

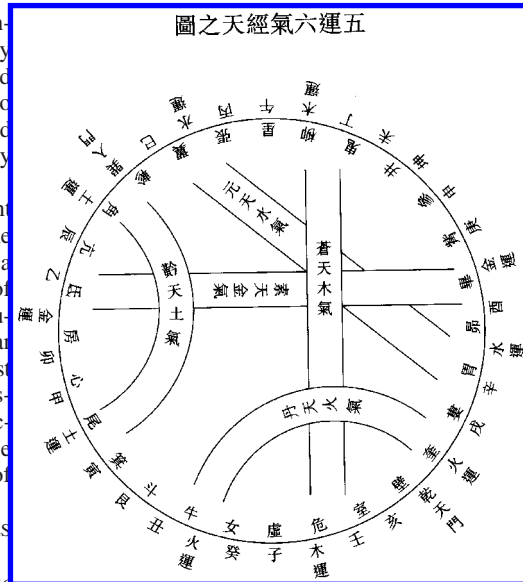
analysis of twenty-first-century medicine, for instance, be confined to the evidence provided by medical textbooks? What, as well, did the “Good Story” of the Scholastic physician look like to the surgeons, apothecaries, and other assorted medical practitioners in the medieval and early modern period?

These lacunae reflect more on the still-nascent state of the history of medicine as a discipline than on French’s work. The book provides a solid introduction to the intellectual history of the rise and fall of Scholastic medicine in Europe, a development that has been assumed far more frequently than it has been analyzed. Just as important, Roger French has offered a historical overview of a critical process in the practice of medicine: the metamorphosis of those strategies by which the intellectual authority of medicine is established.

KATHRYN JAMES

Elisabeth Hsu (Editor). *Innovation in Chinese Medicine*. (Needham Research Institute Studies, 3.) xvi + 426 pp., figs., tables, index. Cambridge/New York: Cambridge University Press, 2001. \$90 (cloth).

This book originated from a workshop held at the Needham Research Institute in Cambridge in 1995 to commemorate the life and work of Lu Gwei-djen, Joseph Needham’s lifelong collaborator on the *Science and Civilisation in China* project. The present volume is composed of twelve articles divided into six parts: “*Mai* and *Qi* in the Western Han,” “Correlative Cosmologies,” “Dietetics and Pharmacotherapy,” “The Canons Revisited in Late Imperial China,” “Medical Case Histories,” and “Medical Rationale in the People’s Republic.” Each of the twelve papers attempts in its own way to elaborate on the theme of “innovation” emphasized in the introduction by the editor of the volume. Chronologically, the work deals with practically all the important historical periods in Chinese medical history: from iatromancy in early China (fourth to third century B.C.) (Donald Harper), medical theories of the first centuries of our era (Vivienne Lo and Elisabeth Hsu), and dietetics of the Tang (Ute Engelhardt); to the theory of correlative cosmology (Catherine Despeux) and the use of arsenic in the Song (Frédéric Obringer), natural history (Georges Métaillé) and the writing of medical cases (Christopher Cullen) in the Ming, and the invention of a southern medical tradition in the Qing (Marta Hanson); and finally to the “modernization” of Chinese medicine beginning in the Republican period (Bridie



The five circulatory phases in the heavens from Jiutian xuannü qingnang haijiao jing (Blue Sack Sea Horn Canon of the Mysterious Girl of the Nine Heavens) from the Song, in the Gujin tushu jicheng, Yishu dian, juan 651, Kanyu bu (geomancy section), 1, 1–10b.

J. Andrews) and then in the People’s Republic (Kim Taylor and Volker Scheid). In other words, this volume is comprehensive both in scope and in time frame, covering many important areas in the history of Chinese medicine.

