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MUSLIMS, MEDICINE AND MOTHERHOOD: REFORMING WOMEN'S HEALTH IN BHOPAL STATE IN THE EARLY TWENTIETH CENTURY

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Introduction

It only takes a glance through the Urdu women's journal, *Zil us-sultan*, published from the princely state of Bhopal in central India from 1913, to realise Muslim women's preoccupation with health issues in early twentieth century India. In one edition in 1918, there were a number of features relating to unani tibb, an indigenous system of medicine originating in a Greco-Arabic tradition, but enriched in the Indian environment through contact with ayurvedic specialists. These included a review of a book by a unani practitioner, or *hakim*, from Kanpur, who was recommended for writing in the style of physicians from Bhopal and Lucknow, as well as regular column detailing simple remedies that could be applied in the home. The advertisements are also revealing in that they promoted the use of patent medicines from a unani pharmacy established in Delhi in 1910 as an adjunct to the Sharifi family's Madrasa-i-tibbiya, namely, the Hindustani Dawakhana, as well as a peppermint mixture to clear ear blockages that was peddled by a "famous" physician from Calcutta, Dr. S.K. Burman. Without doubt, health– or the lack of it– was a matter of special concern to women.[1]

Yet historians of colonial India have taken up this theme of women's health only recently after previously focusing on education, work, political organisation and nationalism as they related to women and gender. In Geraldine Forbes' otherwise excellent *Women in Modern India* in the New Cambridge History of India series, for instance, women's health issues are discussed only fleetingly, primarily in the context of the opening of medical careers to Indian women from the late nineteenth century.[2] Contributors to Kumkum Sangari and Sudesh Vaid's groundbreaking work, *Recasting Women*, also failed to draw out this issue in any detail, even as they sought to relate gender difference to a wider set of social relations.[3] This omission may perhaps be linked to the association of women's health with reproduction and motherhood, a topic not deemed worthy of discussion by the Western feminists who were at the forefront of developing women's history as a genre from the 1970s. Saying that, there has been a conscious, if belated, effort in the last few years to make up for that earlier neglect

of the historical experiences of women as mothers through a burgeoning of writing on maternity, childbirth and child welfare in a variety of colonial and postcolonial settings.[4] Yet, as in relation to other themes, Muslim women in India remain largely invisible to this discourse with only preliminary efforts being made to examine their engagement with Western or indigenous systems of medicine, despite what this process might tell us about the nature of women's reform movements and their role in crafting a distinctive form of modernity.[5]

This paper aims to further this process by focusing on women's health reforms in Bhopal in the early twentieth century. This historical context provides a unique location in which to explore the relationship between gender and the local state in that Bhopal was ruled by a succession of Muslim women throughout the nineteenth and early twentieth centuries. The last of these Nawab Begams, Sultan Jahan (1858-1930; ruled 1901-26), was renowned throughout India and beyond for her efforts to improve the status of women, particularly in the sphere of education. To that end, she not only wrote extensively on the topic of female education in the form of reformist tracts, advice manuals and allegorical stories, but she also established and patronised a myriad of girls' schools in Bhopal and beyond. In order to spread her message of educational reform, she also sought to lay the foundations of an autonomous women's movement in India in which Muslim women would play active role, inaugurating the Princess of Wales' Ladies Club in Bhopal in 1909, the Anjuman-i-Khawatin-i-Islam (or All-India Muslim Ladies' Conference) in Aligarh in 1914 and the All-India Ladies' Association in Bhopal in 1918. She and other women from Bhopal also participated in the three main women's organisations at the national level, namely, the Women's Indian Association (founded 1917), the National Council of Women in India (founded 1925) and the All India Women's Conference (founded 1927).[6]

Though education was her primary focus, Sultan Jahan Begam was also dedicated to the cause of reforming women's health. An analysis of her writings and activities relating to this topic draws attention to three main themes that will be elucidated in this study. The first is the process of professionalisation that was undertaken in this period with regard to female health practitioners and medical institutions. Not only did the Begam of Bhopal maintain women's hospitals and dispensaries in her state, but she also introduced training programmes for unani physicians, nurses, midwives and health visitors. A second theme relates to the education of mothers in the basic elements of childbirth, first aid and home nursing in order to better prepare them to bear and raise strong and healthy children that could contribute to the state. A project that deserves mention in this connection was the ruling Begam's

establishment of a "School for Mothers" as part of the Princess of Wales' Ladies' Club in Bhopal, as well as the involvement of her and her dependents in the maternity and child welfare projects of the era's health conscious vicereines. A third theme to emerge is the emphasis on spreading knowledge of sanitation and hygiene, whether through speeches, tracts or visiting programmes intended to reach poor women in their homes. In investigating these themes, this paper will highlight how this first generation of Muslim female reformers responded to a colonial discourse, but also operated within an Islamic framework that allowed them to introduce incremental change.

Promoting Professionalisation

By the late nineteenth century, the process of professionalising female health practitioners was well underway in Britain with midwives and other female healers being discredited through centuries of vilification, nurses receiving training in the Florence Nightingale image and even women doctors graduating from the London School of Medicine for Women.[7] This need to rationalise women's healthcare was tied to concerns about depopulation, as high rates of infant mortality were understood to be shrinking the labour pool– and particularly the *male* labour pool– on which the British industrial economy relied. These anxieties in the 'metropole' were transferred to India and other colonial settings where government officials, missionaries and other colonial sympathisers spread the message of improving women's health, particularly through the medicalisation of obstetrics. Yet, as Foucault and others have argued, this interest in maternity and child welfare cannot be reduced to depopulation alone with concerns about the extension of government power and control, particularly into the 'dark' reaches of the zenana, acting as an underlying factor.[8] The primary agent of this colonial project in Bhopal was the Agency Surgeon, who managed an allopathic hospital at the British cantonment at Sehore and toured a circuit of dispensaries, promoting vaccination and other forms of Western medicine. Also involved through their programme of 'zenana visiting' in the state was the Friends' Foreign Missionary Association, though, as I have argued elsewhere, their efforts should not be implicated in the imperial agenda to the degree of other missionaries on account of their Quaker ideology of egalitarianism as it applied to gender, class and racial hierarchies.[9]

At the national level in India, this focus on maternal health led to the establishment of two government-supported, though not fully funded, institutions intended to bring Western biomedicine to Indian women, namely, the National Association for Supplying Female Medical Aid to the Women of India (known as the Dufferin Fund after the Countess of

Dufferin who acted as its patron) and the Victoria Memorial Scholarship Fund. The first was established in 1885 with the aim of providing medical women who could attend to India's female population, believed be to be unwilling to visit male doctors due to the constraints of purdah, while the second was a spin-off focused on training indigenous midwives (or *dais*) in Western medical methods and sanitary procedures, largely as a "stopgap" measure until they could be replaced with women doctors and nurses who would oversee births in hospitals.[10] As Geraldine Forbes has noted, these projects received the effusive support of "famous and titled Indians," including reformers, nationalists and princely rulers, who shared the colonial government's views on modern science as a means of 'civilising' India or perhaps simply sought the titles and imperial favours that could be awarded for supporting the vicereine's scheme.[11] This reality has led Cecilia Van Hollen to argue, in line with Lata Mani's position on *sati*, that women's health was the "grounds," rather than the "subject," of colonial and nationalist discourses on childbirth.[12]

Yet some women, notably, the Begams of Bhopal, did seek to reclaim this discourse through selective accommodation and creative adaptation of Western medical ideas. This process began in the late nineteenth century when the then ruler, Shah Jahan Begam (1838-1901; ruled 1868-1901), opened a purdah women's hospital under the control of a qualified European 'lady doctor' in 1891.[13] This institution, known as the Lady Landsdowne Hospital, was inherited and maintained by Sultan Jahan Begam after her accession to the throne in 1901, even growing in popularity during the first seven years of her reign under the supervision of a Miss L. Blong. During her administration, the annual report of the Dufferin Fund noted that the hospital was doing "excellent work," proving itself to be a "boon to women, rich and poor, not only in Bhopal but outside the limits of [Bhopal] State," perhaps reflecting the lack of women-only facilities in the neighbouring states of Indore and Gwalior.[14] Around 150 outpatients attended on a daily basis in this period, while others were treated in their homes or admitted for the purpose of operations, these being "chiefly gynaecological," according to the records.[15] Bhopal's annual administrative reports attributed this success primarily to Miss Blong's personal popularity, managerial skills and dedication to duty, but also noted that female patients were attracted to the hospital in increasing numbers after purdah arrangements were improved in 1905, an observation that highlights the importance of maintaining customary norms.[16]

