and classification that was so peculiar to nineteenth-century science, but also because of
the rise of (and distancing allowed by) the introduction of chemical anesthesia.

There remains a profound disjuncture, however, between the experience of pain and the
ways by which that pain can be communicated to others. As Moscoso says, there is no
science of the subjective than can rise above ‘the semiotics of pain or the cartography of
tragedy’ (p. 106). Similarly it is not possible to distinguish between real and imagined
suffering as experienced by another person, any more than it is possible to hierarchise
one’s own physical pain from one day to the next. Who remembers at an embodied
level a terrible headache or a broken tooth? It might sit in one’s memory as the worst
headache/toothache ever, but there is no somatic echo. Physical pain is transient and
forgotten once it passes. Some might argue this was necessarily so for the continuance
of the human race. For how many women swear never to have another child after the birth
of the first, only to forget the physical and emotional trauma sufficiently to get pregnant
and deliver again, and (maybe) again?

Moscoso’s important book raises many questions about the meanings of pain in the past
and in the present, and about how we frame the experience of pain both as a physical
and as an emotional phenomenon. It also makes us consider how we might develop an
understanding of pain that takes account of the roles of both subject and observer in the
creation of a shared experience. Here, I think Moscoso’s work has potential additional
impact for the relationship between patients and practitioners, who are often engaged in
articulating pain and in shaping relationships around pain. Whether or not Moscoso would
recognise the label, this book is for me an example of medical humanities writing at its
best. Whether brutal and demonstrative (as in medieval iconography) or emotional and
‘exquisite’ (as in the work of Sophie Calle) pain has a history. Nowhere is that shown
more expertly than in this book.

Fay Bound Alberti
Queen Mary, University of London, UK

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Yi-Li Wu, Reproducing Women: Medicine, Metaphor and Childbirth in Late Imperial
China (Berkeley, CA: University of California Press, 2010), pp. xiii, 362, $55.00,

In many societies, the female body during pregnancy, childbirth and the post-partum
period has always been a focal point of healing. The narrative of male physicians
taking over the midwife’s role in overseeing childbirth has been a familiar one in the
historiography of medicine in Europe and America. Yi-Li Wu’s study of how people
in late imperial China (seventeenth–nineteenth centuries) managed female fertility and
reproductive health makes a solid contribution to the field. Her fine-grained account
captures the pluralistic and contentious nature of knowledge and practice in reproductive
health during this period, and would be particularly useful in thinking of medicine and
gender in various local contexts around the early modern world.

The book is organised into three sections. Chapters 1 and 2 tackle the prolific production
of texts on fuke (women’s medicine) by analysing the sociology of their production,
transmission and readership. Chapters 3 and 4 could be read as a history of the female
body, as interpreted through the lens of dominant metaphors appearing in such texts.
The last two chapters highlight two areas of major change in late imperial fuke: the notion that childbirth resonates with cosmological processes and is inherently safe, and the rising popularity of a popular remedy in managing post-partum health. The central claim throughout the book is that the late imperial period in question was marked by a more optimistic attitude toward childbirth, and that medical writings tended to treat the female body as bearing no fundamental difference from the male body. In Wu’s words, Chinese physicians saw the human body as ‘simultaneously sexless and sexed’ (p. 231). Borrowing from linguistic terms, Wu asserts that the ‘doctrinal body’ of traditional China could be seen as an ‘infinitive’, which was then ‘conjugated’ under particular circumstances. Sex difference remained but one among many factors for the physician to consider, as he practised his art of prescribing the right remedy that corresponded perfectly with this bodily grammar.

