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Hakims on Health and Hygiene: Advising Women and Optimising Reproductive Capacity in Urdu Instructional Literature, c.1880s–1940s

Mobeen Hussain*, 

Summary. This article reads Urdu domestic health manuals as texts that targeted women to convey instructions on hygiene, exercise, and reproductive health. By predominantly focussing on *Tabib al-Nisa* (1934) and *Sinf-i-Nazuk* (1938), authored by hakims (local medical practitioners), this article argues that Urdu manuals, in comparison to other female-targeted manuals, have received little attention in historical scholarship. This research offers a starting point from which to remedy this by arguing that Urdu manuals, drawing from and inspired by Unani Tibb (Greco-Arabic-derived medicine), were important texts that contributed to how medical knowledge was understood and applied to women. It does this by examining how this manual genre mediated ideas about race, gender, class, and conflicting modernities to mould idealised notions of well-being. Colonially sanctioned health advice coalesced with local forms of medicine to address primarily North Indian *ashraf* women as responsible caregivers within broader debates about public health, eugenics, and socio-religious instruction.

Keywords: hakims; reproduction; Unani Tibb; domestic health; Urdu manuals; eugenics

In July 1927, Gulestan Bahadurji, Secretary of the Bombay Women's Committee on Educational Reform wrote to the Bombay Schools Committee requesting a list of 'prominent Mohmedans and Mohmedan Educational institutions'.¹ The Committee wanted to enlist local Muslim opinion following the resolution of the All-Indian Women's Conference (AIWC) to provide educational facilities appropriate for girls in *purdah* (seclusion from males) in Poona. Upon circulating the resolution, the Committee garnered numerous replies from prominent families and institutions across Bombay Presidency including the Anjuman-e-Islam (Society of Islam) and the well-known Tyabji clan.² The responses were enthusiastic, detailed, and stressed the importance of teaching pupils' domestic economy, hygienic self-care, and physical training. Most agreed that *purdah* provisions should be made even if they doubted its suitability to modern life.³ Khadija

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¹'Papers Concerning the Education of Muslim Girls, All India Women's Conference, 1927–1938', *Hansa Mehta Private Papers Collection* (New Delhi: Nehru Museum and Memorial Library), 1.

²The Tyabji clan of the Sulaimani Bohra Muslim community in Bombay were influential figures, speaking

on Indian Muslim education and religion for example Dr Badruddin Tyabji founded the Anjuman-e-Islam in 1874; Khadija Shaffi Tyabji, 'Papers Concerning the Education of Muslim Girls', 1.

³*Ibid.*, 1, 4.

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Tyabji, for instance, wanted to 'discourage' *pardah* but feared that attempts at its abolition would result in stricter observances and, instead, recommended providing secluded open-air spaces.⁴ Contrasting Tyabji, respondent Sehmina Salim Ali necessitated *pardah* and 'homely' environments for schools which taught young girls 'good principled culture', 'mother-craft,' and to be 'good housewives'.⁵ She advocated regular courses of hygiene and domestic economy to mirror ideal home life.⁶ A hakima (female Unani practitioner) also weighed in, emphasising the importance of sanitation in schools and imparting hygiene and moral instruction to pupils.⁷ Tied to cleanliness and hygiene, respondents deemed physical education and open spaces essential to domestic training.⁸

These lively discussions had become part and parcel of social reform and public health debates across early-twentieth-century India. Public health facilities were initiated by the East India Company for Britons in Indian cities and, from the late nineteenth century, gradually expanded to include Indians through sanitary administration and, often coercive, epidemic control measures. Interventions, like the Epidemic Diseases Act of 1897 which permitted measures such as forceful segregation, home inspections, and mass disinfection, elicited resentment amongst Indian populations.⁹ In the early twentieth century, large-scale immunisation drives also provoked censure for targeting women.¹⁰ Provincial medical and public health departments were also undertaking sanitary inspections of schools, running maternity care campaigns, and facilitating the growth of health infrastructure. Scholarship on gender and medicine has shown how Indian women became subjects for new 'scientific' medical practices, from medical missions to phil-anthropical efforts, underpinned by imperial motivations.¹¹ The reproductive health of girls and women also increasingly became a site of colonial and local intervention. The AISC's resolution and community dialogues indicate how bodily regulations, based on regimented hygiene and physical education, were deemed necessary for girls training to be 'modern', 'enlightened' housewives and mothers across British and Princely India.¹²

This article reads women-targeted Urdu domestic health manuals as generative sites in which conversations about female hygiene, exercise, and reproductive health were occurring. It specifically focusses on two hakim-authored texts, *Tabib al-Nisa* (1934) and *Sinf-i-Nazuk* (1938), with reference to Sultan Jahan, the Begam of Bhopal's older text *Hifz-i-Sihat* (1916).¹³ Prescriptive instructional literature for elite and middle-class Indian women grew vastly in the latter decades of the nineteenth century. *Hakims* and *vaidis* (local medical practitioners of Unani and Ayurveda), social reformers, and theologians

⁴*Ibid.*, 1, 6; Tyabji later became the chairman of the Schools Committee in 1934.

⁵Sehmina Salim Ali, 'Papers Concerning the Education of Muslim Girls', 1.

⁶*Ibid.*

⁷Hakima A. H. Fiyzee, 'Papers Concerning the Education of Muslim Girls', 1.

⁸Ali, 'Papers Concerning the Education of Muslim Girls', 1.

⁹David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (London: University of California Press, 1993), 200; Pratik Chakrabarti, *Medicine and Empire: 1600–1960* (Basingstoke: Palgrave Macmillan, 2013), 110.

¹⁰Arnold, *Colonizing the Body*, 143.

¹¹Antoinette M. Burton, *Burdens of History: British Feminists, Indian Women, and Imperial Culture, 1865–1915* (Chapel Hill: University of North Carolina Press, 1994); Tim Allender, *Learning Femininity in Colonial India, 1820–1932* (Manchester: Manchester University Press, 2016), 178–94; see Sara Honarmand Ebrahimi, 'Medical Missionaries and the Invention of the "Serai Hospital" in North-western British India', *European Journal for the History of Medicine and Health* (online early 2022) for recent work on missionary activity in India.

¹²Judith E. Walsh, *Domesticity in Colonial India: What Women Learned When Men Gave Them Advice* (New Delhi: Oxford University Press, 2004), 3, 39.

¹³Urdu translations are the author's own.

extended their expertise to reforming the domestic practices of women. One genre that emerged for a literate female readership was domestic health manuals, combining instructions for health, beauty, and domestic economy. Some of this literature, as Judith Walsh has shown, was influenced by, and part of, a globalising imperial ideology of domesticity which produced Anglo-imperial texts like Flora Steel's *Complete Indian Housekeep and Cook* (1888).¹⁴

Pertinently, a whole host of Urdu manuals were published from the turn of the twentieth century, written predominantly by men but also increasingly by women.¹⁵ Urdu manuals, in comparison to Bengali and Hindi manuals and Ayurvedic literature for women, have received little attention in historical scholarship on Indian female reform (with the notable exception of Maulana Thanawi's *Bihisti Zewar*, discussed below).¹⁶ Asiya Alam has written on burgeoning Urdu guides for conjugal health and sexuality from the 1880s which were written by and for men.¹⁷ More significantly, however, this genre has not been seriously examined within the preview of histories of science and medicine in South Asia. Most scholarship has focussed on how colonial endeavours, supported by Indian reformers, intervened to provide medical assistance to women—such as establishing zenana hospitals—at the expense of tracing how health knowledge circulated amongst Indian women. This article offers a starting point from which to remedy this by arguing that Urdu manuals, inspired by and drawing from local and colonial medical knowledge, were important textual sites that contributed to how medicine, preventative health, and the female body, were understood and applied by women as part of daily regimens.

Firstly, I examine how these texts simultaneously mediated ideas about race, gender, caste, class, and religion to mould idealised notions of well-being. Taking a cue from Gyan Parkash's analysis of hybrid(ising) knowledge forms, I re-inscribe this literature away from fixed genres of domestic fiction, materia medica or recipe-books, to highlight the rich hybridity of these manuals.¹⁸ These multi-layered normative manuals, which mined recipes, methods and images from circulating magazines and medical literature, present a nexus between household economy, bodily health and beauty, and religiously sanctioned teaching. Percolating cross-regionally, their central aim was to educate Indian women to become better wives and mothers according to specific regional and communal ideals.

Secondly, I show how these Urdu manuals coalesced colonially endorsed Western biomedicine with local forms of medicine to directly address North Indian *ashraf* women, increasingly self-defining as middle-class, as responsible caregivers within broader debates about public health, global eugenics, and Indian socio-religious understandings of female subjecthood, capacity and responsibility. Authors contended with how to articulate the need for, and how to achieve, a healthy, regimented but modest female body. These

¹⁴Judith E. Walsh, *How to Be the Goddess of Your Home: An Anthology of Bengali Domestic Manuals* (New Delhi: Yoda Press, 2005), 29.

¹⁵A brief survey has yielded numerous examples such as *Tahzib al-Nisa* (Women's Etiquette), *Rafiq al-Nisa* (Women's Companion), *Sihhat ki Dost* (Health's Friend) and *Rafiq-i-Hamdani* (Women's Helper); a Wellcome-funded project on Gender and Unani Tibb to commence in September 2024 will delve deeper into this manual genre.

¹⁶Charu Gupta, 'Procreation and Pleasure: Writings of a Woman Ayurvedic Practitioner in Colonial North India', *Studies in History*, 2005, 21, 17–44; Walsh, *Domesticity in Colonial India*.

¹⁷Asiya Alam, *Women, Islam and Familial Intimacy in Colonial South Asia* (Leiden: Brill, 2021), 136–37.

¹⁸Gyan Parkash, *Another Reason: Science and the Imagination of Modern India* (Princeton: Princeton University Press, 1999), 82–83.

articulations comprised of strategies to educate women about bodily strength, reproductive health and conjugality. Examining these domestic health manuals furthers our understanding of how scientific knowledge and medical processes were introduced in the vernacular—referring to both Indian-language vocabularies and as part of the ‘everyday’. Following Eugenia Lean’s conceptualisation of the ‘vernacular’, as innovative rather than merely imitative and derivative, the linguistic choices used to relay these knowledge forms to a female readership tells us much about how medical knowledge was framed by various interlocutors invested in public health and future national citizenry-in-the-making.¹⁹

Although domestic manuals made up a small sector of the mass print market, many did have a wider Urdu readership as signalled by subsequent editions.²⁰ The manuals discussed here were read mostly by city-dwelling Muslim women but it is likely that they were read aloud and circulated across family and kinship groups following oral traditions (particularly of sharing life histories) and earlier forms of oral transmission and sociability.²¹ Women in *zenanas* had often shared news, advice, food, and stories through spending time on rooftops, neighbourhood visits, and nurturing familial networks.²² Ideas are also disseminated across communities through vernacular language transmission and translation. For instance, Bengali Muslim Mohammad Mosharaf Hossein’s *Yuvatir Atmakatha* (1931), which details domestic advice on health, hygiene, and sex, was similar to Bengali Hindu Nandalal Mukhopadhyay’s *Swami-Stree* (1931).²³ Thus, this article also makes reference to Bengali and Hindi texts to consider how women engaged with new ideas about quotidian health as well as to demonstrate how such advice was situated within modern reproductive politics and global discourses of female health and eugenics.

