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David Arnold's *Colonizing the Body* sketches the history of British colonial policy of public health in India in the nineteenth century. Chapter 1 talks about how the medico-topographical reports produced by British professionals in India orientalized India's tropical environment, which according to the then popular miasmatic theory of etiology, caused many of India's fatal diseases and made India inhospitable to the white race. This gave rise to the study of tropical medicine, an idea that stresses how the tropical environment, including its climate, humidity and typography, posed a dangerous threat to human health. Chapter 2 shows how such studies of tropical medicine and Western medical ideas were carried out by British medical experts, mostly in the army and the prisons at the beginning, to cope with the health challenges in tropical India to serve the British colonial mission. That many of British public health policies were first implemented in the jails and barracks, the "colonial enclave" as Arnold calls them, shows how the institutional model on which British public health policies in India was built had an "inbuilt disposition to see health and sanitation as disciplinary matters, to be imposed by force, if necessary, on an ignorant, superstitious, or simply lethargic population, as part of a top-down, state-driven regime rather than as part of a voluntary, community-based movement of self-help and self-improvement." (114-115) The army and the jails, according to Arnold, served as "observatories and laboratories" for British medical experts to implement their medical beliefs and techniques, which ultimately spread outside of these two enclaves. Chapter 3, 4 and 5 talk about the expansion of British state medicine through three epidemic diseases of the nineteenth century: smallpox, cholera and plague. In the case of smallpox and cholera, the colonial government's public health policies, including quarantines and cordons, compulsory inoculation and vaccination, as well as sanitary regulations in pilgrimages and temples, were constrained by the British concern over India's antagonism against these hygienic measures, which might lead to political unrest. The British also hesitated to invest more in Indian public health in fear of financial liability. The vivid memory of 1857 further convinced British rulers that if the colonial government interfered heavily in Indian religious practices, many of which were deemed unhygienic and breeding ground for diseases, it would certainly lead to political turbulence and military confrontation. However, the bubonic plague that ravaged northern and western India starting from 1896 marked a more authoritative role of biomedical science in British colonial rule – it witnessed British state medicine "in uneasy transition from a defensive preoccupation with European interest and physical well-being to a broader, and as yet poorly defined, notion of public health." (203)

Arnold is one of the pioneers for the study of colonial medicine, which enriches postcolonial studies in a significant way. “The history of colonial medicine, and of the epidemic diseases with which it was so closely entwined,” as Arnold states, “serves to illustrate the more general nature of colonial power and knowledge and to illuminate its hegemonic as well as its coercive processes.” (8) In contrast to some scholars’ understanding of postcolonialism as “psychological resistance” that primarily emphasizes colonialism as a “psychological state,” Arnold stresses the “corporality of colonialism” in India and hence his study speaks of “the ‘colonization of the body.’” (8) The Foucauldian power/knowledge dynamic, which constitutes one of the bases for Said’s Orientalism and postcolonial studies, certainly inspires Arnold’s argument that “Western medicine was intimately bound up with the nature and aspirations of the colonial state itself.” (7) Arnold situates medicine in a “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.” (9) Arnold’s examination of the medical encounters between the British colonizer and the Indian colonized cites “coercion” as the “dominant expression of Western medical activity” but also uses “hegemonic” to describe Western medicine’s “attributes,” “ambitions,” and “value” to Indian elites and British rulers. (240-241) He also reveals how Western biomedicine was developed and transformed by its practices in India. An “Orientalized India” as “a land of dirt and disease, of lethargy and superstition, of backwardness and barbarity” was always contrasted by a colonial narrative with the “coolheaded rationality and science, the purposeful dynamism, and the paternalistic humanitarianism of the West.” (292) This contrast enabled an imperial civilizing mission and credo, as Arnold points out. But as he later suggests, such contrast also demanded Western medicine to negotiate and compromise according to indigenous needs in order to grapple with “an abiding contradiction between universalizing and Orientalizing.” (292) Biomedicine as a universal truth was inherently contradicted by the colonial project of otherness and alienation of the colonized people and land.

This colonial history of medicine has discredited the positive and benevolent image of biomedicine and revealed how medicine is one of the many instruments for colonization, racialization, stigmatization, and othering. It has also uncovered the local resistance and indigenous readaptation to Western medicine within this structure of colonial medicine.

Work cited

Arnold, David. *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-century India*. Berkeley and Los Angeles, California: University of California Press, 1993. Pp. 368. \$33.95 (paperback). ISBN: 9780520082953.