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Disease, modernity and distinctiveness in twentieth-century India – the case of tuberculosis

Through an analysis of the debate connected to of tuberculosis control in twentieth-century India, this paper explores the tension between universalist notions of modernisation and modernity and claims to cultural distinctiveness. The first part of the paper deals with the ambiguous relation between tuberculosis and modernity the late colonial period. As elsewhere, tuberculosis – routinely regarded as the second most important health problem after malaria – was closely associated with processes of urbanisation and industrialization: the tuberculosis problem in India was expected to grow as India modernised. In order to stop the rising

tide of tuberculosis some believed that India should imitate the ‘modern’ and ‘scientific’ control methods developed in the west, but many saw this as unrealistic and advocated control measures designed to the particular Indian context. By the 1950s, however, the terms for debating modernity and distinctiveness in relation to tuberculosis had significantly changed. This was due, the paper argues, to three developments: new biomedical remedies (the BCG vaccine and antibiotic drugs) became available; India got independence and the new state opted for rapid, state-driven modernisation; a new international health organisation – WHO – was ideologically committed to treat people in Asia and Africa on a par with those in western countries. The result was

new and 'modern' types of tuberculosis control became available to India. The paper deals first with a massive mass BCG vaccination campaign. Due to the contested and controversial nature of the BCG vaccine, this campaign was met a well articulated opposition. Never challenging the fundamental value of modern science, the vaccine was accused of representing a cheap and second-rate remedy. The other modern remedy was antibiotic drugs. In the late 1950s research carried out in India established that these drugs could be successfully administered to even the poorest tuberculosis patients in their homes. Based on this approach an ambitious, WHO assisted, 'National Tuberculosis Programme' was launched in 1962. In this programme experts – Indian and foreign – saw a successful merger of a universal scientific modernity and Indian distinctiveness. With this programme – it was argued – it was possible to be Indian and modern at the same time. Using the debates on tuberculosis over six decades this paper explores and illustrates how India across decolonization aspired both to cultural distinctiveness and scientific modernity.