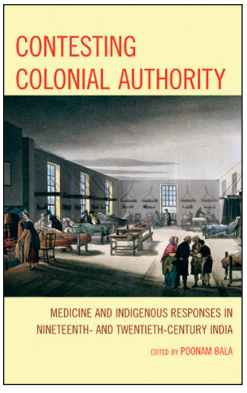
Book Reviews

Contesting Colonial Authority: Medicine and indigenous responses in nineteenth- and twentieth-century India. Poonam Bala (ed). Lexington Books, Lanham, Maryland, 2012. *157 pp.* ₹*3690.* ISBN 978–0–7391–7023–6.



For the past three decades, Indian responses to western medicine and colonial medical policy have been the subject of analysis by scholars of the history of medicine. This book examines the encounters of Indian medical knowledge with the colonial authority, in the late 19th and early 20th century.

The editor says that the aim of the volume is to portray various indigenous and subaltern responses of the Indian population to counter colonial policies towards existing forms of medical knowledge. The main question posed is: whether these responses altered the outlook on Indian medical knowledge?

In the first chapter, entitled, ' "Nationalizing" medicine: The changing paradigm of Ayurveda in British India', Poonam Bala establishes that indigenous medicine formed an essential component of the political prerogatives of 'rejuvenating' the pristine heritage of India. Despite the promotion of western medicine by the colonial state and the withdrawal of patronage to indigenous medical practitioners, the latter continued to enjoy popular support. As new medical paradigms and methods of understanding diseases began to influence western medical practice, issues of professionalization of Indian medicine came to the fore. Bala shows that the history of the national movement and the engagement of Ayurveda was a history of negotiating cultural identities of the East and the West. The chapter traces the movement for the revival of Ayurveda during the late 19th century. The establishment of the All India Ayurvedic Congress, the efforts to elevate the professional status of Ayurveda by P.S. Varier, and its espousal by the Indian National Congress (INC) which demanded state patronage, were landmarks in this movement. Yet, it met with limited success, because notwithstanding the number of institutions established, there were not enough training courses, and there were differences between those who wanted to promote *shuddha* Ayurveda and those who wanted a synthesis of Indian and Western practice. With the system of dual government introduced by the Government of India Act of 1919 for the provinces and more Indians in provincial legislatures, demands were made for regeneration of Indian knowledge, an important achievement being the establishment of the Poona Ayurvedic College in 1933. The other noteworthy fact was the spurt in literature on Ayurveda, in English and in Indian vernaculars, which made hitherto inaccessible knowledge available. Bala suggests that a product of the national movement was that exponents of Indian science, medicine and culture established a new paradigm, as a means to 'contest' the imperial policies. This formed a new medico-cultural identity for Indian medicine, which would successfully claim the professional and scientific status of medicine in post-colonial India.

The second chapter titled 'Teaching European medicine in nineteenth-century Goa: Local and colonial agendas', traces the story of the Medical School in Goa. The author, Cristiana Bastos contests the view, long held till even after 1961, that the Medical School in Goa was a Portuguese contribution. This view was mainly promoted by Drs Germano Correia and Pacheco de Figueiredo, who had studied at the School and written about it. Bastos contends that this interpretation was history with an agenda, Correia wanting to promote the visibility of his own *Luso descendentes*, a group who saw themselves as the upper crust of the local society, just below the Portuguese rulers. The School was less a product of the colonial administration than an outcome of the initiative of local groups, who adopted European medicine as a part of the point of reference that strengthened their own political agendas. Using the same sources of evidence as Correia had, Bastos shows that students were familiar with other healing traditions and that knowledge flowed from indigenous practitioners to their European counterparts. When in need, the students went to local healers and even some head physicians were curious about the potential contribution of the local knowledge of the healing properties of plants. The Portuguese colonial administration tried to shut down the School, on the grounds of low pedagogic standards, and made little investment in the School. Bastos points out that the route to Africa taken by some graduates of the School, initially, did not correspond with the decisions of the colonial administration, but was due to their own career choices. It was the 'handiness' of Goan doctors for the health services in Africa that became the tool for empire-building. It was also the main argument for survival of the School, and, in the early 20th century, the idea of using the School to raise a colonial health force was endorsed by the Portuguese administration.

