Introduction

A GHASTLY INCIDENT IN BURRA BAZAAR

On June 30, 1908, the following item appeared in Calcutta's European-owned newspaper, the *Statesman*, under the headline "A Mendicant's Ghastly Method: Burra Bazar Incident."

> On Sunday evening Burra Bazar was the scene of some excitement, due to the strange adventure of a low class native, who had formerly been employed as a dome in the Medical College Hospital. It appears that the man, having contrived to secure a human arm and skull from the Hospital with the aid of some of his comrades, went about the streets carrying them in his hands and soliciting alms from passers-by. A crowd collected and followed him asking him to show them the lump of human flesh which he carried; and the man, who was peculiarly dirty and shabbily dressed, responded by tearing it to pieces with his teeth, and at times he bit the almost decomposed arm for the sole object of extorting money. He entered a shop and began holding up the dead arm to the gaze of the crowd, and he was sent away with a small money dole by the shopkeeper, whose religious sentiments must have been shocked by the antics of the man. Eventually the police appeared on the scene and arrested him. He was subsequently sent up by Superintendent Merriman on a charge of having extorted money. The accused is awaiting trial.[1]

Subsequent investigation revealed that the 'dome' (or Dom), whose name was Paltoo, had not in fact been employed at the Medical College Hospital in Calcutta but had somehow acquired the arm and skull from the private medical school of the late Dr. Fernandez

in Circular Road. Proof that the arm and skull had not come from the College Hospital was provided by Harilal Basu, assistant surgeon and senior demonstrator of anatomy at the college. He found that the skull had been severed from the rest of the head in such a crude and unprofessional manner that the scalp and much of the hair remained attached to it. The arm, too, showed evidence of having been "irregularly dissected." Such ineptitude, Basu reported, made it clear that this could not have been the result of a dissection carried out at Calcutta's Medical College.[2]

Paltoo had inadvertently brought to light evidence—which the European medical establishment in Calcutta was quick to seize upon—of the inadequate standards of teaching and administration at the private medical schools that had sprung up in the city over the previous twenty-five years. The oldest such institution dated back to 1884, but the grandly titled College of Physicians and Surgeons of India, founded by Dr. Fernandez and his colleague Dr. N. Das, had been in existence only since 1897. Several of these private medical colleges proudly boasted among their directors and teaching staff former members of the Indian Medical Service, the state medical service of colonial India, and other surgeons and physicians with an impressive string of medical qualifications after their names. Thus, the National Hospital and College of Physicians and Surgeons of India, located at 30 Cornwallis Street, Calcutta, and founded in 1905, listed among its staff Lieutenant-Colonel Nandi, MB, CM, IMS; Major N. P. Sinha, MRCP, MRCS, IMS; and Major B. K. Basu, MD, CM, IMS.

As far as the principal of Calcutta's Medical College, C. P. Lukis (soon to be Sir Pardy Lukis and director-general of the IMS), was concerned, the issue brought to prominence by Paltoo's grisly antics in the Burra Bazaar was how such "self-constituted" colleges were to be regulated to ensure that only properly trained and duly qualified doctors and surgeons were given degrees and allowed to practice in India.[3] This revived the old, but increasingly pressing, issue (dating back to the 1880s) of whether there should be a medical registration act for India as there had long been in Britain. Lukis was among those who argued that registration was essential if the standards of Western medicine in India were to be maintained. Bogus degrees issued by unregulated colleges would not only produce poorly qualified doctors and surgeons who would be a danger to their patients

and the community among whom they practiced, but they would also by their incompetence and malpractice bring Western medicine as a whole into disrepute. But, others objected, should not every encouragement be given to private medical colleges as a way of facilitating the spread of an independent Western medical profession in India, which had so far found it difficult to establish itself outside the major cities? And what of the practitioners of the various Indian systems of medicine—Ayurveda, Yunani, and Siddha? Were they to be included in a system of state registration or omitted on the grounds that their practice was, to Western minds at least, "irrational" and "unscientific"?[4]

