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Leo Weiß

The Collection of Indian Surgical Instruments at the Karl Sudhoff Institute in Leipzig: Approaches (and Status) of Provenance and Object Research

Summary

Zwischen 1907 und 1913 spendete der Indologe A.F. Rudolf Hoernle (1841–1918) eine Sammlung indischer chirurgischer Instrumente an Karl Sudhoff (1853–1938), die sich nun in der Sammlung des *Karl-Sudhoff-Instituts für Geschichte der Medizin und der Naturwissenschaften* in Leipzig befinden.

Da die Geschichte der indigenen indischen Chirurgie in der Kolonialzeit ein wenig erforschtes Thema ist, stellt die wissenschaftliche Aufarbeitung dieser Objekte eine Herausforderung dar, die den Rückgriff auf verschiedene Ansätze erfordert. Dieser Projektbericht skizziert diese Ansätze zur Untersuchung der Instrumente auf der Grundlage ihrer Materialität sowie der schriftlichen Dokumentation und präsentiert einige vorläufige Ergebnisse.

This project report discusses a collection of Indian surgical instruments that were donated between 1907 and 1913 by the Indologist A.F. Rudolf Hoernle (1841–1918) to Karl Sudhoff (1853–1938) and which are now held in the collection of the *Karl-Sudhoff-Institut für Geschichte der Medizin und der Naturwissenschaften* in Leipzig.

As the history of indigenous Indian surgery in the colonial era is not a well-researched subject, understanding these objects is a challenge and requires recourse to multiple approaches. This project report sketches out approaches to examine these instruments based on their materiality as well as the written documentation surrounding them and presents some preliminary findings.

Keywords

India, colonial period, surgical instruments, materiality, provenance

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1. Introduction

The *Karl-Sudhoff-Institut für Geschichte der Medizin und der Naturwissenschaften* [= KSI] in Leipzig is the oldest academic institute for the History of Medicine. It houses a large scientific collection of objects related to the history of medicine which was founded in 1905.¹ It contains, among other things, a small collection of Indian surgical instruments, donated by the Indologist Rudolf Hoernle between 1907 and 1913.

The KSI is the only German collection that houses such instruments. The South Asian collections of German ethnological museums are relatively small, due to the lack of direct colonial involvement in India. Where such collections exist, they tend to focus primarily on religious objects and artworks. Among the German medical history collections surveyed, only those in Ingolstadt² and Kiel included objects from India. In both cases, these could be identified as non-surgical based on their shape alone.

Previous research on these objects is limited to two articles by Reinhold Müller from 1937 and 1952, as well as a more recent 2020 publication by the former custodian of the collection, Sabine Fahrenbach, and Ingrid Kästner.³ According to these articles, the objects are in part from Benares (today Varanasi), are primarily for surface-level surgery and personal hygiene, with a sizable chunk apparently formerly belonging to two so-called oculists, while another part of the collection belonged to a barber. While these articles already provide a rough outline of the provenance of the collection, they don't consider other sources, like the historic object labels still attached to the objects, the materiality of the instruments, nor compare them with similar objects held at other collections. The goal of my ongoing PhD project is to provide a more comprehensive investigation of these objects, endeavoring to answer not only provenance related questions but also those concerning the wider field of object research:

Where are these objects from? When were they collected? When were they made? Who made them? What are they made of? Who possessed and used them? What were they used for? Are they genuine medical objects used by indigenous health practitioners? Why were they collected? How were they acquired? Which objects belong together? How did their physical form impact practices of healing? How was their physical shape impacted by various actors and why (practices of modification)?

