

The Evolution of Chinese Medicine: Song Dynasty 960–1200.

By Asaf Goldschmidt. London: Routledge, 2008. Pp. viii + 261.

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Much academic attention has been given to the Four Great Schools of the Jin and Yuan dynasties, the golden age of Chinese medicine. In his book, *The Evolution of Chinese Medicine*, Asaf Goldschmidt investigates the medical history of the Song dynasty, the period prior to and often overshadowed by this golden age. Scholars have suggested three reasons why medicine began to flourish in the Song.¹ First, various emperors became personally involved in medical scholarship and education. Second, a large number of literati, dejected by their failure in the civil service examinations, took up medicine to become literati physicians (*ruyi* 儒醫).² Third, the production of medical books was facilitated by advancements in printing technology. All of these factors laid the foundation for the rapid development of medical knowledge during the Song.

Previous studies in Chinese have discussed the indispensable role played by the state in the advancement of science.³ In this book, Asaf Goldschmidt discusses other contributory factors that should be taken into account. He investigates the abrupt change in the trajectory of Chinese medicine which took place during the Song. He states that he aims to examine how external forces like imperial policies, dissemination of knowledge, and environmental factors like epidemiological changes spurred the integration of three earlier medical genres into a comprehensive system (p. 13). In general, he has been successful in clarifying these issues.

The first part of the book consists of four chapters analyzing the changes in Chinese medicine during the Northern Song, taking broader contemporary changes into account; the second part includes two chapters focusing on the consequences of the changes mentioned in the first part. The last chapter studies the reevaluation of medical practice and its underlying doctrines, which resulted, as Goldschmidt argues, in the integration of classical doctrines and literature on drugs and formulas.

Goldschmidt devotes much of his book to discussing studies of *shanghan* 傷寒 during the Song. He identifies six out of the ten books published by the Bureau for Revising Medical Texts (Jiaozheng Yishuju 校正醫書局), and discusses only *shanghan* and treatment (pp. 90–91; in fact, there should be eleven books in total, not ten: Goldschmidt has also missed out *Qianjin yifang* 千金翼方 [“Supplement to Invaluable Prescriptions for Ready Reference”]). Goldschmidt notes the new bureau was established to publish medical texts in response to epidemics striking the empire between 1045 and 1060. Having *shanghan* experts among the leading editors, the bureau naturally favored solutions

1 A detailed review of historical studies on Song medicine can be found in Chen Yuanpeng 陳元朋, “Minguo yilai Songdai yixueshi yanjiu chengguo jianjie: yi Taiwan he Dalu diqu de yanjiu chengguo wei li” 民國以來宋代醫學史研究成果簡介：以台灣和大陸地區的研究成果為例 (“An Introduction to Research Findings on the Medical History of the Song Dynasty since the Establishment of the Republic of China: With Examples of Research Findings from Taiwan and the Mainland”), *Dalu zazhi* 90:5 (1995), pp. 34–48.

2 Xu Yiming 徐儀明, *Xingli yu qihuang* 性理與歧黃 (“Learning of Neo-Confucian Principles and the Way of Chinese Medicine”) (Beijing: Zhongguo Shehui Kexue Chubanshe, 1997). Chen Yuanpeng, *Liang Song de shangyi shiren yu ruyi* 兩宋的尚醫士人與儒醫 (“Scholar-Officials Who Advocated Medicine and Literati Physicians in the Song Dynasty”) (Taipei: Faculty of Liberal Arts, National Taiwan University, 1997).

3 Sun Xiaochun 孫小淳 et al., *Songdai guojia wenhua zhong de kexue* 宋代國家文化中的科學 (“Science in National Culture of the Song Dynasty”) (Beijing: Zhongguo Kexue Jishu Chubanshe, 2007).

from *shanghan* medical texts. It also reprinted the *Shanghanlun* 傷寒論 (“Treatise on *Shanghan*”), thus reviving interest in this eight-hundred-year-old classic.

