

could not be applied to “drugs” such as marijuana, which was seen to be always already bad, no matter how responsibly it was used. Similarly, in Catherine Carstairs’ article on heroin users in postwar Vancouver, we see a drug that has been categorized as decidedly “lower class” pilloried by authorities. However, in her stimulating analysis she demonstrates that this discourse of demonization actually served as a positive incitement to community formation among heroin users. Cast out from society, these people came together over their shared addiction and its attendant lifestyle, and found through this a means through which to establish resistance to the dominant classes.

The collection also includes thoughtful and illuminating discussions of the “politics of psychedelic experience” in the 1960s (Erika Dyck), the uneasy relationship between addiction treatment centres and the criminal justice system (Dawn Moore), the curious gender politics of tobacco use (Sharon Cook), the anti-drug campaigns of the 1960s (Marcel Martel), and the more recent emergence of so-called “club drugs” (Kyle Grayson), none of which are less than fascinating.

One wishes that the collection could have found a way to address the clearly relevant history of the development of “dry” communities across Canada, especially on reserves, and the way that some localities have taken policy and regulation into their own hands. Aboriginal peoples are not mentioned here much at all, despite the fact that in many cases throughout the history of Canada they have been both wracked by issues associated with addiction and, crucially, on the front lines in developing strategies for dealing with the presence of drugs (both licit and illicit) in their communities. Although one hesitates to criticize a book for what it doesn’t do (especially when it does so many things, and so well), one finds this blind spot to be fairly conspicuous and disappointing.

Although we still await a successful synthetic monograph on this subject, this collection goes a long way toward filling a yawning gap in our scholarship. Highly informative, carefully constructed, and politically provocative, the articles in this volume should find their way onto many Canadian history course syllabuses in the years to come.

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Nationalizing the Body: The Medical Market, Print and Daktari Medicine

Projit Bihari Mukharji

New York and London: Anthem Press, 2009, xiv + 351 p., US\$100.00 (hardcover), US\$40.00 (softcover)

Daktars have remained the ubiquitous companions in the lives and deaths of hypochondriac middle-class Bengalis. Projit Bihari Mukharji’s intricately textured pioneering history of *daktari* medicine is a very important contribution to the rich corpus of cultural histories of nationalism in colonial Bengal. This book performs the ambitious and much required task of tracing the distinct vernacular career of imperial medicine in Bengal. Like David Arnold, Gyan Prakash and Warwick Anderson, Mukharji combines insights from postcolonial studies and the social histories of science and medicine. *Nationalizing the Body* is destined to have a very long life in the library shelf and the student reading list. It would sit

significantly beside the recent explorations of “vernacular” cultures of medicine by Seema Alavi, Guy Attewell, and Kavita Sivaramakrishnan, as well as Ishita Pande’s work on the entangled trajectories of race, liberalism, and biopolitics in colonial Bengal.

The word *daktari* signifies a range of engagements of the Bengali middle class with modern medicine. In the introduction and chapter one Mukharji explains the many connotations of the word. Although *daktar* is a vernacular Bengali form of the English word “doctor,” Mukharji refuses justifiably to define it in terms of a specific, inflexible profession, but analyzes it more as a fluid identity, a label, and an aspiration. Mukharji analyzes a crowd of perceptions of and about various layers of Bengalis associated with the medical establishments of the state. Bengali *daktari* sources comment on the worlds of postgraduates of the imperial Calcutta Medical College, hospital assistants, upstarts practising without a licence, and those known as dressers, compounders, hospital mates, apothecaries, matrons, nurses, sub-assistant surgeons among others. While physicians like Tamiz Khan or Gohur Khan continued being referred to as *daktars*, Mukharji shows how since the late 19th century the word “*daktars*” began to acquire various neo-Hindu associations. This book does not adequately draw upon the writings of the *saheb daktars*, Bengali writings of the homoeopaths, or the English writings of the Bengali *daktars*. This apart, it performs commendably the task of examining the life-worlds of “anyone who would have been accepted by contemporaries as having been a daktar” (p. 7).

