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Have We Found the Postcolonial History of Medicine? An Essay Review

Warwick Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines*. Durham, North Carolina: Duke University Press, 2006. Pp. x + 356 pp., illus. USD\$24.95 (paper). ISBN: 978-0-8223-3843-7.

Kavita Sivaramakrishnan, *Old Potions, New Bottles: Recasting Indigenous Medicine in Colonial Punjab (1850-1914)*. New Delhi, India: Orient BlackSwan, 2006. Pp. xiv + 280 pp., Rs.795.00 (cloth). ISBN: 978-81-250-2946-5.

Ryan Johnson, University of Strathclyde, Glasgow

Almost a decade ago, Warwick Anderson posed the question: *Where is the postcolonial history of medicine?*¹ Since asking the question, postcolonial studies and histories of colonial medicine have grown significantly where we can now appropriately ask if we have found the “postcolonial” history of medicine that Warwick desired. Anderson's concern, and hence the question, derives from medical histories, overtly national in character, of former European colonies that implicitly uphold a Western historicism privileging the rise of the nation-state as the political unit *par excellence*. Within these histories, Western medicine as an actor is continually reproduced. Peculiarities of local context are considered, as are the agency of the colonized in their resistance or acceptance of Western medicine, but, in the end, the narrative of a universal and stable Western medicine prevails. This does not suggest that such histories are advocating a one dimensional diffusionist approach to the history of colonial medicine, where science and medicine simply move from the West to the “rest.”² Nonetheless, even after Western medicine is considered part of complex imperial circuits and networks, it still takes center stage. Accounts of mosquitoes, flies, complex life cycles of parasitic disease, the development of vaccines, and experiments and discoveries by Western physicians and scientists are explained in even the most critical histories of imperial and colonial medicine.³ Trained as a physician, Anderson is not adverse to such accounts, but wonders if a constant refining of the science of imperial and colonial medicine is needed. Are we missing some dimensions by proceeding from a medical framework situated within the transition from colony to

¹ Warwick Anderson, “Essay Review: Where is the Postcolonial History of Medicine?” *Bulletin of the History of Medicine* 72, no. 3 (1998): 522-30.

² George Basalla, “The Spread of Western Science,” *Science* 156 (3775)(1967): 611–622. For an excellent review of the literature on science and British imperialism, see Mark Harrison, “Science and the British Empire,” *Isis* 96, no. 1 (2005): 56-63.

³ For example see John Farley, *Bilharzia: A History of Imperial Tropical Medicine* (Cambridge: Cambridge University Press, 1991); and Maryinez Lyon, *The Colonial Disease: A Social History of Sleeping Sickness in Northern Zaire, 1900-1940* (Cambridge: Cambridge University Press, 1992).

nation state, even if we account for political and economic motivations, and uneven cultural vagaries in the process?

Anderson has been among the few historians leading the way in advocating a postcolonial approach to the history of colonial and Western medicine. This movement, noticeable, if not small, away from privileging the biomedical and national has been influenced by a certain understanding of what is meant by the postcolonial. This essay will not engage in the protracted, intense debates over the utility of the term “postcolonial,” many of which questioning the appropriateness of the “post” or its normalization within the academy. When the “postcolonial” is mentioned here, it is not referring to a final condition of “after” colonialism; it is still “colonialism,” but something different. Rather, the term “post” implies that historical approaches to “colonialism” have been opened up and transformed in particular ways, but not completely discarded.

The “holy trinity” of postcolonial critics — Edward Said, Homi Bhabha, and Gayatri Chakravorty Spivak — and the authors that inspired them — Derrida, Lacan, Foucault, Deleuze, and Kristeva, to name a few — have been referenced by scholars writing histories of Western and colonial medicine. In postcolonial histories, they “glitter” in footnotes and bibliographies.⁴ Or do they? Peter Hulme has encouraged stripping off “the straightjacket of those accounts and definitions of postcolonial studies that simplify and narrow its range to the work of a handful of theorists.”⁵ Hulme is not suggesting we scrap certain approaches in favour of new, more “trendy” ideas, or try and scramble back to some romantic notion of history. The insights provided by the authors mentioned above have irrevocably changed approaches to the “past” as history, and if the goal is writing good history, nobody serious about this enterprise simply ignores them. To what extent, however, have specific historical contexts been subordinate to certain “stances” and “positioning” by historians advocating postcolonial approaches?