The following project report sketches out several possible approaches to examine these questions, discusses preliminary results of individual approaches, and considers their potential in the future course of study. The list of approaches here is not exhaustive. It rather documents

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- 1 Karin KÖNIG, *Cinderellas Geburt. Sammlungsgründungen an medizinhistorischen Abteilungen und Instituten deutscher Universitäten im 20. und 21. Jahrhundert* (= Objekte 6, Aachen 2014), 38.
 - 2 These objects include some used for smallpox vaccination and originate from the former Bavarian State Vaccination Center (German: Bayerische Landesimpfanstalt). They were collected during multiple visits to India in the 1960s and 1970s by officials of the center to document local smallpox outbreaks, along with a number of slides.
 - 3 Reinhold Franz Gustav MÜLLER, *Indische Chirurgische Instrumente*, in: *Sudhoffs Archiv für Geschichte der Medizin und der Naturwissenschaften* 30/1 (1937), 91–97. Reinhold Franz Gustav MÜLLER, *Altindische Chirurgische Instrumente*, in: *Sudhoffs Archiv für Geschichte der Medizin und der Naturwissenschaften* 36/4 (1952), 221–260, and Sabine FAHRENBACH / Ingrid KÄSTNER, *Instrumente aus Indien in der medizinhistorischen Sammlung des Leipziger Karl-Sudhoff-Instituts für Geschichte der Medizin und der Naturwissenschaften*, in: Johannes Seidel / Ingrid Kästner, Hg., *Tauschen und Schenken. Wissenschaftliche Sammlungen als Resultat europäischer Zusammenarbeit* (Düren 2020), 145–160.

the various lines of inquiry that have been explored so far. I will begin my examination by focusing on those approaches that treat the objects as sources in their own right and consider their materiality. In addition to that, both textual sources that directly document the objects history (for example in the Universitätsarchiv Leipzig [= UAL]) as well as ones that provide more indirect, contextual clues will be examined, to shed further light on these objects.

2. Development of a comparative corpus

An important step in developing a better understanding of these instruments is the assemblage of a comparative corpus of similar objects in other collections. Comparable instruments can be found in several medical history collections at UK medical schools and museums. Both the Royal College of Surgeons of England [= RCoSEn] and of Edinburgh [= RCoSEd] have collections of about 30 objects each, mostly of an ophthalmological nature. In addition, the Science Museum in London holds a number of objects that were originally part of the Wellcome Collection. There are also indications⁴ that the Royal College of Ophthalmologists [= RCoOphth] may hold some instruments. However, it has not yet been possible to verify whether any relevant items are actually part of the collection. Of the listed collections, all except for the RCoSEd could be examined in person. For the latter, only the public-facing database entries of the relevant instruments, including pictures, have been examined.

Such a corpus can provide a basis for comparison between these objects and those at the KSI and embed the formerly singular objects at the KSI within the wider material culture of South Asian surgical instruments. It therefore becomes possible to recognize objects either as “typical” or “unusual”. An example of this is the nail-parer depicted in Fig. 1, with almost identical models being found both at the RCoSEn as well as the Science Museum, down to the twisted design of the grip – seemingly such instruments were a staple for many health practitioners.



Fig. 1: *naharni*, for paring and cleaning nails. KSI Collection. Inv. Nr. 123 ©Leo Weiß

4 Specifically, there is an article by Drake-Brockman and Drake-Brockman, which mentions the donation of a set of instruments to the Royal Ophthalmological Society of the United Kingdom, which was later merged into the RCoOph. See Herbert Edward DRAKE-BROCKMAN / Edward Forster DRAKE-BROCKMAN, The Indian Oculist and his equipment, in: Transactions of the Ophthalmological Society of the United Kingdom 15 (1895), 249–253, here 249.

It also allows cross-referencing between the descriptive inventories of various surveyed collections. While the descriptions used in the various catalogues are far from accurate, often due to insufficient documentation and unsystematic collection practices, they can still provide valuable information. An object might be described as a “phlebotomy knife” in one collection, while an almost identical one in another collection might be termed a “gum lancet”. Determining which of those (if any) is correct is not always easy and frequently requires recourse to another of the presented approaches. Nevertheless, such cross-referencing can also be valuable in narrowing down the field of possibility.