This desire to continue operating within an Islamic framework, even while being open to European ideas, was illustrated even more clearly by the first new medical project to be instituted by Sultan Jahan Begam in her state, namely, the establishment of the Asfia School

to train indigenous medical practitioners, or *hakims*, in unani tibb. As documented by David Arnold, this system of medicine had been unscrupulously discredited by the colonial power in the nineteenth century.[17] But the ruling Begam recognised its continuing popularity with the majority of her subjects, asserting in her autobiography that it had endured for two reasons: "The first is the fact of the people having been using it successfully for centuries, and the second is the comparative cheapness of the Unani drugs which is a great consideration with the poor classes."[18] At the same time, she realised that there were problems with it as it stood, largely due to the lack of assured standards of practice and the neglect of surgery, this activity usually being left in Bhopal to "clever barbers."[19] The response of the Central India Agency's Medical Officer to this poor standard of unani treatment was, typical of colonial officers, to recommend that "native" physicians be retired and replaced with allopathic doctors.[20] The Begam's reaction, on the other hand, was to make a diploma from the Bhopal institution, including a course in surgery, a requirement for state medical employees, thus reconciling a traditional style of treatment with modern methods.[21]

Efforts were also made to cultivate other unani facilities in the state. Realising that those unani medicines sold in the Bhopal bazaar were of poor quality, Sultan Jahan Begam established a state shop under the direct supervision of the chief physician, Hakim Noor-ul-Hasan, to sell goods that were not "inferior or adulterated."[22] Over thirty unani dispensaries were also maintained by the state, most of which were in the *mofussil*, where they were accessible to bulk of the population, including rural women. Indeed, the unani system of medicine grew in popularity throughout the reign of the Begam to such a degree that, on average, another dispensary was opened in the state each year. By the 1920s, it had become so prevalent that as many as seven new dispensaries were opened in 1921, replacing nine allopathic dispensaries that had previously existed. The British Agency Surgeon assigned to the state complained bitterly about this change, suggesting that the Begam may wish to reconsider her decision and reopen them. But Bhopal's political secretary defended her actions on the basis that the unani system was highly favoured by the state's subjects.[23] The legitimacy of his claim is apparent from the records of attendance at various medical institutions: over twice as many patients visited unani dispensaries, as did European-style hospitals and dispensaries.[24] It was also noted in the administrative report of 1920 that "most of the people in the district simply refuse to be treated by the allopathic system."[25] Clearly, the ruling Begam had been able to rejuvenate a long-standing medical tradition in her state, placing Bhopal at the centre of a reformist Muslim and later nationalist project to revive unani tibb.[26]

What is equally significant in the context of this discussion is that a number of these unani dispensaries founded during the reign of Sultan Jahan Begam served women exclusively, operating under the care of female health practitioners who were said to have "taken proper Tibbi training and received certificates."[27] The Asfia Zenana Dispensary in Bhopal city, for instance, was operated in the 1920s by a trained *hakima*, Bismillah Khanam, who, along with two male health practitioners, had the status of "Sub-Assistant Surgeon" in the Bhopal state service.[28] Other related specialists included "tibbiya health visitors," who attended to the medical needs of purdah-bound women and their children in their homes free of charge in imitation of the Willingdon Health Scheme in Bombay, but employing the principles of unani tibb in which they had received comprehensive instruction.[29] This concentration of female unani practitioners is somewhat remarkable if one considers, as Guy Attewell has done, that the largest Muslim princely state, Hyderabad, had only one in government service up to the late 1930s. It may, however, be seen to parallel developments in Delhi where a new department was added to the Sharifi family's Madrasa-i-tibbiya in 1908 with the express purpose of offering unani instruction to women. Together, these developments in Delhi and Bhopal set a precedent for the establishment of a number of unani schools for women in other Indian cities, including Allahabad and Mysore, leading to the erosion of male dominance in this profession from the 1940s. As Attewell has noted, some of these "unani lady doctors" even advertised their services in women's journals, like *Tahzib un-Niswan*, emphasising their ability to offer a confidential, authoritative and sympathetic service to their fellow women.[30]

Sultan Jahan Begam's approach to reviving unani tibb places her firmly within, what Neshat Quaiser has called, the "reformist" camp on the unani debate with "doctory," to use the common label of the time for Western medical science. The emphasis was on retaining unani tibb both as distinct system of medicine and as a cultural expression of Indian Islam, but reforming it through the introduction of certain "scientific" techniques and structures, including a programme of registration and training.[31] Of course, the most well known advocate of this position in this period was Hakim Ajmal Khan (1863-1927), a central figure of the Madrasa-i-tibbiya in Delhi and the founder of the All-India Ayurvedic and Tibbia Conference in 1910.[32] Not surprisingly, the Begam of Bhopal was a great supporter of his work, inviting him to Bhopal on numerous occasions throughout her reign and eulogising his contributions both in her autobiography and, upon his death, in a condolence address at the All-India Women's Conference.[33] Yet she also recognised the "valuable work" of Shah Abdul Aziz of Lucknow, labelled a "purist" by Quaisar on the basis that he and his Azizi

family rejected any adulteration of the "superior" system of unani tibb with Western methods of medicine.[34] Her generous support of Sayyid Ahmad Khan's Aligarh venture, as it was associated with an outright commitment to European systems of scientific knowledge, should also be noted in this context.[35] Clearly, the Begam's approach to the unani-doctory debate was not one that would fit neatly into established categories of analysis, however broadly defined.

The Begam's willingness to draw on a number of different models and adapt them to the Bhopali context when promoting professionalisation may also be seen in connection with her efforts to train nurses and midwives. The first of these projects was initiated in 1909 on the occasion of a viceregal visit to the state when the Lady Minto Nursing School was founded in an annex of the Lady Landsdowne Hospital under the care of its superintendent, at that time, a Mrs. F.D. Barnes M.D. Sultan Jahan Begam justified this move in tones reminiscent of memsahib and missionary reformers, arguing that Indian women's ignorance of nursing was causing great suffering to the local population that could be alleviated if they became well-trained, like women in Europe, and gained employment in hospitals and private situations. For princely rulers seeking to emulate the practices of their British overlords by hiring nurses for their children, there were also pragmatic considerations to training Indian nurses in that European nurses were expensive and rarely willing to live in an Indian home in the way that a local woman would. The alien nature of this venture meant that, initially, the Begam had great difficulty finding students to attend, but, eventually, she was able to entice a few young girls through the granting of scholarships.[36] Fifteen years later, the Agency Surgeon reported that the school was still producing nurses that were "trained properly" and appeared to "understand their work well," though the class of seven suggests that the initiative was never terribly popular. Saying that, all of those seven and one of the two instructors were Muslims at a time when almost no Muslim nurses could be found in British India, a comparison that suggests that there was something unique about this initiative.[37]

Midwives were the next to capture the ruling Begam's attention when, later in 1909, she realised her plan of beginning a class in Bhopal city to train women that belonged to the hereditary *dai* caste. This scheme, projected as being in line with the aims of the Victoria Memorial Scholarship Fund, was initiated when all of the traditional birthing attendants in Bhopal city were called, along with their daughters, to attend classes at the hospital provided by Mrs. Barnes or a member of her medical team, their attendance being assured through the provision of a monthly stipend. Once they were "properly trained" and examined by an officer of the Indian Medical Service, they were granted a certificate without which they

could not practice their profession legally in the state. This compulsory instruction and registration process, intended to prevent those unnecessary injuries or even deaths attributed to untrained *dais*, was more rigorous than anything to be found at the time in larger princely states, like Hyderabad or Gwalior, or even British India.[38] Perhaps even more significant is that it took only until 1914 before the last and most elderly of the indigenous *dais* in Bhopal city completed their training.[39] This success in the capital meant that several European and Anglo-Indian midwives were hired by the state in subsequent years to provide instruction to *dais* in regional centres, including Ashta, Raisen and Ichhawar. In 1917, the agents of the colonial state in Bhopal, namely, the Political Agent and the Agency Surgeon, also followed the Begam's lead by beginning a class in Sehore to provide instruction to Indian midwives of both the cantonment and the *qasba*.[40]