Madhulika Banerjee in the chapter entitled, 'Ayurvedic pharmaceuticals: Contesting economic hegemony', identifies three stages as being responsible for the irrevocable transformation of Ayurveda in the modern period. They were first, from the late 18th to the early 19th century, when medical institutions were established; second, when the controversy between the Orientalists and Anglicists changed British attitudes towards all forms of knowledge in India; and the third from 1890s, when the colonial government was well established and tropical medicine served the interests of the dominant economic groups, and Ayurveda and Unani came to be seen as 'unscientific'. It was from this stage that we see the establishment of the Ayurvedic pharmaceuticals, which signified the standardization and homogenization of both form and procedure of manufacture, thus facilitating the survival of Ayurveda. There was transformation of the Ayurvedic texts and practice into a single body of knowledge, the proliferation of textbooks and creation of Ayurvedic clinics. Banerjee traces the growth of Ayurvedic pharmaceuticals, showing that the location of most drug companies in Bengal could be interpreted as Ayurvedic Renaissance being a part of the Bengal Renaissance. *Swadeshi* gave a further boost to Ayurvedic pharmaceuticals. The chapter refers to the contributions of Varier's Arya Vaidya Shala, the legendary Bengal Chemicals and Alembic, using modifications in the production process. The first World War reduced imports, stimulating industrialization by import substitution, and Ayurvedic practitioners could garner capital resources. But, after the war,

multinational corporations discovered the market and products that were the lifeblood of *swadeshi* firms, and could perceive the limitations of the indigenous industry. These *swadeshi* firms were able to sustain themselves till the 1930s but the lack of capital and low level of technology led to the marginalization of the indigenous industry. They remained so until after Independence, when they slowly began to take advantage of the new provisions in legislation and the changing character of the market. Banerjee shows that the emergence of Ayurvedic pharmaceuticals and rising nationalism were parallel responses to the changing political climate in the country, nationalism as an ideology not only governed the anti-colonial movement but also articulated the vision of future India.

Shrimoy Roy Chaudhury begins his chapter 'Corporal contestations: A fragmentary history of British Indian medical improvement, 1836–1913' with the memorialization of Badan Chandra Chowdhury, the first native Sub-assistant Surgeon at the Hooghly Imambara Hospital, who endowed a dispensary at Chinsura, West Bengal. This is used as the vantage point to understand how medical relief was constituted as a necessary work of improvement through the appropriation by the government, of the Hooghly Imambara endowment, which had been made in Haji Mohamed Mohsin's will. It is argued that the conversion of the *dawakhana* within the Imambara to a hospital outside it, was part of a much broader project of appropriation and social mediation of the production of agrarian surplus, which had been enabled by the government's control over the Haji's will. British commitment to the cause of improvement through the Haji's endowment and its claim to the trusteeship also produced a shift in pedagogic culture. Instead of western arts and sciences being taught in Persian, Arabic or Sanskrit, Bengali was favoured as the medium of translation, in view of administrative exigencies. A Bengali class was also introduced at the Calcutta Medical College. The other issue explored is the conflict between Badan Chandra Chowdhury and the Imamabara establishment over private practice vis-a-vis public duty. The author maintains that this was symptomatic of the authority that medical agency claimed for itself within the Imamabara establishment while representing the broader scheme of British governed medical relief.

The fifth chapter 'Colonial medicine and elite nationalist responses in India: Conformity and contradictions', is based on the proceedings of the United Provinces (UP) Assembly of the 1930s and 1940s, private papers and official records. The author argues cogently that while the elements of conformity to biomedicine and the western system of knowledge remained more pronounced, those of defiance were weak. Following elections, in 1937, the INC gained a majority in 7 of 11 provinces including UP, and formed governments. The UP legislature passed 'The United Provinces Indian Medicine Bill, 1938', which, on closer analysis, reveals that the effort was mainly to professionalize and modernize the Indian systems, keeping allopathy as the model. Khan argues that the elites were never convinced of the value of the indigenous system and believed allopathy to be superior, which consequently received the bulk of the grants. The INC also instituted the National Planning Committee (NPC) in 1938, to prepare blueprints for the future, but Jawaharlal Nehru and his colleagues in the NPC regarded indigenous systems to be less than a 'science'. Khan shows that though the national elites tried to vitalize Ayurveda and Unani as a mark of Indian nationalism, these efforts were entangled in class, communal and religious politics. In UP most of the mainstream Indian nationalists belonged to the rich and urban middle class and were active consumers of western medicine, but they also recognized that some support to the indigenous system should be extended to meet the needs of the rural poor. Khan makes an interesting critique of these elite Indian nationalists for claiming to speak for the nation.

