

grants women more autonomy. It is thus unsurprising that Woman Huang, unlike Liu Qingti, does not need a son like Mulian to save her.

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Speaking of Epidemics in Chinese Medicine: Disease and the Geographic Imagination in Late Imperial China. By MARTA E. HANSON. London: Routledge, 2011. xx, 265 pp. \$140.00 (cloth).
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Over the past decade and a half, there has been a sea change in the history of medicine, but until recently it has barely touched studies of East Asia. Charles Rosenberg and Janet Golden's *Framing Disease* (New Brunswick, N.J.: Rutgers University Press, 1992) and Robert Aronowitz's *Making Sense of Illness* (Cambridge: Cambridge University Press, 1998) introduced the framework that has since become indispensable for historians of disease: to properly understand a disease, scholars must pay attention to its cultural history as well as its biological life cycle. Since then, disease biography has become a subgenre of medical history: since 2007, Johns Hopkins University Press, Oxford University Press, and Greenwood Press have all launched "Biographies of Disease" series. Scholars have devoted comparatively little attention, however, to how cultural meanings of Chinese disorders changed over time. Marta Hanson's *Speaking of Epidemics in Chinese Medicine* helps to remedy that neglect by applying the insights of recent scholarship to the study of Warm diseases (*wenbing*)—an important category in late imperial and modern Chinese medicine that historically "encompassed a range of illnesses from the common cold and respiratory illnesses to high fevers and epidemic diseases" (p. 10).

The book traces the changing ways in which literati physicians wrote about *wenbing* and its geographical associations, from the compilation of the *Yellow Emperor's Inner Canon* (*Huangdi neijing*) two thousand years ago to the SARS outbreak of 2003. It is a challenging project, to say the least, especially if one considers the whole cultural manifold of which these physicians formed a part, as Hanson does. She shows that physicians drew on geographical concepts mentioned in both medical and nonmedical classics to orient themselves. Thus, early on, they wrote of a world tilted northwest-southeast as the *Songs of the South* (*Chu ci*) suggested, and they believed that different environments, constitutions, and illnesses characterized the five directions that were discussed in the *Yellow Emperor's Inner Canon*. But since these men were practicing physicians, they relied equally on epidemiological observations. When a disease was endemic to one region and unknown in another, or when remedies recommended in the *Inner Canon* did not seem to work for an outbreak in one particular area, physicians noticed, and insalubrious frontiers and region-specific diseases appeared in

their writings as frequently as the idealized canonical geography. Political boundaries also informed the connections that physicians made between disease and place. After the Manchu conquest in the seventeenth century, for example, physicians began to write about the Great Wall as the most relevant geographical marker between northern and southern disease regions. *Speaking of Epidemics* reflects the complexity of these overlapping and shifting influences, exploring not only the content of the classics but also the ways in which political and epidemiological change resonated among elite physicians.

Hanson argues that from the time of the early classics through the Ming Dynasty (1368–1644), physicians thought of Warm diseases primarily as a subtype of Cold Damage disorder, as elaborated in the third-century classic *Treatise on Cold Damage* (*Shanghan lun*). Devastating epidemics in the south during the Ming-Qing dynastic transition of the seventeenth century refocused attention on Warm diseases, and some physicians began to write about them as a separate category, not subsumed under the Cold Damage rubric. By the late nineteenth century, physicians in Suzhou and the surrounding areas had reconfigured Warm diseases into a distinctively southern “current of learning” (*xuepai*) within medicine. Finally, in the early twentieth century, Chinese physicians seeking to synthesize classical and Western knowledge associated Warm diseases with acute infectious disease, making it possible for Warm disorders to continue to be an important diagnostic category a century later when SARS emerged.

If this were simply a story about how a once-minor Chinese disease category came to occupy an important place in classical medicine, it might interest few besides historians and practitioners of Chinese medicine. But Hanson’s account of *wenbing* is as much about the role that place played in shaping doctors’ authority and identity as it is about medical theory. Some physicians staked their prestige on the authority of the ancient canon while others asserted that local knowledge trumped the canon since bodies, environments, and diseases differed from place to place. And although the terms of this argument changed to reflect new political and intellectual developments, the tension between the universal and the particular never disappeared.

The breadth of Hanson’s reading and the meticulous care with which she documents her sources—including information about the publication histories of many of the texts she uses—make her book a useful research tool for anyone whose work touches on public health, geography, or disease in late imperial China. The passion for documentation can also make it difficult to read in places, and the number of book titles and authors’ names packed into each chapter may put off some more general readers. But as the first book to examine how changing ideas about place affected the concepts and practice of classical Chinese medicine, *Speaking of Epidemics* draws together formerly discrete bodies of literature in a way that will spark new kinds of conversations among historians.

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