The popularity of this *dai* training scheme in Bhopal, as compared to efforts in British India where the drop-out rate was nearly one hundred percent, was attributed in the annual reports of the Dufferin Fund to the "keen personal interest" of the ruling Begam.[41] This judgement corresponds with Dagmar Engels' findings in Bengal that initiatives by local women to reform the practice of childbirth were far more successful than those promoted by European practitioners.[42] Also relevant in terms of this success were the training methods employed in the state in that instruction was offered in Urdu on a part-time basis, rather than in English in a regular classroom format.[43] Fittingly, inspectors of the Victoria Memorial Scholarship Fund commended these efforts by the Begam, but they also expressed their concern that pupils in Bhopal were not receiving sufficient practical training along European lines or enough chances to view European methods.[44] Their criticisms reflect the tendency among British activists to favour the replacement of traditional birthing attendants with midwives trained in Western medicine, even though the former often provided a higher and more personal standard of care to their clients. The Begam of Bhopal, however, clearly refused to conform to their expectations. When Dr. Dagmar Curjel visited the state in 1919– ten years after the establishment of the scheme– she noted that, though a percentage of students in midwifery classes were tribals and Muslims, by far the largest numbers were still members of the traditional *dai* caste.[45]

Sultan Jahan Begam's distinctive approach to the *dai* issue may also be seen in a speech given at the Maternity and Child Welfare Exhibition held in Delhi in February 1920. On that occasion, she argued that it was a grave error to blame indigenous *dais* for all of the problems associated with childbirth on the basis that they had treated maternity cases and other female ailments "in olden days" with "remarkable success." What was needed instead,

she maintained, was "proper organisation" to stop this "class of midwives" from "fast disappearing under the new order of things."[46] No mention was made of the "dangerous *dai*" that was to become the staple of colonial and nationalist discourses on women's health.[47] Yet, curiously, this maligned figure did make an appearance in the impassioned speech given on this same occasion by the Begam's own daughter-in-law, Maimuna Sultan Shah Bano Begam. Echoing the mantra of the memsahibs, she claimed, "Every one is aware of the tremendous loss of life… which can be traced to… the ministrations of ignorant *dais* whose only credentials consist in their haphazard apprenticeship to their equally ignorant mothers and daughters."[48] Other women in Bhopal also used the colonialists' language to conjure up this despised character. A notable example was Bismillah Khanam, the state's leading female unani practitioner, who, in a speech given in Bhopal on the occasion of Sultan Jahan Begam's twentieth accession anniversary in 1921, spoke of the "great dangers" of handing over a pregnant woman to an "ignorant, incapable, dirty and uneducated midwife with filthy fingernails."[49]

These differences between the ruling Begam and her female dependents could be attributed to a generational gap with Shah Bano Begam and Bismillah Khanam fulfilling the colonial state's expectations that younger women would be more willing to accept European notions of medical "progress."[50] Certainly, Shah Bano Begam's overall stance in speech quoted above points in this direction in that she exhorted her audience to imbibe Western science, rather than the "evil" customs of their forefathers, claiming that it was the only means by which to prevent the spread of fatal disease during childbirth.[51] In an article for the souvenir volume of the exhibition, *Keep the Baby Well*, she also portrayed British women as "ideals of progress and culture," encouraging elite Indian women to follow their example in bringing medical relief along Western lines to their "helpless sisters."[52] Yet Bismillah Khanam's very position as a unani practitioner and her express conviction, articulated in the speech quoted above, that it was acceptable for pregnant Bhopali women to seek medical treatment from a lady doctor, *hakima*, Western-style midwife or *dai*, as long as they were "qualified" and "certified," demonstrates that this dichotomy is not really appropriate.[53] Indeed, at this general level, her message sounded much more like that of Sultan Jahan Begam herself, who, in her speech to the Maternity and Child Welfare Exhibition, reiterated her stance that female health practitioners would be best served if their instruction consisted of a "happy combination" of western and unani medical knowledge.[54] Together, their examples illustrate that, even as there was agreement among these Muslim female reformers on the need

to promote professionalisation in relation to women's health, there was contestation between them and their British mentors and among themselves as to what this would entail.

Educating Mothers

The colonial concern with maternity and child welfare led, not only to the professionalisation of female health practitioners and women's medical institutions, but also to a coordinated attempt to educate mothers. As Van Hollen has noted, "the Indian woman" was constructed in colonial discourse as a figure of ignorance with regard to her own health and that of her children, but one that was "eminently malleable": a child-like figure who could be moulded into a "good mother" if she was introduced to European methods of childbirth and childcare.[55] Margaret Jolly has noted the "resonances" between this discourse and the "strategies of intervention in the lives of working-class mothers in Britain."[56] In that context, policy makers were motivated by the women's suffrage movement and the poor physical performance of troops during the First World War, among other factors, to pass a Maternity and Child Welfare Act in 1918 after which women's hospitals, infant welfare centres and 'baby shows' were organised across the country.[57] When transferred to the Indian colony, this interest led to the formation of the All-India League for Maternity and Child Welfare by Lady Chelmsford in 1919 and the 'Baby Week' movement by Lady Reading in 1924. Both of these initiatives intended to educate Indian women, especially of the poorer classes, in methods of bearing and raising children in the British model through pamphlets and travelling exhibits. This programme, thus, provides an example of the way in which the colonial state used medicine to reach into the Indian home and assert its hegemony, although Geraldine Forbes has noted how middle-class Indian women also manipulated this process, particularly as it related to midwifery, by using it to assert their own autonomy.[58]

Indian women's agency in this process may also be recovered by analysing the way in which Bhopali women responded to this colonial discourse on educating mothers. Particularly relevant in this context, as noted in the introduction, was Sultan Jahan Begam's establishment of, what she called, a "School for Mothers" in 1919 as part of the Princess of Wales' Ladies' Club. According to a detailed description of this project in a letter from the ruling Begam to Lady Reading in 1921, it aimed to professionalise the tasks that women already performed by transforming them into a taught programme of home economics that included childcare and training, cookery, sewing, needlework, elementary hygiene, home nursing and housekeeping, very similar to those on offer in England and the United States. Yet attempts were also made to adapt this scheme to the specific requirements of women in

Bhopal. Instruction, for instance, was to be provided in the form of lectures and practical demonstrations in Urdu by female health officers of the state, rather than by the English lectures and book learning that were to make similar undertakings so unsuccessful in the provinces of British India. Home visits were also deemed necessary so that teaching could be adapted to individual needs and its application "rationally enforced," while women's customary obligations were recognised through the provision of covered conveyances to take women to and from the Club and childcare while it was in session. Perhaps the most important way in which Sultan Jahan Begam sought to adapt this colonial project to her own reformist aims, however, was in justifying its purpose. Specifically, she identified that the intention of the School for Mothers was to provide mothers of childbearing age with adequate preparation for their "responsible vocation" of bringing up healthy children who would ultimately become "useful citizens of the State," however ironic this language of citizenship might have been in the colonial or princely context.[59]

In an effort to fulfil this purpose, the ruling Begam introduced her scheme to Bhopali women themselves at a grand meeting attended by members of the Ladies' Club and recent graduates of local girls' schools on the occasion of the anniversary of her accession to the throne in January 1919. Shortly after, classes in first aid, hygiene and home nursing were actually begun for eleven Muslim women, all of whom were wives of the Bhopal gentry or high officers of the state, thus emphasising the elite nature of this venture in its early stages.[60] The syllabus was based on that devised by the Indian Council of the St. John's Ambulance Association, a branch of which had been opened in Bhopal in 1911-12 and which had actually extended first aid classes to women of the Ladies' Club as early as 1914.[61] But, as planned, these new classes were taught by female health practitioners in Bhopal, primarily the superintendent of the Lady Landsdowne Hospital, Miss A.E. Paul, and the superintendent of the Asfia Zenana Dispensary, Bismillah Khanam. Continued colonial influence was also evident in that a member of the Indian Medical Service, usually the Agency Surgeon posted to Bhopal, was called in every six months to hold examinations and reward successful candidates with medals. Yet the format was negotiated to fit the Islamic environment in Bhopal; as nearly all of the Club's members were in purdah, the male examiner would sit on one side of a curtain and the women on the other, while a young boy moved back and forth between the two groups, checking that the right woman was answering the questions and acting as a patient for the students to treat.[62]

The dynamic way in which women in Bhopal engaged with their ruler's programme may be seen in the accounts of European visitors to the state. When Dr. Dagmar Curjel of the

Victoria Memorial Scholarship Fund visited the Ladies' Club late in 1919, for instance, she highlighted that, since classes had commenced, attendance at the bi-weekly meetings had increased and become more regular. She also noted that the women were "very keen" about what they were learning– in fact, so "eager" that it was "quite difficult" for her to get away.[63] Ruth Frances Woodsmall, a guest to the Club in the late 1920s, reiterated this point, giving the example of "one very colourful old Begam," who, despite being "very aristocratic" and spending her whole life in "orthodox purdah," showed utter "delight and joy" in her scholastic achievements. These women's acceptance of the domestic purpose of their health training was also evident in that the same elderly Begam was reported to have told her, "Not that we expect to do nursing… but now we know how to take care of our own families and make better homes."[64] Yet, at the same time, Bhopali women were clearly selective in what they deemed to be useful knowledge. The School for Mothers was intended to have six classes– gestation, art and games, and nursing, as well as the three mentioned above– yet various reports in the early 1920s suggest that women only attended regularly and got satisfactory grades in first aid. In 1924, to take just one example, the Agency Surgeon noted that 31 ladies had passed the first aid examination, while only four or five had completed courses in home nursing and hygiene.[65]

