Chapter-2

Major Themes in the Historiography of Science and Medicine

In the recent past there have been great surge in the scholarship of History of Science and Medicine in Asia. Started in 60s and 70s of last century with Charles Leselie and others, this has come a long way, as many scholars took it up as a different tool to understand the society as a whole. However, it remains a fact that most of the studies have been confined to the broader areas of Colonialism and its impact on indigenous societies. However, historians are aware that science, technology and medicine tend to produce histories of its own and can be used to understand the history of any given civilization.¹ From Sarton ² through Henri Sigerist,³ History of Science and Medicine has created its own space in the larger framework of the history of society, culture and politics. History of science and medicine could reflect continuous actions of men and the impact they created on the human consciousness and behavior.

A close observation of the history of science and medicine would divulge that, varieties of elements assisted the evolution of the subject. Any study of the history of medicine and hygiene under the backdrop of its socio-cultural contexts would be impossible, had discernible and controlling factors not taken into cognizance.⁴ By overlooking these factors, colonial enterprises and scholarship from 19th Century onwards attempted to reject various indigenous knowledge traditions in Asia and Africa for being superstitious and

³ Henry E Sigerist, Land Marks in the History of Hygiene, OUP, New York, 1956
⁴ A.Rahman, Science and Technology in Indian Culture: A Historical Perspective, National Institute of Science, Technology & Development Studies, Delhi, 1984
Authors in the following paragraphs expose that ‘superstition’ and ‘naïve’ sciences in the Asia-African continents was as much prevalent as it gets in the European continent as well. And also it uncovers the empiring ambitions of the western scholars from 19th century.

Health Medicine and Mortality in The Sixteenth Century by Charles Webster is considered to be one of the well brought out works publications in the realm of history of medicine in pre-industrialized society. Various authors greatly dealt with different areas in history of medicine such as diseases, death, astrological medicine, and so on. The first four papers are dealing with health behavior in Sixteenth Century Europe which includes death rate, infant mortality and such related areas. Paul Slack examines the reasons for high death rate in Sixteenth Century which was witnessing large scale epidemic and famine across the region. Roger Schofield along with E.A.Wriggly examines the child mortality rate by biometric analysis. Andrew W Appleby does explore the dietary traditions of different strata of the period. His chapter examines how the changing material condition facilitates the dietary tradition of different strata of the society especially middle and low class.

“Medicine in the English Middle Ages” by Faye Gets is a remarkable and small book dealing with many intricacies of Middle Age medical practices in England such as medical travelers, institutions, practitioners, texts and faith systems. Getz describes many practitioners and varied individual practices across the region of England. England during this time witnessed effective medical markets representing diverse practitioners with different

6 Ibid, pp.237-275
7 Ibid, pp.9-117
8 Paul slack “Mortality Crises and Epidemic Disease in England:1485-1610”,ibid, pp.9-60
10 Faye Gets, Medicine in the English Middle Ages, Princeton, Princeton University Press, 1998
11 Ibid, pp.20-35
12 Ibid, pp.8-9
approach towards body and medicine.\textsuperscript{13} Functional designation of the practitioners was very tricky, confusing and inappropriate to an age when specialization had not begun to assert itself and when healers tasks where so mixed.\textsuperscript{14} Carole Rawcliffe’s book\textsuperscript{15} gives an account of hygiene practices in later medieval England. By using original sources including letters and travel writing the author gives us a very clear picture of “hygiene concept” in England. Climatical influence on diseases and healing and the natural medicine are also dealt with great vigor.\textsuperscript{16}

Rawcliffe give glimpses on the ideas of body presented and gives a detailed understanding of the dominant medical and social construct of body.\textsuperscript{17} The author convinces us that British believed that management of body and health were as significant as the treatment of the diseases. Sudden and “unnoticed” death became a routine in the medieval age irrespective of the race, religion and creed.\textsuperscript{18} Fear of sudden death was a constant fear in the medieval period also, the writer points out. The book deals with the disease and sacred, ideas of sin, insanity caused by natural and demonic forces, natural and supernatural sources of treatments.\textsuperscript{19}

