EDITORIAL

In her editorial the editor of the former IASTAM Newsletter, Madhulika Banerjee, proposes to start a discussion on the widening of IASTAM's base. Banerjee argues that because of the rising popularity of Asian medical traditions the need of the day is to tell the world about the researches done by scholars who up to now have been the backbone of our organization that was established in the 1970s by A.L. Basham (The Wonder that Was India; A Cultural History of India) and Charles Leslie the editor of two influential volumes on Asia's medical traditions (Asian Medical Systems, Paths to Asian Medical Knowledge). Both scholars analyzed medicine as a cultural activity and argued that our understanding of Asian medicines would benefit from a analysis of the historical, cultural, social and epistemological context by which they are shaped. Indeed all forms of medicine, as well as any other knowledge system, are informed by specific social relations, ontologies and epistemologies. Banerjee rightly argues that the time has come to seek a wider audience for the scholarly findings of over thirty years of research done by philologists, social-historians and anthropologists. She suggests that with the proliferation of goods and services related to medical entities such as Traditional Chinese Medicine (TCM), Ayurveda and Tibetan Medicine - the three traditions that have been the most successful in exporting their commodities and knowledges - the time has come to seek collaboration with other players in fields such as public health policy, regulatory bodies, non-government organizations like those of consumers, practitioners, educators and manufacturers. The first issue of IASTAM's forthcoming magazine, Asian Medicine: Tradition and Modernity, is a concrete example of this strive to enlarge IASTAM's base. The periodical which will appear twice a year tries to get practitioners of the different streams of Asian medicine interested in IASTAM and its activities among which the organization's international and regional conferences hold a prominent place. The sixth International Conference on Traditional Asian Medicine (ICTAM 6) will be held in April 2006 in the USA (for information on this conference and on IASTAM's new magazine see further onwards in this Newsletter.)

When we succeed in drawing the interest of a wider range of stakeholders to IASTAM and its activities questions such as who and what does IASTAM represent and what are the organization's objectives, will become more acute. We all have to address these questions. A related issue is to see if we can agree upon at least some common ground on which we built research, policies and practices. If not we will end up with a 'epistemological carnival' (Cohen 1995) making transparent communication and presentation difficult. In the meanwhile the IASTAM Newsletter will continue offering a platform for informing each other on our research work and related activities such as the organization of conferences and symposia. In this issue Simon McGarvie tells us about the practices of North Indian hakims, physicians who get their legitimation from a common Greek-Islamic-Indian legacy. McGarvie's contribution is interesting because of two reasons. Firstly he draws our attention to a Asian medical tradition which has been underexposed. Secondly, McGarvie mainly writes about practitioners belonging to what is aptly called the non-codified stream of Indian medicine which consists of practitioners having gained their knowledge through apprenticeship. The article is followed by the usual items that make up our newsletter such as conference announcements and reports, descriptions of work in progress and book reviews.

Maarten Bode
Editor

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Hakims of Far North-West India
Simon McGarvie

Late in 1998 I traveled through several regions of far north-west India in search of alternative medical practitioners. I hoped simply to learn something of them and their medical ideas and practices. The response to my interest was overwhelming, both from local laypeople and academics who provided information and leads, and from the medics themselves. More than once I was told, 'You are our messenger to the world!' In the regions of Ladakh, Kashmir, Jammu, the Punjab and Himachal Pradesh I interviewed dozens of vaids, hakims, homeopaths, bone-setters, pirs, gurus and snake healers. The following excerpt focuses on hakims and comes from the much longer complete article at f2.pg.briefcase.yahoo.com/simonmcgarvie

With an emphasis on those without formal qualifications, especially older practitioners, the descriptions below provide glimpses of hakims among the great variety of medics practicing in north-west India on the eve of the twenty-first century.

What is a Hakim?
Mohan Singh Vaid, the nineteenth-century Sikh poet, writer and social reformer who established the family medical practice Mohan Singh Vaid and Sons, learned his art from a medical practitioner he met by chance on a morning walk in the Punjabi village of Pedi, a few kilometres from Tarn Taran. The young, recently qualified vaid Dr Avilochan Singh described his great-grandfather's teacher as a hakim. That a vaid so highly regarded in the region's history could be said to have learned his art from a hakim was an indication of the variety of meanings accorded the two titles. Many of those interviewed maintained that the distinction between vaid and hakim was purely linguistic. Som Nath Vaid, an 85-year-old who worked from a dispensary located in the Shaliimar area of the Old City of Jammu, said that Urdu speakers - in general India's Muslims, estimated to be approximately a quarter of the country's population -
would tend to use the title hakim, whereas Hindi speakers would use the term vaid to describe the same medical practitioner. Pandit Puranjan Sharma, a long-serving vaid in the village of Mera, in the Jammu region, who had gained his complete knowledge of medicinal herbs in just one and a half months from an educated saint, also saw the use of either vaid or hakim simply as linguistic convention.

The word hakim could also be simply a caste name. Kashmiris said there were whole villages where most inhabitants were named Hakim, even if few of the villagers would be considered medical practitioners. Throughout Kashmir villages popularly regarded any old man with a long, white beard as a hakim, someone who by virtue of his long life was thought to have acquired the necessary wisdom and knowledge, both medical and spiritual, to treat illness. Expressing another common view, a senior allopath in Jammu insisted that a hakim was strictly a herbalist. For the highly qualified hakims practicing at Kashmir's premier Unani outpatients department at the Regional Research Institute of Unani Medicine in Srinagar, a real hakim held the five-year BUMS degree, the Bachelor of Unani Medicine and Surgery. A student studying for this degree in the city said that she would have no hesitation in applying the theory and practice of both the allopathic and Unani medical systems after she had graduated.

Andrew Dalgleish, the young Scottish adventurer and trader who traveled extensively in the western Himalayas in the nineteenth century, was called hakim by local people because he carried medicines, allopathic in this case, which he distributed to the communities he visited. Likewise, the Scottish medical missionary Elmslie, who in each of three consecutive years in the mid-1860s traveled via the villages en route from Lahore to Srinagar, was announced as a hakim even though he practised as an allopath.

The wide variation in qualifications and approach among those practising as hakims both in earlier times and today reflects a similar variation seen among voids. But while such variation has allowed medical practitioners to create innovative approaches to healing adapted specifically to local conditions, such individualism is believed to be one factor hindering the development of traditional medical systems.

In Unani the ideal of a real hakim was - and, for some, continues to be - a court-based man of great wisdom, as much philosopher as physician, who had learned his art apprenticed to his father or another male member of the extended family. At the end of the nineteenth century the revered Hakim Ajmal Khan took steps to replace this traditional familial system of apprenticeship with a system of formal, standardised education for hakims. His father and older brother had already founded the Madrasah Tibbya in 1883, officially inaugurated in 1889, which offered a formal three-year degree course. By 1900, 65 students had completed their studies and were awarded degrees.

In the mid-1800s a British administrator by the name of Mercer trained Punjabi village hakims in the basics of allopathic medicine so as to provide more widespread medical care in the region. But no matter how well intentioned his programme, it was never designed to promote hakims as practitioners of Unani medicine, for he envis-aged that they would gradually be converted to the exclusive practice of allopathic medicine. In the face of opposition from professional allopaths in the Punjab the hakim programme was brought to a close by 1880. The Mongols centuries ago, the British in more recent times and nowadays quacks are all said to have hindered development in traditional medical systems. But Jammu and Kashmir's first qualified hakim in independent India, Hakim Tahir Mufti, a former state director of health and now the principal of Srinagar's Tibbya College, said that Indians had never tried to understand their own medical systems. Until 1947, voids and hakims had a common cause in fighting the allopathic orientation of medical policy under the imperial British administration. But even Hakim Ajmal Khan's attempts to unite voids and hakims as a force in medical practice had ended in disagreement.

