

Introduction: ‘A Growing Scandal under British Rule’

Families, Market and the Vernacular

Tucked away in a corner of one of the busiest roads of north Calcutta, and distinguished by its colonial-style architecture, stands a rather grand, old, porticoed building. The area, the erstwhile Baithakkhana Bazar in BowBazaar, is now part of the more recently christened Bipin Behary Ganguly Street near Sealdah station. For over a century, this locality has been a traditional hub for myriad commercial activities in the city. Among the jostling crowd of banks, mercantile offices and rows of jewellery shops, the building in question, the headquarters of the Hahnemann Publishing Company (HAPCO), is remarkable for the kind of pharmaceutical commerce it has housed without interruption since the early 1910s. HAPCO is one of the biggest dealers, manufacturers and publishers of homoeopathic medicine in India since the early years of the twentieth century. Its location would not, perhaps, seem strikingly unusual if one recognises the building next door as the premises of Basumati Sahitya Mandir, publishers of the iconic newspaper and magazine *Basumati*. Established in 1881 at Beadon street, *Basumati* shifted its base to Bowbazar in the early twentieth century. *Basumati* regularly carried advertisements for the HAPCO.

Climbing up the narrow, musty staircase of HAPCO, one is ushered into a busy world of medics, booksellers, compounders and clerks, working together in a massive pillared hall decorated with an impressive number of large, greying portraits of European physicians. The final preparation and large-scale packaging of drugs take place in several wings of the building, while across-the-counter sale of drugs and publications is carried out in others. Heavy cartons of medicine are continuously being sent out for shipment across the country. One is immediately struck by the old-world charm of the place, juxtaposed with the inevitable inflections of modernity in the form of computers, huge glass cabinets and other present-day instruments. Once permitted into the inner quarters of the building, one cannot but note its original design as a typically opulent residence of Old Calcutta, with rooms arranged along long

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verandas, across three storeys and around a quadrangular, cobbled courtyard at the centre. The top floor houses the office of the current proprietor, Dr Durga Shankar Bhar, grandson of HAPCO's founder Prafulla Chandra Bhar and the custodian, among other things, of a substantial private collection of early twentieth-century publications by the firm, primarily in the Bengali language. Arranged systematically but with restricted access for visitors, the collection, for Dr Bhar, is a precious documentation at once of his own family and the history of modern science in Bengal. The interior of the building soon begins to generate a sense of the ways in which cultivation of a vernacular scientific ethos is tied to practices of Bengali commerce. Using homoeopathy as a point of departure, this book explores how medicine, family and markets were interconnected in colonial Bengal.

Homoeopathy, a western medical project originating in eighteenth-century Germany, was reconstituted as vernacular medicine in British Bengal. Conceptualised in opposition to the prevalent notions of 'orthodox' medicine, homoeopathy was a distinct therapeutic ideology popularised since the 1790s in Germany by the reputed physician Friedrich Christian Samuel Hahnemann of Saxony (1755–1843), popularly known as Hahnemann. Put simply, homoeopathy was a novel German therapeutic paradigm that propounded the *Law of Similars* expressed in the Latin phrase *Similia Similibus Curantur* ('like cures like'). According to this *Law*, only those substances could be the cure for any disease, which were capable of producing a similar set of symptoms in a healthy person. Further, for the medications to be most effective, they needed to be administered in miniscule or infinitesimal doses. Borrowing from extant German ideas of *geist* – 'spirit' or vitalism – Hahnemann also developed the theory of 'vital force', which he defined as 'life itself'. Illness was caused by the disruption of the immaterial, spirit-like 'vital force' that animated the human body. How did homoeopathy, so distinctive a philosophy of medicine, endure as a credible genre of scientific medicine among large sections of an alien society in India, despite opposition from the British colonial regime? In mapping the vernacularisation of a western heterodoxy, I analyse the disparate ways in which the historical understanding of homoeopathy and family informed one another in the late nineteenth and early twentieth centuries in Bengal.

Along with phrenology, magnetism, mesmerism, herbalism, hydropathy, naturopathy and chiropractic, homoeopathy was considered a European medical and scientific heterodoxy. The colonial trajectories of these so-called heterodoxies have mostly remained underexplored in histories of the British Empire. So too have their relationships with the intellectual traditions, ideologies and aspirations of the colonised.

