

Writing on the Body: Indigenous Medicine and Bangla Periodicals (1850-1901)

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Abstract: *This paper tries to engage with the discursive construction of the diseased/healthy native body in the essays on health and medicine published in Bangla periodicals in the second half of the nineteenth century like Bibidhartho Sangraha, Chikitsa Sammelani, Rahasya Sandarbhya, Shwasthya, Chikitsak o Somalochak and so on. I have attempted to show how the discourses on indigeneous medicine and the diseased/ healthy body of the native in these essays is a product of contradictory forces – the desire to posit the “difference” vis-a-vis the Western medical discourses and the anxiety of establishing the “scientificity” of indigeneous medicine, particularly Ayurveda. With a focus on textual instances drawn from these essays I have argued how these writings can be seen as an attempt to create a counter discourse against the pathologisation of space and the native body in early to mid-nineteenth century colonial medical discourses.*

Keywords: Ayurveda, colonial medical discourse, indigenous medicine, debility, diseased body, scientificity.

Introduction

On 10th January 1836, Madhusudan Gupta, a physician by profession did something which almost gained a symbolic significance. He is credited to have been the author of a climactic moment in the history of medicine in the subcontinent when, ‘Indians rose superior to the prejudices of their earlier education and thus boldly flung open the gates of modern medical science to their countrymen’ (Arnold 1993: 16). Gupta was the first Indian to have conducted the dissection of a human body in the modern times. This was indeed a triumphant moment for Western medicine which was

gradually beginning to posit its superiority over indigenous medicine at this point of time. Human dissection was hitherto not carried out in native medical institutes for religious and caste concerns. Indigenous medicine and its practitioners were understood to be marked by these irrational prejudices – prejudices which deterred them from opening up bodies, thereby denying their knowledge systems the insignia of scientific objectivity.

With the evolution of the colonial medical discourse from the mutual interdependence of the Western and indigenous systems in early nineteenth century to the complete ideological negation of indigenous medicine as a legitimate form of medical practice 1830s onwards, there seems to be a discursive shift in the construction of the diseased/healthy native body vis-a-vis the European body. As the Anglicist position of branding Ayurveda and Yunani as “unscientific”, absurd and irrational grew stronger, there emerged a desire among the educated elite to not only establish the “scientificity” of indigenous medical systems but also to integrate and reconstitute these systems, Ayurveda in particular, within the folds of modern education. Essays on health and medicine published in Bangla periodicals like *Bibidhartho Sangraha* (1851-61), *Rahasya Sandarbha* (1862-74), *Chikitsa Sammilani* (1885-94), *Chikitsak o Samalochak* (1895-96), *Swasthya* (1898-1901), bear marks of this desire.

The body, be it diseased or otherwise is discursively constructed – it is as much an entity constructed and controlled by medical or legal discourses as it is a corporeal presence. On a superficial level it would seem that the essays on indigenous medicine, Ayurveda in particular were bent on positing an understanding of the body as fundamentally different from Western medical discourses. But one must not overlook the immense intellectual anxiety which haunts these writings – the anxiety of not only establishing the “scientificity” of the object of knowledge (Ayurveda and its effects on the body) but also structuring the matter presented as a rational scientific discourse. This paper tries to understand the effect of these contradictory forces on the construction of diseased/ healthy bodies – especially native bodies produced by these texts. How do these bodies differ (if at all) from those produced by the colonial medical science? Can these writings be seen as instances of resistance or “writing back” against the pathologisation of the natives and the “tropics” as prone to debility and sites of disease? Answers will be sought by focussing precisely on textual instances of unease – where the porosity of bodily boundaries subject the body to invasion – by western medicine (বিদেশী ঔষধ) or contagion by contact.