The strength of the chapter 'Colonial compassion and political calculation: The Countess of Dufferin and her Fund', is that Sean Lang has used the Royal Archives and the Church of England missionary archives, and also other collections from London, Northern Ireland and Mumbai. Lang shows that the Dufferin Fund (DF) was an intensely political organization. Although motivated by genuine compassion for the plight of Indian women in childbirth, its ultimate aim was to change Indian attitudes towards western medicine and British rule. Lang argues that it succeeded to an extent in helping to raise the status of women's health and to establish the primacy of western midwifery and obstetrics. It created an attachment for Lady Dufferin, as a person, and the presidency of the DF became an ex-officio position for the vicereines, who followed her. As for nationalist opinion, it was for increasing Indian participation and decreasing European participation in the work of the DF. Lang holds that the DF created both a bond between India and Britain and the justification for dissolving it.

The next chapter is titled, 'Educating Lady Doctors in colonial Burma: Missionaries, The Lady Dufferin Hospital and the Local Government in the making of Burmese medical women', by Atsuko Naona. It was through the efforts of the American Baptist missionaries, the DF and the local government that medical education of Burmese women was promoted. However, both the missionaries and the DF criticized the indigenous practices of the midwife. It is argued that western medical aid was more readily accepted in Burma, than in British India because the doctors did not have to contend with the limitations of caste and female seclusion. The Lady Dufferin Hospital in Rangoon successfully trained 100 women in midwifery and nursing, in the 1890s. But the bitter power struggle between the lieutenant governor, Sir Frederic Fryer and the committee of the Lady Dufferin Hospital in Rangoon, damaged its efficacy and in the 1900s the numbers dropped. Naona shows that the Hospital was dominated by the imperial gender ideology. There was even a brief attempt to train male medical students in midwifery, but it primarily remained the preserve of women doctors. A major point made here is that the transition in leadership of western medicine in Burma, occurred before the nationalist efforts, and medical activities in the colony were hence not seen as colonial. They were accepted as medicine practiced by the Burmese as much as by anyone else.

Neshat Quaiser's chapter is on 'Unani medical culture: Memory representation and the literate critical anticolonial public sphere', examines the ways in which western medicine and Unani were represented and self represented within the arena of professional and non-professional literate Unani medical culture. The latter was marked by what the author calls 'an informed conscience' based on ethical values associated with the profession of *tibb*. Unani medical culture was characterized by a sense of injustice done to Unani by western medical absolutism through colonial machinations, a conscience-based ethical value system for the medical profession, a plea for human knowledge as shared heritage, a critique of the capitalist market logic of western medicine, efforts to validate the present through the strategies of memory and representation, public debates on science, health, body rationality, modernism, western education, Eurocentrism and economic exploitation, upholding Unani's medicocultural identity, and defiance in the face of colonial might and yet ready to learn from others. Quaiser makes three important points for any

discussion about the encounter. First, the colonial power projected not only its own medical knowledge as modern, scientific and superior but also appropriated the right to interpret and represent the medical knowledge of the colonized. Second, the revitalization of Unani was not caused by western ideology of modernism but by its own internal logic of renewal and lastly, resistance to western medicine was by practitioners, consumers, the general public and leaders within the Unani medical culture, located in turn, within the anti-colonial sphere.

