1 of 6 DOCUMENTS

Economic & Political Weekly

December 22, 2012

Vernacularising and Nationalising Medicine in Bengal

BYLINE: Mridula Ramanna

LENGTH: 1773 words

Nationalizing the Body: The Medical Market, Print and Daktari Medicine by Projit Bihari Mukharji (London: Anthem Press), 2011; pp XIV + 351, price not indicated.

Mridula Ramanna (mridularamanna@hotmail.com) is former head of the department of history, SIES College, Mumbai.

The theme of this book is daktari medicine in Bengal from 1860 to 1930. While "western" medicine in India is regarded as a wider category aligned with state medicine but not subsumed by it, daktari medicine is viewed as a narrower category, a vernacularised form of the former recovered from a variety of Bengali sources.

The author, Projit Bihari Mukharji, a Wellcome Fellow at Oxford Brookes University, explains how the term daktari caught on after 1860 and gained currency as a system distinct from indigenous medical systems. Bengal is the focus, Mukharji explicates, because it had one of the earliest medical colleges training a large number of medical personnel who took up employment in Bengal, and some beyond Bengal. The author undertakes a thorough analysis of the existing historiography of the history of medicine in the introduction and in each of the six cogently argued chapters. The book has an exhaustive bibliography, tables and illustrations.

Vernacular Medical Literature

The diversity of daktari medicine is introduced in the first chapter through an exploration of the lives of some daktars whom the author terms "forgotten pioneers". Here, the significant issue highlighted is the politics of archives - while the lives of college-trained surgeons are recorded in service records, memorial texts, and obituaries, those of hospital assistants find negligible mention in government files. Most English language records tend to see the latter group of physicians as anonymous statistics or as half-trained quacks. Yet, surgeons at the top tier of the medical hierarchy and hospital assistants at the bottom were equally vital for the development of daktari medicine.

The second chapter examines the growth of publishing and printing in Bengali. Publication of medical books in Bengali grew exponentially in the second half of the 19th century. These included medical textbooks in Bengali for Calcutta Medical College students studying to become Vernacular Licentiates in Medicine and Surgery (VLMS) or hospital apprentices for the subordinate medical services through a shorter course. Bengali medical publications also included homeopathy textbooks and medical vocabularies. By the 1880s and 1890s, an increasing use of "western" medical terms like "malaria" or "nerves" is noted. Interestingly, there were treatises written by daktars on particular areas of specialisation, like women and children's diseases or venereal diseases, based on their hands-on experience. Medical periodicals were not profitable ventures and often short-lived, but Bhisak Darpan ran for 23 years beginning 1890 publishing lists of lower medical personnel, question papers and results of intra-departmental examinations, and helped consolidate a professional identity for Bengali daktars.

Medical advertisements were another genre. These distinguished kaviraji and daktari medicines on the basis of English and vernacular names. Mukharji points out that under the influence of the swadeshi movement of 1905, "allopathic" drugs named after symbols of colonial authority began to be termed differently. The author also explores medicine figuring in literary texts.

The influence of printed books on the emergence of a vernacular identity of western medicine, the author contends, was vast but not homogeneous and its identities were situated in its dialogue with market forces.

Disease and the Body

The next chapter examines how daktars wrote about causation and transmission of disease. Though most daktars accepted the germ theory as being the root of contagion, nearly all of them subscribed to the multi-causal models of diseases. The body's power to resist disease was as important as contagion. The ideas postulated by daktars included not only biological inheritance or predisposition to diseases but also inherited cultural practices such as types of diet, dress and lifestyles that could lead to anatomical and physiological changes which could, in turn, affect susceptibility to diseases. Since colonial hegemony was constantly based on an assertion of the hypermasculinity of the colonisers, the nationalist project was to retrieve that lost manhood. The Bengali diet was faulted for the numerous problems of the Bengali people by the British. The daktari discourse on diet, Mukharji shows, drew upon both British and Ayurvedic traditions.

Another interesting facet discussed is the concept of samaj samskar, meaning to work for the improvement of the health of the local population. This is ascribed to Keshab Chandra Sen's initiative in establishing the Bharat Samskar Sabha, which predated the swadeshi movement. While samaj samskar had a political agenda during the 1905 movement, it later concentrated on constructive activities. This reminds us of the activities of the Social Service League founded in Bombay1 in 1911, which had as one of its aims the dissemination of knowledge of better domestic and public hygiene and sanitation. The chapter concludes with the assertion that sanitary education became entwined with projects of Hindu upper-caste hegemonisation and nationalisation of the body. Daktars believed in the individual's capacity to resist contagion and this led to a focus on the individual's subjective capacity to change his lifestyle. Sanitation was recoded as a defence against contagion, which became the crucible for the nationalisation of the body in the daktari discourse.

