without an ascertainable and localizable lesion. The historically familiar image of young Sigmund Freud's mentor, Theodor Meynert, contemptuously dismissing such cases as "mere hysteria" at the Vienna Medical School captures this belief. Yet, from his research, Hodgkiss finds that in point of fact a rich, varied, and clinically astute body of observation and theorization about this phenomenon runs through western medicine during the years 1800-1914. Based on an abundance of excerpted passages from medical-historical texts, I came away thoroughly convinced of Hodgkiss's counter-reading. (I suspect, furthermore, that the earlier historical view traces to psychoanalyst-historians of the mid-twentieth century who wished to present a picture of crude and unrelieved organicism in the mental sciences in order to heighten the apparent originality of Freud's work).

A risk of a strict clinical and intellectual history of medical ideas is the disembodiment of the subject, and Hodgkiss, it should be acknowledged, is not immune from this danger. Particularly after the brilliant precedent of Elaine Scarry's The body in pain (1985), I regret that the author says so little about the cultural, experiential, and, finally, existential aspects of human pain. I would also like to have found a greater social, cultural, and religious contextualization of pain, which, after all, is not a uniform experience but rather is interpreted by individuals, classes, genders, and religions according to very different cosmologies of suffering. But these matters would perhaps require a different sort of book altogether. Andrew Hodgkiss's lucid, readable, and perceptive study provides an exemplary account of the background to one of the most rapidly expanding clinical and diagnostic concepts in contemporary medicine.

Mark S Micale, University of Illinois at Champaign-Urbana **Biswamoy Pati** and **Mark Harrison** (eds), *Health, medicine and empire: perspectives on colonial India*, New Perspectives in South Asian History 1, London, Sangam Books, 2001, pp. x, 408, £29.95 (hardback 0-86311-859-3).

As the editors remark in introducing this collection of essays, ten years ago only a handful of scholars worked on imperialism and medicine in India, but since then disease and medicine have become prominent features of Indian historical scholarship. While sharing no obvious problematic, the essays are presented as "fresh and innovative" contributions to the field, pointing the way to "a major reappraisal, not only of the relationship between medicine and imperialism, but of the nature of imperialism itself". The editors identify two main historical contributions: firstly, the ways in which Indians co-opted imperial medicine and adapted it to their own requirements, and, secondly, the complexity of relations between colonizers and colonized and the diversity of the colonial impact on India.

The essays certainly represent very diverse approaches. Mark Harrison gives a schematic overview of Europe's encounter with Indian medicine, in which he discerns four phases-an opening phase of "respectful dialogue" based upon a shared humoral understanding, a phase from about 1670 in which Indian medicine was seen as flawed and outmoded, an age of relatively appreciative Orientalist engagement, and from about 1820 a period of active differentiation as Western medicine assumed an increasingly triumphal stance. Indigenous medicine and its fate is a theme that surfaces in several other essays, notably Neshat Quaiser's account of 'Unani's debate with doctory'. He demonstrates the diverse reactions among practitioners of Graeco-Arabic medicine when faced with the growing ascendency of Western medicine and their marginalization by a medical system they saw as sharing common roots

with their own. Relations between Western and indigenous medicine are examined from a different perspective in Anil Kumar's account of the Indian drug industry between 1860 and 1920. He argues that, despite some recognition of the richness of indigenous materia medica, the British discouraged the development of an Indian drug industry and were never genuinely committed to import substitution.

British policies and practices form a dominant theme of the volume. Official attitudes towards pilgrimages and the epidemic diseases associated with them at Puri and Pandharpur are discussed by Biswamoy Pati and Manjiri Kamat; Sanjoy Bhattacharya traces the technological constraints and policy shifts that informed colonial vaccination policy. In a finely nuanced discussion of the missionary input into imperial medicine, Rosemary Fitzgerald explains how Protestant missionary societies came to realize the opportunities involved in establishing medical missions. So attractive had this strategy become by the 1890s that healing bodies while saving souls became a central objective of missionary work in India. In one of three essays that explore the institutional sites of colonial medicine. Waltraud Ernst uses the Madras asylum to illuminate the role of private profit in the management of lunacy and show how considerations of race and class informed local policy. Focusing on another mental institution, in Lucknow, James Mills questions one of the coercive conventions of colonial literature by asking why some individuals chose to enter asylums or were sent there by their families. This quest for agency among inmates and Indians at large is also prominent in Sanjiv Kakar's account of leper asylums in India and the development of "patient unrest", including desertion from one institution to another where conditions were more congenial. Kakar calls for more investigation of "subaltern resistance" to colonial medicine and of the motives that impelled it.

This volume opens up some rich and

important case studies and rebuts any brash presumptions about the homogeneity of colonial medicine, but there is a lack of common focus and a reluctance, with few exceptions, to take on big issues or devise a new language of analysis. Reappraisals are more easily promised than delivered.

David Arnold,

School of Oriental and African Studies, London

Paul D Buell and Eugene N Anderson, A soup for the Qan: Chinese dietary medicine of the Mongol era as seen in Hu Szu-Hui's Yin-shan Cheng-yao, introduction, translation, commentary, and Chinese text, Sir Henry Wellcome Asian Series, London and New York, Kegan Paul International, 2000, pp. 715, £150.00 (0-7103-0583-4).

This book is most impressive in size, form of presentation, and its aim towards comprehensiveness. It is 715 pages long, includes the reproduction of the entire Chinese text with charming illustrations, selected from various wood prints, and digresses into the detail of an encyclopaedic compendium. Its publication is very timely. as researchers in Chinese studies now emphasize the multicultural fabric of an Empire previously believed to shun the foreign. The Yin-shan Cheng-yao, 'Proper and essential things for the Emperor's food and drink' (1330), which is celebrated as the "first Chinese cookbook", can be viewed as the epitome of such multiculturalism. It boasts a wealth of 219 recipe headings, for most of which no precedent has been found and, as Paul Buell and Eugene Anderson point out, these recipes represent an innovative Mongol, Turko-Islamic and Chinese combination.

The Mongolian Hu Szu-Hui, cook to the Emperor, was primarily interested in medical and nutritonal aspects, which were