The compilation of a sufficiently large and reliably provenanced corpus of dated instruments would allow for the identification of regional styles in instrument design. This would enable a more precise determination of the time and place of origin of the KSI instruments based on stylistic comparison. Unfortunately, the current corpus is neither large enough nor sufficiently well researched for these more elaborate approaches, though some features like the twisted design of the grip of the nail-parer mentioned above emerge as somewhat typical design elements repeated across collections.

Finally, as most instruments both at the KSI as well as in other collections were collected as sets, supposedly belonging to individual practitioners, it is possible⁵ to develop a more comprehensive understanding of the range of instruments typically possessed by a certain profession as well as of the range of procedures performed. In addition to that, the overall quantity within individual sets might allow a rough inference of the economic status their owners occupied. In this regard, most of the instruments are crafted in a relatively simple manner and some appear to be improvised in an almost slapdash fashion, suggesting a relatively low economic status.

3. Considering the instruments’ materiality from a practice-focused perspective

The first step that can be taken when examining an individual object is a full and thorough consideration of its materiality. The shape of an object, the materials it is made of, and the marks left during its manufacture and use all reveal a wealth of information.

In this specific instance, it is important to keep in mind that surgical instruments are specialized tools employed to perform specific functions, with their shape often determined, at least in part, by the function they are supposed to perform in relation to the human body. Accordingly, some of an instrument’s functions can be gleaned from considering an instrument’s shape and material, which can be a valuable source of information, especially when contextual information is relatively sparse. This requires further elaboration:

In the interplay between bodies, both those that wield surgical instruments as well as those to whom they are applied and the instruments in question, a number of affordances⁶ arise.

5 Though whether this is the case is in most cases impossible to confirm. It is possible, that these instruments have been selectively assembled from multiple sets.

6 I am here referring to the concept of Affordances as laid out in James Gibson’s foundational article on the subject. See James Jerome GIBSON, *The Theory of Affordances*, in: Robert Bransford / Robert Shaw, Hg., *Perceiving, Acting and Knowing. Towards an Ecological Psychology* (Hillsdale 1977), 67–82.

A scalpel affords cutting through human skin, the elongated grip of gynecological instruments affords manipulation of the uterus through the vagina, and so on.

I want to briefly acknowledge here that what counts as a human body and how we understand it is strongly informed by cultural and theoretical assumptions. It is therefore important not to overstate the potential of this approach. A body approached through the lens of contemporary Western biomedicine is a different body than the one approached through the lens of classical Ayurveda, and even within these categories, there are multiple ways of conceptualizing the body, as Mukharji has pointed out.⁷ And even within one medical tradition, what a body “is” can vary from context to context, as Annemarie Mol has pointed out. In her terms, each sentence that states what a body “is” needs to be accompanied by one which states where this is the case.⁸ Yet, on a basic level, bodies possess a kind of materiality, and most human bodies share certain features due to that materiality: A head, a torso, and two arms and legs, which ground certain basic affordances. Developing a full understanding of an instrument therefore requires knowledge of the relevant techniques and theories employed by the community who used it. Nevertheless, such an approach on its own can already provide valuable heuristic information regarding an object’s general uses.

Important theoretical contributions to this approach have been made by Gibson in his theory of affordances as well as John Kirkup in his publication on the evolution of surgical instruments.⁹ The latter is particularly interesting, as Kirkup makes the claim that surgical instruments evolved to fulfill functions formerly performed by our body parts (namely the hand and the mouth) like probing, sucking, and pinching.¹⁰ Based on this claim, he suggests a classification of surgical instruments based on the analogous functions of hands and teeth they were supposedly based upon, which he further elaborates into a structural typology which seeks to subsume all manual surgical instruments into one of eight basic forms that evolved to extend the functions of the hand.¹¹ Applying Kirkup’s classificatory scheme can therefore provide a helpful guideline to understanding the different kinds of functions an instrument can possibly perform.

In a more general sense, this inquiry is embedded into a wider theoretical tapestry that examines how objects, persons and actions mutually shape each other. A significant theoretical approach shared by many of these is to consider objects as actors in their own rights with their own capability to shape the actions they are involved in.¹² In this framework the examined surgical instruments can be considered actors, because their shape influences the kind of procedures that can be performed with them.

