
This book is a social-historical study of reform of unani tibb, one of India’s medical traditions also known as Greco-Arabic or Islamic medicine, that took place in late colonial India. Although its author Guy Attewell acknowledges the extra-medical aspects of the reworking of tibb in the domains of nationalism, revivalism and cultural critique, his focus is on intersecting and competing visions of authoritative and authentic practice within the profession itself. Attewell has a keen eye for both change and continuity in unani theory and practice. As a living tradition, tibb has many forms and cannot be pinned down by qualifications such as secular, religious or scientific. Central to Refiguring Unani Tibb is the construction of authority by elite tibbi practitioners in a time when traditional forms of patronage had largely vanished and the public sphere and the print media emerged as important arenas for tibb’s recasting. The book takes as its lens unani tibb’s own dynamism and the agency of its practitioners (hakims or tabibs). Its main theme is the way elite unani practitioners grapple with defining their profession and their concern with what is authoritative and authentic unani knowledge and practice in a period marked by turbulence. At the end of the nineteenth and beginning of the twentieth century, unani was in the process of being transformed from a local medicine into a national one. The urban middle class emerged as its new patron and the public sphere became an important battleground for establishing authority and authenticity by unani practitioners. At stake was the construction of unani as a modern profession with a modern infrastructure in the form of professional organisations, clinics, colleges and a manufacturing industry. The book’s overarching ambition is to draw attention to the ‘…diversity, complexity and contingency in early twentieth-century tibb’ and wants to make us aware of ‘…the desire among tabibs to reach out, organise and reconfigure knowledge, practices and their relationships with the public’ (p. 29).

Attewell skilfully builds upon social historical knowledge of medical affairs in colonial India and acknowledges views that explain changes within unani out of the striving of its practitioners to emulate the institutions of western medicine and bring unani knowledge in line with western medical theories. Religious nationalism and the desire for modernisation within Indo-Islamic culture at large have shaped unani’s refuguring. Though both forces are felt by a medical tradition in flux like unani, Attewell situates these social developments within his main perspective of unani professionals trying ‘…to reclaim and demarcate the boundaries of authentic Unani practice’ (p. 107). In Attewell’s view the refuguring of tibb was an active process better described by terms like ‘reworking’ and ‘reinventing’ than by the notion of an Indian medical form trying to adapt to and resist to the powerful other, i.e. colonial western medicine. In this sense, Attewell not only builds upon but also critiques academic work done on India’s medical traditions by social scientists and historians such as David Arnold, Roger Jeffery, Poonam Bala, Paul Brass, and Charles Leslie. They see the transformations of Indian medical traditions as foremost a survival strategy with the objective to share in the prestige and power of western medicine by emulating its institutions and practices. Attewell emphasises the agency of unani practitioners and the fact that they frame modernity instead of being framed by it. Unani is an active player in India’s plural medical market place and actively carves out its niche ‘…in the broader political economy of medical practice in India’ (p. 30). Hakims themselves reclaim and demarcate the boundaries of ‘authentic’ unani practice in the face of social-cultural change in late colonial India. In this process, elite unani practitioners and the urban middle class play a crucial role. Patronage of tibb by the Muslim courts had largely disappeared and hakims saw the urban middle class as its new patrons.
The study’s lens is on north India during the period 1890–1920. However, *Refiguring Unani Tibb* also discusses developments in eighteenth-century Hyderabad and talks about *tibb*’s reworking in the 1930s and 1940s. The period at the end of the nineteenth and the beginning of the twentieth century is marked by political and religious upheaval and mobilisation, social and economic change, the crises of epidemic disease, the negotiation of modernity within Indo-Islamic circles and beyond, the use of print technology and the rise of the public sphere as an important site for negotiating social-cultural change. These decades are therefore crucial if we want to understand the trajectory taken by the modernisation of Indian medical traditions.

Apart from information from Hyderabad, and the writings on *unani* and women emancipation by the female sultans of Bhopal, most materials on which Attewell bases his conclusions come from *unani* strongholds in the northern part of the Indian subcontinent such as the Punjab (Lahore), Delhi and present day Uttar Pradesh (Lucknow). Attewell treats *unani* as an Indian tradition shaped by local and national realities and he convincingly argues against *tibb*’s reification as ‘system’, which he sees as mainly a rhetoric strategy with the objective to legitimate *tibb* in an era in which Indian medical traditions were typified by the colonial medical establishment as theoretically incoherent and based on trial and error experimentation. Attewell certainly succeeds in his self-imposed task of ‘...exploding the myth of system, both through time and synchronically’ (p. 194), and convincingly demonstrates that *tibb* cannot be pinned down by labels such as ‘scholarly’, ‘folk’, ‘religious’, ‘secular’, ‘rational’ and ‘magical’. *Unani* is all that, though in different times and at diverse sites. It depends upon time and place which of these categories come to the foreground. The book emphasises the dialectical relationship between learned elite *tibb*, professionalised *tibb* and the multifaceted popular forms of *tibb*. Scholarly humoral reasoning, religious notions, popular aetiological ideas, biomedical disease categories and modern pharmacological practices are all part of *tibb*. Location and time determine the aspects of *tibb* that come to the foreground.

