

BOOK REVIEW

Nandini Bhattacharya, *Disparate Remedies: Making Medicines in Modern India*

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Nandini Bhattacharya meticulously examines the intricate dynamics of medical pluralism, power structures and socio-economic variables in shaping India's pharmacological landscape in the colonial and postcolonial eras. She explores the evolution of medicines and their burgeoning consumer markets by highlighting interactions among governmental actions, public discourse and scientific dynamism related to medicinal remedies during the colonial period. By navigating interactions among diverse medical systems, cross-cultural knowledge exchange and market dynamics – mechanisms by which therapeutic products became integral to public life – the book critically analyses how colonial initiatives have affected pharmaceutical production and consumption in postcolonial India, emphasizing the lasting impact of historical influences on the contemporary pharmaceutical realm.

The intricate relationship between indigenous and 'bazaar' pharmaceutical firms defines Bhattacharya's perception of the colonial pharmaceutical industry's complexity. Shedding light on the connections among multinational corporations, indigenous enterprises and local traders, she illuminates pragmatic realities of competition and adaptive strategies within the medical market in colonial India. She effectively challenges simplistic narratives of isolationism motivated by nationalism, exposing structural similarities and competitive strategies among diverse pharmaceutical entities. She also examines the complex interplay among hybridity, heterogeneity and cosmopolitanism in the pharmaceutical environment, challenges the dichotomy between indigenous and Western medicine, and contends that rather than being mutually exclusive, these classifications coalesced and mutually influenced each other, blurring traditional boundaries between various medicinal practices.

Bhattacharya addresses discourses surrounding the inclusion of indigenous medicines in colonial pharmaceutical practices, revealing negotiations over 'indigeneity' in the medical market and challenging established definitions of indigenous medicine as compared to Western standards. By contextualizing the codification of indigenous drugs within orientalist projects, Bhattacharya underscores the tensions between colonial governance, scientific rationality and indigenous knowledge systems. Her exploration reveals how colonial policies perpetuated dependence on costly imports from British manufacturers, influenced by the lucrative contracts of UK-based firms. This further accentuates various medical traditions' coexistence and mutual influence within the colonial pharmaceutical landscape. The study also delves into the relationship between pharmaceutical adulteration and societal factors such as caste, personal identity and nationalist discourse,

uncovering the discursive strategies employed to rationalize or defend the practice of adulteration within these contexts.

This work's groundbreaking analysis of the commodification of medicinal goods, best illustrated by the colonial medicine chest, is among its notable contributions. This focal point illustrates the dual roles played in political contestation and cultural negotiation in colonial India while unveiling the intricate distribution network that underpinned the trade in medicinal goods. Moreover, the author highlights the frequently overlooked yet significant contributions of medical subordinates in colonial India, particularly compounders, within the intricate fabric of the medical market. Despite lack of formal training, compounders emerged as pivotal figures, navigating the intensified competition and conflicts inherent in the colonial medical landscape. It was difficult to distinguish between the pharmaceutical and medical professions due to their shared responsibility for providing medical advice and treatments, which frequently overlapped with those of formally qualified doctors.

A notable aspect of Bhattacharya's work is her exploration of the intricate landscapes of postcolonial India's pharmaceutical industry. She recognizes medical pluralism as a historical continuum deeply rooted in India's colonial past rather than a sole consequence of globalization. The postcolonial era brought new challenges and opportunities for India's pharmaceutical industry, prompting Bhattacharya to explore efforts towards integrating traditional medical systems with biomedicine. Despite their widespread consumption and marketability, Ayurvedic therapies were frequently relegated to the realm of 'alternative' or 'complementary' treatments, overshadowed by the dominance of biomedicine and pharmaceuticals, notably synthetic drugs like sulpha drugs and antibiotics, highlighting the persistent tensions between indigenous knowledge and biomedical hegemony.

Bhattacharya's diligent archival research, rooted in sources including customs records, reflects her dedication to historical accuracy. She also skilfully synthesizes the works of Mukharji, Das, Berger, Arnold, Gerth and Harrison to provide contextual understanding of medical practices within broader social, political and economic frameworks. In examining drug adulteration, she expands the discourse by integrating insights on purity and adulteration from Ray and Misra. The book's production boasts clear formatting and high-quality images. While maps, tables and illustrations enhance reader engagement, the descriptive depth of the urban landscape and the sensory depiction of medicinal abundance captivate readers' imaginations, offering a compelling portrayal of the historical context.

The author has established a strong foundation for understanding the historical dynamics of medical practices and pharmaceutical markets in colonial and postcolonial India, prompting further scholarly exploration, particularly into regional/provincial variations. Different regions likely encountered unique patterns of medical pluralism, regulatory frameworks and responses to adulteration. Deeper examination of these differences could provide more nuanced understanding of the subject, enriching the narrative and expanding its scope. While exploring purity rituals and dietary practices focusing on elite and upper-caste concerns offers valuable insights, an opportunity exists to investigate the experiences and perspectives of marginalized communities affected by adulteration. Despite the strides made in colonial historiography, a challenge remains in representing marginalized voices. Since the focus of this scholarship extends beyond the colonial era to the postcolonial period, incorporating oral histories and indigenous narratives could provide a more comprehensive and inclusive analysis, allowing for a fuller understanding of various medical viewpoints and experiences. Moreover, scope exists for gender-sensitive analysis in India's pharmaceutical industry with an exploration of women's roles and experiences that enhances understanding of how gender dynamics intersected with medical practices in colonial society.

Through meticulous research and an interdisciplinary approach, Bhattacharya offers valuable insights into colonial and postcolonial India's intersections of history, medicine, trade and industry. Moreover, this work has implications beyond academia. Its findings can inform contemporary discussions and policy making on health care provision and pharmaceutical regulation in present-day India.