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“Something Miraculous about Them”: ‘Indian Doctors’ and quacks in White Australia, 1880-1930

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Abstract

Delving into the historical narrative of medicine in colonial India and Australia, this article sheds light on a neglected aspect: the role of ‘Indian doctors,’ encompassing oculists and *bakims*, practitioners of indigenous Indian medicine, within the Australian landscape. Often marginalized in discussions of migration patterns and colonial medical history, these ‘Indian doctors’ possess a rich history intricately interwoven with the complex networks of the British Empire. Drawing upon the insights of scholars who have highlighted the mobility of ‘Indian doctors’ in Britain and Australia, this article underscores their significant presence and impact during the period spanning from 1880 to 1930. Through an analysis of contemporary Australian newspaper reports, the article unveils the popular representations of these practitioners and explores their influence across both regional outposts and urban centres within the confines of White Australia. By bringing the stories of these oft-forgotten healers to the forefront, this article aims to enrich our understanding of colonial medical dynamics and transnational networks.

Keywords: British Empire; White Australia Policy; Indian Doctors; Oculists; Fringe Medicine

Introduction

In the late nineteenth century, Australians saw a wave of British Indian migrants mostly occupied in hawking and *cameleering*—connecting cities to rural towns. The now significant body of academic scholarship on the White Australia Policy—Myra Willard (1923), A.T. Yarwood (1962), K. Rivett (1975), David Walker (1999) and Gwenda Tavan (2005)—has spanned across the history of Asian migration and policy-making initiatives in Australia. Other prominent Australian scholars such as Stuart Ward (2001), Peter Goldsworthy (2002), Mary De Lepervanche (1984), Margaret Allen (2005, 2008, 2009a, 2009b, 2011, 2013, 2017), Kama Maclean (2015), Nadia Rhook (2018) and Samia Khatun (2018) in their research have also focused on the impact of the British Empire and White Australia Policy on Australia-India

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relations and early Indian migrants in Australia.² Most of these studies focus on Indian traders, cameleers, farm labourers and hawkers. They leave out from their purview an important group of immigrants, the ‘Indian doctors’—Oculists, Hakims and practitioners of traditional fringe medicine—as they were mostly referred to in the Australian newspaper advertisements and popular narratives. Their lives have largely gone unnoticed in mainstream accounts of Australia’s past. Except for a few notable studies that do point to the interaction between ‘Indian doctors’ and White Australia. Rhook’s 2018 paper is a valuable contribution where through an analysis of shop fronts and massage benches as “privileged sites,” she offers an insight into “processes of networking” between Indian masseurs and White settlers in Melbourne. Two other studies, P. Phillips’ *Kill or Cure?* and Philippa Martyr’s *Paradise of Quacks*, also provides an intriguing history of many ‘quacks’ who worked in Australia and presented a challenge in the successful implementation of the Medical Practitioners Act. However, Phillips and Martyr mostly focus on ‘White healers’—former baker, shoemaker, furniture dealer, a farmer and ex-medical students—and also refer to healing practices of German, French, Greek and Chinese doctors in Australian colonies.

Borrowing insights from Sumita Mukherjee and Kristin Hussey who foreground the workings of ‘Indian doctors’ in Britain and their easy mobility in the colonies of the British Empire, this article argues that the ‘Indian doctors’ have a history that is directly connected to British colonial networks (see Mukherjee, 2013; Hussey, 2017). This article is organised around two main sections: the first foregrounds the progress and institutionalisation of traditional and colonial medical practice in British India and Australia. It shows how Western medicine was presented as one of the benefits of British imperialism (Anderson 522). The second section using contemporary Australian newspaper reports discusses the careers of some ‘Indian doctors.’ Within this section, firstly, I highlight the popular representation of these ‘Indian doctors’ to explore their presence and impact in regional and urban centres of White Australia from 1880 to 1930. Second, I refer to how advertisements in local newspapers were used by some of these ‘Indian doctors,’ for example, Mahomed Baksh, ‘Doctor’ Delph Singh and ‘Professor’ Chandan, as a means to display their experience and success in the colonies thus increasing the opportunity and acceptance for their services and oriental knowledge of fringe medicine among the poor of White Australia.

Early Medicine-men in India and Australia

In his book, *Imperial Connections* (2007), Thomas Metcalf characterised nineteenth-century British India as a “subimperial center” (1), which made it into “a nodal point from which peoples, ideas, goods and institutions . . . radiated outwards” (7). In fact, as part of the British colonists’ world, Australia made the first trade links with India. The colony of Australia was imagined as a ‘white colony’ reserved as a destination for the European. When supplies ran short, ships from Calcutta (now Kolkata) brought grain, rum, spirits, clothing and live animals for White Australia. According to Malcolm Allbrook, during the eighteen-thirties, small shipments of Indian labourers, bonded domestic servants and *ayahs* arrived in Australia to work in both the urban and rural areas for British Army officers. Others came through the

² The policy, unofficially in practice since 1850s in Australia, was officially released as the *Immigration Restriction Act* 1901. It was based on a similar legislation that was passed in South Africa and was strengthened by minor additions until the World War II. Soon after the war, it was dismantled in stages by several successive governments between 1949 and 1973.



independent intake as cameleers, small merchants, traders, and hawkers (Allbrook 651; see also Khatun 2018).

Driving the camel lines and hawking was a profitable occupation for Indian men who “by the end of the century” became ubiquitously “a common sight” in Australia (Khatun 45). This was the result of various schemes proposed by a prosperous Calcutta lawyer and Advocate General of the East India Company, Charles Prinsep. He was quite active and enthusiastic about creating the Indian Ocean “subempire” by importing Indian labourers for several industries. The *Sydney Morning Herald* reported (April 9, 1846):

Following Prinsep’s advice, in 1845 Campbell and Towns were given permission to embark “51 natives of India, 1 native doctor, 10 native women and 3 children,” seventeen each to be employed by Campbell, Towns and Wentworth on their properties in New South Wales. (qtd. In Allbrook 663-664)

Prinsep saw the potential of the Australian colonies to become trading partners with British India and the prospects of it also becoming a favourable destination as a ‘white colony’ for British officers, educationists and doctors to settle down after their Indian service was over. In the Australian colonies, during that period, medical pluralism was at its peak, with options for allopathy, homoeopathy, naturopathy, indigenous aboriginal healers, along with Indian hakims and Chinese herbalists (see Tiquia 2013; Couchman 2001; Loh 1985 and 1995).

