It is, indeed, a good idea to publish an edited volume on indigenous responses to (Western) medicine in colonial India. As noted by David Arnold 20 years ago, the status of Western medicine in India in the early twentieth century was ambiguous. On the one hand, it was still struggling to establish itself beyond a small elite. On the other hand, by 1914 it seemed to have ‘taken off’ and become part of a new cultural hegemony among influential sections of the Indian population (Arnold 1993, 1–4). Part of the reason for this ambiguity was the existence of strong indigenous medical traditions in India, and the field of medicine can easily be seen as part of Partha Chatterjee’s famous ‘inner domain’—also formulated 20 years ago—as a sphere of sovereignty where the idioms of the coloniser were not allowed to enter (Chatterjee 1993, 6). As stated in Neshat Quaiser’s contribution to the present volume: ‘The domain of medicine was, perhaps, the most compelling site for the articulation of sentiments against the claims of superiority of Western knowledge’ (p. 123). Contesting Colonial Authority has interesting things to say about this, but obviously it does not provide any definite conclusions.

Writing about Portuguese Goa—admittedly a special case—Christiana Bastos finds interaction, syncretism, and ‘an intense flow of knowledge’ between indigenous and Western traditions (p. 17). Other contributions put more stress on the competition between indigenous traditions and Western medicine. Poonam Bala writes informatively—but without adding much new insight—on the connection between Ayurveda and Indian national identity, and Madhulika Banerjee reveals how Ayurveda had to come up with ‘creative responses’ to the challenge from Western forms of knowledge (p. 35). Among the results were the commercialisation and standardisation of Ayurvedic medicines. Unani was, in Neshat Quaiser’s account, used as a site from where Western superiority could be challenged; but it was itself not unaffected by Western medical knowledge, and Unani’s tibbi institutions reorganised their curricula, finances, and modes of examination under its influence. Any simple notion that indigenous traditions were championed by the nationalist movement is countered in Shamshad Khan’s important article, which convincingly argues that the nationalist elites only supported indigenous medical traditions half-heartedly. These elites were consumers of Western medicine and ‘never fully convinced of the value of the indigenous systems of medicine’ (p. 72). In
this way, Khan’s analysis can fruitfully be read in continuation of Bala’s broader account mentioned above. Seán Lang’s analysis of the reception of Lady Dufferin’s Fund—intended to bring medicine to Indian women—completes the impression of a field full of ambiguous relations: the Fund’s critics ‘did not want less Western medicine to be available; they just wanted more Indians to be administering it’ (p. 92). In colonial India, it seems, it was rarely a question of simply being for or against the ‘medicine’ brought by the colonisers.

There are also contributions to this volume that appear to address the ‘contestation’ of colonial authority in less direct ways. Valuable in themselves, articles on the education of female doctors in Burma, by Atsuko Naono, and on fever in nineteenth-century Bengal, by Arabinda Samanta, say in fact more about the colonisers’ constructions of the colonised than they say about the way the colonised responded and ‘contested’ the authority of the coloniser. Finally, Shrimoy Roy Chaudhury seeks to illuminate the ‘pre-history of daktari’ (or colonial medicine) from the vantage point of the inauguration of a charitable dispensary in Bengal in 1913 (p. 52). His is a complex argument written in a somewhat opaque language, and much of the argument is unfortunately lost on this reviewer.

The contributions to this volume are generally short; a feature that makes them brief investigative incursions, rather than substantial analyses. Most importantly, however, no effort is made to relate the findings in the contributions to each other or to the field as such. There is no conclusive essay, and the introduction is vague and vapid. It groups together ‘integration, cooperation, authority, collision, and resistance to sanitary reform’ as ‘forms of resistance’, but what—then—is not resistance (p. xvi)? As a general conclusion, the introduction offers ‘that the indigenous population became an active agency of understanding traditional forms of knowledge, and also of the colonial hegemonic ideologies’ (p. xvi). It is not clear what exactly this means. Despite some variation in the quality of the articles in this volume, they deserve a better attempt to reflect on the intriguing issue of medical contestations in colonial India.

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