In an echo of the declaration by a Gujar settled on Jammu's Tawi Island, that there are no real voids left, some Indians, such as a senior Kashmiri journalist in Srinagar, said that there are no real hakims left.

In academic circles today a hakim is commonly defined as a medical practitioner who practices Unani, while a vaid practises Ayurveda. But in north-west India there was a whole spectrum of physicians of sharply differing qualifications and practices who called themselves hakim and who were recognised and consulted as such by the local population, as the following select examples illustrate.

**Practising Hakims**

Hakim Sardari Lal Saigotra, practicing in the heart of Jammu city at Koda Ha's, a clinic named after his recently deceased father, was a traditionally trained hakim. A slim and fit man for his forty-seven years, he was dressed in a pale-brown, lightweight two-piece suit and wore a closely trimmed greying beard. He was the seventh generation of a family tradition started when his ancestors had begun acquiring medical skills from other men in their village. At the time of Partition his family had migrated from Sialkot, now in Pakistan. He was training his son to carry on the same medical tradition in Jammu. Although not formally qualified, he owned several old, hand-written books. Written by his predecessors in Sanskrit, Hindi, Urdu or Arabic, the name of each disease appeared in red script, the diagnosis and treatment in black. Despite the various languages used, he confirmed that the books were strictly Unani medical texts. They included images of medical implements such as knives and syringes. (In one of the books there were also several loose cards bearing images that might have been from the Kama Sutra. It was suggested, a little tongue in cheek, that they might be used for marriage counselling.) In 1996 he was awarded 20,000 rupees by the Government of India for the books' preservation. After many years' practice he seldom used them, the knowledge now second nature. He also said that he was not a teacher and hence was not in a position to teach young people studying Unani in colleges today. He treated mostly skin diseases and sometimes jaundice. After diagnosis he usually gave his patients medicines he had prepared himself and mixed with a dairy product, typically butter. Many of his medicines he created by trial and error. He mixed them from raw ingredients bought in
local markets or Delhi, or gathered in the nearby forests, grinding them with mortar and pestle. One of his great successes had been to create a remedy for skin allergies that began to appear in the 1970s when foreign grasses were planted in the area. He didn't trust commercially produced medicines, concerned as he was about the property-changing effects of high-speed machinery used in production. There were few restrictions in Unani, he said. He tended only to caution patients against excessive intake of fat and salt. He also treated sciatica, abscesses, anal fistulas, piles and carbuncles. For sciatica, for example, he would cut the patient's leg with a very old pocket knife stamped with the date 1886, before inserting a paste and covering the wound with a bandage. He did not attempt to treat cancer, heart disease or orthopaedic conditions, referring such cases to an allopath. Allopaths also referred patients to him. His charges were nominal.

In the Punjab, Hakim Abdul Shakoor was the first in his family to be a hakim. A hakim, he said, was a practitioner of Unani, while a vaid practised Ayurveda. A short, lean man dressed in a khan suit and a white Muslim cap, he was originally from Uttar Pradesh. As a young man, he became interested in Unani while watching hakims treat patients, and decided that he too wanted to help people. He thought that a college education was necessary today, and owned several textbooks himself, but he had learned the rudiments of Unani from his father. He had no apprentice. To diagnose a condition he established the patient's history and performed an external examination. He would check the pulse, abdomen, chest and heart, just like a modern doctor, he said. He would also look at the colour of the person's urine and eyes. If he was unable to diagnose a problem on this basis he would send the patient's stools for modern scientific analysis. Working from within a pharmacy in the busy pharmaceuticals trading quarter in Amritsar, he used both Unani and Ayurvedic herbal remedies, often those produced by the huge Unani medicine manufacturer Hamdard. While he charged for medicines, consultations were free. He did not perform surgery of any kind. He believed allopathy and some of its medicines could produce undesirable side effects and were not effective in treating some diseases, such as diabetes. In addition, although believing money rather than the desire to help people motivated most allopaths, he referred patients he could not treat to practitioners of allopathy. As modern life was becoming increasingly fast-paced, he explained, patients sought the immediate recovery offered by allopathic cures. As a consequence, he typically treated older people suffering from catarrh, colds and rheumatism, and those with chronic conditions an allopath was unable to treat. A great many of his patients suffered from sexually transmitted diseases. In the final analysis, he wished to offer patients both medical treatment and, as he termed it, God's blessing.

Pandit Manoharial, short in stature and dressed simply in grey slacks, white shirt and rubber slippers, was a 75-year-old who for half a century had dispensed herbal remedies to his customers. For the last twenty years he had done so from the roadside opposite Khalsa College on the Grand Trunk Road in Amritsar. Born in Lahore, he came to India in 1947. As his formal education had finished with primary school, he had learned his trade from his grandfather. His dispensary of sorts consisted simply of two wooden benches and two wooden boxes stacked with glass bottles labelled in Urdu. He also owned a book about Ayurveda, written in Urdu and published in 1962. Calling himself a hakim, he believed there was no difference between Unani and Ayurveda. The conditions he treated included indigestion, sex diseases (including impotency and leakage of semen with urine), skin diseases, which he believed to be a manifestation of all illness, respiratory complaints such as asthma and coughs, and diabetes. Whatever the ailment, his treatments took time.

In Kashmir, Gulam Kadir Rishi, a slim sixty-year-old wearing a flowing brown gown, a long white beard and the simple white Muslim cap, practised in a large room in his house in the village of Dhara Sadpur. In the corner furthest from the door he sat cross-legged on the only furniture, a small square wooden platform on legs raising it a short distance above the floor. From the age of fifteen he had squeezed beside his father on the same platform to learn the methods he now applied in his clinic. He was the third generation in his family to be a hakim, his grandfather having learned the art from a holy man visiting from Kabul. He was now training his own son. He was an expert in snake bites. He estimated he had treated more than five thousand of them in an area extending to a radius of one hundred kilometres from Dhara. Many of his snake bite patients were soldiers serving with the Indian army. On Sundays the spacious room was filled to capacity with patients suffering from jaundice, another of the hakim's specialties. (He also visited jaundice patients in Srinagar's hospital once a week.) Three-quarters of his patients suffered back complaints. He attributed this to both the inadequate warmth provided by concrete housing during the cold winters and, in the case of women, wearing high heels. Treating one young girl for scabs and infection where her upper arm rested against the skin below her armpit, the hakim produced a large fold-out knife and waved the blade back and forth above the injury, blowing regularly on the affected area. When sick, many Kashmiri villagers blow intermittently on a glass of water while reading the Koran before drinking the water to cure themselves of an ailment. They also wear amulets bearing inscriptions from the holy book of Islam, and sometimes eat similarly inscribed paper amulets soaked in water. Gulam Kadir Rishi's materia medica consisted of natural substances alone, mostly herbs gathered in the surrounding forest rather than bought at a market. He prescribed no other kinds of treatment, such as visiting curative springs - which exist in Kashmir - nor did he, in spite of his knife, perform surgery or use implements of any kind on the body. He was to a large extent a faith-healer. As a hakim, he said he worked through religiously inspired medical means. As a piri, he solved medical problems by religious means alone. He used no text books, his knowledge acquired entirely in the clinic from his father. When asked how he performs diagnosis his response was immediate: 'The face is the index of a man'. And although his patients were exclusively Muslim, a patient's particular faith was not a factor determining the success or failure of a treatment. Paraphrasing the most basic tenet of Islam, he said there is only one God, that 'God is one'. Gujar, who constitute an estimated one quarter of
Jammu and Kashmir's population, spend the hottest months high in the mountains in the north of the state. With the approach of colder weather in September they drive their buffalo, goats and sheep down into the Himalayan foothills or, in a development in more recent years, onto the fringes of the plains. During the migration they resort to several sources of medical care. Gujars just arrived in Purmandal - after a two-month journey on foot with a group of more than a thousand and their combined livestock from land around Panikhar, near Kargil, in Ladakh - said that en route south to Kishtwar and then south-west via Udhampur they visited small dispensaries for medical problems. For minor ailments such as headache and diarrhoea they bought medicines from shopkeepers along the way. Gujar hakims, whom they also referred to by the Muslim religious title of mulvi, travelled among them, treating many ailments. Like Gulam Kadir Rishi and many other Muslims, the Gujar hakims would blow on the affected area of a patient's body, the holy exhalations thought to have curative properties. Gujars also wore protective amulets and chanted hymns from the Koran to ward off illness. Gujars also resorted to bonesetters for breaks, sprains and dislocations. They described an instance where a Gujar bonesetter had reset an Englishman's shoulder, dislocated while the visitor played the physical game of kawadi with them. Where possible, though, especially when settled near more modern facilities such as the government's public health centre in Purmandal, they would consult what they called an Angrez or private doctor, a practitioner of allopathic medicine.