According to Wang and Xie (1999), ancient Chinese and Indian doctors shared their knowledge of herbs and traditional medicine. In fact, an Indian physician, Sushruta (6th century BCE), is often credited with the knowledge of performing first cataract surgery. Many traditional Indian physicians, especially oculists, practised medicine in China. Their knowledge later spread from China to Greece as medicine men from these countries visited India to learn the new methods in eye surgery (Bhishagratna 1963). Liu Yuxi, the famous Chinese poet, philosopher, and essayist during the Tang Dynasty (618-907 AD), dedicated a poem titled “To Brahman Monk, an Oculist.” This poem celebrates an Indian oculist who removed the cataract with his golden needle (Wang and Xie 155). Ian Grierson, in *The Eye Book* (2000), observes that these first Eastern eye specialists or oculists were relatively sophisticated but unfortunately not much is known of the success of their work (45-46). He writes:

The eye surgeons of ancient India no doubt took much of their learning from China, but also made great advances in their own right, particularly in the surgical treatment of cataract. Cataract was (and still is) rampant in the Indian subcontinent and the early operation of couching was refined there. This involved using a lancet or needle to push the opaque, cataractous lens out of the visual plane. (Grierson 45-46)

Sushruta who lived nearly one-fifty years before Hippocrates in his Classical Sanskrit treatise titled *Sushruta Sambhita* (Sushruta’s Compendium) described various types of diseases, medicine and surgery such as couching for cataract of the eye (Bhishagratna, 1963). In the eighth century A.D., Caliph Mansur (753-774 AD), got this treatise translated into Arabic as *Kitab-Shaw Shoon-a-Hindi* and *Kitab-i-Susrud*. Later, the first Latin translation was published by F. Hessler (in 1844), German by M. Muller (in 1859), and an English translation was done by Kaviraj Kunja Lal Bhishagratna (in 1907). The European system of medicine to some extent was influenced by the widely prevalent seventh-century translations of *Sushruta Sambhita’s* Latin versions of those Arabian translations (Grzybowski and Ascaso, 2014).

Once the British East India Company arrived in 1608 at the western port of Surat (Gujarat), it gradually started establishing a colonial network of institutions in various provinces. With the Company also arrived European doctors in Indian princely courts. For example, Nicholas Manucci who came to India in 1658 as an artilleryman in the Mughal court, changed his profession to medicine without any formal training. In his book *Storia do Mogor; or, Mogul India 1653-1708*, Manucci discusses the presence of other European doctors in the courts of Indian kings from sixteen-fifties onwards (Manucci, 1907; see also Kochhar, 1999).

Around this time, there was some interaction between the Indian and the European schools of medicines (Bastos, 2001). The Company’s surgeons in the early nineteenth century, as Savithri Preetha Nair (2012) points out, “relied on knowledgeable Indians for the identification, classification and treatment of diseases outside the purview of European medicine” (576). In 1835, the East India Company in its attempts to officially regulate the health services in India founded the Calcutta Medical College. Soon after this, between the years 1842 and 1847, the Portuguese government in Goa, apart from introducing several strict laws regulating the medical and health services, also established a Medical School in Nova Goa (Bastos 518). After the annexation of Punjab in 1849, the British colonial government intervened in “sanitation, health services and medical education” and “gradually institutionalised western, ‘scientific’ medicine and its practice in the province” (Sivaramakrishnan 521). Lord Curzon, Viceroy of India from 1899 to 1905, proclaimed that the British medical knowledge in colonial India was “built on the rock-bed of pure and irrefutable science . . . a boon . . . offered to all, rich and poor, Hindu and Mahommedan, woman and man” (cited in Arnold 136-137). Intending to protect the image of Empire as “progressive, scientific, and benevolent” (Anderson 526), the colonial government helped Western, especially British, doctors to gain wide experience by investigating local patients and surgical techniques in the spirit of science and shape their theories based on “local context” (Anderson 523).

To further achieve its goal, the British Crown created a salaried class of doctors under the Colonial Medical Service (CMS), which supplied the majority of the medical care to meet the needs of British officers and nobility in various parts of the Empire such as India and Australia (Lewis, 2014). Regarding this attitude as benefactors of the natives held by Lord Curzon and other British medical administrators, R. Ramasubban (1988) has highlighted that in the early years the ‘Western medicine’ in India was not offered to Indians and was kept to a small European population. These local specialists, the *Vaidyas*, *Hakims* and oculists, practitioners of Ayurvedic and Unani medicine in colonial India supplied a range of medical care to Indian masses. These ‘Indian doctors’ continued to coexist with these Western-trained doctors despite the British administration calling them as ‘quacks’ (Ramanna, 2002). The key feature of the scientific Western medicine practice was its stress on “clinical observations and post-mortems” (Nair 577). Nair writes that Company surgeons such as Whitelaw Ainslie “critiqued ‘Hindu’ medicine’s disregard for the practice of dissection, much valued in the ancient medical writings of Susruta” (577; see also Arnold 67). In an effort and pre-occupation with theory related to diseases and drugs, Colonial governments created a space for the now developed mainstream medicine. It also led to the Colonial government’s control of all spheres of native’s life. The only way was to discredit knowledge traditions of the colonised, which cannot be explained in Western scientific terms and produce doctors and pharmacists, trained in Western medicine (see Arnold, 1988 and 1993). From 1904 to 1914, Dr Robert Henry Elliot who was the Superintendent of the Madras Ophthalmic Hospital observed more than