The vexing question of medical registration brought to the fore many of the underlying contradictions and dilemmas in the checkered career of Western medicine in nineteenth-century India. After one hundred and fifty years of British rule, Western medicine was still struggling to establish itself among the people of India. Medicine had been far less successful in this regard than the legal profession which, with a minimum of state sponsorship and regulation, had flourished like a hothouse plant in the steamily litigious atmosphere of colonial India. Why had Western medicine, comparatively speaking, been left out in the cold? One explanation was that it had remained too closely identified with the requirements of the colonial state and so was remote from the needs of the people. It had failed to make the transition from state medicine to public health. Another explanation was that the mass of the population remained content with the innumerable and readily accessible practitioners of indigenous medicine—the *kavirajas*, the *vaidyas*, and the *hakims*—and either saw no reason to seek out the few Western-trained practitioners who were available or could not afford their fees.[5] In 1900 even Calcutta, second city of the British Empire and a colonial metropolis of a million people, could support barely a hundred practitioners of Western medicine.[6] Despite the influential patronage of the colonial state, despite its own scientific claims and monopolistic aspirations, Western medicine had singularly failed to displace its indigenous rivals. Indeed, by 1914 the cohorts of a reformed and revitalized Ayurvedic and Yunani medicine were mounting a fresh assault on the privileged status of Western medicine in India, and even homeopathy, despite its European origins, seemed to be winning more adherents, especially in Bengal, than orthodox allopathic medicine. It is not surprising, then, that

Western medicine is often seen as having had only a superficial impact on India, confined to the small "enclaves" of the army and the European community in India and, even as late as the 1940s and 1950s, as having made little impression upon the beliefs and practices of the great majority of the Indian population.[7]

And yet—such is the contradictory nature of the claims presented—Western medicine is also sometimes seen as one of the most powerful and penetrative parts of the entire colonizing process, one of the most enduring and, indeed, destructive or distorting legacies of colonial rule in India as in many other parts of Asia, Africa, and Latin America.[8] From this perspective, the rise of independent medical colleges, like that of Drs. Fernandez and Das in Calcutta in the 1890s and 1900s, can be seen as but one sign among many—growing attendance at hospitals and dispensaries, mass immunization campaigns, even Indian nationalists' critical rhetoric of official neglect of indigenous health care—that Western medicine had already taken off in India, that even before 1914 it was ceasing to be merely the white man's medicine or just state medicine, had already begun to infiltrate the lives of an influential section of the Indian population, and had become part of a new cultural hegemony and incipient political order.

LOATHING AND DESIRE

In the renewed debate over medical registration, Paltoo the Dom was quickly lost sight of. But before he disappears into the jostling crowds and narrow back-streets of Burra Bazaar, we should pursue him a moment longer.

The community to which he belonged, the Doms, were (and are) widespread in many parts of India, particularly in Bengal and Bihar. They were among the lowest of all castes in India, despised even by many Untouchables. Traditionally, they not only filled the customary role of sweepers and scavengers but also performed such polluting and defiling tasks as removing the carcasses of dead animals and carrying the bodies of the human dead to burning grounds, or *ghat*s. They served as menial servants at Hindu cremations, providing the fuel for funeral pyres. Sometimes they were employed as executioners. Dom women worked as *dai*s, or midwives, another lowly occupation, which again brought them close to the body in its most polluting states. Abbé Dubois, writing of South India in the early

years of the nineteenth century, called the Doms, or "Dumbars," a "dissolute body," and numbered them among the "class of mountebanks, buffoons, posture-masters, tumblers, [and] dancers."[9]

Perhaps this combination of carnival and carrion goes some way toward explaining Paltoo's curious way of trying to earn a living. But there are two other points about the Doms that add meaning to the scene enacted in Burra Bazaar. As if to put its own imprimatur upon the already miserable and "degraded" status of the Doms, the colonial authorities designated some of their number a "criminal tribe" and so subject to some of the most stringent penalties and restraints the colonial state ever devised.[10] But, in addition, the Doms also served the British in the dissecting rooms of hospitals and medical colleges—like those where Paltoo worked in Calcutta in the early 1900s.

Although valued and approved in early works of Hindu Ayurvedic medicine, dissection and the study of anatomy had not been part of Hindu (or indeed Muslim) medical practice in recent centuries. Helping with human dissections was not a customary task for the Doms, but it was clearly one for which their association with the disposal of the dead peculiarly fitted them. This, then, might be taken as an example of the way in which Western medicine, for all its novelty, might find a certain compatibility with existing social forms and cultural norms in India. So closely did Paltoo and his caste become associated with mortuary work that those who assisted at dissections became known indiscriminately as "doms" or "domes," without even a capital letter to honor their presence. But the presence of the Doms in the dissecting rooms had a curious double resonance. It is indicative of the deep repugnance Indians of almost every caste and creed had for the Western practice of dissection that only the lowest and most despised of Hindu castes could be recruited to assist in this polluting and defiling work. It was as if Western medicine itself bore the taint, the stigma, of the pariah, and there was much about Western medicine (as we will see subsequently) that seemed to situate its practitioners among the outcaste and the defiled.