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Announcements
'Asian Medicine Tradition and Modernity', IASTAM Regional Conference, London 2nd December 2004

This conference is being held to celebrate the new journal of the society of IASTAM (The International Society for the study of Asian Medicine). It will also coincide with the exhibition of Asian medical manuscripts from the Wellcome Library: ASIA: MIND, BODY, SPIRIT at SOAS Brunei gallery [13 October - 12 December].

Members of the IASTAM board and other scholars from a range of different backgrounds will give lectures on historical, anthropological, sociological and iconographic dimensions of Asian medicine as well as practice reports from practitioners working in the field.

Places are limited, so to avoid disappointment, please apply as soon as possible. Please See Page ?? for further details.

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Notifications

(For more information contact the email address mentioned at the end of the announcement.)

Cross-fertilisation of knowledge and practice between southern and eastern Africa and South Asia has for centuries linked the geographic, economic and cultural region around the Indian Ocean. Bringing together new researchers and established scholars, this conference will explore the dynamics of this association through the medium of medicine. We will examine historical interactions among healers and bodies of healing knowledge in Africa and South Asia to achieve a greater understanding of situations in which medicines blend, practices hybridise and practitioners form partnerships across diversity and division. We will also examine cases where the reverse happens, where boundaries are affirmed or created, leading to plural and/or hierarchical systems marked by rivalry and the dominance or suppression of healers and healing knowledge.

The historical links between Africa and Asia have long been recognized. From antiquity this has included the spread of humoral medicine from the Mediterranean to South Asia and eastern and southern Africa. The long-term evolution of Swahili medicine as an Asian/African hybrid; the Tantric and alchemical traditions of India, which had interacted with Tibetan traditions; the spread of Portuguese Catholic ideas about the body and healing from the coasts to the hinterlands of southern Africa and South Asia and the diaspora of African ngoma healing in the Old and New Worlds are the result of similar migrations. Today, significant exchanges take place between
Africa and South Asia in the realm of pharmaceutical development, production and marketing, as well as in the education and migration of practitioners, in both biomedicine and indigenous medicine. Concerning more recent trends, we must also pay attention to nationalism, development plans and national health care programmes, which have often determined the nature of patronage for particular traditions, as well as the essentialisation of some traditions as 'alternatives'.

The conference will focus on the ways that local knowledge travels, both geographically and epistemologically. We will attempt to uncover the globalising aspects of indigenous medical systems and their ability to absorb and transform other healing traditions, other sciences, other practitioners and other bodies of expertise, even those of Western science and medicine. This will usefully displace biomedicine from its centrality in our accounts, encouraging a shift of perspective towards histories that put other forms of healing practice centre stage. We hope this will lead to ways of telling history through dramas of illness and recovery, disease and death that are meaningful in other cultures and societies.

The conference will focus attention on types of indigenous medicine and on geographical areas previously underrepresented in the literature on medicine and healing, while not neglecting lesser-known partnerships and hybrids between so-called modern and traditional forms of Asian, African and Western healing. This is the third in a series of ground-breaking conferences on indigenous healing to be held in Oxford. The Wellcome Trust has played a pivotal role in promoting studies of Western and indigenous medicine and their interactions in Africa and South Asia. Previous conferences sponsored by the Trust and the Journal of Southern African Studies have helped to develop this emerging field of research.

Themes: Formal and informal economies, trends in development and democratisation and their effects on the emergence of new forms of indigenous healing and their relationships with other forms of healing; Humoural medicine, Swahili medicine, Portuguese Catholic medicine - early influences on indigenous forms of medicine in Africa and Asia; Healing and 'locality': globalisation of indigenous healing expertise versus localisation of 'global' forms of scientific, alternative and 'exotic' medicine; Alternative forms of history, healers' histories, African and Asian patients' narratives; Making and unmaking medical territories and boundaries; South Asian and African Medical Diasporas; Medical Pluralisms; Issues of Gender and Childbirth; Ritual, Religion, Medicine and Sorcery: Blurred Boundaries, Deadly Rivalries; Urban/Rural Practice; Music and Medicine; Colonialism and Independence; The Evolving Nature of Indigenous Medicine; Patents and Prescriptions, Rands and Rupees; Healing and Hybrid Identities: National, International and Personal; Healers and Markets: Informal and Formal, Local, National and International; Alternative Medical Tourism.

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'Sense and Substance in Traditional Asian Medicine.'

The sixth International Conference on Traditional Asian Medicine, ICTAM VI, will take place April 27-30 2006 at the Texas Union on the campus of the University of Texas at Austin.

Calls for papers and panel proposals will go out in the spring of 2005. Participants can do more than only volunteer a paper like organising a session on a topic dealing with Traditional Asian medicine. Especially those new to the academic field as well as other interested parties such as practitioners, manufacturers, distributors, policy makers, governmental and non-governmental are invited to suggest a topic for a panel. It is recommended that activities for organising panels start as soon as possible-potential panel members should be approached well ahead of the start of the conference. Those who are interested can contact: Dr. Martha Selby, queenie@uts.cc.utexas.edu

The Knowledge of Healing.

The first comprehensive documentary film about Tibetan medicine. Please read about the film on: http://ftrif.com/new2004/know.html The film will be reviewed in Asian Medicine-Tradition and Modernity.