Relatively little is known about the colonial careers of these nineteenth-century, sectarian, medico-scientific doctrines, whose status was hotly debated in Europe itself.¹ Of all the so-called European heterodoxies, homoeopathy (along with naturopathy) is now officially recognised as one among the significant 'indigenous' medical systems of India, commanding the second largest government-supported infrastructure after modern biomedicine. Today, along with Ayurveda, Yoga and Naturopathy, Unani and Siddha, Homoeopathy is part of the Department of AYUSH set up by the government of India in 2003 to oversee the modernisation and development of various forms of 'indigenous medicine'.

In addition to being the initial launching ground for colonial rule in India, Bengal witnessed the early advent of a vibrant and enduring print market around the 1850s. The second city of empire for over a hundred years, until 1911, and a growing metropolis of millions, Calcutta witnessed the foundation of the very first western-style Medical College in South Asia. Other early institutions were also established here, such as the Calcutta Medical Physical Society, and the short-lived Native Medical Institution, the latter dedicated primarily to the study of traditional medicine. Leading historians of colonial public health in India have discussed Bengal's importance as the testing ground for many pioneering imperial medical policies and experiments, including dissection and sanitary governance.² A recent turn in studying the history of medicine through vernacular sources has established Bengal as a crucial region for interactions between colonial state medicine, and medicine practised by non-government (including indigenous) actors.³ It is, therefore, a particularly suitable location for the study of colonising

¹ There are a few exceptions where practices such as mesmerism, naturopathy or Christian Science have been studied in the context of colonial South Asia. For an account of mesmerism in British India, see Alison Winter, 'Colonizing Sensations in Victorian India' in *Mesmerized: Powers of Mind in Victorian Britain* (Chicago: University of Chicago Press, 2000), pp. 187–212; and Waltraud Ernst, 'Colonial Psychiatry, Magic and Religion: The Case of Mesmerism in British India', *History of Psychiatry*, 15, 1 (2004), 57–68. For accounts of naturopathy and Christian healing, respectively, see Joseph Alter, *Gandhi's Body: Sex, Diet and Politics of Nationalism* (Philadelphia: University of Pennsylvania Press, 2000), pp. 55–82; and David Hardiman, 'A Subaltern Christianity: Faith Healing in Southern Gujrat' in David Hardiman and Projit Bihari Mukharji (eds.), *Medical Marginality in South Asia: Situating Subaltern Therapeutics* (Abingdon: Routledge, 2012), pp. 126–51.

² See David Arnold, *Colonising the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (Berkeley: University of California Press, 1993); and Mark Harrison, *Public Health in British India: Anglo-Indian Preventive Medicine, 1859–1914* (Cambridge: Cambridge University Press, 1994).

³ Projit Bihari Mukharji, *Nationalising the Body: The Medical Market, Print and Daktrai Medicine* (London and New York: Anthem Press, 2009); Ishita Pande, *Medicine, Race and Liberalism in British Bengal: Symptoms of Empire* (London and New York: Routledge, 2010).

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aspects of western medicine, as well as resistance to it. Existing articles on the history of homoeopathy in the Indian subcontinent have acknowledged the early advent, sustained practice and deeply entrenched social ties of homoeopathy in Bengal.⁴ Although the earliest known instance of homoeopathic practice in India is believed to be the Transylvanian physician Honigberger's treatment of Raja Ranjit Singh in Punjab in the 1830s,⁵ previous authors have unequivocally described Bengal as the 'domicile for homoeopathy' in the nineteenth century, suggesting also that 'from Bengal homoeopathy spread up the Ganges valley'.⁶ In the early decades of the nineteenth century, Calcutta was also the home to a number of non-British, European practitioners of homoeopathy. The presence of these practitioners gave a fillip to the practice of homoeopathy in the region, foremost among them Drs Berigny and Tonerre of French origin, Dr Salzer of Vienna and the Transylvanian Dr Honigberger, who moved to Calcutta for some years (after attending Ranjit Singh in Punjab).⁷ Bengal remained at the heart of transactions of homoeopathic ideas, texts and people, not only between India and Europe but also between different regions of India.

