



Nationalizing the body, the medical market, print and daktari medicine, by Projit Bihari Mukharji

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To cite this article: Burton Cleetus (2009) Nationalizing the body, the medical market, print and daktari medicine, by Projit Bihari Mukharji, South Asian History and Culture, 1:1, 155-159, DOI: [10.1080/19472490903387324](https://doi.org/10.1080/19472490903387324)

To link to this article: <http://dx.doi.org/10.1080/19472490903387324>



Published online: 05 Jan 2010.



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REVIEW ESSAY

Nationalizing the body, the medical market, print and daktari medicine, by Projit Bihari Mukharji, London, Anthem Press, 2009, 351 pp. (hardback), ISBN 1-84331-315-4

Nationalizing the body is a new look at the introduction of western medicine in colonial India and the way in which it was received within the indigenous society. It is often believed that western medicine backed by state patronage often curtailed the growth and development of indigenous medicine in India and that the relationship between the two streams of practices was often marked by ‘encounter’, an argument that finds significant presence in the studies on knowledge forms and practices in an age of nationalism. Mukherji negates the idea of ‘encounter’ so prominently inherent in the literature on western therapeutic intervention; instead he states that indigenous practitioners of western medicine relocated the practice within the indigenous society by negotiating it through localized therapeutic categories in its dissemination. In fact he attributes the success of the popularization of western medicine to its representation through localized healing methods rather than maintaining its alien characteristics.

Such an analysis of the representation of western medicine in India presents an interesting example of how western knowledge forms and cultural practices came to be represented in a colonial setting. This book is about the indigenous practitioners of western medicine who under colonialism in the early nineteenth century rose from the status of hospital assistants and helpers to acquire important positions of responsibility. Known as ‘daktars’, these practitioners of western medicine, who in their evolution as a distinct identity by creating a new body of literature, terminologies and practices in their evolution of *daktari* medicine, present us an interesting case study of the dissemination of western medicine in India. As David Arnold remarks, the ‘successful’ dissemination of western medicine in India was possible largely through its indigenization. Western medicine could not be introduced in the subcontinent as a replica of what was practised in Europe; rather it was guided by the practical needs of the colony as well as the specific conditions of the subcontinent. Hence in its colonial setting medicine never acquired the form that accompanied its establishment in Europe; rather its influence was renegotiated in multiple ways where different healing techniques and practices often functioned independently and intermittently within their distinct spheres of influence.

As the author argues, the book is an enquiry into the ways in which ‘western medicine produced new kinds of subjects, identities, objects, spaces and how these came to be organised within a complex and shifting matrix of power and resistance’ (p. 12). Often negated as quacks and quackery, the daktars find negligible presence in official records and colonial official archives. Projit questions the politics of the official archive itself and seeks to figure out how western medicine and its dissemination took place at a popular level. He argues that daktari practitioners in their attempt at the creation of a distinct identity sought to carve out a new niche within the broad paradigm of western medicine in India. This he seeks to trace by going beyond the conventional English language archives

and official files to understand how a community of practitioners who had at certain points of time yielded considerable status and influence came to be marginalized in official records, archives and histories. Thus, he questions the very 'politics of the archive that recognizes or distances a particular knowledge form or practice terming it as insignificant to the larger history' (p. 32). Exploring the trajectory of the emergence of daktari medicine he argues that, in colonial societies, western medicine did not evolve as a means of exercising power and control in the creation of *the subject* as argued by Foucault. Instead the dissemination of 'western medicine' was often constrained by the contingencies of spaces, cultures and histories of the indigenous societies. Hence in the age of nationalism indigenous practitioners of western medicine redrew spaces and identities so as to command legitimacy within the indigenous society. Thus in the formulation of an indigenous version of the practice daktars became not merely practitioners at the fringes of western medical practice, but rather important proponents of its dissemination in India. The author argues that western medicine therefore did not confine itself to the status of state medicine; instead in its introduction in India it repositioned itself in accordance with the ideological needs of the nineteenth-century indigenous society.

As the introduction of western medicine was accompanied by colonialist concerns, which in turn spurred on nationalist revival, its reflection found an overbearing influence on the evolution of the practice. Daktars intimately associated themselves with the nationalist sentiments, and many of them, by the closing decades of the nineteenth century, became active participants of the national movement. This nationalist affinity, in turn, shaped the way in which western medicine was conceptualized, the terminologies framed in defining the body, its ailments and the ways in which cure was imagined to be made possible. Thus a new language of western medicine came to be constituted, enabling the indigenous world of medicine to be read into it.