Female Health and a New Style of Instructional Literature

Women’s health became a site of moral and social transformation for practitioners of Ayurveda (a medical system rooted in Sanskrit Vedic texts) and Unani Tibb from the late nineteenth century. Unani is a Greco-Arabic-derived medicine practiced in South Asia and Tibb refers to the practice of medicine. Unani essentialises links between spiritual and physical health as two intertwined and mutually dependent entities. *Usool-e-Ilaj* (Unani principles for treatment) are premised on the humoral balance of hot and moist *dam* (blood), hot and dry *safra* (yellow bile), cold and moist *balgham* (phlegm), and cold and dry *sauda* (black bile).²⁴ Accordingly, six lifestyle factors and health prerequisites (*asbaab-e-sitta zarooriya*) affected bodily temperament: air, food and drink,

¹⁹Eugenia Lean, *Vernacular Industrialism in China: Local Innovation and Translated Technologies in the Making of a Cosmetics Empire, 1900–1940* (Columbia University Press, 2020), 10.

²⁰Subsequent editions of some female-authored Urdu instructional manuals signal their popularity, see: C. M. Naim, *A Most Noble Life: The Biography of Ashrafunnisa Begum (1840–1903) by Muhammadi Begum (1877–1908), Translated from the Original Urdu, with Additional Material* (Hyderabad: Orient BlackSwan, 2022), 136–37.

²¹Siobhan Lambert-Hurley, *Elusive Lives: Gender, Autobiography, and the Self in Muslim South Asia* (Stanford University Press, 2018), 49.

²²Gail Minault, *Gender, Language, and Learning: Essays in Indo-Muslim Cultural History* (Ranikhet: Permanent Black, 2009), 120.

²³Swapna Banerjee, *Men, Women and Domesticity: Articulating Middle-Class Identity in Colonial Bengal* (New Delhi: Oxford University Press, 2004), 105.

²⁴Farkhunda Jabin, ‘A Guiding Tool in Unani Tibb for Maintenance and Preservation of Health: A Review Study’, *African Journal of Traditional, Complementary, and Alternative Medicines*, 2011, 8, 5 Suppl, 140–43, 141.

physical activity and rest, emotions and feelings, sleep and wakefulness and fluid retention and evacuation— these factors, as I will show, are addressed in domestic health manuals.²⁵ Practitioners selectively merged, borrowed or rejected Western methods in their processes of reform.²⁶ The first hakim-authored manual examined is *Tabib al-Nisa* (pronounced Tabib-un-Nisa, Women's Practitioner) published in Lahore in 1934.²⁷ It is described as a 'family pharmacopeia' which is transliterated from English. The author Mohammad Azimullah uses the titles of both doctor and hakim to enhance his credibility as a practitioner of two traditions of medicine, Western biomedicine and Unani— his authority was based on his Western learning and experience with 'native' illnesses. The preface states that the 'humble compilation's intention' is to be 'of service to the delicate gender. For whose interest and betterment this was published'.²⁸ The manual, split into three parts, is comprehensive including sections on *zenana* diseases (diseases exacerbated by conditions in separate living quarters and gynaecological problems), menstruation, and maternity care as well as advice for alleviating common ailments, cleaning wounds, nutrition, hygiene, and beautification.

The second manual, *Sinf-i-Nazuk* or *The Fair Sex* (1938), was 'compiled and written' by Hakim Muhammed Yusuf Hassan.²⁹ This manual was published as part of didactic literature series—the second 'in the series on mankind's training'.³⁰ The first, *Do Shiza* (A Virgin), celebrating its third edition at the time of *Sinf-i-Nazuk's* publication, had appeared in 1934.³¹ Marketed as a medical text 'worthy of being read by your wives and girls' in 'honourable households', *Do Shiza* informed readers of human 'weaknesses' and 'vices'.³² A third volume *Majlis Khalut* (*Assembly of Seclusion*), aimed at mothers and wives, was also forthcoming.³³ The first two were intended for women over 25 years of age or women who were, or about to be, married.³⁴ Hassan's compulsion for writing this series was to rectify, to his mind, the deteriorating quality of Urdu lectures by using unvulgar, scientific and ethical language.³⁵ He insisted that mothers should discuss marital preparation with their pubescent daughters including basic literacy and arithmetic education as part of their domestic training.³⁶ Many Ayurvedic texts also attempted to correct the lack of pedagogical training for 'ideal girls, ideal housewives, and ideal mothers'.³⁷ *Sinf-i-Nazuk* includes 'everything related to women' maintaining that 'whatever is competently practiced by women it will bring 99 benefits to men as well'.³⁸ It covers

²⁵*Ibid.*; Neshat Quaiser, 'Politics, Culture and Colonialism: Unani's Debate with Doctory', in Biswamoy Pati and Mark Harrison, eds, *Health, medicine and empire: new perspectives on colonial India* (London: Sangam Books, 2001), 317–55, 330.

²⁶Irfan Habib and Dhruv Raina, 'Reinventing Traditional Medicine: Method, Institutional Change, and the Manufacture of Drugs and Medication in Late Colonial India', in Joseph S. Alter, ed, *Asian Medicine and Globalization* (Philadelphia: University of Pennsylvania Press, 2005), 67–77, 69; Rachel Berger, *Ayurveda Made Modern: Political Histories of Indigenous Medicine in North India, 1900–1955* (New York: Palgrave Macmillan, 2013), 44–49.

²⁷Mohammad Azimullah, *Tabib al-Nisa* (Lahore: Mutabba Kareemi Press, 1934).

²⁸*Ibid.*, preface.

²⁹Muhammed Yusuf Hassan, *Sinf-i-Nazuk* (Lahore: Mushir ul-Attiba, 1938), cover page.

³⁰*Ibid.*, jeem.

³¹*Ibid.*

³²*Ibid.*, 4; Saleem Kidwai, 'Hakim Muhammad Yusuf Hasan: Do Shiza (Urdu)', in Ruth Vanita and Saleem Kidwai, eds, *Same-Sex Love in India: Readings from Literature and History* (New York: Palgrave Macmillan US, 2000), 260–63, 260.

³³Hassan, *Sinf-i-Nazuk*, jeem.

³⁴*Ibid.*

³⁵*Ibid.*, 3–4.

³⁶*Ibid.*, 30–31.

³⁷Yashoda Devi, *Vaidyaka Ratna Sayoraha* (Allahabad: Devi Pustakalaya, 1925), 2.

³⁸Hassan, *Sinf-i-Nazuk*, 4; This assertion mirrors Thanawi's response to readers of *Bihisti Zewar* who asked for a male-targeted manual; Ashraf 'Ali Thanvi and Barbara D. Metcalf, *Perfecting Women: Maulana Ashraf 'Ali Thanawi's Bihisti Zewar* (Berkeley: University of California Press, 1990), 9.

much of the same ground as *Tabib al-Nisa* but also details venereal diseases, discusses marriage and matchmaking and contains more extensive sections on beautification as an 'essential duty' of wives.³⁹

Both manuals maintain their advice was derived from the Unani tradition. Although there were a range of cross-regional male, and increasingly female, writers engaged in reforming female behaviours, these hybridised hakim-authored manuals were published in Punjab, a centre of pluralistic medical training.⁴⁰ They tapped into Western scientific knowledge whilst applying Unani principles of care and providing advice for beautification and household management. Hassan's introduction reminded his readers that, though 'Western doctors are held in higher esteem than any other profession', Unani was a superior and 'important branch of knowledge'.⁴¹ Indeed, late-nineteenth-century proponents of the system claimed that Unani shared a common history with modern medicine and had actually given birth to medical science in Europe.⁴² The multiple tensions and collaborations between the two medical systems that were expressed by hakims are indicative of a reforming Unani medicine which was more explicit in its advice for women than earlier medical literature. Seema Alavi has shown that Unani had been influenced by Persianate aristocratic virtue and Arabic science as well as reformed through internal changes and collaboration with the East India Company and the colonial state proper.⁴³ Alavi, revisiting assumptions about colonial domination suppressing Indian healing practices, argues that Anglicist reforms of the 1830s were unable to extinguish syncretic medical cultures which continued to exist alongside the universalisation of Western medical science.⁴⁴

Many hakims saw Unani as equal to Western medicine but in dire need of reform and three significant changes distinguished late-nineteenth-century Unani from earlier practices. Firstly, the rise of Unani knowledge amongst a new kind of hakim separate from the monopolisation of specialised knowledge by older hakim families; secondly, accessibility of medical knowledge through translation and writing in Urdu as opposed to Arabic or Persian; and, thirdly, the identification of Unani with *Tibbi-e-Islami* (Islamic medicine) or *Tibbul Arab* (Arabian medicine), later reinforced by mid-twentieth-century communitarian politics.⁴⁵ The later writings of Azimullah and Hassan can be situated in the new Unani of the late nineteenth century. Not much is not known about these hakims beyond their public and medical lives as authors and practitioners; however, their manuals tell us much about their place in North Indian, particularly Lahori, society. As new writers on Unani, not from established hakim families, they laid claim to Unani by gaining their authority from colonial medical institutions as well as packaging Unani as a Muslim healing practice by strengthening Prophetic associations and interacting with Persianate *akhlaq* (etiquette).⁴⁶ These changes are significant to our understanding

³⁹Hassan, *Sinf-i-Nazuk*, 53–54.

⁴⁰For more on Ayurvedic practice in Punjab see: Nikita Arora, 'The Curious Case of Patnibrata Men: Revisiting Masculinity in Sikh and Punjabi Reformist Literature, c. 1925–1939', *Sikh Formations*, 2023, 19, 96–116.

⁴¹Hassan, *Sinf-i-Nazuk*, 3.

⁴²Quaiser's 'Politics, Culture and Colonialism', 318.

⁴³Seema Alavi, *Islam and Healing: Loss and Recovery of an Indo-Muslim Medical Tradition, 1600–1900* (Basingstoke: Palgrave Macmillan, 2008), 5, 8.

⁴⁴*Ibid.*, 405.

⁴⁵*Ibid.*, 218; Quaiser's 'Politics, Culture and Colonialism', 318.

⁴⁶Alavi, *Islam and Healing*, 212, 217–19, 230.

of how Unani, as a gradually democratising knowledge form, functioned in women-targeted domestic health manuals and its potential for individual application.