Medicine and Society in Early Modern Europe by Mary Lindemann,\textsuperscript{20} can be considered a great contribution for bringing out many untouched areas of European history. This is considered to be one of the best documents written by a professional historian in the realm of social history. This book highlights the medicine in the early Europe with Britain in focus. It is also attempts to bring a “new history” and present the reader a more accurate and

\textsuperscript{13} Ibid, p.83  
\textsuperscript{14} Ibid, p.43  
\textsuperscript{16} Ibid, p.136  
\textsuperscript{17} Ibid, p.202  
\textsuperscript{18} Ibid, p.5  
\textsuperscript{19} Ibid, p.19  
\textsuperscript{20} Mary Lindemann, \textit{Medicine and Society in Early Modern Europe}, \textit{New Approaches to European History}, CUP, 1999
focused research in the social history of medicine.\textsuperscript{21} It gives ample space for the concept of “body” and “ill health” and fighting the diseases. The author gives interesting pictures of epidemics like Plague, Small Pox and Tuberculosis. ‘Barber-Physicians’ and ‘Learned Practitioners’ forms a major area of the study.\textsuperscript{22} Lindemann gives a good account of the public consciousness of the hygiene and public health by giving sufficient references to the way they carried out the cleansing work on the road and streets.\textsuperscript{23} One interesting aspect of this study is the focus on the “other side” of the medical history: the patients.\textsuperscript{24} We come across the examples of how the real patients made choices in Sixteenth and Seventeenth Century.

Meanwhile, Luis Garcia-Balleser makes a wonderful effort in an extensively researched work of history of medicine concentrating on the ‘other Europe’: Spain. Focusing on all major religious community of the medieval Spain, the author illustrates the practice and teaching of the medicine in the region. By using medicine as historical tool, the writer gives a valuable account of coexistence of three religions for four centuries.\textsuperscript{25} First part of the book deals with the foundations of the medical science in the Thirteenth century Spain and the social factors, perceived as crucial in the assimilation and transmission of the medical thoughts. Second part addresses the role of the Jewish doctors in the Christian society and their approach towards the Christian scholastic medicine. Next part deals with the question of the disintegration of the Muslim community and its effect on the medicinal practice as a whole. This part also shows the way Arabic medical treatises get absorbed in the medical curriculum of the medieval Italy and France. Medical literature in Arabic remained the

\begin{footnotesize}
\textsuperscript{21} Ibid,p.5
\textsuperscript{22} Ibid,p.262
\textsuperscript{23} Ibid,p.196
\textsuperscript{24} Ibid,p.8
\end{footnotesize}
undisputed scientific language in the hands of the Thirteenth century Jewish and Muslim scholars. The work catalogues the known surviving manuscripts in Arabic which are the strong testimonials to the wealth of the Arabic medical knowledge that circulated outside the Christiandom and social order. An interesting law which was known as *Valencian Furs* (laws) required all the physicians possessed a University Degree, an attempt to effectively and subtly Christianize medical professions. This law denied entry to non-Christians in to the Spanish universities. Examinations by the local doctors and municipal authorities had the power to screen all the applicants including barbers and apothecaries. Qualified women doctors were not available as the medical profession was out of question for them and also because Christian laws did not permit it. If somebody from the female gender found practicing or gives medicine, she had to undergo sever punishments like getting whipped through the town.

Nevertheless, these impositions could not be implemented as there was an acute shortage of the health care and medical practitioners. The author shows that the social tensions prevailed in a multicultural society in which majority community tries to impose its will on the other groups. He laments the confrontations between the ecclesiastic authorities and secular professionals, and their respective healing prerogatives and, increasingly overt persecution of the religious minorities by a privileged Christian majority. And there was a gradual decline of the Islamic medical practice in Spain where medicine was a flourishing science before the beginning of the ‘new world’ as explained by Peter E.Pormann.26 By Sixteenth century Islamic medicine got ruralised and isolated from the classical textual traditions. They were denied to practice within the framework of a dominant and new culture area as its proponents were dismissed as folk healers and were marginalized.