Conference Reports


In the past 20 years, quite a number of well-known Tibetologists have dealt with or even dedicated their entire research effort to Tibetan medicine. The resulting studies have been philologically oriented for the most part and we owe a lot to their ground-breaking contributions to the field. The panel held at the 10th Seminar of the IATS at Oxford during September 2003, however, constituted the first forum for interdisciplinary exchange in the study of Tibetan medicine, and included both historians and a considerable number of anthropologists. A new development was the high number of medical anthropologists presenting research on Tibetan medicine. Overall 21 presentations were given. These were organized into four main sections: traditional medicine and modernity; education and professionalization; epistemology, medical history and practice; and history of Tibetan medicine. Two papers were explicitly comparative in their outlook: one was dedicated to a comparison between Tibetan and Chinese pulse diagnostics, while the other described an interesting Tibetan history of Indian medicine. The Wellcome Trust kindly provided some of the participants' travel and accommodation expenses. The first section on traditional medicine and modernity
was opened by Alex McKay (London), with a paper on 'Himalayan Medical Encounters: the Establishment of Western Biomedicine in Tibet.' This was followed by Audrey Prost (London), who provided an historical overview on 'Tibetan public health' as practiced in Tibetan exile communities. Vincanne Adams (San Francisco) contributed an insider-view based on many years of fieldwork concerning contemporary modernizing practices at the Tibetan hospital (Mentsikhang) in Lhasa. She stressed the overall bio-medicalization (i.e. secularization and scientization) in this allegedly 'traditional' setting. Susan Heydon (Dunedin, New Zealand) also provided an insider-view of the modern hospital established by Sir Edmund Hillary at Khunde in the Sherpa region of Khumbu. She, however, emphasized the relatively harmonious and mutual co-existence and integration of Western medicine and local beliefs—although she did not mention traditional Tibetan medical practices as being extant in this region.

Colin Millard (Edinburgh) discussed his practical engagement in translating and assisting the Tibetan doctor Lobsang Donden, a practitioner at the Tara Institute of Tibetan Medicine in the UK who was also present at the panel discussions. Millard focused on what he considers to be the most significant modifications in the practice of Tibetan medicine in the West, i.e. modernizing issues in the production and sales of Tibetan medicinal pills. Tibetan doctor Tenzin Namdul (Research Department, Dharamsala Mentsikhang) reported on a double blind control study concerning the efficacy of Tibetan medicine for Diabetes Mellitus patients. Another randomised control study was reported by Alejandro Chaoul (Houston) who outlined Tibetan yogaic practices of the Bon tradition used in the treatment of cancer patients in the United States.

The second section concerned education and professionalization, and opened with a report by Florian Besch (Heidelberg) based on recent fieldwork with Tibetan doctors in the Himalayan region of Spiti. He discussed the recent, socially disruptive processes of imitating modernization (rather than implementing it) and a 'monetarization' of Tibetan medicine in the region. The following two papers concerned recent developments in Tibetan medicine in Nepal. Susanne von der Heide (Kathmandu) detailed the self-organization of Tibetan amchi (doctors) into their own association, the Himalayan Amchi Association, in order to gain governmental recognition while at the same time "safe-guarding their tradition." The paper by Sienna Craig (Ithaca) investigated the changes in the curriculum of various Tibetan medical schools in Nepal due to the pressures of standardization and modernization and the impact of these changes on concepts and practice of Tibetan medicine in Nepal. Denise Glover (Seattle) followed with a paper on her research in Gyelthang in Eastern Tibet concerning more popular aspects of medical knowledge, such as ethnobotany and diet among Gyeltang Tibetan communities and their discourse of lost knowledge in the face of a growing and unprecedented professionalization in the medical sector (both traditional and biomedical).

The section on epistemology, medical history and practice was dominated by several papers focusing on spirit-inflicted illnesses. Eric Jacobson (Cambridge, Mass.) approached the subject from the perspective of cross-cultural psychiatry based upon his fieldwork among Tibetan refugees in Sikkim and Dharamsala, whereas Geoffrey Samuel (Newcastle, Australia), who has worked among Tibetan refugees in Dalhousie, North India, focused on the relationship between the textual classic of Tibetan medicine, the Gyushi (rGyud bzhi), and ethnographic accounts of spirit-inflicted illnesses. Samuel's questions concerned which kinds of illness are explained as being caused by spirits, which spirits are involved, and what the implications are for the modes of treatment used. Barbara Gerke (Oxford/Kalimpong), who administers the International Trust for Traditional Medicine in Kalimpong, presented her MSc thesis on soul (bla) rituals which engage the 'subtle body.' Kim Gutschow (Wesleyan, CT) focused on the female body in ritual and medical discourse based upon fieldwork in a Tibetan community in Zanskar, North India.

Last but not least, the panel finished with a final session by a group of historians focusing on Tibetan medical literature. A study of rare, early Tibetan medical texts which have just become available in the Lhasa archives was presented to a curious audience by Yang ga, graduate from the Lhasa Medical College (Harvard). Dan Martin (Jerusalem) presented a text-critical analysis of an interesting early Tibetan history of Indian medicine, whereas Olaf Czaja (Leipzig) investigated the earlier textual sources used to compile the famous commentary on the Gyushi, the so-called Blue Beryl, composed by the Regent of the Fifth Dalai Lama, Desi Sangye Gyatso. Frances Garrett (Toronto) focused her paper on historical understandings and usage of embryology in Tibetan medical and biographical texts. Janet Gyatso (Harvard) gave a presentation on the "Shifting fortunes of the Tantric channel system in Tibetan medical anatomy," investigating the intersections between Tibetan Buddhism and medicine. Zhen Yan (Beijing) together with Elisabeth Hsu (Oxford) presented a comparison between certain concepts and images found in Tibetan and Chinese pulse diagnostics.

The papers are forthcoming in a separate volume of the IATS proceedings, published by Brill in Leiden (2005) and edited and introduced by the panel organizer Mona Schrempf (Berlin) under the title Soundings in Tibetan Medicine. Anthropological and Historical Perspectives. Whereas five of the presenters were unable to submit their papers for publication, four other articles by authors who had not presented a paper in the panel will be included instead: two are based on very recent research on contemporary lineage doctors practicing in the Tibet Autonomous Region (Mona Schrempf, Resi Hofer-Vienna), while another focuses on the external medical practices employed at the Kumbum Monastery Hospital in Amdo (Katharina Sabernig-Vienna). Henk Blezer (Leiden) will provide an overview of desiderata in research on the history of Tibetan medicine.
It is to be hoped that this panel has set a precedent for future meetings and exchanges on Tibetan medicine, not only among Tibetologists but also among a broader and interested scholarly community working on Asian medicine in general. Research on Tibetan medicine certainly has earned its place in this arena, although it is conspicuously lacking in most works on Asian medicine, and interest in this field of study has yet to manifest itself in the form of a more direct exchange with other scholarly works on Asian medical systems.

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'Ayurvedic Identities Past and Present: The Case of Modern and Global Ayurveda'.

The third international DHIIR workshop took place on 12-13 December 2003 at the Faculty of Divinity, University of Cambridge. A selected group of scholars, practitioners and experts convened to present and discuss their latest research. The presentations covered a wide range of methodological points of view, examining the case of modern and global Ayurveda from historical, textual, philosophical, anthropological, socio-political, economic, biomedical and pharmacological perspectives. The workshop set the foundations for the forthcoming DHIIR conference on the same topic.

Both workshop and conference are part of a larger project, the Indic Health and Medicine Research Program (IHMRP), which was developed to explore the nature, history and practical applicability of yoga- and Ayurveda-inspired approaches to health, medicine and wellbeing in the context of modern and developed societies. The first part of the IHMRP (2000-2002) focussed on studies relating to the emergence and growth of Modern Yoga, and research is ongoing. Part II (2002-2004) is dedicated to research on the history and development of modern and global Ayurveda. "Modern Ayurveda" is here understood to start with the processes of professionalisation and institutionalisation brought about in India in the 19th and 20th centuries. "Global Ayurveda", on the other hand, refers to the more cosmopolitan and geographically widespread processes of popularisation and acculturation set in motion in the 1980s.