Hybrid Entities: Colonial Medicine and Science

The desire to construct a rational scientific discourse concerning the body and indigeneous medical systems in the essays published in these Bangla periodicals must be seen in the wider context of dissemination of Western science in the colonies. David Arnold in *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (1993) has argued that a diffusionist Eurocentric model, one which assumes that dissemination took place through a simple displacement of ‘traditional’ knowledge systems by western science is essentially reductive. Arnold refers to George Basalla’s article ‘The Spread of Western Science’ (1967) in this context. While he regards Basalla’s “three phase” model of dissemination valuable since it moves away from ‘an earlier historiography of science constructed around great men and great discoveries’ (Arnold 2009: 16) and contextualizes the developments in a wider socio-political and cultural field so as to elucidate the basic concepts of “colonial science” and “colonial medicine”, Arnold points out certain limitations in Basalla’s proposition. The three phase model delineates the way in which scientific knowledge spread in the colonies through active cartographic exercises, conducting of surveys, collection of specimen and samples in the first phase, followed by the development of “colonial science” in the second phase and the third phase which marks the completion of the process of transplantation characterised by an effort to establish an “independent scientific tradition” in the colonial context.

Basalla (1967) uses the term “colonial science” in the sense that it was to a large extent “dependent” upon the European metropolitan centre and the third phase is seen as a gradual move towards achieving a distinct scientific tradition by the colonial scientists. Arnold’s most significant critique of Basalla’s model is the conspicuous lack of commentary on the relationship of traditional sciences and knowledge systems with the dominant western scientific discourse in his work. Drawing attention specifically to the history of medical science in nineteenth century India, he argues that a diffusionist model such as Basalla’s falls short of understanding the essentially hybrid nature of colonial science and by extension colonial medicine. The distinct character of colonial science and medicine is born out of the dialectical relationship between western sciences and traditional knowledge systems. From the very early years of contact there had been interactions and exchanges. The categories “indigenous” and “Western” medicine, Arnold points out though used for convenience’s sake should not be seen uncritically with the assumption that these are homogeneous and independent entities. The process of transplantation of western science in the colonies is therefore

not a simple process of ousting an “inferior”, “superstitious” indigenous tradition with a superior rational knowledge system but an interactive dialectical process whereby both the categories undergo change and emerge as hybrid entities. Transplantation occurs not only through the efforts of western science and medicine to adapt itself to the physical, social, cultural ambience of the colony but also through the attempts of the colonised educated elite to uphold the “scientificity” of traditional knowledge systems. Even a critique of the “ill effects”, inefficacy and limitations of western science and medicine had to be framed in the “rational scientific” language of the west.

Bangla periodicals like *Bibidhartha Sangraha*, *Rahasya-Sandarbhya*, *Bigyan Rahasya* (1871), *Bigyan Darpan* (1876), *Chikitsa Darshan* (1887) took up the task of engaging in a dialogue with western science and medicine. Mere translation and summarisation of western texts was seen as a deterrent for dissemination of knowledge and independent thinking. But how can this be achieved? As an answer to this the author of *Banglar Chikitsak Samaj* (1889) suggests the formation of scientific and medical societies or organisations. The task of these organisations or bodies would be to publish periodicals which would perform the much needed task of mediation between two competing knowledge systems.

Mediation and mediators: Dialogue or dissent?

Lamenting the utter absence of any kind of effort on the part of Indian medical practioners trained in western medical science to initiate a dialogue between the indigenous and western methods of diagnosis and pharmacology, the author of *Bangalar Chikitsak Samaj* wrote in 1885: “বঙ্গালার চিকিৎসককুল, শিশুর ন্যায় অদ্যপিও ইউরোপীয় শিক্ষকগণের পদানুসরণ করিতেছেন- আমরা ক্রমাগতই ইংরাজ প্রভৃতি পণ্ডিতগণ যাহা বলিতেছেন তাহাই করিতেছি”¹ (Bose 2009: 67). The essays regarding health in Bangla periodicals sought to create this much needed mediation. However, the range of opinions that one comes across in these essays is noteworthy. While some of the contributors out rightly hailed Ayurveda as a divine gift, a product of the lost golden age of “Aryan civilisation” and hence far more superior to western medical science, there were others who had a more balanced approach in the sense that they questioned the presumed ‘superiority’/inferiority of one over the other and hoped that a constructive dialogue between these opposing systems would ensue. The difference of opinion notwithstanding, there was this vehement desire to establish the scientificity of indigenous medical theory and practice which can be regarded

as a point of convergence. This desire is to be understood as a product of a historical process.