500 cases and collected fifty-four eyeballs to study Indian operation for cataract (Magner 46). Here, with the help of local surgeons, Dr Elliot started pointing out to the colonial administrators, through the *Indian Medical Journal*, *Ophthalmoscope* and *Ophthalmic Review*, the limitations, dangers and failures of the traditional practice of couching in India (Jackson, 1937; see also Das, 1969). However, there were some, like Sir Pardy Lukis, the Director-General of the IMS, who after his extensive experience of thirty-six years in India, declared in 1916 that “the empirical methods of treatment adopted by the *vaid*s and *bakim*s” were of “greatest value” and rejected the view that these practitioners were ‘quacks’ (cited in Arnold, 2000, 183). To Sir Lukis, it made complete sense that those natives who are poor and live in the villages should have access to indigenous medicine and practitioners to meet their basic hygiene needs (cited in Arnold, 2000, 183). By the end of 1920, Western-trained doctors and British administrators also looked at the colonies such as India and Australia as “sites of production of medical knowledge, not just distant recipients of European genius” (Anderson 523).

In 1815, William Bland, an emancipist doctor became the first full-time private practitioner of Western medical knowledge in Sydney, Australia. He was in the Royal Navy and on HMS *Hesper* bound for India. On this ship, during a duel with a purser, Bland was forced to a confrontation with pistols which resulted in the death of his opponent. Bland who was considered of high principles and impetuous character was sentenced to just seven years’ transportation to Australia (Dunlop, 1926). He arrived in 1814 and was pardoned by Governor Macquarie to meet the medical needs of the colony (Ross, 1985). In 1844, Bland and his colleagues formed the Medico-Chirurgical Association of Australia. The main objectives of this body were maintaining the dignity of the medical profession and procuring legislation to outlaw unlicensed practitioners. By 1850s, British doctors also had organised themselves as professionals and were listed in the directories and registers with qualifications. However, until the eighteen-sixties, British doctors who arrived in the colony were probably more likely to have trained as apprentices or possessed dubious European and American degrees (Smith 255). Medical schools opened at the universities in Melbourne (1862), Sydney (1883) and Adelaide (1885) and the new doctors saw chemists or pharmacists as unfair competitors who were also endangering the sick because they lacked diagnostic skills (Lewis S6-S9).

Between 1788 and 1868, that is the arrival of the First Fleet and the last convict ship, Gillian Hull (2002) observes, over a hundred medical men arrived as transportees from Britain and other European countries.³ These doctors, mostly ships’ surgeons (on navy, convict, emigrant and passenger ships), convict doctors (arriving as prisoners), military surgeons (of regular British army units), general practitioners (in both urban and rural setting) and medical specialists are now part of Australian folklore (Richards, 1994). Martyr notes that in nineteenth-century Australia four categories of medical practitioners or healers existed:

- (a) *popular or lay providers of care/healing* – mothers, the head of family or boss of a company;
- (b) *popular practitioner* – not formally trained, qualified or registered practitioners of a particular therapy such as a masseur or midwife;

³The doctor on the First Fleet that arrived on Australia’s East Coast in 1788 was Surgeon General John White and Bass Strait was discovered in 1798 by George Bass, a Naval Surgeon.

(c) *non-registered practitioners* – trained non-registered or non-recognised doctors from Europe or America; and

(d) *registered practitioners* – British allopaths, dentists, chemists, and opticians who were legally registered by medical boards of various Australian colonies. (12-13)

A question that arises at this point is: Was indigenous or Aboriginal medicine used widely among communities in the colony? On the front of indigenous medication in Australia, Geoffrey Blainey (1977) has argued based on the fact that there are so many “botanical regions” in Australia, it is possible that indigenous people either did not know the curative effects of all the plants or used only a few for healing. He writes:

Nevertheless, some of their intoxicants, poisonous sedatives, sore ointments, diarrhoea remedies, cough and cold palliatives, and even an oral contraceptive fit in with present pharmaceutical knowledge. Many of their other medicines, like ours, probably depended on the faith of the swallower. (Blainey 1)

Based on this, it can be argued that the indigenous or Aboriginal healers were limited to treating people from their communities. Blainey notes that in the popular imagination of White Australians the use of Aboriginal medicine was often linked with the practice of magic or faith healing (Martyr 16).

In the early period, the vast majority of Australian doctors were immigrants from Britain. Post-eighteen-fifties, the gold rush period, a few doctors emigrated from America, New Zealand, Canada, Europe and India to try their providence in the lucky country.⁴ It was also during this period that the Chinese herbal, homoeopathic, naturopathy and chiropractic medicine became popular in Australia as an alternative form of medication (Hagger 135). Smith notes that the Chinese herbalists enjoyed public trust, over the ascendancy of ‘western medicine,’ especially in the shanty towns constructed by miners, as their medicine was familiar to not only the Chinese but also European workers who considered it to be both exotic, potent and cheap (264). Chinese herbalists were used to looking into serious diseases such as leprosy which appeared in many coloured patients such as the Chinese, Kanakas, Afghans and Indians. The government deported a few men with the disease but no strict action was taken against the herbalists until around eighteen-nineties (Hagger 139-142).

Life in the Australian colonies was changing in the late nineteenth century. The discovery of gold (in Victoria) has brought people from all over the world to try their luck. Nevertheless, many immigrants and Australians were living in untidy cities and shantytowns. This was also a period of the high risk of infection and diseases such as cancer required attention from British doctors who were costly (Smith 245-246). Phillips writes that in the Australian cities surrounded by shantytowns were easy targets for ‘quacks’ from Europe and America where they either settled down or travelled from nearby cities or country settlements or just practised by correspondence (16). In 1897, the editor a medical journal lamented that the medical profession in Australian cities and towns did not occupy the social position that it ought to like Europe (Smith 246). To protect the colony’s regular trained doctors and moving to ban unlicensed medical practice some Acts were: the Tasmanian Act (1842), the South Australia Act (1844 and 1846), the New South Wales Act (1855), the Victorian Medical Practitioners

⁴ The Oxford English Dictionary lists the oldest recorded use in Francis Quarles’ 1638 book, *Hiemophibikes of the Life of Man*. “Quack, leave thy trade; thy dealings are not right, thou tak’st our weighty gold, to give us light.”