The format of the workshop was as follows: draft presentations were circulated prior to the workshop, so that participants could familiarise themselves with the material under discussion. Each contributor was allocated a respondent who, during the workshop, introduced the paper by way of a critical summary. This was followed by the author's response, and by general discussion. A total of fourteen papers were presented, falling roughly into five thematic categories:

1) Aspects of Ayurveda and Herbal Medicine from a Western practitioner's perspective. Peter Jackson-Main, chairman of the European Herbal Practitioners' Association, discussed legal debates on complementary medicine in the UK, including the question of statutory self-regulation. Clinical and commercial issues relating to the practice of Ayurveda in a Western setting were also discussed in this context, with examples from Germany and the UK. A. Chopra (Habichtswaldklinik Ayurveda) discussed ayurvedic clinical practice in a mainstream medical setting; Sebastian Pole's (Pukkaherbs) specialised private practice with accompanying manufacture and distribution was examined by Peter Jackson-Main.

2) Twentieth century history and politics of Ayurveda in India. Dominik Wujastyk (University College London) presented a survey of reports (1923-2002) which had been instrumental in shaping government policies on Ayurveda. He showed how such reports can often be more representative of personal opinion than of formal investigation findings. Dagmar Benner (DHIIR) traced the development of ethical codes and declarations for Ayurvedic practitioners, and examined their relationship to the professionalisation and formalisation of practice. Francis Zimmermann (Ecole des Hautes Etudes en Sciences Sociales, Paris) emphasised the ecological "embeddedness" of ayurvedic theory and practice, and warned against divorcing theoretical speculations on Ayurveda from geographical and cultural contexts. He also expressed the opinion that environmentalism is influenced by Asian concepts. Madhulika Banerjee (University of Delhi) discussed processes of pharmaceuticalisation and the politics of knowledge and identity that underpin modern formulations of Ayurveda.

3) Ayurveda and Modern Science. The Foundation for the Revitalization of Local Health Traditions (FRLHT, Bangalore) is constructing a database of medicinal plants, including their locality, use, and place in textual and oral traditions. Unnikrishnan P. (FRLHT) presented this work, covering such issues as the testing for medicinal efficacy, and the sustainable cultivation of plants that are traditionally harvested from natural habitats. Bala Manyam (Texas A&M University) discussed the development and testing of ayurvedic drugs in the treatment of Parkinson's disease.

4) Anthropological narratives of ayurvedic treatment in India. Based on the case study of an Indian practitioner's adaptations of "panchakarma" to a Western tourist clientele, the paper by Jean Langford (University of Minnesota) dealt with the consumerisation of Ayurveda in India. "Neo-ayurvedic" practices such as "arma cikitsa" and psychotherapy-inspired discourses came up for discussion in this context. These have no precedent in classical Ayurveda. Manasi Tirodkar's (University of Chicago) paper began with a critical and satirical portrait of contemporary Ayurveda conferences. It then went on to offer a fourfold schematisation of contemporary ayurvedic practice: traditional, modern, commercial and self-help.

5) Ayurvedic concepts in text, context and practice. Joseph Alter (University of Pittsburgh) examined the par-
adaxial notion of virility in ayurvedic, yogic and modern clinical contexts, highlighting the pervasive and contradictory concern with increased sexual potency on the one hand, and the advocacy of celibacy on the other. Frederick Smith (University of Iowa) discussed ayurvedic mental health care in Kerala, with special focus on disease-producing spirit possession and exorcism in local and oral traditions. In his paper Rahul Peter Das (University of Halle) explored the heterogenous origins of the ayurvedic system, and warned against the dangers of conflating modern Ayurveda with its historical forerunners. The question of how to produce a publication of proceedings that could be of use to both academic and general readers was also debated at length in a dedicated session. As critical, in-depth reports on how classical, modern and global Ayurveda interact and influence each other are currently very hard to come by, producing such a volume was generally perceived as an important priority. The workshop ended with a general discussion during which main themes were summarised and areas needing further work were highlighted. Workshop participants are continuing to work on this collaborative research project, and most of them will convene again at the July 2004 conference on the same topic.

'Ayurveda: Modern and Global Identities.' 8th International DHIIR Conference held at the Faculty of Divinity, University of Cambridge, 2-3 July 2004.

The conference considered the history and development of Modern and Global Ayurveda within the framework of a larger project, the Indic Health and Medicine Research Programme (IHMRP), which has been the focus of DHIIR research since October 2000. The aim of the IHMRP project is to integrate social sciences, humanities and empirical sciences to explore the nature, history and practical applicability of yoga- and Ayurveda-related disciplines in the context of modern and developed societies. To this end, an international network of scholars, practitioners and experts presented their research at the conference. Many of the speakers had already convened at the DHIIR specialists' workshop in December 2003 to discuss their work and to develop it according to the aims and objectives of the IHMRP. Their presentations offered a wide range of perspectives on Modern and Global Ayurveda, showing how its many aspects may be interpreted differently through historical and textual analysis, anthropological and socio-political methodologies, or biomedical and pharmacological paradigms - and how these divergent approaches may be reconciled. Following on from the DHIIR workshop and conference, an edited volume entitled "Pluralism and Paradigms in Modern and Global Ayurveda" is in preparation. Subjects covered will include various aspects of Ayurveda: textual and ideological roots; modern applications in practice; education and scientific research; political dimensions and economic potential. The ideological clashes between classical and modernised Ayurveda, the export of ayurvedic medical lore to Western countries, and the re-importation of its adapted and reinterpreted contents will be addressed as key issues. For more information on the conference please refer to the DHIIR web site at http://www.divinity.cam.ac.uk/CARTS/dhiir/indic/conf04.htm

Dagmar Benner, dagmar_benner@yahoo.com

Work in progress

'Annotated Bibliography of Indian Medicine', www.ub.rug.nl/indianmedicine. The bibliography which has been compiled by Dr. Jan Meulenbeld comprises publications on all aspects of Indian systems of medicine (Ayurveda, Siddha, Yunani), folk and tribal medicine, ethnobotany, pharmacognosy, etc., in European languages, Sanskrit, and Hindi. Experimental and clinical studies on formulations, plants, vegetable products, animal substances and inorganic substances are incorporated, with the exception of those dealing with particular chemical constituents. Sanskrit terms and names are, in their generally accepted transliteration, added whenever their spelling in the original source might lead to confusion. Valid scientific names of plants and animals are appended to obsolete ones mentioned in articles and books. Summaries of articles are sometimes provided, so far in a restricted number; more of them will be met with in future updates.

'PADAM — Program for Archiving and Documenting Ayurvedic Medicine'.

This program is run by: P. Ram Manohar (AVT Institute for Advanced Research, India) and Tsutomu Yamashita (Kyoto Gakuen University, Japan).

