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BOOK REVIEW

Empire and leprosy in colonial Bengal by Apalak Das, Abingdon, Oxon; New York, NY: Routledge, 2024. ISBN: 9781032513904 (hardback); 9781032604923 (paperback); 9781003459439 (eBook), Pp. xx + 231. Price Rs. 16,093/-, South Asian edition price Rs. 1295/-

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Apalak Das's book, *Empire and leprosy in colonial Bengal,* is a valuable addition to modern India's social history of health and medicine. The book explores leprosy in colonial Bengal from 1867 to 1956, covering the evolution of understanding and governance of the disease. Das examines the complexities of Western science, legalism, and politics in colonial governance, focusing on the convergence of colonial state and imperial society. The book is divided into four chapters, with a separate introduction and conclusion chapter, analyzing secondary literature, archival documents, and vernacular literature to problematize concepts like *negotiation*, *resistance*, and *modernization*. The first two chapters delve into diverse understandings of leprosy and 'lepers' through colonial legality and care management in colonial and missionary-run 'leper' asylums. The last two chapters analyze the institutionalization of leprosy research at the Calcutta School of Tropical Medicine and the nationalization of the disease in health politics. The book offers a skillful analysis of the complexities surrounding leprosy in colonial Bengal, shedding light on the intersections of *power*, *politics*, and *health*.

The introduction chapter explores the ideas of medical and political objectivities of the colonial state, institutions, and society that understood leprosy victims as a menace. Das instills the epistemic pursuit of colonialism about the notion of power in medicine, differentiating the pre-colonial orientation of the 'diseased' from the systematic exclusion of unhealthiness in the colonial period. Few scholars have found the human face of colonial administration in leprosy asylums, providing sanitation and hygiene. However, the British preferred to avoid physical contact with 'lepers' and made preventive policies against them. Das draws attention to the culture of medical *scientism* (p. 4) in the Rāj and how far the idea of compassion or *care* was entwined for the emergence of this culture. In this context, the study focuses on the history of the complex engagement of colonial society in Western biomedical research for leprosy and presents an arguable ground in the professional and legal spheres of the colonial state.

The first chapter starts with the understanding of the classification of leprosy sufferers as an *infirm population* of the colonial censuses, after which it attempts to explain the existence of *degeneration* in the inherent complicacies of colonial laws. Das established the argument that the British hegemony interwinds segregation, which influenced the colonial legislation. The historicity of the complex relationship among colonialism, empire, and legislations on segregation of leprosy, vagrancy, and municipal acts in colonial Bengal has been revealed in the instances of segregating or prohibiting events at colonial offices, public transports, and municipal areas. It is found that the British Rāj was unable to segregate the entire leprosy population while the *fear of degeneration* primarily averted having colonial laws. The argument was established by finding out the observation, controls, and legislations of colonial authority that shaped its governance on the movements of leprosy victims/patients in Bengal as well as India.

Then, the discussion draws on the formulations of *public health* policies of British Rāj, which tells about the notion of *universalism* framed with colonial knowledge and commanding language that conceptualizes the ways of knowing for identifying the causation of diseases and finding out the probable prophylaxes and preventing infections from colonizing more than protect its population. Das has found out

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that the idea of *degeneration* historically existed in colonial reports like instances of negotiations from centre to the local deputy magistrates of districts on the approvement to segregate criminal 'lepers' from other prisoners in jails, and on the debate over the Leper Bill of 1889 in colonial Bengal, followed by the Leprosy Commission of 1890–1891, the Bengal Lepers Act 1895 and the Lepers Act of 1898 and the regional laws for its appropriation. He identifies the issues in these negotiations as a desire to prevent contacts between healthy and infective bodies or 'isolating the infirm. Also, the Act of 1898 for appropriation was influenced by the opinion and arguments of indigenous public associations after long negotiations and scrupulous revision of existing legislation on leprosy. Das states that the Gandhi's idea on leprosy changed the approaches and perceptions, the development of the tropical diseases research, and the emergence of popular ministries in the provinces (1937). The changes reflected in the analysis of the report of Bhora Committee conveyed the differentiation from *leprous* and *non-leprous* in the nineteenth century into *infective* and *non-infective* in the twentieth century. However, the *governance* to segregate leprosy sufferers was not evoked strictly in India due to fewer urges for *governmentality* and showed the disqualifications to make a causeway for filling the vacuum between *public* and *health*. Thus, the study has given an insight into the inner contradictions in the governance of colonial states.