Last part of the book deals with *Morisco*-Spanish Muslims who were forced to convert into Christianity. Dominant social force used all methods of persecution to get the conversion done to assimilate the minority through aggressive ways. This also resulted in the disintegration of the medical subculture of the *Morisco*. The author uses medicine as historical variable to illustrate the complex cultural contexts. It also shows how religion played a great role in the thoughts practice of the medical profession as in the case of all Mediterranean cultures.

The Great plague has been a major subject of the historians of this genre. There has been many works on this dreaded incident that happened in Europe in frequent interval.27 Stephen Porter makes an attempt to investigate the cruel outbreak of the Bubonic Plague in England still considered to be one of the decisive incidents in this study.28 This had happened in 1665 and shook the entire population of the country as well as the continent.29 He describes how from 1340s onwards the “Black Death” became a frequent visitor in the history of the London especially in 16th and 17th centuries.30 This work deals with the outbreaks of the epidemic in the London proper and the spreading of the large and smaller cities nearby. He gives us a detailed account of the policy and its implementation by the governments: state and cities.31 Officials deployed quarantines, wrestled with the question whether the healthy should be isolated from the sick, or some extra taxes should be levied from the urban rich and so on.32

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28 Porter,op.cit,p.8
29 Ibid,pp.75-76
30 Ibid,pp.10-11
31 Ibid,pp.86-128
32 Ibid,p.16
Roy Porter sketches the evolution and development in medicine through ages of human existence. He also explains how medicine was integral to and developed out of wider religious, scientific, philosophical and political beliefs of the culture, which surrounded it. This work is an interesting attempt to examine the traditions of both East and West in wider context. This tradition was followed by Guenter B Risse. Risse develops a method that he describes in his introduction, “hospital narratives and case histories” to describe a sort of personal history of the hospital in its specialty based on case histories of patients and thus combining an institutional view from above with a patient’s view from below. This sublime work facilitated a plethora of works dealing with medieval hospitals in subsequent years. Other area that historians of medicine and science found interest was ingredients of medicines in medieval period. Anne Van Arsdall brought out interesting areas of middle age herbariums in England. This book deals with real and unreal practitioners of medicines, yet, both of them used herbals and other medical ingredients.

Literature in the history of hygiene and its notion and function are very scanty in the history of medicine discipline even now. History of public health and individuals’ practice of hygiene have been overlooked by the scholars of history of medicine. Considered as a major work, Henry E Sigerist’s book does not make a break through. The author referred to the concept of the hygiene in five different historic periods. It starts with Galen through Renaissance, Enlightenment and finally ends up with modern concepts of the hygiene.

Virginia Sarah Smith, brings out the universality of the “cleanliness” from classical Greek to

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37Ibid.pp.38-39
39Ibid, p.9
She states that every society and region “has its own unique profile and history of cleansing, purification, or hygienic practices and its own cultural mix.” Alison Bashford analyses the concept of hygiene in a colonial setting focusing on the colonial enterprises in Australia under British occupation. The author explored the prejudice of the colonial state towards the population in terms of the colour, race and gender. This analysis is made by taking cue from different areas and aspects of the hygiene; sex hygiene, domestic hygiene, social hygiene, national hygiene, moral hygiene, tropical hygiene, maternal hygiene, racial hygiene, international hygiene and more. Colonial policies of hygiene were executed by the defined boundaries of “enclosures” and “boundaries” and “excluded” and “included” citizenship.

History of science, technology and medicines pertaining to the medieval period is very scanty and has been overlooked by many historians and there is great scope for the same. Many ambitious works have been failed to understand culture gaps of science and technology in medieval India. There is great deal of lacuna in many works dealing with science in general and medicine and hygiene in particular. In one of the popular works in the last decade, A.Rahman, tries to put in ‘the interrelated way the social, philosophical and cultural characteristics of a distinctive world civilization of India evolved’ in the first volumes of his ten volume series. In an earlier venture D.M. Bose, S.N.Sen, and B.V.Subbharayapp attempted to highlight the glory of Indian science and technology. This

