. Dr. Mullens of the London Missionary Society was known to distribute homoeopathic medicines to the people of Bhawanipore. Dr. John Martin Honiberger, a German physician who despite his use of homoeopathic medicines, did not consider himself a homoeopath. As cholera was a recurrent phenomenon in India, many early homoeopaths encountered it. There are references that this mode of treatment was used by doctors in the General Military Hospital in Bombay, particularly in the treatment of cholera. For examples and anecdotal accounts, see Surinder M. Bhardwaj's 'Homoeopathy in India' in Giri Raj Gupta (ed.), *Main Currents of Indian Sociology*, Vol. IV, New Delhi: Vikas Publishers, 1981, pp. 31-54. Also see the chapter 'Rise and development of Homoeopathy in India's past history' in Sharat Chandra Ghose's *Life of Dr. Mahendra Lal Sircar*, pp. 27-83.

⁷⁹ His 'change of creed' was very much a professional decision – a decision taken as a "physician awakened to a sense of awful responsibility of his calling". Mahendra Lal Sarkar, *A Sketch of the Treatment of Cholera*, Preface, pp. iii to v. However, Sarkar was also influenced by the death of his mother who fell a victim of cholera when she was only 32 years of age and when Sarkar himself was barely four! [Sharat Chandra Ghose, *Life of Dr. Mahendra Lal Sircar*, p. 2.] Cholera epidemics rekindled the memory of his mother and challenged him as a doctor.

⁸⁰ Sharat Chandra Ghose, *Life of Dr. Mahendra Lal Sircar*, p. 2.

⁸¹ *Ibid.*, p. 2.

⁸² DUTT, RAJENDRA (1818-89): "Born in Calcutta, 1818; educated at Drummond's school, and at the Hindu College; joined the Calcutta Medical College, to be trained in Medical Science; after leaving the College, he opened a dispensary at his own house and commenced allopathic treatment, helped by Dr. Durga Charan Banerji; In 1853 opened the Hindu Metropolitan as a protest against the laxity displayed in the Hindu college, and began to study homoeopathy; In 1857, started a business firm, Dutt, Linzu and Co., with Europeans as partners, which failed in 1861; there upon he established a homoeopathic dispensary; In 1864, Dr. Berigny came to Calcutta, and with him began to spread homoeopathic treatment; In 1867, he converted Dr. Mahendra Lal Sircar (q. v.) to homoeopathy; lost great wealth in business speculations; was very generous; died June, 1889." Taken from C. E. Buckland, *Dictionary of Indian Biography*, Delhi and Varanasi: Indological Book House, 1971, p. 28.

⁸³ This letter was written almost in the same spirit in which Hahnemann had written a letter to Hufeland on the 'Great necessity of a regeneration in Medicine' where he gave vent to his anguish regarding the uncertainty of medical practice. Thomas Lindsley Bradford, *The Life and Letters of Dr. Samuel Hahnemann*, p. 33.

⁸⁴ Arun Kumar Biswas, *Father Eugene Lafont of St. Xavier College, Kolkata and the Contemporary Science Movement*, Kolkata: The Asiatic Society, 2001, p. 46. Also see Sharat Chandra Ghose, *Life of Dr. Mahendra Lal Sircar*, p. 15.

⁸⁵ Sharat Chandra Ghose, *Life of Dr. Mahendra Lal Sircar*, p. 181.

⁸⁶ *Ibid.*, p. 180.

⁸⁷ This is clear from the last three pages of his book where he arranged 44 homoeopathic drugs and 12 allopathic drugs, according to their importance in the curative process. The relative importance of these remedies are indicated by their typography i.e. the less efficacious drugs are printed in small font letters, while the important drugs are indicated in large font letters. In another auxiliary arrangement, he listed the remedies according to the stages of cholera in which they were to be used., Mahendra Lal Sircar, *A Sketch of the Treatment of Cholera*, pp. 143-146.

⁸⁸ Shiv Visvanathan, *A Carnival for Science: Essays on Science, Technology and Development*, Delhi: OUP, 1997, p. 136.

⁸⁹ We find him translating the Sanskrit medical text *Caraka Samhita* in 1879, from a handwritten copy presented to him earlier. Sircar had great respect for his neighbour Ramanath Kaviraj and, mourning his death on the 10th of January 1879, noted that "we have lost a learned and a very popular Kaviraj." Arun Kumar Biswas, *Gleanings of the Past and the Science Movement in the Diaries of Dr. Mahendralal and Amritlal Sircar*, Calcutta: The Asiatic Society, 2000, p. 56.

⁹⁰ *Ibid.*, p. 93-94. Sircar during a visit to Darjeeling met an old Lama, Sherab Gatscho with whose aid, along with that of his (i.e., Sircar's) friend Sarat Chandra Das, he got "translated some passages of a chapter in Tibetan medical work treating a disease prevalent in India and China!" "The description relat(ed) to disorder of the bowels with purging resembling cholera in some symptoms only." Sircar also rode to Goom Pahar, on which was situated the "Gomfa (monastery) of (the) old Lama, with the object of discussing with him the passages he said he had found relating to (the) disease characterized by vomiting and purging, and in which it has been prophesied will carry of 1/3rd of the population of the world." Sircar was to return disappointed as that passage was not to be found.

⁹¹ He was the second M. D. of the Calcutta Medical College, was known in the city for his acumen as a doctor, was a popularizer of science, held membership of various professional bodies, edited a journal, and remained intimately involved with the activities of the Calcutta University.

⁹² In his understanding, "The human organism is governed by a variety of laws; its disorders therefore are manifold, proceeding from infringement of one or more or all of these laws; and consequently the therapeutics of these disorders must recognize the operation of all these laws. The great difference between the old and the new schools of medicine consists in the one generally ignoring the vital or dynamic laws and the other the mechanical and the chemical laws, which all combine in maintaining life." Mahendra Lal Sircar, *A Sketch of the Treatment of Cholera*, Preface, p. v.

⁹³ *Ibid.*, p. 180.

⁹⁴ Mahendra Lal Sircar, 'Moral Influence of Physical Science: Being the substance of a Lecture delivered at the Town Hall, on January 7, 1891, under the Presidency of his honour the Lt. Governor' Calcutta: Anglo Sanskrit Press, p. 5.

⁹⁵ The Indian Association for the Cultivation of Science (IACS) was one of the first native institutions in the country. Sircar had founded this institution to foster research in basic Science and to cultivate and disseminate the spirit of science among Indians