

BOOK REVIEW

Childcare and medicine in colonial India

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Ranjana Saha, *Modern Maternities: Medical Advice about Breastfeeding in Colonial Calcutta* (Routledge, 2023), 290 pages, Rs 1295, Hardback ISBN 9781032768243.

Healthcare history, in the regional context of India and broadly South Asia, has been an active field of scholarship for several decades now. Nevertheless, scholars have explored only a modest portion of that history, and in more recent years, we are regularly witnessing new scholarship illuminate new areas and uncover previously under-explored ideas and events. The book under review, historian Ranjana Saha's "Modern Maternities: Medical Advice about Breastfeeding in Colonial Calcutta," is one such recent work, exploring an extraordinarily unique topic — the changing context and nature of breastfeeding advice and infant care recommendations in mainstream medical literature in India during the nineteenth and early twentieth centuries.

Among biomedical specialities, obstetrics and paediatrics are often most strongly reflective of the social and cultural contexts of the medical profession and the patient-doctor interactions. While we do not yet have comprehensive histories of these branches of medicine in the Indian context, Saha's book is a significant step in that general direction. As Saha describes it, the book aims to "analyse previously underexplored medical instruction about mothering of infants, imbued with 'scientific' and moralising rhetoric, as a key entry point into the social histories of medicine, maternities and childcare in colonial Calcutta" (p 234). Readers of *IJME* will find this book appealing primarily for providing an important slice of the early history of obstetrics and paediatrics in India: Saha presents a meticulous analysis of the social grounding of these branches of biomedicine (mostly even before they were formally institutionalised as special, siloed medical entities), and their dynamics with "traditional"

knowledge-systems of medicine, using late nineteenth and early twentieth century Calcutta (now Kolkata) as a case study.

The book starts by taking us into the world of what is known as tropical medicine, through the aptly titled chapter "Tropicana Milk". In nineteenth century medical handbooks, European physicians theorised that there were fundamental differences in European (white) bodies and Indian bodies (this being an example of what we now term scientific racism). For example, one handbook claimed: "As the European is of stronger members than the native, so likewise is the milk of the former stronger and finer than that of the latter" (p 30). However, mainstream medical opinion at this time was also wary of the supposed dangers of the tropics, and of how "tropical environment ruined the nursing capacities" (p 16) of European women, necessitating the hiring of Indian wet nurses to breast-feed European babies. Before being hired to nurse a white infant, the Indian wet nurse and her infant babies (if any) were subjected to detailed physical examination and medical scrutiny. Saha argues that the "scientific" scrutiny and commodification of the wet nurse's milk were "ideally meant for preserving the health and vigour of the 'white' imperial 'race' in the tropics" (p 37). Importantly, she also shows that such scrutiny of the wet nurses who, as general rule, were from Dalit or other marginalised Bahujan communities, was also advised by native Indian doctors to privileged Indian families in need of wet nursing.

Later chapters deal with related topics, including the so-called "dai question" (that is, the conflicts between the practices of traditional community-based midwives known in many parts of India as dais, and the emerging biomedical and public health ideas on pregnancy and childbirth), the "the concomitant glorification as well as pathologisation of 'Indian mothers' and their mother love in contemporary medical literature" (p 16), the marketing of artificial feeds for infants, child marriage and the "girl mother", and the early twentieth century phenomena of baby health weeks and child welfare exhibitions. Saha uses many Bengali language sources in addition to English sources, with the primary material spanning multiple genres: handbooks by biomedical and Ayurvedic practitioners, public lectures on healthcare themes, reports of governmental and civil society organisations, and advertisements. A highlight of the book is the abundance of primary sources in the form of images of advertisements of baby foods and tonics.

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Major arguments in the book deal with two regular themes in the history of medicine and public health in India: “modern biomedicine as colonial imposition” and “traditional medicine vs modern medicine”. Saha asserts that “western medicine was not always imposed on, or a matter of objectifying, the colonised” (p 13). Through the examples of the dominant medical advice by privileged-caste Indian physicians, who frequently combined modern health concepts with Ayurveda-based knowledge and beliefs, she shows that “European and indigenous elite men and women managed to share power/knowledge as they actively promoted maternal and child welfare measures, often through quasi-governmental measures, on a pan-Indian scale” (p 38). Fascinating examples of such measures were on display during the baby health weeks and child welfare exhibitions, where doctors reprimanded Indian mothers for their “habit” of “over-feeding” infants, and instead recommended, especially in order to reduce infant mortality and ensure healthy children “for the nation”, a modernised child care discipline based on scheduling the feedings according to the modern clock (which had become some sort of a status symbol for indigenous elites). Saha discusses in detail the public work of the doctor Sundari Mohan Das, who “brought together ‘tradition’ and ‘modernity’ as he combined western medicine, Ayurveda and Hinduism in his deification of the breastfeeding ‘Indian mother’ figure as well as her pathologisation and medicalisation with the help of modern clocks as anti-colonial nation-building” (p 14).

Another important theme running throughout the book is that of the medicalisation of maternity and motherhood, with medicalisation in this context referring to the process whereby subjects and problems previously under domestic and other “non-expert” spheres are newly reformulated as requiring expertise of trained medical professionals. The final chapter discusses this theme in extensive detail through the idea of “mothercraft”: “Motherhood under medical supervision popularised as ‘mothercraft’ in the early twentieth century primarily involved medical supervision of ‘ignorant’ mothers and their newborn babies” (p 235). When combined with the broader problem of infant mortality which had begun dominating public health discussions during this time, medical and other elite commentators projected mothercraft to be important not just for individual families but also for the

nation as a whole, because the nation could ill-afford such heavy losses of its future sons (as Saha constantly points out, the baby/child which most of her sources talk about, was generally the male child). Saha deftly shows how ideals of good and bad motherly attitudes as described in the “scientific motherhood” discourse were often juxtaposed with “the future health and manly vigour of the wider community, ‘race’ and/or nation” (p 234), and ended up making only mothers (and not both parents) responsible for the task of childrearing.

Saha’s writing and analysis are robust and remain cognizant of caste-based dynamics and especially, the caste-centred power and privilege of the biomedical and Ayurvedic professionals who were actively shaping public perceptions and attitudes on motherhood and childcare in India broadly and Bengal specifically. This sensitivity lends a layer of freshness to her historical argumentation and makes it more grounded than many existing histories of healthcare in India. Many readers might still find it somewhat difficult to navigate the text, as the writing seems primarily targeted to scholars in history and South Asian studies, with copious references throughout all the chapters to the abundant extant literature on gender, nationalism, and Bengali social and cultural history.

In the final paragraphs of the book, Saha lists the many different facets of the histories of motherhood and childcare in India which still await further exploration and illumination by scholars. Among the most glaring gaps in our knowledge, with respect to the history of healthcare in India, is that of the experiences and attitudes of patients and their families. Saha acknowledges this gap, writing that “actual experiences of breastfeeding in greater detail” (p 236) are lacking in the book. It is challenging for historians to be able to recover the beliefs and experiences of individuals and communities that, unlike physicians and other privileged groups, do not dominate the conventionally preserved written/published historical record, but they have always found creative ways to address those challenges. Saha also ends with such a promise, and one wishes her and other scholars the best as they investigate the generally fragmented and scattered sources of our history to help us better understand our own past.