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41Ibid,p.6
43Ibid,pp.81-85
44Ibid,pp.4-5
attempt had been made out for expressing the superiority that India had in terms of originality and innovations.\textsuperscript{47}

This work is an attempt to highlight some part of the science and technology following the footsteps of larger Orientalist historians by just glorifying the classical and medieval Indian sciences and technology by sometimes misjudging of the historical facts with some prejudiced and preconceived notion of the history.\textsuperscript{48} This work concludes by making that the development and innovations in India have become virtually extinct after the establishment of “Islamic power” in 12th Century. Creative and innovative urges of the Indian sciences; astronomy, numbers, algebra and medicine had seen their lowest ebb in twelfth and mid nineteenth centuries which correspondence the period of Sultanate and Mughals in Indian subcontinents.\textsuperscript{49}

Nevertheless, later historians did not agree with this prejudiced construct of Indian history and came up with new insights in the existing knowledge. These new group of scholars wanted to break the orient list construct by bringing syncretism elements in sciences and technology. By concentrating more on the plural aspects of the science and overlooked elements of the Muslim contributions, they have been trying to rectify some of the misdeeds of the orientalist/indologist historians. Irfan Habeeb countered the prejudiced notion of the growth and plurality of the science, technology and medicines in Asia along with the development of new political culture.\textsuperscript{50}

O.P.Jaggi’s\textsuperscript{51} work traced the history of technology and sciences from stone age to present in his magnum opus, History of Science and Technology in India. His first volume

\textsuperscript{47}D. M. Bose, Samarendra Nath Sen, B. V. Subbarayappa, \textit{A Concise History of Science in India}, Indian National Science Academy, Delhi, 1971
\textsuperscript{48}Ibid, p. pp.450-465
\textsuperscript{49}Ibid, p.486
\textsuperscript{50}Chahryar Adle, Irfan Habib, (eds), \textit{History of Civilizations of Central Asia: Development in Contrast : From The Sixteenth to the Mid Nineteenth Century}, UNESCO, Turin, 2003
\textsuperscript{51}O.P Jaggi, \textit{History of Science, Technology and Medicine in India}, Volume 10, Atma Ram, 1973; \textit{History of Science and Technology in India: Science in Modern India}, Atma Ram, 1984
traces the advances the Stone Age man made in India specifically during Harappan civilization and the second volume deals with the Vedic civilization. He makes most of his understanding from Sanskrit sources especially Vedic and makes a tiring effort to project that the Vedic and Pre-Vedic society was scientifically very advanced. The study is primarily based on the uncritical study of the Sanskrit sources and translation of the same by non-Sanskrit scholars.

Waltraud Ernst and Bernard Harris\footnote{Waltraud Ernst and Bernard Harris (eds), Race, Science and Medicine, 1700-1960, Routledge, New York, 2001} make an effort to construct the colonial power and its racial prejudices in the field of sciences and medicine in British India and Africa.\footnote{Ibid, pp.80-144} The main objective of the book is the political and ethnographical discourse on the race in the backdrop of the Colonial Raj across the colonies. Authors in the book “share an ambition to break away from the conventional understanding of the subject and expose some of the dangerous and destructive patterns that were established when the absurdity of the race was elevated into a central political, cultural and economic concept and endowed with a power to both determine and explain the unfolding of history”\footnote{Ibid,p.2}

There is a serious initiative in this book to explore the claims of the racial superiority and western medicine as a hegemonic tool in colonies from the Enlightenment period itself. David Arnold in his article in the book “An Ancient Race Out Worn’:Malaria and Race in Colonial India, 1860-1930”\footnote{Ibid, pp.123-143} caste a serious apprehension on the “racial logic of belonging” and Enlightenment root of racial hierarchy prevalent in the colonial mindset. “Racialized” science and scientific and cultural justification racism played main role in framing and implementing many policies; legal institutional or medical; in colonial states. Scientific
Racism is diversely refashioned during this period and was given biological and cultural attributions. David Arnold traces the history of India from 18th century onwards after the first onslaught of the colonial power on Malabar Coast. This book fills the gap in the historiography of India by putting up an in-depth study of science, technology and medicine during the colonial phase in the country. This is not a conventional book of history of science and technology but a detailed understanding of the science innovation and policies and its impact on the individuals and specific social strata. The author tries bringing in science as a cultural construct and with its own political agendas and institutional structures. Arnold seeks the science as a parameter to understand the different modalities of the society in colonial period. In other words, he brings in the socio-cultural character of the sciences and technology in colonial India. His book is an attempt to understand the ‘recipient’ societies in which the “western science has been received and situated in relation to indigenous epistemologies and practices”.

