Indian Sex Life

Sexuality and the Colonial Origins of Modern Social Thought

Durba Mitra
## CONTENTS

**Introduction**  
*Excess, a History*  
1

1 Origins  
*Philology and the Study of Indian Sex Life*  
23

2 Repetition  
*Law and the Sociology of Deviant Female Sexuality*  
62

3 Circularity  
*Forensics, Abortion, and the Evidence of Deviant Female Sexuality*  
99

4 Evolution  
*Ethnology and the Primitivity of Deviant Female Sexuality*  
133

5 Veracity  
*Life Stories and the Revelation of Social Life*  
176

**Afterword**  
203

**Acknowledgments**  
209

**Notes**  
215

**Bibliography**  
255

**Image Credits**  
277

**Index**  
279
KALLY BEWAH experienced many social deaths before she actually died in 1885, alone in a dilapidated house, where she lay naked, bleeding profusely from an alleged abortion.

It is in the coroner’s investigation of Kally’s death that we find fragmentary details of her life story. We learn that Kally belonged to a high-caste Hindu family of colonial Calcutta. We learn that she was married at the age of ten or eleven and that three years into her marriage her elderly husband died. In 1863, after this death, Kally’s brother-in-law forced her to leave her inherited property. Her own relatives rejected her as well, and accused Kally of having an illegitimate pregnancy. One relative even claimed to authorities that Kally visited him four days prior to her death, vomiting and stained with blood. He did not let her inside his house. In the coroner’s telling of her life, Kally was thrown out by all of her kin. According to the report, she would ask her sister Prosnono shortly before dying: “How will I show my face among so many people?” A few days later, Prosnono found Kally dead in a shack, yards away from the house in which she was born. Her nude body was found decomposing, strewn across the floor, with bundles of bloody clothing under her head. The coroner concludes that Kally was abandoned by her family, neglected until her death: “There was nothing in the house to show that the deceased had any attention paid to her. There was neither food, water nor any ordinary country lamp. In fact the wonder is how the corpse escaped the ravaging attempt of the jackals.”

Kally’s death was recorded by E. W. Chambers, coroner of West Bengal, in the official Coroner’s Inquiry, narrated in detail in a letter to the Jury of Inquest. It was he who named the body before him as Bewah, the colloquial Persian word
for “widow.” He observed that the violent case before the Jury of Inquest was in fact commonplace in colonial Bengal, where women took extreme measures to conceal their sexual transgressions. The “evidence revealed,” he claimed, “facts which are ordinarily connected with the life of a Hindu widow.” Namely, it was ordinary that Kally, like other Hindu widows, had after her husband’s death led an “unchaste life” that resulted in her pregnancy. She was forcefully expelled by her family and prohibited from leading a “respectable” life. Her pregnancy increasingly visible to others, Kally was “literally hunted from house to house, even from the ancestral dwelling of her father and the family property of her late husband,” never to return home again.5

In his report, Chambers narrated Kally’s social world to explain the physical evidence at hand. At stake for the coroner were the scientific facts that surrounded the dead body. The description of Kally’s life anticipates the violent circumstances of her death. The presumptive purpose of the Coroner’s Inquiry was to define the cause of death. In the language of the report, Kally’s body betrayed both the physical violence inflicted on it as well as an underlying social violence that made her death a social inevitability. Rather than solely reading the physical evidence of the body, Chambers reads Kally’s physical form as a manifestation of characteristics of social life for any and all widowed Hindu women, a death so commonplace that the particular medical facts of the inquiry represented a generalizable social phenomenon. Chambers emphasizes that the violence of Kally’s physical death was only the end result of a life of shame and “ill-fame.” In his view, her body demonstrated how traditions of Indian society were culpable for her transgressions and subsequent social and physical degradation.

The jury’s verdict in the case of “one Kally Bewah deceased” condemned the dead body before them, and anyone who may have assisted in the abortion, as criminal under the Indian Penal Code:

We are of opinion that Kally Bewah was really pregnant and that the inflammation of the womb from the effects of which Kally died was the result of criminal abortion or miscarriage; under such circumstance that the persons Bewah committed a rash and negligent act, and she should be committed under Section 304 of IP code and for concealing birth under Section 318 I.P.C code.

In the end, all that remained of Kally’s life was her body, the sole testimony to her life and death.
Abortion and the Speculative Social Sciences

In this chapter, I offer glimpses of how women appear in forensic medical descriptions as sexually deviant bodies—often disembodied, always empirically verifiable. I analyze medico-legal accounts of abortion, descriptions that overlapped with the forensic assessment of rape, virginity testing, and infanticide. It is telling that multiple authorities lay claim to Kally’s death, including the Jury of Inquest, the law, and the colonial archive, where her death was recorded and then quickly dismissed. Yet colonial science endowed the coroner with the power to narrate Kally’s death into an event, not only to speculate about the facts of the physical evidence on the body, but to use her material remains to articulate the terms of her life and character. Chambers treats the corpse under his purview as an archive of common fact, where the dead offered proof of the degradation of the living. The body was named bewah, widow, and even after death was taken only as proof of a criminal act. The Official Inquest detailed Kally’s physical body and social world. Importantly, his narrative produced evidentiary truths premised on his claim to a specialized knowledge of the body.

Why do such details of a woman’s life and the violent circumstances of her death come to be narrated in the archive? There are brief, constrained appearances of the precarious lives of women in official medico-legal narratives. Yet medical and legal archives offer exhaustive, exacting, and repetitive descriptions of these women’s bodies: narratives saturated with details of bodily trauma and death. Experts claimed these women’s lives, and deaths, for their own purposes. Different authorities, including coroners, medical doctors, policemen, state administrators, and social commentators, utilized a circular form of reasoning where anatomical description was united with a speculative sociology of Indian women’s sexuality, and then read back onto the body to discern the meaning of the anatomical violence on the body. Like the coroner’s report, these case studies of the body utilized typological categories that link women’s social status to their sexual behavior. Over the course of individual case studies, social typologies were read back onto parts of women’s bodies to comprehend the meaning of physical evidence.

This circularity appears in legal medicine as a natural form of reasoning: a logic that seamlessly united anatomical descriptions of sexualized bodies with the ethno-scientific assessment of social identity. Medico-legal narratives traveled from the particularities of the physical body to broad and fluid sociological categories. Women’s social types were subsequently invoked by investigators to interpret the legal meaning of the anatomical features of the body. In this
circular reasoning, an array of social types of sexual deviants became permanently anchored to the act of abortion. By the middle of the twentieth century, the widespread use of legal medicine in debates about women’s sexual propriety had become commonsense.

The social analysts involved in the production of forensic medical knowledge were medical, legal, and military authorities. Doctors and colonial administrators published manuals, reports, and guidelines on the application of medical knowledge and anatomical description in law. Their publications reveal how forensic interventions into Indian social practice created a continuum of knowledge that linked military practice, medical expertise, and police enforcement. As Elizabeth Kolsky has argued, medical jurisprudence textbooks deployed discourses about the status of Indian women as a marker of civilizational difference; in the language of Partha Chatterjee, “the rule of colonial difference.” In cases of abortion in India, racial difference resulted from unchanging “social customs” that compelled women to commit violent acts.

Forensic description became a unique site where new claims of scientific objectivity, legal veracity, and social scientific authority silently converged. This knowledge economy trafficked in descriptions of female sexuality as body and social type. The case study of the Indian woman’s body circulated from missionary accounts, travelogues, military reports, civil administrative surveys, philological studies, firsthand examination accounts by colonial and “native” doctors, back to legal medical textbooks. Forensic medicine was constitutive of and constituted by diverse modes of social scientific knowledge—philology, law, and history, as well as sociology. These fields of social knowledge cohered through the repetition and circulation of medico-legal concepts about female sexuality.

What could account for this seemingly natural mode of circular reasoning that read physical evidence through the rubric of the idea of timeless Indian social custom? Debates about abortion in India differed significantly from nineteenth-century Christian discourses on the sanctity of life that emerged in Western Europe and America. In the context of colonial India, discourses about abortion were driven by a system of criminal law that saw the practice as a paradigmatic example of the Indian perversion that resulted from social custom. It was the colonial state’s desire—what they framed as a right—to know and comprehend Indian social and sexual behavior, especially those sexual practices that transgressed the bounds of monogamous marriage. As I argue in the previous chapter, authorities initiated a knowledge project that
explained Indian social deviance through a diverse taxonomy of social behavior linked to the concept of the prostitute. The act of abortion, rather than being the sole object of forensic study, was narrated as an inevitable criminal aftereffect of women’s deviant sexuality.

Social analysts and state authorities saw abortion, as well as infanticide, as inevitable crimes of concealment, crimes that hid secrets of women’s sexual transgression. Concealment required new methods of scientific inquiry and revelation that could prove the truth of the crime. Colonial authorities defined abortion as a unique site of investigation, the ultimate test of the objectivity of new practices of forensic science introduced in the colonies. As medical and administrative authorities proclaimed, a comprehensive forensic science of abortion unique to India could reveal the prevalence of sexual transgression. Authorities emphasized the revelatory efficacy of forensics, which provided scientific truth in the face of opaque Indian social customs. In this logic, the secret sexual indiscretions of Indian women were so hidden that they could be found only within the body. The medical investigation of an abortion could expose the unknown social and sexual behavior of the Indian woman as well as the lengths she and others took to conceal the act.

This chapter analyzes the expansion of the field of forensic medicine, focusing on the forensics of deviant female sexuality, in the period between the 1840s and the first decades of the twentieth century. I first analyze how colonial social analysts produced a range of social types in a bounded epistemic field through detailed descriptions of violence enacted on bodies—named in sources as widows, child brides, Muslim women, Kulin Brahmans, prostitutes. I then show how forensic investigations extended beyond claims to legal truth to create new authoritative forms of knowledge that constituted female sexuality as the foundation for sociological and scientific inquiry. Recursive practices of medico-legal description became foundational to invasive state surveillance into everyday life. In response to this surveillance, people across the region of Bengal began to utilize forensic medicine to blackmail unmarried and widowed women. Medico-legal knowledge also shaped new forms of Bengali sociological thought in the late nineteenth century. This emerging field of forensic medical knowledge continued to structure practices evident through the postcolonial period across South Asia.