Statute (1865) and the Queensland Act (1868). However, these Acts hardly curtailed the activities of ‘quacks’ (Dawes, 2013). Smith writes:

The weak Colonial medical acts commonly conferred state recognition on practitioners claiming degrees in medicine and surgery, diplomas or licentiates, awarded after a minimum three years’ training at a recognized institution, generally one in the United Kingdom, the Empire of Settlement, Germany or the United States; registration could also be achieved by men claiming five years or so practical experience. This shaky arrangement, devoid of a quick records system and subject to international trade in bogus certificates, fostered suspicions and envies among ‘opposing’ practitioners. (245)

These medical acts, boards and registers were flawed in terms of restricting ‘quacks’ in respective colonies because these were rarely forced by the authorities citing lack of funding and manpower (Smith 255). It was only in the eighteen-eighties, Lewis points out that when more immigrants with specialist qualifications in the fields of surgery, obstetrics, dermatology and ophthalmology arrived in the Australian colonies that an organised medical profession started taking shape (Lewis 55).

One major difficulty in securing an exclusivist medical legislation in the Australian colonies was providing for cost and time to prosecute illegal practitioners. Therefore, the easiest way for the Australian administrators was to copy the British practice to handle such a situation. This meant allowing the so-called ‘doctors’ to continue while barred from official recognition in the Australian colonies (Smith 262). The reason for such thinking was simply that this generation of traditional medical practitioners would eventually die or retire and ultimately replaced by qualified surgeons and doctors in particular.

‘Indian Doctors’ in Australia

What was the role of these ‘Indian doctors’ in Australian society and culture? Although, the precise extent of the impact of these Indian medicine men on connections in the Australian colonies might remain contested. It can be argued that these Indian medicine men were part of, what Kristin Hussey (2017) calls, “the trans-imperial interaction” providing “competing or complementary system” (Nair 574). Mukherjee’s article on the 1893 Old Bailey trials highlights the case against Indian oculists for negligence or fraud in Britain. Four ‘Indian doctors’ originally from Punjab region—Kream Bocesh, Herra Shai Bocesh, Khair Deen and Shahah Badeen—were put on trial charged with conspiracy to defraud and unlawful wounding. It was reported in *Morning Post* (September 2, 1893) that these ‘Indian doctors’ operated on a retiree, James Russell, and a 4-year-old child, William Turner. The result of this operation was the child going blind. According to the *London Standard* (September 5, 1893), the police started rounding-up the ‘quacks’ and at that time thought an involvement of at least a gang of twelve to twenty-five oriental men. London-based surgeons after hearing about the case called the tools used by ‘Indian doctors’ as unfit for surgery on the eye. But there were many other patients, like John Crowder and William Randall, who became a witness in favour of the oculists. The four accused were found not guilty but these trials captured the attention of both the British and Australian medical communities.

Mukherjee points out how early Indians mainly established themselves in various towns in Britain and their activities as eye and piles ‘doctors’ came to the fore. She notes that by the

end of the nineteenth-century in Britain, and British colonies, India’s reputation for expertise in ocular surgery was under threat and at the point of being discredited (Mukherjee 81). These ‘quacks’ were becoming a problem in India as well. A point highlighted by Ganpatram Dalsukhram, a hospital assistant at Olpad Dispensary, in a letter to the editor of the *Indian Medical Gazette* (October 13, 1907). Dalsukhram (1907), after giving a few examples of medical misdeeds, passionately writes against *Vaidyas* and *Hakims*:

It is a matter of great regret that the people suffer thus unnecessarily owing to non-protection of the medical profession in India where quacks are numerous in proportion to qualified medical men. These quacks have neither sense of responsibility nor of duty and care nor whether their patients are killed or cured as long as they can get half an anna to pocket. (474-475)

In 1892, while working in the Indian Medical Service on the Northwest Frontier, Dr Elliott had grave concerns and similar opinions regarding the activities of the ‘quacks.’ Magner notes that Dr Elliot never personally observed a traditional Indian oculist at work during his stay in India but

... his informants claimed that practitioners often told the patient that surgery was unnecessary. Then, while pretending to examine the eye, the operator suddenly pushed a needle through the cornea and quickly detached the lens. Immediately after the operation, the surgeon tested the patient’s vision, bandaged the eyes, and advised the patient to rest for at least 24 hours. (46)

According to Dr Elliot, this resting period of twenty-four hours was time enough for the oculist to disappear with the fees of the innocent patient without caring if the actual outcome of this surgery was successful or not.

Those ‘Indian doctors’ who were able to gain access to Britain and Australia often employed the services of local hacks for writing advertisements. They also used patient testimonial until it served its purpose in getting them more clients. The prime purpose of such testimonials was to expand their practice by enhancing the trust and confidence of local patients. For example, the advertisement of Kream Bocesh in a London newspaper, in 1893, contained many testimonials from various parts of Britain and Australia:

[Bocesh] is a gentleman of good reputation and position in this country, and has a wide reputation for skill in the treatment of Eye Diseases by the indigenous methods. He has acquired some means by practice in distant countries, mainly under the British Flag, and it may be of use to him to have it known that he is employing a large sum of his saving in building a serai, or place of rest for travellers, where all may find shelter free of cost. (cited in Mukherjee 79)

Assuming that most of the early ‘Indian doctors’ in colonial Australia were trained in traditional medicine and therefore self-employed as local general practitioners (no government or hospital appointment), their professional life is hard to find except through a survey of contemporary Australian newspapers in which advertisement about their work or stories of their misdeeds and professional misconducts appear occasionally. Such advertisements often carry information regarding their location, specialities, fees or incomes, fines, patients’ testimonials and reputation in the local community.