Having identified the way in which women in Bhopal chose to interact with this scheme, it is significant that Sultan Jahan Begam did not just set it up in her own state, but also promoted it to other parts of India. In her article for the souvenir volume of the Maternity and Child Welfare Exhibition in Delhi in 1920, for example, she recommended that "schools for mothers" be attached or even replace ladies' clubs in towns across India, even offering to "lend the scheme" as it was introduced in Bhopal to "those desirous of carrying out the idea."[66] Shah Bano Begam also spread the word in her speech on this same occasion, advocating that, in light of the success of her illustrious mother-in-law's "experiment" in Bhopal, "similar provisions" should be made in "every town in India."[67] Certainly within a few years, "mothercraft" classes, offering guidance on childrearing, cooking and other domestic skills, were being held in a number of princely states and provinces in British India, though no evidence has been seen to suggest that these were inspired by the Begam's proposals in particular. Indeed, Barbara Ramusack has argued that they, seemingly like the Begam's own initiative, were modelled on similar programmes in England and the United States.[68] Nevertheless, this example highlights the way in which the ruling Begam used Bhopal as a testing ground for her ideas on reforming women's health that might then be exported elsewhere.

In making reference to the Maternity and Child Welfare Exhibition in Delhi, it should be noted that Bhopal's royal women did not just give speeches and write articles for this gathering, but also took part in the proceedings, which, in themselves, were a form of educating mothers. Organised under the auspices of Lady Chelmsford's League, it included displays, lectures and films on maternity, childhood, domestic hygiene, sanitation, home nursing, first aid and other related topics. A 'baby show'– in which mothers entered their offspring to be judged on the basis of their health– was also held at which generous prizes were offered to encourage involvement. Various participants, ranging from interested Muslim politicians, like Dr. M.A. Ansari and Hakim Ajmal Khan, to titled British women, like Lady Hailey and Lady Chelmsford herself, also organised private gatherings, or 'at homes,' to which the Bhopali Begams were invited discuss women's health issues.[69] On this occasion and subsequently, Sultan Jahan Begam, Shah Bano Begam and the "leading ladies of Bhopal State" also offered concrete support to the vicereine's scheme by making substantial donations to the League itself, the "Jewel Fund" for training health visitors and various other related causes.[70] The ruling Begam also contributed to the organisation throughout the 1920s by responding favourably when she was called upon, along with other reforming princesses such as the Maharani of Baroda, to write articles, allow her earlier publications to be reprinted or have her picture displayed in the League's magazine, *Maternity and Child Welfare in India*.[71]

Bhopali women's willingness to engage with the colonial project to educate mothers and make it their own may also be seen in that a comparable event to the exhibition in Delhi was held in Bhopal in November 1921 in the form of a gala celebration to honour Sultan Jahan Begam's twentieth accession anniversary. It was staged over two days with the first taking the form of an exhibition on children's health and the second being dedicated to a series of health lectures by female practitioners in the state, many of which were on the theme of bearing and raising children, though not necessarily in the European model. Mrs. Bashirullah Khan, a midwife and health visitor, addressed her audience on the precautions to be taken when a mother was breastfeeding, highlighting the importance of keeping milk pots and bottles clean, while Mehmooda Begam, a tibbiya health visitor, discussed the reasons for children's diseases and the methods to stop them using the principle of unani tibb.[72] As noted in the previous section, Bismillah Khanam also spoke on this occasion on the precautions to be taken before and after childbirth with the emphasis being on the utilisation of trained medical practitioners, whether these be allopathic doctors, unani physicians *or* indigenous midwives. Her lecture is also useful for highlighting the autonomy that Indian women gained

through this process in that she concluded her talk by encouraging her audience to learn about women's health issues so that they may "look after themselves."[73]

That this message was well-received in the Bhopali context is evident from reports that this event was attended in "huge numbers beyond expectation" by "ladies of all classes."[74] This apparent interest in educating as many women as possible in the principles of maternity and child welfare, regardless of their economic status, was also confirmed by the themes of some of the lectures. Bismillah Khanam, for instance, directed her discussion on childbirth to those living in houses, "both rich and poor."[75] A closer analysis of her lecture, however, reveals a lack of understanding with women unlike herself. Evidence of this trend may be seen in that she considered the "funny" habits of village women for the "pleasure" of her audience, describing with apparent glee how they bore their children while working in the forests or the field, cut the umbilical cord with a sharp stone, washed their newborn baby with leaves, then walked home with it under their arm, seemingly unaware that they may not have had the luxury not to. Though she admired these women for their "natural" quality, comparing them to "wild trees" that did not need the care of a gardener, she dismissed their method of childbirth as invalid, claiming that children born in this way did not undergo proper mental development, nor prove able to resist disease. She then turned her full attention to the case of rich women living in purdah in the cities.[76] This elite bias suggested a convergence in terms of class interests on the part of Muslim female reformers in Bhopal and their British counterparts who, as suggested above, were making equally presumptuous "interventions" into the lives of working-class women in their own country.[77]

This shared purpose may also be seen in that Sultan Jahan Begam was an enthusiastic supporter of Lady Reading's 'Baby Week' movement. When asked to accept the vice-presidency in 1923, she sent an effusive letter of acceptance in which she proclaimed that baby weeks were a "capital idea" of which the "great educative value… could not be doubted for a moment."[78] As a practical demonstration of her support, she arranged for two baby shows to be held in Bhopal in January 1924 in conjunction with activities across India. The first of these contests was held at Bairasia, a district headquarters, with the intention of attracting women of the countryside, while the second was held at the Ladies' Club under her own direction. What is quite remarkable, especially when considering how unsuccessful these baby shows were in Bengal thanks to fears of the "evil eye," was that this latter event attracted around eight hundred women and their babies of which twelve– six Hindu and six Muslim– received prizes for being "extremely well-fed and healthy."[79] This large turnout suggests that the vicereine's scheme benefited in Bhopal from being associated with the

trusted figure of the ruler, who, while drawing on European and American examples, refused any wholesale acceptance of foreign ideas in favour of building on customary Islamic norms. Her incremental approach guaranteed the participation of large numbers of Bhopali women not only in baby shows, but also in a variety of other schemes to educate mothers, even as they asserted their own agendas relating to class, gender and community.

Spreading Sanitation

While vicereines limited their attention to maternity and child welfare, it was sanitation, as it related to public health, that was at the centre of the colonial state's medical policy in India from the nineteenth century. This focus may be attributed to contemporary medical theories in Europe in which the spread of disease was attributed to miasmatic factors such as the "poisonous emissions" and "pestiferous exhalations" of decaying vegetable and human waste matter, particularly in a crowded setting.[80] This understanding dovetailed nicely with unani conceptions of the spread of disease and the maintenance of health in that it also emphasised the need to achieve a balance between certain essential qualities, like air and water, although, notably, in terms of the individual's body, rather than the physical environment. This overlap stimulated unani practitioners to engage with the colonial discourse on sanitation, leading to a proliferation of works in the early twentieth century on, what was referred to as, *hifz-i-sehat*. As Attewell has noted, this phrase, as it was derived from Arabic, translated literally as 'the preservation of health,' but was equated with sanitation in its "western medical connotations."[81] The "woeful crescendo of death"[82] experienced in India in the 1890s as a result of recurring outbreaks of malaria, plague and cholera had focused attention on this issue, crystallising opinion that it was the duty of the colonial state to spread the benefits of sanitary principles, but that, as yet, it had been unsuccessful in doing so. Only after the outbreak of plague in Bombay in 1896 was any serious attempt was made to translate policy into action on a large scale.[83]

