

power of spiritual forces existed in both medical cultures. Ideas about mental illness further linked Europe and Africa as diagnoses of banzar – the psychological affliction of longing for home, derived from the Kimbundu word banza – emerged from the dungeons of the Atlantic slave trade and middle passage voyages during which many enslaved people suffered intense depression and committed suicide.

Healing Knowledge in Atlantic Africa pushes historians of medicine to consider Atlantic Africa as a dynamic intellectual zone within the early modern globe. Franciso Buitrago's list of herbal remedies from Arvore da vida is included as an appendix, and is a valuable text for appreciating the commingling of medical traditions in early eighteenth-century Angola. Kananoja's discussion of individuals like Peter, Duffa and Betsy Heard provides an opportunity for scholars to consider the Atlantic African foundations of early modern science. Kananoja's narrative engages a considerable archive of manuscript and printed materials, as well as material culture. One wonders to what extent their primarily textual research might link up to investigations into the colonialist histories of institutional repositories like academic herbaria, gardens and seed vaults. Kananoja's book is a valuable addition to early modern histories of Atlantic African medicine, and will be of particular interest to scholars of West and West Central Africa, Atlantic history and global histories of scientific exchange.

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Sunil Pandya, *Medical Education in Western India: Grant Medical College and Sir Jamsetjee Jejeebhoy's Hospital* (Newcastle upon Tyne: Cambridge Scholars Publishing, 2019), pp. xxiv+561, £70.99, hardback, ISBN: 9781527518056.

The East India Company Act 1813, also known as the Charter Act 1813, was an important landmark in the history of the Company rule in India. Although it renewed the charter issued to the British East India Company, the Company's commercial monopoly was ended except for the tea and opium trade and the trade with China. The proponents of liberalism were behind this abolition of the Company's monopolistic trade regime. The liberals also incorporated a clause in the East India Company Act of 1813 allowing the Governor General-in-Council to spend not less than one lac (ie. 100 000) of rupees for the promotion of knowledge of the sciences among the inhabitants of the British territories of India. It marked the beginning of, however humble, the British efforts to educate Indians. It naturally led to a heated debate between the Anglicists and the Orientalists over the kind of education best suited for the British patronage in India. This debate eventually settled with the historic Macaulay's minute of 1835 wherein the Anglicist opinion prevailed over the Orientalist outlook.

Incidentally, much before the Macaulay's minute the Governor of Bombay, Mountstuart Eliphinstone (1819–27), made serious efforts to communicate to the natives of India 'a vast store of the useful knowledge' possessed by the English (p. 64). This led to the establishment of the first Native Medical School on the island of Bombay in 1826 with Dr. John McLennan as its superintendent. However, this experiment turned into a blunder as by 1832 not a single student was deemed qualified by the Superintendent although more than 2000 rupees were spent on each of the seventy pupils admitted to the school till that date (p. 72). In such a circumstance, the Government of Bombay was forced to shut down the Native Medical School on 20 June 1832. The future of western medical education in India was now in limbo. However, with the appointment of Robert Grant – whose liberal father, Charles Grant, was the key figure behind the inclusion of the clause of expenditure on education in the Charter Act of 1813 – as Governor of Bombay in 1834, the question of education of Indian doctors in western medicine resurfaced.

Robert Grant in his minute dated 5 March 1838 not only reviewed the fate of the Native Medical School examining the detail reasons for its failure and inherent defects, but also emphasised on the

necessity of making further efforts in this direction in the light of poor education and ignorance of the mass of native practitioners trained in indigenous healing systems. This paved the way for the establishment of a medical college in Bombay in 1845 which, according to Pandya, was superior to those in Calcutta and Madras. In this pursuit, Grant received the enthusiastic support of the Parsi philanthropist Jamsetjee Jejeebhoy who single handedly donated an entire hospital to complement this college. The present book by Sunil Pandya charts the historic journey of these two institutions, the Grant Medical College and Sir Jamsetjee Jejeebhoy's Hospital, as graduates from these institutions, trained in scientific medicine of the highest standards, went on to serve their fellow countrymen with distinction.

As the book delineates, the journey of the aforementioned institutions was never so smooth. Pandya, in fact, exquisitely captures how against great odds these institutions proved their mettle. In this course, Pandya simultaneously explores a range of topics such as the foundation ceremonies of the two institutions, administration of college and hospital, rules and regulations, scholarships and prizes, analysis of students admitted to the Grant Medical College, popularity of graduates of the Grant Medical College among the citizens of Bombay and eventually deterioration in standards of Grant Medical College. It also includes an interesting eye-witness account of the college and hospital in 1850 by Dr. Julius Berncastle (pp. 217–19). Besides all this, Pandya towards the final part of the book also briefly discusses later developments in Bombay including medical education of women (pp. 303–28), creation of the Bombay Medical Council that led to the Medical Council of India (pp. 353–60), foundation of the various medical colleges in India up to 1912 (pp. 361–62) and some events of medical importance elsewhere between 1845 and 1867 (pp. 363–70).

However, the book lacks analytical rigour and engages excessively in paraphrasing from the primary sources. Owing to its paraphrasing tendency, the book appears more as a source material for future research on the related theme. Some of the propositions put in the book visibly lack in-depth analysis of the topic and simply reiterates colonial vision as contained in the archival sources. The discussion on indigenous medicine may be taken as an example in this context which falls short of going beyond the colonial viewpoint on these systems. Moreover, on occasions, the author fails to go beyond the celebratory account of the persons engaged in the establishment of the medical college and hospital. As for instance, nowhere in the book, the author mentions about the notorious ways of earnings of Jamsetjee Jejeebhoy and he simply deems him as a noble Parsi philanthropist. Here, it is noticeable that Jejeebhoy made huge fortunes in the illicit opium trade with China which eventually constituted the main source of his wealth. Furthermore, the chapterisation pattern may also appear somewhat annoying for some of the readers as there are as many as forty-four chapters in the book altogether. In fact, the majority of the chapters do not go beyond five or six pages.

Nevertheless, keeping in mind the fact that the genre of institutional history, especially that of academic institutions, is still not very popular among the historians of modern India, the present volume is a welcome initiative. It exquisitely marshals the archival sources, private paper collections, personal memoirs and so on to tell us the history of medical education in western India in general and the history of Grant Medical College and Sir Jamsetjee Jejeebhoy's Hospital in particular. The appendices covering biographical notes on persons influencing medical education in Bombay Presidency (pp. 371–466) and the first beneficiaries of medical education in the Grant Medical College (pp. 467–502) may also be of particular interest for those interested in this theme. In the end, the Cambridge Scholars Publishing deserves accolades for turning the manuscript into a well-produced book.

Saurav Kumar Rai Research and Publications Division Nehru Memorial Museum and Library, New Delhi, India doi:10.1017/mdh.2021.33