These Indian ‘doctors,’ oculists and hakims, often related to each other by familial links, originated from Punjab and Bengal region of British India. Just like the Indian hawkers and camel drivers who often belonged to the Muslim and Hindu communities they were entrepreneurial in spirit (Khatun, 2018; see also Sivaramakrishnan 523). Unlike the hawkers who were often motivated by a desire to settle down in Australia and make a life for themselves and their families, these ‘Indian doctors’ were driven strongly by a yearning to make money in a short period and return to India or move around the colonies of the British Empire. As Mukherjee observes: “They demonstrated entrepreneurial abilities and were willing to seek their fortunes in foreign lands, not merely through travelling within the British Empire” (79). Furthermore, unlike the early Chinese herbalists and practitioners of traditional medicine, these ‘Indian doctors’ were not hidden in the backrooms of old shops. These ‘Indian doctors’ practised openly from respectable hotels or streets thus trying to position themselves in the urban position of imperial trade network between India and White Australia (Rhook, 2018). With a growing reputation as ‘Indian doctor,’ who can successfully treat eye and piles diseases whose cure might remain elusive to modern medicine, some of them even bought houses and farms in small towns and regional areas to legitimise their practice in Australia. These ‘Indian doctors’ started constructing their alleged medical lineage belonging to the mysterious Orient (Martyr 2002). As pointed earlier, to further legitimise their medical methods and services, ‘Indian doctors,’ according to Hagger, often resorted to testimonials from Australians offering to show new patients references as proof of their qualifications (Hagger 156).

Trained and registered doctors of White Australia resented the presence of ‘Indian doctors’ in both the regional and urban areas. Indian doctors set up permanent shops instead of just moving on like hawkers. The other reason was the neglect of the doctor-patient relationship. The accusation that ‘Indian doctors’ lacked sympathy as money-making was their prime motivation (see Bourke 2012). This stand-off between the two parties would often escalate to police and letters to the editors of local newspapers complaining about malpractices. Australian medical practitioners, worried by these Indian oculists using the title ‘Doctor’ loosely in promoting themselves, stressed in newspaper reports of their misadventures and misdeeds. They pitched the traditional Indian doctors’ unhygienic surgical methods against the approved Western procedures of treatment as well (Mukherjee 81).

Indian doctors were before the courts repeatedly on charges of illegal practice, malpractices, medical fraud and murder of patients (Martyr 72). The main argument given by authorities in trying to curb ‘Indian doctors’ in British colonies was that it was ‘quackery’—the promotion of unproven or unrecognised medical practices. On the other hand, in the minds of the practitioners, they were not ‘quacks’ as portrayed by authorities in trying to curb them but trained in the art of traditional medicine that has worked for centuries in India based on a relationship of trust between the healer and his patient.

Research shows that there was a golden triangle of practice in the colonies during that period. United Kingdom, Australia and South Africa served as important territories for these ‘Indian doctors’ (see Mukherjee, 2013). Most of these ‘Indian doctors’ practised as eye and piles doctors in both regional and urban areas of Australia. Many ‘Indian doctors’ operated under assumed names as they were wanted on charges of fraud, manslaughter and murder in various colonies of the Empire. Relying heavily on word-of-mouth and local newspaper

advertisements that is patients’ testimonials some of these Indian doctors gained great respect.

Some of them entered Australian states as hawkers or cameleers but soon realising there is good money and lacuna in the field of medicine they started advertising themselves as trained Indian doctors—eye and pile specialist—by tracing their paternal lineage to a range of traditional practice of Ayurvedic or Unani medical care system.⁵ Most of these doctors gained great respect outside the Australian professional medical sector and they even advertised showcasing their experience and success in India, Britain, Europe and some other colonies with testimonials from respected gentry. But as the activities of some Indian eye and piles doctors came to the fore through local newspaper reports, twentieth-century Australian medical legislations sought to stop healing practice by the non-registered doctors altogether as the promotion of unproven or unrecognised medical practices.

Indian doctors such as Charagg Dein (“Diseased Eyes” 2-3), Mahomedeen Baksh (“Local Court – Clare” 2; “Indian Specialist Returns” 3), Mahomed Fuadledeen Leeker aka M. F. Leeker (“What is a Doctor?” 15),⁶ Goolab Shah (“Case under the Medical Act” 3; Pasquan 3; “Breach of Medical Act” 3), Hydree Hadgee Bux (“Announcement” 2), Nubee Bux (“Queensland” 6), Mulla Bux (“The Indian Doctor Again” 7), Allaga Soorain aka George Lacelles, A. La Celles or George Belis La Celles (“Police Courts” 7; “Six years for Bigamy” 5; “An Indian Doctors Fall” 2), Chular (“Chular, Indian Eye Doctor...” 7; “The Indian Eye Doctor” 4), Vincent Mohabeer aka Mohabeer Singh (“Prosecution under the Medical Act” 6; “An ‘Indian Doctor’ and His Friend” 2), Harkem Jaluldeen aka Hakim Jaluldeen (“News and Notes” 2), Johor Deen (“An Indian Doctor” 1; “An Indian Doctor Fined” 6), Professor William Chandan (“An Indian Herbalist” 8; “Charge against Chandan” 1; “The Perth Poisoning Case” 6; “Indian and His Remedies” 5), Mahatma Billa (“Coolgardie News” 3), Delph Singh (“Committed for Trial” 8; “German Woman’s Claim” 5) and many others were often brought before the courts regularly on charges ranging from illegal practice, medical malpractices, “barbaric” treatment, the murder of patients, bankruptcy, fraud, and bigamy. *The Register* notes that as the Medical Practitioners Act did not specifically prohibit the practice of medicine by ‘quacks’ but:

prohibited them from representing themselves as registered under the Act. “quack” might not call himself a doctor or physician, and was not entitled to charge the fees or to represent himself to the public as a qualified and registered physician. By exhibiting a sign at his premises the prosecution alleged that the defendant held himself out to be a doctor—that was, a person qualified to heal diseases. (“What is a Doctor?” 15)

Concerns about medical negligence and ‘quackery’ almost reached hysterical levels as their stories were full of unethical practices by Western standards of university-educated and trained doctors. In 1877, Vincent Mohabeer (aka Mohabeer Singh), an Indian claiming to be a ‘doctor,’ was summoned at the Emerald-hill Police Court for two breaches of the Medical Practitioner’s Statute 1865—practicing medicine “without having been licensed by the Medical Board of Victoria” (“Prosecution under the Medical Act” 6). He was told in clear

⁵ These ‘Indian doctors’ were a special caste of Muslims who were also trying to create a special register in India to legitimise their practice.