The arrival of homoeopathy in Bengal, as elsewhere in India, is inextricably related to the colonial expansion of the British Empire since the early nineteenth century. The earliest promoters of homoeopathy were the English missionaries⁸ or the 'amateurs, in the civil and military services' of the colonial state.⁹ The short-lived Calcutta Native Homoeopathic Hospital of the 1850s furnishes us with tangible evidence for the British amateur and missionary interests in the early propagation of homoeopathy.¹⁰ Established by Major General Sir J. H. Littler, the

⁴ S. M. Bhardwaj, 'Homoeopathy in India' in Giri Raj Gupta (ed.), *The Social and Cultural Context of Medicine in India* (Delhi: Vikas Publishing House, 1981), pp. 31–54; and David Arnold and Sumit Sarkar, 'In Search of Rational Remedies: Homoeopathy in Nineteenth-century Bengal' in Waltraud Ernst (ed.), *Plural Medicine, Tradition and Modernity, 1800–2000* (London and New York: Routledge, 2002), pp. 40–1.

⁵ J. M. Honigberger, though not a committed homoeopath, is said to have treated Raja Ranjit Singh, the ruler of Punjab, with homoeopathy shortly before his death in 1839. For an account of Honigberger's encounters with Ranjit Singh and the latter's treatment, see S. M. Bhardwaj, 'Homoeopathy in India', pp. 34–6.

⁶ S. M. Bhardwaj, 'Homoeopathy in India', pp. 50–1. Also see Gary J. Hausman, 'Making Medicine Indigenous: Homoeopathy in South India', *Social History of Medicine*, 15, 2 (2002), 306.

⁷ S. M. Bhardwaj, 'Homoeopathy in India', pp. 36–7.

⁸ Instances of Dr Mullens of the London Missionary Society distributing cheap homoeopathic remedies in Bhownipore can be found in Sarat Chandra Ghose, *Life of Dr. Mahendralal Sircar*, 2nd edition (Calcutta: Hahnemann Publishing Company, 1935), pp. 32–3.

⁹ F. C. Skipwith, 'Homoeopathy and Its Introduction into India', *Calcutta Review*, 17 (1852), 52.

¹⁰ S. M. Bhardwaj, 'Homoeopathy in India', p. 33.

hospital was run by English and European doctors. Early Indian patrons of homoeopathy in other parts of India as well, such as the Raja of Tanjore who set up a homoeopathic hospital in the 1840s, did so under the direction and supervision of English physicians. The Tanjore hospital was built under the supervision of a retired English surgeon from Madras, Samuel Brooking.¹¹ English, moreover, provided vital linguistic mediation in accessing the various currents of European homoeopathic thoughts for the literate Bengali '*bhadralok*' in the nineteenth century.¹² Yet, the historical trajectory of homoeopathy is distinct from the state-imposed, dominant medical practices variously and collectively referred to as 'western medicine', 'imperial medicine', 'colonial medicine', 'allopathy' or 'state medicine'. Especially in the nineteenth century, homoeopathy did not enjoy straightforward legislative patronage, nor overt infrastructural support from the colonial state. A series of regional Medical Registration Acts passed in the 1910s fundamentally questioned the legal status of practitioners of all kinds of non-official medicine. But even prior to these legislations, since the mid-nineteenth century, the state-endorsed apparatus of 'western' medicine – including the pioneering Calcutta Medical College, as well as the British Indian Medical Service – were meticulous in excluding practitioners associated with homoeopathy from their ranks. Although it was not an immediate beneficiary of state support, the history of homoeopathy in India remained deeply entangled with the priorities and prejudices of the colonial state. Homoeopathy featured recurrently in bureaucratic correspondence on the definitions and scope of 'legitimate' and 'scientific' medicine. It figured invariably in colonial anxieties related to medical malpractice, particularly in discussions of 'quackery' or 'corruption' and was

¹¹ Ibid.

¹² The term *bhadralok*, literally meaning 'respectable people', is a generic term widely used in Bengal to refer to the English-educated, though not necessarily affluent, middling to upper stratum of society. The historical research on the category *bhadralok* has been immense. Works by S. N. Mukherjee and John McGuire suggest that the term *bhadralok* referred both to a class of aristocratic, landed Bengali Hindus and to those of humbler origins. It included men who 'rose from poverty to wealth' in business and occupations involving shipping, indigo plantations and so on, as well as large shopkeepers, retail businessmen and workers in government and commercial houses, teachers, native doctors, journalists and writers. See, for instance, S. N. Mukherjee, *Calcutta: Essays in Urban History* (Calcutta: Subarnarekha, 1993); and John McGuire, *The Making of Colonial Mind: A Quantitative Study of the Bhadrakalok in Calcutta, 1875–1885* (Canberra: Australian National University, 1983). Also see Joya Chatterji, *Bengal Divided: Hindu Communalism and Partition, 1932–1947* (Cambridge: Cambridge University Press, 1994), pp. 3–13. Referring primarily to the salaried section of this class, Partha Chatterjee calls the *bhadralok* the mediators of nationalist ideologies and politics. See Partha Chatterjee, *The Nation and Its Fragments: Colonial and Postcolonial Histories* (Princeton, NJ: Princeton University Press, 1993), pp. 35–75.