But in a not uncharacteristic conflict or inversion of cultural values, dissection was seen to be a necessary, even exemplary, part of nineteenth-century Western medical practice. Particularly before the effective development of microscopy and bacteriology late in the nineteenth century, it was largely through interrogation of the dead

that doctors aspired to know the diseases of the living. Thus, Indian opposition to postmortems (though certainly it had its parallels in contemporary Britain) was seen as irrational, perversely obstructive to the legitimate needs of medical science. When in January 1836 at the newly established Medical College in Calcutta a Brahmin instructor, Pandit Madhusudan Gupta, and four Indian students performed a human dissection for the first time, it was hailed as a major victory for Western civilization. It was said to mark the day 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." The momentous event was duly celebrated, in rather militaristic fashion, by firing a fifty-round salute from the guns of Calcutta's Fort William.[11]

But a deep loathing of dissection persisted and fed a widespread belief that Western medicine was more about cutting up bodies than healing them. This was a contributory element in the general atmosphere of suspicion, doubt, and resistance that haunted Western medicine in India for much of the nineteenth century and reached its climax in the rumors and riots against government plague measures in the late 1890s. Opposition to the performance of postmortems on likely plague victims was one reason among many for this upsurge of public anger and defiance. There were, significantly, even circumstances in which Doms themselves dissented from dissection. In 1898 a Dom called Budri, who had been assisting with dissections at Calcutta's Medical College Hospital for fifteen years, scratched his finger on a piece of bone while helping to dissect a suspected plague victim. He developed a high temperature and died two weeks later, presumably from plague. But his fellow Doms, though long associated with the grim work of the dissecting room—or perhaps because they knew it all too well—refused to allow Budri to be dissected in turn. "Budri," recorded the city's health officer, J. Neild Cook,

> was a drunkard and a very popular character among the domes, and though it was their business in life to cut up others, they absolutely refused to let their friend be cut up. They came down [to the hospital at Manicktolla] in considerable numbers and carried him off to the burning-ghat.[12]

Thus, even the most menial servants of Western medicine kept one of its most emblematic practices at a discreet cultural distance. Budri's

body belonged to them and to the cremation ground, not to the dissecting table of the colonizers.

This mixture of dissent and desire, the hateful and the hegemonic, in Indian responses to Western medicine is one of the paradoxical elements this book attempts to explore. It is an essay in the political and cultural problematics of the body in a colonized society as reflected and refracted in medical discourse and practice and as manifested in the varying perceptions of, and responses to, epidemic disease. It is a study of a colonizing process, rather than a history of Western medicine in India.

COLONIZING THE BODY

Anyone who sets out to try to write a history of the body is inevitably indebted to Michel Foucault, and anyone familiar with his seminal work will find the influence of *Discipline and Punish*, *The Birth of the Clinic*, and *Power/Knowledge* inscribed, however artlessly, in these pages.[13] But this book is not intended to be an imitative or uncritical reading of Foucault. To an extent unparalleled in his work, it is concerned with the creation of a state-centered system of scientific knowledge and power, rather than the more diffused and generalized forms of knowledge and power he described. It attempts, too, in a further departure from the main body of Foucault's work, to see resistance as an essential element in the evolution and articulation of a particular system of medical thought and action. Indeed, the problematic interdependence of discourse and praxis, and the constant tension between them as represented in a complex colonial situation, lies at the center of the more empirical discussions that follow.

Nineteenth-century India presents us with a medical system that attempted not just to function for the benefit of the colonial rulers themselves (though that was undoubtedly one of its priorities) but also, often ineffectually, to straddle the vastness of a peculiarly colonial divide. The notion of resistance, of an ineradicable otherness, at times opposing from without, at times resurfacing within, the discursive domain of Western medicine itself, often condemned but repeatedly summoned up as an active and not altogether unwelcome principle of negation, has thus to be constantly reckoned with as a central element in the dialectics of power and knowledge in colonial India. It is partly for this reason—to emphasize the importance of the body as a site of colonizing power and of contestation between the

colonized and the colonizers—but also in order to stress the corporality of colonialism in India (rather in contrast with those whose primary emphasis has been upon colonialism as a "psychological state") that this study speaks of the "colonization of the body."[14]

The ambiguities and complexities of that phrase, and the multiple compulsions and constraints that lie behind it, are worked out more fully in the chapters that follow. But it should be stressed here that medicine was only one—albeit a particularly critical—example of a colonizing process. Its equivalents are to be found across a whole range of interlocking colonial discourses, sites, and practices: from penology to anthropology, from the army to the plantation and the factory. But to attempt to describe them all would be too vast an undertaking for a single work and would inevitably blur what can more effectively be revealed by concentrating upon a single exemplary form. Nonetheless, it is important to recognize at the outset that medicine did not stand alone but occupied a place within a more expansive ideological order and a wider empirical domain.