⁶ M. F. Leeker claimed that he had five years of training in India under his father and after coming to Australia has practiced for almost twelve years in Adelaide.



terms that maybe he practiced as a doctor in India, as claimed, but cannot be a doctor in Victoria until he obtained some document from the board.

Of the other 'Indian doctors' present in Australia, Mahomedeen (Mahomed) Baksh, Delph Singh and Chandan created a reputation for treating incurable and serious disorders. Mahomed Baksh first visited South Australia, in 1890, and then moved on to regional Victoria and New South Wales to perform cure without surgery as an oculist and pile doctor. He carried with him a certificate signed by "Bhagat Singh, C.I.E., Kapurthali State, Punjab, India" as an "evidence" of his medical "qualifications" and "success in curing blindness, piles, and sore eyes" ("Advertisement and Testimonials" 2; "Indian Doctors" 7). In 1891, Lewis Dempsey, who had been blind in one eye for 19 years, on the advise of his wife consulted Baksh. Mrs Dempsey thought "there was something miraculous about" the 'Indian doctor' who claimed "he could make plaintiff see in two minutes" ("Local Court – Clare" 2). Baksh could not cure the ailment and damaged the good eye as well. After paying a meagre amount as fine, Baksh returned to Adelaide in 1893. From 1896 until 1913, he went back to India only to return to South Australia with "a number of testimonials" from grateful patients and a steadfast intention to establish a medical practice that justify his remaining in Adelaide ("Indian Specialist Returns" 3). Baksh claimed that he cured many hundreds of people in every district in South Australia. Original testimonial, like the one below, from some of the most prominent persons received from Now South Wales, Victoria, Queensland, and Western Australia attested to his claims ("Advertisement and Testimonials" 2).

Figure 1. A testimonial for Mahomed Baksh

To Dr. Mahomed Bakhsh.

Dear Sir-Permit me to render you my most sincere thanks for having cured me of the piles of the most aggravated form. I have suffered from this affection for over thirty-two years, latterly accompanied with such pains as almost to prevent me from following my duty. I have consulted eminent physicians but only received temporary relief, and as a last resource I decided to place myself under your care. I am thankful to say after seventeen days of your treatment, you have successfully removed the piles and I believe it to be a permanent cure.

JOHN MEE, Sergeant of Police, Adelaide. November 11, 1893.

Source. Border Watch, 16 June 1894, 2

Arrangements like these, whereby some patients gave testimonials for discounted fees on treatment by 'Indian doctors' were very common. Such public advertisements, testimonials or notices were similar to the ones used by qualified medical practitioners. In the above case, Baksh first visited Australia in 1890 and returned in 1893. The advertisement mentions that he was in India from 1896 to 1913. However, it hides the information regarding Baksh's movement between 1893 and 1896, the years of the Old Bailey Trials involving Indian oculists.

An example of success and flamboyance is 'Doctor' Delph Singh who in the early nineteenth-hundreds owned a farm at Mullumbimby Creek, two-thirds of the land in this town, acquired a cattle property fifteen miles out of Murbah and another farm along the Richmond River. Delph Singh recorded his profession officially as a traditional 'Indian Doctor' and ran a

practice in Sydney amongst other business interests. He not only advertised himself as a 'doctor' but even had his name on a vehicle and a brass plate outside his home. Despite being fined multiple times by the police under the Medical Practitioners Act for false advertising and not being a legally qualified medical practitioner, Delph Singh continued his practice until he filed for bankruptcy in 1923. It was often argued by the prosecution in court that these 'Indian doctors' may believe in their powers but from the public point of view it was a question of fraud because these so-called 'doctors' went around the country treating people by means that were barbarous and obsolete (see "An Indian Doctor Fined" 3; "Breach of the Medical Practitioner's Act" 4; "An Indian 'Doctor' Castigated" 4; "Indian Doctor in Court" 2; "Lismore Bankruptcy Court" 4; "Dr Delph Singh Prosecuted" 2).

Figure 2. An advertisement by Indian doctor Delph Singh

DELPH SINGH

INDIAN HERBALIST & SPECIALIST.

110 George St. West, Sydney.

MEN AND WOMEN —I cure not WHO you have been under, or how long you have suffered.

I positively guarantee to cure all ailments. I cure with a secret remedy unknown to the Medical World, Eczema, Piles, Catarrh, Liver, Kidney, and Bladder Troubles, and the worst form of Rheumatism.

Every description of Tumors, Growths, etc.; removed without operation:

Blood kept healthy and pure by MY OWN SECRET COMPOUND—unknown to any Pharmacopoeia in the World, and handed down generation to generation.

Patients should write fully and explain all details of complaints, to enable me to diagnose the case.

All moneys remitted should be made payable to **DELPH SINGH** and Registered.

Hours: 9 a.m. to 8 p.m. 'Phone M1524

Source: *Western Herald*, 12 April 1919

Another example is 'Professor' Chandan, a popular 'Indian doctor' or otherwise known as the 'Afghan herbalist' in Western Australia. A former camel-driver, he was involved in the famous Perth Poisoning Case of 1910. The registered medical practitioners fought back through accusations of 'quackery' often using former patients. In Chandan's case, doctors used Mrs Mary Elizabeth Teague who has been mistreated. *Sunday Times* reports that in the court she accused Chandan of poisoning and being insensitive to her plight:



“No, no! It’s not true!” retorted Chandan, “I not responsible! Me not do it!”