For over fifteen years, Dipesh Chakrabarty has been calling for the provincialization of Europe: the need to rein in Europe’s historicized version of modernity — narratives that “point to a certain Europe as the primary habitus of the modern” — and show how its conception of reason is not self-evident and obvious to everybody outside its borders.⁶ Chakrabarty is quite clear that this is not a simplistic rejection of modernity or celebration of cultural relativism. Reason, science, and all that defines post-Enlightenment rationality can never be the sole possessions of Europe’s history. Especially over the last decade, a proliferation of exciting and important histories have taken up Chakrabarty’s challenge, calling into question singular visions of European modernity, but, we should ask, to what extent are they really provincializing Europe?

In *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines*, Warwick Anderson attempts to rein in at least part of the West by placing the Philippines, from roughly 1898 through the 1930s, within the same analytical framework as the United States. Anderson considers the role of the “colonial” (“a process and category in the history of Western medicine” [7]) in the formation of an American public health movement and current international development projects. Following trends in new imperial history,⁷ Anderson argues that in the Philippines, colonial public health officials

⁴ Anderson, “Essay Review,” 527.

⁵ Peter Hulme, “Beyond the Straits: Postcolonial Allegories of the Globe,” in *Postcolonial Studies and Beyond*, eds. Ania Loomba and Jed Esty (Durham, NC: Duke University Press, 2005), 42.

⁶ Dipesh Chakrabarty, “Postcoloniality and the Artifice of History: Who Speaks for ‘Indian’ Pasts?” *Representations* 37, no.1 (1992): 21.

⁷ For discussion and examples of the “new” imperial history, see: Dane Kennedy, “Imperial History and Postcolonial Theory,” *The Journal of Imperial and Commonwealth History* 24 (1996): 345–63; Catherine Hall, “Introduction: Thinking the Postcolonial, Thinking the Empire,” in *Cultures of Empire: Colonizers in Britain and the Empire in the Nineteenth and Twentieth Centuries: A Reader* (Manchester: Manchester University Press, 2000), 1–36; Antoinette Burton, *At the Heart of the Empire: Indians and the Colonial Encounter in Late-Victorian Britain* (Berkeley: University of California

constructed effective hygienic and sanitary measures that were eventually transferred onto populations in the United States. Anderson demonstrates, in this case, how the “colony” informed public health measures enacted in the “metropole.” Historian of the new imperialism, Alan Lester, sums up Anderson’s approach by stating: “This networked conception of imperial interconnectedness is very fruitful if one wants to consider metropole and colony, or colony and colony, within the same analytical frame, and without necessarily privileging either one of these places.”⁸

Throughout his attempt to place “colony” and “metropole” in the same analytical frame, Anderson utilizes a Foucauldian-informed approach to dig through the “sedimentary strata of disciplinary structures” (8). Bacteriology and parasitology were important factors in the emergence of a new public health regime in the Philippines as well as in explanations of the shifting locus of disease from a dangerous tropical environment to Filipino bodies. Rather than being guided by an approach that recounts the development of specific disease theories, especially modern germ theory – the discovery that many diseases were transmitted through microscopic organisms – Anderson draws attention to the importance of colonial warfare and military strategy – “a military genealogy of modern tropical hygiene” (46). Through lessons learned battling invisible guerrilla *insurrectos*, the Filipino landscape was in essence transformed into a laboratory, with Filipino bodies becoming the new battleground against invisible microbial *insurrectos*. Positioned against responsible, yet vulnerable, white bodies, Filipinos were portrayed as immature disease carriers in need of constant surveillance and discipline to properly develop into what more closely resembles the American citizen. Filipinos were expected to want, and desire, a “civilizing” trajectory from diseased child towards becoming a clean and cultured American adult. Colonial health authorities were there to bring back in line any Filipinos that strayed from this idealization.