I also include a female authored text as an important point of comparison for how women's bodies were understood in this manual genre, demonstrating authorial shifts across the twentieth century within a vibrant discourse on Unani's engagement with modern medicine.⁴⁷ *Hifz-i-Sihat*, published earlier in 1916, was authored by Sultan Jahan, the Begam of the Princely State of Bhopal.⁴⁸ *Hifz-i-Sihat* translates as 'preservation of health' but was widely translated as 'sanitation' by Unani practitioners in alignment with contemporary codes of colonial medicine.⁴⁹ The Begam's manual was also the second in a series. The first part, *Hidayatul al-zawjon (Ladies' Gift)*, had lectured on the Sharia laws and the privileges of wives and husbands which 'allow for the household to be run better'.⁵⁰ The second volume framed 'the principle of health [as] the principle of nature' and communicated health rules for 'coming of age' women.⁵¹ The Begam found women's health '*qa'mi*' (lacking) and wrote to redress this so that women could maintain 'domestic happiness' and 'dignified future[s]'.⁵² The manual covers household and personal hygiene, clothing, exercise, diet and beautification. The Begam's improvements were couched in the Islamic authority of Unani medicines, which she believed were 'closer to nature',⁵³ as well as a modernising discourse of colonial sanitation for which she was grateful.⁵⁴ As a female author, Sultan Jahan used her authority as a ruler, hailing from a dynasty of successful women rulers responsible for modernising public infrastructure in Bhopal, and cited her father's and husband's interest in medicine as inspiration.⁵⁵ Lahore, in the Punjab province, is again credited as centre of medical learning. Her manual's credibility as a Tibbi text was 'proven' by a Lahori hakim, Ghulam Jilani, who had 'cast his eye on the whole essay'.⁵⁶ Jilani was an obvious choice; he had studied Western medicine, authored *Tareikh ul-Atibba*, a history of physicians, Unani and 'doctori', and was a regular contributor to Lahore's Unani journals which had started to include sections on women's health and hygiene.⁵⁷ From the twentieth century, female-targeted manuals increasingly took on scientific flavour in their style and content. In the late nineteenth century, health had become the primary avenue for establishing compatibility between husband and wife and the 'reform of life', borrowing from British and American literature which, according to Alam, resulted in the intensification of conservative reform.⁵⁸ Instructional literature for women in this period had commonly taken the form of dialogues between older and younger women and husbands and wives or written as domestic novels. Earlier manuals had started to provide necessary pedagogical training for housewives in place of supplanted intergenerational knowledge (customarily

⁴⁷See Quaiser's 'Politics, Culture and Colonialism' for more on these ongoing debates.

⁴⁸Sultan Jahan Begam of Bhopal, *Hifz-i-Sihat* (Bhopal: Sultania Press, 1916).

⁴⁹Guy N. A. Attewell, *Refiguring Unani Tibb: Plural Healing in Late Colonial India* (Hyderabad: Orient Longman, 2007), 207.

⁵⁰Jahan, *Hifz-i-Sihat*, alif.

⁵¹*Ibid.*, alif-1.

⁵²*Ibid.*

⁵³Abida Sultaan, *Memoirs of a Rebel Princess* (Oxford: Oxford University Press, 2004), 90.

⁵⁴The Begam looked to Queen Victoria as an exemplar but, crucially, remained attached to intergenerational Islamic teachings about women's rights and etiquette.

⁵⁵Lambert-Hurley, *Muslim Women, Reform and Princely Patronage*, 27–28.

⁵⁶Jahan, *Hifz-i-Sihat*, ba.

⁵⁷Ghulam Jilani, *Tareikh-ul-Atibba or Eminent Doctors of the East and West* (Lahore: Newal Kishore Steam Press, 1913); Guy N. A. Attewell, 'Authority, Knowledge and Practice in Unani Tibb in India, c. 1890–1930' (unpublished PhD, School of Oriental and African Studies, United Kingdom, 2004), 207.

⁵⁸Alam, *Women, Islam and Familial Intimacy*, 187–88.

passed on from elders in joint-family structures) due to women migrating with husbands from *mofussils* (provincial districts) and small cities to larger cities across India.⁵⁹ Manuals from the turn of the century, however, took on a new style of instruction by speaking directly to their readers and employed a simple, didactic, and repetitive idiom, which the rest of the article demonstrates.

Bekaar Bodies and Anxieties Around 'Idleness'

Returning to the schooling suggestions made by Muslims in Bombay, Sehmina Ali also capaciously offered guidance on 'after care' which would involve girls' learning about 'the evils of having untrained women to attend one at child birth and other subjects relative to home making'.⁶⁰ These pedagogical recommendations evidence the characteristics of 'positive' eugenics which had become popular across mass print from the late nineteenth century.⁶¹ Eugenic theories, proliferating from the 1880s and reaching their peak in the 1920s, provided new ways of thinking about 'populations as a citizenry, as a labour force, and as the generator of future fitness' through such means as birth control and habitual health practices.⁶² Notably, Ali's reference to 'untrained women' attending childbirth specifically refers to the *dai* (indigenous low-caste midwife) who was the subject of reform by upper-caste Indian and colonial reformers.⁶³ The relationship between European women, eugenics, and the white imperial body is also ground well-trodden in scholarship on population control and the sanctioning of sexuality across European settler and non-settler imperial projects.⁶⁴ Bodily preservation theories found fertile ground in the scientific South Asian environment. Luzia Savary has shown how *santati-sastra* (the science of progeny) instructed newly-married middle-class Hindu couples on how to produce mentally and physically fit children by implicitly framing 'others' like Muslims and lower-castes (particularly Dalits) as unfit, uncontrollable populations.⁶⁵ Interwar India saw an explosion of public scientific interest in eugenic neo-Malthusian discourse on race, heredity, population and reproduction, many of which related food production and famine prevention.⁶⁶

⁵⁹Sabyasachi Bhattacharya, *The Defining Moments in Bengal, 1920–1947* (New Delhi: Oxford University Press, 2014), 51.

⁶⁰Ali, 'Papers Concerning the Education of Muslim Girls', 2.

⁶¹Philippa Levine, *Eugenics: A Very Short Introduction* (New York: Oxford University Press, 2017), 7; Alam, *Women, Islam and Familial Intimacy*, 179.

⁶²Philippa Levine and Alison Bashford, 'Introduction: Eugenics and the Modern World', in Alison Bashford and Philippa Levine, eds, in *The Oxford Handbook of the History of Eugenics* (Oxford: Oxford University Press, 2012), 3–26, 4.

⁶³Dais performed 'impure' duties for upper-caste women including disposing of umbilical cords: Charu Gupta, *The Gender of Caste: Representing Dalits in Print* (Seattle: University of Washington Press, 2016), 44–46.

⁶⁴Hannah-Louise Clark, 'Civilization and Syphilization: A Doctor and His Disease in Colonial Morocco', *Bulletin of the History of Medicine*, 2013, 87, 86–114, 83; Satoshi Mizutani, *The Meaning of White: Race, Class, and the 'Domiciled Community' in British India 1858–1930* (Oxford: Oxford University Press, 2011).

⁶⁵Luzia Savary, 'Vernacular Eugenics? *Santati-Sastra* in Popular Hindi Advisory Literature (1900–1940)', *South Asia: Journal of South Asian Studies*, 2014, 37, 381–97, 381, 387.

⁶⁶Mytheli Sreenivas, *Reproductive Politics and the Making of Modern India* (Seattle: University of Washington Press, 2021), 77; Sunil S. Amrith, 'Food and Welfare in India, c. 1900–1950', *Comparative Studies in Society and History*, 2008, 50, 1010–35, 1016; Srirupa Prasad, *Cultural Politics of Hygiene in India, 1890–1940: Contagions of Feeling* (Hampshire: Palgrave Macmillan, 2015), 42.

Some thinkers espoused elements of 'negative' eugenics of sterilisation and confinement in response to the perceived overpopulation of 'undesirable' castes and classes whereas others focussed on the 'positive' characteristics of pre-natal and childcare, health and sanitation education, and family planning. The 'positive' characteristics occupied a prominent space within Urdu domestic health manuals.⁶⁷ In *Sinf-i-Nazuk*, Hassan states that his advice was essential for producing productive, healthy citizens:

Boys and girls are quickly becoming men and women and a time will come when they have to support their people [quam]... therefore, it is essential that men and women are capable and it is also necessary that the nation has strong and powerful, wise, hardworking, committed to rule, prosperous citizens to keeping working for the nation.⁶⁸

Globally, women were increasingly drawn to or targeted by eugenic discourse on family planning and optimum reproductive health because of their status as mothers of the family, the nation, and the future.⁶⁹ Constant reiterations of the need for women to maintain their health reverberated across this genre of writing, all of which looked to female and familial health as essential for the birth of *tandrusti aur masbooth* (healthy and strong) children. To this end, sanitation of the home space needed to be tackled.

Sultan Jahan, attuned to reformist efforts, had begun *Hifz-i-Sihhat* by listing inimitable, regimented 'pillars' of strength for keeping healthy including the maintenance of clean and pure air, water, food, clothes and house, moderation, exercise and pleasure activities, and controlled behaviours.⁷⁰ This advice on moderation related to the six lifestyle factors that were the bedrock of maintaining bodily equilibrium in Unani notions of well-being. Other European and Indian commentators also took aim at *zenanas* (separate female living quarters) as spaces in need of reform or eradication.⁷¹ Cornelia Sorabji, Lady Assistant to the Court of Wards of Bengal from 1904 and medical practitioner to *pardahnashins*, for instance, wrote extensively on the perceived 'evils of purdah'.⁷² Her story collection *Love and Life Behind the Purdah* (1901) also targeted an Anglo-Indian readership. Similarly, Bengali writer Razia Chowdhurani likened the deprivation of light and air as a 'slow death of our souls'.⁷³ Azimullah and Hassan also pathologised *zenana*-spaces as unsanitary. *Tabib al-Nisa* portrays '*roshni*' (light) '*taza huwa*' (fresh air), and ventilation as counteractions to 'ruined', 'polluted' and 'poisonous' air that increased headaches, fatigue and anxieties and depleted appetites.⁷⁴ Azimullah underscores this link through the employment of an analogising idiom for his female readership:

⁶⁷Levine, *Eugenics: A Very Short Introduction*, 7.

⁶⁸Hassan, *Sinf-i-Nazuk*, 7.

⁶⁹Alexandra Minna Stern, 'Gender and Sexuality: A Global Tour and Compass', in Alison Bashford and Philippa Levine, eds, *The Oxford Handbook of the History of Eugenics* (Oxford: Oxford University Press, 2012), 173–90, 176.

⁷⁰Jahan, *Hifz-i-Sihhat*, 2.

⁷¹Commentators included South Indian writer Kamala Sathianadhan and Irish reformer Margaret Cousins; see also Antoinette Burton, 'Contesting the Zenana: The Mission to Make Lady Doctors for India, 1874–1885', *The Journal of British Studies*, 1996, 35, 368–97.

⁷²Cornelia Sorabji, *Love and Life behind the Purdah*, Chandani Lokugé, ed (Delhi: Oxford University Press, 2003), 70–80.

⁷³Razia Khatun Chowdhurani, 'Women's Place in Society and Home', *Saugat*, 1931, tr. Nadini Guha, in Shaheen Akhtar and Moushumi Bhaumika, eds, *Women in Concert: An Anthology of Bengali Muslim Women's Writings, 1904–1938* (Kolkata: Stree, 2008), 245–49, 245.

⁷⁴Jahan, *Hifz-i-Sihhat*, 25; Azimullah, *Tabib al-Nisa*, 67–68.