The author also refers to some earlier works which emphasizes the strong position of the scientific temper and traditions of the Indian societies before and after the emergence of the colonial power. He says that those indigenous medical practices have shown its own tendency of plurality and this plurality and differences across the regions had its own strength and weaknesses. Earlier, Arnold tried to examine the relation between the colonializing project and its implication on different fields like science and technology, art and language. Arnold tries to examine the notion of the “Body” as a site of colonial legitimacy, control and

56 Ibid, p.6  
57 David Arnold Science, Technology, and Medicine in Colonial India, Part 3, Volume 5, CUP, UK, 2000  
58 Ibid, pp.169-170  
59 Ibid, pp 129-131  
60 Ibid,p.9  
61 Ibid,p.2  
62David Arnold, Colonizing the Body: State Medicine and Epidemic: Disease in Nineteenth Century India, University of California Press, California, 1993
authority.\textsuperscript{63} The author explores the diverse interests of the colonial state by focusing on the health policy and the way they treated three dreaded diseases; Cholera, Smallpox and Plague.\textsuperscript{64} Medical intervention from the colonial state not only termed as “civilizational mission” but also a legitimacy for their permanent settlement on Indian territory.\textsuperscript{65} By giving a new look into the colonializing project; Arnold also brings to the notice the responses of the Indians to the emerging field of medicines.\textsuperscript{66}

Zaheer Baber\textsuperscript{67} gives a general overview of the situation by giving us an abstract level discussion on colonial impact on Indian science and technology. But this book gives a strong foundation of the period prior to the British in the chapter titled “science, technology and society in medieval India.”\textsuperscript{68} His book talks about the universal character of the sciences and its relation with social organizations.\textsuperscript{69} There is a detailed discussion on the scientific attitude prior to the 16\textsuperscript{th} century and goes on explaining the colonial encounter with the local scientific attitude and approach. Baber discussed the scope of power in disseminating knowledge communication after the establishment of the hegemonic power. Baber makes a survey of the Indian technology; ancient and medieval, regarding astronomy, meteorology and military technologies.\textsuperscript{70} There had been great exchanges between India and other South Asian countries and Middle East and talks about the way Indian numerical tradition with great political patronage influenced other culture areas.\textsuperscript{71}

\textsuperscript{63} Ibid, p.57
\textsuperscript{64} Ibid, pp.130-159
\textsuperscript{65} Ibid, p.58
\textsuperscript{66} Ibid, p.121
\textsuperscript{68} Ibid, p.53
\textsuperscript{69} Ibid, p.58-59
\textsuperscript{70} Ibid, pp.60-62.

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C.A. Bayly\textsuperscript{72} gives an idea of how the British were able to penetrate in the Indian mind during the late medieval period with superior knowledge and science.\textsuperscript{73} British, as Bayly goes, seemed to have, in spite of the ‘superior’ knowledge, found great difficulty to understand the geography, language and local customs of the conquered.\textsuperscript{74} Even after one century of existence, British more or less depended on the newly educated Indian middle class to explore Indian mind and psyche.\textsuperscript{75} This inadequate knowledge about the indigenous led British heading into many disasters including many defeats in the hands of ‘less civilized’ and marginal communities. Bayly explains the debates among the Indian and British intellectuals pertaining in to the field of astronomy, language and medicine and makes a middle path between “colonial sciences were a pursuit of pure knowledge” and “it was tool in search of power.”\textsuperscript{76}