7 Projit Bihari MUKHARJI, *Doctoring Traditions. Ayurveda, Small Technologies, and Braided Sciences* (Chicago–London 2016), *passim*.

8 Annemarie MOL, *The Body Multiple. Ontology in Medical Practice* (Durham–London 2002), 54.

9 John KIRKUP, *The Evolution of Surgical Instruments. An Illustrated History from Ancient Times to the Twentieth Century* (Novato 2006).

10 KIRKUP, *Evolution*, 41.

11 *ibid.*, 144.

12 Important contributions to this approach have been made by Bruno Latour in his works on Actor-network theory [= ANT], for example in Bruno LATOUR, *Der Berliner Schlüssel* (Berlin 2015), and Bruno LATOUR, *Wir sind nie modern gewesen. Versuch einer symmetrischen Anthropologie* (Frankfurt am Main 2008). The approach of ANT has since then been continually expanded by other authors like Marianne DE LAET / Annemarie MOL, *The Zimbabwe Bush Pump. Mechanics of a Fluid Technology*, in: *Social Studies of Science* 30/2 (2000), 225–263.



Fig. 2: small, leaf-shaped scalpels. KSI Collection. Inv. Nr. 125 ©Leo Weiß

Interestingly enough, in suggesting his classificatory scheme, Kirkup also references the *Sushruta Samhita*, one of the classical works of Indian medicine, which contains a long instrument list, ordered in a similar manner in accordance to the instruments' basic shapes and linking them to specific functions.¹³ The idea to classify such instruments in accordance with their shape is therefore not a purely European conception but also echoes in South Asian medical history.

A very basic example of this is the leaf-shaped blade in Fig. 2: The blade has a pointed tip and is sharp on both sides. This affords both puncturing of soft tissue as well as cutting said tissue. The most likely way to hold such an instrument would be between thumb and index finger. As the blade is barely larger than a fingernail, the depth it can cut would be severely limited by the fingers that hold it, as would be the depth of any lateral cuts. This might also be an intentional feature, avoiding the possibility of cutting deeper than intended. In general, the small size and absence of a handle suggest that the instrument was probably used for making small-scale incisions or cuts where manual precision was key at locations that were otherwise easy to access.

The physical form of a material object does not only provide information about the functions it was employed in, but also on the ways in which they were produced and by whom. In some cases, this can only be inferred by the way the object is manufactured, in others it can be quite explicit, due to a maker's sign engraved into the instrument. Most of the objects at the KSI do not appear to be mass-produced, and their shape differs quite significantly from that of Western instruments, clearly hinting at an indigenous tradition of craftsmanship. They also betray minor irregularities in their manufacture that are more typical for individual production (as opposed to serial products). These objects also bear no discernible mark hinting at a specific craftsperson. Analyzing whether the provenance of these instruments can be narrowed down based on crafting techniques typical for a specific region or material composition is another approach that has yet to be attempted.

13 Girindranath MUKHOPADHYAYA, *The Surgical Instruments of the Hindus. With A Comparative Study of the Surgical Instruments of the Greek, Roman, Arab and the Modern European Surgeons*, Vol I (Calcutta 1913), passim. Mukhopadhyayas gives a quite extensive accounting of the instruments listed in the *Sushruta Samhita*. Unfortunately, he mostly limits himself to textual exegesis of ancient literature, which is of limited relevance for the instruments at hand.

