
**Valerie Hansen**

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Ever since Naitō Torajirō 内藤虎次郎 asserted the modernity of the Song dynasty at the turn of the twentieth century, historians have debated his claim. Goldschmidt’s study offers much in support of Naitō’s view. First, a few of his most interesting findings:

1. In the 1030s Song medical students studied 354 acupuncture points using a book and a life-size bronze model of the human body complete with mercury channels that exuded liquid when the student inserted a needle into the correct acu-point (pp. 31-36).

2. In 1076 the government called for the establishment of an imperial pharmacy and a poorhouse, with a graveyard for the destitute – raising the likelihood that government-run public health arose first in Song China and not in fourteenth-century Italy as is often maintained (pp. 60-61).

3. Threatened by the distribution of over-the-counter remedies by this government pharmacy, doctors protested, claiming that patients should not self-diagnose (pp. 123-134).

Still, the reader has to read the book carefully from front to back to discover these and other gems of information because the study hovers close to the thesis end of the thesis-book continuum.

Part 1 provides an overview of medicine in the Song dynasty stopping in 1200 and quite reasonably omitting the poorly documented thirteenth century; Part 2 focuses on Cold Damage Disorders, also the subject of the third chapter in Part 1. The organization of the chapters is unclear. A strictly chronological treatment would work well, but the book jumps from one topic to another, with the result that the reforms of individual emperors appear in more than one chapter. The author draws on the official
records of the Song dynasty: for the first half of the dynasty, the annals and the dynastic history provide the most information, while for the period after 1127 the Song huiyao 宋會要 (Collected Administrative Documents from the Song) becomes critically important.

The strongest doctoral theses stick close to the evidence and explain the author’s interpretation in detail. One of the most important sections of the book scrutinizes the evidence for epidemics in the dynastic histories. Goldschmidt cites Hans Bielenstein’s finding that the lists of omens and portents, including eclipses, in the official histories are not objective, factual records (“An Interpretation of the Portents in the Ts’ien-Han-shu,” Museum of Far Eastern Antiquities 22 (1950): 127-143). In 1051, Goldschmidt explains, the Emperor Renzong issued a long compilation of prescriptions, and court historians may have well exaggerated the number of epidemics to underline the need for such a book. Table 3.3, “List of recorded epidemics during the Song” covers from 963 to 1137, but Goldschmidt’s analysis reminds us how subjective the list is. As he wisely observes, “the traditional approach […] was to record events in the light of political interests, not to produce a systematic record of natural phenomena” (p. 83).

Equally helpful, Goldschmidt translates all book and article titles, which is, alas, still not the norm in the field. Since this book sticks close to the evidence, it gives readers who do not read Chinese a real sense of the sources.

As a graduate student, Goldschmidt contributed an essay on medicine to the volume edited by Patricia Ebrey and Maggie Bickford entitled Huizong and the Culture of the Late Northern Song (2006), in which the contributors (like the editors themselves) were divided about the role of the emperor. Did Emperor Huizong (r. 1100-1126) paint all the paintings signed with the imperial seal? Or write all the poems attributed to him? No, say Maggie Bickford and Ronald Egan. But Patricia Ebrey maintains he did write the steles bearing his name. Similarly, Goldschmidt credits different Song emperors with compiling massive volumes of medical prescriptions, when it seems far more likely—at least to this reviewer—that teams of doctors working at the imperial court did the work and credited it to the reigning emperor.

The book sheds significant light on the history of printing. The government sponsored the earliest compilations in the tenth and the eleventh centuries, such as the 1062 Illustrated Materia Medica (p. 110) which used different styles of Chinese characters for its different sources—a real printing innovation shown in Fig 4.1 on p. 110. This book also illustrated 933 different plants used in drugs, facilitating their collection by practitioners. Chinese woodblock printing was perfectly suited to such figures since block makers could carve illustrations as easily as Chinese-character texts. Unfortunately, none of the book’s illustrations has a detailed caption.
explaining what is shown. The diagram of the human body from *The Illustrated Canon of Acu-Moxa* appears both on the cover and as Fig 1.1, but the text does not translate the labels, which give the start and end points for the body’s main pathways.

Private printing initiatives gain in importance in the 1050-1080s, when doctors privately published multiple studies, now lost, of Cold Damage Disorders (p. 147). In 1107-1108, a group of doctors wrote a book explicitly designed for a popular audience: *The Revised Formulary of the Imperial Pharmacy* explained which ailments each of the imperial pharmacy’s prescriptions could treat. The book was continually revised and updated throughout the twelfth and thirteenth centuries (pp. 131-132). Historians of Chinese printing have sketched this shift from government printing, with its limited circulation of high-quality texts, to private printing with larger runs of more crudely printed books, but they do not usually note how beautifully medical texts illustrate the transition.

In the English-language study of Chinese medicine Joseph Needham and Lu Gwei-djen’s studies have been most influential. Goldschmidt’s study certainly supersedes their work, but those interested should still read Robert Hymes’s 1987 study (“Not Quite Gentlemen? Doctors in Sung and Yuan China” *Chinese Science* 8: 9-76), which shows how the increasing use of texts made medicine an acceptably prestigious alternative career for Chinese literati.

Based on government documents, this monograph necessarily favors the literati and officials. This is the natural first step in the study of Song medicine. But the book suggests an important next step: plunging into the mass of unofficial sources—collected papers and miscellaneous notes—to see what they reveal of popular medical practices in the twelfth and thirteenth centuries. Goldschmidt assumes that textual medicine replaced the master-disciple training of earlier centuries, but it is much more likely to have supplemented it.

The field of Chinese medical history is one of the most lively today. This book, required reading for anyone interested in Chinese medicine or the global history of medicine, skilfully suggests why.