child's face, sweat appeared on parts of its body, traces of blood became visible at its nostrils, it opened and closed its mouth, or moved its arms ever so slightly.

For the most part, it was female witnesses who determined whether or not the child had miraculously returned to life. They would then baptize it sous condition, cautiously declaring "if you are alive, I baptize you in the name of the Father, the Son, and the Holy Spirit" (p. 121). Gélis calculates that in Avioth, women from the region baptized the child 61 per cent of the time, with 15 per cent of those rites performed by female midwives (p. 123). These statistics suggest that midwives had an important role to play in distinguishing between the tenuous states of life and death, potentially infringing on the authority of medical men. Male practitioners could be summoned, however, to evaluate the condition of a child's body. At the sanctuary of Moustiers-Sainte-Marie in Aix-en-Provence, surgeons were consulted in only two cases, but in Pontigny near Auxerre a local surgeon was regularly called to give his opinion on the supposed miracles (p. 245). These examples show medical men and women moving between religious and medical domains with no apparent contradiction.

Overall, Gélis presents a convincing account of this ritual, shedding new light on cultural and medical practices in early modern Europe. In order to study the mentalités sustaining the miracle of répit, the author considers related issues such as historical understandings of children and baptism. Les enfants des limbes offers a sweeping narrative, spanning multiple countries as well as centuries, even as it attends to local differences and change over time. Yet the lengthy book is largely descriptive, with little overt analysis, though Gélis mentions that the ritual of répit functioned to promote solidarity between families and neighbours (p. 65). Despite his obvious mastery of multiple archival holdings, the author tends to cite secondary rather than primary sources, and sometimes makes broad statements without providing detailed evidence, practices capable of frustrating readers. All the same, Gélis covers the topic thoroughly, making an important contribution to scholarship on early modern medicine, family life, and childhood.

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Linda L Barnes, *Needles*, *herbs*, *gods and ghosts: China*, *healing and the West to 1848*, Cambridge, MA, Harvard University Press, 2005, pp. xiii, 458, illus., £31.95, €42.50, \$42.95 (hardback 0-674-01872-9).

This fascinating book reveals how western conceptions of religion, race and medicine have distorted images of China and its healing traditions. Linda Barnes has taken an anthropological approach to show how, from the medieval period to the mid-nineteenth century, such radical misconceptions of the Chinese and their healing traditions arose.

Barnes investigates the representation and (mis)understanding of the Chinese healing traditions in the West in its widest social context. In the process we see not only how great the distortions were but also how they arose. Several factors contributed. First of all, those who mediated China to the West were educated in the West and firm believers in western religion, civilization and science, and came to China not for academic study but for reasons of religion, trade or politics. Their observations and evaluations of China and its healing traditions were subservient to these primary goals and conditioned by preconceptions of race, religion, morality and medicine. Another part of the explanation is that a fair and objective dialogue of equality and mutual esteem between western and Chinese scholars was, for various reasons, all but impossible. Important too were European concepts of progress and modernity, developed since the Enlightenment, which conditioned western observers to see western culture as superior and Chinese culture and its healing traditions as primitive. In the encounter between China and the West, and especially in the prejudice-driven westernization of Chinese civilization, Barnes shows us how the

West "imagined" rather than encountered China.

Her book is divided into five time periods, each examined under three key themes: "Racializing Chineseness", "Religionizing the Chinese", and "Medicalizing the Chinese". To take "racialization" first; in the medieval period. Christian geography had made the Mongols and the Chinese (they were hardly distinguished at this period) associated with both heaven and hell, God and demons. From the sixteenth to the seventeenth century, western observers regarded the Chinese as "of our quality" and "almost as White of Complexion as the People of Europe" (p. 79), taking account especially of the high standard of Chinese civility and manufacturing skills. However, from the mid-eighteenth century to the mid-nineteenth century, white "Anglo-Saxon" people were classified as racially superior to all other human types. It was in this period that the Chinese were described as a distinct race with a particular trait of dishonesty.

As for "religionizing" the Chinese, it was based on the principles of Christianity, ignoring the alternative cosmology which underpins both Chinese religion and medicine. "For the Jesuit, God had taken a single form, in the person of Jesus ... In contrast, from the Chinese perspective, if Heaven and Earth are of a single substance, then one can encounter the Way of Heaven, the Dao, in anything from a figurine to the most mundane reality" (p. 62). This cosmological difference produced many misunderstandings. Geomantic practice (fengshui) was condemned as mere superstition by western observers, who failed to grasp the radically interconnected nature of the Chinese cosmos. Fortune telling, exorcism and the search for the elixir of life were condemned by the Jesuits as inconsistent with the doctrines of Christianity.

Nor was Chinese medical theory better understood in the West. The Jesuits felt that Qi, "the psycho-spiritual-material stuff" (p. 21), was incompatible with the dualism of Christianity, which assigned to the body purely material properties, invoking a separate immaterial soul to animate it. Chinese body theory (zangfu), which is more about function, the transmission

and storage of *qi* activity according to yin-yang analysis and the Five Phases theory than about the physical structure of organs, was commonly seen as merely a primitive, inferior version of western anatomy. Moxibustion and acupuncture were interpreted as humorally and anatomically based surgical interventions, with no acknowledgement of the Chinese theory surrounding these practices.

Other authors have studied aspects of the relationship between China and the West. For example, in Acupuncture, expertise and crosscultural medicine (2000), Roberta E Bivins reveals the distortions and deep misunderstandings within cross-cultural medicine and the reasons behind them, and focuses on how Chinese acupuncture was perceived and practised in the West from the seventeenth century, with an emphasis on how the interests of social groups impacted on and shaped medicine. But Barnes's book is much broader in scope, investigating the whole story of how westerners imagined the Chinese and their healing traditions from the thirteenth century until 1848. Furthermore, she highlights the importance of religion for understanding the fundamental differences between the two medical traditions. Barnes's approach should not only be an inspiration to all who seek to take seriously the interpretative lenses through which western culture apprehends others; but also stimulate those interested in comparative history and philosophy of medicine to appreciate the philosophical assumptions behind Chinese medicine as a distinct philosophy radically different from its western counterpart, not merely an aspect of Chinese religion, and hence to understand Chinese medicine as it was.

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Nikolaj Serikoff, Arabic medical manuscripts of the Wellcome Library: a descriptive catalogue of the Haddād collection (WMS Arabic 401–487), Sir Henry Wellcome Asian Series, vol. 6, Leiden and Boston, Brill, 2005,