In the first chapter of *Refiguring Unani Tibb*, Attewell formulates his theoretical outlook and introduces the different contexts for his study of *unani* reform, such as: *unani*’s answer to the epidemics such as plague and cholera; the institutionalisation of *unani* in colleges and professional organisations; *unani*’s representation in public culture and the print media; the striving of some elite practitioners for reform of social institutions like *pardah* (the seclusion of women); and the commercial manufacturing and over-the-counter marketing of *unani* medicines.

The next five chapters are case studies of the refiguring of *tibb*’s authority and the reworking of authentic *tibbi* knowledge. By taking the construction of *tibb*’s authority, legitimisation and authenticity as its prism, *Refiguring Unani Tibb* holds relevance for contemporary discussions about the status and value of globalised Asian medical traditions such as ayurveda, Tibetan medicine and Traditional Chinese Medicine (TCM). Throughout the book, Attewell emphasises the malleability of medical practice and the openness of *tibb* as a medical tradition in flux. The question of what is good *tibbi* practice as well as the conflation of moral, social and medical issues, sometimes expressed in humoral parlance, runs through all chapters. For example, when hakims write on issues such as combating contagious diseases by improving sanitation and public health, and the abolishment of social customs such as *pardah* and child marriages. Attewell skilfully compares developments within *tibb* in North India, where it was mainly elite practitioners such as Hakim Ajmal Khan who steered its modernisation, with those in ‘independent’ Hyderabad where the state was the driving force in the reform of *unani* *tibb*. He describes and analyses why and how *tibb* reinvented itself in these different contexts. This was done with the objective of legitimatising and demarcating *tibb* in the eyes of the public, the state and the profession itself.

In Chapter 3 and Chapter 4, Attewell concentrates on the emergence of *unani* institutions such as colleges and professional organisations. *Unani* debates on women’s reproductive health,
gendered ailments such as hysteria, and the scarcity of female unami practitioners are the main topics in Chapter 5. In Chapter 6, the hakim-patient relationship, as well as masturbation and homosexuality as national problems, are the topics under scrutiny. In this discourse, the 'weakness' of the nation and its citizens are blamed on the 'spilling' of semen through masturbation and homosexuality. This is said to damage rūḥ, the body's life force and vital spirit.

Chapter 2 deals with '...the internal dilemmas and tensions that arose around the plague outbreaks among communities of Unani practitioners' (p. 51). Here Attewell looks at the diverse ways in which hakims brought their ethical medical agendas to the public. He treats the plague, which broke out in Bombay in 1896 and quickly spread to other parts of British and princely India, as a moment of reform for tibb, and discusses how prominent practitioners such as Ajmal Khan (Delhi), Ghulam Nabi (Lahore) and Altaf Hussain (Hyderabad) reshape and demarcate unami during this dreadful period. Hakim Ajmal Khan, for example, not only changed the codes of tibb's literal production by using Urdu instead of Arabic as the medium for his writings on the plague, its origins and remedies, but also used the occasion to fight 'superstitious' ideas and 'irrational' medical practices that were taken by the colonial government to fight the plague. Elite hakims reworked traditional tibbi concepts and arguments with the objective to phrase their social critique and legitimate their agenda for social change. They urged tibb to break out of its parochialism by embracing '...other people's histories, experience and knowledge of disease' (p. 65), and wanted tibb to adopt western knowledge where they considered tibb deficient, which included surgery, anatomy and midwifery. In the writings of Hakim Ghulam Nabi from Lahore, who was trained both in unami tibb and western medicine, the bacteriological notions of western medicine and miasmatic unami theories were reinterpreted and integrated with the objective to argue the plague's contagious nature and defend the measures taken by the colonial government.

Another example of such a reinterpretation is Hakim Altaf Hussain, also from an elite family of unami practitioners, who worked for the Hyderabad government when the plague hit its subjects. When he pleaded for vaccinating and segregating plague victims, Altaf Hussain employed the rationale of classical tibb that recommends the prevention and curing of disease by means of strengthening the body's innate healing capacity. Hakim Altaf Hussain uses the occasion to heavily criticise the so-called 'advertising tabibs', e.g. practitioners who advertised their patent plague remedies straight to the public without recommending the patient to consult a hakim first. Altaf Hussain wanted to strengthen the authority of scholarly hakims from elite families and did this by heavily criticising practices and products of unami's commercial popular sector. Indeed, hakims used the plague—as well as other diseases such as malaria, cholera and influenza—to redefine their profession and to start a dialogue with the public on matters such as social customs, disease causation and therapies.