The School for Native Doctors – an institution which offered courses on both Ayurveda and western medical science was shut down in 1835. Significantly this was the year which saw the establishment of Calcutta Medical College and also the publication of Macaulay's 'Minute on Education'. Macaulay argued that the exchequer could not be drained for propagation of "medical doctrines which would disgrace an English farmer, astronomy which would move laughter in girls at an English boarding school, history abounding with kings thirty feet high and reigns thirty thousand years long, and geography, made up of seas of treacle and seas of butter" (Arnold 2009: 57) It is in this historical context that the claim to "scientificity" has to be considered.

In 'Ayurved Boigyanik na Oboigyanik'² the essayist, Sheetalchandra Chattyopadhyay attempts to establish the scientificity of Ayurveda by drawing attention to the theoretical conception of the diseased body in Ayurvedic texts. Disease is configured as a state of imbalance in the body when the normal balance of *bayu, pitta and kapha* goes haywire: "ইহারা কুপিত হইয়া দেহকে মলিন করে বলিয়া মল নামে এবং দূষিত করে বলিয়া দোষ নামে অভিহিত হয়."³ (Chattopadhyay 1885 in Bose 2009: 79) The conception of the diseased body was entirely different in Western medical discourse in the late eighteenth and early nineteenth century. Foucault in *The Birth of the Clinic* (1976) locates the shift in the discourse in the fag-end of the eighteenth century when modern medical science empowered by the clinical gaze is able to locate the disease specifically *in* the anatomical space of the body:

This is the period that marks the suzerainty of the gaze ... experience reads at a glance the visible lesions of the organism and the coherence of pathological forms; the illness is articulated exactly on the body, and its logical distribution is carried out at once in terms of anatomical masses. The 'glance' has simply to exercise its right of origin over truth. (Foucault 1976: 20)

The mapping of the "body of disease" onto the body of the sick man, Foucault argues is a historical process and this "superimposition" is brought about by the relatively recent developments in the nineteenth century medical discourse. Anatomico-clinical medicine being empowered by the "gaze" reads disease as it progresses and symptomises in different parts of the body. As opposed to the classical model which understood disease through classification of "species", the new model is thus a chronological one as it

is engaged in reading this progression in the body of the individual patient. Foucault maps this shift as a change from the “horizontal axis” to the “vertical one”. The “truth” about disease is henceforth revealed by a medical archaeology which seeks to interpret the visible lesions in the tissues rather than the flat horizontal classical model where the cognition of the nature of disease rests on identifying the “species” or “class” to which it belongs.

The conception of *doshas* in Ayurveda lacked the perceptual base very much like the pre-modern discourses on medicine in Europe. These were thought to belong to the domain of the fantastic and the vague. If modern medical discourse is based on an “alliance forged between words and things” (Foucault 1976: 12) which enables one to “see and to say” – i.e. the “verbalization of the pathological” depends on the clinical gaze that is able to *locate* the disease in the three dimensional space of the body – the language of Ayurveda seemed full of abstract metaphysics to the European medical officers. The author of *Ayurved Boijnyanik naa Oboijnyanik* points to this problem quoting a European physician: ‘But for the explanations of these facts, they are often interwoven with absurd theories and doctrines which take place of *physiology and pathology*’ (Chattyopadhyay 1885, in Bose 2009: 77) (emphasis mine). However, when it comes to defending the claim of scientificity of Ayurveda he writes:

আর্য চিকিৎসাশাস্ত্রবিদ পণ্ডিতগণ... যখন রোগ সম্প্রাপ্তির কূটিলতা ভাবিয়া শরীর মনোবৈশ্যমের গূঢ়তম রহস্য ভেদের চিন্তাপরায়ণ ছিলেন; তখনই ঐশী শক্তির স্ফুরণে বায়ু, পিত্ত, কফের সত্ত্বা উপলব্ধি করেন⁴। (Chattyopadhyay 1885 in Bose 2009: 79) (emphasis added).