I wish to account for the constitution of women’s bodies as social fact—named as Kally Bewah and countless others in the archive, courts, and in many historical accounts that follow. What if we view forensic testimonies,
autopsies, forensic case studies, manuals, and reports as the original site of new modes of social scientific description? What methods of description appear in these accounts?  

The Anatomy Museum and the Forensics of Abortion

By the early nineteenth century, colonial doctors and administrators in India insisted on a new field of medico-legal knowledge that would address the unique social and “climatic” circumstances that shaped crime in India. With changing legal codes and standards for evidence, a new literature emerged on forensic medicine specific to India. The intersection of law and medicine was codified in the Indian Penal Code of 1860 and the Criminal Procedure Code of 1861, which became the basis for an emerging literature on legal medicine. Evidence became crucial to legal proceedings through the Indian Evidence Act of 1872, which determined the types of evidence that colonial officials ascertained as objective fact. The act defined the role of evidence in demonstrating motive, and established the status of medical experts in legal proceedings. As we saw in the previous chapter, “Repetition,” the Penal Code introduced an expansive set of laws that pertained to women and their sexual and reproductive behavior, including laws against foeticide, infanticide, sodomy, and rape. The criminal code thus set forth legal standards that outlawed crimes carried out in private, intimate spaces, a new legal sanction for state intervention into everyday social life.

Forensic typologies of Indian practices of abortion appeared in medical education and textbooks as early as the 1840s. First published in 1844, Allan Webb’s influential Pathologica Indica, or the Anatomy of Indian Diseases, Medical and Surgical: Based Upon Morbid Specimens from All Parts of India in the Museum of the Calcutta Medical College; Illustrated by Detailed Cases, with the Prescriptions and Treatment Employed, and Comments, Physiological, Historical and Practical became foundational to legal medicine in India (the title page appears in Figure 8). Webb, professor of medicine at the Calcutta Medical College, built a pathological museum of physical specimens for medical pedagogy at the Calcutta Medical College. Webb’s textbook, Pathologica Indica, recorded the event of the pathological museum in a usable medical textbook and catalog of the museum. In Pathologica Indica, Webb describes in detail the social conditions of India as well as the physical specimens that were put on display at Calcutta Medical College. Webb insisted in his record of the museum that the textbook captured the unique pathology of India.
Webb’s discussions of abortion are an early example of circular reasoning. He describes physical specimens that he argues exemplified abortion, available for view in his pathological museum of the 1840s:

**ABORTION PRODUCED BY VIOLENCE INDUCING ACUTE PERITONITIS AND DEATH.** Shama, a Hindoo woman, about the age of 30, was brought into Hospital by the Police . . . She distinctly denied having received any injury whatever sufficient to cause abortion . . . She sank, however, and died in the course of the following morning.
Autopsy. The post-mortem examination was conducted in the lecture-room. On opening the abdomen, a large quantity of thin milky fluid mixed with flakes of free lymph was discharged, and the whole of the viscera were found agglutinated together by extensive peritoneal adhesions. On the discovery of this the examination was made to find the passage by which the foreign body had found its way into such a situation, it being known that a very general practice prevails among the natives of this country to produce abortion by introducing some foreign and irritating body through the vagina into the uterus.

Remarks by Dr. D. Stewart, (Professor of Midwifery) Medical College. This is a melancholy example of the fatal consequences of the ignorant and wicked attempts, which I fear are extremely common though unsuspected to produce miscarriages, among the natives of India, the practice alluded to by Mr. Thomas of effecting this by penetrating into the womb itself is of daily occurrence.

How might we understand the “melancholy example” of women’s bodies dissected for evidence? In his description of these anatomical samples in the museum, Webb integrates extensive descriptions of bodily injuries and organ removal for the purpose of pedagogical display. Shama’s body was placed on display in the lecture room as the autopsy was performed. In Webb’s narrative, the public performance of the autopsy was of forensic as well as social scientific value. We learn she was Hindu and that she committed an abortion through the practice of inserting a stick to open the cervix and puncture the uterus. The use of a stick to cause injury and procure an abortion is characterized as “common,” and knowledge of the evidence of this injury was necessary for any colonial forensic expert. Webb merges commentary on the frequency and immoral nature of social practices with expert language of anatomical determinations. Importantly, the forensic medical account negates what he recounts as Shama’s own words shortly before her death, her denial that she had no “injury . . . sufficient to cause abortion.” Like Kally, Shama’s body proves her culpability for the crime.

In another case, a uterus, removed from the body of a dead woman, is isolated and sent as an exemplary sample to Webb for his anatomical museum. Attached to the disembodied uterus as it travels to be displayed is a short, seemingly benign description of its context.

No. 1025. DEATH FROM CRIMINAL ABORTION. By Dr. Greene. I send you an uterus with the placenta taken from a poor native woman who died
last night from uterine haemorrhage, with which the foetus must have been expelled . . . The placenta (as I suppose) was found lying in the vagina, together with large coagula of dark blood. I could discover no organized or shaped mass amongst the coagula . . . The woman was a widow. Miscarriage in all probability produced by foul means. The os uteri was patulous. Howrah, January 15th 1848.19

The women who appear in these accounts of their body parts are described in terms of their sociological status: a Hindu, a poor native woman, a widow, followed by a category that explained the bodily condition and nature of the crime, from poor to foul. Acts of abortion are “very general,” of “daily occurrence,” and “ignorant and wicked.”

Pathologica Indica is an early example of the pedagogical forensic textbook that merged sociological generalization with the case study. In the preface to the first edition of Pathologica Indica, Webb claims as his inspiration the widely influential military pathological museum in Chatham, England, which had been created by Sir James McGrigor and other Army Surgeons of the Royal Service for the purpose of military medical education.20 Webb’s textbook contains over 650 pages of detailed descriptions of tissue and organ samples that displayed the pathological maladies unique to India. Webb’s Calcutta pathological museum had nearly two thousand specimens of preserved body parts on display, like those of Shama and others. He included samples of genitalia and reproductive organs as representative of issues of abortion, infanticide, and the science of “generation,” of reproduction. These exemplary specimens, Webb proclaimed, were representative of common crimes and afflictions of women in Bengal.21

Webb’s anatomical museum, and its memorialization in his pedagogical text, was an important epistemic event. As perhaps the earliest example of such a museum in the colonies, it signified the increasing importance of pathological and forensic sciences across the empire, particularly the role of the physical specimen as social scientific exemplar. The pathological museum was a military institution that was to be a “central depot for pathological contributions, from every part of the Indian Empire.”22 Webb believed that the museum was an essential tool in the training of new classes of medical authorities. As he argues in his introductory framework, “the value of a good museum, well arranged and accurately described to the students of medicine is incalculable.”23 The exhibits displayed pedagogical specimens of bodies, preserved parts saved from decomposition. The museum reflected a critical turn in early nineteenth-century
forms of knowledge of evidence, namely, the exultation of visual observation as the primary claim to objectivity and expertise.

The critical place of practices of scientific description was institutionalized in Webb’s title at Calcutta Medical College after the publication of his *Pathologica Indica*. He was the first Professor of Descriptive and Surgical Anotomy (formerly, Webb had been Professor of Military Surgery). In this new science of dissection, anatomy, and social pathology, the eye became the most capable tool of the expert. The book abstracted the museumization of bodies into a textual narrative that could be circulated widely for teaching and learning.

What was Webb’s understanding of Indian women’s pathology? The answer appears in an extended section of *Pathologica Indica* titled “Generation,” which addresses women’s sexuality, reproduction, and abortion. As the title of Webb’s text proclaims, the science of the morbid specimen was at once “Physiological, Historical and Practical.” The chapter on “Generation,” as a pathology of Indian social custom, most powerfully deploys this unified claim—the ancient, the historical, sociological, and physiological. In this chapter, Webb weaves together a comparative philological study of ancient marriage practice, a racially differentiated science of Indian women’s menstruation, and detailed descriptions of customary social practice. In his schematic of Indian pathology of generation, Webb unites detailed anatomical description of women’s bodies with an extended discussion of comparative ancient societies that Webb saw as equivalent to present-day Indian social life. Pathology was not simply a science of body tissue or disembodied parts preserved and displayed; it was science that required correlation with theories of comparative studies of ancient social origins, as well as Indian sociological types.

Like other studies that compared ancient sexual practices, Webb’s exegesis of generation depends on a complex citational apparatus. He compares the status of women and sex in Myhtta of the Babylonians, Isis of the Egyptians, Cybele or Tellus of the Phrygians and Greeks, Magna Mater of the Romans, and *lingam* worship of India. According to Webb, comparative knowledge of practices in honor of the *lingam* were essential to a “full understanding of the female organs of generation in this country; since many of their most serious lesions, result from vicious institutions or practices connected with this very idolatry, so fatal to that only safeguard of chastity, purity of mind.”  

Comparative philological studies of ancient society—that search for the origins of sexual life in premodern text explored in the first chapter—were a powerful tool to the colonial pathological science of sexuality and reproduction.
Webb’s scheme of comparative ancient societies set up those ancient customs that he uses to explain how women in the present violate their chastity. He elaborates on an extensive discussion of the social circumstances of abortion in Bengal:

Nay, if a Hindoo girl be but one only of the hundred wives of a Koolin Bra-min, whose only trade is marriage, she can never be released at his death even, but must always remain a widow . . . Thousands of women are thus living in hopeless celibacy, surrounded by institutions and practices if not wholly subversive of chastity, at least very unfavorable to it . . .