The last chapter 'Malarial fever in nineteenth century Bengal: Revisiting the prophylactic intervention', begins with the interesting statement that malaria was not an unknown ailment in Bengal. People had learned to live with it and took palliative treatment from *kavirajas*. But British colonial intervention led to malaria in epidemic form, throughout the 19th century. Arabinda Samanta suggests that the colonial approach to the epidemic was ambivalent. At first, the government offered palliative rather than preventive measures. Their prime concern was the high mortality of European soldiers from malaria. Then, they initiated a programme of environmental improvement including pruning trees and jungles, state-sponsored sanitation measures and relief provisions in the form of food medical aid and doctors to the affected villages. To fund these measures, they took compulsory subscriptions from the villagers, as they were reluctant to make the financial commitment to effectively combat malaria. The people's responses to the epidemic were not homogeneous. While the masses had stoic resignation, the well-to-do migrated to healthier places like Calcutta (present Kolkata), and most of the zamindars were apathetic to the general welfare of the *raiyats.*

This book, with its various interpretations at different colonial sites, would be of interest to researchers, scholars and general readers.

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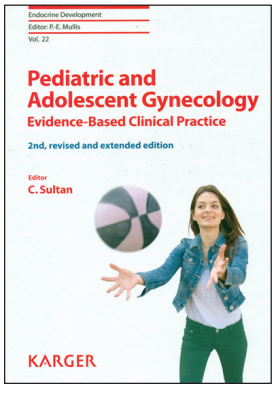
Pediatric and Adolescent Gynecology: Evidence-based clinical practice. Charles Sultan (ed). S. Karger A.G., Basel, 2012. *396 pp, price not mentioned.* ISBN 978–3–8055–9336–6.



This book is one of the volumes in the Endocrine Development series of Karger. The second edition of this book brings together chapters which would otherwise be found in diverse textbooks of gynaecology, obstetrics, radiology, endocrinology, paediatrics, preventive and social medicine, and legal medicine. It is thus a useful resource for all health personnel working with adolescent girls, as well as for those who will encounter issues pertaining to the reproductive system in younger girls, such as paediatricians, paediatric endocrinologists, radiologists, paediatric surgeons, and social and legal medicine specialists. The authors are largely from various academic centres in Europe, and there is a small contribution from authors from Israel, the USA and South America.

Some of the chapters are extremely readable and valuable as stand-alone chapters, such as the very first chapter, 'Gynecologic examination of the child and adolescent', and 'Ovarian cysts in prepubertal girls', 'Sexual abuse in prepubertal girls and adolescents', and the chapters on menstrual disorders, dysmenorrhoeal and chronic pelvic pain. Others, such as 'Disorders of sex development' and 'Normal female puberty', provide a brief overview for the uninitiated. The chapter on precocious puberty reflects the rich clinical experience of the editor. A large proportion of the book is devoted to teenage contraception and pregnancy, high-risk sexual behaviour and sex education.

The only problem with the book is the somewhat poor editing. There is an overlap between some chapters and the use of the English language is not appropriate in a couple of chapters. Barring these small irritants, it is an extremely useful book for the specialists mentioned above.

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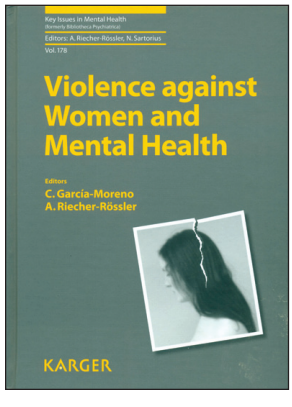
Violence against Women and Mental Health (Key issues in mental health; Vol. 178). García-Moreno C, Riecher-Rössler A (eds). Karger, Basel, 2013. *180 pp, E 66.0.* ISBN 978–3–8055–9988–7.



Violence against girls and women is a major global public health problem. It is one of the most common human rights abuses. It is complex and has many facets, including domestic and intimate partner violence, sexual abuse and assault of women and girls, mutilation of female genitals, child and forced marriage, trafficking of women, discrimination and harassment at work, abuse within the doctor–patient relationship and humiliation in public spaces. Violence against girls and women also includes 'honour killings', acid attacks, murders for dowry, and female infanticide and foeticide, these forms being particularly prevalent in South Asia. Every day, millions of women are abused and many thousands murdered by their families. Rape is a common instrument of control in patriarchal societies and especially in situations of armed conflict. Activists who defend women's rights are often attacked and silenced. Such violence has been documented across cultures, communities and countries worldwide. This book is a rich source of information gathered from investigations carried out to document the problem of violence against women across the globe.