Interestingly, it was the repeated outbreak of a particularly virulent strain of bubonic plague in Bhopal, claiming as many as fifty lives per day at its height in 1903, that also drew Sultan Jahan Begam's attention to the issue of sanitation at the beginning of her reign. Demonstrating her familiarity with Western medical science, she responded swiftly by ordering the establishment of quarantines, the evacuation of infected houses and the introduction of sanitary measures intended to combat "dampness" and "uncleanliness," even though these measures were, by her own admission, "thoroughly detested by the people."[84] Disregarding their scepticism, she also introduced an extensive programme of inoculation,

very similar to that instituted in Bombay when plague first appeared in the 1890s. Her methods, however, were rather less draconian that those of her British overlords. Instead of using force, she encouraged her subjects to participate voluntarily by organising public lectures to explain the procedure, ordering her officials to show sensitivity to caste and religious sensibilities, and providing financial incentives to encourage parents to inoculate their children. In order to set a good example for the wider population, she also requested members of the ruling family, state officials and military troops to submit to the procedure first. The Begam's gentle approach was rewarded when Bhopalis, or at least those living in the capital, began to submit willingly to precautionary measures. Indeed, it was noted in 1907 that there was "probably no city in India" where inoculation had been received "with less prejudice" or by more people.[85] This statement gains validity when a comparison is drawn with the violent upsurge of public opposition, depicted by Arnold as "cultural resistance to colonial medical intervention," when coercive plague measures were adopted in British India.[86]

The association of sanitation with cleanliness in the home meant that, more often than not, it was women, those most closely identified with this domain, who were charged with promoting it. Sultan Jahan Begam also recognised this special responsibility, asserting in a speech given at the Princess of Wales Ladies' Club in Bhopal: "It is specially incumbent on womenfolk, to whom has been entrusted the high duty of the preservation of the race, that they should pay special regard towards the observance of these life-giving and life-preserving rules."[87] To that end, she encouraged her female employees and dependents to give speeches on this theme at the Ladies' Club, a key example being Maimuna Sultan Shah Bano Begam's two-part lecture on hygiene presented as her "maiden speech" around 1912. In this forum, she demonstrated her familiarity with "modern medical research" by attributing the spread of disease to miasmatic factors in the following terms:

> The air which is free from all sorts of impurities like dust and bad vapours that come out from the earth has a very good effect on health. If you happen to go to some damp place where vapours usually come out of the earth, or to some dirty locality, you will feel there the injurious effects of the impure air. If a person of delicate and sensitive temperament stays in such a place for some time, he is sure to faint or even die. When the air gets impure on account of the bad smelling atoms which it takes from animal breathing, human excreta and decomposing articles, it tends to give rise to diverse epidemic diseases.[88]

Malaria in particular was associated in her talk with areas in which there was "a lot of moisture," including riverbanks, lakes and canals.[89] Yet she also revealed her debt to unani medicine in that she spoke of the need to regulate the "animal temperature" in the body through controlled breathing. She also warned of the effects of being struck by the "hot wind," known in Arabic as "simoom," which, in being "somewhat poisonous," could give rise to a range of diseases, including rheumatism.[90]

Her main prescription for avoiding poor health, again reflecting the colonial discourse on sanitation, was cleanliness. Houses were to be swept regularly, spittoons were to be washed several times a day, animals were to be banished to a separate house, clothes were to be kept "neat and tidy," and a daily bath was to become part of every individual's routine.[91] Above all, she advised, very much like British medical officers, "not to keep rubbish things lying inside the houses or in the neighbourhood, and to have your dwellings well ventilated."[92] At the same time, however, she justified her directive to keep clean by making liberal references to the Qur'an and hadith. "Cleanliness is one of the chief factors of Faith, or rather one half of the Faith," she quoted the Prophet as saying before citing from the Qur'an, "Verily God loves the penitent and the clean and pure."[93] Her message was unequivocal: "cleanliness of house, body and clothes is one of the chief factors of the faith: one who neglects it, disobeys God."[94] In taking this approach, her speech invites favourable comparison with book six of Maulana Ashraf Ali Thanawi's renowned advice manual, *Bihishti Zewar*, in which he also employed Islamic injunctions to motivate Muslim women in their pursuit of personal cleanliness.[95] A parallel may also be drawn in that both of these tracts appear to evoke, what Barbara Metcalf has called, a "single standard."[96] Just as Thanawi asserted that guidance in *Bihishti Zewar* was applicable to men and women equally, so there is nothing in Shah Bano's lectures on hygiene that need be directed at women alone. Indeed, it is a telling feature that she often addressed her instructions to "persons," rather than just "ladies."[97]

This capacity to operate within an Islamic framework while still referencing a colonial discourse may also be seen in the writings of Sultan Jahan Begam herself. In 1916, she published a manual on health and sanitation for women, revealingly titled *Hifz-i-sehat wa khanadari*, in which she encouraged women not only to maintain physical fitness through exercise and a balanced diet, but also to improve sanitary conditions with the home in order to reduce the causes of sickness.[98] This holistic approach to women's health reflected her acceptance of the basic principles of unani tibb with its emphasis on preventative measures, as well as her engagement with Western scientific theories on the spread of disease. Indeed, her

tendency, like that of her daughter-in-law, to blend indigenous and colonial systems of medicine may be seen in that, as Attewell has noted, she defined hygiene in terms reminiscent of British officials as cleanliness of "air, water, food, the body, clothing and place," yet, at the same time, drew on unani principles to express a "teleological conception of the functioning of the body" in which weakness in one organ was understood to spread to others.[99] Her debt to European and Indian medical practitioners alike was made even more explicit in the preface when she thanked representatives of both systems for their helpful comments on her draft.[100] In its willingness to draw on the unani tradition in particular and present this knowledge to women in an accessible and appropriate manner, the Begam's text also resembled book six of Thanawi's *Bihishti Zewar*, published just a few years before in 1905.[101] Like the Deobandi 'alim, she recognised women's potential to take responsibility for their own health by giving them access to selective medical knowledge.

Yet Sultan Jahan Begam also went a step further than Thanawi in asserting women's autonomy in that she identified sanitation as a cause that could justify women's independent actions not only in their own homes, but also outside of them. It was noted in a previous section how she appointed female health visitors to offer unani medical care in the home, but they also gave lectures on sanitation and hygiene in deprived districts and at the Ladies' Club. A key example was a talk presented by a health visitor called Mehrunnisa on the occasion of the well-attended celebrations to mark the ruling Begam's twentieth accession anniversary in which she addressed sanitary methods to be followed in "poor Hindustani homes."[102] Perhaps even more remarkable was Sultan Jahan Begam's encouragement of members of the Ladies' Club in Bhopal, and especially those that had completed classes at the School for Mothers, to spread the "wholesome knowledge of right living" by visiting those dwellings where "the rules of hygiene [were] not fully observed" to give advice on this matter. To highlight her support for this scheme, she even offered a pecuniary allowance and the use of a conveyance to those women willing to take it up. This charitable act, while recognised as being "very painful," was portrayed as allowing elite women the opportunity to offer "practical sympathy" to their poor sisters by helping them to "remove their self-inflicted miseries."[103] This reference to Victorian notions of personal responsibility suggests that these activities may have been stimulated by the example of upper-class British women who were actively involved in social welfare work of a similar kind, both in India and in Britain.

To a large degree, however, this philanthropic interest in introducing less elite women to sanitary principles could be attributed to basic religious tenets, which stated that all Muslims, male and female, must show sympathy to the less fortunate through the provision of

zakat, or charity. The importance of this Islamic framework may be seen in an article in the local women's journal, *Zil us-sultan*, in which Kishwar Jahan Begam, a relative of the ruler, advocated offering "sympathy, cordiality, and good fellowship" to poor relatives on the basis of a tradition of the Prophet in which he claimed that the greatest prayer in the sight of God was to offer charity and mercy.[104] Shah Bano Begam also gave a number of lectures at the Ladies' Club in which she promoted *zakat* as a religious duty, though not just in the form of alms to the poor or by establishing a *waqf* (charitable endowment) to support a public edifice. Sultan Jahan Begam herself had disparaged such "plain" charity in her autobiography on the basis that it created "excessive complacence," leading to "idleness" and an "undesirable burden on public funds."[105] Instead, Shah Bano Begam encouraged practical efforts, along the lines of the above scheme, by relaying a story in which the Prophet had auctioned the belongings of a beggar to buy an axe with which he could earn a living.[106] This reliance on an Islamic notion of charity enabled elite women in Bhopal to gain acceptance for professional work outside the home in a way that never would have been possible had they demanded training in nursing for secular purposes.