The result of this state of things is a fearful amount of crime. Perhaps no country on earth has immolated so many new-born infants as India, nor has any race of mankind more generally practised the abominable art of murdering children when yet in the womb of the mother. The art of producing abortion and all its long train of evils . . . is but too openly practised even now. Whilst the strong arm of a humane Government has done much to cleanse the land from the foul stain of child murder, it has not been able to reach this more common and secret practice of abortion, as many of the preparations in the museum sufficiently attest.25

Note Webb’s deft movement between different archetypal critiques of Hindu society. First, he offers a critique of Kulinism, the practice of polygamy among high-caste Hindus of Bengal. Second, Webb’s use of “immolation” in relation to child murder reflects broader discourses about Indian society. Webb connects immolation and child murder to colonial debates about high-caste widow immolation, or sati, in the 1820s. Kulin polygamy and sati appears in the same epistemic register as abortion, alongside a social landscape that bore the “stain” of child murder. We see a paradigmatic use of this knowledge economy: the forensic medical specimen is read through a flexible sociology that at once links lingam worship to sati, Hindu polygamy, the abortion of fetuses, and child murder.

Webb uses caste stricture as an umbrella explanation for women’s sexual deviance and criminality. He links Hindu polygamy to abortion and describes in detail the relationship between abortion and caste status for women. He insists that women transgressed caste strictures in pursuit of their sexual desires. They had an almost inevitable “unchastity,” reinforced through crimes of concealment. According to Webb, abortion was so common that it was resorted to over and over by women: “In two instances reported to me, women
acknowledged to have effected abortion in order to preserve their caste, as many as eight times in one instance, and ten times in another.”

In the decade that followed the publication of Webb’s textbook, numerous forensic treatises and reports were published for use by colonial administrators and doctors. These pedagogical treatises and reports produced similar representational strategies that linked general theories of women’s crimes with illustrative case studies. In their textbooks medical authorities united ancient origins of social custom, sociological typologies, and descriptions of bodily evidence of abortion. In 1854, C. R. Baynes, civil and sessions judge of Madura, published *Hints on Medical Jurisprudence, Adapted and Intended for the Use of Those Engaged in Judicial and Magisterial Duties in British India*, in which abortion is described as one of the most common crimes of India.  

In 1856, Norman Chevers, civil assistant surgeon in Calcutta, published *A Manual of Medical Jurisprudence for Bengal and the North-Western Provinces* (1856), a 608-page manual with extensive appendices of case studies, and several chapters that address the forensics of women’s bodies. Chevers later expanded his Bengal manual into an edition for all of India, which became *A Manual of Medical Jurisprudence for India* (1870), an 861-page exegesis on forensic medicine for India (the title page and frontispiece appear in Figure 9). Numerous publications on forensic medicine followed, in journals, textbooks, and administrative reports. These textbooks and articles continued to gain prominence from the middle of the nineteenth century through the twentieth century.

Like Webb, Chevers’s account is an extended sociological and anatomical exegesis that links women’s sociological status to their bodies. In Chevers’s manuals, we see a knowledge economy that utilizes multiple forms of expertise that circulated in mid-nineteenth-century India. Chevers draws upon the following widely circulating books and reports: Allan Webb and his *Pathologica Indica*; texts by William Ward, a Baptist missionary and founder of the first printing presses in Calcutta; reports of Dr. Arthur J. Payne, the colonial doctor we encountered in the previous chapter in charge of Lock Hospitals and the Contagious Diseases Act; texts by Johann Ludwig Burckhardt, a Swiss traveler who wrote extensively on his travels to Mecca; and writing by a subassistant surgeon at Calcutta Medical College, Baboo Kanny Lall Dey. Again, as in Webb’s Indian pathology, we see forensic medicine established through and sustained by a complex network of practice and publication. Different intersecting fields of social knowledge were required to make the body a true scientific object.

The 1856 edition of Chevers’s *Manual of Medical Jurisprudence* outlined categories, including virginity, rape, foeticide, infanticide, and “unnatural
offences” that continued to be used in textbooks on forensic medicine through the twentieth century. In his chapters on women, Chevers regularly invokes colonial classifications of Indian social custom to describe the significance of physical evidence of the female body. For these crimes, he emphasizes the scientific need for the forced genital examination of women: “The question of compulsory examination is beset with some difficulty. In cases with native women of questionable character, examination becomes a matter of legal necessity.”

In an extended discussion of abortion in the 1870 edition of the manual, Chevers describes the frequency and violent nature of Indian abortion through
his detailed citations of a diversity of authoritative texts, from medical texts to missionary ethnographies to colonial travelogues. His forensics of abortion utilizes a wide-ranging citational apparatus in its claim to expertise. Chevers explicitly builds on Webb’s understanding of generation in his opening proclamation about the nature of abortion. This opening assertion was to become standard in texts that were widely cited by colonial administrators who insisted on the forced genital examination of Indian women. For Chevers, the crime in India should be understood as common because Indian women were naturally prone to transgress social strictures and propriety. He emphasizes that in India, “immorality” was the sole reason for the act:

In a country like India, where true morality is almost unknown, but where the laws of society exercise the most rigorous and vigilant control imaginable over the conduct of females, and where six-sevenths of the widows, whatever their age or position in life may be, are absolutely debarred from re-marriage, and are compelled to rely upon the uncertain support of their relatives, it is scarcely surprising that great crimes should be frequently practised to conceal the results of immorality, and that the procuring of Criminal Abortion should, especially, be an act of almost daily commission, and should have become a trade among certain of the lower midwives, or dhæes.32

Evidence of abortion could prove the inevitable unchastity of unmarried, widowed, and polygamous women in India. Chevers argues that Indian women had a natural tendency toward frequent sexual transgression and subsequently, acts of concealment like abortion. The picture of social life sketched by Webb and Chevers is rife with sexual transgression, oppressive social strictures, and secret conspiracies between women who committed crimes of abortion almost every day.

By the 1870s, practices of forensic medicine had become widely used in the colonial administration of law. Robert Harvey, surgeon-general for Bengal, published exemplary case studies in the Indian Medical Gazette for use by colonial administrators and medical authorities. In his “Report on Medico-Legal Returns for Bengal for 1870–1872,” Harvey models his inquiry on the studies of Webb and Chevers, arguing that Indian women were immoral in nature and committed acts of abortion to conceal their pregnancies. He insists that alongside the physical characteristics of the body, nonmedical observations were essential for determining women’s criminality: “Criminal Abortion is believed to be an exceedingly common practice in India, where the prohibition of widow
marriage leads to much immorality . . . In these cases it is important to know the whole history of the person, and those in the returns treated purely in their medical aspect throw little new light on the subject.” For Harvey, the whole history of the woman’s person, including her social type and sexual behavior, was necessary to understand the anatomical facts of her body and the crimes these descriptions evidenced. The purely medical had little value for an episteme that sought to narrate bodies into events. The Indian woman’s physicality revealed her identity as a criminal subject, while her identity defined the contours of her anatomy.

The Medico-legal Case as Sociological Study

Let me now turn to the detailed language of case studies of abortion as they appeared in these textbooks. In Robert Harvey’s 1870s reports from Bengal, he narrated medico-legal cases with a primary focus on the forensic evidence of women’s bodies. According to Harvey, these cases detailed how Indian women employed violent practices to induce abortion:

In a case at Dinajpur a stick was thrust up the vagina of a prostitute aged 16, and caused her to abort. Mr. Webber found, “the mucous membrane of the vagina entirely torn away and pushed upwards probably into the uterus” and gave it as his opinion that the woman would die. No post-mortem is recorded.

In a subsequent report in the Indian Medical Gazette from December 1, 1875, we again see how Harvey invokes sociological categories in the narrative of the anatomy of the body:

INJURIES TO THE FEMALE GENITALS—25 cases are returned, where a stick or some hard substance has been thrust into the vagina, potentially to procure abortion. The motives of the crimes are seldom mentioned, but jealousy or desire to cover unchastity are the most common ones.

Subject, a Mussalmani widow, aged 45 . . . Entrance to the vagina contused and ruptured, upper part of the vagina and cavity of the cervix filled with blood, partly fluid, partly coagulated. Uterus was twice its normal size . . . The woman, a loose disreputable character, charged three men with an assault . . . Opinion—Death resulted from shock and hemorrhage consequent by the introduction of a blunt instrument. Only one of the accused was convicted. The statements of the woman were considered wholly untrustworthy by the magistrate.
In the next case, Harvey again invokes chastity in his scientific assessment:

A girl, age 10, was found dead with a lacerated wound ¼ of an inch long in the anterior wall of the vagina, with an inflamed uterus scraped of its contents. Absence of the hymen showed that she had long been accustomed to intercourse.\(^35\)

In these case studies, the clinical writing seamlessly unites the anatomy of women with an assessment of their sexual behavior. Each account narrated sociological descriptions of sexual behavior and violent concealment with details of anatomical wounds into an anatomical description of internal and external genitalia that is sayable, knowable, and medicalized in each case of a girl or widow. We see the entry of different colonized subjects into the official archive through a distillation of occurrences into the category of an event by the authority of a colonial official.\(^36\) Social practices were entered into an archive of criminal evidence, which in turn testified to the event of the crime. In this event the chastity (or lack thereof) of the prostitute girl, the widow, and the dead child are critical to Harvey’s assessment of the crime as well to his understanding of the body itself.

In the accounts of each case, there is a preoccupation with graphic descriptions of violence, devices, and anatomies that authorities argued portrayed the true reality of the crime through the body. These scientific investigations read the character of the woman solely through an assessment of her genitalia. Indeed, the narrative of the case study seems to do little except to objectify the violence inflicted on the body. The description heightens the claim of scientific objectivity that could explain the violence inflicted on women’s genitalia through generalizations about “native” sexuality. Yet it is through these circular modes of citation, anatomical description, and social commentary that the medico-legal investigation produced an epistemic correlation between observations of bodies, female sexual deviance, and the everyday event of a woman’s death.

