Disease and Medicine in India
A Historical Overview

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Physicians as Professionals in Medieval India

S. Ali Nadeem Rezavi

A study of Mughal society reveals the existence of a 'class' distinct from the landholding class and the peasantry, comprising physicians, architects, scholars, teachers, poets, painters, musicians and a large number of craftsmen, apart from merchants, who made their living by selling their professional skills. Some recent studies have shown that this newly-arising intermediary professional group, by the seventeenth century, had started being recruited to influential bureaucratic positions.

This paper attempts to analyse the role of the physicians as professionals and assess their position in the Mughal society as well as their relations with the imperial ruling class. Was their position just that of clients bound to their patrons in expectation of a respectable income, or did a general demand exist for their services among various sections of the society, against which they received a salary? Related to this is the status of these practitioners of medicine from the point of view of their clients and patients.

I

Commenting on the level of medical education in India, Fryer suggests that the field of medical science in India was 'open to all Pretenders, here being no Bars of Authority, or formal Graduation, Examination or Proof of their Proficiency; but every one ventures, and every one suffers; and those that are most skilled, have it by Tradition, or former Experience descending in their Families.' Fryer further observed that the Indian physicians neither understood the pulse nor did they treat other ailments. Careri goes still further when he says, 'In Physick they have but small skill, and cure several diseases by Fasting'.
and Manucci is much harsher when he exclaims, ‘From such doctors and such drugs libera nos Domine’\(^6\)

Although there were not many separate colleges exclusively dealing with the medical sciences, as in Aleppo, Egypt or Iran, their existence is testified in India as well. Monserrate pointedly mentions ‘a very famous school of medicine’ at Sirhind, ‘from which doctors are sent out all over the empire’.\(^7\) Abdul Baqi Nahawandi mentions the madrasa of Hakim Shams and Hakim Mu‘in at Thatta, where they also gave lectures on medicine.\(^8\) Similarly, Mir Abu Turab Gujarati, a contemporary of Akbar, had his own maktab, where he imparted education.\(^9\) Abdul Hamid Lahori mentions a certain Hakim Mir Muhammad Hashim who used to impart instruction in his own school at Ahmadabad.\(^10\) Hakim Alimuddin Wazir Khan is said to have built a madrasa at his native town Chiniot in the Punjab.\(^11\)

One may assume that in these schools run by the tabibs, the curriculum included a study of texts on tibb. This impression is strengthened by Abul Fazl’s statement in Ain-i Akbari, that Akbar had directed the inclusion of tibb with the other sciences in the school curriculum.\(^12\) The well-known Nizami course included, besides other texts, the following well-known texts on tibb: Sharh-i Asbab, Mu‘jaz al-Qanun, Qanun of Abu ‘Ali Sina, al-Nafisi and Hidayah-i Sa‘ida.\(^13\)

Another form in which education in tibb may have been imparted was through dawakhana (dispensaries) and sharbaikhanas (syrup houses/distilleries), often run through state munificence.\(^14\)

The most important centres of medical education during the sixteenth and seventeenth centuries, however, were located in Iran, from where many physicians in India were recruited.\(^15\) A sizeable number of physicians of the Mughal period are said to have attained their knowledge from various academies in Lahijan (Gilan), Mashhad, Isfahān and Shiraz.\(^16\) Mir Muhammad Hashim, better known as Hakim Hashim, who later became tutor to Prince Aurangzeb and had also opened his own madrasa at Ahmadabad, remained in the holy cities for twelve years to acquire knowledge. In India he was a student of Hakim Ali Gilani.\(^17\) Similarly, the famous Gilani brothers attained their education in Iran before migrating to India.

There exists evidence suggesting that sometimes Indian scholars too went to these institutions in Iran for training and education in tibb. One such person was Ahmad Thattavi who went to Iran.
from Sindh and studied in Shiraz under the guidance of Mulla Kamaluddin Husain and Mulla Mirza Jan, two noted physicians of Shiraz; on completion of his studies he came back to India.\textsuperscript{18} Muhammad Akbar Arzani, a noted physician under Aurangzeb and a native of Delhi, also went to Iran for further studies in \textit{tibb}.\textsuperscript{19}

A perusal of the Persian sources shows that medical education was tutor-oriented. Those desirous to learn would go to a reputed physician and get the education from him.\textsuperscript{20} Thus Hakim Ali Gilani acquired his knowledge in the company of Hakimul Mulk Shamsuddin Gilani and Shah Fathullah Shirazi.\textsuperscript{21}

**II**

In Mughal India, like other professions, the physician's profession also gained prominence. Historical sources reveal the important position held by physicians. Abul Fazl, Nizamuddin Ahmad and Lahori, while listing \textit{ulema} (scholars) and poets, duly included the physicians of the period. Considerable interest appears to have been taken in patronizing them. In ethnic terms, the \textit{tabibs} of Mughal India were a predominantly Irani group (see Table 1). This is borne out by the list of physicians mentioned in the Mughal chronicles as well as the observations of the European travellers.\textsuperscript{22} But at Akbar's court the situation was slightly different in so far as there were also present a considerable number of Hindu \textit{tabibs}, who are mentioned by Abul Fazl and Nizamuddin in their list of \textit{Atibba}.\textsuperscript{23} These 'Hindu' \textit{tabibs} were probably brahmins by caste,\textsuperscript{24} and experts of Ayurvedic rather than Unani \textit{tibb}.

