

a political agenda, and that they did not favour one community over another. This caused considerable problems for the Los Angeles movement, which had more politically radical origins than the other movements, and resulted in significant schisms emerging.

While there existed a dominant impression at the beginning of the decade that doctors, and medical services more widely, were inherently homophobic and had little interest in catering for the health concerns of gay people, this was being challenged by mid decade, according to Batza. This process is the focus of Chapter 4, which highlights the shifts in gay health activism that aimed to make sexual health services more accessible and inviting for gay patients, either through the use of focused advertising or more significant developments in gay health related research. This latter development was evident in the vision of the Howard Brown clinic, which was by the mid 1970s producing medical literature focusing on interactions between gay patients and doctors, and soon after was engaging in medical research and collaborations that placed it at the forefront of gay medical research. As Batza states, by interacting with mainstream medical communities through research, gay health activists ‘began to mend the historically bad relationship between the two groups by rebuilding trust and improving care’ (p. 108).

The development of health services focusing on gay men during the 1970s undoubtedly enabled gay health groups to try to meet the challenges presented by the emergence of HIV/AIDS in 1981. Yet, as the author documents in Chapter 5, this was problematised by the fiscal policies of Ronald Reagan. However, it was not just about money. While public funding for public health movements in the 1970s had a set of restrictive regulations relating to explicit political campaigning, the politics of the 1980s dealt in ideology as well as dollars; stigmatising sexual minorities and throwing up barriers to progress in gay and public health. Despite the changing dynamics of public health, organisations such as Fenway were to provide support to people with AIDS and training for health workers caring for AIDS patients. Crucially, the research experience of the Howard Brown clinic provided meaningful input during the early years of the AIDS crisis.

This book set out to chart the development of gay health activism during the 1970s through the examination of three ‘trailblazers of gay health activism in the 1970s’ (p. 8). This, in the most part, is a fascinating and detailed examination of how gay health activists organised, developed and consolidated tailored programmes that aimed to repair fragile relationships between mainstream medicine and sexual minorities. The book emphasises the importance of local factors, which shaped responses to gay health activism, but also hints at how the objectives of groups separated by geography began to converge as the 1970s progressed. Further, the relationship between the state and gay health activism offers a fascinating insight into the complexities and contradictions of 1970s political and social relationships. There are some uncertainties around the concept of ‘gay liberation’, but this is an important and engaging study.

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**Angela Ki Che Leung and Izumi Nakayama** (eds), *Gender, Health, and History in Modern East Asia* (Hong Kong: Hong Kong University Press, 2017), pp. 315, \$50, hardback, ISBN: 978-988-8390-90-8.

This edited volume of nine case studies from Japan, Korea, China, Taiwan and Hong Kong examines the interwoven history of how science, especially biology and its conceptions

of the body, became a crucial tool in modernisation in East Asia from the 1870s to the present. This volume decentres the West as natural references for examples of biopolitics and gender, and centres Asia to interrogate shifting notions of gender within the context of biopower and nation building. This focus on Asia through a range of case studies redirects readers' focus to the 'intra-regional circulations, exchanges, and influence' within East Asia, debunks the myth of a homogenous Asia and challenges the idea that 'nation' is a natural category of analysis.

Bray's introduction synthesises and connects nine distinct case studies to show how East Asian subjects resisted or negotiated the state, imperial powers and elites who used the emerging power of science to justify modernisation. The rational and quantifiable potential of biology, clinical medicine and technologies consistently 'showed' that East Asian subjects are deficient, abnormal or diseased, therefore requiring the state to intervene through institutions and biomedical technologies to reshape, reeducate and reproduce healthy, productive and pliable bodies. Although the scientific language emerged from the West, East Asian elites and subjects modified it to suit their needs of specific modernisation projects. The case studies highlight resistance, tensions and diversity within East Asia, and how scientific discourses and changing notions of gender identities continue to dominate governance and regulation of people today.