“Oishi shokti” loosely translated as divine power that which inspired the ancient ‘seers’ (their seeing very different from the way in which *seeing* is configured in the modern medical discourse) is consistent with the initial claim with which the author began: “আয়ুর্বেদ বেদের উপাস্ত। হিন্দুদিগের মতো বেদ অপৌরুষেয় সুতরাং আয়ুর্বেদও অপৌরুষেয় অর্থাৎ কোন পুরুষ নির্মিত নহে”⁵ (Chattyopadhyay 1885, cited in Bose 2009: 75). David Arnold, while tracing the history of European encounter with Indian medicine has shown how from the very early years of contact to the mid nineteenth century when attitudes to indigenous systems were gradually hardening – there was a persistent critique of what the colonial medical officers called “Hindu Medicine”. They ‘deplored the way in which medicine had become mixed up with religion, so that Ayurveda was revered as a gift of gods, a circumstance which has been an insurmountable obstacle to improvement and a reason why medicine in India was still sunk in such a state of empirical

darkness' (Arnold 1993: 45). The contributors to Bangla periorodicals on health and medicine were not unaware of these criticisms. References to the works of colonial medical officers are aplenty in these texts. Clearly aware of the possible misreadings of the word "*apourosheyo*" and eager to posit Ayurveda as "science", Chattyopadhay goes on to elucidate the subtle *shsastrik* (scriptural) nuances of the word. He cautions that he is not trying to suggest that the Ayurvedic texts, written in human language emerged out of nowhere and thus predated human existence. The author's explanation of the concept *apourosheyo* draws extensively from Vedic philosophy. His argument rests on the claim of the Vedas as a source of "Absolute" or "Eternal" truth – a truth which is beyond human artifice. It is in this respect the author explains that it is *apourosheyo* (beyond the *purusha* – the human). It is remarkable how he attempts to prove the "scientificity" of Ayurveda by drawing on philosophical and linguistic sources though he himself elsewhere in the same text points out how complex metaphysical explanations and references in the Ayurvedic texts have earned unfavourable responses from European commentators. Chattyopadhay's defence of Ayurveda draws on the etymological roots of the words *vijnyan* and *Veda*. Since the Sanskrit root of both words – *jnya* and *vid* signify *jnyana* or knowledge and knowledge leads to the apprehension of "Absolute Truth", he argues Ayurveda is *Vijnana* (Science). The fact that the argument would certainly be dismissed by the Europeans as it is based on linguistic and philosophical premises and not on empirical "evidence" is all too evident but what is significant is that the author's claims of "scientificity" of Ayurveda seems to be directed towards the native educated middle class Bengali reader rather than the colonial commentators/ medical officers.

While Chattyopadhay focuses on the humoral construction of the healthy and diseased body found in ancient Ayurvedic texts, fully aware of the criticisms of Ayurveda lacking the "perceptual base" of pathological anatomy, others like Shourindramohan Gupta reminds his readers of the "glorious golden days" of ancient Aryan civilization when corpses were opened up by physicians to study tissual construction of the brain and other organs. Eager to address the Western criticism of indigeneous medical treatises as devoid of anatomo-pathological evidence, Gupta in the piece titled 'Pracheen Arya Chikitsabijnyan' argues how the ancient Aryans were pioneers in cutting open corpses for knowledge as opposed to the Egyptians or the Greeks. Citing a text called *Shivasanhitā*, Gupta shows how the Aryans knew about the constitution of the spinal cord and the grey and white matter of the brain:

আর্যেরা মস্তিষ্ক এবং “কষেরুকা মজ্জার” বিষয়ে অবগত ছিলেন। তাহারা জানিতেন যে স্নায়ুমণ্ডল একপ্রকার শ্বেত এবং ধূসর পদার্থে নির্মিত।⁶ (Gupta 1895, in Bose 2009: 92)

Like Chattopdhyay, Gupta too seems to address the colonised native Bengali middle class reader. He tries to establish the validity of the Hindu understanding of the body and its processes by bringing up the rather contentious issue of dissection. Colonial medical officers and doctors often commented on what they understood as a serious lack which undermined the legitimacy of ‘Hindu medicine’ – their unfavourable attitude towards opening up corpses. Like Gupta, an anonymous author writing for the periodical *Swasthya* in 1899 (Bose 2009: 111) refutes this conception and impresses upon the reader to recall how a certain British doctor called Wise, with the help of Madhusudan Gupta had translated Susruta’s works and had included the diagrams of instruments for dissection devised by the ancient physician. The contributors to these periodicals were not merely writing back to the centre, but through their deliberations they seemed to make the colonized native middle class reader aware of the “rich tradition of knowledge and learning” that had been occluded by Western discourses of superiority.