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frequently condemned as a 'growing scandal' proliferating within the enlightened British imperial rule.

Despite such anxieties, the relationship between homoeopathy and the colonial state was not one of straightforward governmental denunciation. It was, instead, a more dynamic history of negotiations, derivations and manipulations. Despite the colonial state, homoeopathy endured as a credible genre of 'scientific medicine' among large sections of Bengali literate society since the mid-nineteenth century.¹³ Throughout the long nineteenth century, and across Indian society, a plethora of cultural practices proliferated in the name of homoeopathy. These included the consumption of infinitely diluted sweet potions, debating theories of vitalism, translating and reading key German texts, ingesting and experimenting with local vegetation in the hope of preparing home-made drugs, and observing ritualistic codes of moral regimentation in daily life. I map the paradoxical production and dissemination of homoeopathy by large sections of the intelligentsia as an unorthodox European science, peculiarly suited to Indian culture, tradition and constitution. Indeed, homoeopathy was simultaneously heralded by different social groups as a western, rational, progressive science, as well as a faith-based, indigenous spiritual practice; often accused of quackery, and yet upheld as a genre of radical and unorthodox cure; valorised as a symbol of the exotic, and at the same time embraced as a marker of the accessible, everyday and intimate. Because of this uniquely liminal and indeterminate aura, homoeopathy thrived as a ubiquitous ingredient of modernity in colonial and post-colonial India. Recent ethnographic research by Stefan Ecks on drug consumption in post-globalisation Calcutta reconfirms homoeopathy's liminal identity, caught between being simultaneously hypermodern and spiritual.¹⁴

But how does one write the history of such a liminal category? And how does homoeopathy lend a useful lens through which to study the institution of colonial family? It is impossible to retrace homoeopathy's South Asian trajectory without being sensitive to the question of the colonial archive. Homoeopathic medicine's intimate entanglement with the institution of 'family' in Bengal unfolded before me through a close reading of the (un)available sources. From the official state archives, I could only get fragmented, disorderly, yet suggestive glimpses of homoeopathy's

¹³ For a historiographic overview of the complex relation between history of medicine and history of science, which throws light on the evolving understanding and connotations of 'science' with regard to 'medicine', see John Harley Warner, 'History of Science and Sciences of Medicine', *Osiris*, 10 (1995), 164–93.

¹⁴ Stefan Ecks, *Eating Drugs: Psychopharmaceutical Pluralism in India* (New York University Press, 2013), p. 110, 194.

thriving sociocultural past. In the state sources, homoeopathy comes into focus and fades out of them mostly through allegations of rampant malpractice and the consequent governmental concerns of controlling, policing and regulating. Having lost the trail of many interesting archival clues in state repositories, I was reminded of what has been recently described as 'archival aporia' in reference to the relation between the colonial archive, and slippery or uncomfortable categories, such as sexuality.¹⁵ Following conceptualisation of the colonial archives as 'fleeting configurations of epistemological and political anxieties rather than sites of pure erasure or misrepresentations', the elision of homoeopathy from state archives has been read 'along the grain'.¹⁶ In regarding the archive exclusively 'not as a space of knowledge retrieval but (also) as that of knowledge production', I note the indifferent, ambivalent, hesitant and shifting attitude of the state towards homoeopathy over the years.¹⁷

It is no surprise, then, that in my pursuit of the cultural history of a category that the state archive largely occludes, I was compelled to trace the 'creation of documents and their aggregation into archives as a part of everyday life outside the purview of the state', as suggested by Arjun Appadurai.¹⁸ Since most nineteenth-century sources on Bengali homoeopathy could be traced back to a handful of Bengali publishing houses, by concentrating on them, I was able to uncover an extremely rich repository of sources retained by a range of north Calcutta-based commercial houses deeply involved in the business of homoeopathy. While some have ceased to operate (such as Berigny and Company, M. Bhattacharya and Company and B. K. Pal and Company), a handful of these, particularly the Hahnemann Publishing Company and Majumdar's Homoeopathic Pharmacy, which now operates as a drug-chain named J. N. M. Homoeo Sadan, are still functional. These firms maintain a (mostly disorderly) collection of their published resources. Interviewing the present descendants-cum-owners of these commercial houses proved rewarding. Even the current descendants of the erstwhile concerns like M. Bhattacharya and Company, which was sold off as recently as 2009 to corporate giant Emami, could contribute generously to my research by sharing anecdotes, memories and publications of their former 'family business'. Together, they revealed a whole world of family archives: a network of north

¹⁵ Anjali Arondekar, *For the Record: On Sexuality and the Colonial Archive in India* (Durham: Duke University Press, 2009), pp. 1–3.