The nine cases are divided into three parts. In Part I, 'Bodies Beyond Boundaries: Evolving Physical Development and Reproductive Technologies', four scholars examine how East Asian success in modernisation pivoted upon the education of gendered citizens and subjects who continually sought to discipline themselves according to the normalised ideal body from the West. The first two case studies from pre-WWII depict how scientific discourses were adapted to recreate subjects. Izumi Nakayama describe Japanese scientists' discourse of the inferior and precocious East Asian body that did not measure up to the Western body in terms of height, weight, size and strength. The youth were remoulded through new hygienic practices adopted from the West, including new diets, sexual 'hygiene' advice that cautioned against masturbation and routine measurement of bodily parts in Japanese schools to chart growth. Lee Jen-der analyses the content of high school sex education textbooks introducing biology, physiology and reproductive anatomical organs in Republican China, highlighting how Chinese adapted scientific discourse of sexuality and reproductive functions to suit specific political agendas. Wu Chia-ling and Ha Jung-ok examine post-colonial legacy of reproductive technology, and present cases of resistance and the failure of science. Wu shows how queer reproduction needs shifted public debates on access to artificial reproduction technologies (ARTs) from the rights of single women to those of queer couples in Taiwan. Ha traces how the government attempted to solve a population 'crisis' through the promotion of ARTs as fertility rates plunged in South Korea at the end of the twentieth century. Ha's examination of state policies reveals the state privileging pronatalism and nationalism at the expense of women's health.

In Part II, 'Women Producing and Consuming Health Knowledge: Embracing Drugs, Vitamins, and Food', Susan Burns and Sean Lei present women as creative consumers as well as power brokers of health and biomedical discourses in Taiwan, Korea and Japan. Burns studies Japanese patent medicine competing with other local (Taiwan and Korean) medicines and the lucrative market of ready-made medicines that targeted women and their health issues related to reproductive health. Sean Lei's examination of Chuang Shu Chih, a Taiwanese Chinese in the Japanese empire, who was also a practitioner of Chinese medicine, a PhD graduate in pharmacology from Keio University (1961) and author of

dietary theories and anti-cancer/cancer prevention works, provides an interesting case of a woman who harnessed her difference as a foreigner in Japan to become famous and influential within Japan and in her homeland, Taiwan. Through her advocacy of women as housewives whose roles as medical practitioner within the household was crucial, Chuang demonstrated the dynamic ways in which subjects of gender politics can successfully appropriate reins of powerful gender discourse.

Turning from women to men in Part III, 'Potent(ial) Virility: Labor, Migration, and the Military in the Construction of Masculinity', Angela Leung, Howard Chiang and John DiMoia explore how male subjects are targets of state ideological interventions. In Leung's study of *jiaoqi/beriberi/kakké* that plagued weak male migrant labourers and soldiers in China and Japan in the late nineteenth and early twentieth centuries, biomedical etiology was cultural, local and variable, reflecting 'failures' of East Asian masculinity but also forms of individual resistance against social control. Chiang presents the case of an androgynous person, Xie (who had both male and female genitalia), transitioning to the female gender to reflect on the anxieties Taiwanese society had on masculinity in the 1950s. DiMoia's study of South Korea family-planning strategies in the late 1960s, that called on men to volunteer for vasectomy and receive preferential social privileges, in the context of Korean men participating in the Vietnam War raises important questions on the power of intraregional biopolitics.

Bray's introduction is ambitious and promises more than the nine case studies deliver. Several studies within the volume centre Western science, American political influence or pressure in post-war Asia, and assessment of intraregional connections are weak. Bray's introduction provides that thin but crucial thread of connection and highlights how powerful and hegemonic discourses need to be interrogated. The most interesting articles in the volume provide examples of how the seemingly weak or subjugated find ways to resist, negotiate and flourish within webs of control. This rich volume as a whole is a welcome addition to the field. It should be on every reading list of those interested in biopolitics or biopower.

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**Vivienne Lo** and **Penelope Barrett** (eds), *Imagining Chinese Medicine*, Sir Henry Wellcome Asian Series volume 18 (Leiden: Brill, 2018), pp. 519, €125.00/open access, hardback/ebook, ISBN: 9789004362161.

This beautifully produced book is an enhanced edited volume based on a conference held in Beijing in 2005 on visual cultures of medicine, supported by the Wellcome Trust. A shorter but well received Chinese volume was published in 2007. The preparation of this substantially augmented English edition of more than 500 pages structured around thirty-seven chapters, including two introductions, took more than ten years. The book is dedicated to the veteran historian of Chinese medicine Prof. Ma Jixing (1925–) of the Academy of Chinese Medicine, Beijing, an iconic figure and teacher of many influential scholars in the field.

The book is a collaboration of more than thirty Chinese, Japanese, Korean and Western practitioners and scholars of 'Chinese' medicine very broadly defined. It also covers a long span of history of over 2000 years, demonstrating the trans-temporal meanings of medical images. The authors 'interrogated the liminal and transcendental qualities of Chinese