\textbf{Table 1}

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<th>Reign</th>
<th>Persians</th>
<th>Indians</th>
<th>Others</th>
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<tr>
<td>Akbar</td>
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<td>Jahangir</td>
<td>11</td>
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<td>Shahjahan</td>
<td>10</td>
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<td>Aurangzeb</td>
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We find that a sizeable number of \textit{tabibs} joined Mughal service in various capacities and were sometimes also assigned \textit{mansabs}. These were physicians who would be recruited directly to the service of the emperor; others would join the establishment of nobles.
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Before a physician or a surgeon could join a service he had to pass certain tests, to the satisfaction of the employer. Extreme care was taken to select or appoint only the most accomplished and experienced physician.25 Thus, at the time of Hakim Ali Gilani’s employment, Akbar ordered several bottles containing the urine of sick and healthy persons, as also that of cattle and asses, to be brought before the Hakim for detection. The Hakim is reported to have diagnosed each one of them correctly and passed the test. From that time his reputation and influence increased and he became a close confidant (muqarrab) of Akbar.26 Manucci recounts a similar incident that happened to him while in the retinue of Prince Shah Alam.27

From a stray remark of Manucci it appears that, as in the case of those in imperial service, there was a hierarchical division in the establishment of a prince. There used to be a chief physician under whose charge were placed a number of subordinate physicians and surgeons who were bound to obey his orders.28 This chief physician was, in Mughal terminology, known as saramad-i atibba or saramad-i hukama.29 This hierarchy is also discernible, at least in the imperial household, by the reference to the title of Hakimul Mulk (the chief of the physicians), which was quite independent of the mansab he was holding. Although the most visible of the state physicians and the holder of the highest mansab under Akbar was Hakim Abul Fath, the title (or office?) of Hakimul Mulk was held by Hakim Shamsuddin Gilani.30 In 1627, on the accession of Shahjahan, the title was bestowed upon Hakim Abul Qasim, the son of Hakimul Mulk Shamsuddin Gilani.31 In 1662 the recipient of this honour was Hakim Mir Muhammad Mahdi Ardistani,32 followed by Hakim Sadiq Khan, who was awarded the title in the forty-ninth regnal year of Aurangzeb (1704–05).33

Mughal miniatures also confirm the hierarchical division amongst the physicians serving kings, princes and nobles. In three or four miniatures, a chief physician (saramad-i atibba) is depicted tending the patient along with his subordinate colleagues34 (see Plate 1). The growing prosperity of the medical profession can be discerned through the depiction of the physician–bureaucrats. Muqarrub Khan (identifiable from an inscription, ‘Shabih-i Muqarrub Khan’), in all his portraits, is shown wearing a white silken dastar with a golden design and standing amongst the nobles close to the emperor.35 This attire is typical of a Mughal noble, with the exception that he is always wearing sober colours.36 Unlike him, Masihuz Zaman is shown in a
dress that was typical of the attire of the scholars and ulama. Physicians who joined imperial service or that of a noble, but had not been assigned a mansab, were recruited on a daily (yaumiya) or annual (saliyana) salary. Even after the grant of mansab, they received ‘pocket-money’ (zar-i jeb) to maintain a medicine box (kharita) comprising essential medicines. From our sources it appears that the personal salary of a physician could vary between Rs 300 per month, i.e. Rs 3,600 per annum, and Rs 100,000 per annum. According to Manucci, the salary of a blood-letter (surgeon) varied between Rs 2 per day and Rs 700. Apart from remunerating a physician for his services through grant of mansab or cash allowances and salaries, they could also be given grants of bureaucratic offices or madad-i ma’ash grants.

Sometimes we find that the Mughal bureaucracy also included persons who were basically military or civil officers but had some knowledge of tibb which they used for treating people off and on. Such cases would include persons like Shaikh Faizi, Amanullah Khan Firuz Jang and Danishmand Khan. Khwaja Khawind, a noble under Humayun, is also said to have been a physician of some renown.

Our sources also throw some light on the patron–client relationship between employer and employee. For example, Manucci observes that before being conducted into the royal haram or into the harem of a noble, the physician was covered from head to waist with a cloth and was accompanied by eunuchs. Generally, a set of rooms, styled bimarkhana, was assigned for the ailing lady in the haram. Manucci further informs us that in the case of a patient being of royal blood, prior permission had to be taken from the emperor in order to start the treatment. Another piece of interesting information which hints at a patron–client relationship is provided by Manucci when he says that it was not the practice among the princes, and nobles to talk or have any sort of relations with the servants of other nobles or princes, for fear of treason. This applied to physicians particularly. When, in 1683, Diler Khan, an enemy of Prince Shah Alam, fell ill and with fair promises summoned Manucci to treat him, the prince strictly refused him permission to do so.

There also exists evidence indicating the extent to which the ruler or nobles used to depend on the services offered to them by the physicians in their employment. This, for example, comes out very well from what we know about Jahangir’s relationship with some of his physicians. On the one hand, he always had high expectations of
their service and skilful treatment; at the same time he tended to denounce and denigrate them whenever they failed to come up to his expectations. He would, at the same time, criticize a tabib for not being able to give him relief from a disease and resent the tabib leaving his company on one pretext or the other.  

The dependence of the patron on his client is clearly brought out by a story narrated by Tavernier. In December 1665, when Tavernier passed through Allahabad, he was told that the chief of the Persian physicians in the governor's pay had tried to kill his wife by throwing her from the top of a terrace. The woman survived the fall. The governor dismissed the chief physician and the physician departed with his family. But soon after the governor fell ill and recalled the physician. On getting his message, the physician stabbed his wife, children and thirteen slave-girls, and returned to the governor at Allahabad. The governor said nothing to him and accepted him back in his service. Similarly, Taqarrub Khan was retired and his son dismissed by Aurangzeb after the hakim had cured the imprisoned Shahjahan. But after some time when Aurangzeb himself fell ill, the hakim was restored to favour and the dismissal of his son was revoked.  

