

Beyond the Biomedical Gaze: Health, Indigenous Knowledge, and the Marginalised Body in Mahasweta Devi's *Pterodactyl*, *Puran Sahay*, and *Pirtha*

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Abstract:

This paper examines Mahasweta Devi's novella *Pterodactyl*, *Puran Sahay* and *Pirtha* in the context of Critical Medical Humanities. It interrogates the structural and biopolitical conditions that allow some people to be sick, treated or cared for, others are not. Devi's *Pirtha* is constructed around a famine the state refuses to name, an epidemic born of administrative neglect, a hospital that expressly refuses to help starving patients. In the face of this code of statistical non-recognition and clinical refusal, the novella establishes an indigenous epistemology of the body, carried by mute tribal artist Bikhia and enacted through community's mourning rites. This study makes use of a close textual analysis to claim that Devi's fiction anticipates the central tenets of Critical Medical Humanities. It claims that the classificatory gaze of biomedicine, journalism and state bureaucracy are unable to make the marginalised body of the tribal world legible on its own terms. It further underlines the fact that the rival, alternative system of care, indigenous to the tribal world, which is unable to be translated into diagnosis i.e. the state's nomenclature, is the one that is able to do so.

Keywords:Critical Medical Humanities, Indigenous Knowledge, Biopolitics, Tribal Literature and Subaltern Studies.

Introduction

In Mahasweta Devi's *Pterodactyl*, *Puran Sahay* and *Pirtha* (1989; trans. Gayatri Chakravorty Spivak, 1995) the main issue is a slow, cumulative loss of tribal life through starvation, epidemic disease and administrative neglect. The material conditions of *Pirtha* are extreme: a famine not named by the state, an epidemic linked to a water supply that the state never protected, a health center promised but not built, a doctor who turned away starving patients saying that his hospital was "not built... to treat famine-starved people of this kind"

(191). Into this landscape arrives Puran Sahay, a Patna journalist, whose arsenal of reportage, statistics and diagnosis is woefully inadequate to deal with the shadow that crosses the Pirtha river, the boy named Bikhia, who falls silent after carving its image into stone, and the village that reads the shadow not as an epidemiological event, but as the return of an ancestral soul. Building on the framework outlined above, this paper argues that Pirtha serves as an example of ‘clinical gaze’ extended to its administrative and statistical limit, against which Devi sets an indigenous epistemology of the body that biomedicine cannot recognise, let alone treat.

Review of Literature

Scholarship on Devi’s tribal fiction has been shaped decisively by Spivak’s translation and accompanying essays, which interpret Devi through the lens of Subaltern Studies problematic of representation, asking whether the subaltern tribal subject can be said to ‘speak’ within a text mediated by an urban, upper-caste narrator and translator (Spivak, “Afterword”).

This paper continues that line of inquiry but also moves away from representation to the concepts of health, illness and health care. At that time Medical Humanities was an attempt to focus on medical empathy; however, this was later replaced by Critical Medical Humanities, which was pioneered by Viney, Callard and Woods through their article “Critical Medical Humanities: Embracing Entanglement, Taking Risks”(2015) and shifted the emphasis from medical to political and structural issues around who was classified as a legitimate object of medical concern. Both frameworks have informed analyses of famine and epidemic governance in the Global South, and of ‘colonial medicine’ in Fanon’s work, as well as of environmental governance in Nixon’s notion of ‘slow violence’, all of which have direct relevance to Pirtha. To date, however, the famine narrative and the pterodactyl myth have been read in two different ways, as two separate discursive genres: one sociological and one mythological, respectively, without an analysis of how the two are brought to face each other at the same time within the text. This paper tries to fill that void by giving a detailed analysis of these factors from these point of view.

Theoretical Framework

The main locus of thinking in this paper is Critical Medical Humanities, a way of thinking that does not see biomedicine as merely lacking in empathy, but rather as a formation that is caught up in colonialism, capital, and the state. The analysis is carried out in three subsidiary concepts. First, Foucault’s ‘clinical gaze’ is the process by which medical and administrative institutions render the body legible only through classificatory and statistical categories, producing the very object - the ‘patient,’ the ‘case,’ the ‘percentage’ - that they claim merely to observe (Foucault 3-20). Second, Agamben’s notion of ‘bare life’ describes populations included in the political order only through their exposure to death without recourse, a condition this paper argues characterises Pirtha’s relation to the Indian state (8-9). Third, Fanon’s critique of ‘colonial medicine’, in which indigenous healing is dismissed as superstition rather than engaged as knowledge (121-45), informs this paper’s reading of Bikhia and tribal mourning ritual not as primitive belief awaiting correction but

as an alternative epistemology of the body that Critical Medical Humanities is committed to taking seriously on its own terms.