India is one of the twelve mega bio-diversity zones in the world. It is home to 49,219 plant species (12.5% of world flora), 81,251 animal species (6.6% of world fauna) [MoEF Report, 1999]; and houses more than 16% of the world's human population on 2.4% of the total land area of the earth [Census of India, 2001]. Every seventh person in the world is an Indian. This environment has produced one of the richest traditional knowledge systems concerning natural resources in the world by creating conditions favorable for a close and intense interaction between human beings and nature. Of course, in ancient times, the human population was much less and the forest cover was much more than it is at present. India has a vast wealth of traditional knowledge in diverse fields of human activity. Indian traditional knowledge in the field of health care includes folklore and codified knowledge preserved through oral tradition as well as written documents. The folkloric tradition of midwives, bonesetters, poison healers and primary health care practitioners are still alive and active in rural India. Ayurveda, which is one of the Indian classical systems of medicine, can be seen in both traditional and modern
forms today. Ayurveda has come to a force to be reckoned with in contemporary India, and has also been showing signs of resurgence outside the subcontinent. However, active endeavors to document and preserve the real image of the traditional medical systems are still far from satisfactory in India. Historically, several factors have threatened the preservation of traditional medical knowledge in India. Cultural fatigue, foreign invasions, unfavorable policies during the colonial rule and changing priorities in the post-independent period have all contributed to loss of invaluable material resources and traditional knowledge. It is also ironical that the advancements in modern science and technology that has made available powerful tools for systematic documentation has not been effectively utilized in the context of traditional knowledge in India.

Systematic study of traditional medical knowledge did not get encouragement from the mainstream of scientific establishments in India, because promotion of traditional knowledge itself was considered to be inappropriate for the spirit of modern science. Moreover, measures were also taken in a small way to set up institutes for the education and practice of Ayurveda. While there are nearly 200 colleges, 9,000 pharmacies, 14,300 dispensaries, 3,000 hospitals and 430,300 registered practitioners in the field of Ayurveda in present India [Ministry of Health & Family Welfare, Government of India, http://indianmedicine.nic.in], the quantitative growth has not been attended by an equally impressive growth on qualitative parameters. Most of modern medical doctors in India have become alienated from their medical heritage which includes Ayurveda and folk medicine. The new generation of Ayurvedic professionals has often drifted away from the roots of the tradition in an attempt to integrate the ancient teachings with the modern scientific knowledge. Such a paradoxical situation prevails in Ayurvedic field in modern India. This situation is not favorable to the protection and preservation of the traditional knowledge, which may contribute to the emerging modern and global forms of Ayurveda.

On the other hand, recent prospecting for natural resources has occasioned discovery of the richness of traditional knowledge and the possibility of improvising traditional know-how as a complement of modern science and technology. However, this has also led to emergence of controversies surrounding misappropriation of cultural knowledge and violation of Intellectual Property Rights (IPR). For instance, award of patents in USA for the inventions based on traditional usage of the medicinal plants like Neem and Turmeric have shocked the country. Another instance is the Jeevani controversy. The trademark claimed by a company in USA on Jeevani, the herbal formulation developed by Indian firms based on folk lore knowledge handed down by tradition of Kani tribe in Kerala has raised several questions related to protection of indigenous knowledge [Biospectrum, Vol.2-5, 2004, p.19]. These cases have prompted various governmental organizations and scientific establishments to come forward with proposals for documentation and protection of traditional knowledge. The Traditional Knowledge Digital Library (TKDL) [http://indianmedicine.nic.in] is an example of such an initiative.

Traditional knowledge embodied in the health care systems like Ayurveda should also be viewed in the larger context of the world cultural heritage. Therefore, international cooperation in the efforts to preserve the traditional medical knowledge assumes significance. Attention may be drawn to the recent international project of UNESCO which declared the oral tradition of Vedic chanting as one of the cultural masterpieces of the world heritage. The cultural diversity of India makes the task of documenting and preserving its traditional knowledge quite a challenging one. This is especially true with respect to the medical heritage of India. Cooperation of individuals and institutions in both government and private sector and sustained efforts are necessary to achieve the goal.

PADAM - Program for Archiving and Documenting Ayurvedic Medicine originated against this background as an academic and non-profit project through the cooperation of a few researchers from India and Japan. Over the years, it has become institutionally affiliated and is one of the International Cooperative Research Program (ICRP) of the AVT Institute for Advanced Research (AVTAR), which is the research division of the Arya Vaidya Pharmacy (Cbe) Ltd, Coimbatore, Tamil Nadu, India. P. Ram Manohar (AVTAR, India) and Tsutomu Yamashita (Kyoto Gakuen University, Japan) are the Program Directors of PADAM. This program was informally launched in August 2001 with the aim of extensively documenting the living traditions of Ayurveda as well as locating and cataloguing medical manuscripts kept in private repositories in Kerala using digital equipment. PADAM has now an archive of video tapes, digital images and other materials related to the living tradition of Ayurveda in Kerala. Kerala is a living museum of traditional Ayurvedic practices and its small size makes it an ideal location to initiate the activities of PADAM. At present, researchers of PADAM are organizing the materials with a view to publish them in various forms. The website [http://padam-net.org] gives an overview of the various activities undertaken by PADAM. It is hoped that PADAM will serve as a platform to bring together dedicated researchers from all parts of the world. PADAM hopes to integrate its efforts with other individuals and institutions to systematically document the wealth of India’s medical heritage. If proper measures are taken to protect the rights of the primary holders of traditional knowledge, the results of PADAM must be able to fulfill many goals.

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Book Review

Studies on Asian Medical History. Indian Medical Traditions Vol. V,
G. Jan Meulenbeld & Dominik Wujastyk (eds.), Dominik
Wujastyk & Kenneth Zysk (series editors), Motilal
Banarsidass Publishers, Bangalore, etc., 2001 [first pub-
lished in 1987 by Egbert Forsten, Groningen]. xiv and
243 pp., including index. Price: IRps. 325.

The collection of essays which came out of a workshop
held in 1985 at the Wellcome Institute for the History of
Medicine, London, has been republished in India by
Motilal Banarsidass, a book house known for its excellent
publications in fields such as Indology and Indian sci-
ences. In their introduction Dominik Wujastyk and
Kenneth Zysk, the editors of the series Indian Medical
Tradition in which the volume under review has appeared
- together with other recent 'classics' on India's medical
traditions such as Medicine in the Veda (Kenneth Zysk),
Asceticism & Healing in Ancient India (Kenneth Zysk),
Asian Medical Systems: a Comparative Study (Charles
Leslie) and The Jungle and The Aroma of Meats: An
Ecological Theme in Hindu Medicine (Francis
Zimmermann) - rightly state that in spite of the 'numerous
workshops and conferences on Indian medicine' over the
last fifteen years 'the quality and relevance of this partic-
ular collection of papers has remained unique' (p. viii).
Indeed, most of the fourteen essays which together
make up the fifth volume in the series are still compulso-
ry reading for those who take Indian medicine serious,
.i.e. practitioners, policy makers and lay people who are
not satisfied with the often rather shallow, and not sel-
don erroneous view, projected by the many 'New Age'
publications on the topic. Because of the excellent qual-
ity of most of the papers making up Studies on Asian
Medical History it is not possible to do justice to them all.
I will therefore briefly discuss the structure of the book,
say a few line on each essay, and I will end with a critical
note dealing with the book's audience. (For another
review on the same book written by Ananda Samir
Chopra see the magazine Traditional South Asian
Medicine Vol. 7, 2003: pp. 216-220; the latter magazine is
a continuation of the Journal of the Ayurvedic
European Society which appeared irregularly from 1990
till 1997 and to which some of the authors in Studies on
Asian Medical History regularly did contribute.)