Further, it appears that a physician joining the service of the state or a noble was not bound to his patron. He could, like a true professional, change his employer as and when he willed. This becomes apparent by the way the author of Ma'asir-i Rahimi mentions approvingly that after joining the service of Khan-i Khanan, Hakim Muhammad Baqir remained attached to him throughout his life. We also have the evidence of Hakim Muhammad Husain Gilani who, on migrating to India, initially joined the service of Mahabat Khan. After some time we find him in the service of Khana-i Zaman Bahadur. From there again he went to the court of Adil Shah at Bijapur, where he remained employed for a period of ten years. Later he joined the service of Khan-i Dauran. A similar example is that of Hakim Momena Shirazi who, on coming to India, joined the service of Mahabat Khan. In 1662 we find him employed with Bahadur Khan, the subadar of Allahabad. In 1665 he joined the imperial service and became the chief physician treating an ailing Shahjahan.  

From the foregoing discussion it becomes apparent that the patronage extended to physicians after Akbar weakened under Jahan-gir but then rose again under Shahjahan, if we go by the number of physicians listed by various chroniclers (see Table 2). Secondly, the
Iranian element remained dominant from the reign of Akbar to that of Shahjahan. Thirdly, those who joined service came after formal and proper training. Lastly, the recruitment and promotion of a physician was linked with his expertise in medical practice. It was more a demand-related relationship rather than a fixed relationship of the feudal type.

III

Darush-shifa or shifakhanas (hospitals) were also run by the government, which employed physicians for the purpose. According to Bahar-i Ajam, these places were buildings (makan) established by the rulers and nobles for the treatment of the poor and needy (ghuraba wa masakin). The tradition of building hospitals in India appears to have been established much before the advent of the Mughals. For example, in 1442–43 orders were issued by Sultan Mahmud Shah Khalji of Malwa to establish a darush-shifa as well as a darukhana (dispensary or pharmacy) at Mandu, where those who had knowledge of the drugs (adwiya shinas) used in the systems of medicine followed by the Muslim physicians and Indians (brahman-i hindi) and ‘accomplished physicians’ were to be appointed, to look after the patients visiting the hospital.

For the Mughal period, information about the establishment of state hospitals starts from the reign of Jahangir. In his twelve edicts of the first regnal year, Jahangir ordained the establishment of hospitals in all the great cities of the empire, where physicians were to be appointed for healing the sick. The expenses of these hospitals were to be met from the khalisa sharifa. Sometimes, especially during Aurangzeb’s reign, hospitals were also established in small places that were within the altamgha assignments of the biggar mansabdars and umara.
It appears that in these hospitals, the state recruited a number of physicians and surgeons who were under the charge of a chief physician, who acted as the superintendent (darogha) of the hospital. To assist them in the general administration of the hospital, a number of clerks (mutasaddis) and a kotwal were also appointed.\textsuperscript{59} From a reference to a madrasa being attached to a shifakhana, it appears that these hospitals sometimes served as medical colleges of sorts.\textsuperscript{60} During the reign of Shahjahan, a government hospital was constructed at Delhi near Chowri Bazar, 'for the treatment of the travellers and the students (talib-i 'ilman) who cured the sick'.\textsuperscript{61} A reference to a 'school of medicine' at Sirhind has already been given, from where, according to Fr Monserrate, 'doctors are sent out all over the empire'. Monserrate was probably referring to a medical college. Another government hospital that flourished was the darush-shifa of Ahmadabad, where Shahjahan appointed Hakim Mir Muhammad Hashim as the head.\textsuperscript{62} This hospital was meant for treating the poor\textsuperscript{63} and Unani as well as Ayurvedic (tibb-i hindi) physicians and surgeons were appointed here. We hear of two more government hospitals, the darush-shifa at Aurangabad and the darush-shifa at Surat.\textsuperscript{64}

The physicians appointed in these hospitals were generally paid on a daily basis (yaumiya) from the treasury (bait-ul mal),\textsuperscript{65} through the mutasaddis of dar-uz zarb (officials of the royal mint).\textsuperscript{66} The superintendent and chief physicians (darogha wa hakim-i darush-shifa) of the government hospital at Aurangabad drew a salary, after usual deductions, of Rs 136 (i.e. Rs 6 per day).\textsuperscript{67}

The physicians serving the government hospitals had to submit an attendance certificate (tasdiq-i hazari) before their salary was released. Sometimes, the darogha-i darush-shifa could be exempted from attendance.\textsuperscript{68} To be appointed to the post of a physician, recommendations had to be made by the bakhshi or some other responsible person.\textsuperscript{69} However, Aurangzeb did not like too much interference in the matter of appointment from ordinary people.\textsuperscript{70}

Apart from government hospitals, hospitals could also be established by nobles. During Jahangir's reign, Saif Khan built a hospital complex at Jeetalpur comprising a mosque, a madrasa and a shifakhana which treated the poor.\textsuperscript{71} During the same reign, Hakim Ali-muddin Wazir Khan constructed a madrasa and a darush-shifa along with other buildings at his native town of Chiniot in the Punjab, and
dedicated them to the residents of that town. A certain Hakim Muhammad Rafi opened a hawaij kadah (clinic) for the treatment of the poor.

