Trota and 'Trotula' had already started to be eroded in the later Middle Ages, Monica Green disproves popular ideas of the Middle Ages as a Golden Age for women's control over their own bodies. Talking about the "rise" of male authority and dating its beginning to the twelfth century, implies that things were different before. Green is rather vague in her assessment of the early Middle Ages, when there was neither licensing, nor a systematized literate medicine. If ever there was a Golden Age, she would seem to place it in Antiquity and Late Antiquity, when midwives formed a professionalized corps with a broad mandate over both obstetrics and gynaecology, valued for their skill but also their literacy. In the West, literate midwives reappear only in the sixteenth century; to find the first texts written by and for midwives one has to wait a century longer.

Maaike van der Lugt,
Université Paris Diderot – Paris 7/
Institut universitaire de France

Guy N A Attewell, *Refiguring unani tibb: plural healing in late colonial India*, New Perspectives in South Asian History, No. 17, New Delhi, Orient Longman, 2007, pp. xvi, 316, RS 695.00 (hardback 81-250-3017-4).

After the wave of innovation that in the 1980s and 1990s brought empire and colonialism into the history of medicine—and, with that, a wider and consistent use of domination, resistance, dependency, power-knowledge, hegemony, and other concepts—some of us thought that this approach was here to stay for some time. And yet there are already signs of change, with works that challenge what was so neatly finished in the previous models and dig into the complexities, nuances, dissonances and contradictions of the actual processes of healing and curing in history and across cultures. Such is the aim of *Refiguring unani tibb: plural healing in late colonial India,* in which Guy Attewell brings us close to the complexities involved in what we know as the unani medical system, commonly associated with the Islamic-Arabic medical tradition.

Despite its title, *Refiguring unani tibb* does not resound with the insubstantial rhetorical play of post-modernism but stands firmly upon the traditional device of solid evidence. The author uses a variety of sources in both manuscript and print, drawing on books, pamphlets, journals, diaries, and biographies, in various languages (including Urdu, Arabic and Persian), and covering periods and regions beyond India's late colonialism.

Attewell argues that the general understanding of unani medicine as an Islamic-Arabic medical tradition, with Persian and Greek influences, is mostly a product of late colonial classifications which have been re-stated without critical examination virtually ever since. Criticizing both the notion of separate medical "systems" and the paradigms of tradition/modernity, indigenous/colonial, and accommodation/resistance, Attewell emphasizes the dynamics of change, borrowing, and transformation behind the different medical traditions that co-existed and co-produced one another in South Asia. Instead of "systems", we are offered "streams of knowledge" and associated practices, all of them fluid, flexible, and changeable, and prone to serve identity politics by idealizing a past of pure form.

Although there are distinguishing features that set unani medicine apart from others—like its pervasive humoral pathology, the attempt to restore bodily balances based on opposites, the diagnosis by pulse, urine and stool, the use of decoctions, pills, syrups and preparations, as well as cupping, leeching and venesection—it did not pre-exist as a static system imported from elsewhere nor was there a golden age and place when and where everything was pure and free from other influences. Centuries of practice in South Asia also contributed to the knowledge base of unani tibb.

Attewell makes his points with a few case studies from late colonial India. The first of them interacts with the recently established

https://doi.org/10.1017/S0025727300000600 Published online by Cambridge University Press

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 tibb, 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 tibb 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.

Cristiana Bastos,
Instituto de Ciências Sociais,
Universidade de Lisboa

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

https://doi.org/10.1017/S0025727300000600 Published online by Cambridge University Press