

to personal narratives. The tensions between the singularity of personal events and the universality of biographical reports, between real and fictional lives, come into being in this splendid book as part of a more general reflection on the uses of history and the many different ways in which the eighteenth century invented the figure of the martyr of science as part of a new discourse of progress.

Javier Moscoso

Institute of History,
Centre for the Humanities and Social Sciences,
CSIC, Spain

doi:10.1017/mdh.2015.73

Howard Chiang (ed.), *Historical Epistemology and the Making of Modern Chinese Medicine* (Manchester: Manchester University Press, 2015), pp. xvi, 276, £70.00, hardback, ISBN: 978-07190-9600-6.

Decades ago, the story of Chinese medicine's transformation in the nineteenth and twentieth centuries would have been told as an encounter between tradition and modernity, with a pioneering Western medicine reforming a hidebound Chinese medicine until it was fit to survive in the modern world. But scholars of Chinese history have long since moved away from such 'impact–response' and 'tradition–modernity' narratives, as Paul Cohen dubbed them, recognising that great as the impact of Western powers was, reformers in China did more than respond; they drew equal motivation from Chinese sources. The Euro-American pattern was not the only way to become modern. In the case of Chinese medicine, recent histories have shown that before the early twentieth century Chinese doctors for the most part were not looking to Western medical treatises for a new paradigm. Instead, they were selectively using Western knowledge to answer questions important in Chinese medicine: questions about the circulation of bodily essences and the dangers of stasis, for example, or the relationship between fire and water qi in the body. Current scholarship also shows that twentieth-century regimes compelled the biomedicalisation of Chinese health care not because Western medicine was effective but because it was *modern*, the medicine of the rich and powerful nations that the Chinese elite aspired to.¹

The essays in *Historical Epistemology and the Making of Modern Chinese Medicine* build on this literature, examining changes in what has constituted authoritative knowledge in Chinese medicine and analysing how political and intellectual currents have contributed to them. Most of the contributions centre on China in the period from the mid-nineteenth century to the mid-twentieth. A few (Kuang-chi Hung on ginkgo biloba; Judith Farquhar on metaphysical debates in the 1980s; Leon Antonio Rocha on recent English-language manuals about acupuncture fertility treatments) examine Chinese medicine in the late twentieth and early twenty-first centuries, and in Japan and the West. Together they present an image of the relationship between modern Chinese and Western medicine that is much more interesting than the old tradition–modernity dichotomy. Both forms of medicine have been in flux in the modern period, and they have evolved together, sometimes in conversation, sometimes in opposition, sometimes in a kind of symbiosis.

¹ Bridie Andrews, *The Making of Modern Chinese Medicine, 1850–1960* (Vancouver: UBC Press, 2014); Sean Hsiang-lin Lei, *Neither Donkey Nor Horse: Medicine in the Struggle over China's Modernity* (Chicago: University of Chicago Press, 2014); Kim Taylor, *Chinese Medicine in Early Communist China, 1945–63: A Medicine of Revolution* (London: RoutledgeCurzon, 2005).

One result is that many people now see as inherent in Chinese medicine characteristics that actually reflect how it changed in tandem with Western medicine, becoming the latter's foil. For example, contemporary practitioners of traditional Chinese medicine sometimes say that unlike Western medical scientists, avid dissectors who focus on the body's structure, Chinese-medicine doctors care only about the intact living body and the processes that maintain it. But Yi-Li Wu, in a chapter on the doctor Wang Shixiong and his associates, argues compellingly that this distinction was constructed in the late nineteenth century, as antiseptic surgery made anatomy more instrumental to Western physicians and the growing power of Western nations hardened boundaries between things Western and things Chinese. Earlier enthusiasm for anatomical knowledge among doctors such as Wang was erased from memory, along with some Western doctors' ambivalence about anatomy. Similarly, Eric Karchmer scrutinises the now prevalent idea that Chinese medicine is slow acting and better suited to chronic conditions than to acute illnesses. He shows that before the 1950s Chinese practitioners did not view their art this way; they treated smallpox, meningitis and other infectious diseases and their patients expected rapid results. But as antibiotics appeared in China in the 1950s, Western medicine became 'fast', and Chinese medicine, with no comparably potent weapon, accordingly became 'slow'. Kuang-chi Hung, examining beliefs about ginkgo biloba in three different cultures across five centuries, finds that in a contemporary culture anxious about cognitive decline, a plant that Chinese doctors had used for lung disorders and Japanese doctors for digestive problems has become a mind sharpener instead. As Western medicine has evolved, so too have conclusions about Chinese medicine's efficacy and purpose.