Interestingly, Careri remarks that European soldiers were hesitant to be recruited into the Mughal army as they had 'no hospital for the wounded men'. However, we have repeated information that the Mughal forces were always accompanied by physicians, and it appears that the physicians thus employed in the retinue of the mansabdars enjoyed attractive perquisites. Many tabibs clamoured to be appointed to such positions. But apparently these physicians, in spite of their perquisites, were an overworked and harassed lot.

Another means of patronizing the profession of physicians in the Mughal empire was the system of rewarding expertise and service to the commonality through gifts and grants. Thus, when Nurjahan Begum was successfully treated by Hakim Ruhullah in 1618, the hakim was granted three villages in his native place as madad-i ma'ash, which were to be considered his milkiyat (private property). The purpose of such madad-i ma'ash grants to the tabibs is clearly brought out by a number of Persian documents and chronicles. Hodivola has reproduced a number of documents relating to land and cash allowances granted to a family of Parsi physicians of Navsari, Gujarat, issued between 1517 and 1671. According to these documents, these Parsi physicians received the madad-i ma'ash since they treated 'the poor and the diligent' of the locality. A parwana quoted in Muruqqat-i Hasan, 1678, a compilation of letters written on behalf of Tarbiyat Khan, governor of Orissa, says that as a large number of ailing persons were being successfully treated by Hakim Muhammad Rafi, and as the people were greatly benefited by his medical knowledge, two parganas in sarkar Cuttack were given to him as madad-i ma'ash, from the income of which he was expected to meet the expenses of the sharbatkhana and the clinic (hawaij kadah) that he was running for the treatment of the poor.

Importantly, this 'aid' was not confined to a particular religious or ethnic group of physicians. We have seen that apart from Muslim tabibs this grant was successively confirmed in favour of a family of Parsi physicians from the reign of Akbar to that of Aurangzeb. A number of documents testify to similar madad-i ma'ash grants to Hindu physicians.
IV

A general view which has found currency is that the physicians were completely dependent on royal patronage, or on the service of and endowments from the aristocracy. It is also sometimes held that the demand for the service was very limited. This erroneous view seems to be based mainly on Tavernier’s observation to the effect that: ‘... in all the countries we have just passed through, both in the Kingdom of Carnatic and the Kingdoms of Golkonda and Bijapur, there are hardly any physicians except those in the service of the Kings and Princes. But what the statement reveals is that Golconda and Bijapur were different in this respect from other areas. We have already noted in the preceding discussion that there were numerous physicians in Mughal India who ran their own clinics, imparted education and treated the poor. Apart from the evidence already cited, there are many more references to the private practitioners. Some of them however, were no more than quacks (na-tabib), a fact borne out by Badauni. Manucci too, in one of his passages, refers to these unqualified bazar physicians. While giving an account of the caravan sarais, he mentions the ‘endless cheating physicians’ who pestered the travellers.

These bazar physicians appear to have lived mainly on private practice. For instance, Badauni uses the term mutatabib-Sirhind, that is, a private practitioner of Sirhind, when he mentions Shaikh Hasan, father of Shaikh Bhina, the surgeon. Banarsi Das, in his Ardha Katha-nak, mentions a physician (baidh) of Jaunpur who treated him when he was young. He also mentions a nai (literally, barber), a term applied to local surgeons, who treated him for syphilis at Khairabad in 1602. When his father fell ill in 1616, he was treated by yet another private practitioner at Banaras. During Shahjahan’s reign a physician called Hakim Basant had a flourishing practice at Lahore. Surat Singh mentions a ‘specialist’ of dog-bite at Kalanaur, to whom hapless patients would be carried. During the reign of Aurangzeb, Hakim Muhammad Abdullah practised and taught at Agra. Balkrishan Brahman, a petty official, in his letters written during the reign of Aurangzeb, mentions local medical practitioners like Balram Misr and Manka Tabib at Hissar Firoza. In one of his letters recommending Manka Tabib to a mansabdar for employment, he certified that ‘a large number of people have benefited by associating with him’. The presence of Hindu bazar physicians in the south is attested to by a number of European travellers.
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The practice of setting up private clinics in the bazars by physicians also finds place in the Mughal miniatures. A miniature attributed randomly to Abul Hasan and pertaining to the reign of Jahangir reminds us of Tavernier’s descriptions (see Plate 2, next page). It depicts a physician sitting under a canopy (shamiana) on a platform and advising an old patient. All around the physician (or is he just a druggist?) on the platform are displayed vials, bottles, jars, cups and bags containing a number of drugs, viz. sufuf (powder), sharbats (syrups) and arq (medicinal liquid extracts). A number of books are at hand, as is a small mortar and pestle to mix the medicines. On one of the bottles is inscribed ‘sharbat-i diq’ (syrup for consumption). Every bottle and bag is labelled. Behind the physician stands a boy, who probably acted as his assistant.

Thus we see that not only was there considerable scope for private practice, in many cases physicians preferred establishing private clinics to government posts or accepting patronage from a noble. Yet, interestingly enough, we know on the testimony of Fryer that there was no dearth of physicians who coveted employment under a noble. Presumably this was so because employment under a noble gave them a feeling of security and ensured a comparatively small but steady income.