Brief Synopsis of the Novella

The text is based on Puran Sahay, a journalist who journeys to the far off Pirtha tribal block from Patna to uncover the state's denial of a famine. When he arrives, he finds a place riven with hunger, an uncontrolled epidemic and official inefficiency, and is received by a Sub Divisional Officer, who privately admits the hopelessness of opposing the administrative machine to which he belongs. Soon, Puran's investigation comes to a halt when the villagers report having seen a being that they think was a soul that had returned from a past age – and a mute boy named Bikhia who saw the beast from up close and carved its likeness into stone has not spoken since. As Puran follows the narrative, he gets involved in the rituals of the tribe, rituals which are private, away from the state's medical and administrative categories. At the time of its death, Bikhia guides the village in an 'oil bath' ceremony, a ceremony that is reserved for human death. Puran observes this ceremony and is changed by it, not redeemed: he arrives at a harrowing realization that journalism, science, and even his own sympathy has not been able to penetrate to the true state of affairs in the tribal world. But the novella doesn't resolve: children are sold into slavery, one twin perishes and the other is sold off, and Puran leaves Pirtha by climbing onto a passing truck, carrying admission of failure rather than any solution.

Pirtha as Biopolitical Terrain: The politics of non-recognition.

The defining fact about Pirtha is a negation: that it is not, officially, a famine. Devi is precise in her explanation of this non-recognition. According to a health worker, "state government will not declare famine, even if people die" (121-122), because "one can only declare famine if a certain percentage dies" (122). Health here is not something measured or assessed that may be displayed or compared but a threshold to be crossed, with deaths occurring in 'ones and twos' (121) across isolated villages until a certain statistical point is reached. This logic is represented in the figure of the Sub-Divisional Officer who hosts Puran an "honest officer with conscience" (163) who nevertheless realises that he is defeated before he can begin to fight, because a battle that is fought in "administrative confines" is already lost. He tells Puran that it is wrong to call him "sympathetic" because that is a term that the administrative machine already knows and has neutralised (104).

While Puran journeys toward Pirtha, a steady undercurrent of numbers accompanies the narrative: the number of scheduled-tribe people in Madhya Pradesh, the percentage of land arable, the number of tons of soybeans and cotton that were exported, and so on; the form of the novella itself performs the very gaze it sets out to critique, in the texture of its words. This irony is made explicit in Puran's captioned relief photographs – "Integrated Mother and Child Care Project" is paired with "three female skeletons... with four skeleton children with swollen bellies" (191), and "No Famine Here" is paired with "skeletal men walking by the wayside" (192). These developmental captions are an institutional euphemism; they make it look as if the institution cares when it actually doesn't. In Agamben's language the 'tribal people' are shown to the nation as a thing to be watched,

not as a life that the state has to protect. This non recognition is not merely an absence but an active production: the proposed double dam, which would irrigate Pirtha, exists on paper, but lost in transit from Madhopura to Bhopal, is finally abandoned by the Irrigation Department as “a department matter” (165).

Devi renders this administrative abstraction visible even at the level of cartography. While delivering the survey map of Pirtha Block, the Sub-Divisional Officer explains to Puran that the tribals live “in the animal’s jaws” looks like “some extinct animal of Gondwanaland” (99), a reference to the ‘animal’ that, on paper, the canal promised to the tribespeople “travels from the animal’s tail to its head” (100). The map’s equally monstrous zoomorphism endows the paper’s core thesis—the paper is all about bodies being legible or illegible to the administration, not just literal—with a literalisation that never even occurs to the administration. This cartographic look is extended to demography too, and Puran is directly contradicted by the Sarpanch: “You can’t do that family planning in a poor area. A poor household needs many children” (139), where each child is an ‘unit of labour’. Devi resists reducing this to a simple defence of tradition. The logic of reproduction and mortality is simultaneously absorbed into the state’s own calculus and set in opposition to it, the same biopolitical logic that permits a famine to be counted, or deliberately left uncounted.

The Clinic That Refuses Its Patients

The administrative tone of the first register of Devi’s criticism is balanced out by the clinical focus of the second. Instead of neglecting biomedicine, the novella rejects the patients who make it to Pirtha. The enteric fever epidemic stems from a clear infrastructural failure: the long-awaited water tank which failed to materialise, fenced off wells instead of repair, and a previous government policy to refuse permission to build “a Health Center in Pirtha” while the Bhopal Gas Tragedy sucked up all available manpower and resources (99). The epidemic is treated as a law-and-order issue, not a public-health crisis, with the Sub-Divisional Police Officer using his pistol to shoot three individuals in the head in the dark of the night before any doctor has discussed the outbreak. Medicine and policing collapse into a single apparatus of control - precisely the entanglement Critical Medical Humanities asks readers to notice.