Scholarship on history of medicine in India has been growing over a period of time. This tradition was initiated by H.R. Zimmer who analysed some important aspects of ancient Indian medical systems especially Ayurveda.\textsuperscript{77} His work is a general presentation of the evolution of the ancient Indian medicine through centuries. This was carried forwarded by Henry Sigerist, who tried to find common elements and conceptual similarities in Greek, Hindu and Persian medical traditions.\textsuperscript{78} Dr. P. Kutumbaiah presented a comprehensive introduction to Ayurveda system of medicine.\textsuperscript{79} The major portion of his work is concerned with the doctrines of classical Indian medicine, found in the Caraka and Susruta Samhitas. The author touches upon themes such as Harappan medicine, the magico-religious practices

\begin{thebibliography}{99}
\item C.A. Bayly, \textit{Empire and Information: Intelligence Gathering and Social Communication in India 1780-1870}, Cambridge, 1996
\item Ibid, p. 4
\item Ibid, pp. 365-366
\item Ibid, p. 147
\item Ibid, p. 252
\item H.R. Zimmer, \textit{Hindu Medicine}, Baltimore, 1948
\item Henry Ernest Sigerist, \textit{A History of Medicine: Early Greek, Hindu, and Persian medicine}, Oxford University Press, 1961
\item Dr. P. Kutumbaiah, \textit{Ancient Indian Medicine}, Orient Longman, Mumbay, 1962
\end{thebibliography}
of medicines in the Vedas and the medical references in the Brahmanas and Upanishads. Asoke K. Bagchi locates the medical practices in medieval India with special attention to Ayurveda and Unani. His work discusses elaborately, medicine and medical development of Indian subcontinent.

Charless Leselie and Allan Young did one of the path breaking works in the field of history of medicine and its comparative nature. This book can boast of lot of sophistication in the study area and hailed by many scholars in the field of science and technology. These collection of articles make a strenuous effort to make comparative studies on the medicinal system in East Asia, South Asia and Islam. They deal with Japanese Anatomy, Chinese medicine and traditions in the South Asia. There are some thought provoking essays on the Ayurvedic tradition and its many facets. Concepts of death and nature, science, experimentation and clinical practice in Ayurveda are giving new dimension to the socio-historical perspective of the system. Essay by Francis Zimmermann examining the concept of violence and the non-violence in the semantics of Ayurvedic tradition. On the Islamic medical tradition we have a comparative study focusing on the relative similarities between Greek and prophetic medicine and the Islamic Humoralism in some geographical areas.

Another important study edited by Charles Leslie, brought out a comparative outlook in the field of medicine. This work explores some interesting facets of Indian, Islamic and Chinese medicine in ancient and medieval times. Priya Vrat Sharma explores the ways in

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80 Asoke K. Bagchi, *Medicine in Medieval India: 11th to 18th Centuries*, 1997
81 Ibid, p.125
82 Charless Leselie and Allan Young, (eds), *Paths To Asian Medical Knowledge, Comparative Studies of Health and Medical Care Series*, University of California Press, 1992,
83 Ibid, pp.129-255
84 Ibid, p.129
85 Ibid, p.209
86 Ibid, p.257
88 Ibid, pp.18-63
which Ayurveda evolved and borrowed from different traditions of the world especially through the exchange with Islam.\textsuperscript{90} Nevertheless, the scanty resources used in this task make it a difficult narrative to take in to consideration. Taking a drastic shift from the existing writings, Seema Alavi explored the influence of Islamic medicine and Unani on Indian socio-cultural canvas during later medieval times.\textsuperscript{91} Alavi expounds tradition of Indo-Islamic medicine or Unani and the way it worked in a different political backdrop in pre modern time as well.\textsuperscript{92} Spanning a period of 400 years, she details the way Unani evolved as medical tradition and remained strong in the face of hegemonizing forces of western medicine.\textsuperscript{93}

Mark Harrison and Biswamoy Pati attempt to resolve the cognitive areas of the history of medicine in the colonial period.\textsuperscript{94} The book tries to examine the new areas of history of medicine in recent times. It gives a detailed description of the colonial construct of the public health and the discussion pertaining to it focuses on the two strands in the historiography.\textsuperscript{95} Systematic analysis of the friction between the policy makers back in Britain and the agents in Calcutta is an eye opener to the students of the Colonial History of Medicine.\textsuperscript{96} Poonam Bala explores the impact of the Colonial State on the traditional medicinal system in India.\textsuperscript{97} She explored the impact of professionalisation and commercialization of the medicine on existing tradition of Unani and Ayurveda system of knowledge in 19th and 20th century in Bengal.

