A timely, significant contribution to the anthropology of pharmaceuticals, Stefan Ecks’ *Eating Drugs* is an engrossing, sometimes chilling, book that combines analysis of cultural knowledge about food and the body—specifically the ‘cool’ mind, the ‘hot’ belly, and the process of digestion—with detailed ethnographic insights into how such knowledge impacts the pharmaceutical industry in Āyurvedic, homeopathic, and biomedical contexts. Ecks argues that each of these systems of medicine use different metaphors to describe drug effects, though ideas from each ‘shade into one another, with sometimes paradoxical results’ (p. 9). A prime example is Calcutta doctors’ use of the term ‘mind food’ (*moner khabar*), leveraging popular notions of eating and digestion to describe psychopharmaceutical drugs. Ecks convincingly argues that doctors’ use of this metaphor to persuade patients to take drugs relates to popular notions of health that transcend any single medical system. For doctors keen on patient commitment to drug regimens, this is a positive outcome. Ecks is careful to show, however, that the idea of ‘mind food’ as a metaphor transcending all systems breaks down under careful scrutiny. Its use also raises ethical concerns, as it leaves patients largely unaware of the risks associated with treatment.

Chapter one is a wellspring of insights into popular knowledge about the mind and the belly, providing an impressive introduction to Bengali idioms loaded with religious, philosophical, and social meaning. Ecks discusses notions of ‘heat’ and ‘cool’, not only as they relate to the mind and belly but also as they relate to religious practices, gender, and class, providing nuanced ethnographic insights for the specialist that will also be very useful to readers with a limited knowledge of India.

In chapters Two–Four, respectively examining Āyurveda, homeopathy, and psychiatry, Ecks contributes significantly to our understanding of how India’s virtually unregulated pharmaceutical marketplace and the consumer model of healthcare impact practitioners of different medical systems. Rich in narratives drawn from interviews and observations of clinical practice, each chapter reveals how doctors see a combination of factors—modernity, greed, pollution, floating prescriptions, doctor shopping, polypharmacy, and patient expectations, to name a few—changing the way medicine is learned and practised.

Ecks’s interviews highlight how individual providers imagine themselves within the history of their own traditions, and how they justify, or explain away, the gap between their ideal method of treatment and their actual practice.
They also reveal the complex ways in which general practitioners (GPs), vaidyas, homeopaths, and psychiatrists alike are complicit in the mass commercialisation and consumption of pharmaceuticals. Each chapter documents different varieties and degrees of participation. One particularly striking example of this variation can be found in Chapter Four. At a ‘depression awareness workshop’ hosted by Pfizer, the world’s largest pharmaceutical company, an Indian psychiatrist is hired to present a ready-made PowerPoint on depression and the best Pfizer drugs to treat it to a group of GPs. While the advertised intent of the workshop is to ‘empower’ patients by educating GPs on how to use a new diagnostic tool involving a patient questionnaire, Ecks soon discovers that neither the Pfizer representatives nor the lecturing psychiatrist thought using this tool was a good idea for Indian patients. They did not bring even a single copy of the questionnaire to distribute to the GPs. That the actual intent of the workshop was to provide the GPs with a fancy lunch and encourage them to prescribe Pfizer’s brand of sertraline, a drug used to treat depression among other things, is not particularly surprising, but the unabashed candour with which the representatives informed Ecks that using the new tool with patients was not really the point of the workshop was illuminating (pp. 154–6). Such poignant examples, which highlight the almost casual nature of psychopharmaceutical prescription in Calcutta, are paired throughout with careful analysis of language, context, and significance for Ecks’s larger narrative. The breadth of experiences covered in these chapters, as well as the organisation of each, makes them engaging to the specialist and accessible to the general reader by mixing ethnographic accounts of drug-prescription tactics with data on the history of each medical system, its prevalence in Calcutta, and the space it occupies in the popular imagination.

Another point of interest is the book’s insight into how class and education impact doctor-patient interactions across medical systems from the perspective of the provider. Ecks observes that concepts of digestion and ‘mind food’ are drawn upon regardless of class; however, upper-class patients were often given more information regarding their condition and were in some cases perceived as being better able to communicate their condition to the provider. Lower-class patients were often addressed differently because of the possibility for misunderstanding or fear of stigma. It would have been helpful, though methodologically tricky, to see the extent to which patients’ assessments of these interactions—away from the gaze of the provider—challenged the stereotypes put forth by the providers. Such information would help us to understand better how patients view themselves within the changing pharmaceutical marketplace.