

Book Reviews

Poonam Bala (ed.), *Medicine and Colonialism: Historical Perspectives in India and South Africa* (London: Pickering and Chatto, 2014), pp. 225, £60.00, hardback, ISBN: 9781848934658.

This collection of essays contributes significantly to our understanding of the process of colonialism in India and South Africa. Though not meant to be a comparative study, parallels of immense importance can be drawn in the context of medical intervention by the colonialists into the indigenous societies and the kind of interaction and engagement that followed. From the quite recent occurrence of the HIV/AIDS pandemic in South Africa, the collection moves back and forth in time and has a wide range of coverage both temporally and geographically.

The first two essays by Poonam Bala and Steve Phatlane, though set in two different time frames, deal with the engagement of indigenous medical systems and biomedicine and how the former held its sway in the face of the latter's onslaught for the large part of the indigenous population. It is interesting to note how Phatlane, in discussing a recent disease phenomenon like HIV, has looked back on the colonial experience in assessing the role of indigenous medical practitioners in the context of sexually transmitted disease.

The third essay, by Russel Viljoen, is a very interesting one which deals in detail with how the indigenous medical tradition of the Khoikhoi in Cape of Good Hope responded to the coming of the European traders, Indian slaves and colonial doctors. The author shows how, on the one hand, the coming of Europeans exposed the colonies to the onslaught of a number of diseases, and, on the other, 'transformed the perceptions of [the] colonised population on issues regarding public health' (p. 46). The politicisation of disease and sanitation in the context of the smallpox epidemic not only changed the medical discourse of the colony but also destabilised its social and political structure. In this context the author discusses how the coming of the colonial doctors exposed the 'black body' to a 'gaze' which marked the beginning of anthropological justification of the racial superiority of the colonisers. For the Khoikhoi, Western medicine remained alien and bewitching and most of the indigenous population depended on the native doctors for their treatment, continuing their age-old traditions.

The next chapter, by Samiparna Samanta, marks a thematic shift by discussing the importance of epizootics in shaping the colonial discourse on veterinary science, public health, nutrition and *bhadralok* anxieties in colonial Bengal in the late nineteenth and early twentieth centuries. In the context of meat-eating habits, the author has shown how rinderpest emerged as a 'site of contestation' and diverse tension.

The next three chapters deal with the issue of plague, which has already garnered a lot of academic attention. But here plague is analysed from a different perspective. Howard Phillips discusses a hitherto less explored side of the Mahatma during the Black Plague in Johannesburg. With a brilliant narrative of the events leading to Gandhi's awareness of pneumonic plague and his emergence as a leader in Johannesburg, Phillips critically revises his sources in exploring Gandhi's response to the disease. In comparing the contemporary writings of Gandhi with his description of the same events in his autobiography in 1923–1924, the author not only underlines certain disparities

and omissions, but tries to unravel the rationale behind them. Quite contrary to our understanding hitherto, the author brings out how Gandhi's racial class and caste prejudices, which he is almost reticent about in his autobiography, furthered the colonial divide of the non-whites and kaffirs. It is shown in this essay how his experience in South Africa was represented in his autobiography to serve his political and personal interest as the leader of the masses in India.

The spread of the disease generated quite different reactions in different societies, and the urban social history of plague in the colonial urban centres is taken up by Natasha Sarkar. Transformed through 'industrialisation, global trade expansion and immigration', the urban and port centres of Bombay and Cape Town were exposed to the spread of the ghastly disease at the turn of the nineteenth century. Beginning with a broad overview of the spread of the disease, Sarkar connects how the understanding of plague was marked by colonial ideas of sanitation – or rather lack of it – in the colonies. One of the methods adopted for checking the spread of the disease was the segregation of the non-white 'insanitary native inhabitants' from the white population and relocating them at a distance, away from central locations. It is pointed out by both Phillips and Sarkar that such relocation was not only marked by racial superiority but also reflective of the marginalisation of the native population in their access to medical care. It is in this context, Phillips, Sarkar and Viljoen show how, in spite of THE forceful penetration of Western medicine into colonial societies, the indigenous practices held sway and continued to serve the majority of the native population.