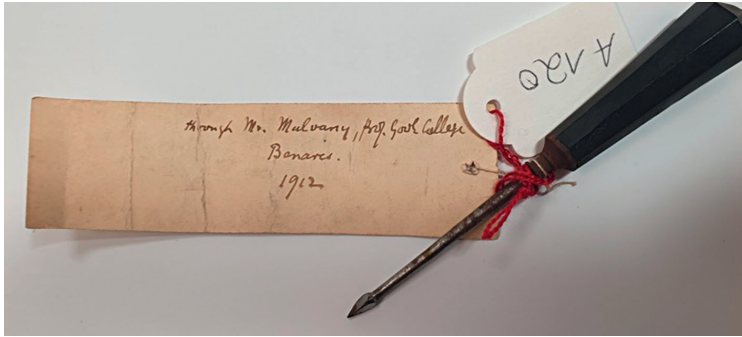


Fig. 3: Trocar of western manufacture. KSI Collection. Inv. Nr. 120 ©Leo Weiß

It is noteworthy that a few instruments do, in fact, resemble similar objects found in European instrument catalogues and seem to be appropriated into an indigenous medical practice. An example of this is Fig. 3, a trocar of a style commonly found in European catalogues. Such an appropriation is an interesting fact, implying on the one hand proximity to Western practitioners. On the other hand, some of the instruments were also modified, most likely by the practitioners themselves, to better suit the needs of their practice. In this sense, these modifications become highly meaningful hints to the needs of these actors. Yet, as no overt modification could be found on those objects held at the KSI, a more in-depth discussion will be omitted.

4. Text-based approaches

For the sake of structure, this section is divided into those sources that directly provide provenance information about objects at the KSI and contextual sources that do not directly address the objects. The latter are nevertheless enlightening regarding the historical practices of collecting as well as the individual motivations for collecting them in the first place.

4.1. Sources directly relating to the provenance of the collection

This category of sources primarily consists of archival documents, such as letters and other personal papers, handwritten labels attached to specific instruments, as well as inventory lists that document donor, origin, function, and so on. In addition, the two articles by Reinhold Müller on the collection can also be included, although they do not provide much additional information.

The historical documentation relating to these instruments has, unfortunately, some significant gaps due to unsystematic historical documentation practices: The instruments were only systematically inventoried into a list by Sudhoff's successor Henry Sigerist (1891–1957) in 1925, almost two decades after the first objects were added to the collection by Sudhoff.¹⁴

¹⁴ FAHRENBACH / KÄSTNER, *Instrumente*, 147.

During the GDR period, the object descriptions were transcribed to filing cards with photographs of the objects attached. Unfortunately, the information given in the cards is occasionally at odds with those on the written label as well as in older archival documents, suggesting that some of the written labels were inadvertently mixed up at some point. Furthermore, photographic images from Müller's 1937 article document that some objects have gone missing, as some of the objects discussed in the article cannot be found anymore.¹⁵

The most reliable source of information regarding the objects' provenance is the correspondence between Hoernle and Sudhoff held at the Universitätsarchiv Leipzig. Unfortunately, it only consists of the letters written by Hoernle; there are no copies of Sudhoff's letters, and Hoernle's personal papers held at the British Library do not contain them either. Sudhoff's part of the conversation can therefore only be inferred from Hoernle's replies.

The letters allude to four sets of instruments: two sets of instruments Hoernle acquired in 1907, one from Mirgapur (today Mirzapur) and another one consisting of a barber's instruments of unknown provenance, possibly Rajasthan.¹⁶ A 1910 letter offered a set of Indian "ferriers [sic] tools" which were apparently rejected by Sudhoff, as no instruments resembling such a set can be found in the collection.¹⁷

Finally, in early 1913, Hoernle sends a final set of instruments to Leipzig: This set is comparatively well-documented thanks to a handwritten list at the archive that lists the content of the set, the indigenous terms for these instruments, as well as their medical purpose (the latter descriptions are unfortunately somewhat cryptic). According to the list, they were originally employed by two practicing Indian oculists. It also states that the instruments in question were acquired through a Mr. Mulvaney at the *Government Sanskrit College* in Benares.¹⁸ This likely refers to Charles Matthew Mulvany, who at that time was professor of Indology at the college, which by now has been renamed *Sampurnanand Sanskrit Vishwavidyalaya*.¹⁹ Whether there are any personal papers by him still held at the college that might provide further insight into the objects' provenance is unclear.