In 'Dialogue in research on traditional Indian medicine',
the last essay of Studies on Asian Medical History, the
Sanskritist Johannes Laping makes a plea for a dialogue
between three parties involved in the study of Indian tradi-
tional medicines: philologists dealing with classical
texts; anthropologists and historians studying the social,
cultural and historical context of Indian medicine; and
scientists working on laboratory and clinical studies of
herbal remedies which make up the backbone of Indian
medical traditions. Though the seven essays dealing with
Ayurveda as a Classical Tradition make up the largest
part of the book, the remaining seven articles divided
over the sections Colonial Interactions and Modern
Observations are a brave attempt to start this interdisci-
plinary dialogue, which is needed today as much as in
1987.

Studies in Indian Medical History starts with an article on
Indian classical pharmacology (dravyagunasastra) by
Jan Meulenbeld, the erudite author of five volumes deal-
ing the History of Indian Medical Literature (see the
review of Francis Zimmerman in the last check issue of
the ISTAM Newsletter; see also TSAM check). The arti-
cle systematically discusses the four basic concepts of
classical Indian pharmacology which has many similari-
ties with their Greek and Chinese counterparts (see
Zimmermann 1995). Out of these four concepts, rasa
(taste), vipaka (post-digestive taste, post-digestive
effect), virya (potency) and prabhava (specific action),
the latter is the most interesting for scholars in the field of
the philosophy of science and for those who wonder if
empirics and theory are values as much in Indian medi-
cine as they are by biomedicine. Meulenbeld convinc-
ingly demonstrates that Ayurvedic medical knowledge is not
a close system and is marked by a progressive acquisi-
tion of knowledge. The scientific spirit of Ayurveda is
reflected in the fact that a drug specific action (prabhava)
overrules its classification on the other three parameters
(rasa, vipaka and virya): e.g. when it comes to the thera-
peutic us of a medical substance empirical observation is
more important than classification based on theoretical
concepts.

In the second article, like the first based on text-
tual studies, Rahul Peter Das - at that time like Wujastyk,
Zysk, Ernst one of the young scholars who have now
claimed their place within contemporary studies on Indian
medical traditions - traces the identity of pata, a plant
found in Ayurvedic texts. The article deals with the prob-
lem of synonyms used in Ayurvedic texts for the same
plant drug and makes clever use of clues such as ani-
mal feeding on them for their identification. In the third
contribution Antonella Comba traces Indian schools
which have made the section on the somatic body
(sarrinasthana) of the Carakasamhita, one of the two texts
holding the highest authority in Ayurveda. In a reflection
on the chapter on epilepsy (Tib. 'causing forgetfulness') in
Terry Clifford's book Tibetan Buddhist medicine and
Psychiatry: the Diamond healing, R.E. Emmerick dem-
onstrates his philological technique consisting of the compar-
ning of, in this case, the Astangahrdayasamhita of the
classical Indian author Vagbhata and the Tibetan version
of the same section. The fifth essay by Marianne Winder
on the gem vaibhura which plays an important role in
Tibetan Medicine deals with the identity of this precious
stone to which medical benefits are ascribed. Her
approach is again philological and she compares texts
dealing with the subject written in various languages
such as Pali, Chinese and Tibetan. Beryl and Lapis lazuli
are offered as suitable candidates. Though interesting
and thorough to my opinion the latter three authors
would have benefited from augmenting their philological-
comparative techniques with a study of the ritual and
medical contexts in which the substance and concepts
have been put to use. The next article written in French
by Arion Rosu deals with the use of magic squares
(yantra, mandala) in Indian medical traditions. Apart from
Ayurvedic literature the author explores non-medical
sources like Buddhist and Hindu archeological remains,
Indian popular beliefs and the Indian Islamic tradition.
Rosu concludes that these ritual numerical diagrams
(ankayastra) squares were in use within the Hindu
Tantric tradition from the eleventh century onwards and
that diagram were among the magical prescription
of Indian medicine as early as CA 900. The first section
of the book, The Classical Tradition, ends with a short note
by Johannes Laping on the Madhavanidana (lit. the ill-
ness causes according to Madhava), an Ayurvedic text of
the seventh century of which an English translation with
valuable annotations has been published in 1974 by Jan
Meulenbeld.

The second section of Indian Medical History named Colonial Interaction starts with an interesting essay in which the physician and medical historian T.J.S. Patterson discusses 'The relationship of Indian and European practitioners of medicine from the sixteenth century'. Patterson deals with the impact of the Portuguese, the Dutch, and the British on Indian medical ideas, practices and social organization of the medical profession, developments, and from the mid-nineteenth century the English colonial government. Patterson argues that by now well accepted view that after the 16th, 17th and 18th centuries which were marked by dependence and respect for Indian medical practitioners and their therapies, the eventually positive stand towards Indian medicine was abruptly finished when in the beginning of the Eighteenth century the Anglicists started to dominate educational policies. Government sanctioned training in Ayurveda and Unani tibb was abolished, Indian knowledge was typified as inferior and the favored role of Indians should play in the health services of their own country now was as paramedics and as propagators of Western medical knowledge vis-à-vis superstition and backwardness of their own fellow countrymen. The next article by Dominik Wujastyk, dealing with 'Indian claims for pre-Jennerian smallpox vaccination' deals with such a 'pious fraud' by which the colonial government tried to 'convince' to let themselves vaccinated. Wujastyk carefully constructs his argument that the claim that India knew vaccination before this technique was discovered by Jenner at the end of the 18th century by citing and analyzing newspaper articles and publications which appeared in the 19th century India. Wujastyk demonstrates that the 'evidence' based on Indian medical texts written in Sanskrit before Jenner's discovery was faulted. Wujastyk approach is interesting because he uses both popular publications of that time and his own knowledge of Sanskrit medical works to plead his case that though India knew a system of inoculation by using human smallpox material the use of the cowpox bacil was unknown in India in pre-Jennerian times. However, these kind of claims which in detail might be false, reflect a conviction among a group of Indian intellectuals that Western medical techniques and notions had to colonize Indian bodies and minds with the purpose of making the country into Britain's vassal state. Indian knowledge traditions were deliberately down played; this made it possible for the colonizers to defend their presence and policies as part of the 'white man's burden' to uplift the people of the east from their 'areas of darkness'. This point is well argued in the next article in which Waltraud Ernst illustrates and discusses the establishment of lunatic asylums along the model of insight and practices found in Britain and Ireland around the same period. This extended article is backed up by both quantitative and qualitative data of archival resources. Modern Observations - the third section of Studies on Indian Medical History - starts with an interesting articles in which two pharmacologists, R.P. Labadie and K.T.D. De Silva, evaluate the identity and medical worth of Centella asiatica (L.), known as hing, afoestia, and devil's dung and traditionally in use as body-strengthener, revitalizer and promoter of longevity in countries such as India, Sri Lanka, China, Malaysia, Indochina, Indonesia and Madagascar. Though the work of the authors should be applauded for their thoroughness in using deferent methods of identification and their sophisticated use of modern pharmacological knowledge and techniques, the different epistemological and therapeutic contexts in which substances are used in, for instance, Ayurveda and Chinese medicine is lacking. According to me it might be that the unique way Asian medical traditions typify and treat illnesses, patients and medical substances which makes them effective. The last three articles of the section Modern Observations - the weakest of the three sections of the volume - are meager compared to the foregoing contributions. Without any sensitivity to Ayurvedic knowledges and practices the sociologists Von Schmadel and Hochkirchen evaluate doctor-patient interactions in an Ayurvedic clinic in Bombay. The next contribution by Moris Carstairs contrasts the treatment of witches in there different communities in Rajasthan. Though interesting this short note of three pages hardly gives a taste of the excellent and pioneering work the authors has done over a period of forty years from the 1950s onwards. Carstairs knowledge of and sensitivity towards local notions and social realities makes his work outstanding; in this sense he can be seen as the forerunner of researchers such as Sudhir Kakar and Ganesh Obeyesekere. The last section ends with the short note of Laping in which he pleads for collaborations between different field of academic expertise such as Sanskrit studies, ideology, social-historians, social scientist and pharmacologists.