¹⁶ Ann Laura Stoler, *Along the Archival Grain: Epistemic Anxieties and Colonial Common Sense* (Princeton, NJ: Princeton University Press, 2010), pp. 1–17.

¹⁷ Ann Laura Stoler, 'Colonial Archives and the Art of Governance', *Archival Science*, 2, 1–2 (2002), 87.

¹⁸ Arjun Appadurai, 'Archive and Aspiration' in Joke Brouwer and Arjen Mulder (eds.), *Information Is Alive* (Rotterdam: V2 Publishing/NAI Publishers, 2003), p. 16.

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Calcutta-based Bengali homoeopathic entrepreneurs in conversation as much with the depths of Bengali '*mofussil*', the interiors of urban middle-class domesticity, as with European medico-scientific journals.¹⁹ More than performing an 'extractive function', such unique archival spaces appeared as 'ethnographic sites' that fundamentally shaped my research.²⁰ The very survival and availability of a plethora of materials signify the power of such familial archives as 'an aspiration rather than a recollection'²¹ – as the 'material site of a collective will to remember'.²² The vital leads provided by the family archives were then systematically followed up, and complemented with research at the more predictable vernacular and English language repositories in Kolkata and in London. Apart from the relatively 'respectable' English or Bengali language health journals, there was a vast repertoire of manuals and cheap tracts, even of the '*Battala*' genre, that discussed homoeopathy and indicated its wide dissemination.²³

These different kinds of texts, especially those published by the familial firms, imagined an idealised social constituency for Bengali homoeopathy. The desired social base was chiefly the middle to upper class, Hindu, primarily urban, literate classes, including women. While highlighting homoeopathy's urban stronghold, publications, particularly in the form of advertisements, also illustrated its reach beyond the bigger cities of Calcutta, Dacca, Chattagram or Patna. Indeed, advertisements by leading family firms often insisted on a large-scale circulation of drugs and texts into the depths of rural Bengal. Numerous villages and especially *mofussil* locations feature in urban discussions as spaces in need of homoeopathic benevolence, and where homoeopathy was in high demand. Places like Bankipore, Khagra, Murshidabad, Bhagolpur, Burdwan, Ranaghat, Munger and others surfaced regularly in advertisements, indicating a robust circulation of homoeopathy in households and dispensaries beyond the urban enclaves. By the early years of the twentieth

¹⁹ The term *mofussil* originates from the Urdu ('mufassil', variant of 'mufassal', meaning 'divided'). In Indian historiography, it is widely used as a term relating to the suburban areas. It broadly referred to the regions of British India outside the three East India Company capitals of Bombay, Calcutta and Madras; hence, parts of a country outside an urban centre. It is believed to sometimes carry a negative resonance.

²⁰ Ann Laura Stoler, 'Colonial Archives and the Art of Governance', p. 87.

²¹ Arjun Appadurai, 'Archive and Aspiration', p. 16. ²² *Ibid.*, p. 17.

²³ *Battala*: a commercial name originating from a giant banyan tree in the Shovabazar and Chitpur area of Calcutta, where the printing and publication industry of Bengal began in the nineteenth century. Though it was increasingly ridiculed by the rising literary gentry for its questionable taste and production quality, *Battala* literature managed to survive in the publication industry until the end of the nineteenth century. A number of scholars have written on the history, productions and impact of the *Battala* publications. For an exhaustive history of *Battala*, see Sripantha, *Battala* (Calcutta: Ananda, 1997). For the most recent exploration of *Battala* print culture, see Gautam Bhadra, *Nyara Battalay Jay Kawbar* (Kolkata: Chhatim Books, 2011).