In Chapter 3 and Chapter 4, the striving of hakims to refigure unami tibb in the eyes of the government and the public is discussed. They sought equivalence with colonial western medicine through the emulation of professional models, such as the establishment of unami colleges, professional organisations, hospitals, dispensaries and drug research and manufacturing units. In Chapter 3, the establishment of colleges, the self-representations of hakims, and the related issue of unami as a marker of culture and community, are the topics that concern Attewell. He devotes much attention to the interesting genre of almanacs that contain the (self-) representations of hakims. These biographical directories (taskirah) provide us with information on who was considered to be a good hakim and what was seen as authentic unami practice. We see that modern markers of prestige, such as holding a degree from one of the freshly established unami colleges.
or being successful in the manufacturing and sales of *unani* patent medicines, did not replace older markers of prestige such as belonging to an established line of hakims, having access to trusted and well-tried family recipes, and being part of prestigious *unani* networks. Although Attewell does not deny the importance of the discipline's seeking of equivalence with colonial western medicine through the emulation of its professional models such as college education, conferences and professional journals, he sees these developments as expression of the efforts of hakims to '... reclaim and demarcate the boundaries of authentic *Unani* practice' (p. 107). Apart from being an instrument for improving health, *unani* is also seen by its practitioners as a marker of Indian Muslim culture and community. When Attewell in Chapter 4 mentions '... the importance of political and professional contexts for the elaboration of programs of reform of the *unani* practice', this is seen as one of the ways '... elite practitioners negotiated authority in relation to other spheres of medical practice, to the state, and the public' (p. 149).

*Unani* as Indian and indigenous medicine (*desi tibb*) is the main theme of Chapter 4. Here *unani* is foremost identified as Indian, not as Greco-Arab or Islamic. The lens is on professional *unani* organisations such as the All India Vedic and Unani Tibbi Conference (AIUTC), which also included ayurvedic practitioners, and the striving for creating a *unani* infrastructure in the form of a network of research laboratories, dispensaries, hospitals, professional organisations and standardised curricula. The main aim of Chapter 4 is to demonstrate and illustrate '... the importance of political and professional contexts for the elaboration of programmes of reform of the *unani* profession' (p. 149). Hakims deemed it necessary to make good use of India's rich medical plant resources and the achievements of modern pharmacology when they wanted to enhance trust in the worth of *tibb* in the eyes of the public and the authorities. Improving the quality of *unani* medicines was seen as crucial for turning *unani* from a local and heterogeneous practice into a standardised form of national medicine. Gradually, work began on the standardisation of *unani* formulas and the banishment of poor quality remedies. The *unani* magazine *al-Hakim* saw the fact that hakims held on to their secret family recipes and the ignorance of *unani* druggists as reasons why the improvement of *unani* 's pharmacopoeia did not materialise (p. 185). *Al-hakim* is one of the periodicals on which Attewell bases his conclusions. His command of Urdu deserves our admiration and he skilfully weaves his English translations into the body of the text while he provides us with the original Urdu quotes in the footnotes.

In Chapter 5, the lens is on women, their diseases and their role in practice. In west Asia, where *unani* has its roots, only men were its practitioners and patients. Attewell shows that this changed when Indian social reformers such as Ajmal Khan and the female sultans of Bhopal reworked *Unani* ideas on health and (ritual) hygiene and brought these into line with modern scientific ideas on public health. The home, sanitation, and a 'gendered' disease such as hysteria, as well as female ailments such as amenorrhoea and leucorrhoea, were claimed as sites for *unani* theory and practice. Also in these domains, elite practitioners restructured *tibb* knowledge to fit their agenda for social change and the uplifting of the Muslim community. Hysteria was seen as contingent upon the institution of *pardah*. According to Attewell, this was the first time that social and housing conditions were blamed for diseases like hysteria and the prevailing weakness of children.

