
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 skillfully 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 refiguring. 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 refiguring 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,