Aided by Kristeva’s notion of the abject,⁹ in a chapter focusing on the obsessive collection of Filipino excrement, Anderson details the effects of a new “orificial order” (111). The ability of Americans to control their anuses better than “promiscuous” Filipino defecators legitimized the need for further social and political control of the Filipinos (106) while simultaneously abstracting American bodies from “the filthy exuberance of the tropics” (111). Such anal retentiveness brought about a reterritorialization of uncontrollable spaces such as the “carnival” into the controlled space of the parade. With Filipino bodies safely differentiated from white European bodies, Anderson moves the book in a new direction towards the interrogation of “blustering” and seemingly confident white American medical officers who systematically began to “reinvent their [own] whiteness and harden their masculinity” (7).

A strength, and weakness, of *Colonial Pathologies* resides in its detailed “examination of the distressed and assertive colonial culture of bourgeois white males” (6). Elsewhere, Anderson has commented on the dangers of writing colonial histories focused on white men – histories that run the risk of “reflecting the narcissistic demands of a part of the European and North American academy.”¹⁰ Nonetheless, he works from the premise that the histories that reveal “the potentially destabilizing anxieties and uncertainties in the identities of colonizers” are valuable when attempting to address the problematic relationships

Press, 1998); Alan Lester, *Imperial Networks: Creating Identities in Nineteenth Century South Africa and Britain* (London: Routledge, 2001); Tony Ballantyne, *Orientalism and Race: Aryanism in the British Empire* (Basingstoke, UK: Palgrave, 2002); Catherine Hall, *Civilising Subjects: Metropole and Colony in the English Imagination, 1830–1867* (Cambridge: Polity, 2002); and Antoinette Burton and Tony Ballantyne, eds., *Bodies in Contact: Rethinking Colonial Encounters in World History* (Durham, NC: Duke University Press, 2005).

⁸ Alan Lester, “Imperial Circuits and Networks: Geographies of the British Empire,” *History Compass* 4, no. 1 (2006): 133–34.

⁹ Julia Kristeva, *Powers of Horror: An Essay on Abjection* (New York: Columbia University Press, 1982).

¹⁰ Warwick Anderson, “Postcolonial Histories,” in *Locating Medical History: The Stories and Their Meanings*, ed. Frank Huisman and John Harley Warner (Baltimore: Johns Hopkins Press, 2004), 298.

between supposedly “dominant” and “superior” colonizers and “dominated” and “inferior” colonized.¹¹ Anderson maintains that: “Internal contradictions, deficiencies, and discomfort exercised the most corrosive influences on racial frameworks during this period, not explicit local resistance” (10). His two most important chapters in defence of this position relate to the “psychic burdens” of white colonizers (Chapter 5) and the unsettling gaze of the partial subject, the Filipino “mimic man” (Chapter 7).¹²

Throughout the book, one of Anderson’s primary goals is to demonstrate “continuities between the late-colonial civilizing process and international development projects — that is, I want to trace the genealogy of development back to the medical mobilization of civic potential in the Philippines in the early twentieth century” (4). Anderson maintains that certain problems encountered in current programs of development and international health have their roots in colonial contexts such as the Philippines. Anderson is persuasive in this argument, and many of his other claims, backed up by meticulous research and referencing, while being careful to stay clear of advocating for a universal Western medicine couched in an emerging Filipino nation. He also makes many of the more complex arguments deriving from post-structural and postcolonial theory accessible.

Anderson, however, arguably places too much emphasis on the transition of fears from a tropical landscape to Filipino bodies. Fears of the climate and environment were still very much present, and embedded in numerous sources such as manuals and guidebooks on living in tropical climates, popular periodicals, and commodities marketed to tropical travelers such as foodstuffs, clothing, and medicine chests. When fears of the climate are mentioned, they are harnessed in support of more abstract notions relating to white European anxieties in the tropics. In a sense, although he stays away from explicitly describing the etiology of diseases such as malaria and yellow fever, they implicitly dominate his narrative. Greater focus on the messiness and struggles over ideas of race and disease in the “metropole,” particularly in relation to how the tropics and its inhabitants were imagined and marketed, can further pull back the dominance of a rational and stable Western medicine. Despite this, Anderson’s impressive breadth of knowledge and reading of the sources remains a fresh approach to the history of Western and colonial medicine.