Goldschmidt has made no attempt to identify the nature and cause of the epidemics that wreaked havoc during Emperor Renzong’s reign. This shortcoming casts doubts on some of his conclusions. In this regard, consideration should be given to climatic change during the Northern Song dynasty. From 985 to 1192, China entered its third “little ice age” in five thousand years.⁴ Chapter 12 of the *Songshi* 宋史 (“History of the Song Dynasty”) records extremely cold weather in Kaifeng in 1054, and says that the government used pulverized *tongtianxi* 通天犀 (rhinoceros horn) to treat patients. Cao Shuji speculates that the disease that raged through Kaifeng at that time was typhus, which is particularly prevalent in severely cold weather.⁵ It is possible that the decision to print and disseminate a new edition of the *Shanghanlun* during this same period was due to a spell of life-threateningly cold weather and therefore a potential typhus epidemic.

Furthermore, Goldschmidt mentions that an increasing number of recorded epidemics originated in southern regions (p. 69), and that a new epidemiological frontier was created by contact with them: the ongoing population shift to South China; the rising volume of trade with the South; the lengthening of trade routes; and intensifying urbanization, when the southern regions hosted a larger number of endemic diseases than North China (p. 70). He also notes that the *Shanghanlun* focuses predominantly on treating the contagious diseases that devastated southern China (p. 101), and that the government promoted knowledge of *Shanghan* in the belief that it could explain the pathology and treatment of epidemics (p. 71). However, in fact, the Chinese terms for the epidemic diseases that broke out in the southern regions were *nüe* 瘧 and *zhang* 瘴.⁶ One contemporary observer, Zhou Qufei 周去非, clearly stated in his *Lingwai daida* 嶺外代答 (“Information about the Lingnan Region”) of 1178 that *zhang* cannot be cured purely with medicines originally developed to treat *shanghan*. If the southward shift of population had been the main cause of the increase in the incidence of disease, one would have expected medical research to focus on treating *nüe* and *zhang* rather than *shanghan*.⁷

More solid substantiation is required if Goldschmidt is to prove several of his other arguments. Scholars are in agreement that the unprecedented imperial attention paid to medicine in the Northern Song raised its status. Goldschmidt goes further, suggesting that in previous dynasties medicine was a lowly art despised by the elites (p. 40). He quotes Han Yu’s comment that scholar-officials looked down on witches, physicians, and musicians (p. 19), and he notes that in the *Xin Tangshu* 新唐書 (“New History of the Tang Dynasty”) physicians were classified as folk craftsmen. Goldschmidt also notes the Northern Song government was the first Chinese regime that “commissioned and

4 Bret Hinsch, “Climatic Change and History in China,” *Journal of Asian History* 22:2 (1988), pp. 131–59; Xu Shengyi 徐勝一 and Xiao Weile 蕭偉樂, “Songdai qihou bianqian yu Wang Anshi bianfa shimo” 宋代氣候變遷與王安石變法始末 (“Climate Change and Wang Anshi’s Reforms in the Song Dynasty”), www.geo.ntnu.edu.tw/old%20980202/laboratory/climate/word/sung.pdf (accessed 10 October 2009).

5 Cao Shuji 曹樹基, “Dili huanjing yu Song-Yuan shidai de chuanranbing” 地理環境與宋元時代的傳染病 (“Geographical Environment and Infectious Diseases in the Song and Yuan Dynasties”), *Lishi dili* 12 (1995), pp. 183–92.

6 Xiao Fan 蕭璠, “Han-Song jian wenxian suojian gudai Zhongguo nanfang de dili huanjing yu difangbing ji qi yingxiang” 漢宋間文獻所見古代中國南方的地理環境與地方病及其影響 (“The Physical Environment and Endemic Diseases of South China in Ancient Times and Their Impact as Viewed from the Documents of Han through Song Periods”), *Zhongguo yanjiuyuan lishi yuyan yanjiusuo jikan* 中央研究院歷史語言研究所集刊 [*Bulletin of the Institute of History and Philology, Academia Sinica*] 63:1 (1993), pp. 67–171. Fan Kawai 范家偉, “Liuchao shiqi renkou qianyi yu Lingnan diqu zhangqibing” 六朝時期人口遷移與嶺南地區瘴氣病 (“The Infection *Zhang Qi Bing* and Population Migration in Lingnan Region during the Six Dynasties”), *Hanxue yanjiu* [*Chinese Studies*] 16:1 (1998), pp. 27–58.