Doctors and administrators extensively detailed bodily trauma in case study after case study, which, according to the medico-legal expert, represented all of Indian society. They provided evocative details of the body, where the appearance, texture, and comparison of women’s genitalia—from the state of the hymen to bodily injuries—appear as exemplary of a generalizable truth about Indian social practice. State authorities produced new modes of expertise and novel claims of objectivity through an equation that saw the individual medico-legal case as an all-encompassing, generalizable explanation of social phenomena.\(^37\) The extraordinary violence on a woman’s body was narrated through
detailed descriptions of the body, casual commentary about the unethical nature of Indian society, and observations that elaborated on a woman’s character and social type.

The juridico-medical abstraction defines a document that sets its own epistemological limits. Even as the event of violent acts was reconstructed through evidence of medical knowledge, the violence within the case study seems to resist the writers’ claims to an objective study of evidence. Indeed, the extensive description of every aspect of women’s internal sexual organs reveals their interest in the sexual anatomy of the female body. It is as if Harvey recognized the visceral effects that his narrative produced, even while he was detailing the anatomical descriptions of these women. He warns his readers that “the cases [of rape and ‘unnatural crimes’] for the most part are of very little interest,” cautioning against seeing these accounts beyond their objective value as a pedagogical tool for forensic science. He continues, noting, “there is a general tendency to treat them with a reticence, which takes away all their medico-legal value—a reticence which savors of squeamishness in an enquiry which aims at the extirpation of the crime by making its detection easy.”

Harvey insists on the scientific necessity of explicit description of histories, injured organs, and violent acts. He trains his reader to anticipate the affective effects of forensic case studies—reticence and squeamishness—and to consciously focus on the scientific value of such evidence. Even as he insists that colonial authorities must document these events for their scientific value, he recognizes that medical description produces undesirable effects. For Harvey, forensic analysis did not entail feelings of hesitation or reticence; rather, it required the expert viewer and reader to maintain the gaze on the body and produce objective descriptions of body parts and bodily trauma.

Harvey’s account traveled widely and shaped broad understandings of the forensics of abortion. The British medical journal *The Lancet* cited the “admirable” work of Robert Harvey in his reports on medico-legal issues. According to the reviewer, from “a section on criminal abortion we gather that the practice is exceedingly common in India, where the prohibition of widow marriage leads to much immorality.” As Harvey’s reports circulated, authorities insisted that the crime of abortion was commonplace in India because of the social landscape, much like Webb and Chevers stated in the decades before these reports. The bodies of Indian women testified to the extreme violence of everyday acts. Early editions of Isidore B. Lyon’s textbook *Medical Jurisprudence for India* (1889), citing Harvey, describe how Indians commonly employed tools for “local violence,” including the introduction of plant irritants and
Later editions of Lyon asserted that Harvey’s case studies show how Indians were “prone” to use extreme forms of violence to hide their “immorality” and commit crimes of abortion: “In India, cases of injury by thrusting a stick into the vagina are not uncommon. Harvey states that twenty-five such cases, ten of them fatal, were included in the Bengal, etc., returns for 1870–72.”

The stick, used to inflict injury and induce abortion in a woman’s body, became a singular object of fascination for forensic authorities. For these men, it represented the violent nature of acts of abortion in India. The act of abortion by stick signified the racial difference of these acts and the willingness of Indian women to go to extreme measures to cover up their sexual transgressions.

Chevers (1870) presents two case studies of “Mussalmanee” (Muslim) women that unite sociological categories and extensive descriptions of violence:

In August 1854, I examined the body of a Mussalmaunee, dead three days, who was alleged to have died in consequence of the employment of means to produce Abortion. I found that this had been effected by the introduction of a portion of Lal Chitra root, about four inches and-a-half long, and rather more than half as thick as a common cedar pencil . . .

It appeared, in a trial at Mymensing, that a widow, having entered upon a disreputable course of life, and becoming pregnant, she and one of her paramours had recourse to a woman of the bearer caste, who was “acquainted with medicine,” to procure Abortion. This hag furnished “a twig of a creeping plant,” which she procured on the bank of the river. This was introduced into the womb: it immediately began to cause pain, but she was entreated by her paramour to bear it for the sake of preserving their reputation. On the following day, she began to complain of severe pain in her stomach, saying that it was owing to some medicine which had been given her for the purpose of procuring Abortion. Her death occurred three days after this. The Civil Surgeon deposed that death was caused by miscarriage; that the womb was enlarged; that there was no foetus in the womb; it must have been thrown away, and death ensued from haemorrhage; that there was a large sore (?) on the surface of the womb, to which the fetus had been attached, with effusion of blood in and around it; that the miscarriage must have been caused by the introduction of a stick of a highly irritating nature into the womb, such as the piece of stick shown to him in Court, which was found in the womb. That it was called akhidmendee (Lawsonia inermis?), and is universally used by the natives for procuring Abortion by introducing it into the womb.
Using conjecture from the medical evidence before him, Chevers draws broad sociological conclusions about the event of the abortion. In his account, the absence of a fetus in the body indicates not only that it had been expelled from the body but that the woman had “thrown away” the fetus. He highlights the length and thickness of the stick in his examination of the body and remarks that the same material evidence could be used in the courtroom. In this case, it was quite literally held up as proof the violence of abortion in India. Chevers describes how the stick was a “universal” fact of abortion cases in India. In his extensive descriptions of case after case of abortion, he produces a comprehensive corpus of exemplary case studies of bodies that repeat anatomical detail, material evidence, and sociological conclusions on the social status of women.

The stick is identified by Chevers as *lal chitra*. Chevers describes in detail the discovery of *lal chitra*, or as he translates into Latin, *Plumbago rosea*. Beyond Chevers’s manual, *lal chitra* is described again and again in medico-legal textbooks for India (Figure 10 shows an illustration from Lyon’s 1921 textbook). As Baynes footnotes in the section “Rape-Abortion” in his early 1854 treatise *Hints on Medical Jurisprudence*, “it may be feared that this crime prevails in this country to a far greater extent . . . and I am inclined to believe that mechanical means are very usually resorted to.”\(^43\) Webb, Chevers, and Harvey describe *lal chitra* as a site of absolute difference, and use it to describe crimes named both abortion and rape. He describes the color and use of the plant: “It will be seen, in the remarks on Criminal Abortion, that this root is frequently used with far more violence than is here described.”\(^44\) In the second edition of his manual, he cites E. J. Waring’s *Pharmacopoeia for India* (1868) and M. Dulong’s 1824 discovery of the *Plumbagin* to build a comprehensive expertise that utilized pharmacology and botany in the work of forensic medicine.\(^45\)

Doctors and administrators insisted that abortions in India were unique because of the violent techniques used to commit the crime. For these medico-legal men, the natural landscape provided a wide array of common everyday materials that functioned as abortifacients, from flowers to spices to opium. Forensic medicine was thus an essential tool for the botanical sciences and the botanical sciences were essential for forensics, united fields of knowledge that helped experts catalog the array of local substances that functioned as poisons or mechanical tools used to procure an abortion.

The suspected case of abortion required multiple forms of expertise, including diverse natural sciences and social sciences—everything from gross anatomy, pathology, botany, and pharmacology, to sociology and philology. Women’s sexuality was critical not only to the constitution of a sociological knowledge
with a paste made from the powdered roots; and I once met with a case in which a lump of such paste was simply thrust into the upper part of the vagina, and was found there after death. It is also used as an irritant to skin by malingerers or to support false charges, see Case below.

**Detection.**—The roots are \( \frac{1}{2} \) to \( \frac{3}{4} \) an inch in diameter, dark brown externally, and reddish within; from them and matters containing it, plumbagin may be extracted by digesting the substance under examination with alcohol, straining this off, and evaporating the tincture to dryness. The dry residue from the tincture should then be digested with a small quantity of water rendered slightly alkaline with caustic potash, the solution obtained filtered, acidulated with hydrochloric acid, and shaken

**Figure 10.** I. B. Lyon, *Medical Jurisprudence for India, with Illustrative Cases* (1921), illustration of *lal chitra.*
of sexual transgression but also in investigations of the flora and fauna unique to India. The typologies of natural history were akin to the taxonomies of female sexual deviance used in the medico-legal narrative. Manuals and reports featured extensive detail of other natural artifacts that were essential to understanding the unique crime of abortion in India. Medico-legal experts produced extensive taxonomical studies of the “poisons” and abortifacients in India that they claimed were a common cause of death. In medico-legal texts, forensic authorities argued that women’s deaths by poisoning hid the true crime of abortion. Like the tree branches of India used in the commission of an abortion, the poisonous substance represented Indian racial difference.

Isidore Lyon’s manual offers case studies of deaths by poisoning, which he links to abortifacients and their deleterious effects. He details cases of supposed suicides, opining that the deceased more likely died from botched abortions. Lyon emphasizes that these cases of “suicide” required extensive sociological details to understand the true nature of each death:

A. A widow seven months gone with child died rather suddenly; an inquest was held by the police, and a verdict returned of death from dysentery. Suspicion, however, being excited, a post-mortem examination was ordered, the result of which was the discovery of the pregnant condition of the woman (which had been concealed in the inquest report furnished by the police), and of the fact that the cause of death was arsenical poisoning. The district magistrate remarks . . . that there is every reason to believe that all engaged in the inquest tried to conceal the true cause of death. Bo. Chem. An. Rep. for 1884, reported by the District Magistrate of Bassim, Hyderabad Assigned Districts.

B. In this case, which occurred in the Surat district, as in above case, the cause of death was arsenical poisoning, and the deceased was a widow far gone in pregnancy. The brother and sister of the deceased confessed to having given her eight annas’ worth of opium in order to procure abortion or to cause death, so as to avoid the disgrace arising out of her condition. No opium, however, could be discovered in the viscera of the deceased. Ibid . . .

