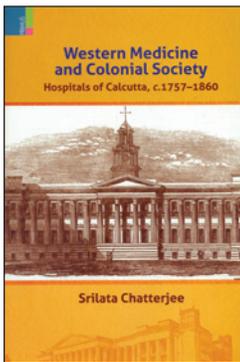


Western Medicine and Colonial Society Hospitals of Calcutta, c. 1757–1860. Srilata Chatterjee. Primus Books, Delhi, 2017. 318pp, ₹ 1195. ISBN 978–93–84092–98–6.



This well-researched book is an important contribution to the expanding field of medical history, and focuses on the development of the hospital system in Calcutta (present Kolkata), during the rule of the East India Company. Beginning with an account of hospital development in the pre-colonial period, the introduction contains a review of the writings on hospitals in colonial India. The author explains that rather than talking about western medicine and hospitals as a

tool of imperial hegemony, her work historically conceptualizes the process of creation of a social space for western medicine and traces the historical relationship between a colonial city, the process of urbanization and institutionalized provisions of medical care. Hence, the first chapter traces the emergence of Calcutta as the British capital with a cosmopolitan urban culture. While the division of the city into the White Town and the 'native' quarters was a reality, this was not a water-tight division nor was development confined to the former.

The second and third chapters focus on hospitals for Europeans. Military hospitals founded, within the European enclave, to look after the health of the army initiated the foundation of institutional healthcare. The story of the Presidency General Hospital for European soldiers, civilians, and paupers, has details about its finances, administration, patient care and methods of treatment. This hospital gave doctors of the Indian Medical Service (IMS) the space to combine clinical practice with medical research, study the effects of tropical disease on European bodies, and experiment with therapeutic treatment and drugs. The next chapter explores the birth of 'insane' hospitals for Europeans, in the 18th century. The 'insane' were provided temporary asylum and some medical treatment before deporting them to England. The Bhowanipore asylum, established as a private initiative, followed a mixed method of mechanical control and moral therapy, as and when suitable. While utilitarianism, evangelicalism, liberalism and commercial interests were key factors, the author suggests that by the 19th century, the social imperative of Calcutta being a modern metropolis created the demand for such institutions of confinement.

The next three chapters look at hospitals for the 'natives', established from the late 18th century, as a part of civic philanthropy and medical intervention initiated by European inhabitants and European medical practitioners along with the Indian elite. While it was medical charity for the poor and the indigent, which motivated the establishment of hospitals in the 18th century, when the 'Native' General Hospital and the Police Hospital were founded, in the following century hospital medicine in the city was linked to public health, urban development, the medicalization of childbirth and the aspirations of the middle class for medical education and a profession in medicine. A small hospital attached to the Calcutta Medical College (founded in 1835) was started to provide practical training to medical students. The Medical College Hospital opened in 1852, in an imposing building, in the middle

of the 'native' town. Since the functions of this hospital included multiple activities such as medical and surgical treatment, ophthalmology, lying-in care, pathological dissections and morbid anatomy, Chatterjee sees it as a change in the colonial practice of clinical medicine. Though the Medical College Hospital admitted both European and Indian patients, a policy of racial segregation in the male and female wards was followed. There was also discrimination in the expenditure on the diets and drugs, provided to European and Indian patients. However, it lived up to its purpose as a central hospital, treating all kinds of diseases. Yet by the mid-19th century, few Indian women availed of this facility.

To popularize hospitalization for gynaecological and obstetric problems, a dispensary was opened and involvement of the Brahmo leaders led to a few women taking up training as midwife nurses. Chatterjee rightly observes that development of the hospital system was an inevitable result of the growing concern for public health and sanitation among both British bureaucrats and the Indian elite. In the growing commercial and administrative city of Calcutta, an enclavist medical policy could no longer be followed. The initiative to open hospitals for Indians is attributed to European doctors, who wanted to secure their own position as a pressure group in the politics of healthcare. The government was willing to shoulder limited financial responsibility and political control so as to present a humanitarian face of colonial rule. The next chapter studies charitable dispensaries as a low cost method of providing charitable medical help, in Calcutta and its suburbs. Surgeons of the Indian Medical Service (IMS) headed these dispensaries, assisted by newly educated Indian doctors, prescribing both western and 'bazaar' medicines. This brought hospital care closer to the people. The last chapter studies 'native' specialist hospital care, including hospitals for the 'insane', eye infirmaries and lying-in hospitals.

By the end of the Company's rule, the author contends that a space had been created in Indian society for western medicine along with indigenous forms of healing and this plural medical practice testifies to the adaptive quality of the western medical system. This would suggest a peaceful coexistence between the different systems, but in fact the preponderance of western medicine was ensured. As for hospital care being aimed at controlling and curing diseases among the poor, this noble intent was not always the case. There was an urgency to deal with epidemics, which recognized no barriers between the White Town and the 'native quarters'. Besides, commercial interests required immediate action to contain the spread of killer diseases. Doubtless as has been shown, there was a change in the outlook on western medicine and hospital care, with the rising educated middle class and the newly created *zamindars* donating to new hospitals. More information on who they were and what motivated this philanthropy could have been provided.

The book has a glossary, an exhaustive bibliography, maps, plates, tables and appendices, providing statistics on expenditure, returns of inpatients, of surgical operations, of outpatients, diet and the salaries of hospital servants, among other aspects.

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