

leads to nothing less than the paradigm shifts in which medical theory and practice went hand in hand with a transformation of the professional identity of physicians.

doi:10.1093/shm/hkr012

Advance Access published 16 February 2011

Barbara Orland

University of Basel

Projit Bihari Mukharji, *Nationalizing the Body: The Medical Market, Print and Daktari Medicine*, London; New York: Anthem Press, 2009. Pp. xiv + 351. £60. ISBN 978 1 84331 315 1.

In *Nationalizing the Body*, Projit Mukharji presents a meticulously researched construction of the identity of *Daktari* physicians, or Indian practitioners of Western medicine, through the late nineteenth and early twentieth century in British Colonial Bengal. With new and compelling views and evidence, Mukharji's revisits a critical theme in the history of medicine in the colonial context. Namely, what is 'colonial' about colonial medicine? He makes a case therefore for moving beyond the frame of the colonial 'encounter'. His work carefully maps the discursive spaces that were created not only through the representations of the *Daktari* practitioners as they publicised their practice in an emerging medical market and through a burgeoning vernacular press, but also through images of them seen through the eyes of colonial administrators, patients and the popular press.

The significant historical question in this book is how are identities socially constructed and Mukharji draws initially on biographical narratives of well-known *Daktari* physicians, their responses during epidemics of the plague, cholera and 'syndromes' to reconstruct the shifting locus of their social origins and their challenges to colonial medical interventions during epidemics. He thereby reconstructs a fascinating world, where the seeming boundaries of 'legitimate' and 'illegitimate' medical 'systems' and their therapeutics and practice are blurred and being constantly negotiated. By tracing the construction of *Daktari* learning and its mobilization, Mukharji explores contemporary debates that straddled the realms of the public and domestic spheres, definitions of what comprised 'indigenous' and 'foreign' as well as interpretations of colonial authority. He thereby demonstrates the multiple ways in which Western medicine began to forge a distinct space and identity and in turn reflects on the ambivalent ways in which colonial authority was 'seen' and addressed.

Mukharji begins with an unusual and original theme; by tracing the biographies of *Daktari* lives and telling through this cast of actors the changing context of professional and social origins, urban-rural networks, the shifts in colonial health services and education policies, the rise of private colleges and how ideas, technology and medical markets were mutually shaping each other in this period. This beginning is vital and co-opts the reader into identifying with a small but vital cast of actors that appear throughout the rest of the book. Physicians such as Khastagir and Narendranath are introduced at the outset and their work and engagements wax and wan through the latter part of the narrative.

The core of the book lies in the reconstruction of the efforts by *Daktari* physicians to 'nationalize' or make less alien their medicine. He explores the dialogue between *Daktari* and indigenous medical practitioners such as Ayurvedic healers and traces an active intellectual dialogue sustained between practitioners such as through *Daktari's* deployment of Ayurvedic notions of *Din-Chary* or daily routine. He also explores the efforts by *Daktari* physicians to undertake translation projects of Western medical texts in a manner as to give importance to 'one's local experience' and argues that this demonstrated a re-appropriation of Western medicine based on careful, critical understanding of

local context and needs. *Daktari* physicians also became closely engaged with addressing contemporary anxieties regarding the Bengali constitution and its 'difference'. Building on work by scholars such as Sinha, Alter and others Mukharji traces this project—of building and recovering Bengali masculinity—and the ensuing debates on diet, the 'strength–weakness' dialectic and discussions on susceptibility and contagion.

Some parts of this work, often at the beginning of various chapters, involve the author addressing a wide range of academic debates and writings. Some of these responses become distracting, since his passing critiques of various writings seem provocative but are somewhat hurried and could do with greater elaboration and precision. His discussion of the work of Bashford and Hooker in the beginning of a critical chapter on the plague, for instance, is interesting in that it challenges notions of contagion in the West and its focus on total hygienic confinement. However, it seems somewhat taken out of context since the argument made by Bashford and Hooker is made very much in the context of transitions in the post-AIDS and SARS world of contemporary Western public health fears of re-emerging infections and the cultural imagination of epidemics and their 'global' eradication, rather than as a general theoretical framework.

This is, however, not meant to be a criticism of what is a significant and definitive contribution to this field and Mukharji's work is promising in its analytical insights about identity formation and knowledge construction in colonial society.

doi:10.1093/shm/hkr013

Kavita Sivaramakrishnan
Harvard University

Ishita Pande, *Medicine, Race and Liberalism in British Bengal: Symptoms of Empire*, Abingdon: Routledge, 2010. Pp. xx + 257. £85. ISBN: 978 0 415 77815 2.

This monograph is a refreshing attempt to break with the contemporary trend within South Asian medical history of moving away from the study of state medicine. The attempt to cross-fertilise medical history with the emerging critiques of liberalism is also commendable. Ishita Pande's ambition is to use medicine as a 'fruitful archive for the analysis of the relationship between the colonial state and its modern subjects' (p. 1). Beginning with the familiar question of 'what is colonial about colonial medicine?' ('the problem of difference'), she categorically 'refuses to focus primarily on the *difference* between the colonial and the modern' (p. 6). This allows her to explore the 'reconciliation of modernity and colonialism' (p. 8), thus enabling two manoeuvres. First, 'the silenced term of race' is 'restored ... from the domain of family secrets to the realm of history' (p. 9). Second, the colonial state is seen as a biopolitical state. It is, Pande argues, the erasure of 'race' from the historiography of the colonial state in South Asia that has allowed its continued figuration as a state where the universal normalising tendencies of modern power remained inchoate. Instead, 'race' and its intertwining with liberalism (understood as 'an activity', not an ideology, p. 13) allowed the universalism of modern medicine to co-exist and even constitute the regimes of exclusion engendered by colonialism. The final component of Pande's argument is that the biopolitical nature of this power led to its normalising trends 'being seized by the Bengali [*sic*] as a form of modern self-expression' (p. 14). This threefold argument is worked out and demonstrated in four parts comprising a total of six chapters, an introduction and an epilogue.

Pande's prose is lucid and easy-to-read. Uncluttered by too many citations (as first books of authors often are), the sparse use of primary material alongside the occasional detailed discussions of anecdotes such as the 'after-life' of Rammohun Roy's skull, evidences an intellectual confidence rare in a new scholar. Amongst the areas where