... women in the city who stay in closed and dark rooms, their colour stays yellow waxen-like and earthen, the reason for this is that they are lacking light, when the petals of flowers are placed in the dark, first their colour fades, and then they die, darkness stops their growth, similar to this [darkness] darkness causes damage and stops the happiness of the heart, those who live in dark houses, they are constantly sorrowful and low-spirited... [light] obliterates all kinds of illnesses, so those women who wish to remain beautiful and strong, and want to see their children strong and robust, they should allow more light and air into their houses.⁷⁵

Azimullah proffers his guidance as a solution to problems engendered by urban mass migration and architectural reassessments of familial space which were key elements in debates about colonial modernity and Indian cultural identities.⁷⁶ City-dwelling women stayed in 'closed and dark rooms' which affected their constitutions and complexions in comparison to village women who used natural resources of light and air. The petal analogy is particularly striking. Not only does the appropriation of a plant's life-cycle touch upon skin-colour anxieties (of losing bright and fair skin tone) but also suggests that women's mental constitutions, internal health and reproductive capabilities suffered in dark, badly lit spaces. Validating mobility beyond the *zenana*-space, Azimullah advised that cultivating *dilkhushi* (happier) and open homes was key to bearing and keeping children strong and healthy.⁷⁷

Azimullah also articulates fears about unregulated and weak bodies, warning that girls spent too much time combing their hair, wearing expensive clothes, daydreaming and reading novels, in pursuit of fashionable lifestyles.⁷⁸ This framing of women's idleness as inherently dangerous was not a new narrative in India nor elsewhere. In *Bangiya Mahila* (The Bengali Woman) (1887), the author complained that 'nowadays in our country, there are some self-indulgent, lazy women who love luxury'.⁷⁹ Laziness was often discussed as a symptom and cause of female-associated ailments like hysteria (emotional excess) and asphyxiation (suffocation of oxygen in the womb) across different colonial communities.⁸⁰ Twentieth-century Unani journals also predominately described women's bodies as 'coterminous with the dysfunction of the womb, discharges, and irregularities in menstruation'.⁸¹ Maulana Ashraf Ali Thanawi, a prominent leader of the North Indian Deobandi movement, had discussed how women's health could be regimented within an Islamic religio-cultural framework in the immensely popular *Bihisti Zewar* (Heavenly Ornaments) as a rejoinder to the perceived 'ruination of the religion of the women of Hindustan'.⁸² Appearing around 1901, *Bihisti Zewar* described hysteria as confusion of the heart and anxiety of the brain.⁸³ In 1922, the well-known Delhi-based

⁷⁵*Ibid.*, 81.

⁷⁶See Nikhil Rao, *House, but No Garden: Apartment Living in Bombay's Suburbs, 1898-1964* (Minneapolis, University of Minnesota Press, 2013) for more on reconfigurations of urban architecture and Partha Chatterjee, *The Nation and Its Fragments: Colonial and Postcolonial Histories* (Oxford: Oxford University Press, 1994) for more on modernity debates.

⁷⁷Azimullah, *Tabib al-Nisa*, 61, 63, 81.

⁷⁸*Ibid.*, 62.

⁷⁹Walsh, *How to Be the Goddess of Your Home*, 89.

⁸⁰Such claims about European women's bodies in India had been made earlier: Leigh Hunt and Alexander Kenny, *Tropical Trials: A Hand-book for Women in the Tropics* (London: W. H. Allen, 1883).

⁸¹Attewell, 'Authority, Knowledge and Practice', 214.

⁸²Thānvi, *Perfecting Women*, 47, 50.

⁸³Attewell, *Refiguring Unani Tibb*, 231.

Unani practitioner, pharmacy owner, and politician Hakim Ajmal Khan had written that asphyxiation, or *ikhhtinaq ar-rahm* in Urdu, affected 'city dwelling women' with 'delicate temperament... spending a life of pleasure and gaiety' and 'overcome by sensual and carnal desires through listening to love tales and stories or reading novels'.⁸⁴ Hassan also devoted some time to hysteria as a female reproductive illness.⁸⁵ In England, by this time, most physicians viewed hysteria as a psychological disorder with symptoms that affected the body. However, the idea that hysteria was a real somatic disorder continued to persist amongst doctors and patients alike.⁸⁶

For Azimullah, like his co-religious and medical contemporaries, indulgences that disregarded bodily *masboothi* and *tandrusti* (health and strength) were significant because they disrupted women's reproductive capacities. He pinpoints the unnecessary weaknesses (*kamzoriya*) of girls, warning his readers that an idle person can 'develop menstrual related illnesses' and become 'unproductive' and 'barren'.⁸⁷ Azimullah ruminates that becoming barren, the ultimate ailment, was the 'enemy of a woman's joy'.⁸⁸

New brides are required by tradition to take time with rituals and remain inactive for a period of time which pollutes her future health. And it eats away at her inner strength. She has problems with such and such disease and becomes barren or childless.⁸⁹

Although Azimullah critiques ritualistic norms that required inertia from 'new brides' in line with popular reformist concerns on female health, he assesses women's bodies based on their reproductive capacity. He is concerned with how 'polluted' health affecting brides' future roles as child bearers. The term used for barren is '*bekaar*', which translates as unproductive, useless or idle, and is occasionally described as '*susti*' (indolence).⁹⁰ Here, women's worth is intimately tethered to their reproductive capacity and their 'usefulness' is dependent on the labour of their womb as a vessel for nurturing citizens. Azimullah offers pre-emptive solutions for *bekaar* bodies by pinpointing poor diet as causing permanent illnesses and producing thin, subdued mothers who gave birth to weak children.⁹¹ He advises women to rectify their eating habits and recommends that women who were 'not hungry in the morning' should proactively 'take care from a Tibb scholar'.⁹² Within Unani teaching, appropriate diet and digestion were key to maintain an balanced humoral constitution.⁹³ By framing unhealthy bodies as potentially 'defective' or *bekaar*, Azimullah also appropriated the discourse on '*kamzori*' (weakness) to describe women and their perceived gynaecological weaknesses. *Kamzori*, widely used in nineteenth-century Unani lexicons as a non-gender-specific word for general weakness of the body and mind, also incorporated anxieties around 'perverse' male sexual activities (such as masturbation and homosexual acts) and weaknesses in twentieth-century Ayurvedic and Unani literature.⁹⁴ In Unani tradition, men could also be responsible for

⁸⁴*Ibid.*, 233.

⁸⁵Hassan, *Sinf-i-Nazuk*, 65–67.

⁸⁶Andrew Scull, *Hysteria: The Disturbing History* (Oxford: Oxford University Press, 2011), 8.

⁸⁷Azimullah, *Tabib al-Nisa*, 61.

⁸⁸*Ibid.*, 62.

⁸⁹*Ibid.*, 61–62.

⁹⁰*Ibid.*, 61–62.

⁹¹Azimullah, *Tabib al-Nisa*, 74.

⁹²*Ibid.*

⁹³Quaiser's 'Politics, Culture and Colonialism', 329.

⁹⁴Attewell, *Refiguring Unani Tibb*, 47; Markus Daechsel, *The Politics of Self-Expression: The Urdu Middle-Class Milieu in Mid-Twentieth Century India and Pakistan* (London: Routledge, 2006), 112, 192; Charu Gupta, 'Writing Sex and Sexuality: Archives of Colonial North India', *Journal of Women's History*, 2011, 23, 12–35, 21–22.

infertility. Thus, Azimullah's inclusion of *kamzori* underscores the impact of burgeoning eugenic arguments on the development and transmission of local medical knowledge. Indian literature variously engaged with eugenic assertions about weak offspring and the dangers of child marriage to, as Mytheli Sreenivas puts it, 'rearticulate reproduction along nationalist lines, promising not only the country's best babies but also its best political futures'.⁹⁵ These national debates ceded into lexicons of fitness, strength, and weakness; becoming entrenched across regional conceptions of community as anti-colonial visions of nationhood were increasingly imagined in the mid-twentieth century.

An Embarrassing but Necessary Education: Female Anatomy and Sexually Transmitted Disease

Alongside offering correctives to female behaviour in the domestic-space, the medical schema of hakim-authored manuals also edified women about bodily processes and reproductive anatomy. *Tabib al-Nisa* and *Sinf-i-Nazuk* include numerous images and labelled anatomical diagrams of body parts similar to other vernacular publications such as the Hindi manuals of popular female Ayurvedic practitioner Yashoda Devi.⁹⁶ Texts like the Begam's *Hifz-i-Sihhat* either omitted references to genitalia or alluded to women's reproductive organs using Arabic medical terms or metaphors. Although the Begam viewed women as individual, responsible subjects she was not as explicit about female reproductive health.⁹⁷ Guy Attewell notes that Sultan Jahan talks about bodily discipline in *Hifz-i-Sihhat* but not about sex.⁹⁸ In doing so, she takes a cue from *Bihisti Zewar* in which Thanawi listed diseases and remedies by taking each organ in turn but stopping at the womb.⁹⁹ One way of reading these early-twentieth-century instructional guides is to situate them within North Indian Islamic revivalist epistemes which focussed primarily on purity and piety.¹⁰⁰ Within the Unani tradition and its antecedents, including the work of Ibn Sina, women's bodies were understood to be degenerate versions of the male body.¹⁰¹ As discussed above, these characterisations of the female body as different and suffering from gender-specific afflictions, like hysteria, endured in twentieth-century medical literature.

However, Urdu manuals from the 1930s departed from earlier texts in their framing and articulation of medical knowledge. These manuals were still imbedded in their socio-religious milieu, but a greater emphasis was placed on scientific pedagogical education. The challenge was to share locally and globally produced knowledge about the human body in a simple idiom that informed literate women but remain mindful of various gendered subjectivities functioning throughout, across, and outside of the manuals. The hakims operated within a religio-cultural framework in which popular notions of female modesty and shame as well as the anxieties around *appropriate* reading had

⁹⁵Sreenivas, *Reproductive Politics and the Making of Modern India*, 64.

⁹⁶Gupta, 'Procreation and Pleasure', 28.

⁹⁷Siobhan Lambert-Hurley, *Muslim Women, Reform and Princely Patronage: Nawab Sultan Jahan Begam of Bhopal* (London: Routledge, 2007), 42.

⁹⁸Attewell, 'Authority, Knowledge and Practice', 208.

⁹⁹Attewell, *Refiguring Unani Tibb*, 203.

¹⁰⁰This revivalist approach by *ulema* (Islamic scholars) was responsive to Western influence but also characteristic of Islamic epistemes of locating authentic religion: Barbara D. Metcalf, *Islamic Revival in British India: Deoband, 1860–1900* (Princeton: Princeton University Press, 2014).