While *Colonial Pathologies* is highly influenced by major works in postcolonial theory, they are almost wholly absent in *Old Potions, New Bottles: Recasting Indigenous Medicine in Colonial Punjab (1850-1945)*. *Old Potions* charts the transformation of indigenous medical learning and practice (Aryurvedic medicine) in the wake of Western medicine and colonial rule. Similar to *Colonial Pathologies*, Kavita Sivaramakrishnan is not concerned with details of Western medicine as it relates to specific disease theories or medical practice. Rather, Sivaramakrishnan argues that the greatest impact Western medicine has had on local Punjabi inhabitants, indigenous medicine, and its practitioners — referred to as *vaid*s — was through its claims to authority. By way of the vernacular press, Ayurvedic-physician publicists, also referred to as Arya reformists, set about the project of historicizing *Vedic*, or indigenous science, to counter claims of Western authority projected through science and medicine. This made the reformists’ own authority, and by association Hindu authority, self evident. In an “essentially political process” that linked Ayurvedic *vigyan* (science) with Hindi revival, Sivaramakrishnan shows how “Aryurvedic science was projected as asserting a ‘different’ scientific modernity; a modernity that mixed science, philosophy and religion without a confusion of these categories. And in this universality of Hindu science also lay the claims of a Hindu nation” (9).

Throughout *Old Potions*, Sivaramakrishnan skilfully weaves the tensions and conflicts encountered by *vaid* campaigns within the formation of complex corporate networks. Surprisingly, the greatest resistance to Arya reformists did not derive from white European colonial administrators or physicians,

¹¹ Ibid.

¹² See Homi K. Bhabha, *The Location of Culture* (London: Routledge, 1994).

who were dependent upon the support of indigenous practitioners, but from competing claims emerging from the provincial peripheries. Sikh *vaid* practitioners in particular resisted being subsumed into the singularity of a Hindu modernity, instead making claims for the legitimacy of a Punjabi-based tradition of *desi Baidak* (indigenous Ayurvedic learning). Sikh *vaid* publicists were asserting their own arguments for a Sikh modernity and provincial leadership separate from a Hindu “core.” Multiple claims to modernity were made in this case rather than a simple binary between the colonial administration and the Hindu-nation-in-the-making. *Old Potions* shatters portrayals of an elementary and singular India, but in the process, we get an elementary and singular Western modernity, raising some important questions over how the term, and claims to modernity, are being used.

Sivaramakrishnan expands on the arguments of Gyan Prakash and others who likewise demonstrate that South Asian intellectual counterclaims to Western authority were a thoroughly political process.¹³ Sivaramakrishnan’s novelty is showing the extension of their arguments into the public sphere through lay literati, revealing how both support and local resistance were mobilized through vernacular print publicity. Similar to the histories upon which she expands, however, the “different” or “multiple” modernity described is contrasted against a singular Western modernity. In consequence, the effects of *desi chikitsa* (indigenous medical knowledge) on Western medical knowledge are obscured, maintaining an illusory stability that in practice was far from stable. By responding to different political and economic motivations, Western medicine developed differently in the colonial context. Sivaramakrishnan suggests that a greater dialogue should be established between historians that have shown the multiple and contradicting theories and practices of medicine in Europe with those that are concerned about the role medicine played outside of European borders.

Even though Sivaramakrishnan’s portrayals of Western claims to modernity and authority through science and medicine are problematic, *Old Potions* exposes the important other side of the colonial coin: Western biomedicine was not a dominating system of knowledge. This is not to downplay or deny the violence and horrors enacted by colonial authorities, or Western medicine’s influence, but when reports from the vernacular press declare, for example, that “the real leaders of the people have no access to Government Officials, but they rule over thousands” (62), histories that myopically focus on the colonizer *in* the colony — no matter how much the colonizers interrogate their own ambivalent nature — can never complete the story of Western medicine’s impact.