The desire of establishing the validity of Ayurveda as “science” is integral to the forging of a counter-discourse against the colonial discourse branding indigenous medicine as ‘unscientific’ and based on “superstition”. While some authors like Chattyopadhyay look towards the Vedas to uphold the claims to scientificity others borrow English words and terms to argue their case. Textual clues like insertion of scientific terms in English written in bold script within the Bangla text in some of the essays seem to be visual reminders of the claim to scientificity. The title page of *Anubeeekshon*, a periodical is another case in point. It features an illustration of a microscope and below it is inscribed: “*Drishyate twagryya budhhyaya sukshmayaya sukshmadarshibhi*” (Those who “see” with discerning eyes are capable of profound perception). The image of the microscope seems to assume a symbolic significance in this context. While the image of a scientific instrument – one which facilitates “seeing” emphasises the rational, the logical and empirical observation, the Sanskrit text below is a marker of traditional wisdom. The juxtaposition of the image of the microscope with the Sanskrit text in the title page of this periodical on health and medicine, perhaps connotes the desire of bridging together these two very different ways of “seeing” and perceiving. The discussions on Ayurveda and other indigenous medicine in these periodicals can be seen as both a desire to

engage in a dialogue with Western medicine and medical practices and also a dissent against the demeaning discursive construction of Ayurveda and indigenous medicine.

Native bodies, Kavirajs and Anxieties

The fear of the native body being invaded and controlled by western medicine or *bideshi ousodh* is voiced by several authors in health periodicals like *Chikitsak o Somalochok*, *Chikitsa Sammilani* and *Swasthya* etc. Some of them were practitioners of Ayurveda themselves. The diseased body of the Indian is understood to be as a by-product of the colonial rule itself. Highlighting the ill effects of western medicine (“quinine, brandy, port and derivatives of mercury”) on the diseased native body one contributor remarks:

ইউরোপীয় ঔষধ যদিও আশু রোগ নিবারক কিন্তু পরিণামে যে অস্বাস্থ্যকর তাহা ধীমান মাত্রই স্বীকার করিবেন। ইউরোপীয় ব্রান্ডি, পোর্ট, কুইনাইন ও পারাঘটিত ঔষধাদি এদেশের স্বাস্থ্য গত পঞ্চাশ বৎসরে যত নষ্ট করিয়াছে বোধ হয় শত সহস্র রোগেও তাহা নষ্ট করিতে পারিত না।^৪ (Anonymous 1875, in Bose 2009 : 144)

The detrimental long term effects of “western medicine”, according to the author far outweighs the immediate relief it provides and it afflicts the native body worse than any disease ever could. It is significant to note here that these essays were being written and published from the mid to late nineteenth century. Ayurveda had already received a blow in the 1830s when the legitimacy of indigenous medical theories and practice were challenged and colonial patronage was withdrawn almost entirely. In the 1860s with the publication of the report on the Royal Commission on the Sanitary State of the Army, the development of a more invasive structure of state medicine and public health gradually emerged. The persistent critique of *bideshi ousodh* is inextricably tied to the critique of western education or *paschatya shiksha*. Writing in 1895 for *Chikitsak o Somalochak*, Kobiraj Prasannachandra Maitreya remarks: ‘পাশ্চাত্য শিক্ষার কৃত্রিম আলোকে বর্তমান ভারতবাসীর মস্তিষ্ক বিকৃত হইয়াছেই বলিয়া তাহারা প্রকৃত বিষয়ে হৃদয়ঙ্গম করিতে পারিতেছেন।’^৫ (Maiteya, 1895 in Bose 2009: 104). Maitreya’s essay reveals a deep anxiety regarding the Indian body being subjected to degeneration and decay by the assault of *bijatiyo ousodh* and more importantly of the body being rendered abject – its sanctity threatened by a dissolving of the bodily boundaries of the *inside* and the *outside*. He writes about what he calls the modern day “horrors” of the contemporary sanitation system – a system that contributes to the generation and