To appreciate these varieties, Mukharji delves into an enviably exhaustive range of sources. The deeply layered Bengali medical archive has been explored here in unprecedented detail. To emphasize on the recurrent peculiarities of *daktari* writings he draws on Bengali medical texts, literature, illustrations, satires, almanacs, manuals, advertisements, periodicals, and especially cheap texts representative of the *bot-tola* genre. At the same time, this work, especially in the second chapter, examines the ways in which this heterogeneous archive was put together. Cultures of *daktari* were deeply associated with the politics of the production of these sources. Mukharji thus shows how the histories of *daktari* and the Bengali print market were inseparably intertwined.

Subsequent chapters analyze how pathological categories like contagion, plague, cholera, and a “syndrome” (*dhatu dourbalya*) figured in *daktari* narratives. This was obviously not a simplistic process involving the transparent internalization of bureaucratic perceptions and protocols. Mukharji reveals, on the contrary, how the *daktars* proposed alternative ways of defining, understanding, and negotiating these pathological challenges. Such narratives, this book argues, were shaped as much by the exigencies of the “vernacular” markets in print and drugs, as they were informed by the affective impulses of emotion. Further, it situates *daktari* talk on questions such as contagion, plague, cholera, etc., as material sites where the nation, as an idea and a reality, was “actualised.” Here Mukharji goes beyond discourse analysis to invoke selectively theoreticians of materiality particularly Bruno Latour, and Gilles Deleuze and Felix Guattari.

This book speaks in multiple voices in relation to the histories of nation and nationalism. At certain moments it seems to critique succinctly the ways in which nationalism simultaneously appropriated and produced an “emotional matrix” (p.23). In others it appears to legitimize the nation as the exclusive

claimant to a reified domain of affect. It seems to establish an immediate and inevitable relationship between the domains of the vernacular, the emotional and the national. In so doing, it naturalizes the nation by proposing a straightforward conflation of the spheres of affect, emotion, and nationalism. Because of its predominantly nation-centric focus, this book does not map the limits to which nationalism subsumed the health-related practices shaped by affect, emotion, vernacular and “difference.” Further, more could have been said about the specific temporal and spatial contours of the “nation” which surfaced in *Daktari* writings. Were these manifestations of Bengali nationalisms? Did they conjure up broader notions of a singular India? How did the “Bengali national body” (p. 113) relate to contemporary cultures of Indian nationalism?

One of the many strengths of this book lies in the fact that it effectively contests binaries which have for long been considered dichotomous, such as scientific medical rationality and popular religiosity, imposition and resistance, indigenous and the western, erudite and the popular. At the same time, it dismisses the illusion of an analytically flat world by revealing how *daktari* writings represented alternative cosmologies and chronotopes. While exploring this theme of difference, which constitutes the heart of this book, Mukharji in turn reinforces a newer set of binaries: empire and nation (p. 251), vernacular archives and official sources (p. 27), English and Bengali, the statistical and the emotional (p. 182). While this book occasionally alerts us to the “complex realignment of multistranded traditions...” (p. 197), it is much less emphatic about the overlaps and symbiotic interrelationships between these apparently incommensurable categories. In projecting the vernacular world as recalcitrant and messy, which “does not conform to the demands of the state” (p. 112), this book often reduces the state itself to a domain of “artificially imposed sense of coherence and conformity” (p. 27). The links between imperial and national formations are often much more glaring than Mukharji would allow. While staging the “vernacular,” nation-making processes inherited from empire not merely institutions like the museum, census and maps but also statistics, the stentorian “logic of control and order” (p. 251), and their solidarities with global capital.

While stoking these minor criticisms, this book inspires various questions. It shows how the *daktars* diversified narratives of colonial modernity by engendering the multiple careers of seemingly objective pathological entities. It sensitizes the reader to the fact that by deploying a language of intimacy and community, *daktari* narratives caricatured, reworked as well as firmly entrenched “factishes” such as cholera, vitamins, nitrogen, plague, germs, contagion in Bengali public culture. One can be certain that *Nationalizing the Body* will remain a crucial reference point not just for the histories of medicine in South Asia but colonial medicine more generally.

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