

Biswamoy Pati and **Mark Harrison** (eds), *The Social History of Health and Medicine in Colonial India*, Routledge Studies in Asian History (London: Routledge, 2009), pp. xiii + 242, £85.00, hardback, ISBN: 978-0-415-46231-0.

This book presents the latest research in the field of social history of medicine and health in colonial India. As the introduction makes clear, it seeks to intervene in long-standing debates on the nature and characteristic of public health/state medicine, the role played by institutions such as hospitals and asylums in implementing public health policies, discourses of race and medicine and the previously largely neglected connections between international diplomacy and British-Indian medical policy. The collection is eclectic; articles here range from a re-assessment of Ranald Martin, the nineteenth-century British physician who revised James Johnson's text on tropical medicine, to quarantine policy in the Middle East and Central Asia, as well as accounts of the reinvention of Ayurveda in theory and advertising. The introduction effectively problematises the themes and therefore provides cohesiveness to the volume.

In his assessment of Ranald Martin's *Medical Topography* (1837) Partho Datta traces the emergence of public health in Bengal, the first colonised province in India, to the reforming zeal and utilitarianism of nineteenth-century Britain, and argues that this reformism created the space for a public culture of hygiene and sanitation. It is an intriguing argument, although convincing only in parts. It would have been interesting to know how Martin's undoubtedly important text was received by the Indian élite, the Bengalis, and to what extent it informed contemporary *bhadralok* culture in Bengal. A harder look at how the text was received by the state in colonial India would also have been helpful, because medical authorities in colonial India were often marginalised within official policy and practice. Mark Harrison's chapter focuses on racial pathology and

argues that while the study of morbid anatomy was restricted in Britain due to regulatory mechanisms, it flourished in the colonies and therefore provided opportunities for clinical pathology that were not available in Britain itself. He also argues persuasively that this encouraged networks of knowledge between Britain and the empire and that medical authorities such as James Johnson and William Twining's works provided significant shifts in discourses of racial pathology.

Saurabh Mishra's chapter on medical policies enforced on the *Haj* pilgrimage to Mecca and Sanchari Dutta's on British-India's sanitary policies in Central India provide a much-needed perspective on international diplomacy and quarantine policy. Both argue that political expediency determined the scale of medical intervention and the implementation of quarantine policy – an argument that has been made for medical policy within India itself. A similar argument is made by Amna Khalid whilst reviewing subordinate sanitary service that was primarily responsible for sanitation at the largest pilgrim site within India, the *Kumbh Mela*. Both Mishra and Khalid make pertinent points, but their arguments do not situate either the colonial state or the sanitary workers within a larger social and political history and the sites of conflict. It is evident that medical policy was informed by social and political constraints; the chapters, however, do not succeed in contextualising medical practices within the social history of colonial India. Paradoxically, it appears from the two papers that medical policy in British India functioned autonomously.

Waltraud Ernst, Biswamoy Pati and Samiksha Sehrawat have explored the functioning of colonial medical institutions: asylums and hospitals for lunatics, leprosy patients and soldiers. Their conclusions are varied, but generally they seem to agree that while legislations were uniform, their implementation in different institutions was contingent and diverse.

Projit Bihari Mukharji and Madhuri Sharma explore facets of indigenous medicine: specifically Ayurveda. Mukharji argues that indigenous knowledge of plants was reworked to marginalise 'subaltern' knowledge of medicinal herbs and therapeutics and privilege Sanskritic, elite forms of medical knowledge in the process. This argument about the marginalisation of the vernacular and the privileging of classical texts, language and culture in colonial India, has already been made, Mukharji extends this to Ayurvedic texts. Madhuri Sharma has provided a fascinating glimpse of Ayurvedic medicine and its re-invention in the form of medical advertisements in local newspapers in north India. She argues that while European medical companies created a consumer culture for the emergent medical marketplace, the loss of traditional networks of patronage prompted some Indian practitioners to produce Ayurvedic drugs for a wider market and compete with the European drug companies.

Overall, the strength of this volume is its broad range that demonstrates the enormous diversity of themes and subjects in the history of medicine of colonial India. Not all the articles are of the same quality and only some directly address social history. Most chapters are studies of medical and sanitary policy or textual analyses of key texts.

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Sloan Mahone and Megan Vaughan (eds), *Psychiatry and Empire*, Cambridge Imperial and Post-Colonial Studies (Basingstoke: Palgrave Macmillan, 2007), pp. ix + 243, £45.00, hardback, ISBN: 978-1-4039-4711-6.

This is not the first edited volume to gather historical essays on psychiatry and colonialism. It does, however, contain some very good new research. It also provides some helpful confirmation of observations in previous work. These include, for example, the opinion that colonial psychiatric

institutions were more often reluctant and desultory responses to social problems than they were instruments of grand schemes for social control. And, while colonial psychiatrists may have given expert imprimatur to racist theories of 'the native mind', they reflected racist ideologies more than they were instrumental in creating them; this theme is not new to this volume, though there are some really remarkable examples in a number of the chapters of how colonial culture compromised the vision of psychiatric theory. A number of the authors also echo previous work in disavowing the utility of applying Foucault by noting, for example, the lack of 'great confinements' in colonies, an observation co-editor Megan Vaughan made in her pioneering original work on the subject.

There is some significant new ground broken in this volume. Shula Marks contributes a chapter on psychiatric nursing, a topic relatively neglected by historians of psychiatry, and not only in colonies. Marks's chapter, titled 'The microphysics of power', actually illustrates how many of Foucault's insights about the dynamics of knowledge and power may be relevant to colonial contexts, however much those contexts may differ from those in European metropolises – about which Foucault's empirical foundation was always shaky, anyway. Richard Keller explores therapeutics in the Maghreb as a laboratory for French psychiatry, exploring the blurry line between therapy and control – themes developed further in his recent monograph. Shruti Kapila provides a nuanced exploration of the reception of Freud in India, showing how psychoanalytic ideas were selectively appropriated, not only as theories of the mind, but as reflections of varied orientations toward both religion and the Indian nation. And Hans Pols's chapter on psychiatric constructions of the 'native mind' in the Dutch East Indies goes further than many previous treatments in exploring how colonised people responded to these ideologies.