D. Case of poisoning by arsenic reported by medical officer, Tatta, Sind. Deceased was promised in marriage to a man of her caste (Mussulman), but before marriage she cohabited with him and became pregnant, and was advanced to above the fourth or fifth month, when her parents, to avoid disgrace, it is said, tried very much to procure abortion, but failed (much against her intended husband’s will); so having failed to procure abortion, her
parents, to save their reputation, it is suspected, gave her poison in her food. Bo. Chem. An. Bep., 1876–77. 47

Though these medical men swore absolute fidelity to science, the narrative effect of their manuals extended far beyond the limits of scientific reason. Indeed, the redundancies and exhaustive detail reveal the compulsive preoccupations of men who claimed the mantle of science, from the evocative narratives of women’s genitalia to the obsessive fascination with the psychology of pitiable characters that fell victim to Indian traditions. A range of sociological types appear, from promiscuous Hindu widows barred from the legitimate realm of marriage, young girls forced into child marriage, and women who engaged in sexual relationships outside of the confines of marriage. For these medico-legal experts, the narrative of the case study of abortion also necessitated extensive descriptions of sociological type: the inevitability of a widow’s sexual unchastity, the regularity with which women transgressed caste stricture, the naturalness of Muslim women’s sexual impropriety, the failure of Hindu polygamous wives to remain chaste. Abortion appears as an exalted site of evidentiary truth—one that revealed the complex social milieu of everyday crime in India.

Indeed, as Harvey had warned in his reports, medico-legal writing recounted the body and described the events of violence with such detail that they risked titillating the reader. The genital examination was a process wherein the investigator gradually closed in on the facts of the crime, beginning with observations about the general appearance of the woman to a close and detailed reading of her internal organs and the state of her genitalia, a description that moved from outside to inside. The Indian woman’s body was perceived as finite, sanctioning a mode of “inferential thinking that moved from visible indicators on the surface to invisible traits held inside the body.” 48

Perhaps no words featured in these forensic cases of abortion more than “common,” “daily,” “general,” and “universal.” In this widely circulating knowledge economy, doctors and administrators produced and reproduced a claim to objectivity in their abstraction from the particular to the universality of difference. In the process they created a comprehensive and recognizable genre of forensic medicine that reached far beyond the textbook. Built on the structure of knowledge in Webb’s study, an entire landscape of sexual types and acts converged in the forensic study of abortion.

Over the course of a number of cases, the reader encounters a cumulative body of knowledge of the women who commit abortion. Case study after case study we encounter Indian women described through a repeated set of
characteristics and social types. We see the same list of crimes and the tools deployed for the act of abortion, and we learn of the limited emotive range that was permissible to the investigator of the case. It is this circularity, between anatomy, deviant typologies, and criminal acts, that unites this episteme. Here, I render these categories as a list in the same formal language of the social science under investigation. The reader of the forensic case study of abortion bears witness to the cumulative force of the case study as generalized episteme.

Diverse social types united in an epistemic field:

- Kulin Brahman polygamous wives of Bengal
- women of “questionable character”
- “immoral” women
- Hindu widows
- prostitutes
- girls (as young as age ten) “accustomed to intercourse”
- child brides
- Muslim widows
- unmarried Muslim women
- loose, disreputable characters
- disgraced women
- hags

A range of violent acts tied to these social types:

- murdered children of the womb
- abortion by a stick “thrust” into the womb
- child murder
- child immolation
- rape
- poisoning

Affective registers used to describe these acts:

- hopeless
- evil
- fearful
- foul
- melancholy
- wicked

This was the fact of women’s sexual deviance.
Abortion, Rape, and the Problem of the Prostitute

In these case narratives, the prostitute appears as a central concept that linked women’s criminality to the problem of tradition in Indian society. In invoking concepts of chastity and sexual propriety in their medical assessment of the body, forensic authorities like Chevers and Harvey regularly narrated the motive of crimes of concealment. In these accounts, women’s sexual deviance appears as the sole reason behind these crimes.

Colonial administrators and doctors regularly cited strictures against widow remarriage and the inherent danger of unbridled widow sexuality as the most important factors that led to the prevalence of the crime. In the first edition of his textbook (1856), Chevers proclaims the banality of the crimes of abortion and infanticide; that is, those acts that were “of almost daily commission.” It was so prevalent that according to him, “in the family of a single Koolin Brahmin, it was common for each daughter to destroy a child in the womb annually. The pundit who gave me this information supposed that 10,000 children were thus murdered in the province of Bengal, every month!” In the 1870 revision of his textbook, Chevers connects the crime of abortion to prostitution and highlights the link between Indian women’s promiscuity and the Contagious Diseases Act of 1868. He cites statistical data from Dr. Payne on the workings of the act. Chevers argues that perverse traditions fostered the existence of prostitutes in Bengal, “a most striking illustration of the folly of the present system of preventing re-marriage of widows. Calcutta, with a population of 416,000, supports 12,419 women of ill-fame.” According to Chevers, widowhood led to the culturally specific daily practice of abortion and to large numbers of prostitutes in the city.

Chevers even claimed that prostitutes were responsible for crimes conducted on the bodies of men as well. His Manual for Bengal features a section titled “Rape by Females on Males” that detailed the supposed marks of rape on men who manifested venereal disease. Chevers declared that prostitutes committed crimes that marked the bodies of young Indian boys in order to free themselves of the diseases acquired through prostitution. Explaining the appearance of syphilis and gonorrhea in young boys, Chevers declared “debauched women have an idea that they can rid themselves of venereal disease by having connexion with a child.”

Lyon’s Medical Jurisprudence for India links “criminal miscarriage” to other sexual crimes. Abortion was “especially common in India” because of the proclivity of Indian women to sexual indiscretion and criminal concealment of
the resultant pregnancies. As he describes, abortion was “resorted to by both single and married women in order to get rid of the product of illicit intercourse. In India the custom of preventing the remarriage of widows tends directly to increase the prevalence of the offence.” The criminal nature of social custom was to be found in a wide spectrum of sexual crimes:

Abortion and child-murder are most common amongst the unfortunate class of young Hindu widows, for whom re-marriage and social rights are denied by their religion. Amongst Mohammedans sexual crimes are much more frequent than amongst Hindus. Prostitution is much more extensively practised amongst the former, and sexual jealousy resulting in the murder of paramours and favoured rivals is probably the most frequent case of homicide amongst Mohammedans. In Bengal, for example, the greatest number of rape cases are reported from the Mohammedan districts of Mymensingh and Dacca. That fanatical form of homicidal insanity “running amok” is more common amongst Mohammedan fanatics than Hindus.

Lyon’s narrative technique unites a disparate set of sociological types in the same epistemological field. He makes abortion, prostitution, sexual transgression, and communalist anti-Muslim depictions of rape equivalent and interchangeable. This series of associations, whereby Hindu widowhood is correlated with child murder, placed alongside prostitution, and linked with the frequency of rape among “Mohammedans,” was emblematic of a wider pedagogy of sexual deviance that appeared across these reports and textbooks.

Women’s bodies were repeatedly identified by colonial forensic authorities as concealing the truth of crime. Medico-legal authorities, from Chevers to Harvey to Lyon, insisted that the medical investigator must be at all points skeptical of the testimony and claims of the Indian woman. In medico-legal textbooks, they produced equivalence between what they called “false charges” of rape and the concealment of abortion and infanticide. Chapters that appear consecutively in the textbook were conceptually linked, from cases of virginity to rape to abortion and infanticide. Indeed, the forensic study of women’s bodies was predicated on skepticism and doubt, beginning with a presumption of sexual deviancy and guilt for crimes of concealment.

The forensic assessment of rape cases, like case descriptions of abortion, used categories like “prostitute” to explain the true meaning of the physical evidence at hand. Categories of sexual deviance were invoked to disprove the testimony of women. In sections on rape, the question of false charges made by women define the intent of the investigation, while those on abortion and infanticide
center on the practices of concealment used by women to hide illicit pregnancies. False charges of rape, the concealment of sexual deviance, and women’s willingness to hide their behavior to avoid social stigma are linked throughout. Lyon emphasizes this point in his insistence that doctors investigate the presence of the hymen: “Virginity. Is a certain female ‘virgo intacta’ or not? The question arises in cases where women are falsely accusing rape, or an unmarried female is alleged to be a prostitute, a matter that is dealt with under the Contagious Diseases Act.”

Later textbooks on legal medicine for India feature more and more elaborate chapters on virginity and rape. These textbooks feature extensive scientific discussions about the physical appearance and quality of the hymen of girls, especially those girls who make the accusation of rape. These girls, according to the textbooks, showed evidence of being “habituated” or “accustomed to intercourse.” Forensic medical men produced in the medico-legal assessment of rape the same circular reasoning as abortion and infanticide.

The Institutionalization of the Forensics of Abortion

Legal medicine was an essential tool in state interventions into everyday social practices in nineteenth-century India as well as a new epistemological basis for Indian social scientific thought. In this section, I analyze the way these forms of circular knowledge about abortion were foundational to new practices of intimate state surveillance as well as Bengali-language treatises on abortion and social progress.

With the enactment of a uniform set of criminal laws in the Indian Penal Code, new institutional apparatuses emerged to monitor and regulate women, and new types of experts were appointed by the state to decipher acts of crime. The police emerged as a key actor in the detection of women’s crimes as they were charged with the duty of discovering and investigating them. The Indian Police Act of 1861 established the Imperial Police and provided guidelines that led to a new system of policing in India. Forensic textbooks, reports, and surveys were used by the police to justify an expanding apparatus of colonial state surveillance and legal detection. The colonized body became a site of state intervention. Nineteenth-century records from the colonial Government of Bengal reflect this growing concern for the scientific power of medical evidence. From the 1860s through the 1890s, the Government of India debated whether police in Bengal could legally conduct genital examinations on women who were accused of becoming pregnant and conducting either abortion or infanticide. Local authorities argued that testimony on crimes of immorality was not to be
trusted. Only scientific facts of the body, collected by doctors and the police, could demonstrate the truth of the criminal act. Police authorities continued to use the forced genital exam into the twentieth century, citing it as an essential tool in the collection of objective evidence in criminal cases of abortion and infanticide.