These medical practitioners tended to be very hostile to their European counterparts. Partly this might have been an outcome of the European physicians assuming superior airs vis-à-vis the Indian physicians. As Manucci tells us, the Europeans were often not agreeable to accept salaries on a par with those of Indian physicians. However, Linschoten speaks very reverentially of the Indian physicians who, he says, had no scruples in treating the natives and Europeans alike. Careri goes a step further and, in one of his very perceptive passages, suggests that persons suffering from particular kinds of diseases found in India respond more naturally to the treatment given by Indian physicians: ‘Experience having shown’, observes Careri, ‘that European Medicines are of no use here.’ He further says:

... the physicians that go out of Portugal into those parts, must at first keep company with the Indian surgeons to be fit to practice, otherwise if they go about to cure those Distempers, so far different from ours after the European manner, they may chance to kill more than they cure.
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V

As far as the state of knowledge in the field of medicine during the Mughal period is concerned, many modern scholars, following the testimony of the European travellers of the seventeenth century, have expressed serious reservations. As a matter of fact, Manucci held a firm belief that these tabibs had no knowledge of medicine and were certainly not in a position to cure the stone, paralysis, epilepsy, dropsy, anaemia, malignant fevers or other difficult complaints.\(^{101}\)

The available evidence, however, suggests that the medical profession in Mughal India had achieved a considerable degree of specialization within the frame work of Graeco–Arab medical science. The hakims, tabibs and jarrah\(s\) (surgeons) appear to have had amongst them ophthalmologists, specialized surgeons, pharmacologists, veterinarians, sexologists and anatomists. Manucci admits that the tabibs of the period were well-versed in the science of pharmacy. He says, 'In this country it is incumbent on a doctor to prepare medicines, ointments and distillation—in fact all things that appertain to the apothecary's office. Many a times it is also necessary to instruct as to the fashion of preparing the patient's food.'\(^{102}\)

Generally, the preparation of medicines was considered the responsibility of the physicians who prescribed them. The prescriptions, however, were generally kept a secret by the physician from each other, due to rivalry among them.\(^{103}\) This was, perhaps, an important factor inhibiting the growth of pharmaceutical establishments. Generally, pharmaceutical preparations consisting of sufuf (powder), mahlul (suspension), majun and jawarish (electuaries), sharbat (syrups), arq (distilled medicinal water) and mixtures were prepared by the physicians themselves. Sometimes the physician possessed expertise in more than one field. For instance, during the reigns of Babur and Humayun, Hakim Yusum bin Muhammad Yusufi, who migrated to India along with Babur, was an expert in symptomatology, therapeutics, ophthalmology and general medicine. He was the author of at least twelve books. Two of his treatises dealing with symptomatology are preserved in the Maulana Azad Library, Aligarh.\(^{104}\) His Fawa'\(d\)-ul Akhyar and Ilajul Amraz deal with hygiene and therapeutics.\(^{105}\) He also compiled a short discourse on eye diseases and their cures.\(^{106}\) Similarly, Hakim Muhammad bin Yusuf ut Tabib al-Harawi, the personal physician of Babur, was, in addition to his other accomplishment as tabib, one of the most widely-read pathologists of his time.\(^{107}\) Hakim Abdur
Razzaq, who was a contemporary of Humayun, wrote Khulasat-ut Tashrih, which deals with human anatomy.\textsuperscript{108}

During Akbar's reign, much stress seems to have been laid on surgery. Shaikh Bhina, Mulla Qutbuddin Kuhhal (eye surgeon?), Hakim Biarjiu, Hakim Bhairon and Chandrasen were all reputed to be accomplished surgeons.\textsuperscript{109} Hakim Shaikh Bhina wrote a book on medical prescriptions which is popularly known as Mujarrabat-i Shaikh Bhina.\textsuperscript{110} Hakim 'Ainul Mulk 'Dawwani' Shirazi excelled himself in the field of ophthalmology.\textsuperscript{111} He was also an expert in the use of collyrium and pharmacology.\textsuperscript{112} His treatise, Fawaid ul Insan, is a work on pharmacology in versified form.\textsuperscript{113} Muhammad Hakim Gilani had expertise in sexology.\textsuperscript{114} Hakim Ali Gilani, one of the most accomplished physicians of Akbar's reign, apart from his formula of roghan-i deodar, had also prepared sharbat-i kaifnak, which helped in removing exhaustion.\textsuperscript{115} He also had considerable knowledge in fields like osteology (study of bone structures), myology (study of muscles), angiology, neurology and the digestive system.\textsuperscript{116} Hakim Fathullah Shirazi translated the famous Qanun of Abu Ali Sina (Avicenna) into Persian for the benefit of the people.\textsuperscript{117} Muhammad Qasim Firishta, the famous author of Tarikh-i Firishta, wrote Dastur-i Atibba, now popularly known as Tibb-i Firishta, in order to create among the Muslims an interest in the Indian system of medicine.\textsuperscript{118} During the same reign, Ma'sum Bhakhari, author of Tarikh-i Sindh, compiled a treatise on the treatment of diseases and drugs.\textsuperscript{119} Similarly, in 1556 Shaikh Tahir authored Fawaid-ul Fuad, dealing with general medicine.\textsuperscript{120}

During the reign of Jahangir, Muqarrab Khan and Hakim Ali Akbar were renowned surgeons.\textsuperscript{121} Muqarrab Khan was also an expert bleeder and veterinarian.\textsuperscript{122} Later his nephew Hakim Qasim also grew to become an expert bleeder.\textsuperscript{123} Amanullah Firoz Jang Khanazad Khan, son of Mahabat Khan, famous noble under Jahangir and Shahjahan, had a sound understanding of medicine. His Ganj-i Bad Awurd is a good work on pharmacology. His second work, Ummul Ilaj, is a treatise on purgatives.\textsuperscript{124}

Under Shahjahan as well, much work was done on pharmacology. Sheikh Muhammad Tahir, Hakim Ma'sum Shustari and Hakim Nuruddin Muhammad 'Ainul Mulk, grandson of Hakim Shamsuddin Ali Dawani 'Ainul Mulk (of Akbar's reign), have left behind books on pharmacology.\textsuperscript{125} Hakim Ma'sum's Qarabadin-i Ma'sum deals with the preparation of drugs, electuaries, pulps, pastes,
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syrups, tablets, collyriums, enemas, gargles and ointments, as well as the effects of tea and coffee. Hakim Nuruddin ‘Ainul Mulk’s Alfaz-i Adwiyya is an encyclopaedia of pharmacology, while his Ilajat-i Dara Shukohi is a compendium of medical science basically instructing travellers on dietary precautions, anatomy, medicines etc.