In the second chapter, the author deals with constructing 'lepers' identity in colonial Bengal. Das has examined the medical and moral menace in the missionary and government care institutions by contextualizing historical literature on the asylums, which traced the existence of the ideas and practice of *isolation* to signify a group of population as *isolated*. Analyzing the objectives of the asylum management of the colonial state expressed the identities of diseased bodies, institutions, and society or for comprehending leprosy sufferers as deviants to the healthy body and mind. Das problematizes it through the differentiations between the *medicalization of body* and the concept of institutional objectification. According to him, the former mechanism of objectification, is a relationship between an observer and the object entirely based on the web of multiple encounters and responses and the later mechanism in the institutions or asylums, is a process seems to be working in a more multifarious manner. He argues that the exercising of power among colonial authority, missionary groups, and Indigenous elite and educated classes over diseased people in various institutions or asylums had highlighted the inner dynamics of the management system since the late nineteenth century. The paradigm could be experienced in the accounts of Albert Victor Leper Hospital. Also, in the functioning structures of missionary-run leprosy asylums, the idea of charity and benevolence of Mission to Lepers, was embedded in British paternalism and Indian practices. Das refers to the legality and practicability of *confinement* and *confined* of colonial and missionary apparatuses aimed to control the movement of 'leper' beggars in the municipal areas. This clarifies the political settings of British Rāj, paved the way for missionary engagement, and generated a kind of medical, spiritual, and economic rules of value in the colonial administration to ameliorate the condition of leprosy victims. Das criticizes efficiently by placing the experiences of inmates under the colonial gaze and the disciplinary nature of the confinements regarding the management of the missionary asylums in its pretentious efforts to uphold the image of a welfare state.

The third chapter goes through the windows of Western biomedical research, which has found a lot of contributions to the transformation of Indian medical culture and the professionalization of medicine in Britain. In this context, Das reconstructs the internal history of leprosy diagnoses by contextualizing colonial politics and evaluating the relations between researchers, doctors, and state policy. He views the term *colonial* by criticizing the desire of the British empire to institutionalize tropical disease research at home with a proper empirical approach, which shaped the structure of medical research in the core and the periphery. The *institutional variables* are identified, such as time and inherent qualities in the system of organization, which are crafted for analyzing the global phenomena that the development of bacteriology, parasitology, therapeutics, virology, laboratory medicine, and hospitals; brought a new epoch in the tropical diseases research. Interpreting the institutionalization of leprosy research in the Calcutta School of Tropical Medicine had made practical and effective use of its dynamic contribution to the diagnosis of leprosy-infected bodies. Das shows since the establishment of CSTM conducted many inclusive interdisciplinary and clinical research on leprosy by promoting interest, invigorating anti-leprosy work, holding special post-graduate courses of instruction, publishing a quarterly journal, *Leprosy in India*, preparing medical literature for technical, general, and propaganda purposes, making a draft constitution for provincial and district branches and, lastly, organizing epidemiological investigations of leprosy and opening of out-patient clinics. He asserts this inclusivist research institution transformed the Indigenous drugs chaulmoogra into 'hydnocarpus oil', used as the model of new medics and get a little thrive in leprosy treatment. Thus, it appeared to be 'hegemony-oriented creation of knowledge' i.e. culturally colonial. This outlook interprets the history from the monopoly of 'white' over Indian medical research to its Indianisation in the management of CSTM. Also, the contribution of voluntary organizations such as the British Empire Leprosy Relief Association and Indigenous organizations, which mobilized the health campaigns, are discussed. So, this chapter explains the perceptions of the intention of the BELRA or organizations like the Mission to Lepers i.e., the idea of *civilizing mission*, the solemn duty

to enlighten the subjects about the superiority of colonial biomedicine. On the other, explaining the manipulations of nationalists' perceptions, the contributions of Indigenous voluntary organizations for formatting the public health system to *Indianise* and indigenize.

In the fourth chapter, there are discussions on the phenomenon of *nationalizing disease* within the empire by analyzing the collaborative and contested space that redefined the metaphors, motifs, and narratives of leprosy treatments or *kuṣṭha cikitṣa* and diseased or *kuṣṭha rogī* in Bengali Newspapers and Health Periodicals. Das articulates the discourse of confinement, medical supervision, religious tenets, and bhadraloks' participation and Bengali *samaj* in creating manifold perceptions, which was advocated by using various Bengali terms interchangeably and explaining the vitality of *national health*. He insists that Western biomedical ideas were to be less imperious in the early years of the nineteenth century, but traditional Indigenous medicines were considered less scientific after the materialization of colonial medicine. A point of greater nationalistic emotion was noticed in the Swadeshi movement for reviving indigenous medicine. He shows that the local elites, especially Parsis in Bombay and Bengali bhadraloks in Bengal, had benefited from their experiences in Western education and medicine to revive the Indigenous medical culture and conceptualize *daktari* and *swasthya* in India. The dynamism of this incompatible relationship shapes the 'struggle for power in a plural medical system'. He discerns the mechanisms of Western medical treatments in twentieth-century modernity, which enveloped the *indigeneity* of the *other* medicines by compelling the Indigenous remedies to be 'modern' through corporatization of Indigenous drug productions that lost the efficacy of such drugs like *chaulmoogra oil* and its *deshiyo* character. Das illustrates a clear parallel between the *rāṣṭra* and *samāj* over the objectification of *kuṣṭha rogī*, which was one of the inalienable bases of *national health*, corresponded to the colonial ideology either to put the 'leprous bodies' into asylums or to have them cured. This analysis shapes the cultural discourse of the *bhadralok* perceptions in the colonial settings, also remained in the post-colonial imaginings for the contagious patients that culminated into identity politics for the *kuṣṭha rogī* and galvanized the regionalization of culture, have had little hope to do away with the stigma.