¹⁰¹Attewell, 'Authority, Knowledge and Practice', 213.

to be addressed. One way this was achieved was through incorporating elements of *begamati zubaan*. Translating as women's language, *begamati zubaan* refers to a spoken dialect of Urdu used by *purdah*-observing women across Urdu-speaking cities (including Delhi, Lucknow, and Hyderabad) in the nineteenth century.¹⁰² The *zubaan* (language) was simple as well as colourful and humorous.¹⁰³ It was a dialect that was subjected to ridicule and reform as it came to be captured in written forms from the late nineteenth century.¹⁰⁴ As the *zubaan* was not flowery nor highly Arabised or Persianised, it could be selectively incorporated into a simple yet more scientific lexicon in twentieth-century instructional literature.¹⁰⁵

Azimullah's *Tabib al-Nisa* was novel in the range of terms employed to discuss female anatomy and sexual intercourse in a domestic health manual aimed at women. *Bihisti Zewar* and *Hifz-i-Sihat* used '*rahm*', the Arabic word for womb, deriving from '*rahma*' (mercy), as a catch-all term for women's reproductive anatomy or interchangeably for vagina and the womb.¹⁰⁶ Azimullah, by contrast, uses the words '*furj*' and '*mahabal*' for vagina which are transliterated in brackets.¹⁰⁷ *Mahabal* is common in Arabic usage and sometimes referred to *rahm* or *raham ka rasta* (uterus's path). *Tabib al-Nisa* also features a diagram of a uterus minutely labelled with '*rahm*' (uterus), '*maq'ad*' (anus), '*masana*' (bladder), '*pairi ke haddi*' (pelvic bone), '*maq'ad ka dehana*' (mouth of anus) amongst other *rahm*-related terms (Figure 1).¹⁰⁸

Describing male anatomy and sexual intercourse, Azimullah explains that the man assents (*qabul*) the penis at the time of copulation (*jima*)—the latter derives from the word 'to deposit'.¹⁰⁹ In contrast to the terminology for vagina, the word used for penis is '*a'dha*' meaning limb or organ. By using '*a'dha*', Azimullah employs analogies and metaphors found in *begamati zubaan* to refer to sexual intercourse. Gail Minault notes that whilst the *zubaan* were earthy and graphic, it also included elements of discretion and embarrassment when describing bodily functions.¹¹⁰ Indeed, in the dialect and its vary forms, even desirable bodily outcomes like pregnancy were only alluded to; a pregnant women would be referred to as 'living for two (*do ji se hona*)'.¹¹¹ Across his manual, Azimullah employed a mixture of specific Urdu words, complimentary phrases, and allusions to render the reproductive process to women. Many hakims also attempted to introduce new medical vocabulary alongside visual scientific tools.

Some of the labelled diagrams included by Azimullah appear to be copied from medical textbooks as they bear textual and numerical annotations that do not align with the manual's prose. This mining of advancing medical knowledge from other sources, common across vernacular print in an era where copyright law based on applications of British imperial law to India and legal recourse was markedly uneven, indicates how new knowledge forms were transmitted across reading publics.¹¹² In Hindi advice manuals

¹⁰²Minault, *Gender, Language, and Learning*, 118–19, 133.

¹⁰³*Ibid.*, 119.

¹⁰⁴*Ibid.*, 133; Gail Minault, *Secluded Scholars: Women's Education and Muslim Social Reform in Colonial India* (Delhi: Oxford University Press, 1999), 139.

¹⁰⁵Minault, *Gender, Language, and Learning*, 119.

¹⁰⁶*Bihisti Zewar* occasionally used '*naif ke niche*' (below the navel): Attewell, 'Authority, Knowledge and Practice', 196.

¹⁰⁷Azimullah, *Tabib al-Nisa*, 38.

¹⁰⁸*Ibid.*

¹⁰⁹*Ibid.*

¹¹⁰Minault, *Gender, Language, and Learning*, 126.

¹¹¹*Ibid.*

¹¹²Lionel Bently, 'Copyright, Translations, and Relations Between Britain and India in the Nineteenth and Early Twentieth Centuries', *Chicago-Kent Law Review*, 2007, 82, 1181–240, 1181.

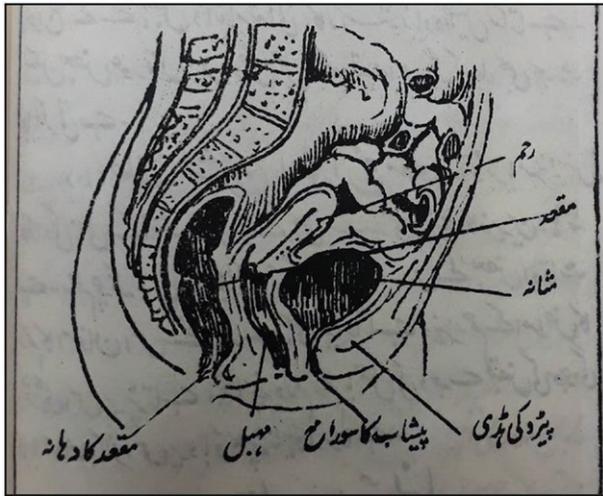


Fig. 1 Labelled uterus in *Tabib al-Nisa* (1934), p. 38

santati-sastra (science of progeny) authors incorporated biomedical narratives of reproduction into the Ayurvedic narrative, translating terms like spermatozoon and ovum into Ayurvedic terminology.¹¹³ Essentially, Azimullah's choice to include this scientific knowledge in a domestic health manual was bold but recognised as critical to the project of improving female general health and reproductive capacity. This meant that hakims were able to select a direct lexis, informed by a reformed written *begamati zubaan* and employ a scientific register to transmit sexual health knowledge. In other words, it was important for the *qaum* (community) that Muslim women understood their bodies and bodily processes precisely because such comprehension would protect communal propriety and longevity.¹¹⁴

Equally important to conjugal relationships and reproductive health was the demystification of suspect sexuality, those who did not fit into monogamous, heteronormative marital structures, for a privileged middle-class readership.¹¹⁵ Varying elaborations on suspect sexuality can be found in domestic health manuals as writers engaged with, and were cognisant of, colonial regulation of prostitution and transnational accounts of deviant sex. To maximise the reproductive potential of women, Hakim Hassan tackles the problem of men visiting '*bazaari*' women in *Sinf-i-Nazuk*.¹¹⁶ This universalising term was used to define and categorise deviant female sexualities of the courtesan, 'prostitute', or 'loose' woman found in the public space of the bazaar. Durba Mitra has interrogated how the 'other' woman was defined by her irreverent and disruptive sexuality.¹¹⁷ In *Sinf-i-Nazuk*, Hassan drew from the work of a Mr William, seemingly referring

¹¹³Savary, 'Vernacular Eugenics?', 389.

¹¹⁴Here '*qaum*' refers to communitarian expressions of a separate community, group or country burgeoning within nationalist debates.

¹¹⁵Durba Mitra, *Indian Sex Life: Sexuality and the Colonial Origins of Modern Social Thought* (Princeton: Princeton University Press, 2020), 4.

¹¹⁶Hassan, *Sinf-i-Nazuk*, 49–50.

¹¹⁷Mitra, *Indian Sex Life*, 62, 75.

to British surgeon and venereologist William Acton.¹¹⁸ Acton is most well-known for his 1857 report *Prostitution considered in its moral, social, and sanitary aspects, in London and other large cities* in which he identified the medical and social issues surrounding prostitution and recommended regulations.¹¹⁹ Hassan's choice of Acton is significant; Acton had also been invested in advocating for plainer discussion of sexual and venereal diseases in his published works.¹²⁰ Hassan does not directly cite the 1857 report but does use Acton's identifications to list how women became 'prostitutes'. The list includes women forced into the profession; women in poverty; those born into the 'hereditary' trade; girls who made mistakes when 'young' (including elopements and impregnation out of wedlock), and 'those who find pleasure with other women'.¹²¹ Regardless of route, Hassan depicted sex work as an addiction, borne out unregulated desires: some 'bazaar' women gradually became addicted to and happy with the profession.¹²²

As with other conceptualisations of female sexual proclivity amongst Indian social reformers, unregulated and excessive desires and emotions, sexual or otherwise, needed to be regimented. Emotions were also related to the body in the Unani tradition. Writing on North Indian society and citing *Bihisti Zewar*, Margrit Pernau delineates how the impassioned emotion of *josh* (fervour or enthusiasm) was encouraged as a healthy, almost noble outlet for men, as it was related to a heat associated with virility, but never for women.¹²³ According to Thanawi, women's anger was cold, hence less honourable.¹²⁴ Women's bodies also continued to be perceived as cooler than men's in twentieth-century Unani writing.¹²⁵ Thus, Hassan coalesced his access to colonial 'knowledge' with Muslim orthodox theology and Unani understandings of the female body to offer advice for the morally sanctified married woman.

Hassan elaborates on the inner workings of the bazaar to contextualise his motivations for providing conjugal advice to middle-class wives. He explains how husbands may visit 'bazaar' women out of 'zaroorti' (necessity).¹²⁶ Reasons, to name a few, included argumentative or ill wives, during a wife's pregnancy, and the lack of privacy in extended families.¹²⁷ Other Urdu texts, such as Shaukat Ali Fahmi's *Dulha-Dulhan* (Groom and Bride) (1927), also discussed the realities of the bazaar but warned of its impact on personal purity and respectability.¹²⁸ Fahmi, from a printing family in Meerut (United Provinces), referred to '*Bazari husn ki kharidari*' (Buying sensuality of the bazaars) as a polluting force by analogising wives as good hosts and men who fall into 'immoral' habits as bad guests.¹²⁹ Similarly, Yashoda Devi attributed the sexual illnesses of women to the misdeeds of their husbands in numerous Ayurvedic texts.¹³⁰ In contrast, Hassan's framing of non-conjugal sexual activities places the onus on women to 'save her husband

¹¹⁸Hassan, *Sinf-i-Nazuk*, 48.

¹¹⁹William Acton, *Prostitution Considered in Its Moral, Social, and Sanitary Aspects, in London and Other Large Cities. With Proposals for the Mitigation and Prevention of Its Attendant Evils* (London: John Churchill, 1857); Acton's report later informed regulations of Contagious Diseases Act (1864).

¹²⁰Ivan Crozier, 'William Acton and the History of Sexuality: The Medical and Professional Context', *Journal of Victorian Culture*, 2000, 5, 1–27, 8.

¹²¹Hassan, *Sinf-i-Nazuk*, 48.

¹²²*Ibid.*

¹²³Margrit Pernau, *Emotions and Modernity in Colonial India: From Balance to Fervor* (New Delhi: Oxford University Press, 2020), 152.

¹²⁴*Ibid.*, 156.

¹²⁵Attewell, 'Authority, Knowledge and Practice', 213–14.

¹²⁶Hassan, *Sinf-i-Nazuk*, 49.

¹²⁷*Ibid.*, 49–50.

¹²⁸Alam, *Women, Islam and Familial Intimacy*, 157.

¹²⁹*Ibid.*, 169.