During the reign of Aurangzeb, Hakim Sanjak achieved much in the field of ophthalmia. Bernier says that Danishmand Khan was well-versed in anatomy. He even had works of William Harvey on the circulation of blood, and Pecquet translated these into Persian for him. Nurul Haq Sirhindi wrote Ainul Hayat, a rare work on plague. Hakim Muhammad Akbar Arzani, a renowned physician of this reign, apart from translating a well-known commentary of the popular thirteenth-century pathological treatise by Najibuddin Samarqandi, wrote a commentary on Chaghmini’s Qanuncha. Qazi Muhammad Arif wrote Tibb-i Qazi Arif, a general work on medicine containing prescriptions for diseases that are especially indigenous to India.

It appears from the surviving manuscripts of works written on medicine and other sciences, now preserved in various repositories, that in Mughal India a large number of books on medicine were either written or compiled, translated or commented upon (see Tables 3 and 4). Under the early Mughals (sixteenth to seventeenth centuries) and later Mughals (eighteenth century) the largest number of books written belonged to the field of medicine, as compared to astronomy

<table>
<thead>
<tr>
<th>Century</th>
<th>Medicine</th>
<th>Astronomy</th>
<th>Mathematics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Persian</td>
<td>Arabic-Sanskrit</td>
<td>Total Persian</td>
</tr>
<tr>
<td>13th</td>
<td>4</td>
<td>33</td>
<td>31</td>
</tr>
<tr>
<td>14th</td>
<td>21</td>
<td>5</td>
<td>50</td>
</tr>
<tr>
<td>15th</td>
<td>18</td>
<td>1</td>
<td>36</td>
</tr>
<tr>
<td>16th</td>
<td>120</td>
<td>10</td>
<td>61</td>
</tr>
<tr>
<td>17th</td>
<td>102</td>
<td>12</td>
<td>122</td>
</tr>
<tr>
<td>18th</td>
<td>133</td>
<td>6</td>
<td>80</td>
</tr>
</tbody>
</table>

TABLE 4: Categories of Books on Medicine (Persian)

<table>
<thead>
<tr>
<th>Century</th>
<th>Total</th>
<th>General</th>
<th>Specialized</th>
<th>Anthologies/Compendiums</th>
<th>Dictionaries</th>
<th>Encyclopedias</th>
<th>Commentaries</th>
<th>Translations</th>
</tr>
</thead>
<tbody>
<tr>
<td>13th</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>14th</td>
<td>21</td>
<td>5</td>
<td>11</td>
<td>1</td>
<td>1</td>
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<td>1</td>
<td>3</td>
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<tr>
<td>15th</td>
<td>18</td>
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<tr>
<td>16th</td>
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<td>15</td>
<td>93</td>
<td>5</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>6</td>
</tr>
<tr>
<td>17th</td>
<td>102</td>
<td>10</td>
<td>68</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>18th</td>
<td>133</td>
<td>10</td>
<td>98</td>
<td>8</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>10</td>
</tr>
</tbody>
</table>


and mathematics, the other two popular fields of study. A sudden impetus to the collection and writing of books on medicine started in the sixteenth century, which continued down to the eighteenth century. This trend was confined generally to works in Persian and Sanskrit; books in Arabic, on the other hand, either decreased or remained stable numerically.

Table 4 shows the trend of specialized books on medicine developing during the sixteenth century. The seventeenth century saw some decline followed by a steep rise under the later Mughals. The trend of anthologies and compendia, as well as translations of previous works also developed from the sixteenth century onwards.

VI

An interesting question can be asked about the physicians of medieval India: were these *tabibs* dogmatic in their approach or were they open to change? Some idea in this respect can be had from the discussion that is reported to have taken place at Akbar’s court in 1603, on the use of tobacco. In this year Asad Beg Qazwini brought to the court from Bijapur a small sample of tobacco and a smoking pipe for the emperor. When Akbar showed an inclination to smoke, he was sought to be dissuaded by Hakim Ali Gilani, who argued that as nothing was mentioned regarding tobacco in ‘our medical books’, it would be risky to use it without making further investigations. While one may not disapprove in principle of the advice that Hakim Ali Gilani gave on that occasion, one cannot help noting the intrinsic
cause of the hakim’s line of argument. For him nothing was permissible that was not sanctioned by the texts of unani tibb handed down by the great masters of earlier times. This obviously applied to the new ideas regarding medicine that were coming at this time from the west.

But then, did this not mean that the urge to improvise was absent among the Indian physicians? A stray reference by Manucci suggests that the surgeons, at least of the Deccan, improvised techniques that were a step forward towards the as yet unknown field of plastic surgery. He says that the native surgeons of Bijapur could fashion a crude nose for those who had this organ severed. They would cut the skin of the forehead above the eyebrows and make it fall down over the wounds on the nose. Then, giving it a twist, so that the live flesh might meet the other surface, and by healing applications, they fashioned for them a nose, though imperfect. Manucci says he saw many persons with such noses.