While all KSI objects have labels with their current inventory number, some objects have further labels attached, either with older inventory numbers or handwritten notes with further information. Beyond the basic information, these historical labels are also useful as they allow, with some deductive guesswork, categorizing which set specific objects belong to, which is a necessity for linking the often vague archival provenance information to specific objects.

15 Due to the structure in which Sudhoffs personal papers are organized (by year and alphabetically in accordance with the last name of the correspondent), the letters are strewn over a variety of folders, with some letters being particularly relevant to the provenance of the objects having been put into a different folder.

16 Universitätsarchiv Leipzig (= UAL), medizinische fakultaet (= MF), Med. Fak. D 05/58e, Schriftwechsel zum musealen Sammlungsgut, 60, 64. UAL, MF, Med. Fak. D 05/10c, Korrespondenz aus Institut an Karl Sudhoff, H-K, 459 (reverse).

17 UAL, MF, Med. Fak. D 05/13b, Korrespondenz an das Institut, F-I, 287.

18 See UAL, MF, Med. Fak. D 05/58e, Schriftwechsel, 49.

19 See N.N., History of Services of Gazetted Officers (Civil Department) attached to the United Provinces. Part 1 (Allahbad ²⁴1913), 821–822.

As the original inventory numbers were assigned in chronological fashion and there is a six-year gap between the first and the second set of objects being donated by Hoernle, there is a corresponding gap in the inventory numbers that can be used to establish whether a specific object was part of the 1907 or the 1913 set of objects. As most of the historic labels are only attached to the objects via string, it is possible that some of them were mixed up at some point during the last century. This approach is therefore not conclusive on its own.

4.2. Contextual sources

The term “oculist”, as found in the archival materials at the Universitätsarchiv Leipzig, is a key term in the historical discussion about indigenous Indian health practitioners at the end of the 19th and beginning of the 20th century. During this period, several articles and even an entire book were published by officers of the Indian Medical Service (IMS) dealing with their indigenous competition. While these writings show a clear colonial bias towards these practitioners, they are nevertheless a valuable source of information.²⁰

These IMS sources give detailed descriptions of some of the instruments as well as the procedures performed with them. They are primarily focused on the procedure of couching performed by these practitioners and how it compares to their own methods. The spectrum of discussed instruments and practices is therefore rather narrow. Nevertheless, they have been useful in identifying some of the instruments held at the KSI. For example, the assortment of Thorns shown in Fig. 4 supposedly belongs to native *Acacia* species and are discussed by Elliott as having been used for couching cataract through the sclera, with Elliott giving a rough outline of the procedure as seen in Fig. 5. These texts are also valuable since they allow some brief glimpses into the lives of the practitioners who supposedly wielded these instruments.

Beyond the content of these articles, the context in which they were produced is also highly enlightening. A couple of them were initially presented as papers at prestigious medical institutions in the UK by IMS doctors, or by acquaintances on their behalf. These presentations were made in conjunction with the instruments discussed in the papers being donated to the societies’ or colleges’ collections. Accordingly, these articles not only document the practices and instruments discussed, but also the way in which such sets were assembled and brought to Western collections. Relating this to the KSI collection, which was not directly collected through Hoernle, but rather through a series of acquaintances of his in India, suggests that perhaps some of the instruments in the KSI were initially acquired in a similar manner by IMS officers.²¹

20 I am specifically referring to the following articles and books here: DRAKE-BROCKMAN / DRAKE-BROCKMAN, *Oculist*. Herbert Edward DRAKE-BROCKMAN, *The Indian Oculist. His Equipment and Methods*, in: *The Indian medical gazette* 45/6 (1910), 207–210. R. EKAMABRAM / Robert Henry ELLIOT, *Couchers and their Methods*, in: *The Indian medical gazette* 45/3 (1910), 110–113. Robert Henry ELLIOT, *The Indian Operation of Couching for Cataract. Incorporating the Hunterian lectures delivered before the Royal College of Surgeons of England on February 19 and 21, 1917* (New York 1918).

