

how many of the issues which he raised still have resonance today at a time when, at least in England, the NHS is in a parlous state.

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**Nathan Sivin**, *Health Care in Eleventh-Century China* (Cham, Heidelberg, New York, Dordrecht, London: Springer, 2015), pp. xvii, 223, \$119, e-book, ISBN: 978-3-319-20427-7; \$159, hardback, ISBN: 978-3-319-20426-0.

The history of medicine in China is often studied through the lens of a textual approach, grounded on classical manuals or on the accounts of practitioners who, until fairly recently, were mostly involved with curing the ailments of the upper class. As such, the ‘other’ types of response to illness, namely the folk therapy, religious rites and other magical treatments tend to be left outside the scope of medical history. However, as Nathan Sivin argues through his latest book, the vast majority the population of pre-modern China was more likely to have access to these latter types of ‘health care’ than to ‘elite medicine’.

Structured around this core idea, *Health Care in Eleventh-Century China*, as its title implies, is focused on what the author calls the ‘long eleventh century’ (960–1127), which corresponds to the rule of the Northern Song Dynasty. Sivin chose this specific time frame because he rightfully considers it an important turning point in the way the imperial government involved itself in various matters, from the printing and promotion of medical formularies to an active registration policy of popular cults. Indeed, the Song period saw dramatic changes at many levels of Chinese society and culture and in all matters of intellectual and technical endeavours. Sivin makes a strong case to situate multi-layered health care (or disease management) within these changes.

The book opens with three introductory chapters of differing lengths. They give an overview of the key concepts used in the study regarding Chinese medical theory, religion and ritual therapy. The main point here is to establish an epistemological framework that will help legitimise the author’s attempt to draw a global picture of health care, one that integrates both classical medicine and religious curing. In particular, Sivin invokes the ‘meaning response’, a notion he borrows from Daniel Moerman<sup>1</sup> in order to justify the potential efficacy of non-medical therapy.

Chapters 4 and 5, dealing with ‘Classical medicine’ and ‘Therapy in popular religion’ respectively, are arguably the most interesting contributions. Chapter 4 gives a clear portrayal of eleventh-century ‘elite’ physicians and their doctrinal, social and intellectual backgrounds. It gives a fresh look to doctor–patient relationships and shows how therapy also involved family members and how the broader diffusion of medical knowledge among the elite influenced the physician’s practice. As for chapter 5, it draws a thought-provoking picture of popular ritual therapies. These therapies, performed by local ‘ritual masters’, relied on a bureaucratic vision of the gods and a variety of symbolic performances intended to control deities and/or ‘shades’ identified as the causes of a given disease. Incantations and talismans prescribed in conjunction with drugs and remedies played a major role in popular curing. Talismans and drugs were often interchangeable: talismans could be ingested, as would be a drug, and, conversely, drugs ‘could be hung out in one’s house’.

<sup>1</sup> Daniel Moerman, *Meaning, Medicine and the Placebo Effect* (Cambridge: Cambridge University Press, 2002).

Moreover, such a 'ritual matrix' of drug therapy, and even popular drugs, was not at all alien to Song medical literature, a fact that underlines how deeply intertwined the spheres were.

The author then discusses 'therapy in elite religion' in Chapter 6. Although Indian medical theory was transmitted among the Buddhist clergy, it was only scarcely put into use. Rather, monks relied on recitations, magical empowerment of drugs and repentance rituals aiming to cure 'karmic disease'. Meanwhile, Daoist priests were exerting their bureaucratic authority on gods, ancestors or even the courts of the underworld, by the means of documents and seals. 'State rites' are the subject of a short separate chapter. They were performed by the emperor and government officials in order to prevent 'disease' taking over the body of the state, eg. to prevent social disorder. The author emphasises how such a therapeutic view of state management grew stronger under the rule of emperor Huizong (r. 1100–26), who was very innovative in his medical policies.

Sivin's work comes out as an interesting introduction to the variety of traditional therapy in pre-modern China. The scholarship is grounded on historical sources, which are carefully read and translated throughout the chapters. In addition, the author demonstrates a great mastery of the secondary literature, as can be seen in the general bibliography, which compiles essential references in English, French, Japanese and Chinese concerning the history of Chinese medicine and also Chinese religions from at least the past fifty years. Such a compilation could be very useful for students debuting in any of these fields and interested in the question of disease management. Most specialists of East-Asian medicine or religions are probably already familiar with the sources and topics discussed in this book, but they might still welcome Sivin's attempt at connecting the dots between elite and popular pharmacopeia, imperial policies, local rituals, physicians' social status, Buddhist and Daoist practices, etc. Sivin is also trying to reach a broader audience: historians of western sciences, and even today's medical world, in part to remind them that contemporary medical views on curing, disease and efficacy are not necessarily relevant when trying to understand how patients responded to various forms of therapy, be they ritual, medical or both at the same time. This claim itself could also be fruitfully applied to other East-Asian civilisations connected to Chinese culture.

However, the book would have benefited greatly from stronger editing. For instance, chapter 6 suffers from multiple references to notes and pages from Chapter 5 that don't exist, at least not in the book's current state (157, 159). Although the need to advocate a broader understanding of therapy is legitimate, it sometimes leads the author to a form of redundancy that, in the end, tends to cloud more central issues. The question of diagnosis is, surprisingly, touched on at best very lightly outside of classical therapy, and one is left wondering about how exactly non-physician therapists determined the causes of illnesses.

Despite these shortcomings, Sivin's synthesis successfully shows how in eleventh-century China the therapeutic practices of elite physicians, officials, monks, priests or popular ritual masters, given their respective backgrounds, all converged towards a similar goal: finding an efficacious way to bring order to what was perceived as a disorder of the body, of society or of the spiritual world.

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