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Book Reviews



Projit Bihari Mukharji

2009, *Nationalizing the Body: The Medical Market, Print and Daktari Medicine*, London: Anthem Press. Pp. 368. £60.00 ISBN 9781843313151

Twenty years after the publication of David Arnold's *Colonizing the Body*, Mukharji's *Nationalizing the Body* provides a counterpoint to a history of colonial medicine focused on disease and biomedicine, and a critical perspective on the historiography of medical knowledge and practice in South Asia. The key word in the title of this book is 'daktari', which signifies tensions, ambiguities, and paradoxes in the way in which local knowledge about health and the body takes shape in a colonial context. Daktar is the vernacularisation of the English word 'doctor' and thereby signifies the way in which Western medicine was integrated into various forms of local practice and correlated with an array of different kinds of knowledge about the body, disease, and health. The focus of the study is on daktari medicine in Bengal between 1860 and 1930.

Mukharji's analysis is complex and heavily layered, drawing on and critiquing a broad range of scholars to make theoretical arguments on a number of different levels. The writing is often dense and expansive rather than clear and concise, but this is inevitable since the point is to get readers to think against deep-seated preconceptions. The argument is counterintuitive and dialectical, breaking down the logic of cultural essentialism with convincing evidence that daktars are not poorly-trained doctors of hybrid medicine on the margins of empire, but practitioners whose vernacularised version of Western medicine is constituted through social networks of authorial practice. This takes shape within the parameters of a distinct print market niche, primarily at the lower end of the broad middle-class spectrum. Therefore the argument has significance beyond the case of colonial Bengal. Although it is pitched at a high level, and prone to constantly question and second-guess conclusive generalisations, the book is nevertheless well worth the effort, and full of keen insights, thought-provoking interpretations, and rich historical documentation.

As the title would suggest, the argument in *Nationalizing the Body* is that medical knowledge takes shape in practice in ways that cannot simply be understood in terms of hegemonic forms of colonialism or standard, binary dichotomies of power and resistance. Nor can the transmission of medical knowledge be understood simply in terms of systemic hybridisation, since to do so would presume that it 'travels' as a packaged set of hierarchical ideas and practices. Silenced by master narratives and overshadowed by the large volume of easily accessible material in imperial archives, marginalised forms of practice such as daktari are in fact central to a history of medicine, provided the 'centre' is understood as a dialectical field of mimetic reflection rather than a fixed coherent cultural entity with essential, bounded characteristics. Mukharji's dense, complex and intricately detailed analysis ultimately focuses on the refraction of the daktar in the doctor and the doctor in the daktar—that is, on the mimetic constitution of knowledge and practice in relation to power—even though his focus is on the lives and experiences of flesh and blood individuals working in the shadows of the Indian Medical Service, and their claims to knowledge as recorded in the vernacular archive.

Nationalizing the Body is divided into six chapters with an introduction and a conclusion. The organisation and structure of the chapters reflects both the logic of the argument and the dialectical structure of the analysis. Chapter one could be read as a biographical overview of the career of representative daktars, and yet it both does this and shows how the designation 'daktar' encompasses a range of practices that cannot easily be compartmentalised. As Mukharji points out, biography in a descriptive mode works against the politics of typological categorisation, showing that vernacularisation has its own logic, although that logic is neither in the control nor consciousness of any given person. Chapter two examines the relationship between the production of medical texts and the formation of the daktari designation in public discourse. Here a survey analysis of 'cheap prints' shows the didactic character of vernacularisation as well as the interpenetration of knowledge across registers of wealth, 'sophistication', and cultural 'refinement'. Chapter three focuses on discourses and practices concerning the idea of contagion in medical knowledge and public health. In essence, it shows how fluid, protean conceptions of health and multi-causal understandings of disease produced an alternative epistemology of contagion that 'pushed back' on forms of medical practice intent on colonising the body. Thus, daktari medicine nationalised the body by reconfiguring solutions to the problem of contagion, and, in some sense, reconceptualising the problem itself in relation to public health.

Chapters four to six extend the analysis to an understanding of three kinds of medical crisis or problem, the plague epidemic, endemic cholera, and a

syndrome known as *dhatu dourbalya*. Thus, each chapter focuses on a different kind of medical problem and the role of *daktars* in shaping and being shaped by the crisis of an epidemic, and the colonial government's response; the political economy of an endemic disease, and the market of curative options it generates; and a syndrome with complex cultural meanings that are linked to ideas about sexuality, masculinity, and power. Critical of a formulation in which the local is understood to simply respond to that which is cast as a 'global' disease, Mukharji shows 'how "locally" specific responses could also shape the identity of the disease itself' (p. 147). Thus, *daktars* are shown to play a key role in mediating knowledge and practice at a local level where the global is reconfigured. This argument is extended into the analysis of cholera showing how 'the Bengali *daktars* fashioned their own distinctive discourse and practice around [this endemic disease]' (p. 180). Most significantly, however, Mukharji presents a strong and convincing argument for how this discourse was structured by an economy of alternative treatment options, clearly showing the dynamic relationship between cultural conceptions of health, organic bodies manifesting symptoms, and the material articulation of treatment in relation to the medical market place.

The case of *dhatu dourbalya* is fascinating and complex, linking together discourses and practices about weakness, vitality, and sex that cross and confound the global/local spectrum—as well as the mind/body spectrum—making it difficult to conceptualise cultural meaning in terms of any delineated system of medicine, be it Western, patent, Ayurvedic, or Unani. Drawing on Deleuze and Guattari, Mukharji characterises *dhat* syndromes as exhibiting a 'rhizoid reality'. The contingent, random, regenerative structure of rhizomes provides a way to think past binary distinctions, linear history, and essentialised cultural categories. What it produces is a perspective that takes seriously a truly astounding array of ideas and practices concerning the problem of lost vitality and embodied weakness—and the question of what constitutes a symptom—ranging from Sufi interpretations of tantric principles and practices to *daktari* interpretations of spermatorrhoea in relation to patent medicine formulations, to the interpretation of dreams (in both Vienna and Bengali villages), to the problem that different interpretations of humoral theory reflect the influence of Galen, Avicenna, Caraka, and Tissot on Bengali conceptions of the body, while complicating any attempt to sort these influences out. As soon as a pattern seems to appear it is destabilised by other networks of influence. An excellent example, that epitomises the discursive and mimetic nature of *daktari* medicine, is in Mukharji's wonderful and fine-tuned analysis of the illusive relationship of distinction in the diagnoses that relate to the ejaculation of semen while sleeping. In the late nineteenth century,

Dr Lalitmohan Chattopadhyay's discussion of the syndrome shows how he draws on a wide range of sources, each with its own network of influences, to correlate 'night pollution' with *swapna-dosh*, 'two dissimilar terms with different genealogies and conceptual backgrounds'. This 'mimetically legitimised ideas in both traditions, but also altered them' (p. 236), such that the problem of *swapna-dosh* came to be understood with reference to the action of the will to control the imagination and the power of dreams. Dr Chattopadhyay's interpretation of dreams in relation to the body and the mind is but one example of *daktari* medicine in practice, as *daktari* medicine helps to put in perspective various articulations of European vernacular medicine.

In sum, this is a sophisticated and challenging book that will appeal to experts in the history of medicine and the history of modern India in particular. It is a rich and multi-layered study, full of insight and sharp thought-provoking analysis.

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