21 It is here noteworthy to mention that this process of collecting frequently alluded at least a certain degree of coercion, as alluded in DRAKE-BROCKMAN / DRAKE-BROCKMAN, *Oculist*, 252, and DRAKE-BROCKMAN, *Oculist*, 208.

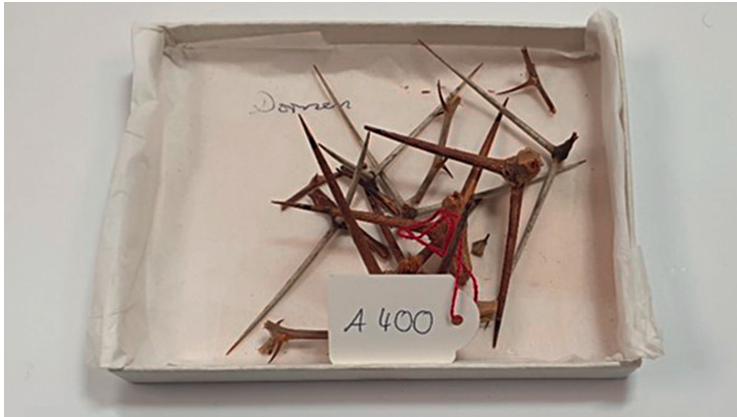


Fig. 4: Acacia thorns held at the KSI Collection. Inv. Nr. 400 ©Leo Weiß

The other source of then-contemporary academic literature worth mentioning here are works written or published by Sudhoff that touch on the subject. While none cover Indian indigenous surgery in the 19th and 20th centuries directly, they nevertheless provide insight into Sudhoff's conception of Indian medicine and the motivations that caused him to collect these instruments. Two publications will be briefly discussed here, as they are particularly interesting in this regard.

Sudhoff's textbook *Kurzes Handbuch der Geschichte der Medizin*²² in the 3rd Edition of 1922, contains a section on "Altpersien und Altindien"²³ which, at merely eight pages long is dwarfed by the following section on the Hellenistic period more than 80 pages long. The content of these eight pages is not overly remarkable, focusing primarily on exegesis from the classical works of Indian medicine, like the *Sushruta Samhita* as well as the *Charaka Samhita*. Indian medicine nevertheless occupies an important space in the dramaturgy of the book, being situated right at the beginning of the chapter on the "Begründung und erstmaliger Ausbau der wissenschaftlichen Medizin"²⁴ and not lumped in with the remaining non-European healing traditions in the section on the "Vor- und frühgeschichtliche Anfänge heilenden Tuns und Denkens"²⁵. In the dramaturgy of the book, Indian medicine occupied a special position, being considered more "scientific" than other "oriental" traditions and yet clearly inferior to the Hellenic tradition that Sudhoff considers the predecessor of modern scientific biomedicine, as evidenced by this quote on the matter:

"Fühlen wir uns bei den altindischen Ärzten in den Vorhallen wahrer Wissenschaft, so sind wir mit der Besprechung der Leistung der Hellenen in den Tempel der Wissenschaft selber eingetreten."²⁶

22 Translation: Short Handbook of the History of Medicine.

23 Translation: ancient Persia and ancient India.

24 Translation: Foundation and first expansion of scientific medicine.

25 Translation: Pre- and early history of healing theory and practice.

26 Karl SUDHOFF, *Kurzes Handbuch der Geschichte der Medizin* (Berlin³1922). 50. Translation: "If we feel with the old Indian physicians as if in the vestibule of true science, then we have truly entered the temple of science when we consider the achievements of the Hellenes."