Having established these sanitary projects in her own state, Sultan Jahan Begam also sought to inform women in other parts of India of their benefits. One occasion on which she sought to do so was the inaugural conference of the All India Ladies' Association, held in Bhopal in 1918, during which two resolutions were passed relating to this theme. The first recognised the contributions of the Government of India to improving sanitary measures in Indian towns and cities, but sought the extension of the administrative machinery of the country to further this process. In this connection, one Muslim woman from Lahore, Mrs. Rashida Latif, even suggested that a system of town planning and house construction could be introduced, as was prevalent in Britain. The second resolved that the attention of women of all classes should be directed towards proper methods of domestic cleanliness and hygiene through various methods, including speeches, picture shows and published tracts, just as was being done in Bhopal.[107] Sultan Jahan Begam's scheme for introducing poor women to the "rudiments of sanitation and hygiene" was also promoted at the Maternity and Child Welfare Exhibition, held in Delhi in 1920.[108] In her speech on that occasion, she again emphasised the negative effects of poverty and unsanitary living conditions on poor women's health, thus demonstrating an understanding of the range of Indian women's health problems far outweighing that of her British patrons.[109] These activities at the national level may, thus, be seen to exemplify the efforts of Bhopal's female reformers to spread sanitation in that they

drew on colonial and existing Islamic discourses, but were not contained by either, instead asserting women's autonomy in a hitherto unknown way.

Conclusions

By the time Sultan Jahan Begam abdicated in 1926, Bhopal state had a fairly comprehensive programme for treating women's health. There were allopathic hospitals, unani dispensaries and health visiting programmes in the capital and the *mofussil* to serve women living in and out of purdah, as well as accredited schemes to train unani practitioners, indigenous *dais* and European-style nurses. In light of women's perceived function as mothers, there were also schemes to educate them in the basics of first aid, childbirth and nursing, whether in the form of regular classes, special exhibitions or 'baby shows.' Women's identification with the home meant that they had also been targeted to spread the principles of sanitation and hygiene, both in their own neighbourhoods and those of less fortunate women, primarily through speeches and manuals. Ironically, some of these initiatives were so well-established that they had even began to decline in the 1920s as the ruling Begam became less able to supervise them due to age and other preoccupations, notably, the deaths of her two eldest sons and the highly-contested succession case of the younger. When Lady Reading and her personal secretary, Miss Fitzroy, visited Lady Landsdowne Hospital in 1922, for instance, having already toured similar facilities in numerous other states, they remarked in their private correspondence that it was "rotten," being "old-fashioned" and "none too clean."[110] Saying that, it remained one of only 183 zenana hospitals in the whole of India in 1927, providing an example to other princely rulers, like the Maharaja of Mysore, who were just moving to establish medical institutions for women in their own states.[111] Quaker female missionaries in Bhopal also noted that, in her retirement, the Begam Mother devoted herself to rejuvenating some of her earlier projects, including the "School for Mothers," to which newly-designed courses in first aid and nursing were added.[112]

In recognition of her pioneering efforts, the Begam of Bhopal was hailed by visitors to the state in the late 1920s, including Ruth Frances Woodsmall and Sir Harcourt Butler, who confirmed that she had engaged with women's health issues long before other princely rulers.[113] Their comments hint at her significance, but it was not just timing that distinguished her initiatives. What was also important was her selective and, indeed, creative approach, as it drew on a range of different medical traditions. Her willingness to engage with Western systems of scientific knowledge, not the least by promoting allopathic institutions in her state,

patronising the vicereines' maternity and child welfare schemes and tackling the colonial discourse on sanitation, may suggest that, as a reformer, she could be identified primarily with the Aligarh movement as it preserved Sayyid Ahmad Khan's legacy of Islamic modernism. Yet, while she and other women in Bhopal fostered these initiatives, they also adapted them to address the specific circumstances and concerns of Indian Muslim women. In doing so, they drew on an indigenous model of reform, as identified with the Deoband madrasa, though they were not limited by that either. This trend is exemplified by their assertion of the validity of unani tibb as a distinct and culturally-defining system of medicine to which women could contribute. What emerges out of this analysis, then, is that this process of reforming women's health was one of negotiation in which women from Bhopal played an active role in crafting their own distinctive form of Islamic modernity in a colonial setting.

That this development could occur may be attributed not only to the disruptive effect of gender when it comes to defining modernities, but also to Bhopal's status as a princely state. In this semi-autonomous context, there was at least some space to resist colonial hegemony as it was asserted through medicine, whether that be through reviving unani tibb to the detriment of allopathic dispensaries or favouring indigenous *dais* over Western-trained midwives. Sultan Jahan Begam was also able to try out women's health projects in her state, like the "School for Mothers" and philanthropic schemes relating to sanitation, before seeking to export them to other parts of India. What these examples also highlight, however, is that elite women in Bhopal, like those in Britain, were themselves involved in a hegemonic enterprise in that they sought to inculcate less privileged women with their own reformist ideas about childbirth, childcare and sanitation. These projects presupposed a hierarchical framework in which, as Shah Bano stated explicitly in a speech to the Ladies' Club, "the poor" were required to work hard and make an honest living, while "the nobility and middle class persons" were compelled to show solicitude for them by providing them with the means to earn their livelihood.[114] Her paternalistic remarks suggest the way in which gender, community *and* class informed this discourse on reforming women's health.

Of course, that is not to say that elite women in Bhopal did not feel genuine concern for their disadvantaged sisters; this may be seen in that Sultan Jahan Begam spoke eloquently in her autobiography of the plight of "pitiable" women in her realm, including widows and illiterate village women, commenting that it was one of her "most important duties" to bring them "pleasure and sympathy."[115] The ruling Begam's focus on separate health programmes for women also effectively opened up health professions to Muslim women, and especially poor girls and orphans, who trained as nurses and midwives. This represented a significant

foray by women into the public sphere that would not necessarily have been accepted had it not been justified on the basis of fulfilling the "needs of the female sex."[116] In this way, Muslim women's participation in socio-religious reform movements in the early twentieth century may be distinguished from that of their male counterparts who, in many cases, denied women's autonomy and, as Ayesha Jalal has noted, displayed their lack of interest in women outside the *ashraf* class by reducing them to "prostitutes" and "demons."[117] The long-term effects of Sultan Jahan Begam's initiatives may still be seen in Bhopal today in that many of her projects to reform women's health continue to exist and, as in the case of the Sultania Zenana Hospital (formerly known as the Lady Landsdowne Hospital), bear her name.

Endnotes:

[1] See *Zil us-sultan* (Bhopal), vol. 5, no. 9 (Feb., 1918). For more unani tibb, see Manfred Ullman, *Islamic Medicine* (Edinburgh: Edinburgh University Press, 1977 (reprint)), esp. ch. 2.
[2] Geraldine Forbes, *Women in Modern India* (Cambridge: Cambridge University Press, 1996), 161-7.
[3] Kumkum Sangari and Sudesh Vaid (eds.), *Recasting Women: Essays in Colonial India* (New Delhi: Kali for Women, 1989).
[4] See, for instance, Kalpana Ram and Margaret Jolly (eds.), *Maternities and Modernities: Colonial and Postcolonial Experiences in Asia and the Pacific* (Cambridge: Cambridge University Press, 1998). On the Indian context, see P. Jeffrey, R. Jeffrey and A. Lyon, *Labour Pains and Labour Power: Women and Childbearing in India* (London: Zed Books, 1989); Geraldine Forbes, "Managing Midwifery in India" in Dagmar Engels and Shula Marks (ed.), *Contesting Colonial Hegemony: State and Society in Africa and India*. London: British Academic Press, 1994, 152-72; Dagmar Engels, *Beyond Purdah? Women in Bengal, 1890-1939* (New Delhi: Oxford University Press, 1996), ch. 4; Supriya Guha, *A History of the Medicalization of Childbirth in Bengal in the Late Nineteenth and Early Twentieth Century* (Unpublished PhD Thesis, University of Calcutta, 1996); and Cecilia Van Hollen, *Birth on the Threshold: Childbirth and Modernity in South India* (Berkeley: University of California Press, 2003). Also see Barbara Ramusack's forthcoming publications on the topic.
[5] For what has been done, see chapter 3 of Azra Asghar Ali's *The Emergence of Feminism Among Indian Muslim Women 1920-1947* (Karachi: Oxford University Press, 2000) on "Opening a Public Space for Women: The Role of Health Care Arrangements"; and chapter 5 of Guy Attewell's "Authority, Knowledge and Practice in Unani Tibb in India, c. 1890-1930" (Unpublished PhD Thesis, University of London, 2004) on "Treating Women: Women's Engagement with Unani Tibb and its Engagement with Women in Early Twentieth-Century India."
[6] For more on these activities, see my doctoral thesis, *Contesting Seclusion: The Political Emergence of Muslim Women in Bhopal, 1901-1930* (University of London, 1998); and "Fostering Sisterhood: Muslim Women and the All-India Ladies' Association," *Journal of Women's History* 16:2 (summer 2004).
[7] Antoinette Burton, "Contesting the Zenana: The Mission to Make "Lady Doctors for India,' 1874-1885," *Journal of British Studies*, 35:3 (July 1996), 368-97; Rosemary Fitzgerald, "'Making and Moulding the Nursing of the Indian Empire': Recasting Nurses in Colonial India" in Avril A. Powell and Siobhan Lambert-Hurley (eds.), *Gender and the Colonial Experience in South Asia* (New Delhi: Oxford University Press, forthcoming); and Van Hollen, *Birth on the Threshold*, 40.
[8] Michel Foucault, *Discipline and Punish: The Birth of the Prison* (trans. A. Sheridan) (New York: Vintage Books, 1979). In the Indian context, see David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (Berkeley: University of California Press, 1993).
[9] See my "An Embassy of Equality? Quaker Missionaries in Bhopal State, 1890-1930" in Powell and Lambert-Hurley, *Rhetoric and Reality*, forthcoming.
[10] Van Hollen, *Birth on the Threshold*, 53. Also see Maneesha Lal, "The Politics of Gender and Medicine in Colonial India: The Countess of Dufferin's Fund, 1885-88," *Bulletin of the History of Medicine* 68:1, 29-66.
[11] Forbes, "Managing Midwifery," 159.
[12] Van Hollen, *Birth on the Threshold*, 37, 55. On sati, see Lata Mani, *Contentious Traditions: The Debate on Sati in Colonial India* (Berkeley: University of California Press, 1998).
[13] See chapter 1 of my book manuscript.

