

Book Review-3

Madhuri Sharma, *Indigenous and Western Medicine in Colonial India*. New Delhi, Cambridge University Press, India, 2021, pp. XIV+177, ISBN 978-81-7596-923-0

In her research-oriented book titled 'Indigenous and Western Medicine in Colonial India,' Madhuri Sharma highlighted medicine and medical procedures in the context of social history, which reflected the various conflicts and complexity of social interaction encountered between indigenous and western medicines. Sharma's work is Banaras-centric in Uttar Pradesh, through which the authoress has tried to understand the medical system of the entire Indian subcontinent. In the four chapters of this book, the author explores the aspects such as patronage and professionalization of modern medical science, institutional interferences, the conflict between allopathic doctors versus indigenous medicine practitioners, and the role of pharmaceutical entrepreneurs, etc.

In the chapter following the introduction, the author explores the developments in Banaras's health and healing practices and the patterns of patronization that influenced these developments. Here she argues that patronages and endorsements came from different strata of society to introduce and popularize western medicine (Allopathic). It succeeded in coexisting with other medical systems, such as *Ayurveda* and *Unani* medicine, as western medicine had an influential place in society and the state. According to Sharma, *Ayurveda* medicine has been practiced in India since ancient times. Banaras was one of its centres because various ancient texts related to *Ayurveda* were written here. Later the region flourished as a centre of *Unani* medicine with the rise of Muslim power in northern India from the twelfth century onwards.

Sharma has also exposed in this chapter the advent of Christian missionaries and British rulers in the latter part of the eighteenth century; western medicine penetrated the entire Indian subcontinent as well as Banaras. Consequently, the penetration and dominance of western allopathic medicine and medical practice marginalized the indigenous medical practice. She has assessed the colonial government's rationale behind the introduction of western medicine and interventions in public health. According to the author, Banaras has been renowned since ancient times as a traditional epicentre of Hindu culture and Ayurvedic learning, a pilgrimage site, and likewise infamous as a hotbed of epidemics. The colonial government

identified pilgrims and travellers arriving at this pilgrimage site as carriers of infectious diseases. Because of this, the government intervened in the country's public health. The author has highlighted the British government's subtle political intentions and public health and sanitation initiatives. Here she shows that the colonial authorities realized by then that it was challenging to intervene across the social spectrum without the cooperation of local Hindu and Muslim leaders. She mentions allopathic medicine as a form of western treatment and the institutional infrastructure provided by government patronage, municipalities, sanitary commission, and public health departments. The author also points out that the introduction of lucrative stipends for studying western medicine, employment opportunities in government hospitals and clinics, and female doctors' availability increased western medicine's popularity. The author argues that the growing popularity of western medicine cannot be attributed solely to state initiatives; there were multiple reasons behind it. According to him, indigenous medicine's traditional therapeutic beliefs and superstitions did not attract the educated elite class. However, it could not thoroughly shake the foundation of existing indigenous traditional medical systems. A section of nationalists integrated *Ayurveda* into their agenda for Hindu revival and unification of Hinduism. So, Sharma's statement shows that although the indigenous medical practice was nurtured without royal patronage and public support of several educated Indians, a genre existed in society until then.

In the second chapter, titled 'Changing Perceptions of Health and Medicine: Authority, Anxiety and Attraction,' Madhuri Sharma tries to chalk out the mentality of English educated elite class about modern medicine and health awareness of society. Here she has examined a section of the English-educated emerging intelligentsia who sought to carve out a position for themselves in society. To establish her point, the author highlights the significant role of mass media, such as vernacular newspapers, journals, and especially Hindi literature, during the nineteenth and twentieth century's medical and healthcare matters. In this context, she has mentioned two popular publishing centres— the '*Nagari Pracharini Sabha*' of Banaras and Munshi Nawal Kishore Press of Lucknow. She explores vernacular Hindi literature to show that the wealthy considered western medicine a symbol of luxury and social status. The educated intellectual class and Indian health workers under the British administration took the initiative to disseminate western medical knowledge through vernacular languages to impart a correct scientific understanding of the disease, modern medicine, and health awareness among the native ordinary people. One such L.M.S degree holder from London doctor— Pandit Kali Charan Dubey, played a prominent role in public health promotion in Banaras.

On the other hand, she has shown that indigenous medical systems were gradually being overshadowed by the widespread promotion of western medical systems. To sustain themselves from the rise of medicine in the west, native physicians began to show interest in scientific knowledge as well as

knowledge of allopathic medicine. In this context, she mentioned two renowned *vaidyas* of Banaras, Pandit Gurmukh Rai, and Raisahab Vyas Tansukh, who translated medical texts from English to Hindi.

In chapter three, the author discusses professionalization in the medical system, where she observes how the social respectability of the medical

profession was a joint endeavour between the Indian and British physicians. She has also explored how the Indian and British physicians entered the struggle to attract the bulk number of consumers for their respective medical practices.

She has also explored how indigenous practitioners sought to refurbish their status and credentials by laying out their own institutional and other criteria for 'professional' standing. Indian doctors trained in western medicine identified their main competitors, the *vaidyas* and *hakims*, as quack. British and Indian allopathic doctors adopted a novel strategy to secure their interest by demanding the registration of qualified medical practitioners. The authoress has tried to highlight the discriminatory attitude of Indian allopathic doctors towards their race. In this context, she has remarked that this is why indigenous practitioners used the press as their tool to refute this charge of 'quackery' and expressed their well-informed opinion through it. On the other hand, the *vaidyas* and *hakims* wanted to maintain their existence by establishing various all-India medical forums and organizations in the first half of the twenty century. This chapter reveals the antipathy and bias towards the indigenous professional medical system.

In the fourth chapter, entitled 'Entrepreneurship in Medicine,' the author attempts to examine the capitalist character of medical entrepreneurs and pharmaceutical manufacturers. The author mentions that this chapter is divided into two parts— the first half deals with the complexity and multiplicity of medical entrepreneurship. The second half depicts the competitive spirit of market capture among the Indians and between the elite Indians and the Europeans. This chapter explores the changing nature of the 'traditional' market of medicine and the complex structure of medical entrepreneurship in Banaras. Here she has shown that municipal employees began to set up drug stores and retail drug businesses. Some of them also began to manufacture it with their labels. This chapter also explains how social mass media, particularly print media and advertisements, were used as crucial apparatuses for marketing drugs and miscellaneous medical products and attracting consumers.

In conclusion, Sharma thoroughly summarizes the nuances of social interaction and encounters with oriental versus western medicine during colonial times.

In this book, Madhuri Sharma has beautifully portrayed the popularity of western medicine, professionalization, conflict and struggle, the mentality of the elite class and the sentiments of nationalist leaders, employment opportunities for indigenous people, capitalist character, and the use of mass media to attract western medicine. Despite this, there are some loopholes in

this book. The prevalence of frequent epidemics in populous countries like India, as well as Banaras, was very high. In this case, how far was western medicine able to meet the needs of the native people and attract them? She did not shed light on that. She has tried to understand the medical system of the entire Indian subcontinent centred on Banaras. However, it must be remembered that the situation was not the same in all regions of India. The author does not mention the importance of 'pharmacopeia' in indigenous medicine. The author notes the growing trend of medicine in the west in her exploration of medicine and medical systems. She has overlooked the context in which an indigenous medicine genre was shining in active glory. Contemporary data testify that British physicians were attracted to indigenous medicinal herbs plants.

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