Magistrates cited forensic medical texts to empower local police forces and justify the necessity of social and sexual surveillance. In insisting that police must be empowered to conduct genital exams, colonial administrators argued that forensic evidence would reveal the criminal acts that otherwise went undetected. Magistrates, utilizing the language of forensic medical experts, suggested that women in India were prone to lie to cover up sexual relationships outside of marriage.

With the prohibition of abortion and infanticide in 1860, people across Bengal submitted petitions to the police that detailed suspicious activity of unmarried women suspected of pregnancy. These petitions were speculative in nature and reveal social networks that utilized new regulations from the colonial state in order to blackmail unmarried and widowed women. Widows were singled out, with the insinuation that they intended to abort or had already aborted unborn fetuses, or had been secretly pregnant and had killed their infant and disposed of the body. Petitions to the state became a new site for social policing of women's sexuality. The entrance of the state into sexual policing distorted and reorganized social hierarchies and practices of the everyday surveillance of women's bodies. In appealing to the state for official social regulation, these petitions from people in local communities utilized new structures of colonial criminal law to scrutinize the daily practices of women.

Local authorities, everyone from the village or neighborhood elders to the lowest caste washerman, were to surveil potentially criminal women and to report any attempts at abortion to the subinspector of the police. Guardians of the suspect woman would then submit a sworn statement or deposition assuring that the suspect would be carefully surveilled to ensure that no abortion took place and that they would report any suspicious activity to the police. In cases in which the accused woman denied the pregnancy, the subassistant surgeon would examine the suspected woman regardless of her consent.

According to police procedure, suspect women were not to be forcibly genitally examined at the thana (police station) by the police; rather, they were to be examined by the local medical authority, a state-designated surgeon. However, policemen regularly violated this mandated procedure. When women were suspected of crimes requiring a genital exam, police officers would often
publicly accuse women of abortion and force them to go to the police station. There, they would conduct the exam themselves without any medical authority present. According to one official reviewing the state policy, “in some places where it is known or suspected that a widow is pregnant, she is summoned to the Thannah [police station] . . . and that in cases in which the pregnancy is denied an examination takes place in order to ascertain the fact.” In some instances the local chowkidar (watchman) sent weekly reports to the police of the pregnancy of widows in their village. As a district magistrate suggests in an 1861 report on the medical examination of widows suspected of abortion, village members and the police would use a suspected pregnancy to extort women for money or property rights. Upon learning that a widow had become pregnant, neighbors or the local police immediately accused her of planning an abortion. They would ask for hefty bribes to prevent a public accusation and forced genital examination at the local thana.

Complex networks of local and colonial authorities produced knowledge about women’s sexual practices and their potential criminal behavior. The police consistently cited the dhobi (washerman) as the primary informant on the sexual liaisons of women, like judges in cases of infanticide in the previous chapter. Gribble and Heher’s 1892 Outlines of Medical Jurisprudence for India provides a sociological explanation, positing the knowledge of the dhobi as essential to the workings of criminal law:

In this country, it is generally impossible to obtain evidence regarding the exact time of a woman’s pregnancy, and it is only from an examination of the body that it can be decided whether it is that of a foetus or a viable child. If the former, the woman might be convicted of having caused an abortion, but it is only when the latter is proved that she could be convicted of infanticide or of concealment of birth. The statements made by the woman as to her condition are, for medico-legal purposes, untrustworthy . . . The evidence generally produced to prove a woman’s pregnancy is that of neighbours who have observed her figure, or that of a washerman who says that for many months she has not menstruated, judging from the clothes sent to him to be washed. Because of his social power and his knowledge of the intimate life of women, the
neighbor and *dhobi* were designated as key watch guards to monitor female sexual propriety and deviance. Colonial forensic medicine fostered new structures of social scrutiny.

As the state employed social networks in the formal surveillance of women’s criminality, local communities utilized state power to regulate social hierarchies and prevail in monetary and property disputes related to widow inheritance. Until 1873, families who brought civil property disputes to colonial courts could compel widows to give up their property rights on the basis of their “unchastity,” a requirement of forfeiture parallel to remarriage under conservative interpretations of Hindu law. In the adjudication of inheritance cases for Hindus, any relation with another man voided a widow’s property rights.\(^6\)

In the Great Unchastity Case of 1873, the Calcutta High Court decided, against the public opinion of outspoken Hindu elites, that a widow who had not remarried but was considered unchaste or to have committed adultery would retain her share of her husband’s property regardless of her sexual indiscretions. Disputing families utilized colonial laws on abortion and infanticide. They not only used evidence of women’s unchastity to shame women but identified the widow as a criminal with the hope of recovering family property from her. Petitions to the state demanding the investigation of women accused of abortion and infanticide continued through the end of the nineteenth century.\(^7\)

One magistrate strongly felt that without the compulsory genital examinations of women, “false cases of rape and procuring abortion will largely increase, and we shall have scarcely any means of distinguishing between true and false cases.”\(^8\) Another magistrate argued that requiring consent from women for genital examinations had the potential to “crip[le]” the “administration of justice.” Citing Chevers’s 1856 *Manual*, he described in detail the untrustworthiness of Indians and the special significance of medical evidence in crimes hidden from the view of the state.\(^9\) I reproduce again the introduction to Chevers’s section on abortion, cited word for word by a district magistrate in his insistence on forced genital exams:

> In a country like India . . . it is scarcely surprising that great crimes should be frequently practiced to conceal the result of immorality, and that the procuring of criminal abortion should especially be an act of almost daily commission . . . It is necessary that every facility should be given to obtain evidence.\(^7\)
The magistrate emphasized the frequency of concealed crimes committed by Indian women, and the role of truth in the face of the false claims of women who went to great lengths to conceal their sexual behavior and subsequent crime. He warned against policies that would require women’s permission in their own genital exam, which he believed would render the colonial state powerless. In his view, scientific evidence was more useful than any woman’s testimony.

State authorities insisted that local police had the right to assess a woman’s genitalia, regardless of consent. In response to calls to end compulsory genital exams of women against their will, magistrates unanimously concluded that the examination was essential to obtain true facts to substantiate crimes perpetrated by Indian women: “When a charge of the commission of any of these offences (rape, abortion, or infanticide) is instituted, the Court must proceed with the examination irrespective of the wishes of the women.”71 The genital examination, an evidentiary imperative mandated by medico-legal textbooks and enforced by new structures of surveillance and policing, shaped knowledge about and governance over social behavior, family structures, and contentions over inheritance.

Another site of the institutionalization of the circular mode of reasoning in the forensics of abortion was the Bengali-language forensic manual, where medical evidence was deemed critical to the control of women’s sexuality. During the second half of the nineteenth century the growing circulation of legal medical knowledge extended beyond officers of the colonial state, appearing in popular Indian-language publications that assessed the nature and progress of Indian society. Bengali social scientific studies sought to produce a comprehensive catalog of Indian problems that arose from customary practices in Hindu society. Elite, upper-caste Bengali social analysts argued that women’s sexual acts outside of monogamous Hindu marriage caused degeneracy. They produced systematic studies of practices and claimed objectivity through colonial scientific knowledge. Bengali publications expanded rapidly in the nineteenth century, with Bengali men producing new manuals and chapbooks that united medical science and sociological study, particularly through novel commentaries about science, caste-based social relations, and customary practice. These lay social scientists created a popular literature on medicine and society for an increasingly literate consumer moving through urban spaces like Calcutta.

The forensics of female sexuality appeared in this burgeoning literature as an important method for a new science of social diagnosis. An 1875 manual on women’s medicine, Gurbini Bandhab (A guide to pregnancy), details the
natural causes of abortion and the detection of abortion, as well as the symptoms of pregnancy and possible complications. The author Harinarayan Bandhyopadhyay was subassistant surgeon in Kandi, Murshidabad, chief surgeon at the charitable dispensary, and the writer of several medical textbooks. In a section on papasrido gorbhosrab, the criminal disposal of the womb, Bandhyopadhyay explains the reasons for unnatural abortion in colonial Bengal and the instruments and poisons used to induce abortion.

In his introduction to the subject of criminal abortion, Bandhyopadhyay argues that although he despised “this hateful subject,” he was compelled to discuss criminal abortion to understand why India had become renowned for its frequency. According to Bandhyopadhyay, abortion had ruined the very essence of Indian culture, and the contemporary study of the reasons behind the violent act required both a scientific and sociological lens. He emphasizes the past glory of Indian civilization—its historic intellect and previous respect for women. But now Bengal had become the scene of thousands of fetal murders. Why? According to Bandhyopadhyay, with the rise of Hindu polygamy in Bengal—a system where one man married more than a hundred wives—Bengalis had degenerated into a farce, feigning respectability while committing endless disreputable acts. People committed secret crimes to conceal their true nature; they drank alcohol and committed acts of debauchery that were, in Bandhyopadhyay’s depiction, “too terrible to describe.” All men in colonial Bengal now visited barbilashini (public women). Women too succumbed to their own desires, adding to the population of barangana (those women outside of the home, or public women).

Bandhyopadhyay believed that all women outside of monogamous Hindu marriage committed abortions regularly. He traces the failure of traditional social institutions and the decline of Indian women. The polygamous wives, unrestrained by their husbands and sexually unsatisfied, formed a critical part of the population of women who were sexually available. Bandhyopadhyay refers to Dr. Payne, surgeon-general in charge of Lock Hospitals for prostitutes under the Contagious Diseases Act, and he lists the numbers of “Hindu, Mus salman, and Christian” prostitutes. He claims that they were responsible for the “over 10,000 unborn children who are murdered in Bengal every month.” The “darkness covering India” was the presence of these women, who murdered their own children to hide their daily indiscretions and feign respectability.