The extreme case of biomedical refusal is deliberately understated. Puran records it plainly in his field notes “a certain Doctor Rao at Bhalpura Hospital told the Sarpanch, “The government has not built the hospital to treat famine-starved people of this kind” (190). The sentence reveals a hospital that has been built and manned, but serves only a restricted class of patient on whose behalf the unprivileged and marginalized are kept out of it. The statement alone isn’t the cruellest thing in the novella and if it’s not then it’s the most economical. It dictates the logic of the whole thing that illness brought on by starvation isn’t the appropriate business of the state’s medical institutions. What Critical Medical Humanities has argued, that the clinic is the state and the state is the clinic, finds its clearest demonstration in Doctor Rao’s line: the cruelty here is not incidental, not a lapse correctable

through empathy, but the logical outcome of a health system never designed to serve the tribal poor.

This structural refusal is worsened by distance: “only Bhalpura has a health centre between Rajaura and Pirtha / and till the patient reaches the health centre his fate is not tracked / by which time treatment is often too late” (123). When the clinic does not exist, another economy takes its place: for example, Puran’s field notes tell of a trafficker who “buys infants and girls from Pirtha and Dholki” (191), the very bodies the clinic could not maintain. The same passage that mentions Dahi’s death “because of starvation this year” (191) also mentions a mother selling one twin as the other dies, blurring the distinction between medical neglect and dispossession.

Beyond Diagnosis: Bikhia’s Muteness and the Tribal Body as Epistemic Site.

Devi installs a second relation with the body, within this apparatus of non-recognition and clinical refusal, through the boy Bikhia. It is Bikhia who first sees and renders the creature the villagers call the ancestors’ soul; it is exactly that “he has only stopped speaking after he drew the picture” (143). He is not waiting for the diagnosis, rather he chooses to stop speaking, having experienced a sacred encounter with the cosmology of the community. This would be a misreading, one that Devi prefigures by pointing out that ‘internationally known foundations’ would take “the earth’s real age” to be calculated with the “starving, living human elements” (142) of Pirtha. Though not included in language, Bikhia’s own communicative capacity is kept alive through gesture and ritual, as he guides Puran by gesticulating, re-enacts the bird’s flight and death “on stones of the hillside” (160), and tends it with grass, water, rice, flowers, and cloth. His silences are not without purpose but an assertion of the register of language that biomedicine would otherwise impose its own translation and appropriation.

The Sub-Divisional Officer has confiscated the negative of Bikhia’s engraving before Puran even gets to Pirtha, and explains to Puran: “we took away the negative... then you have to accept what the creature is. How is that possible?” (105). The officer, an agent of the state, intuitively grasps what Critical Medical Humanities articulates as explicit theory: that the process of photographing, captioning, or diagnosing Bikhia’s image puts it into a system of verification that can never contain it. Puran later enacts the same refusal, aware that public disclosure would invite the “inquisitive world” of the media, that Bikhia “will be shown on television,” and that the ancestral soul’s warning “will all lose its perspective” (161), a formulation that anticipates precisely the Critical Medical Humanities concern that publication and diagnosis, even when well-intentioned, can constitute a second dispossession.

This distinction stages, with unusual clarity, the difference between a diagnostic model of the body - which asks what is wrong with Bikhia and how to fix it - and an epistemic model, which asks what Bikhia knows that diagnosis cannot access. Puran registers this asymmetry watching Bikhia’s closing “oil bath” rite, reflecting that “Bikhia

has probably understood what the pterodactyl, seeking shelter, had come to say,” while “Puran has not” (195). The tribal body is not an object to be read by an external observer but a site of knowledge exceeding that observer’s categories - the reversal Critical Medical Humanities call for when it insists indigenous accounts of illness and the sacred be engaged as knowledge rather than folklore (Viney et al. 4-5). Devi’s own authorial note, added to the text, states that she has “deliberately conflated the ways, rules, and customs of different Austric tribes” and that “the idea of the ancestral soul is also my own” (196). It suggests that the pterodactyl should not be read as ethnographic fact to be verified, nor as hysteria to be stigmatized, but as a third category: an indigenous epistemology of catastrophe and continuity that exists outside the diagnostic frame imposed by journalist, scientist, and bureaucrat.

Mortuary Rites and Ecological Health: An Indigenous Counter-Discourse

The novella’s most complete articulation of an alternative model of care emerges through tribal mortuary practice, as recounted in Shankar’s history of the tribe. Before dispossession, Shankar recalls, the community “buried our dead,” gave “oil, cloth, rice, fruit” at burial, and marked each grave with a stone so that “the souls of the ancestors were at peace” and could “bless” the living (117-18). It is a system of relational, rather than individual, health, in which the dead’s peace conditions the community’s fortune. The destruction of these burial grounds for example, he says, was the reason that the community collapsed after that: they were “ground underfoot to build roads, houses, schools, hospitals” (118), and so the biomedical infrastructure itself was part of the community’s undoing.