The essays on the earlier periods are in fact more on the origins of important aspects of medical theories than on “innovation” per se. Lo and Hsu provide useful descriptions and discussions of the origins of Chinese notions of body, health, and disorders, drawing mostly on early classics, both medical and nonmedical. Harper, on the other hand, relies more heavily on texts of the fourth to the third centuries B.C., discovered in archaeological excavations, to expound on the influence of early divination on diagnostics and prognostics that would eventually be taken into account in the compilation of the first medical classic, the *Inner Canon of the Yellow Emperor*. This early theory would be the origin of “the five circulatory phases and the six seasonal influences,” significant after the Song and described here by Despeux. Technical or practical innovation seems to be more central in papers on the Tang and Song periods. Both Engelhardt and Obringer emphasize this aspect in

discussing, respectively, the emergence of the *materia dietetica* genre under the Tang and the use of white arsenic and flowers of arsenic in pharmacotherapy during the Song. Authors of the late imperial period, on the other hand, seem to emphasize intellectual and social factors. Mé-tailié considers Li Shizhen's innovation to lie more in philological natural history than in pharmacology or medicine, while Hanson explains the shift from universal to local medical knowledge in the Qing period by the rise of regionalism, and Cullen's discussion on the emergence of the genre of "medical cases" in the sixteenth century inevitably concerns the problem of social classes. The three essays on the twentieth century unavoidably deal with the question of the modernization and adaptation of Chinese medicine. While Andrews analyzes the modernization of the writing of medical cases from records to case histories in the Republican period, Taylor and Scheid give accounts of more "radical" adaptations of Western biomedicine by practitioners of Traditional Chinese Medicine (TCM) in the People's Republic, using the examples of a new acumoxa, the efforts of a particular doctor, and Ménière's disease. All three seem to imply, to different extents, that the assimilation of Western medicine does not result in the total loss of TCM's autonomy. The richness of its long tradition, described in other chapters of the book, partially explains its persistent strength.

Showing some of the main characteristics of the development of medical knowledge in various periods in the long history of China, *Innovation in Chinese Medicine* is a useful tool for all students of the history of Chinese science and medicine.

ANGELA KI CHE LEUNG

Kenneth F. Kiple (Editor). *The Cambridge Historical Dictionary of Disease*. xiii + 412 pp., index. Cambridge: Cambridge University Press, 2003. \$75 (cloth); \$27 (paper).

For many decades the history of medicine, broadly defined, tended to preoccupy scholarly attention. The focus was on such subjects as changing medical concepts and therapies, professionalization, and specialization. Although the study of disease was by no means absent, it took a distinctly subordinate position. In recent decades, by contrast, interest in the history of disease has intensified as scholars and scientists sought to understand changing patterns of incidence and prevalence, as well as the disappearance of some diseases and the appearance of

others. In part this new interest reflected a recognition that diseases have played major roles in shaping human history, as well as the fact that they have an independent existence. Indeed, despite the advances of recent decades and an increasingly elaborate technology, medicine at best can manage, but not eliminate, most of the long-term (i.e., chronic degenerative) diseases that account for the bulk of morbidity and mortality. Similarly, infectious diseases, particularly those of viral origin, continue to present formidable problems.

The appearance of *The Cambridge World History of Human Disease*, edited by Kenneth F. Kiple, in 1993 was a reflection of the growing interest in disease. A massive work of nearly twelve hundred pages, it included sections dealing with medicine, concepts of health and disease, and past and present human diseases throughout the world. Written by knowledgeable scholars, the entries also included lengthy bibliographies. Such a compendium was suitable for libraries rather than individuals. To make some of the material available in more accessible form, Kiple has brought out a condensed version limited to 161 entries that provide both the history and a description of the world's major diseases without any bibliographical information. The entries for the most part represent the state of knowledge current more than a decade ago. In a few cases (AIDS, Alzheimer's, Ebola, and tuberculosis) postscripts have been added to sketch out recent developments; the remainder are the same as in the earlier edition, although in somewhat abbreviated form.

To read many of these essays is to embark on a fascinating intellectual journey, if only because they illustrate not only what is known about individual diseases but what remains a mystery. Many entries offer explanations that are not entirely supported by the available data. Tuberculosis is a case in point. That it is an infectious disease is obvious, as is the fact that it can persist for long periods. Prior to the identification of the tubercle bacillus by Robert Koch in 1882 the diagnosis of tuberculosis was vague; pulmonary diseases were generally subsumed under such diagnostic categories as phthisis and consumption. After 1882, however, these diagnoses were transformed into tuberculosis, thus leading to a diminution in interest in the effects of dust and contaminants associated with industrial society and an ensuing disregard of other respiratory disorders. Consequently, the prevalence of tuberculosis before the twentieth century may have been exaggerated and other pulmonary diseases ignored. The decline in both the incidence of and