Das concludes the monograph by outlining the post-colonial policies and governmental urges for the prevention of leprosy. After a judicious analysis of the curative measures of leprosy in colonial biomedicine and indigenous medicine caught in the politics of *health*, *body* and *race* since the nineteenth century, Das concludes the intricacies of political ecology between colonial and post-colonial settings. Das deduces the Nehruvian idea of *need*, has its roots in the colonial era, where it was used to justify development and progress based on a belief in the superiority of Western civilization over backwardness. He realizes the conflicting needs for scientific expertise and scientific temper led to differing views on the relationship between the government, the nation, and science. Das has actively worked to expose and address the lingering colonial influences in both political ideology and daily life in post-independent India. He finds a need for significant transformation in the healthcare system to truly achieve post-colonial status. Still, the problems in merely changing mechanisms and approaches are insufficient without prioritizing development, which is essential to revamping the flawed system and making meaningful progress. Unfortunately, improper management has consistently marred even the initial stages of preparing the list of precedents.

At last, the monograph concludes that post-colonial health cannot be simply seen as a complete break from or a mere continuation of colonialism. The social history of leprosy has successfully connected the disease's broader and more personal narratives. Although not a major public health threat, Leprosy has been a source of discomfort for both the British Raj and post-independent governments. The disease raises important questions about how individuals with leprosy were disciplined and the various treatments they received. These concerns have prompted scholars to explore the experiences and perspectives of those affected by leprosy.

These conclusions offer a nuanced counterpoint to the views of historians like Projit Mukherjee, Deepak Kumer, Michael Worboys, and Mark Harrison, who revealed a more complex British Rāj, where the effective implementation of health programs relied heavily on the cooperation of Indigenous bureaucrats, as well as local municipal and district boards. It highlights the fractured and collaborative nature of colonial power. The history of chronic diseases like leprosy creates a critical space to analyze the power dynamics and caregiving practices that were in the colonial state's everyday response to health and illness. Leprosy, a global and ancient disease, was long stigmatized and lacked effective treatment until mid-twentieth century. Historical studies have examined the social and legal issues in developing treatment and institutions for leprosy. The historiography of leprosy has explored east–west medical exchanges, socio-cultural practices of medical missions, and research activities under colonial mechanisms. Prominent scholars like Zachary Gussow, Sanjiv Kakar, and Jane Buckingham have studied leprosy in colonial empires, analysing institutionalization, legislation, and societal factors. These studies have shown that colonial leprosy care policies were a mix of Christian symbolism, biomedicine, and political expediency. Das's book includes valuable insights into two critical aspects of the history of leprosy: the intersection of plural medicine and Indian society, and the medico-political and medico-cultural views on chronic disease. Further

discussion and analysis will undoubtedly emerge regarding the broader political and cultural landscape that led to the construction of leprosy as a significant issue in both colonial and post-colonial periods. The British Rāj perceived leprosy as a major social threat, resulting in its institutionalized treatment and care within a legal framework, and this perception had far-reaching consequences for the lives of those affected. The book provides a comprehensive exploration of leprosy in colonial Bengal also, delving into the contributions of missionaries, Western medical research, and Indigenous treatment traditions, as well as the impact of colonial policies on social attitudes and patient segregation in Bengal, making it a rich and valuable resource for scholars across multiple disciplines. The author's utilization of rich sources could have potentially been optimized by employing alternative analytical categories, leaving me to wonder if the chosen framework fully leveraged the available resources. Anyone intrigued by the history of leprosy, or the medical dimensions of colonialism, nationalism, modernism, and pluralism would find this book compelling.

Data availability Not applicable for inclusion of any data.

Declarations

Conflict of interest The authors have not disclosed any competing interests.