[14] "Annual Report of the Dufferin Fund, 1905," cited in Zafar Omar, *Administration Report of the Bhopal State 1905-06* (Allahabad: Pioneer Press, 1905), 19. For comparison with Indore and Gwalior, see *Imperial Gazetteer of India: Central India* (Calcutta: Superintendent Government Printing, 1908), 74.
[15] Ibid.
[16] *Administration Report of the Bhopal State, 1907-1908* (Allahabad: Pioneer Press, 1908), 21.
[17] Arnold, *Colonizing the Body*, 43-58.
[18] Sultan Jahan, *An Account of My Life*, vol. II, trans. Abdus Samad Khan (Bombay: The Times Press, 1922), 142.
[19] Ibid., 143. For comparison with the efforts of Hakim Ajmal Khan, see Barbara Metcalf, "Nationalist Muslims in British India: the Case of Hakim Ajmal Khan," *Modern Asian Studies* 19:1 (1985), 1-28.
[20] "Copy of remarks made by the Administrative Medical Officer in Central India [V. Harrington]," NAI(ND), GOI, BPA No. 12, 1905.
[21] Sultan Jahan, *Account*, vol. II, 141-6.
[22] Ibid., 147.
[23] C.B. McConaghy, Agency Surgeon, to Haidar Abbasi, Pol. Sec., 24 Oct., 1921; and Abbasi to McConaghy, 25 Oct., 1921, NAI(B), BSR No. 11 (B. 72), 1921.
[24] See, for example, *Administration Report of Bhopal State, 1912-1913* (Bhopal: Qudsia Press, 1916), 19. In that year, over 300,000 patients were treated in unani dispensaries, as compared to just over 100,000 patients in European-style hospitals.
[25] "Administration Report of 1920" in NAI(ND), GOI, BPA No. 289, 1920.
[26] For the significance of unani tibb to these wider debates, see Barbara D. Metcalf, "Nationalist Muslims in British India: The Case of Hakim Ajmal Khan" in *Islamic Contestations: Essays on Muslims in India and Pakistan* (New Delhi: Oxford University Press, 2004), 120-150.
[27] See Abru Begam's introductory article on welfare work for women and children in Bhopal in *Rehbar-i-sehat* (Bhopal: Hamidia Art Press, 1922), 3.
[28] Liakat Husain. "Administration Report of 1923" in NAI(ND), GOI, BPA No. 206, 1923.
[29] "Report of Dr. Dagmar Curjel on Work of Victoria Memorial Scholarship Fund in Bhopal, 31 October, 1919" in NAI(B), BSR No. 24 (B. 82), 1922; and Abru Begam, "Welfare Work," 2-3.
[30] Attewell, "Authority, Knowledge and Practice," ch. 5.
[31] Neshat Quaiser, "Politics, Culture and Colonialism: Unani's Debate with Doctory" in Biswamoy Pati and Mark Harrison (eds.), *Health Medicine and Empire: Perspectives on Colonial India* (London: Sangam Books, 2001), 321.
[32] For more on Hakim Ajmal Khan, see Metcalf, "Nationalist Muslims" and "Hakim Ajmal Khan: Rais of Delhi and Muslim 'Leader'" in *Islamic Contestations*, 120-150 and 151-172.
[33] Sultan Jahan, *Account*, vol. II, 142-3; and condolence address in the records of the All-Women's Conference on Educational Reform, Delhi (Feb., 1928), 32. A record of his visits may be found in letters between the political agent and the Bhopal government, and the Fortnightly Reports on the political situation in central India. Relevant files include: NAI(Bhopal), BSR No. 11 (B. 89), 1923-24; and IOR, CR, R/1/1/950 and R/1/1/1387.
[34] Sultan Jahan, *Account*, vol. II, 142; and Quaise, "Politics, Culture and Colonialism," 320.
[35] See chapter 3 on education in my book manuscript.
[36] Sultan Jahan Begam, *An Account of My Life*, vol. III, trans. C.H. Payne (Bombay: The Times Press, 1927), 22-23. For comparison with British and American women's efforts to promote nursing in colonial India, see Fitzgerald, "Making and Moulding."
[37] McConaghy to Sultan Jahan Begam, 29 Oct., 1924, NAI(B), BSR No. 53 (B. 100), 1924-25. For comparisons with British India, see Ruth Frances Woodsmall, *Moslem Women Enter a New World* (London: George Allen & Unwin, 1936), 309.
[38] Sultan Jahan, *Account*, vol. III, 23-25.
[39] *Thirtieth Annual Report of the National Association for Supplying Female Medical Aid to the Women of India for the year 1914* (Delhi: Superintendent Government Printing, 1915), 109-10.
[40] See correspondence in NAI(B), BSR No. 2 (B. 34), 1917.
[41] *Thirtieth Annual Report*, 109-110. For comparison with British India, see Forbes, "Managing Midwifery," 171.
[42] Engels, *Beyond Purdah*, 148.
[43] The methods employed in training classes in Bhopal are discussed most comprehensively in A. Lankaster, Agency Surgeon, to Abdul Raoof, Pol. Sec., 16 Feb., 1917; "Qasba Dais"; and "Scheme for the Control of Maternity Nurses, Sehore Cantt" in NAI(B), BSR No. 2 (B. 34), 1917.
[44] See, for example, *Thirty Third Annual Report of the National Association for Supplying Female Medical Aid to the Women of India for the year 1917* (Delhi: Superintendent Government Printing, 1918), 74.
[45] "Report of Dr. Dagmar Curjel" in NAI(B), BSR No. 24 (B. 82), 1922.