¹³⁰Gupta, 'Procreation and Pleasure', 35.

from bazaar women'.¹³¹ Wives were tasked with enabling acceptable reproductive activity against the ungovernable—male desires and subversive sexualities of 'bazaar' women.¹³² For Hassan, it was more productive to arm women with reparatory strategies for nurturing healthy, hygienic conjugal relationships. Strategies including encouraging wives to cultivate appealing bodies by remaining clean and tidy, applying rouge, cleaning teeth and hair, and keeping the body pleasing, as well as teaching women about venereal disease.¹³³

In pre- and twentieth-century Unani texts, gonorrhoea and syphilis were most commonly discussed in relation to male sexual organs, suggesting that they were principally understood as male diseases.¹³⁴ Other religious and social reformers had also discussed venereal diseases, including symptoms and physiological effects, in texts predominantly addressed to and read by men.¹³⁵ Sultan Jahan also shared Hakim Jilani's interests in bridging systems of medicines by introducing scientific elements for Unani users.¹³⁶ In *Hifz-i-Sihhat*, she utilised the scientific vocabulary of colonial sanitation and hygiene—'disinfecting' was introduced into the text as a transliterated rather than translated word—but discussions were confined to general bodily and domestic hygiene.¹³⁷ This differed from some female-authored domestic manuals that imparted Ayurvedic advice in the interwar period. Jyotirmayi Thakur's *Gharelu Shiksha* (Home Science) had a section on treating gonorrhoea and other sexually transmitted diseases.¹³⁸ In *Sinf-i-Nazuk*, Hakim Hassan concedes that reading about venereal diseases may be an embarrassing (or shameful) topic but a necessary one. Women needed to be able to recognise its symptoms and practice subsequent vaginal hygiene to prevent any 'harmful' effects on reproductive capacity and foetal health.¹³⁹ Similar to Azimullah's cautions about poor female health, Hassan warns of stillbirth, foetal transmission of venereal disease, and conceiving *kamzor* (weak) babies aesthetically marked by an unhealthy pallor.¹⁴⁰ Thus, as part of the growing circulation of reproductive expertise, Hassan perceived this knowledge as vital domestic training in the quest for healthy bodies and babies.

Cultivating Healthy Bodies, Inculcating Exercise Regimens

According to social reformers and health commentators, it was not enough to *know* about one's body and the proclivities of other bodies, women needed to *act* on the knowledge they imparted. To combat idleness and the dangers of becoming *bekaar* (useless; unproductive), the hakims advocated specific, regimented courses of exercise as essential to female health and strength.¹⁴¹ In North India and elsewhere, women

¹³¹Hassan, *Sinf-i-Nazuk*, 52.

¹³²Colonial regulations of prostitution have been discussed extensively: Philippa Levine, *Prostitution, Race, and Politics: Policing Venereal Disease in the British Empire* (New York: Routledge, 2003); Erica Wald, 'From Begums and Bibis to Abandoned Females and Idle Women: Sexual Relationships, Venereal Disease and the Redefinition of Prostitution in Early Nineteenth-Century India', *The Indian Economic & Social History Review*, 2009, 46, 5–25.

¹³³Hassan, *Sinf-i-Nazuk*, 52–53.

¹³⁴Attewell, 'Authority, Knowledge and Practice', 188.

¹³⁵Alam, *Women, Islam and Familial Intimacy*, 157.

¹³⁶Quaiser, 'Politics, Culture and Colonialism', 333.

¹³⁷Sultan Jahan, *Hifz-i-Sihhat*, 20.

¹³⁸Jyotirmayi Thakur, *Gharelu Shiksha* (Prayag: Sahitya-Niketan, 1934), 21.

¹³⁹Hassan, *Sinf-i-Nazuk*, 58–59.

¹⁴⁰*Ibid.*, 58.

¹⁴¹Nutrition also factored into these health concerns, see Prasad, *Cultural Politics of Hygiene in India* (2015).

exercising outside the physical space of the *zenana* (segregated female living quarters) had been the subject of intense debate from the last decades of the nineteenth century. *Mu'allim-i Niswan*, a women's journal published in the princely state of Hyderabad, faced much antagonism for its proactive stance on female health. The journal blamed the North Indian riots that had accompanied epidemic measures against the plague outbreak of the previous years on the enduring practice of *purdah*.¹⁴² In 1898, the journal published a short didactic story about a female doctor who recommended a sick girl 'walk in the maidan 3 times a day and prescribes patent medicines'.¹⁴³ The girl's mother reports to the father that 'the devilish woman mentioned a medicine that would never be allowed for a modest girl' and her father retorts these women doctors 'want our girls to take off their veils'.¹⁴⁴ That the journal both urged reform and reflected their prejudices was untenable for conservative elements of Hyderabad society who compelled the journal to close in 1901.¹⁴⁵ However, by the interwar period, the need for physical exercise for bodily strength became widely accepted as symbolically defining respectable communities invested in familial health.¹⁴⁶ By the 1930s and 1940s, women's magazines routinely offered exercise tips to their readers.¹⁴⁷ Yet, social reform advocates still treaded carefully in prescribing changes for communities facing urban transformations of modernity—a modernity defined by new kinds of behaviours and consumption.¹⁴⁸ Reformers mediated *purdah* by suggesting that women exercise within the physical spaces of their households such as in gardens and on verandas.

In her 1916 manual, Sultan Jahan delineates her perception of the undesirable body around notions of obesity, describing how overweight bodies were produced over time due to lack of exercise, unnecessary worrying and bad dietary habits.¹⁴⁹ The Bhopali ruler mined her transnational travel experience to explain how *purdah* could act as a physical hindrance to Indian women in comparison to their Western counterparts. She explains how 'in the countries of Europe and America there is not the custom of *purdah*... women do all kinds of exercise in open and pure air'.¹⁵⁰ The Begam also claimed that Indian women suffered from fatal diseases more than 'Hindustani' men because of a lack of exercise.¹⁵¹ Despite these comparisons with Indian men and Western counterparts, the Begam did not condemn *purdah* as the cause of Indian women's inertia and poor health (as contemporaries like Cornelia Sorabji and Lady Tata did).¹⁵² Instead,

¹⁴²Measures included forceful entry into *zenana* quarters: Attewell, *Refiguring Unani Tibb*, 212; U. Kalpagam, *Rule by Numbers: Governmentality in Colonial India* (Maryland: Lexington Books, 2014), 251.

¹⁴³12, 1316 Hijri, 28–37 in Attewell, *Refiguring Unani Tibb*, 213.

¹⁴⁴*Ibid.*

¹⁴⁵*Ibid.*, 212.

¹⁴⁶Judy Whitehead, 'Modernising the Motherhood Archetype: Public Health Models and the Child Marriage Restraint Act of 1929', *Contributions to Indian Sociology*, 1995, 29, 187–209, 206.

¹⁴⁷Magazines including *Ismat* (Delhi) and *Tahzib-i Niswan* (Lahore).

¹⁴⁸See Sanjay Joshi, *Fractured Modernity: Making of a Middle Class in Colonial North India* (New Delhi: Oxford University Press, 2001); Prashant Kidambi,

'Consumption, Domestic Economy, and the Idea of the Middle Class in Late Colonial Bombay', in Douglas E. Haynes et al., eds, *Towards a History of Consumption in South Asia*, 108–36.

¹⁴⁹Sultan Jahan, *Hifz-i-Sihat*, 102.

¹⁵⁰*Ibid.*, 108.

¹⁵¹*Ibid.*, 109.

¹⁵²Cornelia Sorabji, 'Typescript of Report as Lady Assistant to the Court of Wards, Bengal (1919–1920)', *Papers of Cornelia Sorabji (1866–1954)*, Mss Eur F165/133, London: British Library India Office Records and Private Papers, 31; 'WAGE WAR Against Pernicious Purdah Says Lady Tata' Newspaper Clipping, 'Papers Concerning the Education of Muslim Girls, All India Women's Conference, 1927–1938', *Hansa Mehta Private Papers Collection* (New Delhi: Nehru Memorial Museum and Library).

she echoed earlier advice to encourage women to gain exercise within and around the physical space of the home; within the boundary wall of the house for a '*muqarar waqt*' (fixed time), and to do 'housework with your own hands'.¹⁵³

Late-nineteenth and early-twentieth-century Bengali and Hindi texts also highlighted combating idleness, artifice, and salacious activities within a framework of global health and domesticity. Bengali manuals, written in colloquial speech rather than Sanskritised forms, re-imagined domestic life to couch advice in the old language of *sansar dharma* (household or world duties).¹⁵⁴ These Bengali manuals predominantly focussed on household management but suggestions for hygiene and physical activity also feature. Typical of late-nineteenth-century instructional literature, *A Husband's Advice to His Wife* (1888) by Styacharan Mutra, took the form of conversations between a husband and wife.¹⁵⁵ The husband advised that cleaning the house 'effectively exercises all of your body' and goes on to admonish city-dwelling women who 'do not look out for their own health, but as soon as they get out of bed, they start knitting wool just like bibis [European women]'.¹⁵⁶ Here, the writer remains invested in consolidating the relationship between housework, health, and exercise within the realm of ideal domesticity whilst denouncing 'useless' activities.

Writing decades later, Hakim Azimullah also employs regional comparisons in his commentary on physical exercise. He exalts the lifestyles of rural-dwelling women:

In the days that women use to work at the grinding wheel- do the housework themselves without servants- and spend all day...working outside the city or town in the green fields. They stayed strong- their children were also stronger and healthier. They are healthier than our sisters who live in the big, big cities'.¹⁵⁷

In *Sinf-i-Nazuk*, Hakim Hassan also compares Punjabi women who 'labour and toil' with Indian women who 'remain weak and suffer from illnesses because of the time they spend indoors'.¹⁵⁸ Cross-regionally too, valorisations of poorer, rural-dwelling women became popular exemplars for idle, decadent, urban women. *Narir Rupa-Sadhana o Vyayama* (The Pursuit of Beauty and Physical Exercise for Women) (1944), written by Brahmo educator Latika Basu, notes that the 'builds of lower-class women are much leaner and curvier' than women from upper-class households due to physical labour.¹⁵⁹ Writing in Bengali, Basu assures her readers that exercise did not require wealth but 'little adjustments'.¹⁶⁰

The romanticisation of poorer, rural-living women, through the use of vibrant comparisons and fatal consequences, also reveals the discursivities of the multi-lingual domestic manual genre. Manuals attempted to construct the ideal disciplined middle-class housewife by drawing on exemplary counterparts whilst also encouraging practices that allowed middle-class women to distance themselves from the same. The behaviours of idealised dominant upper-caste women, for instance, were constructed and emulated across castes in colonial Bengal.¹⁶¹ Such processes of hierarchical emulation also occurred

¹⁵³Jahan, *Hifz-i-Sihat*, 107–8.

¹⁵⁴Walsh, *How to Be the Goddess of Your Home*, 13.

¹⁵⁵*Ibid.*, 64.

¹⁵⁶*Ibid.*, 69.

¹⁵⁷Azimullah, *Tabib al-Nisa*, 63.

¹⁵⁸Hassan, *Sinf-i-Nazuk*, 76.

¹⁵⁹Latika Basu, *Narir Rupa-Sadhana o Vyayama* (Calcutta: Kailaschandra Acharya, 1944), 26.

¹⁶⁰*Ibid.*, 2, 27.

¹⁶¹Deboshruti Roychowdhury, *Gender and Caste Hierarchy in Colonial Bengal: Inter-Caste Interventions of Ideal Womanhood* (Kolkata: Stree, 2014), 1, 131.

within Indian Muslim communities in which class and caste, regionally rooted and lineage-based, continued to function across society. Caste-claiming based on lineage and *baradari* (kinship) involved distinctions made between Muslims who converted to Islam from Hinduism and those whose ancestors migrated from further East. For *ashrafi* (respectable) North Indian and Bengali Muslims, claiming foreign ancestry enabled a demarcation of higher-caste and -class which was then continually constructed, preserved, and codified through the inculcation of particular behaviours.¹⁶² Therefore, by comparing the strength and health of poorer, working women to that of more privileged women, the hakims tapped into the anxieties of emerging middle-class families who were preoccupied with the status consolidation. This was followed by providing women with resources to mark their bodies as anatomically different, better, fitter and healthier.