“Oh, you know you did,” replied Mrs Teague, as she turned her face to the wall.

“You know you are the cause of my downfall!” (“Charge against Chandan” 1)

Such scenes were common in the courtrooms of Australia as most of these Indian doctors and healers survived and thrived by changing forms. Mrs Teague, who had an intimate relationship with Chandan, was admitted into the City Hospital in February 1910 suffering from the effects of a poisonous compound allegedly administered by Chandan. Mrs Teague’s condition, despite the care of Dr Tymms and Dr Nyulasy, went steadily down the hill and the City Police Court was held at the bedside so that Chandan has an opportunity to hear her dying statement. The allegations were re-affirmed after a close cross-examination by Cliff Penny who ordered the arrest and a search of Chandan’s place of business. The police seized a large number of drugs and herbs. *Kalgoorlie Miner* reported that Chandan in his defence introduced some testimonials regarding his medical and healing services and declared that he was an innocent man: “I pray for my father and for my mother and King, and I pray for myself. You understand me, gentlemen” (“The Perth Poisoning Case” 6).


From 1910 to 1915, Professor Chandan visited Nanga Brook, Yarloop, East Perth, Doodlakine and Balgarrup, selling his potions and collecting written evidence of the marvellous cures. In 1915, Chandan was back with his advertisement in the local Melbourne newspaper:

PROFESSOR Win. CHANDAN, Indian Herbalist, sole proprietor Shaffa Remedies (Registered). Cures Rheumatism, Sciatica, Asthma and all Chest Troubles, Tape Worm, Kidney and Bladder Ailments, Skin Diseases, or Bad Legs. Sure cure for Sore, Inflamed, or Watering Eyes; 5/-, posted anywhere. Certain Cure for Indigestion, 6/- post free. Send for Special Pamphlet, free. Consultations Free. Write or call, 103 ELIZABETH STREET, REDFERN. (“Medical, etc.” 15)

Soon after this case, Chandan moved to Melbourne. In 1918, he published a small book titled *Indian Remedies and Human Ailments*. Promoting it in the *Weekly Times*, he observed that it is “the first step to health and happiness and freedom from suffering” (“Indian Remedies and Human Ailments” 43). In 1920, *The Argus* reported that Chandan was produced at the Brunswick Court charged with having pretended that he was a ‘doctor.’ This time Chandan falsely claimed that he could cure a crippled teenager without seeing him for the sum of £20. In October 1923, Chandan left Australia, claiming to get herbs in the Himalayas and returned with a bride from Peshawar (“Indian and His Remedies” 5).

Figure 3. An advertisement by 'Professor' Chandan

If you are Ailing Do Not Suffer!



**Read of the Remarkable Cures effected by Professor Wm. Chandan,
the celebrated Indian Herbalist, of 164 Sydney Road, Brunswick**

During the past 25 years Professor Chandan has effected wonderful cures of practically all classes of complaints. In dozens of cases of long-standing, patients have been successfully treated after being declared beyond medical skill.

DO NOT HESITATE! DO NOT LOSE HEART. Professor Chandan Can Cure You, no matter what your complaint, the nature of previous treatment or your present condition.

Suffering Women, Read This!

Professor Chandan does not ask you to accept him at his own valuation. Just read the following recent testimonials taken from thousands on file. Let the patients speak for themselves!—

We, the undersigned women, were advised by others to try the special treatment (without examination or operation) for Women's Internal Complaints of Professor Wm. Chandan, the celebrated Hakim, or Professor of Herbs, 164 Sydney Road, Brunswick. We did so, and now feel that we cannot too highly recommend his marvellous cure. Indeed it would be impossible for anyone to describe in writing the wonders he has worked for us. Don't suffer; but take our advice and obtain relief, or if you desire to know more of his remarkable treatment before seeing him we shall be only too pleased to give any interested inquirer full particulars. We are sure if you take his treatment you will be grateful and will thank us as we have thanked those who recommended us to him.

(Regd.) Mrs Hitchcock, Clevedon, Bellmont Avenue, Upway, August 25, 1920; Mrs H. Walker, McAuley's Road, Havelockville, August 22, 1920; Mrs W. M. Lawrence, 2 James Street, Birch on, September 1, 1920; Mrs P. W. Hill, Wattleigh, Beauchamp Street, Preston, September 9, 1920; Mrs M. Malhera, Hampton Parade, Clarendon Estate, West Footscray, September 15, 1920; Mrs Crockett, 122 Madeline Street, Carlton, September 17, 1920; Mrs M. Sale, care of Post Office, Moonee Ponds, September 24, 1920.

Stomach Troubles Need Not Trouble You

Professor Chandan's successful treatment of all Stomach Troubles has resulted in relief to thousands. Some of the cures effected are really remarkable as personal or appreciative testimonials from patients all over Australia signify. These letters are available for inspection.

**PROFESSOR CHANDAN'S "SHAFFA" (REGD.) HERBAL STOMACH COMPOUND, AN
EASTERN MEDICINAL SECRET OF GREAT ANTIQUITY.
—DISMISSES ALL STOMACH TROUBLES—**

If you suffer from any complaint of the Stomach, Acidity, Torpid Liver, Poorness of Appetite, Indigestion, Constipation, Flatulence, Bad Blood, Insomnia, Depression of Spirits, Pale Complexion, Skin, Kidney or Bladder Troubles.

**SEND 3/8. AND RECEIVE, POST FREE, WITH FULL DIRECTIONS, A JAR OF THIS "SHAFFA" (Regd.)
HERBAL STOMACH COMPOUND.**

Thousands of Testimonials Speak for the Efficacy and Reputation of This Wonderful Specific.
ITS BENEFITS ARE TOO NUMEROUS TO MENTION, _____ A SURE CURE.