Case Studies

Chapters four to six are detailed case studies showing the process of daktari medicine acquiring a distinctive identity as a vernacularised form of "western" medicine, and a loose affective community was given concrete shape as a nation. Plague is the first of these studies. During the plague epidemic of 1896-98, daktars had to find a way to oppose plague measures without demolishing "medical science" and to reimagine the relationship between allopathic medicine and the state. It was within these two challenges that the pressure to vernacularise allopathic medicine was strengthened further.

Mukharji opines that for daktars the diagnosis of plague was subjective. While British doctors tended to concentrate only on the body of the patient, daktars looked at the case within a particular spatial context, like the patient's house and the homes he may have visited before being stricken by plague, and advocated seclusion of the patient at home rather than hospitalisation. Based on the premise of prevention rather than cure, the discourse now emphasised the power of resistance. Ideas about religious identity and worship through medico-social caring are seen to have been developed both in Vivekananda's "sanitary" mission launched in 1899 and in the oral traditions of popular Bengali Islam. The contention here is that the Bengali response could not be understood in terms of power versus resistance but involved a more complex process of the cultural translation of medical modernity. Mukharji argues that the bhadralok (Bengali gentry) in Calcutta, who were socially marginalised through the influx of non-Bengali communities, recast their social superiority not through power but through the "loving care" of everybody.

With regards to cholera, the theme of the next case study, while Bengali writings focused on individual cases and the mode of treatment, English writings debated the modes of transmission and looked on it as a "disease of disorder". Daktars targeted individual patients and since they did not have the power to compel them to follow rules, used persuasion instead. It is necessary to mention here that in western India too, medical practitioners used persuasive methods to promote the plague prophylactic and "sanitary instruction".

From the 1920s, daktars adopted new practices for combating cholera through techno-scientific strategies such as vaccination, injections, etc. Mukharji shows that in the treatment of cholera, Bengali medical practices were heterogeneous - kaviraji, homeopathy and allopathy overlapped and legitimised each other. Though the bhadralok prided themselves as rational beings, daktars enthusiastically incorporated "folk" remedies in their line of treatment. At first, the claims as to which system of treatment was superior or more efficacious for cholera were not settled but from the 1880s homeopathy was claimed to be more effective than allopathy or kaviraji. The chapter concludes that the medical market in cholera, because it was both endemic and caused such harm, led to innovation, competition and, importantly, appropriation of "marginalised" cures.

"Dhatu Dourbalya" is the theme of the sixth chapter. Doctors thought of it as a composite of multiple complaints and it seems to have meant weakness or debility. Mukharji opines that from the very beginning dhatu dourbalya was driven by a medical market that sought to objectify and substantiate racial weakness. Advertisements claiming cures for dhatu dourbalya appeared between 1890 and 1920, examples of which are provided as illustrations.

Conclusions

The world of daktars did not remain unchanged; their social roles, educational training and professional designations changed during the period of this study showing they were not a homogeneous professional group. A few of the valid conclusions drawn in this book are noteworthy. Lay readers of daktari publications acted as a weight towards a constant engagement with things patients could do themselves to cure or prevent disease. The other point made is that by emphasising inter-systemic dialogue while strengthening the perceptions of daktari as being distinct from kaviraji and homeopathy, daktari medicine could also renegotiate diagnostic and therapeutic strategies. Finally, it is argued that though the idea that the body had the capacity to resist disease prevailed even into the 1930s, daktari medicine began to use diagnostic gadgets and pharmaceutical interventions, thereby objectifying the patient and marginalising his/her will.

This book is an important contribution to the rich historiography of south Asian medicine. However, the reviewer was disappointed that only a brief reference was made to Haimabati Sen whose autobiography is a significant but rare voice of the subordinate medical practitioners in colonial India.

Note

1 The names Bombay and Calcutta are used as the cities were then known. They have since been renamed Mumbai and Kolkata, respectively.

LOAD-DATE: December 24, 2012

LANGUAGE: ENGLISH

PUBLICATION-TYPE: Magazine