

Book Reviews

sub-field of medical history that addresses epidemics in colonial settings. He analyses the role of unani practitioners (hakim) in different parts of India during the plague epidemic that followed Bombay's 1896 crisis and shows how the epidemic shaped their professional identity. Rather than a simplified understanding of dissent and resistance of hakims towards the colonial state, we get a picture of complexity in which several instances of authority, knowledge, models of understanding and intervening on disease were at stake.

The second discussion addresses the institutionalization of unani teaching. During the nineteenth century, native medical institutions co-existed with the traditional private and one-to-one forms of learning, sometimes father-to-son. On occasion, the holding of a degree was not enough to become an accepted practitioner: one had also to use some of the family's knowledge of substances and private prescriptions. The professionalization of hakims persisted without the emergence of a single institutional curriculum for their training.

The next discussion addresses the politics of indigenous medicines in the context of India's rising nationalism. In the 1910s, the All India Vedic and Unani Tibbi Conference (AIVUTC) promoted a joint front for ayurvedic and unani tibbi, both seen as the legitimate medical traditions of India. The very rhetoric of co-operation implied that they were distinct and had separate religious and cultural affiliations; arguments regarding the universal character of the healing endeavour were invoked to suppress the distinctions. In the end, new fractures emerged from the claims of purity and authenticity. Two further discussions deal with the treatment of women and the relationship between hakim and patient.

This work is a must for all those who are interested in knowing more about unani tibbi and also for those who want to go beyond the assumptions that narrowly link medical traditions to religious-cultural identities and help to highlight the differences. The evidence

and analysis supplied by Attewell prove that reality is far more nuanced and complex.

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Sarah Hodges, *Contraception, colonialism and commerce: birth control in South India, 1920–1940*, History of Medicine in Context, Aldershot, Ashgate, 2008, pp. xi, 170, £55.00 (hardback 978-0-7546-3809-4).

Southern India played an important role in the development of gynaecology and obstetrics, both within the subcontinent and within the British empire as a whole. Nineteenth-century Madras was a major centre of expertise in "diseases of women and children", and well placed to become a hub of the birth control movement in the 1920s and 1930s. Sarah Hodges has written extensively on female medicine in colonial India and has made a particular study of its development in the south. Here she examines the different factors surrounding the promotion of birth control within the biopolitical context of an imperial government whose days were numbered, and the growing confidence and assertiveness of the Indian nationalist movement.

The issue of birth and birthing was of symbolic importance in colonial India, partly because of British distaste for traditional birthing methods and partly because of nationalist rhetoric surrounding "Mother India". However, a Mother was glorified in the number and strength of her sons, so this did not necessarily translate into enthusiasm for birth control. Gandhi was a staunch opponent of birth control, with all its connotations of western scientific interference and its obvious eugenicist agenda. However, concern about overpopulation coupled with an appreciation of the worldwide impact of the work of Marie Stopes led various voluntary groups in India to promote birth control enthusiastically. By the 1930s Indian newspapers carried whole

columns of advertisements for condoms, coils or contraceptive advice manuals.

Hodges has focused on two of the most important of these groups. The Madras Neo-Malthusian League was made up of prominent businessmen, largely from the Brahmin community, working to an essentially paternalist agenda (like many of these movements it was almost exclusively male): it wanted to link India to the worldwide Stopesian movement and saw contraception as a way of reducing India's population of fecklessly breeding poor. The League poured out pamphlets and posters to little discernable effect: it was pointed out acidly by one critic that, since one of its founders had no children and another thirteen, they clearly either knew nothing of birth or nothing of control.

More radical was the Self-Respect movement, which swept through the south in the 1930s and 1940s. This was a political and cultural movement which sought to galvanize the Tamil population—not least through using the Tamil language—into a strong sense of their separate and personal identity. It was particularly aimed against domination by the Brahmins; there seemed little point in removing relatively remote British control only to replace it with much closer and tighter Brahmin control. The Self-Respect movement held its meetings in the open air and, unlike the Neo-Malthusians, it welcomed women to its ranks. Contraception was not to be women's way of contributing responsibly to the new nation, but a means of personal emancipation, to break the hold of the traditional maternal role forced on them by India's hierarchical society. In many ways, the Self-Respect movement foreshadowed feminist enthusiasm for the Pill in the 1960s, with a similarly broad agenda of personal and collective liberation.

These are important stories, of relevance well beyond the confines of colonial medical history, and Professor Hodges tells them with characteristic and infectious enthusiasm. She shows that the nexus between nationalism, colonialism and control of the birthing process is much more nuanced than the traditional

Foucaultian model of the colonized body allows for and, in a pleasing coda to the book, she addresses the popular cliché of Indian over-population, not perhaps to destroy it but certainly to point out its oversimplifications. This is a handsomely produced volume which advances our knowledge and understanding of an important area not just of colonial biopolitics, but of the interplay between birth and politics itself.

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Mark Jackson (ed.), *Health and the modern home*, Routledge Studies in the Social History of Medicine, No. 31, New York and Abingdon, Routledge, 2007, pp. ix, 339, £60.00 (hardback 978-0-415-95610-9).

This substantial and excellently edited collection of essays faces up to some of the big variables in contemporary and recent social and medical history—home, environment, modernity, health. In his introduction, Mark Jackson admits that the volume is only a preliminary beating of the bounds rather than a definitive map of an area that still borders on *terra incognita*. Pondering these essays, a reader may conclude that, in addition to being a foreign country, the past becomes ever odder and more alien when it lies so chronologically close to hand. Older subscribers to *Medical History* will come across essays—by John Stewart on child guidance, Sarah Hayes on maladjustment, and Ali Haggett, Jo Gill and Rhodri Hayward on women's "suburban neurosis"—that summon up yesterday's yellowing headlines and ways of conceptualizing social problems. Most of these are now as antique as the First Crusade.

A more committed engagement with transnational comparisons and a wider sampling of the ways in which the home has been sociologically theorized and conceptualized during the last thirty years would have strengthened the volume. Ruth Schwartz Cowan, so perceptive and predictive