In Gurbini Bandhab, Bandhyopadhyay utilizes different classifications to describe sexually deviant women and define their exclusion from legitimate social realms. Both barbilashini and barangana describe women who were in
public: women who resided outside the space of monogamous marriage. The public woman was the sign of social degradation. Importantly, his text uses multiple designations to describe the act of abortion. Bandhyopadhyay sought precision in the use of technical terms that designated the act of abortion. In the title of the section, Bandhyopadhyay uses a word that explicitly references a criminal act: papisrido gorbhosrab, the criminal disposal of the womb. Other phrases in his text describe the loss of the fetus, including petphela (the expelled womb) and gorbhosrasto (the ruined womb). But Bandhyopadhyay intertwines his description of the degeneration of society with more dramatic words that condemned abortion as illegal and immoral, especially in his continued use of bhrunahatya (the murder of the fetus) in his introduction to the medical detection of criminal abortion.76

In his assessment of criminal abortion, he extensively catalogs the methods and plant derivatives used to commit abortion in Bengal. Bandhyopadhyay emphasizes the danger of abortion, as most of these methods killed the mother as well as the fetus.77 He lists the external applications of sticks to induce the abortion through invasive probing and irritation, including lal chitra and the stick and leaves of a lanka (hot chili) plant. He explicitly draws on one case described by Norman Chevers, in which a Muslim woman in Bengal inserted a 4.5-inch branch of lal chitra fully into the uterus. Participating in the same logic of the case study and generalizable phenomena, he constructs a sociological explanation of abortion through physical evidence, like Webb, Chevers, and the contemporaneous textbooks of Lyon and others. In his description of the tools used to commit criminal abortion, Bandhyopadhyay creates comprehensive taxonomies, including polygamous Muslim women and widows hoping to conceal their sexual indiscretions.78 The sociological study of abortion concludes by detailing the wide array of local plants that were abortifacients, as if to guide the reader on how to commit the act itself. Indeed, Bandhyopadhyay describes how to mix herbs together into ingestible pastes that could induce abortion.

Bandhyopadhyay’s study unites forensic analysis, a multilingual typology of sexually deviant women, and extensive knowledge of local poisons and plants used in abortions.79 As his text produces a critique of women’s unrestrained sexuality and the proclivity of women to commit abortion, it also provides detailed ways and tools that may be used to commit an abortion. Bandhyopadhyay, a social analyst who unites medical and sociological knowledge, openly acknowledges the importance of new forms of scientific knowledge in improving society. He asserts that forensic science was unique in its ability to
illuminate the hidden acts and reveal those women who undermined the progress of Bengali society. Asserting the importance of medico-legal knowledge, *Gurbini Bandhab* offers one way in which the forensic scientific detection of abortion became essential to new social scientific studies of sexuality.

**A Forensics of Deviant Female Sexuality**

Let us turn back to the opening of this chapter, the autopsy of Kally Bewah's body. How do we understand the Jury of Inquest’s insistence on condemning her body? Why did the jury assimilate a woman into the archives of criminal law by ruling that she and her sister be deemed criminal under the Indian Penal Code (sections 304 and 318)? Kally is ultimately a dead woman narrated as “rash and negligent” for committing a criminal abortion or miscarriage. After death, the body was not to be cremated on a funeral pyre but instead examined and adjudicated on the coroner’s examination table.

The Indian woman enters the archive as a disembodied object, as a body, one that was to be opened, dissected, and brought to life through narratives of women’s character and sexual typology. The woman is reduced to her body to be described, observed, memorized, and memorialized in text, to be replicated as a model to read the bodies of countless others. We receive fragmentary evidence of Kally’s life distilled through the language of the coroner. This is the sole option through which we are to recover the social life of women. Yet to describe these archives as fragmentary would be to ignore a system of thought on the forensics of female sexuality that expanded and circulated widely, that institutionalized invasive practices of examination and evidence, and that soon permeated the social scientific study of Indian society. Case study after case study is filled with exhaustive descriptions that serve as an archive of social fact. We encounter a veritable cast of women who served as pedagogical tools in the detection of the crime of concealment: a Hindoo hag, a high-caste widow, a girl child, a Mussalmani widow, a prostitute.

In this chapter I have analyzed medico-legal narratives about Indian women’s sexuality, the expansion of invasive forensic investigative techniques, and the role that forensics played in an expanding field of Bengali social scientific thought, a field explored in detail in the next chapter. Medico-legal knowledge was a site where scientific detail, legal authority, and sociological description converged to create new claims to scientific authority and legal objectivity. Legal medicine relied on a mode of circular thinking that united emerging fields of anatomical sciences, explanations of ancient Indian social custom, and new
methods of sociological description. The widespread use of forensic medicine and examination by medical authorities as well as the police arm of the colonial state reveal the significance of the forensics of sexuality to new social scientific studies of everyday practices and intimate social relationships.

Colonial social analysts—military, medical, and legal authorities—described medical evidence of women’s crimes as more useful and factual than the testimony of Indian women, as it revealed the real truth that hid behind the most secret crimes. Policemen, medical doctors, and colonial administrators sexualized the behavior of women, characterizing women who resided outside the domain of monogamous marriage as socially deviant, unchaste, and potentially criminal. In the next chapter I explore how the sexually deviant woman, criminalized and left open to public scrutiny by the colonial state, was cast by Bengali social scientists as outcast and of another time—out of sync, temporally, with the time of Indian social progress, much like Bandhyopadhyay in his assessment of the civilizational degradation of abortion.

Forensic medicine coalesced new modes to scientific authority, practices of governance, and social scientific description. Originating with these nineteenth-century practices and reports on forensic medicine, legal standards of medical evidence that unite corporeal observations and sexual typologies of women continue to be significant today in the prosecution of rape and infanticide cases. Forensic medical knowledge continues to travel from the particular physical features of the body to prejudices about women’s chastity, past sexual history, and moral character. Textbooks in contemporary South Asia often feature direct replications of these ideas, fashioned after authoritative colonial manuals and reports and only minimally revised, if at all. Despite calls to reform certain practices, namely assessments of the hymen and the “finger test” that unscientifically assesses the elasticity of the vagina, many authoritative textbooks reproduce nineteenth-century discussions of rape, virginity, abortion, and infanticide verbatim, especially in the assessment of the hymen as proof of sexual “habitation.” This mode of circular reasoning—the travel between typologies of women’s unchastity and sexual impropriety, physical evidence, and the fact of the event—has become commonsense in the collection of evidence, in the adjudication of legal cases, and in popular depictions of sexual violence.
February 1882. Instructions regarding the embodiment in provincial Police Reports, or in the resolution recorded by Local Governments thereon, of cases of women convicted of infanticide, Police, File P-3R-35 (1–4), Proceedings 28–32, October 1900, WBSA.

105. On late nineteenth-century debates about the welfare of women and critiques of the colonial state by Bengali men, see Sinha, Colonial Masculinity.


107. Ibid.

108. The Government of Bengal received a petition on April 7, 1887, from inhabitants of Calcutta for the restriction of social vice in Calcutta, Index, WBSA.


110. Samita Sen has described colonial depictions of the dangerous woman factory worker, including as a prostitute. See her Women and Labour in Colonial India. See also Sarkar, Bengal 1928–1934, 62; Banerjee, Men, Women, and Domestics.

111. Curjel, “Women’s Medical Service in India,” File No. 2-R20/1923, April 1923, Commerce Branch, WBSA.

112. Thompson, Census of India, 1921, vol. 5, 897.


Chapter 3. Circularity: Forensics, Abortion, and the Evidence of Deviant Female Sexuality

1. “Letter from the Coroner of Calcutta to the Secretary to the Government of Bengal, Judicial Department, dated 14th December 1885,” Judicial Department, Judicial Branch, F.N. 343, No. B 334 & 335, January 1886, WBSA. This coroner’s report from 1885 appears in an inquiry by the Jury of Inquest into the creation of an asylum for widows, a request swiftly dismissed by the Government of Bengal.

2. Letter from the Coroner of Calcutta to the Secretary to the Government of Bengal, December 1885.

3. Ibid.

4. In 1871, the Coroner’s Act established the official position of coroner and endowed the coroner with the right to inquire and judge the circumstances of death, whether accidental or intentional. The act created the Inquest as an official judicial proceeding with the right to view the body by the coroner and jury in attendance and the right to call witnesses. The coroner acted as a judge of the cause of death in criminal proceedings. Coroner’s Act, Act 4 of 1871, 27 January 1871.

5. “Letter from the Coroner,” WBSA.

6. The coroner’s report of Kally’s death appears in the B files of the Judicial Branch of the Government of Bengal because of a query into the possibility of making an asylum for widows, which is summarily dismissed as not the concern of the colonial government. Ranajit Guha explores the question of who lays claim to the archive of a fragmented testimony in his “Chandra’s Death,” 135–65.

8. The question of colonial difference has long shaped the historiography on South Asia. Most notably, it was argued by Partha Chatterjee, captured in his phrase the “rule of colonial difference” in his *The Nation and Its Fragments*, 19. For further discussion of textbooks of medical jurisprudence and Chatterjee’s rule of colonial difference in the context of colonial rape evidence and adjudication, see Elizabeth Kolsky’s dissertation, “‘The Body Evidencing the Crime,’” 278–347 and her article, “‘The Body Evidencing the Crime,’” 109–30. See also Arondekar, *For the Record*, 67–96, as well as Ishita Pande’s critical engagement with textbooks of medical jurisprudence in India, rape, and gendered notions of age in Medicine, Race, and Liberalism in British Bengal, 156–57.

9. I am highlighting an epistemological shift where authorities produced a claim to objectivity in their descriptions through detailed narratives of anatomy and social behavior. Michel Foucault traces this epistemological shift from evocative modes of description to that of expert description: “From what moment, from what semantic or syntactical change, can one recognize that language has turned into rational discourse? . . . A rather more meticulous gaze, a more measured verbal tread with a more secure footing upon things, a more delicate, though sometimes rather confused choice of adjective—are these not merely the proliferation, in medical language, of a style which, since the days of galenic medicine, has extended whole regions of description around the greyness of things and their shapes?” See Foucault, *The Birth of the Clinic*, xi.


