

Michael Stolberg, *Die Harnschau: Eine Kultur- und Alltagsgeschichte*, Cologne: Bohlau Verlag, 2009. Pp. 285. € 26.90. ISBN 978 3 412 20318 4.

Why did historians of medicine largely ignore uroscopy as the presumably most important diagnostic tool of occidental medicine? Michael Stolberg, Chair of the History of Medicine at the University of Würzburg, discusses historiographic as well as aesthetic reasons for the remarkable lack of interest among recent historians. Certainly, unlike blood or other bodily liquids, common sense ranks urine among the feculent, impure and altogether waste products of the body. Yet, even more important is that older traditions of history of medicine considered the visual examining of a patient's urine by modern medical standards, regarding it as unscientific, incorrect and with only limited evidence for a diagnosis. At best, historians treated uroscopy as the forerunner technique of modern chemical urine analysis, which is mainly used for the diagnosis of some urinary and metabolic diseases.

The historical interest that uroscopy has received is out of all proportion to its early modern relevance. Whether academic physicians, lay healers or patients, all of them considered uroscopy to be the most pervasive and fundamental practice of diagnosis. Handed down from the Hippocratic and Galenic texts, it was also among the most refined and variegated diagnostic tools of medicine that only slowly disappeared from medical practice during the era of the Enlightenment. Even in the nineteenth century, in some rural regions, local healers were known for their use of uroscopy. Many people still trusted in this style of the examination of the body and its excretions. A patient's urine narrated his/her diseases, constitution and living conditions. It could be used as a pregnancy test, material for prophecy, or oracle as the worst comes. Not infrequently, the result of an examination was experienced as a 'judicium', a judgement about life or death.

Uroscopic examination was mainly done by the naked eye of the doctor or healer. Yet their instruments also included tools such as the uroscopy flask, the distillation apparatus (iatrochemical tradition), the urine wheel and instruction manuals that helped to classify urine. The uroscopy flask, a piece of glass that was circular at the bottom, symbolized the shape of the human body. A gritty or sticky matter at its bottom referenced the lower belly while the impurities in the top may help the doctor to find a sickness in the head. Yet essential for a proper diagnosis was identifying the colour of the urine. Since the Middle Ages, some well-known diagrams, named urine wheels, differentiated about 20 colours that were linked to specific diseases. Together with the consistency of the liquid, its odour, taste and the visible sediments, the optical appearance was the most important diagnostic sign. These signs were obviously subtle, requiring perception and intuition. Yet they were also based on the rationality of natural philosophy and anatomical knowledge about the hidden metabolic processes inside an altogether humoral body. Only with respect to the changes in styles of thought and technology can the decline of uroscopy therefore be explained.

This task is well done by Stolberg's book. Its initial aim is to give a cultural history of a most versatile tool of medicine (including a chapter on the representation of uroscopy in the Dutch genre painting with not less than 48 coloured images). With respect to a wide range of sources, the author also argues plausibly why and how, since the seventeenth century, uroscopy gradually lost its epistemic value and changed into a quackish medical device. Stolberg suggests that critical statements about a limited explanatory power were the only ostensible arguments. To learned physicians the loss of prestige in the exercise of their authority was even more important for the search of a new skilled knowledge. In other words, the decline of an alleged insignificant medical practice

leads to nothing less than the paradigm shifts in which medical theory and practice went hand in hand with a transformation of the professional identity of physicians.

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Projit Bihari Mukharji, *Nationalizing the Body: The Medical Market, Print and Daktari Medicine*, London; New York: Anthem Press, 2009. Pp. xiv + 351. £60. ISBN 978 1 84331 315 1.

In *Nationalizing the Body*, Projit Mukharji presents a meticulously researched construction of the identity of *Daktari* physicians, or Indian practitioners of Western medicine, through the late nineteenth and early twentieth century in British Colonial Bengal. With new and compelling views and evidence, Mukharji's revisits a critical theme in the history of medicine in the colonial context. Namely, what is 'colonial' about colonial medicine? He makes a case therefore for moving beyond the frame of the colonial 'encounter'. His work carefully maps the discursive spaces that were created not only through the representations of the *Daktari* practitioners as they publicised their practice in an emerging medical market and through a burgeoning vernacular press, but also through images of them seen through the eyes of colonial administrators, patients and the popular press.

The significant historical question in this book is how are identities socially constructed and Mukharji draws initially on biographical narratives of well-known *Daktari* physicians, their responses during epidemics of the plague, cholera and 'syndromes' to reconstruct the shifting locus of their social origins and their challenges to colonial medical interventions during epidemics. He thereby reconstructs a fascinating world, where the seeming boundaries of 'legitimate' and 'illegitimate' medical 'systems' and their therapeutics and practice are blurred and being constantly negotiated. By tracing the construction of *Daktari* learning and its mobilization, Mukharji explores contemporary debates that straddled the realms of the public and domestic spheres, definitions of what comprised 'indigenous' and 'foreign' as well as interpretations of colonial authority. He thereby demonstrates the multiple ways in which Western medicine began to forge a distinct space and identity and in turn reflects on the ambivalent ways in which colonial authority was 'seen' and addressed.

Mukharji begins with an unusual and original theme; by tracing the biographies of *Daktari* lives and telling through this cast of actors the changing context of professional and social origins, urban-rural networks, the shifts in colonial health services and education policies, the rise of private colleges and how ideas, technology and medical markets were mutually shaping each other in this period. This beginning is vital and co-opts the reader into identifying with a small but vital cast of actors that appear throughout the rest of the book. Physicians such as Khastagir and Narendranath are introduced at the outset and their work and engagements wax and wan through the latter part of the narrative.

The core of the book lies in the reconstruction of the efforts by *Daktari* physicians to 'nationalize' or make less alien their medicine. He explores the dialogue between *Daktari* and indigenous medical practitioners such as Ayurvedic healers and traces an active intellectual dialogue sustained between practitioners such as through *Daktari's* deployment of Ayurvedic notions of *Din-Chary* or daily routine. He also explores the efforts by *Daktari* physicians to undertake translation projects of Western medical texts in a manner as to give importance to 'one's local experience' and argues that this demonstrated a re-appropriation of Western medicine based on careful, critical understanding of