With the republication of Studies on Indian Medical History Dominik Wujastyk and Kenneth Zysk have surely rendered a service to those interested in India's rich medical heritage. For the first time the book is now available in India against an affordable price. This hardcover book by the well known publisher Motilal Banarsidass looks attractive and the inclusion of an index has added to the book's usefulness. However, I wonder if the editors do not underestimate the accessibility of the papers for those outside the academia such as practitioners and policymakers. The essays clearly address an academic audience and some of them are more reports on work in progress than articles. Many of the papers have to do without a clear cut conclusion which will certainly lead to the question of what can we learn from this all by those outside of the academia. Nevertheless, according to me the book is unique in terms of its diversity and the quality of most of the papers. Over the last decade I have repeatedly revisited Studies on Indian Medical History and I wholeheartedly recommend the book to anyone with an interest in Indian medicine who wants to do an effort to penetrate this diverse, interesting and highly rewarding field.

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Notes for Submissions, please send your books, articles, conference reports to:

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Draft Programme

This conference is being held to celebrate the new journal of the society of IASTAM (The International Association for the Study of Asian Medicine).

SOAS Brunei gallery. Members of the IASTAM board and other scholars from a range of different backgrounds will give lectures on historical, anthropological, sociological and iconographic dimensions of Asian medicine as well as practice reports from practitioners working in the field.

Ayurveda and Sexuality: Sex Therapy and the 'Paradox of Virility' in Contemporary India.
Joe Alter, University of Pittsburgh

Problem Pregnancies in Early Ayurvedic Texts
Martha Selby, University of Texas

Representations of the Body in China
Catherine Despeux, INALCO

Wellcome's Online Chinese Medical Iconographic Collection
Penny Barrett, Wellcome Trust Centre

Plant Cultures
Royal Botanic Gardens Kew

The Construction of Traditional Chinese Medicine
Kim Taylor, Shanghai Institute [to be funded]

The first TCM text books
Cinzia Scorzon

Plurality and Synthesis: Chinese Medicine in Contemporary China
Volker Scheid
The Dunhuang Medical manuscripts
Vivienne Lo

Evidence and Experience of Chinese Medicine
Hugh MacPherson, University of York

TCM in East Africa
Elisabeth Hsu, Institute of Social and Cultural Anthropology, University of Oxford

We will be looking for additional papers from practitioners involved in the practice of Traditional Asian Medicines in a contemporary environment

Roundtable Discussion
Traditional Medicine and Professionalisation in the UK
Dominik Wujastyk, Bo-Ying Ma and Hugh MacPherson

Tour of the exhibition
Nigel Allan, Curator of the Oriental Collection, Wellcome Library

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Launch of IASTAM Journal
Launch of Lo and Cullen, Mediaeval Chinese Medicine
Launch of Kim Taylor Chinese Medicine in Early Communist China

Registration is £80, but free to those who have subscribed to the journal (to subscribe see www.iastam.org/journal or complete form enclosed) and £30 to existing members of IASTAM. Places are limited, so to avoid disappointment, please apply as soon as possible.
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Announcement


This workshop marks the culmination of a two-year Wellcome Trust funded project to raise the profile and understanding of Asian medical traditions through the medium of scientific and technological illustration. Both project and workshop aim to publish high quality reproductions and descriptions of Chinese medical images. While the project will make information available on-line it is envisaged that the workshop will be the first step towards producing two printed volumes [one in Chinese, one in English], with authoritative introductions to a wide range of genres of medical illustration from mediaeval Chinese alchemy to the dissemination of biomedical ideas in China and the transmission of Chinese medicine to Europe. The theme of globalisation is therefore addressed at two important levels: in the historical and contemporary transmission of medical ideas from Asia to Europe and vice versa, and in addressing shared interests in the nature of tradition through the provision of high-quality teaching materials in the two most widely read languages worldwide. Most importantly the provision of easily accessible teaching materials will promote a more stimulating engagement with tradition among the increasing number of practitioners and teachers of Chinese medicine in Europe. On the one hand, for example, work on identification and efficacy of materia medica in Europe [such as that currently in progress at Kew Gardens] relies on both pre-modern and contemporary technical illustration, yet rarely employs researchers with relevant linguistic and historical skills. At the same time efficacy in the modern practice of traditional medical practice is partially dependent upon understanding of the nature of ‘tradition’. Modern anthropological studies have demonstrated the variety of factors that simultaneously come to bear on the therapeutic action of medical practitioners [textual learning, experience, local and globalised knowledge, the clinical setting to name but a few]. As illnesses and therapy are both shaped and informed by culture so “information.... changes therapeutic efficacy” [Bergmann et al, 1994] in the patient. Thus for a traditional medical practitioner, even more than for the biomedical traditions, improving knowledge of the history and culture of their tradition is critical to the efficacy of their practice.

By September 2005 1,400 pre-modern images of medical interest held in the library of the Academy of Chinese Medicine, Beijing will be fully catalogued in English and placed on-line as part of Medphoto, Wellcome’s medical photographic library [see http://asianmedcom.site.securepod.com/people/vivienne_lo/page4.htm]. It is anticipated that the first 100 or so will already be on-line during March 2004. The initiators and organisation for the proposed workshop, as for the project currently in progress, are Dr Vivienne Lo at the Wellcome Trust Centre for the History of Medicine at UCL and Professor Wang Shumin of the Academy of Traditional Chinese Medicine. The workshop will then bring together existing expertise in history and culture of science and medicine, with younger researchers in the fields of sinology, Japanese and Korean studies and anthropology as well as practitioners of traditional medicine. The purpose of the workshop will extend beyond the original project’s focus on pre-modern imagery to include modern medical iconography such as the negotiation of tradition and modernity in nineteenth and twentieth century Chinese and European medical text books, as well as in the commodification and globalisation of Chinese medical products, and Western medical products in China Drawing from the international expertise of centres of sinological excellence in Europe, Taiwan, Japan, Korea and Cambodia, the workshop in Beijing will provide a venue for scholars to present their research and introduce a selection of images most representative of a genre, of a specific innovation in medical history, or of unique interest in themselves. Participants include both senior researchers and those still involved in postgraduate studies. By delineating different genres in medical illustration we will be able to trace medical traditions that emerged in China from early imperial times and transmitted throughout Asia and Europe during the last millennia. Illustration allows the audience to transcend boundaries of language and region, easing dialogue cross-cultures. To maximise the potential that this medium offers we will actively recruit senior European and Asian experts in iconography as discussants for each paper. While the images will then speak for themselves, the commissioned studies will also de-code the social and cultural context for a lay audience, providing an account of Chinese medicine that is at once both authoritative and easily assimilated. The collection on-line and in hard copy will therefore ultimately provide an invaluable resource for both scholarly and popular audiences. The programme for the conference is already complete, but contact Dr Lo if you are interested in attending [v.lo@ucl.ac.uk]. The conference will be held at the famous Fragrant Hills Hotel north of Beijing near the Summer Palace.

(See also http://english.bjtta.gov.cn/scenic/attracti ons/402.asp)
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