If you can conscientiously say, and let Professor Chandan know **WITHIN ONE WEEK**, that this medicine has failed to benefit you, Professor Chandan will return your 3/8 promptly without question.

So confident is Professor Chandan of the power of his "Shaffa" Herbal Stomach Compound that he makes this genuine offer, WHICH HE WOULD FAITHFULLY STAND BY, to every reader of "The Herald."

Court Case Decided in Professor Chandan's Favour

At the Brunswick Court last month Professor Chandan was charged with pretending to be a doctor, he not being registered under the Medical Act. Professor Chandan told the Magistrate that he never did say he was a Doctor—he said he was a skilled Herbalist. The charge was dismissed.

Professor Chandan is not a doctor; he is the renowned genuine Indian Hakim or Herbalist, and he has been successfully treating patients practically all over Australia for almost all classes of complaints for 25 years.

Professor Chandan justifiably claims, on account of the many marvellous cures he has effected, his judicious use of herbs, scientifically prescribed in accordance with secret Indian and Eastern formulae of proved worth, will effect a cure.

REMEMBER! I, Professor Chandan, do all I undertake to do. If your case is beyond my Herbo' power to effect a cure I will candidly tell you so at the beginning.

The following are but a few of the

UNSOLICITED TESTIMONIALS

Received from Grateful Patients:—

Source: *The Herald*, 2 November 1920

Chandan's case also received the attention of the Minister for External Affairs regarding legislative machinery to ensure the deportation of all Asiatics convicted of a criminal offence. The medical board argued that in Great Britain, such conviction would be followed by the deportation or expulsion of the prisoner from British territory, under the provisions of the Aliens Act of 1905. *Sunday Times* reported that the medical board approached the Minister to create precedence by arranging for the deportation of Chandan after serving his sentence in the interests of White Australia ("Professor William Chandan" 3). The 'Indian doctors' in Australia, just like their counterparts and cousins in Britain, believed that they were an easy target based on the colour of their skin. During the Old Bailey Trials of 1893, the Sheffield



Independent (October 27) asked if such charges were only made against “men with black skins” and “unpronounceable names” (4). Similarly, ‘Professor’ Chandan’s case gave rise to the racial question in the Australian newspapers: “In all these cases Indians have been at the bottom of the whole trouble, but while they are difficult to contend with, the more subtle, and therefore more dangerous Chinese are ten times worse” (“The Low-class Asiatic” 5). They were in their minds, as pointed earlier, providing services to urban poor and country folk alike—an area that high-fees charging professionally-qualified practitioners had left vacant.

The cases of ‘Indian doctors’ that were brought in Australian courts followed a similar pattern to the Old Bailey Trials of 1893. The ‘Indian doctors’ were charged for pretending to be a certified doctor or defrauding the innocent victim. In one such case, Mahomed Faudledeen, an Indian eye and piles doctor who lived in Broken Hill, was brought to the Port Pirie Police Court and fined £50 in default with three months’ imprisonment (“Indian ‘Doctor’ Fined” 6). He pleaded not guilty and argued that the office boy made a mistake in printing the advertisement (in three papers) and he was not a doctor (“Does Advertising Pay?” 6). ‘Indian doctors’ hired lawyers and fought in court against what they saw as an injustice of system on not being able to use the term ‘doctor,’ all lost the case, and depending on the mood of the local magistrate got heavy or reduced fine. After paying the fine these ‘Indian doctors’ once again opened the clinic and practiced their school of healing until the time they were caught again by the authorities (Martyr 265). Pasquan in an 1884 expose of Goolab Shah, based in Tasmania, observes the reasons for the continued success of the business of such ‘Indian doctors’ in Australia. He writes in *Launceston Examiner* (April 28):

It was then that I realised what Goolab’s business meant. It meant that the poor afflicted beings, in whom hope had well nigh died out, came as a last resource to the Hindoo, who professed more than ordinary ability; they were in his power; like drowning men they were willing to catch at straws. (Pasquan 3)

As was the case with oculists in Britain, after several court cases and fines, mostly for fraud (ranging between £5 to £50 in addition to court costs and counsel fee), their presence was taken for granted in Australia (“An Indian Doctor Fined” 3). Some ‘Indian doctors’ accumulated enough money as oculist, hakims or doctors during their tours that they could retire comfortably in their native provinces (Pasquan 3).

Surprisingly, despite strict medical regulations, even until 1930, there was “a wave of optical quacks” in regional areas successfully practicing under the guise of a diverse healing tradition. This point to the desperation of Australia’s poor and sick who favoured affordable ‘Indian doctors’ ability to cure over Western-trained doctors with modern surgical skills (“Empiric Opticians were Roaming the Countryside” 5). The authorities and the professional medical body considered these ‘Indian doctors’ who ‘claimed miraculous powers’ in diagnosing disease and curing it with their exotic potions as tricksters and a menace to public health (Martyr 199). However, they by insisting on the underlying Oriental lineage of their medical practice sought to reconfigure their worlds professionally in Australia without any hesitation. With time, most of these wandering ‘Indian doctors’ disappeared from the Australian scene, some only to reappear as spiritual healers or gurus. The case of an Indian, Dr Kismet, described himself as a Doctor of Philosophy and conducted séances at Swansea, New South Wales. He told local

newspapers that he has control over his body and expects to live until the age of 150 (“Living to 150” 7).

Conclusion

In conclusion, the workings of ‘Indian doctors,’ who had mastered the art of cashing in on the exotic orient and the benefits of Indian traditional medicine, in the golden triangle (India, Australia and Britain) does not mean an acceptance of their services as ‘doctors’ or the Oriental knowledge within the scope of Western medicine. As the article shows, it highlights their easy mobility around the colonies and lack of understanding of the complex contractual basis of medical practice. Because of their race and as unqualified medical practitioners they worked on the periphery of medicine, which is indicated by the popular narratives surrounding their dubious success stories and fall in the Australian colonies.

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