proliferation of diseases – of the dangers of air borne particles of excreta and bodily secretions invading the margins of the body. He argues how the *manab palan samitis* or municipalities have exposed the native population to diseases by replacing the traditional practice of open defecation with makeshift latrines which had to be manually cleaned by municipality workers. Maitreya scathingly remarks:

এই অভিনব মানব পালিনী সভা কার্য ক্ষেত্রে প্রবেশ করিয়াই অমনি সাধারণের মলমুত্রাদির উপর তীব্রদৃষ্টি নিক্ষেপ করিতে থাকেন ... মলমুত্রাদি পরিষ্কার করার জন্য ... বহুসংখ্যক ভূত্য নিযুক্ত থাকে... এই মলসংস্কার নিতান্ত অসহনীয়, অস্বাস্থ্যকর। পচা দুর্গন্ধময় মল সমূহের পরমানুকণা বায়ু সহযোগে সঞ্চালিত হইয়া কি প্রকারে সাধারণের স্বাস্থ্যরক্ষা করে তাহা আমাদের জ্ঞানাভীত এবং বিজ্ঞান বহির্ভূত।¹⁰ (Maitreya 1895, in Bose 2009: 105) (emphasis added).

Though many of the contributors like Maitreya were inclined to celebrate the golden past of *pracheen aryachikitshabigyan* they simultaneously felt the pull of *bijnyan* (science) and the need to shape their arguments in the form of a “rational scientific discourse”. Maitreya deems the contemporary sanitary reforms as utterly “unscientific” (বিজ্ঞান বহির্ভূত) as the European system of waste management produced putrescence and disease. One of the recurrent arguments in these essays on health is quite in line with the medico-topographical discourses and the environmentalist theories found in the works of colonial medical officers in the first half of the nineteenth century. Bodily constitution is determined by the climatic and environmental factors in which the body is situated and the treatment of diseases, medicines to be administered should be chosen accordingly:

যে দেশে যাহাদিগের জন্ম, যে দেশীয় জলবায়ু দ্বারা তাহাদিগের শরীর পরিবর্দ্ধিত ... তদদেশীয়জাত ঔষধই তাহাদিগের প্রতি একান্ত হিতকর ... ভারতবাসীগণ সামান্য কারণে বিজাতীয় ঔষধ গলাদকরণ করিয়া থাকেন। ইহাতে স্বাস্থ্যভঙ্গ হইবে না কেন?¹¹ (Maitreya 1895, in Bose 2009: 109)

What exactly is the discourse concerning “western medicine” which was both feared and revered in colonial India?

Arnold problematizes the concepts of Western and “indigenous medicine” by drawing attention to the fact that these were by no means wholly independent or homogenous systems. A long history of interactions shaped these systems and the claims of Ayurveda or Yunani retaining their “pristine purity throughout the colonial period” (Arnold 1993: 14) is as unreliable as the suggestion that western medicine in the colonies was a mirror image of

the medical science taught and practiced in the metropolitan centre. Rather, as Arnold says one should take into consideration the essentially dialectical nature of the interactions of these two systems. In the early years of contact, the Europeans had to depend on the *hakims* and *kavirajs* for their survival in an alien land. Gradually colonial medical science emerged as an objective scientific discourse as opposed to the “superstitious” and absurd doctrines of indigenous texts through systematic surveys and categorizations of topographical, climatic and demographical data. Works of James Jhonson (*The Influence of Tropical Climates on European Constitutions*, 1813), James Annesley (*Sketches of the Most Prevalent Diseases of India* 1825), William Twining (*Clinical Illustrations of the More Prevalent Diseases of Bengal* 1832), are a few examples. In the initial phase, the ever present attitude of superiority notwithstanding, there was also sometimes a grudging appreciation of Ayurvedic medicine. Several essays in the Bangla periodicals posit their claim to scientificity of Ayurveda by arguing that the Europeans have understood and acknowledged the medicinal value of certain herbs and medicines prescribed in the ancient texts. Yet there seems to be a persistent fear of hybridization of indigenous and western medicine and the debilitating and injurious effects of such “hybrid” medicines on the body of the Indians. In an essay titled ‘*Shwasthya Prosongo: Ayurbed Oushodh kahakey boley?*’ published in the periodical *Shwasthya*, the anonymous author voices the anxiety regarding the use of quinine and potassium iodide in concoctions sold as Ayurvedic medicines:

ঔষধগুলি ঠিক আয়ুর্বেদসম্মত না তাহাতে ভেজাল চলিতেছে? ডাক্তারি ও কবিরাজি ঔষধে খিচুড়ি বানাইয়া যাইতেছে কিনা? কুইনাইন রসসিন্দূরের সহিত মিলিয়া হরগৌরী রূপ ধরিতেছে কি না?, ইংরাজি আয়ডাইড অব পটাশ গুলঞ্চ ও শতমূলীর সহিত মিশিয়া কোন কষায় নাম ধারণ করিতেছে...¹² (Anonymous 1901, in Bose 2009: 127)

The native body, subject to western medicines and medical procedures therefore becomes the site of anxieties and fears. The difference between the discursive constructions of the ‘diseased native body’ in these Bangla periodicals and in colonial accounts is noteworthy. As the Europeans gradually became acclimatized to Indian climates, the body of the native was increasingly associated with images of debility and death as opposed to the earlier representations where the native body is far more well equipped if not immune to the onslaught of tropical diseases. The debility of the body in turn becomes associated with psychological, ethical, socio-cultural and religious practices of the native. They are branded as essentially lazy, superstitious, prone to delinquencies and so on. It will be interesting to compare the colonial construction of the native body with reference to the

Bangla essays on health. Quite a few of the essays engage in what seems to be almost a pathological self-deprecation. However, this is not a mere internalisation of the coloniser's conception of the inferior Other. Bodily debility, in these essays is seen as a psychological effect of the process of colonisation. The colonized has been so charmed by western discourses of knowledge that he is reluctant to adhere to the traditional Hindu way of life which causes disease and debility.

The conception of native body as essentially prone to debility, disease and death is therefore common to both western and indigenous medical discourses in the mid nineteenth century though the causes vary for obvious reasons. The evangelizing mission of western medical science is evident in this discursive production of bodies and psyches which are in utmost need of cure, of healing. Sibaji Bandyopadhyay has pointed out the recurrent use of medical metaphors in Macaulay's *Minute on Education* as well as in the writings of Charles Grant:

Healing, Purging, Revival - these words have been reiterated time and again in his works... the ideal of health is one and only... and from this perspective the 'illness' of the Indians are clearly evident: the sick must therefore seek the White doctor or the psychologist... (Bandyopadhyay 2013: 127) (Translation mine)

The diseased body and the addled brain of the colonized are therefore inextricably associated with the question of morality. What emerges as a cause for concern in this discursive construction of diseases, bodies and minds is the fear of contagion – both corporeal and moral. The fear of the moral degeneration of the European child in India just like the lazy, delinquent native haunts western medical discourses of the nineteenth century. Harish Naraindas in an article titled 'Poisons, Putrescence and the Weather: A Genealogy of the Advent of Tropical Medicine' has shown how the discursive construction of the "wasting body" of the European in India and the tropics is based on a pathologisation of space. The warm humid climate of India and the tropics is held responsible for putrescence, waste and corruption which is both "moral and meteorological" (Naraindas 1996: 40) The heat of the tropics is thought to produce corporeal defects – 'a marked disposition to relaxation and to a loose relaxed state of joints... and to 'consequent lateral curvature of the spine' which in turn lead to an indolent, lazy nature. The effect of the climate on the body is also a matter that is brought up time and again in the Bangla health periodicals but the narrative is based not on pathologisation of the tropics but on difference – the bodily or constitutional difference of the native body with respect to the European body – suited to the cold climes. The native body will therefore not respond

to European medicine or food advised by the White doctor. The diseased native body is therefore more a product of the invasive ‘western medicine’ than the hot and humid climate. Pathologisation of the tropics in the western discourses seems to meet a fitting reply in the writings of *kavirajs* like Prasannachandra Maitreya which pathologise the emergent modern urban space with its “faulty” sanitation system and waste disposal methods as the cause of disease and debility.