The closing “oil bath” extends this logic into the present catastrophe. Once the community accepts the ancestral soul’s departure, Bikhia performs a collective rite, giving “everyone oil from a small bowl” (192), observing “the same rule... as is appropriate to the funeral rites of the formerly living” (192) for a creature no one confirms was killed, cremated, or buried; the narrator twice repeats, “No questions asked” (192). This ritualised refusal of empirical interrogation opposes the entire apparatus of verification - negative confiscation, statistical percentage, clinical diagnosis - structuring the rest of the novella. The rite produces “an assurance,” a purification “beyond the reach of the understanding and grasp and invasion and plunder of the outsider” (193). It presents a model of care efficacious without biomedical legitimization. Devi takes this logic ecological as well, explaining how the Khajra tuber, which is normally ignored, becomes poisonous when drought forces people to eat it, and that the deaths are not entirely biological and environmental but a part of an “entangled ecological political condition” (123).

Shankar’s own testimony extends this relational model of health into a history of dispossession that the novella insists cannot be translated into the vocabulary of the outsider. Puran recalls that Pashupati Jonko, translating Birsu Munda’s life into the Ho language, discovered “there are no words for ‘exploitation’ or ‘deprivation’ in the Ho language” (118). It

underscores the harm the community has suffered exceeds not only biomedical categories but the very lexicon through which harm is normally named and therefore treated. Against the destruction of the community, Shankar writes about the lives of the people in the past: “we buried our dead... we lived, only us” (117), stands against subsequent destruction: “the road” that “will take away whatever crop he grows,” and the “rain failure” or “flood” that, in Devi’s own commentary, results in children being “sold... as bonded labour”. Taken together, these passages place the community’s illness not merely in the context of a single event, but as a cumulative process of dispossession that resists straightforward naming.

Puran Sahay as Failed Clinician-Witness

The novella tells of this crisis through the eyes of someone who works outside the system, who is structurally near the ‘clinical gaze’ that is under scrutiny. On the way he has his notebook and tape recorder, his camera and some statistics that he is working out on his own (108-09); his own biography is offered as a case history of relational failure. His lover, Saraswati, tells him that she will “no longer wait for nothing” (98). Devi diagnosis him through Saraswati’s words: “a man who does not attempted to build a human relationship” with someone close to him” (97). The failure of entanglement which the novella maps out on the scale of the state is repeated in miniature at the level of the individual: Puran’s tendency to classify a man’s dying words as “a most compassionate small news item” (103) takes place on a person-to-person level.

However, the novella is not a straightforward criticism of Puran. When he meets the pterodactyl, he freezes and begins to cry, realises “nothing must be said” (141), hides it from “newspapers and scientists from the world over” (142) the very institutions he is meant to serve in biomedical-scientific verification. At the end of the novella, Puran is forced to admit epistemic defeat: “There is no communication-point between us and the pterodactyl... We built no communication point to establish contact with the tribals. Leaving it undiscovered, we have slowly destroyed a continent in the name of civilization” (195). It’s not humanist empathy; it’s an awareness that this is an entanglement that can’t be untangled. It is an awareness bound to reveal the limits of journalism, science, and sincere sympathy as well. This recognition is morally unredemptive, it does not take on a material significance till afterward, once Motia’s children have been sold, once one twin has passed away and the other has been sold, and finally when Puran steps onto the passing truck and walks away at the end of the novella.

Conclusion

From the perspective of Critical Medical Humanities, *Pterodactyl*, *Puran Sahay*, and *Pirtha* analyses the nature of health, disease and care as they are produced from a distance by institutions (bureaucracy, biomedicine, journalism) that share an interest in classification and statistical threshold. Devi’s *Pirtha* provides evidence that famine and physical suffering are never just biological facts waiting for clinical description, but are manufactured, postponed, and even selectively recognised within the administrative process, and only medically treated, if at all, by a medical institution ready to define entire populations beyond the scope of medical care. Working against this apparatus, the novella makes an indigenous

knowledge system visible, which cannot be translated into biomedical terms. It insists on an ecological and relational knowledge of the body's continuity with land and ancestors, which are carried through Bikhia's ritualised muteness and the community's mourning rites. In the arc from detached observer to witness who recognizes but does not resolve his sad experience of epistemic defeat, Puran models the demand that Critical Medical Humanities puts: not the comfort of empathy achieved, but the harder one of recognition that the suffering of the marginalized body may go past, and accuse, the very frameworks that claim the authority to know.

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