The book provides a comprehensive global overview of the prevalence and consequences of violence against women. It also details the issues relevant to different regions of the world—Europe, Latin America, the Middle East, South Asia and South Africa. It provides substantial evidence of the pervasiveness of violence against women across nations. The nature and causes of such violence are discussed.

The book emphasizes that violence is a risk factor for suicidal behaviour and mental disorders. Describing the negative impact of violence on women's health and well-being, the book highlights the many mental health sequelae as well as the diverse clinical presentations. The mental health sequelae include anxiety, depression, post-traumatic stress disorder (PTSD) and eating disorders, suicidal behaviour, substance abuse, and dissociative and somatoform presentations. There is also a discussion of suicide, homicide, and maternal and child mortality. Mention is made of the bi-directional relationship between violence and mental health, i.e. violence has a significant impact on mental health and women with mental disorders are subjected to violence.

It is emphasized that psychiatry and psychotherapy have paid scant attention to the fact that violence against women is an important causal and risk factor in the occurrence of mental disorders. The book touches upon many aspects of violence against women—historical, political, economic, social, cultural, medical, legal and governmental. The common themes running throughout the book are the role of gender inequality, the lower status of women, and discrimination based on sociocultural and economic factors, which perpetuate violence. Several chapters contain a discussion of these aspects, how they are conducive to violence and how they hinder efforts to find solutions to the problem.

The book is critical of the role of society, asserting that it silences women, justifies such violence, excuses the perpetrators and often blames women for calling the violence upon themselves. It discusses the social stigma that violence gives rise to and the consequent reluctance to seek help, as well as the role that stigma plays in limiting public debate. It contends that gender stereotypes are common and difficult to change. The book strongly advocates the use of multidimensional perspectives and approaches to address the problem of violence against women.

In addition to systematically documenting the many studies which have demonstrated the relationship between violence and mental disorders, the book discusses intervention strategies to help women and girls who have been subjected to violence and abuse. It also observes that there is a dearth of studies on the efficacy of the interventions undertaken, especially in low- and middle-income countries and areas of armed conflict. This has made it difficult to scale up the interventions. The book stresses the need for and usefulness of routine screening for violence against women in healthcare settings.

A book which attempts to compile the voluminous evidence on harm and mental ill health should have questioned the basis on which psychiatric diagnoses are made. The discipline of psychiatry, the stated quest of which is to establish valid diagnostic categories, emphasizes diagnostic reliability as the first step. Consequently, it dismisses contexts as not being significant and focuses on symptom counts to identify mental disorders. The failure to contextualize the diagnosis results in significant difficulties in distinguishing mental disease from normal distress. For example, the category of PTSD, commonly used for women who have suffered violence, considers the person's reactions as abnormal. It is also assumed that the trauma is in the past, failing to take into account that the threat of assault is ever-present in patriarchal societies and especially for women vulnerable to such abuse. Psychiatry pathologizes the normal reactions of women under this type of stress, while it is unwilling to examine the abnormal context which produced the distress. Thus, the approach medicalizes social problems, focuses on the treatment of the individual (victim), downplays the importance of the causes of mental distress and ill health, diverts attention from issues related to justice and inadvertently perpetuates the *status quo*.

The failure to factor in the context in psychiatric diagnosis also results in the use of the same label across diverse presentations. The PTSD category is now used for perpetrators of violence (e.g. war veterans) as well as women who have been raped. The discipline of psychiatry also fails to address the related but larger legal, political and sociocultural issues. Women who are traumatized by violence have to accept psychiatric labels, which suggest pathology, in order to demand justice and claim compensation or to receive healthcare. Mental health support and treatment based on a biomedical perspective can provide temporary relief, but can hardly treat the causes of the all-pervasive malady of violence. Due to the sole use of these urgency-driven curative strategies, unsupported by long-term public health policies, the causes of mental illness among victims of violence rarely come into social consciousness.