7 Xiao, *ibid.*

sponsored a number of formularies” (p. 107). In fact, emperors of the preceding Tang dynasty, who took an interest in medical studies,⁸ were the forerunners.

If Goldschmidt had consulted Chapter 461 and Chapter 462 of *Fangjizhuan* 方技傳 (“Biographies of Craftsmen and Technicians”) in the *Songshi*, he would have noticed that physicians’ biographies, such as that of Pang Anshi 龐安時 and Qian Yi 錢乙, were included among those of Buddhist monks, Daoist priests, and specialists in astrology, calendrical studies, and fortune telling. Perhaps scholar-officials despised physicians, but it does not mean they despised their medical skills. One should not jump to the conclusion that medicine had low status in society. During the Tang and Song dynasties, many scholar-officials studied medicine because they had a keen interest in the nurture of life.⁹

Goldschmidt’s study has overlooked the role of Buddhist monks and Daoist priests in Song medical practice. Many Buddhist monks actively participated in medical charity activities and community services,¹⁰ and Daoist priests (such as Ma Zhi 馬志 and Wang Huaiyin 王懷) helped compile *Materia Medica* and medical formularies.¹¹ Their role should not be ignored.

In his third and fourth chapters, Goldschmidt emphasizes that the new epidemiological frontier in the South prompted migrants to include drugs found on new soil to their pharmacopeias (p. 135). Such an assumption needs support, but Goldschmidt does not cite any diseases or remedies specific to the South.

There are a few contradictory statements in the book. For example, Goldschmidt introduces Sun Qi 孫奇 and Sun Zhao 孫兆 as distinguished physicians on p. 88, but later (p. 148) remarks that Sun Zhao should be regarded as a scholar-official rather than a doctor.

Also, some of the basic sinological detail in the book is erroneous. There are confusions between characters with similar pronunciation in modern Chinese, for example: Yang Shangshan 樣上善 (p. 28) should be 楊上善; Pang Anshi 龐安石 (pp. 94, 144, and 237) should be 龐安時; *Qinglishan jiu-fang* 慶歷善救方 (p. 86) should be 慶曆善救方; *Huangdi bashiyi nanjing* 黃帝八十一南經 should be 黃帝八十一難經; and the famous physician Li Shizhen is not 李時診 (p. 250) but 李時珍. Other mistakes appear to be confusions of character forms, for example: Huang Longxiang should be 黃龍祥, not 黃龍樣 (p. 242); Fan Xingzhun should be 范行準, not 範行準 (p. 242); Lu Jiayi should be 盧嘉錫 (or 盧嘉錫 in simplified characters), not 戶嘉錫 (p. 245); Yabuuchi Kiyoshi 藪內清 (p. 246) should be 藪內清. There are other mistakes, such as *Shanghan zijiji* 傷寒滋濟集 (p. 148),

8 More examples can be found in Fan Kawai, *Dayi jingcheng: Tangdai guojia, xinyang yu yixue* 大醫精誠：唐代國家、信仰與醫學 (“Great Medicine, Precise and Sincere: Tang State, Religions and Medicine”) (Taipei: Dongda, 2007).

9 Fan Kawai, “Foot Massage in Chinese Medical History,” *Journal of Alternative and Complementary Medicine: Research on Paradigm, Practice, and Policy* 12:3 (2006), pp. 1–3.

10 Jin Zhongshu 金中樞, “Songdai jizhong shehui fuli zhidu- Juyangyuan, Anjifang, Louzeyuan” 宋代幾種社會福利制度：居養院、安濟坊、漏澤園 (“On the Social Welfare System in the Song Dynasty: Juyangyuan, Anjifang and Louzeyuan”), *Xinya xueshu niankan* 10 (1968), pp. 127–69; Huang Minzhi 黃敏枝, “Songdai de sengren yu yiliao” 宋代的僧人與醫療 (“Buddhist Monks and Medicine in the Song Dynasty”), in *Lishi shang de cishan huodong yu shehui dongli* 歷史上的慈善活動與社會動力 (“Charitable Activities and Social Dynamic in History”), eds. Zhang Xueming 張學明 and Liang Yuansheng 梁元生 (Hong Kong: Xianggang Jiaoyu Tushu Gongsi, 2005), pp. 26–78. Liu Shufen 劉淑芬, “Tangsong shiqi sengren, guojia yu yiliao de guanxi” 唐宋時期僧人、國家與醫療的關係 (“The Relations among Buddhist Monks, State, and Medicine in Tang-Song Periods”), *Cong yiliao kan Zhongguo shi* (“Viewing Chinese History Through Medicine”) (Taipei: Lian jing, 2008), pp. 145–202.