Clearly, however, it has not *only* been the direction of change in Western medicine that has informed modern Chinese medicine, as the essays by Bridie Andrews and Judith Farquhar demonstrate. Andrews shows how blood became far more prominent in Chinese medicine over the course of the nineteenth and early twentieth centuries, with blood disorders coming to be seen as a sign of 'both individual and collective Chinese weakness' (p. 132). While Western-derived anxieties of the late nineteenth century – about blood, race and vigour – factored into this obsession, they did not create it. It stemmed as much from the independent construction of a Warm Factors 'school' in Chinese medicine that viewed disordered blood as a serious, universally dangerous pathology, not a problem peculiar to women as it had been understood in the past.² Farquhar finds a similar dynamic at work in the 1980s. She examines a Chinese-medical profession that was trying to find its place in the new Reform-era world, defined to some extent by biomedical concepts and the philosophical proclivities of Western science. She shows that some of the sharpest medical philosophers of this time, far from simply accepting the terms of Western epistemology, articulated new ways of thinking about the 'objects' of Chinese medicine rooted in the philosophy of ancient thinkers such as Zhuangzi. Both Farquhar's and Andrews' contributions highlight how thoroughly Chinese and Western influences have mingled as practitioners of Chinese medicine have produced new ideas.

One of the key moments in the transformation of Chinese medicine was the late 1920s and 1930s, when the ascendance of the Nationalist government provided those who saw Chinese medicine as a feudal relic the authority to try to eliminate it. Sean Lei's recent book *Neither Donkey Nor Horse* provides the definitive account of the conflict that characterised these decades, and a couple of the essays in the present volume usefully supplement his narrative. David Luesink's chapter shows that mundane bureaucratic

² Marta Hanson's book *Speaking of Epidemics in Chinese Medicine: Disease and the Geographic Imagination in Late Imperial China* (London: Routledge, 2011) documents the creation of the Warm Factors 'school'.

measures, such as creating an official glossary of Chinese translations for Western medical terms, more effectively eroded Chinese medicine than did the sweeping ideological acts that have garnered more historical attention. The Ministry of Health's notorious 1929 resolution to abolish Chinese medicine, for example, never achieved its aim and only energised Chinese medicine's proponents. But the work of the government translation committee began to propagate a vernacular based on Western medical concepts without arousing comment or opposition. Daniel Asen's illuminating essay on efforts to transform forensic investigations shows that scientific hubris was not confined to the Ministry of Health. A year before the Ministry's abolition resolution, the Beijing Bar Association proposed to discard the thirteenth-century text that still informed coroners' work, on the grounds that it had not changed in six hundred years and was based on 'experience' (considered unscientific) rather than 'theory'. Whatever merits the call for reform may have had, Asen shows that it ignored the substantial changes that later scholars and coroners had made to the text, and the flexible way in which it was applied in practice – not to mention the value that centuries of empirical observation from China offered to the theories of forensic science coming from Japan and the West. Reformers of this period, in particular, seem to have embraced Western ways of constructing knowledge so completely that they failed to see any value in their own intellectual heritage.

Howard Chiang's avowed aim as editor of this volume is to bridge a gap between 'the literature on historical epistemology, which has mainly concerned itself with European and American science, and the historiography of East Asian medicine, which rarely invokes the tenets of the philosophy of science'. (p. 30) I agree with this characterisation of the two fields named, but I am not sure the book creates the bridge that Chiang claims it has. The contributors do occasionally mention the scholars whom Chiang holds up as today's standard-bearers for the philosophy of science – Lorraine Daston, Arnold Davidson, Ian Hacking, Hans-Jörg Rheinberger – but with the exception of Judith Farquhar, they do not seem to engage in any extended way with ideas from the philosophy of science.

I see this as a defect only in a truth-in-advertising sense: the book does not deliver exactly what the introduction promises. But readers who come to this volume already versed in historical epistemology will be able to ascertain for themselves how these histories of Chinese medicine affirm, negate or complicate the ideas they are familiar with from that literature. The essays provide plenty of lumber, in other words, but it is up to the reader to build the bridge.

Hilary A. Smith

University of Denver, USA

doi:10.1017/mdh.2015.74

Benjamin A. Elman (ed.), *Antiquarianism, Language and Medical Philology: From Early Modern to Modern Sino-Japanese Medical Discourses* (Leiden and Boston: Brill, 2015), pp. viii, 232, \$135.00, hardback, ISBN: 978-90-04-28544-6.

Two sets of taken-for-granted distinctions have until very recently constituted the invariable lens through which medical historians, particularly those of a comparative bent, have approached East Asian medicines. The first frames Asian medicines with reference to the West, be it ancient Greece or modern science. The second differentiates these Asian medicines into a set of distinct cultural practices defined by the existence of modern nation states. Chinese medicine thus can be described as a humoral medicine similar to that of