In Chapter 6 hakim-patient relationships, as they find their expression in question-and-answer rubrics in *unani* journals of the 1920s and 1930s, are discussed. Together with popular newspapers and magazines, booklets and pamphlets, these media provided a platform for interactions between hakims and the public. Hakims used these media to carve out new niches for authoritative *unani* practice such as sexual ailments and gendered diseases. Arabic concepts are reinterpreted and reworked and became part of a hybrid *unani* discourse in which British ideas about sanitation, hygiene and sexuality are appropriated and incorporated into scholarly and popular
unani humoral discourses. Within a newly developed and hybrid unani discourse, the general and fluid Arabic concept of hifz-i sihat (literally, the preservation of health), for example, gets a very specific meaning (p. 217). Case histories, editorials and articles published in unani magazines such as al-Hakim, al-Maith and Rafiq al-Asib and elsewhere, are analysed. Next to the minor and chronic ailments of daily life and proper seasonal regimens, these question-and-answer columns frequently discuss sexual (mis-)conduct and public fears about its assumed implications such as individual and social weakness. Today sexual and reproductive health are important domains of unani expertise and practice. My own study on contemporary unani shows that many of the medicines that can be found in the 1995 therapeutic index of Hamdard, the world’s largest manufacturer of unani medicines, are indicated for the treatment of male sexual and reproductive problems. Medicines are marketed as devices for the treatment of impotence, involuntary loss of sperm, nocturnal emissions, premature ejaculation, and ‘looseness’, ‘weakness’ and ‘deformation’ of the ‘reproductive male organ’. From the beginning of the twentieth century onwards, unani and other Indian medical traditions like ayurveda claim authority on matters of sexual, social and national weakness (kamzori) as a result of (post-) colonialism, defected modernisation and the consumption of fast food, alcohol and western medicines. In an ethnophysiological discourse, the somatic, social and the national bodies become linked. Here the private and the public, the home and the nation, are knitted together. Attewell critiques the separation of the public and the private in some of the academic discourses on modernisation in India. He disagrees with Partha Chatterjee, who argues that Indian modernity is mainly confined to the public domain and leaves the private aspects of Indian life relatively untouched (see p. 236). Attewell shows that such a division is too analytical and artificial.

English, Urdu and Arabic texts such as archival records, pamphlets, monographs, minutes, reports, articles and treatises published in the professional and popular media, are Attewell’s main sources. His study is, however, not informed by oral history. He has not interviewed relatives of key players in the reworking of unani in late colonial India and he has not spoken to contemporary unani practitioners and scholars who are, in one way or the other, connected with the refiguring of unani tibb in late colonial India. Interviewing them brings in developments within unani and Indian society at large that took place after independence. This puts the refiguring of unani in late colonial India into perspective and helps with the interpretation of the textual materials from the first decades of the nineteenth century. The past does not mechanically condition the present but shows itself clearer when we take the present into account. Social-historical and social-cultural studies of contemporary Indian medical traditions should go hand in hand.

We lack good studies on contemporary unani and though studies like that of Attewell help us to understand the current state of affairs within Asian medical traditions such as unani, we are in need of good ethnographic studies to get a better grip on their current state. Rigid disciplinary barriers between the history of medicine and medical anthropology block such a promising interdisciplinary collaboration. When ethnographic and social-historical studies enrich each other, the knowledge that results from such an interdisciplinary undertaking will go beyond their separate achievements. For example, post-independence developments show that there has been a reconciliation between elite scholarly hakims and those who do not come from elite backgrounds but are successful manufacturers of unani patent medicines. At the end of the twentieth century, hakim Abdul Hameed, who originated from a Central-Asian business family and made Hamdard into a thriving unani manufacturer, became the chancellor of the prestigious and scholarly Aligarh Muslim University. In the late colonial period, such a reconciliation had not happened, but rudiments of such a development were already visible. With this knowledge in hand, social-historians could increase their sensitivity towards unani, and other forms of Asian
medical traditions, as commercial activities. This could ground their analysis. Another important theme that could profit from such an interdisciplinary collaboration is the fact that at the beginning of the twenty-first century, it is ayurveda that stands for Indian medicine.

In Chapter 4 of his book, Attewell discusses unani’s representation as India’s national medicine at the beginning of the twentieth century. This poses the question about unani’s loss of national status and its eventually diminished popularity in a period marked by Hindu nationalism as was the case in India during the last two decades of the twentieth century. Can we read the establishment of a separate research council of unani medicine that took place in 1978 as a step in a longer process of unani’s marginalisation? What about the link between Indian identities and its medical traditions? Do Indian biomedical physicians more easily associate themselves with ayurveda than with unani? It is my conviction that we are better equipped to answer these questions when historical and contemporary social studies work together. Another point of critique is that in his study of tibb’s refiguring, Attewell does not problematise the fact that he takes the perspective of urban-based elite hakims as his lens. This leaves unanswered developments in unani at the local level; in the practices of herbal healers who work in small towns and villages and who associate themselves with unani tibb. However, my points of critique are conditioned by Guy Attewell’s excellent study and good craftsmanship as a writer. He has done a terrific job and produced a fascinating and well documented book in which he treats unani practitioners as skilful agents who are actively refiguring their profession. He therefore puts into perspective historical studies on Indian medicine that see developments within unani tibb as just derivates of larger social-historical and social-political developments.

Maarten Bode
University of Amsterdam