In this way, as Alison Bashford has argued, eugenic discourse in mass print often dovetailed with broad public campaigns that focussed on preventative health.¹⁶³ Campaigns included mass education projects like ‘healthy baby’ and ‘fitter family’ competitions throughout Europe and its colonies which encouraged individual responsibility for sexual, reproductive, and health conduct that would benefit a larger collective.¹⁶⁴ In colonial India, the ‘Maternity and Child Welfare’ scheme was one such campaign. Beginning in Madras and expanding throughout the 1920s, the scheme offered free midwifery services for all women below a certain income and gave advice to expectant and nursing mothers.¹⁶⁵ In recognition of their efforts, the city-sponsored ‘best baby’ competitions whereby infants were categorised by age, race, class, religion, and caste to be entered into different categories such as ‘Best Musalman Baby’ and ‘Best Non-Brahmin (Hindu) Baby’.¹⁶⁶ Mytheli Sreenivas writes that these competitions ‘modelled a reproductive politics that made population “quality” an essential determinant of national economic progress and political status’.¹⁶⁷ These displays of physical health were partly informed by metropolitan ideals of femininity and racial health—preservation of perceived ‘superior’ biological traits—as well as the aforementioned regional and transnational comparisons. For instance, in Britain, exercise clubs grew throughout the early twentieth century to promote female racial health. The Women’s League of Health and Beauty embraced athleticism and advocated the cultivation of physically fitter bodies by pressing upon its members that ‘women are either the Race-makers or the Race-breakers’, devolving unto them ‘the immense responsibility of racial health’.¹⁶⁸

Perpetuating a locally and globally influenced edification of middle-class femininity, interwar Indian manuals also elaborated on the minutiae of physical education. Hakim Hassan, like Sultan Jahan a few decades earlier, mediates *purdah* by emphasising how taking ‘time out in their homes to exercise... or take an excursion on foot for an hour’

¹⁶² ‘Ashrafization’ functioned as a social process in which aspiring *ajlaf* and *chhotok* (lower/common folk) attempted to become *ashraf*. Arthur F. Buehler, ‘Trends of Ashrafization in India’, in Kazuo Morimoto, ed., *Sayyids and Sharifs in Muslim Societies: The Living Links to the Prophet* (Abingdon: Routledge, 2012), 231–46, 240.

¹⁶³ Alison Bashford, *Imperial Hygiene: A Critical History of Colonialism, Nationalism and Public Health* (Basingstoke: Palgrave Macmillan, 2004), 165, 180.

¹⁶⁴ ‘Health Propaganda’, *Punjab: Report on Public Health 1940*, Lahore: Punjab State Archives, 56.

¹⁶⁵ Sreenivas, *Reproductive Politics*, 62.

¹⁶⁶ *Ibid.*

¹⁶⁷ *Ibid.*, 63.

¹⁶⁸ ‘Racial Health’, *Women’s League of Health and Beauty* (Surrey: Women’s League of Health and Beauty, 1933); for more on athleticism, see: Lynn M. Thomas, *Beneath the Surface: a Transnational History of Skin Lighteners* (Durham: Duke University Press, 2020), 91.

was 'necessary for health'.¹⁶⁹ Azimullah also details precise textual and visual instructions in *Tabib al-Nisa* including renderings of women stretching and exercising.¹⁷⁰ Women needed to wake at a particular time, walk or swim in the morning and undertake important housework themselves, the latter echoing earlier imperatives across vernacular literature.¹⁷¹ Azimullah also clarified the limits of female exercise:

My meaning is not to exercise, God forbid, like a man doing aggressive gymnastic push ups and pull ups, imitating them.... [but through walking] my meaning is not to walk like a man sticking out your chest or walking with your shoulders moving down back and up- nor with your body loose loose set like a pledged wanderer.¹⁷²

The hakim took care to remind his readers that 'regular and continuous exercise' did not mean that 'one should go off when you feel[s] like it' whilst also drawing from Unani understandings of female organs as proportionally different (see above).¹⁷³ Here, the manual reiterated concerns about the dangers of unregulated women's bodies, concerns mitigated by the inclusion of specific restrictive instructions. It was equally important that women remain modest and did not imitate men. These imperatives, like Hassan's recommendations for wives to guard husbands from '*bazaar*' women, placed the burden on women to cultivate healthy, strong, beautiful bodies within the bounds of religiously and culturally mandated modesty and respectability. In doing so, Azimullah was mindful of, and often perpetuated, a familiar narrative about the kind of education women should receive.

However, Hassan also looked to European women who, emblematic of imperial whiteness at the apex of global feminine health, were models for fitter, healthier bodies. As a compilation of knowledge and praxis, his manual includes exercise diagrams and photographs of healthy non-Indian women, predominantly German and English, alongside photographs of Indian (not necessarily Muslim) women (Figure 2).¹⁷⁴ His choice of German women is a salient one. Colonial India, as discussed above, was a magnet for the development and debate of eugenic-based nationalism and this discourse came from National Socialist Germany as well as imperial Britain. Peter Levenda has shown how writings of thinkers like Madame Helena Petrovna Blavatsky, who started the Theosophical Society in 1879, were later used to provide a rationale for various Nazi projects.¹⁷⁵ Most notably, Blavatsky's *The Secret Doctrine* (1888) highlighted the superiority of the Aryan race by appropriating and reversing Darwin's theory of evolution to outline a map of evolution that included vanished races, present imperfect races and future races.¹⁷⁶ For Blavatsky, the Punjab was synonymous with the glorious Aryan race in contrast with the weakened men of Bengal and the Deccan.¹⁷⁷ Blavatsky's successor as the president of the Theosophical Society in Adyar (near Madras) was Indian nationalist Annie Besant and many Brahmin (upper-caste) Indians were attracted to Society as

¹⁶⁹Hassan, *Sinf-i-Nazuk*, 76.

¹⁷⁰Azimullah, *Tabib al-Nisa*, 149–51.

¹⁷¹*Ibid.*, 64.

¹⁷²*Ibid.*

¹⁷³*Ibid.*, 66.

¹⁷⁴Hassan, *Sinf-i-Nazuk*, unpaginated (after 118).

¹⁷⁵Peter Levenda, *Unholy Alliance: A History of Nazi Involvement with the Occult* (New York: The Continuum International Publishing Group Inc, 2003), 38, 40.

¹⁷⁶*Ibid.*, 39.

¹⁷⁷Tony Ballantyne, *Orientalism and Race: Aryanism in the British Empire* (Hampshire: Palgrave Macmillan, 2006), 53.



Fig. 2 'A second exercise for shrinking the stomach' in *Sinf-i-Nazuk* (1938)

well as claims to a shared Indo-Aryan past.¹⁷⁸ Evocations of Aryanism in Nazi propaganda also dovetailed into visions of racially pure castes and colonial conceptions of martial races.¹⁷⁹ There are limits to the influence of theosophical ideas and Aryan reclamations across different communities in India, particularly as such theories inherently marked out groups such as Muslims and tribal peoples as invaders or inferior respectively. Yet, the evolution of quasi-scientific intellectual theories of race demonstrates the diffusion of various ideas about racial superiority and bodily fitness across inter-European colonial contexts.¹⁸⁰

In terms of specific policies, banning abortions and promoting births amongst the 'racially healthy' in 1930s Germany went hand in hand with sterilisations and forced abortions and the institution of marriage came to be regulated through genealogical and racial approval.¹⁸¹ Vandana Joshi's study of surviving *Lebensborn*¹⁸² dossiers reveals that even illegitimate pregnancies of unwed, widowed and married women were assessed according to the psychological, emotional and physical health of mothers.¹⁸³

¹⁷⁸Levenda, *Unholy Alliance*, 41.

¹⁷⁹See Ballantyne's *Orientalism and Race* for more on Aryanism across colonial and settler-colonial sites.

¹⁸⁰For legacies in Independent India, see Hoda Bandeh-Ahmadi, "The Bad Stock": Nazi Eugenics and the Growth of Anthropology in Delhi", *South Asia: Journal of South Asian Studies*, 2024, 1–18.

¹⁸¹Vandana Joshi, 'Maternalism, Race, Class and Citizenship: Aspects of Illegitimate Motherhood in Nazi Germany', *Journal of Contemporary History*, 2011, 46, 832–53, 834.

¹⁸²A eugenic programme promoting Germany's healthy, 'racially-pure' 'Aryan' population.

¹⁸³Joshi, 'Maternalism, Race, Class and Citizenship', 845.

Connections between physical education and motherhood are also comparable with the Indian context—Aryan mothers were encouraged to bear more children and made fit to do so by state-sanctioned physical training schemes in schools, workplaces and organisations such as the League of German Girls.¹⁸⁴

Yet, the deployment of Western women also occupied an uncomfortable place in the manuals. Just as poorer, low-caste women were used for comparative purposes, European and American women were both models to aspire to but also to only *selectively* draw from in the making of distinct Indian womanhood(s) with distinct regional and religious variations. Basu's manual, for example, looked to the ascetic habits of Hollywood actresses, like Greta Garbo, as pedagogical examples. Basu writes that although 'the West is a world of indulging one's desires, the women there are very devoted to the Goddess of Beauty, which is something women of our country should learn from'.¹⁸⁵ She includes photographs of Indian women exercising at home to depict how transnationally circulating advice could be adapted by Indian women in the domestic-space.

Predilections and Perturbations About Patent Medicines

The rise in patent medicines and health-related commodities in the domestic-space also provoked concerns about conspicuous consumption and the effects of foreign medicine on the Indian body.¹⁸⁶ Distrust of purchased patent medicines, amongst both Hindus and Muslims, stemmed from fears that medicines which were to be consumed in and on the body were handled by unknown and even polluting hands. In *The Duties of Women* (1890), which first appeared in instalments in the popular Bengali women's magazine *Bambodhini Patrika*, foreign medicines were outrightly discouraged.¹⁸⁷ The male authors state that 'if, instead of relying on English medical knowledge and taking foreign medicine for every single illness, we used our own native medicines, it would greatly benefit our health'.¹⁸⁸

These anxieties lingered in twentieth-century instructional health literature which provided 'older' methods of care by looking to a reforming Unani alongside new foreign and patent medicines. The hakims' manuals reiterated how health was dependent on the interconnected well-being of the body, mind, heart, and soul. Azimullah notes that exercise is beneficial and refreshing for the spirit and Hassan emphasises how the heart and mind needed to cooperate with the body.¹⁸⁹ Now, practitioners of Unani had long taken a holistic approach to health. However, mid-nineteenth-century communitarian shifts that connected Unani more tightly to religion, specifically versions of *Tibb-i-Nabawi* (The Prophet's Medicine) and the focus on piety, impacted the kinds of advice that new hakims included in their health manuals.¹⁹⁰ Hassan, in particular, advises women to pay 'complete attention' to the 'durability of the heart and mind' and warned against the corporeal impact of impure thoughts.¹⁹¹

¹⁸⁴Charu Gupta, 'Politics of Gender: Women in Nazi Germany', *Economic and Political Weekly*, 1991, 26, WS40–48, WS-40.