Violence against women is normalized, encoded and internalized within societies and across regions, cultures and countries. There is a need for a clear and critical appraisal of patriarchy, which supports sexism and misogyny in various overt and covert ways. The prevailing sociocultural frameworks support patriarchy, defend male dominance, devalue women, result in the subjugation of women, write inequality into the law, and de-emphasize the need for governments to accord priority to and take responsibility for protecting women against violence. A candid reappraisal of religion, tradition and culture, which have an important bearing on gender inequality, would have enlarged the scope of the debate. It would also have clearly delineated the barriers which prevent the mainstreaming of gender justice and limit the scaling up of effective interventions. Soft-peddling these issues will only prolong the agony. A framework which goes beyond ideological barriers and outlines alternative approaches to achieve gender justice would have added to the book.

The book can serve as a source of reference for trainers in medicine, psychiatry and gynaecology. It is also an important resource for sociologists, policy-makers and specialists in jurisprudence. It calls for an increase in awareness of issues related to violence against women among health professionals and policy-makers, a revision of the training curricula for healthcare providers, the formulation of strategies for primary prevention and intervention, and the integration of these into all health and mental health policies. Violence against women is a crime, which needs to be addressed urgently. It is also a complex challenge entailing an uphill struggle to achieve equality, affirm human rights and deliver justice. The magnitude of the task calls for a social revolution.

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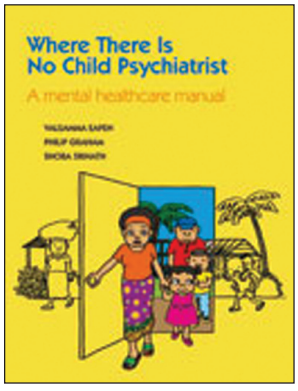
Where There is No Child Psychiatrist: A mental healthcare manual. V. Eapen, P. Graham, S. Srinath. RCPsych Publications, MA, USA, 2012. *214 pp, £10.00.* ISBN 9781908020482.



This book is a recent addition to the existing practical manuals for health workers, teachers and other professionals who work with children in places where, as the title implies, specialist psychiatric care is not available.

Where this book scores over the others is that the authors, having distilled their practical experience, have conveyed its essence in simple language, and the case studies provided encourage one to consider comprehensive management as one of the main objectives while dealing with children's problems. Written mainly for primary care physicians and nurses working in low- and middle-income countries, the book uses a modular format, perhaps in an attempt to reach out to a wider readership in academics, such as students of psychiatry, rehabilitation professionals, clinical psychologists, and particularly those who often lack exposure to child development and feel helpless when it comes to helping families with young children who have neurodevelopmental problems. The format is better suited for training rather than for serving as a manual and this may restrict the readership to some extent. More illustrations and 'do-it-yourselves' exercises would certainly increase the appeal of the book for teachers, guidance counsellors and families.

The emphasis is certainly on adolescent mental health and early intervention does not always receive the attention it deserves. This is particularly so with respect to children with intellectual disabilities and those along the autism spectrum. The people (professionals) who help children with intellectual disabilities and allied developmental problems are often teachers in primary schools, school counsellors, community health workers and parents. The book could have been useful for such people if it had been enriched by inputs from special educators, especially inputs on issues such as activities of daily living and the foundation skills for the development of abilities among growing children. Portions of the book aim to encourage one to put on one's thinking cap, but several things are often left unanswered, especially when the case requires a multidisciplinary approach. An example is the question under 12.4.3: 'What can the health professional do to help Ajit's visual problem?' Similarly, when discussing bipolar disorder, the authors appear to be reluctant to explain the interventions that help at the primary care level.

The changing paradigm in the field of disability, with several countries becoming signatories to the United Nations Convention for Rights of Persons with Disabilities, compels the health professional to be sensitive to the needs of young adults beyond healthcare. The book reflects essentially the psychiatrist's perspective; it would have benefited all concerned if some of the issues related to mental healthcare had been addressed from the perspective of human rights, not just for the child but also the adult that she is to become.

All said and done, the book fills a large gap and the authors must be complimented on their excellent effort. The contents are well organized and presented in a format that will be easy to read for the primary target readership. I am certain a second edition will soon be out on popular demand and I look forward to seeing an additional chapter on 'how to help parents cope with mental health issues in the family'. Many parents need help even as they look for guidance from health professionals on their children.

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