11 Fan Kawai, “Tang-Song shidai Jinzhou liaofa jieshi de zhuanbian” 唐宋時代禁咒療法解釋的轉變 (“The Changes in the Interpretation of Therapeutics with Incantations during the Tang and Song Periods”), in *Shixue Xinchuan* 史學薪傳, Hong Kong: Zhonghua Shuju, 2005, pp. 249–67. Liu Ts’un-yan, “The Taoists’ Knowledge of Tuberculosis in the Twelfth Century,” *Selected Papers from the Hall of Harmonious Wind* (Leiden: E. J. Brill, 1976), pp. 59–75.

which should be *Shanghan cijiji* 傷寒慈濟集: the correct title appears in both the *Song shi* 宋史 and the *Tong zhi* 通志. *Shanghan zhiweilun* 傷寒指微論 (p. 150) should be *Shanghan lun zhiwei* 傷寒論指微: this title appears in Chapter 7 of the *Xueyiji* 學易集 by Liu Qi 劉跂. Finally, Goldschmidt mistakes Li Longji 李隆基, best known to posterity as Emperor Xuanzong 玄宗 of the Tang dynasty, as the physician who compiled the *Guang ji* 廣濟, a formulary (p. 216).

Despite these minor technical failings and the reservations detailed above, this book addresses areas not considered in previous scholarship. Its greatest contribution is that it provides a clear overall picture of the evolution of medicine during the Song dynasty, and thus supplements our understanding of the background prior to the emergence of the Four Great Schools in the Jin and Yuan dynasties. There are other merits of this book that are worthy of notice: firstly, it provides abundant examples of the government's involvement in medical development; secondly, *shanghan* plays a special role in the history of Chinese medicine, and Goldschmidt has provided a convincing discussion on how *shanghan* came into prominence during the Song. Finally, the book provides a unique view of the Song-period integration of *shanghan* theories and drug therapy with classical medicine.

Crucible Bodies: Postwar Japanese Performance from Brecht to the New Millennium.

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The “bodies” to which Uchino Tadashi refers in his new book extend beyond the Japanese ones implied by the title. In addition to the human bodies of Japanese performers, Uchino includes global geographic and political bodies of aesthetic thought in an assessment of the challenges for conceptualizing and producing meaningful theatre and the arts in the twenty-first century. Uchino builds upon specifics of Japanese performance, especially after World War II, to propose his own definition of aesthetics in the twenty-first-century globe. That means there are two great values of this book, which rest on Uchino's position as a Japanese critic. One is his trenchant analysis of Japanese performance post-World War II – an analysis that expands our knowledge of those performances, and enriches the theoretical dialogue about what is effective and meaningful in Japan. Uchino works from the particular of Japan outward to the general of worldwide intercultural theatre practice. The second benefit of Uchino's book is his inquiry into contemporary performance praxis around the globe where the body is “the dominant vehicle of [the] performance practice” (p. 123). Ultimately he frames this as a dichotomy between contemporary Japanese theatre practice, which he sees as enclosed in itself, and global practice that Rustom Bharucha calls the “cross-border imaginary of resistance”.¹ By beginning with Japanese theatre practices post-World War II, Uchino creates a manifesto for theatrical creation in the twenty-first century.

The book has an introduction, eight chapters, three “interludes,” and an epilogue. All are revised versions of essays or public presentations published or given elsewhere between 1999 and 2007. This is a drawing together of Uchino's main ideas over that time span.

The chapters are mostly constructed as critiques and/or analyses of various theatrical performances of contemporary theatre in Japan. Many of those critiques are ones Uchino did of various

1 Bharucha, Rustom, “Genet in Manila: Reclaiming the Chaos of Our Times,” in manuscript for Japanese translation in *Butai Geijutsu* 4 (2003).