Katherine Royer deals with a different but interesting aspect of plague, discussing how the influence of the Plague Research Commission led to the 'observations made about the disease in both nineteenth century India and medieval Europe' (p. 101). In the context of the role ascribed to rats in the transmission and spread of plague, the author shows how the Indian Plague Commission report blamed the insanitary and filthy condition of the colonies for the spread of the disease. However, it was the Australian experience in 1900 that changed the role of the rats in the spread of the disease by raising its 'profile' among plague scientists. The Plague Research Commission focused in 1905 on the centrality of the role of rats in the spreading of plague, and this, the author argues, changed the historiography of the Black Death (fourteenth century) in the following years by revisiting it and identifying the role of rats in spite of their absence from earlier histories. Royer has critically analysed the Research Commission report not only in terms of its composition and methodology but also because of its failure to capture the nuanced view of a complex disease like plague. Very aptly titled, this essay is a strong critique of the hegemonic and dominant tendency of modern science and how it shapes medical understanding.

The impact of modern science and resultant technological developments on the medical profession and female health in the colonial setting is the theme of the next essay, by Arabinda Samanta. It was in the late nineteenth and early twentieth centuries that Western-style birthing practices and the profession of obstetrics and gynecology came to be accepted in Indian society, though only among a limited section of the population. Social and cultural taboos prevented much of female body being subjected to the 'gaze' of Western medical treatment. Highlighting the importance of the print culture, the author argues how the medical tracts were laden with cultural and social values and played a crucial role in initiating women into a new role of modernity. It is in this context, he discusses the contribution of Madhusudan Gupta and Kedarnath Das who introduced modern medical practice to cater to the health of females and in childbirth. The author traces the transformation caused by this 'enforced modernity' where biomedical

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technologies penetrated the 'private' domain and ensued 'intense social and cultural shifts'. While Samanta deals with control over the body, in the next chapter Jonathan Saha explores the colonial control over the mind in the context of criminality, psychiatry and the colonial judicial system. The clash of medical authority and penal administration is discussed in this chapter in the context of disruptive activities by lunatics during their terms as convicts. Identifying the mental health of the convicts was crucial, resulting in 'greater medical observation' (p. 136). Apprehension about the accumulation of 'unproductive and unpredictable' convicts in the penal settlements even led the colonial state to allow 'informal space for the indigenous treatment of insanity' (p. 137). Here Saha explores the contribution of psychiatry in defining and shaping state practices rather than remaining as a tool in the hands of the state.

Continuing with the theme of lunacy, Sally Swartz in her essay revisits and analyses asylum archives in an attempt to explore the 'relationship between colonial psychiatric practices and the inmates of the colonial lunatic asylums' (p. 145). Engaging with the historical tracts and textual representations is a crucial part of this volume (essays by Swartz, Phillips and Royer). Swartz in her search for the 'voices' in the archives (the Valkenberg archive is taken as an example here) identifies the censorship in the construction of the textual images often marked by racial overtones. Therefore she emphasises the rereading of these archives with a renewed awareness of such silence. Issues such as control, authority, governance and modernisation pervading the volume are dealt with in the context of medical jurisprudence in the last chapter by Jeffrey M. Jentzen. With a brief narrative about its origin, the author moves towards assessing the colonial experience both in India and South Africa. The importance of medical jurisprudence is discussed in the context of transmission of the rule of law to explore how the issues of assimilation and power play attained greater significance in the colonial setting.

This volume, with its variety of topics and the novelty of its treatment, is an enriching read and will prove provocative for future research in exploring new dimensions of colonialism.

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Louise Hide, Gender and Class in English Asylums, 1890–1914 (Basingstoke and

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The period spanning the end of the nineteenth century and the early years of the twentieth has been relatively neglected in the historiography of the asylum and mental health care in Britain. There has been a widespread consensus that the key developments in the rise and consolidation of 'asylumdom' had already occurred and that the workings of the system had become largely ossified. Louise Hide's meticulously researched book shows that this was far from the full story and that, on the contrary, it was a period of transition when interesting things were taking place even within the large institutions.

Set in its wider social and demographic context, the main evidence on which the study is based emanates from two London County Council lunatic asylums, both opened in the 1890s, at Claybury in Essex and Bexley in Kent, each designed to accommodate some two thousand patients. With class and gender as reference points, and adopting an