Deemed to be subordinates in the domain of western medicine, practitioners of daktari medicine constantly claimed that they were not merely mimic men following a fringe version of western medicine, but instead they sought to locate themselves as cardinal and internal to the functioning of western medicine in India. Twin commitments guided such ideological formulations as its proponents constantly sought to locate themselves in relation to both western medicine and popular notions of the body and illness associated with indigenous therapeutic practices. Such a conceptualization of western knowledge forms and their representation within the indigenous society was not confined to the sphere of western medicine alone; rather therapeutic renegotiation was one among the multiple trends of the larger story of nationalism that emerged under colonialism.

Drawing on the lives of daktars like Tamiz Khan, who was an active member of the National Indian association for social progress in India, or the likes of Annadacharan Khastagir, who was actively engaged with the Brahma Samaj, the author traces how the idea of the national body and the loss of its vital energy led to the same being perceived as being subordinated under British colonialism. Rational critique of the social practices, therefore, through the aid of science and rationality, became their fundamental concern. Exploring the life of daktars from Khan Moulavi Tamiz Khan Bahadur (?–1882) to Narendranath Datta (1884–1948), the author examines how the social base of the daktars widened and in the course of time came to yield significant power, support, legitimacy and confidence among the general public.

As daktars evolved as a community and daktari medicine emerged as a significant practice, a large amount of print literature emerged and came to be circulated, enabling them to communicate with fellow practitioners and with the general public. The circulation of print and their engagement with the general public ensured a long-term relationship

leading to constant renegotiation of the diagnostic and therapeutic practices of western medicine. Print did not merely popularize an institutionalized version of western medicine, but rather in its reach to the wider audience localized practices were incorporated within the literature as it had to be articulated through the language of the wider society, whereby existing localized healthcare notions and beliefs gained renewed importance. Such a translation of western medicine into a popular vocabulary might also have been driven by a desire to cater to the wider market. Hence in the articulation of the national body indigenous vocabularies figured prominently in daktari literature and print. The vibrancy of the print led to the production of a large number of cheap prints for the larger public. Large numbers of cheap prints flooded the market by incorporating indigenous versions of disease categories, drawing notions from culturally rooted elements on ailments and cure prevalent among the general public, thereby underlying the fact that western medicine could not have been introduced in India as its European synonym; rather it had to be indigenized in the process of its dissemination.

Tracing the history of the emergence of daktari medicine, the author argues that by the eighteenth century Indians had engaged with western medicine as assistants by collaborating with their English counterparts as 'black doctors' and compounders. As daktars increasingly engaged with the health needs of the indigenous society there was a corresponding increase in the official recognition within the colonial bureaucracy. This was seen in a change in their designation as assistant medical surgeons from that of hospital assistants. Such change also signified a rise in their social status within the fraternity of medical practice, which was reflected in the 1820s when daktars were employed in containing epidemics like plague and malaria. This rise in status and position of the assistants, therefore, was accentuated by the contingencies of British colonial governance. After the establishment of the government dispensaries daktars were encouraged to investigate and innovate at the local level to write reports about their findings. Thus at least till the 1820s the disciplinary boundaries between western medicine and the indigenous medicine were not rigid; instead the usages, practices and the formulation of therapeutic knowledge were often shared and overlapped.

Mukherji attributes the emergence of daktari identity itself to the writings of orientalisists like F.J. Royle, T.A. Wise and F.J. Mouat. In their conceptualization of the indigenous medicine such writers drew heavily on the Sanskrit texts like Charaka samhita, Susrutha samhita, etc. and thereby conceptualized all localized healing techniques to be part of the singular whole identified as Ayurveda to be representing the 'Hindu medical system'. While nationalism was also a representation of a revived religious identity, it was quite natural that even indigenous practitioners of western medicine readily sought to fall back upon the ancient texts in their attempts at garnering social legitimacy. This systematization of Ayurveda as representing 'classical science', articulated through Sanskrit texts, drove daktars in formulating their nationalist and cultural concerns around the newly constituted textual tradition and popular language of localized healing techniques even when they practised western medicine.

Explaining at length the emergence of the idea of contagion in the era of nationalism, Projit argues that 'infection' as a leading cause of the disease came to be understood as being a result of both physical and mental weakness. This articulation of bodily weakness found its parallel in the idea of 'national weakness', which subsequently led to the loss of political and economic power under colonialism. In the era of nationalist consciousness physical weakness came to be imagined alongside economic and political weakness. The cause of Bengalis being afflicted with diseases was seen in relation to the economic advancement achieved by the Marwari and hence replacing the supremacy of the Bengali.