Returning to the question animating this essay review: Where is the postcolonial history of medicine?, we can further ask: By what criteria do we differentiate a postcolonial history of medicine from a social history of colonial medicine? Can a specific approach be used in writing about medicine in territories colonized by Europeans that marks it out, characterizes it as *the* postcolonial perspective? Less than a decade ago postcolonial histories could be recognized by routinely criticizing all forms of meta-narrative, post-Enlightenment rationalism, nationalism, Marxist analysis, and antagonistic or struggle-based models in favour of such concepts as hybridity, liminality, migrancy, and multiculturalism. Current historiographical positions regarding postcolonialism, however, are not so certain. Understood as an attempt to undermine the dominant discourses of Western-led progress, nationalism, and development, postcolonial histories have begun to incorporate all the complexities and nuances numerous historians have revealed through long and committed engagements with archival material housed in both the metropole and periphery. Struggles in multiple colonial contexts over claims and counter-claims to rights, citizenship, and freedom suggest that post-Enlightenment rationality can no

¹³ See Partha Chatterjee, *The Nation and Its Fragments: Colonial and Postcolonial Histories*, (Princeton, NJ: Princeton University Press, 1995); Rajnarayan Chandavarkar, *Imperial Power and Popular Politics: Class, Resistance, and the State in India, 1850-1950* (Cambridge: Cambridge University Press, 1998); Gyan Prakash, *Another Reason: Science and the Imagination of Modern India* (Princeton, NJ: Princeton University Press, 1999); and Dhruv Raina, *Images and Contexts: The Historiography of Science and Modernity in India* (Oxford: Oxford University Press, 2003).

longer bear the burden of being only European. Within the history of colonial medicine, the elision of local European contexts risks continuing the assumption that post-Enlightenment rationality, embodied in science and medicine, was a stable and obvious development within Western geographical borders. The result is that “ownership of notions like human rights and citizenship [scientific medicine] is conceded to Europe — only to be subjected to ironic dismissal for their association with European imperialism.”¹⁴

More abstract approaches such as hybridity, liminality, and mimicry are at times useful in destabilizing relationships between colonizers and colonized and grasping the uneven historical relationship between them. Nonetheless, if we want to capture the range of temporalities, ambivalences, ambiguities, and complexities of the colonial past, histories are required that privilege the linear as much as the fragmentary — while keeping in mind that the linear and fragmentary can exist simultaneously — the peculiarities and struggles of local contexts — both “colony” and “metropole” — as much as abstract interrogations of the colonial discourse. Utilizing such an approach can possibly allow historians to actually begin provincializing Europe. As the two texts under consideration demonstrate, no “proper” or “best” approach to writing “postcolonial” histories of medicine exist, nor, for that matter, a need to be looking for one. Both works proceed along rather different trajectories but they equally contribute to a historiography that helps place local medicines within their varied parochial contexts while illustrating the entanglement of complex and uneven developments in the production of medical knowledge. While they both have their respective strengths and weaknesses to the degree in which they achieve this, what ultimately stands out in both texts is not that one or the other is more or less postcolonial, but that both are obviously long and passionate works that allow judicious sources to inform them.

When challenging Eurocentric models of colonial history, historians should never be first and foremost concerned about producing histories that historiographically rely too heavily on references to particular theorists. Rather, as colonial historian Frederick Cooper suggests: “Doing history historically does more to challenge the supposedly dominant narrative of Western-led progress, of nation-building, or of development.”¹⁵ Here, Cooper is specifically concerned with the overuse and abuse of postcolonial theory as applied to colonial histories, and the analytically barren jargon associated with such studies. Arguably, they are often devoid of any real power to understand the dynamic relationship between the “colonizer” and the “colonized,” and the distinction between “metropole” and “colony.” Cooper is not advocating the dismissal of all postcolonial theory but he questions the overall utility of such theory for achieving histories that redress the injustices and inequalities of European colonialism. He strives to simultaneously reinsert agency without recreating Eurocentric and paternalistic models of the colonial past. Between them, *Colonial Pathologies*, and *Old Potions*, move towards achieving this end, and instead of becoming histories compromised by approaches uncomfortably forced upon them, they provide rich and important contributions to the current historiography of imperial and colonial medicine.

¹⁴ Frederick Cooper, *Colonialism in Question: Theory, Knowledge, History* (Berkeley: University of California Press, 2005), 16.

¹⁵ *Ibid.*, 21.