Thus we see that the physicians of Mughal India were members of a highly developed and skilled profession. It was only after proper training and schooling that they were allowed to become members of this profession. Although it cannot be denied that many of them were physicians by hereditary occupation, a large number of them also became physicians due to training and interest. It further becomes apparent that these physicians could be classified into a number of categories. There were some who joined the service of the king or nobles, amongst them those who rose to high positions as mansabdars. Others joined service but were appointed to mediocre offices. From a number of Mughal miniatures, where physicians of these two groups are depicted, it is apparent that in spite of their affinity to the ruling classes, they were perceived to be different. Their attire resembles that of the religious classes. They are seen wearing heavy and circular dastars (headgear); the jamas they wore were shorter than those of the mullas, coming down only up to the knee, and had tight sleeves, quite unlike those of the religious classes. They are also frequently depicted wearing a shawl.

The third category of physicians receiving state patronage were those who, instead of being given mansabs, were awarded cash salaries. Then there were those who were only patronized through in’ams and grants. All these physicians were recruited and promoted on the basis of an assessment of their medical knowledge and experience. Further, they could leave their employers at will.
Largest in number were those who, for convenience sake, we may designate 'bazar physicians'. These physicians had their own clinics and conducted private practice in conditions where the demand for their services was considerable. In general, physicians in Mughal India formed a distinct, non-theological professional class, held in high repute and able, as we have seen, to penetrate the ranks of the ruling classes. They thus formed a kind of primitive 'middle class' for their profession. The Mughal physicians, whether in government service or outside it, were much in demand and enjoyed a respected position in the society as well as at the court.

Notes and References


3 John Fryer, A New Account of East India and Persia in Eight Letters being Nine Years Travels Begun 1672 and Finished 1681, Delhi, 1985, p. 114.


7 The Commentary of Father Monserrate, S.J (on his Journey to the Court of Akbar), translated by J.S. Hoyland, annotated by S.N. Banerjee, Calcutta, 1922, p. 103.


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15 See for example *Ma‘asir-i Rahimi*, III, p. 46. Hakim Jibrail, a famous physician, who later joined the service of Abdur Rahim Khan-i Khanan, while teaching at a madrasa known as Darul Irshad at Ardebil, heard people say that 'Iran was the Maktab Khana of Hindustan'.
18 *Ma‘asir-ul Umara*, III, p. 263.
22 See, for example, in this regard, Manucci, *Storia Do Mogor*, II, iii, pp. 332–33, wherein the author says that the physicians in the Mughal court were basically Persians.
25 Manucci, Storia Do Mogor, II, iii, p. 332.
27 Manucci, Storia Do Mogor, pp. 373–74.
28 Ibid., p. 215.
31 Amin Qazwini, MS.BM.OR. 173, Add. 20734 (transcript of MS., Raza Library, Rampur, in Department of History, Aligarh Muslim University), II, p. 281.
38 Discussing the salary of the state physicians, Manucci comments that ‘those bearing the title of Khan—that is “noble”, have a gross allowance of from twenty, thirty, fifty, one hundred to two thousand rupees a year; Manucci, Storia Do Mogor, p. 332. See also Lahori, Padshahnama, II, p. 422; Muhammad Wars, Badshahnama, MS, IO Ethe 329 (transcript of MS., Raza
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Library, Rampur, at Department of History, Aligarh Muslim University), II, p. 255.


Manucci, Storia Do Mogor, IV, p. 205.


Manucci, Storia Do Mogor, II, iii, pp. 328–29, 332, 374–75; see also ibid., p. 195.

Ibid., II, iii, p. 319. In the royal harem, sometimes a woman having a sound knowledge of tibb could also be attached. Lahori (Padshahnama, II, i, p. 629) refers to sati-un Nisa Begum, the wife of Nasira, the brother of Hakim Rukna, who was attached to the household of Mumtaz Mahal.


Ma‘asir-ul Umara, I, p. 493; Ma‘asir-i Alamgir, p. 42.

Ma‘asir-i Rahimi, III, p. 45.


Lahori, Padshahnama, I, ii, p. 349; Ma‘asir-i Jahangiri, p. 345.

Manucci, Storia Do Mogor, II, p. 76.


Ma‘asir-i Mahmud Shahi, p. 64.

Tuzuk-i Jahangiri, I, p. 4.


For a reference to the mutasaddis and kotwal in a government hospital, see Gopal Rai Surdaj, Durrul Ulum, MS., Bodleian Library, Oxford, Ms Walker 104, f. 45(b) (Rotograph in Department of History, Aligarh Muslim University).

Mirat-i Ahmadi, I, p. 209.

Sairul Manazil, p. 8. This Danish Shifa is probably the same which is referred to by Gopal Rai Surdaj (Durrul Ulum, f. 45(b)).

Lahori, Padshahnama, I, ii, p. 345.

For the hospital at Surat, see Ruqyat-i Alamgiri, Nizami Press, Kanpur, 1273 AH, Letter No. 125. See also Surat Documents, ff. 174(b), 175(a).


Surat Documents, Blochet, Suppl. Pers. 482, ff. 174(a), 174(b).

Selected Documents of Aurangzeb's Reign, pp. 122–23. The total salary was Rs 180 p.m. which, after the deduction of usual dues, came to Rs 136 p.m. For salaries and daily allowances in government hospitals at Surat and Ahmadabad see Surat Documents, ff. 174(a)–175(b), ff. 81(a)–82(b); Waqa'i Ajmer wa Ranthambhar, MS., Asafiya Library, Hyderabad (transcript in Department of History, Aligarh Muslim University) Vol. I, p. 9; Mirat (supplement), pp. 160–61, 186–87. Compare this with the salaries of local officials like qanungo, muharrir, nawisanda, etc., which ranged 'somewhere between Rs 10 to Rs 17 per month'. See S. Ali Nadeem Rezavi, 'The Empire and Bureaucracy'.