Hence sub-nationalism and the emergence of sub-nationalism(s) had a major impact on the shaping of therapeutic understandings. Mukherji argues that in Bengal the crisis of Bengali masculinity had quickly blossomed into a full-blown project for the development of masculine, virile strength. The project of regaining this virile strength, both physical and mental, for the daktars, was therefore also a project of regaining the national bodies under colonialism, similarly rural romanticism and a critique of urbanization, that was often seen to be a by-product of British colonialism, figured prominently in the daktari discourses as is seen from the debates concerning the issue pertaining to the adulteration of milk. As the author puts it, 'the milk of one's own cow' came to symbolically represent the dual quests for both physical comfort and social status. However, by the closing decades of the nineteenth century daktari literature started to address the rural life with a certain amount of criticism. This was also linked to the swadeshi movement that accompanied the partition of Bengal where a new 'nation' based on an idealized version of the village emerged. Thus, the changing discourses on ailments, health, hygiene and cure were interconnected to the socio-political movements that were occurring outside the contexts of therapeutic concerns. Nevertheless in the formulation of the idea and practice of contagion in all its numerous forms the human body became a productive site for the elaboration and actualization of the nationalist project. In short, the author argues that the vernacularization of western medicine and the actualization of the nation were produced through a process of double articulation in which both processes enabled the unravelling of the other.

The most vibrant articulation of such nationalist concerns came to be manifested in the debates on the plague epidemic. Forcible search and quarantine created social dissent around which different positions on plague became largely a political issue. However, the overarching understanding of the disease was that even though plague remains a contagious disease it cannot affect a healthy body and a healthy body can resist a number of contagious diseases. Similarly anxieties about the physical weakness of the Indians as the primary cause of the spread of contagious disease also meant a concern for 'racial weakness' under colonialism. Cultural symbols came to figure prominently in the articulation of the plague epidemic as has been seen from its constant reference to religion. Authors like Gupta equated plague germs with *Raktabij*, the demon whose severed head Kali's idol is seen to hold in her hands. Similarly folk healing techniques were integrated as ways of addressing the plague epidemic. Thus the intensity with which plague spread and the concerns which it generated created a public discourse and led to the vernacularization of western medicine, whereby cultural ideologues and daktars actively participated in the creation of new socio-religious identities and its remaking.

Analysing the cholera epidemic, the author seeks to know how the nature of the epidemic contributed in generating a public discourse among indigenous practitioners on the ways in which the epidemic could be addressed through indigenous therapeutic means. Practitioners of western and indigenous medicine borrowed extensively from indigenous knowledge about indigestion in formulating means at its cure. This was because, unlike plague, as indigestion was the principal symptom of cholera, such an understanding found easy parallels with indigenous therapeutic understandings on disease causation that gave primacy to digestion or lack of it as being the fundamental cause of diseases. Daktari practitioners therefore borrowed extensively from textual sources of Ayurveda in identifying that indigestion resulted from bodily and mental imbalances and hence became active participants in the discourses on healthcare by reviving older social memories and older indigenous names. While cholera figured as *Bishuchika* in the Indian context, the stress on addressing it centred on prevention rather than its cure and the attempt in most cases was to increase the physical and mental strength so as to counter it. Hence, in the understanding of

the disease the categories of cholera remained regional in character. The traces of such nativization of the epidemic could be traced extensively in the native archives while the government archives become silent on such undercurrents. Thus what constitutes the archive is itself mediated by the politics in which the archive comes to be constituted, through exclusion.

Weakness as being the cause of disease gained prominence in daktari writings. *Datu Daurbalya*, in its new context, emerged as a culture-bound syndrome with a culturally determined pathological category which was alien to modern medicine, largely framed around the idea of semen loss through urine, overindulgence in sex, etc. This loss of *dhatu* or vital energy that dominated daktari literature also emerged from an attempt to control desires and thereby discipline the body both physically and mentally. But beyond the dynamics of the market, the idea evolved from the way in which the loss of vital energy and the need to preserve it came to be understood under colonialism. Such loss came to be articulated fundamentally as a moral degeneration, thus situating the *dhatu* and its drain as a cultural loss. *Datu Daurbalya* came to be situated through individual perceptions of bodily weakness, social ascriptions of *bhadralok* impotence and body-political projects and debates over political empowerment of the *bhadralok*.

The daktar as a significant social category therefore evolved over time from being subordinate assistants of western medicine to a socially significant category. Their emergence ran parallel through the manner in which self, identity and nationalism came to be constituted under colonialism. In the formulation of a distinct identity for the daktars a print literature emerged, where concerns about the loss of health, as a result of the degeneration of the vital energy resulting from moral and ethical weakness, emerged. This loss was also deemed to be a political loss, so prominent an idea under colonialism. Thus the author seeks to locate the functioning of western medicine as an alien practice against the indigenous healthcare means; rather a forceful argument is made to find how a new group of practitioners of western medicine emerged, whose practices and ideas often transcended the indigenous ones and the western.

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