Conclusion

The attempt to construct a counter discourse to the pathologisation of space and natives of the colony and to uphold the “scientificity” of indigenous medicine and treatment procedures seems to be the chief objective of the nineteenth century Bangla periodicals on health. These essays can be seen as instances of resistance, as a form of cultural nationalism which sought to evoke in the middle class Bengali reader a sense of the past, to revive a memory of traditional medical practices and methods that appeared to be “threatened” and risked being obliterated by the dominant “scientific” Western discourses on the body and disease, particularly in the colonial context. However, in some instances this process of “writing back” is accomplished by the appropriation of the language and tropes of western medical discourses. This is not merely the shadow of the “superior Other” haunting the margins of the counter discourse but is to be understood as a conscious strategic device to posit the value and relevance of indigenous medicine in the linguistic paradigm of the West.

Notes

1. ‘Bengali medics are imitating their European instructors like infants... We are doing whatever the English masters are telling us to do’.
2. ‘Ayurbed Boigyanik naa Obigyanik’ (‘Is Ayurveda Scientific or Unscientific?’) is an essay written by Sheetalchandra Chattyopadhyay originally published in *Chikitsa Sammelani* in 1885.
3. ‘The disbalance of bayu, *pitta* and *kapha* makes the body diseased and polluted so they are called “doshas”’.
4. The Aryan physicians while engrossed in deciphering the mysteries of the diseased body were suddenly inspired by divine power and understood the nature of bayu, *pitta* and *kapha*

5. 'Ayurveda is a part of the Vedas. According to the Hindus, the Vedas are *apourosheyo* (beyond the *purusha* or the human) i.e. not "made by man"'.
6. 'The Aryans knew about the brain and spinal fluids. They also knew about the grey and the white matter'. Quoted from Shourindramohan Gupta's essay titled 'Pracheen Arya Chikitsa Bigyan' ('Ancient Aryan Medical Science) originally published in *Chikitsak o Somalochak* (1895).
7. Sushruta, the author of *Sushruta Samhita* was an ancient Indian physician noted for his treatises on surgical procedures and instruments.
8. 'European medicines are effective in eradicating diseases but any wise man will accept that they have debilitating long term side effects. The way in which European brandy, port, quinine and derivatives of mercury have destroyed the health of the natives in the past fifty years is worse than the debilitating effects of many diseases'. Quoted from *Deshiyo Oushodh o Tahar Shikshak* written by an anonymous author originally published in *Anubeekshon* in 1875.
9. 'The artificial light of western education has addled the brain of Indian nowadays and this is the reason behind their inability to come to terms with the reality'. Quoted from Kobiraj Prassannachandra Maitreya's '*Arya Swasthya Bijnyan*' originally published in *Chikitsak o Somalochak*, 1895
10. 'These new municipal bodies have started their operations by a sharp scrutiny of the faeces and urine of the common man...scavengers have been appointed for manually cleaning the makeshift latrines... this method of waste disposal is horrible, unhygienic. We fail to understand how the inhalation of air laden with the foul putrefying particles of human faeces is beneficial for public health and it is utterly unscientific'.
11. 'Indigeneous medicine is best suited for the native body born and bred in the native soil...Indians have formed a habit of needlessly swallowing western medicine... Why will not this weaken their health?'
12. 'Are these medicines truly "Ayurvedic" or spurious? Are these nefarious concoctions of indigeneous and western medicine? Is quinine being mixed with *rasasindur* to take a "hermaphrodite" form? Who knows whether the strange mixture of iodide of potash, gulanca and shatamuli is being marketed as Ayurvedic medicine?' Quoted from *Swasthya*

Prosongo: Ayurved Ousodh Kahakey Boley? written by an anonymous author originally published in *Shwasthya* 1901.

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