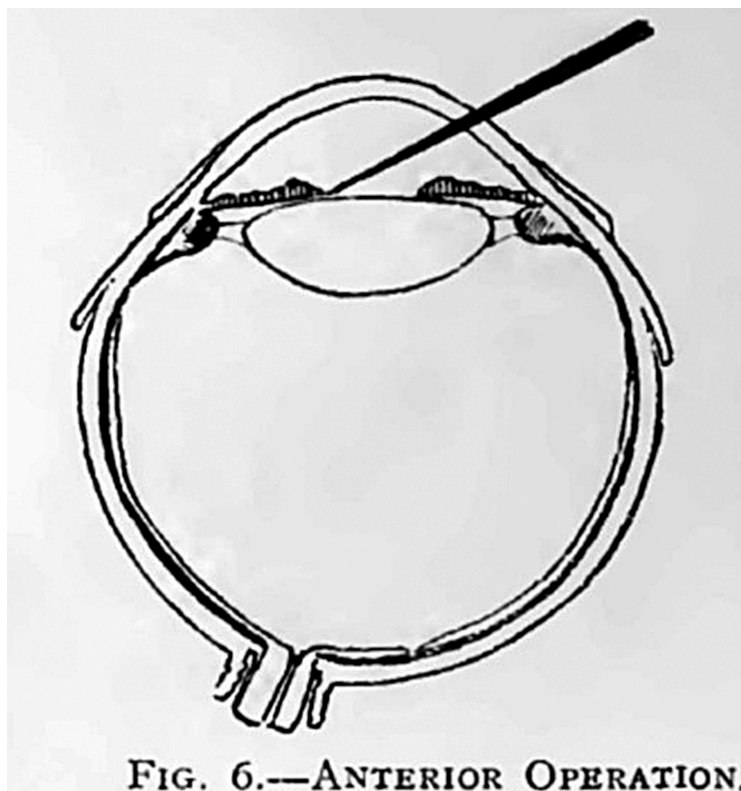


Fig. 5: Diagram depicting the “Anterior Operation” of couching for cataract. From ELLIOT, *Couchers*, 14.

In this, Sudhoff’s writings echo a general cultural fascination with ancient India that was widespread at the beginning of the 20th century, especially in Germany.²⁷

It is therefore not surprising that Sudhoff’s primary interest seemed to be the acquisition of ancient Indian instruments, as becomes apparent in his correspondence with Hoernle. Hoernle replied to this request that such instruments were nearly impossible to find, but that there was no reason to believe anyway that contemporary indigenous instruments were substantially different from those used in the classical period of Indian medicine that Sudhoff was interested in.²⁸ This explains why the instruments at the KSI were, at the time of collection, quasi-contemporary instruments but were nevertheless collected as historical instruments.

The special role Sudhoff attributed to Indian medicine is also visible in his activities as an editor of his *Archiv für Medizingeschichte*²⁹, where Sudhoff went to great lengths to acquire Hoernle as a contributor to the first issue of his newly founded journal. While the remaining

27 See Florian MILDENBERGER, A wanderer between cultures. Reinhold F. G. Mueller (1882–1966) as Indologist and historian of medicine, in: *Medizin, Gesellschaft und Geschichte* 25 (2007), 125–154, here 127–131.

28 See UAL, MF. Med. Fak. D 05/58e, Schriftwechsel, 55, 60.

29 Translation: Archive for Medical History.

articles in that first issue were either written by Sudhoff himself or academics in his immediate circle, Hoernle was at that time one of the most renowned scholars of Indian Medicine and living in Oxford. This occasion also seems to be the start of Sudhoff's and Hoernle's professional relationship, which eventually resulted in Hoernle donating the instruments now held at the KSI.

5. Conclusion

As mentioned at the beginning of this report, there are a variety of approaches that can be taken to fruitfully examine the KSI collection, yet none of them on its own is sufficient, only providing fragmentary information on the instruments in question. Arriving at answers to the questions posed at the beginning of this report is therefore like piecing together a puzzle and still very much an ongoing process.

This fragmentary documentation is symptomatic of the often-unsystematic practices of collecting at the end of the "long 19th century." Reconstructing the provenance and context of these objects is therefore a laborious task, and it is entirely possible that some aspects will remain shrouded in mystery. The unsystematic nature of collection activity also suggests the possibility that these objects were not primarily collected for the sake of documenting knowledge about the world, but were rather tokens in a complex and yet informal academic prestige-economy of the time.

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