But before we proceed further it will be as well to identify some of the principal features of the colonization of the body as it is discussed here. First, there is the nature of colonialism itself. Colonial rule built up an enormous battery of texts and discursive practices that concerned themselves with the physical being of the colonized (and, no less critically, though the interconnection is too seldom recognized, of the colonizers implanted in their midst). Colonialism used—or attempted to use—the body as a site for the construction of its own authority, legitimacy, and control. In part, therefore, the history of colonial medicine, and of the epidemic diseases with which it was so closely entwined, serves to illustrate the more general nature of colonial power and knowledge and to illuminate its hegemonic as well as its coercive processes.[15] Over the long period of British rule in India, the accumulation of medical knowledge about the body contributed to the political evolution and ideological articulation of the colonial system. Thus, medicine cannot be regarded as merely a matter of scientific interest. It cannot meaningfully be abstracted from the broader character of the colonial order. On the contrary, even in its moments of criticism and dissent, it remained integral to colonialism's political concerns, its economic intents, and its cultural preoccupations. While Foucault justifiably warned against too narrow a concentration upon the state and the systems of power that fed directly into

it,[16] it is critical in speaking of India under colonial rule to recognize that there, until 1914 and arguably much beyond that date, Western medicine was intimately bound up with the nature and aspirations of the colonial state itself.

It would be pointless to deny that much of what is described here in a colonial context has its precedents and parallels in nineteenth-century Europe, particularly in Britain itself, and was by no means unique to India. Indeed, the second element of what this book seeks to describe under the rubric of the colonization of the body is the diverse array of ideological and administrative mechanisms by which an emerging system of knowledge and power extended itself into and over India's indigenous society, a process in many respects characteristic of bourgeois societies and modern states elsewhere in the world. Bodies were being counted and categorized, they were being disciplined, discoursed upon, and dissected, in India much as they were in Britain, France, or the United States at the time. There is, indeed, a sense in which all modern medicine is engaged in a colonizing process. The history of medicine in European and North American societies over the past two hundred years has been a history of growing intervention and a quest for monopolistic rights over the body. It can be seen in the increasing professionalization of medicine and the exclusion of "folk" practitioners, in the close and often symbiotic relationship between medicine and the modern state, in the far-reaching claims made by medical science for its ability to prevent, control, and even eradicate human diseases. It has aptly been said that the position of medicine today is "akin to that of state religions yesterday." It has acquired an "officially approved monopoly of the right to define health and illness and to treat illness."[17]

But colonial India either showed these developments in an exceptionally raw and accentuated form (in which the Indian experience was as much contrasted with, as compared to, the European) or demonstrated, in a manner largely unparalleled in Western societies, the exceptional importance of medicine in the cultural and political construction of its subjects. Moreover, Western medicine in India was a colonial science and not simply an extension or transference of Western science to a colonial outpost. Without being wrenched free of its metropolitan roots, it nonetheless had grafted onto it ideas and concerns that had their origins in India or in Europe's Orientalizing of India. Western medicine in India was Western medicine for India in

a way that Europe-based experts and observers often found distressing or bizarre.

And finally, to a degree unrecognized in Foucault, the career of Western medicine in India showed the importance of different and often opposing "readings" of the body, just as disease stood not for one but for a multiplicity of metaphors and meanings.[18] As the history of epidemic disease in nineteenth-century India—here represented by the deadly trinity of smallpox, cholera, and plague—makes plain, the body formed a site of contestation and not simply of colonial appropriation. The question—Who speaks for the body of the people?—constantly recurred, informing political thought and social action on both sides of the colonial divide. The forms that contestation took were many and varied and shifted substantially over the momentous period of this study, from 1800 to 1914. The search for authority and control was not simply the stark European/Indian dichotomy it is sometimes taken to be. The idea of Orientalism is one which it is useful to invoke and echo in these pages,[19] but its historical limitations do much to test its theoretical boldness. Part of the task of this study is to utilize the history of epidemic disease and medical intervention to uncover different forms of Indian responses, to peel apart the onion layers of resistance, accommodation, participation, and appropriation. It is thus not only an account of colonial power and knowledge but also, of necessity, an essay on internal differentiation within Indian society, on subaltern politics and middle-class hegemony. Medicine was too powerful, too authoritative, a species of discourse and praxis to be left to the colonizers alone.