Selected Documents of Aurangzeb's Reign, pp. 120, 122–23.

Ruqyat-i Alamgiri, Letter No. 125.

Mirat-i Ahmadi, I, p. 209

Ma'asirul Umara, III, p. 936.

Muraqqa'at-i Hasan, Abul Hasan, MS., Riza Library, Rampur (Microfilm in Department of History, Aligarh Muslim University).

Indian Travels of Thevenot and Careri, p. 218.

See, for example, Selected Documents of Aurangzeb's Reign, p. 120; Manucci, Storia Do Mogor, II, pp. 95–96, 225, etc.; Bernier, Travels in the Mogul Empire, pp. 489, etc.

Letter of Balkrishan Brahman, MS., Riell, 83, Add.16895 (Rotagraph in Department of History, Aligarh Muslim University), f. 31(b).

See for example Manucci, Storia Do Mogor, III, iv, p. 459. These physicians were probably quite unskilled. See Mirza Nama of Mirza Kamran, cited in Iqtidar Alam Khan, 'The Middle Classes in the Mughal Empire', p. 19, n.68.

Tuzuk-i Jahangiri, II, p. 253; Nishan of Maryam Zamani in Edicts from the Mughal Haram, pp. 50–52. See also Tuzuk-i Jahangiri, I, p. 91.


Ibid. Of special interest in this regard is the public testimony explicitly mentioning this reason for the grant contained in a document of Aurangzeb's reign (Hodivala, Studies in Parsi History, pp. 185–86, 188); Irfan Habib, Agrarian System, p. 353.


Parwana, dated 1 Ramzan 1116AH/48th RY/28 December 1704, preserved
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in National Archives, New Delhi, no. NAI, AD.2444; see also NAI, AD.2446 (dated 25 Ziqada 1127/3RY of Farukh Siyar/22 November 1715).

See for example NAI, AD.2445 and NAI, AD.2447; Some Firmans, Sanads and Parwans (1578–1802 AD), edited by K.K. Datta, Patna, 1962, pp. 30, 45, 68.


Tavernier, Travels in India, I, p. 240

Badauni, Muntakhab-ut Tawarikh, III, pp. 163, 170, 315.

Manucci, Storia Do Mogor, I, p. 115.

Badauni, Muntakhab-ut Tawarikh, III, p. 169.


Ibid., p. 70, text, verse 488.

Surat Singh, Tazkira-i Pir Hassu Taili, MS., Department of History, Aligarh Muslim University, ff. 48(b), 171(a), 125(b)–126(a).


Letter of Balkrishan Brahman, MS., Riell, 83, Add.16895, ff. 125(a), 319(a)–31(b).


Fryer, A New Account of East India and Persia, p. 115.

As a private practitioner, Manucci was offered Rs 4,000 by a patient (Manucci, Storia Do Mogor, III, iii, p. 132); in the service of Shah Alam he received Rs 300 p.m. (ibid., II, p. 215) apart from occasional gifts ranging from Rs 400 to Rs 200 for individual treatment of the members of the princes’ harem (ibid., II, p. 331). The government physicians on the other hand had a salary of Rs 2 per day (i.e. Rs 60 p.m.). See supra.

Manucci, time and again, laments over this hostility; see Storia Do Mogor, II, p. 381; IV, pp. 205–10.


Careri, Indian Travels of Thevenot and Careri, pp. 161–62. Compare this view regarding Indian surgeons with that of Tavernier (Travels in India, I,
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p. 241) that the people of this country understand nothing about it. See also Manucci, *Storia Do Mogor*, II, pp. 89–90, regarding limitations of Muslim surgeons at Agra.

101 Manucci, ibid., II, p. 333.
102 Ibid., III, iii, p. 187.
103 See for example, ibid, III, iii, p. 129.
104 See *Dala'il ul Bul*, MS., Sir Sulaiman Collection, 493/14; Subhanullah Collection, 616/22; and *Dala'il un Nabz*, MS., Sir Sulaiman Collection, 492/12, Subhanullah, 616/22.
105 MS., Maulana Azad Library, Aligarh, University Farsiyya Funun, No. 56.
108 MS., Bankipur Library, Patna, 11-40; 1013, cf. ibid., p. 4
111 Badanuni, *Muntakhab-ut Tawarih*, III, p. 230
112 Ibid., III, p. 164; *Tabqat-i Akbari*, II, p. 481.
114 Ibid., pp. 144–45.
122 *Tuzuk-i Jahangiri*, p. 347.
125 Ibid., pp. 202,134,164.
129 *Ma'asir-i Alamgiri*, p. 84.
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131 Ibid., pp. 324–25.
133 *Tibb-i Akbari*, MSS., Maulana Azad Library, Subhanullah Collection, Nos. 616/15, 616/6 cr.
134 *Mufarrihul Qulub*, MSS., Maulana Azad Library, University Farsiya Funun, 58; Subhanullah Collection, 616/2; Sir Sulaiman Collection, 580/5.
135 MS., Maulana Azad Library, Subhanullah Collection, 616/16.
136 Tables 3 and 4 have been prepared on the basis of the information contained in A. Rahman et al., *Bibliography of Source Materials*.
139 Ibid.
140 See in this regard the statement of Bernier, *Travels in the Mogul Empire*, p. 259.