¹⁸⁵Basu, *Narir Rupa-Sadhana*, 25.

¹⁸⁶Alavi, *Islam and Healing*, 185–86; Pratik Chakrabarti, *Medicine and Empire: 1600–1960* (Basingstoke: Palgrave Macmillan, 2013), 113.

¹⁸⁷Walsh, *How to Be the Goddess of Your Home*, 220.

¹⁸⁸*Ibid.*

¹⁸⁹Azimullah, *Tabib al-Nisa*, 65; Hassan, *Sinf-i-Nazuk*, 8.

¹⁹⁰Seema Alavi, 'Unani Medicine', in Dorothea Lüddeckens et al., eds, *The Routledge Handbook of Religion, Medicine, and Health* (Abingdon: Routledge, 2021), 141–54, 150.

¹⁹¹Hassan, *Sinf-i-Nazuk*, 7.

Both hakims also discourage the use of tablets and other patent medicines as the first solution to treating an illness. Neshat Quaiser has shown how this position was indicative of broader critiques, by indigenous practitioners, of propensities within Western medicine to prescribe medicines to treat symptoms rather than focussing on causes or reasons for illnesses.¹⁹² For the regulation of humoral equilibrium, Azimullah advocated moderation in the six lifestyle factors that impacted health including sleep patterns, physical activity, and emotional states.¹⁹³ In doing so, he echoed other Indo-Islamic texts like Thanawi's *Bahisti Zewar* which advocated moderation and behavioural strategies.¹⁹⁴ However, unlike Thanawi's ambivalences about women's novel reading, Azimullah's remedies for the mind included taking recreation like a moralistic novel, a good newspaper or a 'pure' theatre performance 'from time to time'.¹⁹⁵ This holistic tibbi approach also extended to the colour of clothing which affected an individual's mental temperament—bright red and dark coloured clothes could ruin health.¹⁹⁶

The caregiver was also just as important as the type of treatment in the Unani principles of care and Azimullah spends some time instructing whom and how different treatments should be administered.¹⁹⁷ Alongside lifestyle balance, both hakims provide homemade recipes in their manuals. Azimullah includes *nuskhas* (prescriptions) for *safuf* (medical powders) to be added to food alongside compounds transliterated into English.¹⁹⁸ *Safuf* are Unani formulations prepared for individual use by powdering and mixing herbal and mineral properties. In *Sinf-i-Nazuk*, Hassan also compiles copious European and Hindustani recipes for homemade remedies, lotions, oils, and cosmetics; from a powder for health preservation to an English concoction for acne.¹⁹⁹

Yet, despite favouring lifestyle changes and hakim- or home-made remedies, the hakims did not exclude patent medicines from their manuals altogether. The growing use of standardised and pre-made medicines, from both foreign companies and local dispensaries, were one of the ways in which the Unani system was altered by Western practices. In Azimullah's manual, patent medicines for female conditions and symptoms are listed in a lengthy appendix. Like many other vernacular manuals, names are transliterated in English with notes on cost, procurement, ingredients, methods of use, and benefits. Transliterated in Urdu, medicines include *Towel's Pennyroyal and Steel Pills*, *Jefferson Dodd's Female Pills* and *Dr John Hooper's Female Pills*.²⁰⁰ These 'female pills' had been popular in Britain and the USA since the eighteenth century.²⁰¹ Citing *Jefferson Dodd's Female Pills*, a 1907 article in the *British Medical Journal* stated that these pills were used to treat a host of afflictions including menstruation, indigestion, hysteria, depression, and for 'averting unwelcome pregnancy'.²⁰² Azimullah does not explicitly mention its consumption for the purpose of termination but the growing discourse around, and mass production of, contraception from the 1920s suggests that this is

¹⁹²Quaiser, 'Politics, Culture and Colonialism', 330–31.

¹⁹³Azimullah, *Tabib al-Nisa*, 84.

¹⁹⁴Barbara Metcalf, 'A Sovereign and Virtuous Body: The Competent Muslim Woman's Guide to Health in Thanawi's *Bihishti Zewar* (1905)', *Comparative Studies in Society and History*, 2022, 64, 966–93, 976–77.

¹⁹⁵Thanvi and Metcalf, *Perfecting Women*, 14; Azimullah, *Tabib al-Nisa*, 83–84.

¹⁹⁶*Ibid.*, 80.

¹⁹⁷Azimullah, *Tabib al-Nisa*, 4.

¹⁹⁸*Ibid.*, 678.

¹⁹⁹Hassan, *Sinf-i-Nazuk*, 306, 316.

²⁰⁰Azimullah, *Tabib al-Nisa*, 651–55.

²⁰¹'The Composition of Certain Secret Remedies VIII— "Female Medicines"', *British Medical Journal*, 1907, 2, 1653.

²⁰²*Ibid.*

likely. Birth control advocates encouraged specific medicines and contraception as determinants of optimum reproduction within the purview of conjugal health.²⁰³ Prominent reformers like Narayan Sitaram Phadke and A. P. Pillay collaborated with eugenicists and birth control activists in Britain and the USA.²⁰⁴ The range of patent medicines included in *Tabib al-Nisa* certainly attests to the potency of elite anxieties about optimal rearing. Contraceptive advice could also be found in Unani literature but such advice was usually omitted from many texts intended for women (including *Hifz-i-Sihhat* and *Bihisti Zewar*) or, like Azimullah's manual, included in implicit forms.²⁰⁵ Therefore, even in religiously sanctioned advice, the selective use of birth control and other branded medicines was encouraged alongside so-called natural remedies to further the health of current and future collectives.

The inclusion of *nuskhas* and patent medicines reveals both tensions and hybridisations in the value systems of hakims whereby they accommodated Western science alongside Unani treatments and the incipient consumption practices of their readers.²⁰⁶ Writing on indigenous medical preparation in colonial Punjab, Kavita Sivaramakrishnan found that patent medicines associated with certain pharmacists were hugely popular amongst urban clientele by the interwar period.²⁰⁷ Many hakims also owned *dawakhana*s (pharmacies) and encouraged dialogue with their interlocutors, not just as readers but as customers and patients.²⁰⁸ Just like medical men and popularisers of science elsewhere, they sought out positions within a 'field of possibilities' and interacted within wider networks of scientific knowledge-making across North India.²⁰⁹ Scripted into their manuals are references to their establishments. Hassan entreats his readers to send letters to his pharmacy for clarifications and advice, presumably, this included writing to purchase medicines, whilst Azimullah recommends a medicine from a Lahore-based Ayurvedic company.²¹⁰ Both gesture to the vibrancy of the hybridised medical marketplace of North India in the pursuit of healthy families.

Conclusion

The AIWC's resolution, that this article started with, had a very specific task in mind, that of providing Muslim girls in Bombay with appropriate educational provisions. Yet, the pedagogical suggestions offered by 'prominent Mohamedans' gestured to broader concerns about appropriate and future female health, hygiene, and fitness. The reform and instruction of girls and women were undertaken by various interlocutors across British

²⁰³Hodges, *Contraception, Colonialism and Commerce*, 116–17; Some female social reformers bought into neo-Malthusian family planning initiatives: Sreenivas, *Reproductive Politics*, 54–55.

²⁰⁴Savary, 'Vernacular Eugenics?', 385; Sarah Hodges, *Contraception, Colonialism and Commerce: Birth Control in South India, 1920–1940* (Aldershot: Ashgate, 2008), 110; N. S. Phadke, *Sex Problems in India* (Bombay: D.B. Taraporevala Sons & Co., 1929).

²⁰⁵Attewell, 'Authority, Knowledge and Practice', 186–87; see also Sabrina Dattoo, 'Advertising Medical Technologies in Urdu Print c. 1930: Prosthesis and Possibility', *Journal of South Asian Studies*, 2020, 43, 1143–62.

²⁰⁶Prakash, *Another Reason*, 100, 228.

²⁰⁷Kavita Sivaramakrishnan, *Old Potions, New Bottles: Recasting Indigenous Medicine in Colonial Punjab (1850–1945)* (New Delhi: Orient Longman, 2006), 107.

²⁰⁸*Ibid.*, 156.

²⁰⁹Tanya O'Sullivan, *Geographies of City Science: Urban Life and Origin Debates in Late Victorian Dublin* (Pittsburgh: University of Pittsburgh Press, 2019), 9; Bernard Lightman, *Victorian Popularizers of Science: Designing Nature for New Audiences* (Chicago: University of Chicago Press, 2007).

²¹⁰Hassan, *Sinf-i-Nazuk*, lam; Azimullah, *Tabib al-Nisa*, 648.

and Princely India from the latter decades of the nineteenth century. Mid-twentieth-century improvement projects, though influenced by earlier developments, were hugely impacted by interwar developments in global eugenics, domesticity, and scientificity. Within the genre of instructional literature, there were marked textual changes between earlier manuals and those published in the interwar period. The latter took a more direct approach to discussing women's bodies as part of public health reform agendas.

This article has given primacy to Urdu-language texts to situate these hybrid domestic health manuals into the rich and developing scholarship on the vernacular medical marketplace and mass print technologies. Within the Unani tradition in colonial India, selectively adapting foreign medical advice alongside reviving or reforming Unani medicine were not new practices. The main innovations in the twentieth century were new targeted constituencies—women and nationally conscious communities—and the development of linguistic styles. *Tabib al-Nisa* and *Sinf-i-Nazuk*, as manuals written by a new type of hakim acting as reformer, innovator, practitioner, and pharmacist, enrich the historian of medicine's understanding of how tibbi knowledge was expanded and articulated alongside new scientific terminologies to discuss the female body more candidly.

For a North Indian middle-class female readership as well as other Urdu audiences across South Asia, new kinds of gendered subjectivities were at stake within a praxis that coalesced Indo-Islamic cultural practices of modesty and etiquette and tibbi treatments with Western biomedicine, popular patent medicines and globally circulating well-being methods. Middle-class women were addressed directly and entrusted with scientific information and regimented instructions on hygiene practices, conjugality, pregnancy, venereal disease and contraception—all of which affected their reproductive capacities as 'enlightened' wives, mothers and caregivers, distinct from racially lower-caste others. Thus, this article has also illustrated how physical training was incorporated into pedagogical recommendations for women as necessary routes for the cultivation of healthy, strong and responsible women capable of birthing future generations.

The Urdu manuals discussed in this article were textual sites of negotiation that reveal how regional and national value systems were being re-shaped in the twentieth century and suggest how bodies could be transformed via medical consumption and emerging aesthetic practices. Overall, this article has shown how local medicinal practices and colonial public health initiatives intersected with global commerce, eugenic thinking and ideals of global domesticity, in domestic health texts that targeted women as crucial to interventionist reform projects. Yet, more research is required to recover and visibilise other Urdu instructional literature, aimed at Muslims and Urdu-speaking communities, as well as those written by female reformers and practitioners.

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