century, amateur lower-class practitioners in the *mofussil*, peddling poorly produced homoeopathic texts, appear as a cause of concern for reputed Calcutta-based homoeopathic firms. Beyond the records of the Calcutta firms, I also note the spurt of growth in homoeopathic dispensaries across the Bengal countryside, beginning in the 1920s. Dispensaries were usually charitable institutions built through the philanthropic efforts of the state or of the local elites to provide cheap medicine to the masses. A recent work has shown that, despite the Hindu, upper-caste background of most of the practitioners, the clientele of dispensaries in Bengal belonged to diverse social and religious groups including those described as Muslims or tribals, as well as members of the 'lower orders'.²⁴

Perusal of the family archive further reveals a set of entrenched cultural and moral foundations that defined homoeopathy and made it popular in Bengal. It was claimed that homoeopathy offered cheap therapeutics (in terms of cost of drugs, homoeopathic publications and physician's fees), which made it accessible even to the financially disadvantaged. Besides, the principle of infinitesimal doses and the gentle nature of the homoeopathic drugs also helped homoeopathy claim a sharp contrast to some intrusive nineteenth-century allopathic procedures, such as blistering, leeching, bleeding and cauterising. But the most persistent feature that cries out of the archive is homoeopathy's promise to promote self-help, to ensure ordinary Indian householders and lay people became autodidacts, capable of administering western medicine. By claiming that homoeopathy was a cheap, affordable, gentle and painless mode of therapeutics that could be mastered by ordinary men and women, its advocates implicitly promoted a distinct vision of egalitarian medicine beyond the growing strictures of western professionalisation. Furthermore, along with committing themselves to the treatment of imperial public health categories and epidemic diseases (such as cholera, malaria, plague, smallpox and venereal diseases), homoeopaths pledged that they were able to heal even quotidian, individualised and chronic ailments. Indeed, Bengali publications indicate that individualised, symptom-based treatment of each patient was a prominent homoeopathic motto, apparently derived from Hahnemann's dictum to 'treat the patient, not the disease'. This even offered a new mode for treating public health categories, like smallpox or cholera, through self-medication.

²⁴ Projit Bihari Mukharji, 'Structuring Plurality: Locality, Caste, Class and Ethnicity in Nineteenth Century Bengali Dispensaries', *Health and History*, 9, 1 (2007), 99–101.

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As I draw attention to the value of these colonial family archives, I focus on the intricate, double-edged interface between medicine and family in Bengal. On the one hand, the homoeopathic firms, as family businesses, recurrently projected a distinctive business ideology in the rich corpus of materials they published. The extensive body of journals, manuals, advertisements, pamphlets, monographs, letters and biographies published by these concerns reveals a specific business culture which was promoted around homoeopathy. Asserting their own familial, intergenerational presence, the protagonists of these concerns self-consciously encouraged their business, and indeed the homoeopathic profession itself, to thrive upon informal networks of friendship, kinship and affect. Their entrepreneurial practices prescribed a deliberate overlap between their business ethics, and the familial virtues of intimacy and paternalism. Modelling 'enterprise' on 'family', they emphasised the cultivation of wilful permeable boundaries between the realms of the familial and the entrepreneurial, and between the private and the public, in ensuring homoeopathy's proliferation. Professional relations, too, were understood through the metaphor of family. At the same time, intergenerational, patriarchal lines of inheritance were carefully marked out.

On the other hand, beyond the commercial operations, family was also written about as the quintessential locus where homoeopathy was to be preached, practised and eventually (re)produced. Homoeopathy came to be posited as an efficient disciplining mechanism to cure colonial domesticity of its various ills – even as a remedy to revitalise the foundations of the ailing Indian joint-family system. Beyond the mere materiality of drugs, homoeopathic science was projected and perceived as a way of living, capable of producing the ideal family for the nation. Thus, families acted both as the agent and the site that produced, nurtured and sustained homoeopathy. Rather than understanding 'family' as an unchanging and given entity, this work is sensitive to the diverse interests, commercial, cultural and ideological that shaped the notion of ideal family over the colonial period.

A focus on the Bengali entrepreneur families, and especially their family archives, has enabled my examination of the histories of institutionalisation beyond the immediate patronage from the state. The concept of 'alternative' medicine is revisited here, as I have distanced myself from studies that depict homoeopathy, or any other apparently non-state medical idea, as always and already 'alternative'.²⁵ I have drawn on the works

²⁵ Scholars often label homoeopathy an 'alternative' practice without adequately problematising such acts of labelling. See, for instance, Ursula Sharma, 'Contextualising Alternative Medicine: The Exotic, the Marginal and the Perfectly Mundane',