\textsuperscript{89} Priya Vrat Sharma, (ed). \textit{History of Medicine in India (from Antiquity to 1000 A.D.)}. New Delhi: Indian National Science Academy, 1992.
\textsuperscript{90} Ibid,p.469
\textsuperscript{91}Seema Alavi, \textit{Islam And Healing: Loss And Recovery Of An Indo-Muslim Medical Tradition 1600-1900}, Palgrave Macmillan, 2008
\textsuperscript{92} Ibid,pp.19-53
\textsuperscript{93} Ibid,p.14
\textsuperscript{94} Mark Harrison and Biswamoy Pati, \textit{The Social History of Health and Medicine in Colonial India}, Routledge, 2009, New York
\textsuperscript{95} Ibid,p.45
\textsuperscript{96} Ibid,p.15
\textsuperscript{97} Poonam Bala, \textit{Medicine and Medical Policies in India: Social and Historical Perspectives}, Lexington Bokks, UK,2007
Mark Harrison, one of the leading historians of Medicine has made an impressive effort to bring about the relations between the functioning of the nature, environment and imperialism. He explores the ways in which British saw Indian climate as a constraints upon their imperial ambition. Harrison demonstrates how the reciprocal activities of the climate, race and colonial authority evolved in eighteenth and nineteenth century and laid the foundation of the modern view of Indian climate.

First settlers from British East India Company settled on the eastern coast of Indian where climate resembled with Northern Europe. When Mughal Empire became virtually defunct, colonial power became supreme authority economically and politically. This time, ideas about racial fixity not fluidity emerged. British by this time viewed the Indian “the other.” Harrison accounts the way British perceived the hygienic practices, public and private. Reformers had seen improved sanitation as a means of the social development. Better hygienic practices improved the races of all types and shows us the colonial prejudice of the “purity” and “impurity.”

Thus, this chapter tries to locate the evolution of the history of sciences in general and medicines in particular. This chapter thus reflects that there are many studies that have been carried out by historians and sociologists on different areas of the history of medicine. Various aspects like medicine; practitioners, new inventions, great personalities in the field and so on have been referred to in most of the works especially in the initial stages of the historiography. Later, historians started turning their attention towards the colonial and imperial invasions and the way that affected the whole functioning of the indigenous medical

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98 Mark Harrison, *Climates and Constitutions: Health, Race, Environment and British Imperialism in India, 1600-1850*, New York, OUP, 1999
99 Ibid, p.105
100 Ibid, p.7
101 Ibid, pp.84-86
traditions. Some of them focused on the issues of interactions between different medical practices in different regions of the world.

None of the above mentioned works do deal with healing and medicinal practices of medieval Kerala where the practice of Ayurveda and Islamic healing tradition found a strong foothold. Moreover, existing historiography of Medieval/Modern Kerala has not made considerable attempts it should have, for the richness in the sources and the changes, hygiene and medical practices brought in. Early writings on Kerala concentrated to a great extent on the political history of the region.\footnote{102} Subsequently, scholars started expounding different aspects of socio-cultural life of the region concentrating only on the dominant narratives.\footnote{103} Historiography of the Malabar region also followed the same pattern in which ruler, his activities and associations occupied much space.\footnote{104} Following years witnessed a new trend; writing of community histories; largely by western scholars who attempted to bring out socio-cultural life of exclusive communities.\footnote{105} However, these writings do not address one of the interesting areas in the history of the region; Medicine and Hygiene.

My work, therefore, draws a strong justification for a serious attempt to explore the practices of healing and hygiene in medieval Kerala with special references to Malabar including the sixteenth century.