12. The naming of those women in forensic medical reports includes Chandra, Phulmoni, Shama, and many others. In his moving 1987 essay “Chandra’s Death,” Ranajit Guha produces a sketch of a community found in a testimony from nineteenth-century Bengal. The testimony Guha refers to concerns an “untamed fragment” on the death of a woman, Chandra, who dies from an abortion. In constructing a caste history and a kinship chart for the Bagdi caste in nineteenth-century Bengal, Guha relies on sociological descriptions from colonial ethnographer H. H. Risley’s *The Tribes and Castes of Bengal* (1891) to correlate the information of the testimony. Guha’s recuperation of the social world of the Bagdi caste depends on a critical colonial episteme of sociological fact mandated by the colonial testimony. This colonial episteme was also deployed in Risley’s 1891 comprehensive sociological project produced at the same historical moment. Guha’s reading of the social landscape is based on the mode and categories of description contained in the testimony itself, which resulted from a colonial legal regime and its mandates for detailed descriptions of the social reasons for abortion. See Guha, “Chandra’s Death,” 139. Perhaps the most cited example of medical writing on the female body in the colonial period is the medico-legal report concerning the child Phulmoni in debates over Age of Consent legislation in the late nineteenth century. Tanika Sarkar reads the in-depth medical description of
Phulmoni’s body as representative of the horror of sexual violence and the complicity of the colonial state in child rape. Ishita Pande provides an innovative reading of the medico-legal assessment of Phulmoni in the making of Age of Consent Debates. She critically considers the centrality of the body in the making of claims to humanitarianism by the state and anti-colonial elites. See Pande, “Phulmoni’s Body,” 9–30.

13. For important inquiries into gender and science in India, see Guha, “The Nature of Woman,” 23–38. Also see Guha, “A Science of Woman”; and Pande, Medicine, Race and Liberalism in British Bengal. Key studies where medico-legal description shapes debates include Sinha, Colonial Masculinity; Nair, Women and Law in Colonial India; and Sarkar, Hindu Wife, Hindu Nation. On the comparative development of gynecology in Britain and the United States, see Jordanova, Sexual Visions; Russett, Sexual Science; Moscucci, The Science of Woman; Bashford, Purity and Pollution.

14. The first textbook on legal medicine for India was Baynes, Hints on Medical Jurisprudence, Adapted and Intended for the Use of Those Engaged in Judicial and Magisterial Duties in British India, followed by Chevers, A Manual on Medical Jurisprudence for Bengal and the Northwestern Provinces. On other investigative forensic technologies developed in India, see Chandak Sengoopta’s study of fingerprinting, Imprint of the Raj.


16. Officials made claims to medico-legal evidence, in particular in cases of foeticide (sections 315 and 316), infanticide (section 315) and in its sentencing under the act of murder (section 302), and rape (section 376).

17. On anatomy in the making of racial difference, see Harrison, “Racial Pathologies,” 187.

18. Webb, Pathologica Indica; or, The Anatomy of Indian Diseases, Medical and Surgical, 329–31 (typeface in original source).


20. Ibid., ii–iv.

21. Ibid., 255–58.

22. Ibid., 57.

23. Ibid., viii. Emphasis in original.

24. Ibid., 256.

25. Ibid., 259–60.

26. Ibid.

27. Baynes, Hints on Medical Jurisprudence, 121.

28. On the development of nineteenth-century textbooks and the role of these textbooks in rape adjudication, see Kolsky, “The Body Evidencing the Crime,” 278–347. These manuals were followed with publications by colonial administrators I. B. Lyon and J.D.B. Gribble. Gribble’s Outlines of Medical Jurisprudence for Indian Courts appeared in 1885; three years later, Lyon published his Medical Jurisprudence for India with Illustrative Cases. Lyon’s book continues to be published today, with at least eleven editions, most recently published in 2012. Eventually, the publication of a widely influential textbook by the Indian doctor and professor of medical jurisprudence in Agra, Jaising P. Modi, in 1920, came to define the field of forensic medicine.
29. Since its publication, J. P. Modi’s manual, which reproduced many of Chevers’s ideas about crimes of “Chastity,” “Infanticide,” and “Foeticide,” has been crucial to the jurisprudence of rape, abortion (until its legalization), and infanticide. See Mitra and Satish, “Testing Chastity, Evidencing Rape,” 51–58.


32. Ibid., 712. On the colonial marginalization of Indian midwifery and the professionalization of obstetrics under the supervision of medical doctors, see Forbes, “Managing Midwifery in India,” 152–72.

33. Harvey, Report on the Medico-legal Returns Received from the Civil Surgeons in the Bengal Presidency during the Years of 1870, 1871, and 1872, 295 (emphasis added).

34. Ibid., 305 (emphasis added).


40. Lyon, Medical Jurisprudence for India, with Illustrative Cases (1888), 376–77.

41. Lyon, Medical Jurisprudence for India, with Illustrative Cases (1921), 139 (emphasis added).

42. Chevers, Manual of Medical Jurisprudence for India, 725.

43. Baynes, Hints on Medical Jurisprudence, 128.

44. Chevers, Manual of Medical Jurisprudence for India, 251.


46. See Arnold, Toxic Histories, 33–34. I have also learned about poisons and abortion in personal correspondence with Mitra Sharafi on the basis of her research, “Abortion and Medical Experts in the British Indian Courtroom,” presented at the 16th Berkshire Conference of Women Historians, 2014, in her ongoing research on the history of medical jurisprudence in India.

47. Lyon, Medical Jurisprudence for India (1921), 275–76.

48. Jordanova, Sexual Visions, 51–52. On the procedure for the genital exam, see Gribble, Outlines of Medical Jurisprudence for Indian Courts, 239–43. The doctor was to examine the external genital organs, which displayed evidence of sexual deviance and potential involvement in prostitution if there were “syphilitic sores” (243), and detail whether the hymen was ruptured, any evidence of penetration, and the length of the vagina.
52. Chevers, Manual on Medical Jurisprudence for Bengal, 705.
53. Lyon, Medical Jurisprudence for India (1921), 317.
54. Ibid., 33.
55. Lyon, Medical Jurisprudence for India (1888), 324.
56. In 1920, an Indian doctor and professor of medical jurisprudence, Jaising P. Modi, published A Textbook of Medical Jurisprudence and Toxicology, which heavily relied on the textbooks by Lyon and Chevers as guides. Modi's textbook is the authoritative reference book on medical jurisprudence in India, Pakistan, and Bangladesh today. These textbooks, based on Chevers's and Lyon's original manuals, insisted that women bring false claims of rape and required that the medical doctor or examiner determine the women's sexual character in their assessment of physical evidence in cases of rape. Elsewhere, Mrinal Satish and I have argued that these manuals use a parallel form of reasoning where women's sexual character is judged through prejudicial interpretations of evidence of genitalia, particularly the state of the hymen and the widespread use of the finger test. We closely analyzed textbook chapters on virginity and rape to demonstrate how textbooks treat the medical assessment of virginity as closely connected to determination of rape, as both chapters assess the state of the genitalia and prescribe the use of tests to determine the past sexual history of a woman. See the discussion of false charges, the assessment of the hymen, and the importance of injuries in forensic medical textbooks in Mitra and Satish, “Testing Chastity, Evidencing Rape,” 51–55.
59. On the use of sexuality as blackmail in England and America, see McLaren, Sexual Blackmail. My thanks to Sharon Marcus for this reference and key connection between different kinds of blackmail.
60. “Measures for putting a stop,” April 1861, WBSA.
61. Ibid.
63. “Measures for putting a stop,” April 1861, WBSA.
64. Gribble and Heher, Outlines of Medical Jurisprudence for India, 267.
65. Gribble and Heher, Outlines of Medical Jurisprudence, 268.
68. “Examination of women in criminal cases,” December 1888, WBSA.
Chapter 4. Evolution: Ethnology and the Primitivity of Deviant Female Sexuality

1. The degree was given starting in 1909 as part of the Department of Political Economy and Political Philosophy. Sociology then became part of the curriculum of the ancient department, owing to the discipline’s roots in philological studies of India, and eventually became an independent department in 1921. The University of Bombay began the first Sociology Department in India in 1919.

2. “M.A. Examination 1911, Political Economy and Political Philosophy (B), Sociology Paper I,” included in Appendix VIII of Primary Sources in Gupta, Sociology in India, 296.

3. Spencer begins his first preface to the book The Principles of Sociology by declaring on page v: “For the Science of Society, the word ‘Sociology’ was introduced by M. Comte.” He then describes numerous savage tribes in his comparison of the low status of women, citing Winwood Reade on Africans in his Savage Africa (1862) and numerous other colonial ethnographies of Australia, Sumatra, Madagascar, and Brazil, and the Chippewa, Andamans, and Bushmen of South Africa. He describes the Bhils, Gonds, and Hill tribes of South Asia as examples of slight “modifications” on the complete savagery of women in the “rudest” tribes. Spencer was a loyal follower of Comtean Positivism and John Stuart Mill. Spencer’s work had wide appeal to a growing intelligentsia who utilized his positivist model of social evolution to launch a critique of the racialized diagnosis of Indian civilization. References to his work appeared on all sociology syllabi by the first decades of the twentieth century. Spencer, Principles of Sociology, vol. 1, preface, 713–44. My thanks to Douglas E. Haynes for his suggestion about the conceptual link of subjected womanhood between Mill and Spencer.

4. By “man” here, I denote the archetypal subject of sociological, political, scientific, and philosophical thought deployed in evolutionary texts like Darwin’s The Descent of Man, and Selection in Relation to Sex. On the critical place of the idea of primitive society in modern anthropology, see Kruper, The Invention of Primitive Society.

5. Social evolutionary thought also appears in debates about birth control and population. See Hodges, Contraception, Colonialism and Commerce; Ahluwalia, Reproductive Restraints; Sreenivas, “Birth Control in the Shadow of Empire,” 509–37.