

Dagmar Wujastyk and Christèle Barois (eds.), *The Usman Report (1923): Translations of Regional Submissions* (Groningen, Netherlands: Barkhuis & Groningen University Library, 2022)

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History of Science in South Asia

A journal for the history of all forms of scientific thought and action, ancient and modern, in all regions of South Asia

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THE REPORT OF THE COMMITTEE ON INDIGENOUS SYSTEMS OF MEDICINE, more commonly known as *The Usman Report*, published in Madras in 1923, is an important historical document that gave a voice to indigenous practitioners of traditional medicine in India. Commissioned by the Madras Government in 1921, the purpose of this report was to undertake an evidence-based survey of the principles of indigenous medicine by respected practitioners. A notable aspect of this report is its inclusion, in vol. 2, of direct expressions from over one hundred practitioners of Ayurveda, Unani, and Siddha medicines in early twentieth-century India. These submissions were originally provided in various regional languages, such as Sanskrit, Urdu, Tamil, Telugu, Malayalam, Kannada, and Oriya.¹ *The Usman Report (1923) Translations of Regional Submissions (Translations from here onward)*, edited by Dagmar Wujastyk and Christèle Barois, is the first English translation of the multilingual vernacular testimonies from the report. As an open-access publication, it represents an important step by academics in ensuring that multilingual sources are available to a broader readership.

Translations is split into two parts. The first part offers an introduction, co-authored by Christèle Barois, Suzanne Newcombe, and Dagmar Wujastyk, that

¹The complete original text of the Usman Report can be found on archive.org. See Usman, Muhammad (1923), *The Report of the Committee on the Indigenous Systems of Medicine, Madras [1921–1923]*, tech. rep. (Madras: Government of Madras, Ministry of Local Self-Government, Committee on the Indigenous Systems of Medicine), ARK: [ark:/13960/t8jf1j267](https://nbn-resolving.org/urn:nbn:de:hbz:5:1-3960-t8jf1j267).



contextualizes the report and discusses the translation practices and decisions. The original *Report* was divided into two sections: “The Report with Appendices,” which is in English, and “Written and Oral Evidence,” which is multi-lingual. *Translations* focuses on the non-English submissions from the “Written and Oral Evidence” section.

First, why does *The Usman Report* warrant such a major translation endeavour? In the introduction, Barois, Newcombe, and Wujastyk provide a compelling argument regarding this. The rationale of the *Report* was simple: to demonstrate the scientific value of Ayurveda, Unani, and Siddha medicine. The *Report* was triggered by a series of events. In 1920, Dr M. C. Koman, a Western-trained physician, authored a long-awaited report on indigenous drugs on behalf of the Madras Presidency. Koman concluded that there was little, if anything, to learn from the treatment methods of practitioners of indigenous systems. This conclusion led to a strong sense of betrayal and outrage among the public. A joint meeting was held between the Dravidya Vaidya Mandal and Madras Aryurveda Sabha and they issued a statement condemning the findings of the report. Pressure by these groups led to the resources allocated to *The Usman Report*. Thus, as the authors point out, the *Report* stands out as a testament to the growing *swadeshi* (domestic production) and *swaraj* (self-rule) movements in India (xi). It challenges the dominance of colonial powers by amplifying the voices of indigenous practitioners and advocating for state encouragement and financial support for traditional medicine. The report recognizes the limitations of the European model of medicine, highlighting the importance of environment, food, and customs in diagnosis and treatment, as emphasized in Indian classical medicines.

After contextualizing the report, the introduction then provides empirical data related to the questionnaire and discusses the translation practices. Initially, the committee received a total of 183 written submissions in response to a questionnaire sent throughout India. The majority of these submissions were in Tamil, with 76 written testimonies in Tamil, 49 in English, 24 in Malayalam, 11 in Sanskrit, 10 in Kannada, 9 in Urdu, 3 in Telugu, and 1 in Oriya. However, it is important to note, as the editors point out, that the report contains only a selection of the written submissions that were returned to the committee, and the distribution of languages in this section does not proportionally reflect the vernacular languages used in the subcontinent. The report also includes oral testimonies from practitioners. The authors emphasize the complicated process of translating multi-layered texts that include dealing not only with technical terms but also “poetic and encrypted language” (xxviii). Thus, *Translations* is an important work that highlights the invaluable data from *The Usman Report*.

As for the quality of the English translations, each language requires its own set of scholarly expertise and context. As a scholar with expertise in Urdu translations, I can only present a critical comment on those translations. The Urdu

responses are translated into English by Sabrina Dato and Arian Hopf. These translations are of high quality and highlight the appropriate scientific and medical terminology of the time period; for example, Dato's translation of the Urdu term *zāt al-janb* as "pleurisy" (123). Dato's translation of Hakim Syed Mustafa's answers captures the multiple languages and registers of the text through notation (xxvi). By transliterating the terms in the text to indicate the languages used by Mustafa, the translators demonstrate the influence of Arabic and Persian nomenclature and aphorisms, as well as the poetic nature of the language, elements which further complicate the translation process.

Overall, *Translations* fills a crucial gap in the historical record by shedding light on indigenous medical systems and the practitioners who played a vital role in healthcare during that era from a multilingual point of view. This effort to translate and present the vernacular testimonies offers readers a valuable glimpse into the practices and socio-political dynamics of traditional medicine in early twentieth-century India. Given that many of the reports and publications under the East India Company and British Raj were in English, multilingual translation projects such as this offer new avenues of analysis of primary sources that were, in the past, only accessible to those with specific language expertise. This is a significant resource for scholars, teachers, researchers, and anyone interested in the history of medicine, colonialism, and the cultural heritage of India. More resources and merit should be allocated to carry out such intricate and complicated translations of historical documents.

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