[46] *Speech of H.H. Nawab Sultan Jahan Begam of Bhopal at the Maternity & Child Welfare Exhibition held at Delhi on the 23rd February 1920* (Bhopal: Sultani Press, 1920), 6.
[47] Forbes, "Managing Midwifery," 163-8.
[48] *Speech by Princess Maimoona Sultan Shah Bano Begam at the Maternity & Child Welfare Exhibition held at Delhi on the 23rd February 1920* (Bombay: The Guru Datt Printing Works, 1920), 1-2.
[49] Bismillah Khanam, "Precautions to be observed in houses, both rich and poor, before and after a childbirth" in Abru Begam, *Rehbar-i-Sehat*, 53.
[50] Van Hollen, *Birth on the Threshold*, 50.
[51] *Speech by Princess Maimoona Sultan*, 2-3.
[52] Shah Bano Begam, "An Appeal to Indian Ladies" in *Keep the Baby Well* (Calcutta: Superintendent Government Printing, 1920), 48.
[53] Bismillah Khanam, "Precautions," 54.
[54] *Speech of H.H. Nawab Sultan Jahan Begam*, 7.
[55] Van Hollen, *Birth on the Threshold*, 49-51.
[56] Margaret Jolly, "Introduction: Colonial and Postcolonial Plots in Histories of Maternities and Modernities" in Ram and Jolly, *Maternities and Modernities*, 9.
[57] Anna Davin, "Imperialism and Motherhood," *History Workshop Journal*, 5 (1978), 43.
[58] Forbes, "Managing Midwifery," esp. 172. Also see David Arnold, "Public Health and Public Power: Medicine and Hegemony in Colonial India" in Engels and Marks, *Contesting Colonial Hegemony*, 131-151.
[59] "School for Mothers," attached to a letter from Sultan Jahan Begam to Lady Reading, 6 Oct., 1921, NAI(B), BSR No. 5 (B. 72), 1921. For comparison with projects in the West, see Van Hollen, *Birth on the Threshold*, 51 [from Ramusack].
[60] "A Brief Decennial Report of "The Princess of Wales Ladies' Club," Bhopal" in *A Brief Decennial Report of "The Princess of Wales Ladies' Club," Bhopal* (Calcutta: Thacker, Spink & Co., 1922), 13-4.
[61] See *Regulations for the Formation of Male or Female Classes in Connection with Centres: with the Syllabus of the Various Courses of Instruction* (Simla: Indian Headquarters of the St. John's Ambulance Association, 1917).
[62] Woodsmall, *Moslem Women*, 307.
[63] "Report of Dr. Dagmar Curjel" in NAI(B), BSR No. 24 (B. 82), 1922.
[64] Woodsmall, *Moslem Women*, 306-7.
[65] McConaghy to Sultan Jahan Begam, 29 Oct., 1924, NAI(B), BSR No. 53 (B. 100), 1924-25.
[66] Sultan Jahan Begam, "The Duty Owed By Educated Indian Women to their Countrywomen" in *Keep the Baby Well*, 14.
[67] *Speech by Princess Maimoona Sultan*, 8.
[68] Cited in Van Hollen, *Birth on the Threshold*, 51.
[69] For an outline of events, see the programme of the Maternity and Child welfare Exhibition, the handbook of the Exhibition and invites to various 'At Homes' in NAI9B), BSR No. 12 (B. 59), 1920.
[70] See, for instance, relevant correspondence in Ibid.
[71] See correspondence and her manuscript entitled "Message to the people of India" in NAI(B) BSR No. 51 (B. 75), 1922; NAI(B) BSR No. 149 (B. 93), 1923-24; NAI(B) No. 116 (B. 101), 1924-25; and NAI(B), BSR No. 110 (B. 110), 1924-25.
[72] Mrs. Bashirullah Khan, "Precautions to be taken when a mother is breastfeeding" and Mehmooda Begam, "Reasons for children's diseases" in Abru Begam, *Rehbar-i-Sehat*, 70-97.
[73] Bismillah Khanam, "Precautions," 59-60.
[74] "Decennial Report," 169-172.
[75] Mehrunnisa, "What kinds of principles should be followed for the protection of health in poor Hindustani homes?" and Bismillah Khanam, "Precautions" in Abru Begam, *Rehbar-i-Sehat*, 44, 60.
[76] Bismillah Khanam, "Precautions," 51-2.
[77] See, for instance, J. Lewis, *The Politics of Motherhood: Child and Maternal Welfare in England, 1900-1939* (London: Croom Helm, 1980).
[78] Sultan Jahan to Lady Reading, 11 Oct., 1923, NAI(B), BSR No. 149 (B. 93), 1923-24.
[79] "Report on the Baby Week in Bhopal State held during the month of January, 1924" in ibid. For comparison with Bengal, see Shudha Mazumdar, *A Pattern of Life: the Memoirs of an Indian Woman*, tr. and ed. Geraldine Forbes (New Delhi: Manohar Book Service, 1979), 175.
[80] David Arnold, *Science, Technology and Medicine in Colonial India* (Cambridge: Cambridge University Press, 2000), 81.
[81] Attewell, "Authority, Knowledge and Practice," ch. 5.
[82] This phrase is borrowed from Ira Klein, "Death in India, 1871-1921," *Journal of Asian Studies* 32 (1973).

[83] See, for instance, Mark Harrison, *Public Health in British India: Anglo-India Preventive Medicine 1859-1914* (Cambridge: Cambridge University Press, 1994).
[84] Sultan Jahan, *Account*, vol. II, 108.
[85] *Plague in Bhopal* (Bombay: Thacker & Co., 1907), 2-11. Also see Sultan Jahan, *Account*, vol. II, 106-112; and Omar, *Administration Report, 1905-6*, 19. For comparison with British India, see Arnold, *Colonizing the Body*, 200-39; Ian Catanach, "Who are your leaders? Plague, the Raj and the 'Communities' in Bombay, 1896-1901" in Peter Robb (ed.), *Society and Ideology* (Delhi: Oxford University Press, 1993), 196-221; and Mridula Ramanna, "Indian Response to Western Medicine: Vaccination in the City of Bombay in the Nineteenth Century" in A.J. Qaisar and S.P. Verma (eds.), *Art and Culture: Endeavours in Interpretation* (Delhi: Abhinav Publications, 1996), pp. 67-78.
[86] Arnold, *Science, Technology and Medicine*, 74.
[87] "English translation of a short speech delivered by Her Highness in the Ladies' Club, Bhopal" in *Decennial Report*, 88.
[88] "Maimoona Sultan's Second Lecture on Hygiene" in *Decennial Report*, 63.
[89] Ibid., 65
[90] Ibid., 62-4.
[91] "Maimoona Sultan's First Lecture on Hygiene" in *Decennial Report*, 58-60.
[92] "Maimoona Sultan's Second Lecture," 65.
[93] "Maimoona Sultan's First Lecture," 57
[94] Ibid., 60.
[95] Attewell, "Authority, Knowledge and Practice," ch. 5.
[96] Barbara Metcalf, "An Introduction to the *Bihishti Zewar*" in *Perfecting Women: Maulana Ashraf 'Ali Thanawi's* Bihishti Zewar (Berkeley: University of California Press, 1990), 7-9
[97] See, for instance, "Maimoona Sultan's First Lecture," 58-9.
[98] Sultan Jahan Begam, *Hifz-i-sehat wa khanadari* (Bhopal: Sultania Press, 1916).
[99] Attewell, "Authority, Knowledge and Practice," ch. 5.
[100] Sultan Jahan, *Hifz-i-sehat*, 1.
[101] For a discussion of this work, see Attewell, "Authority, Knowledge and Practice," ch. 5.
[102] Mehrunnisa, "What kinds of principles should be followed for the protection of health in poor Hindustani houses?" in Abru Begam, *Rehbar-i-Sehat*, 60-9.
[103] "English translation of a short speech delivered by Her Highness in the Ladies' Club, Bhopal" in *Decennial Report*, 88-91.
[104] Kishwar Jahan Begam, "Kindness and Sympathy to Relations," reprinted from *Zil us-sultan* (Bhopal) in *Islamic Review* (Woking), 6 (Oct.-Nov., 1918), 31-2.
[105] Sultan Jahan, *Account*, vol. II, 222.
[106] "English translation of a speech delivered by Maimoona Sultan Shah Bano Begam in the Ladies' Club, Bhopal" in *Decennial Report*, 54-55. Also see "Address by Maimoona Begam at the Ladies' Club" in *Decennial Report*, 39-46.
[107] Speeches of Mrs. Jamshedji, Fatima Begam and Begam Rashida Latif on resolutions five and seven in *A Short Summary of the Proceedings of the First Session of the All-India Ladies' Association* (Bhopal: Sultania Press, 1918), 12-14. For more on this organisation, see Siobhan Lambert-Hurley, "Fostering Sisterhood: Muslim Women and the All-India Ladies' Association," *Journal of Women's History* 16:2 (summer 2004).
[108] See Sultan Jahan Begam, "The Duty Owed By Educated Indian Women to their Countrywomen" in *Keep the Baby Well*, 14.
[109] *Speech of H.H. Nawab Sultan Jahan Begam*, esp. 2, 8.
[110] Lady Reading to family in England, 22 Feb., 1923, IOL, Lady Reading Collection, MSS.Eur.E.316/3/#8; and loose papers of the diary of Miss Fitzroy, 19 Feb., 1923, IOL, Fitzroy Collection, MSS.Eur.E.318/8.
[111] Woodsmall, *Moslem Women*, 304; and *Forty Fifth Annual Report of the National Association for Supplying Female Medical Aid to the Women of India for the year 1929* (Delhi: Superintendent Government Printing, 1930), 68.
[112] Journal Letter No. 2 of S. Katherine Taylor in Bhopal, 21 Feb., 1928, FSC/IN/4.
[113] Woodsmall, *Moslem Women*, 305; and diary of Sir Harcourt Butler while on tour with the Indian States' Commission, Bhopal, 26 Mar., 1926, IOL, Butler Collection, MSS.Eur.F.116/108.
[114] "Speech delivered by Maimoona Begam in the Ladies' Club" in *Decennial Report*, 42.
[115] Sultan Jahan Begam, *Account*, 1912, 278.
[116] Sultan Jahan, *Account*, vol. III, 26.
[117] Ayesha Jalal. *Self and Sovereignty: Individual and Community in South Asian Islam since 1850* (London: Routledge, 2000), 70.