Here I will raise two more points that might help in outlining the author’s agenda in this book. First, this book is researched and written in close conversation with previous scholarship on women’s medicine in China – most specifically, Charlotte Furth’s A Flourishing Yin (1999) and Francesca Bray’s Technology and Gender (1997). Furth’s brilliant work charted the emergence of fuke as a distinct subfield of scholarly medicine and the concomitant notion that the female body, unlike the male, was dominated by an altogether distinct principle. Wu picked up from where Furth left off (c.seventeenth century) and argued that in fact, this notion of female difference was largely reversed, or at least counter-balanced during the seventeenth and eighteenth centuries by voices championing fuke as part-and-parcel of general medicine.

On the social map, Wu argued that the contention between the two views of the female body could be seen as the gentlemanly amateurs’ triumph over ‘lineage practitioners’, who learned their trade through familial instructions. While the former saw no reason to refrain from understanding childbirth within the general cosmological rubric taught in the classics, the latter defended their claim of expertise by emphasising female differences. In a society where no clear boundary existed between learned amateurs and expert practitioners, it took a particularly meticulous researcher like Wu to discern the competing motifs out of the cacophony of contemporary medical discourse. However, one might wonder whether the author is overly sanguine in praising the learned amateurs as having achieved the feat of ‘de-exoticisation of female difference’ (p. 14) in a patriarchal society. Isn’t it an irony that so many women suffered and died, as the numerous real-life stories illustrated throughout the book, out of their husbands’ and fathers’ ‘benign’ view that childbirth was an inherently safe process?

My second point is that this book is particularly valuable in its effort to study medical practice via a limited body of scholarly writings. Lacking primary sources generated directly by the vast majority of practitioners, Wu emphasises that even within the body of surviving fuke texts, there is much to learn by charting the areas of consensus and disputes, which turn out to be quite animated and divergent from the accepted tradition. For instance, elite physicians disdained the popular treatise Easy Childbirth (He Bian, c.1715, Chapter 5), which was attributed to a monk and embraced by lay readers. Her research on the ‘Generating and Transforming Decoction’ (Shenghuatang, pp. 204–10) was a particularly interesting case study of one recipe among the hundreds of thousands that entered the textual corpus. How, and why, did popularity of one remedy rise and fall in
particular circumstances? Wu’s approach to answering this question would be of interest to historians of medicine who work with learned medical traditions elsewhere. I have no doubt that this book will be a valuable reference for many readers of this journal.

He Bian
Harvard University, USA

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From Homer onwards, Egypt loomed large in the ancient Greek imagination as a land of healing (in the Odyssey, for example, Helen numbs the sorrow aroused by memories of Odysseus by means of cunning drugs given to her by a woman from Egypt, where the earth holds a great store of medicaments and ‘every man is a physician’ [4.219–32]). Some four centuries later, after the death of Alexander, Greek medicine arrived in an unprecedented way on Egyptian shores with the rise of the Ptolemies, bringing with them a wave of Greek settlers and a Hellenising agenda.

These ancient clues of cross-cultural interaction have meant that historians of Greek and Egyptian medicine have always had an eye on the other tradition. But in the absence of much direct evidence for this interaction, they have had to rely largely on speculation about the extent and the nature of the traffic. In such a climate, shaky assumptions about the defining qualities of Greek or Egyptian medicine have long tended to creep in. The focus, moreover, has been on the learned medical texts of each tradition at the expense of other kinds of evidence and a more variegated picture of healing practices within Ptolemaic Egypt.

Philippa Lang’s Medicine and Society in Ptolemaic Egypt cannot avoid the speculative vein entirely. But in its sober and thorough survey of the available evidence, it offers the best attempt to date to grasp the richly diverse world of health and disease in Ptolemaic Egypt. It sheds light, too, on the broader question of the relationship between Greek and Egyptian medicine.

Lang is guided throughout the study by the seemingly unassuming statement with which she begins her first chapter: ‘Illness is a sociocultural concept’. (p. 1) Such an orientation, however, is part of what marks the originality of her study in its field. Lang is alive to the intersection of medicine with other social domains, the fluid relationships between different models of healing in the everyday tug-and-pull of what Vivian Nutton has called the ‘medical marketplace’, the mobile place of the gods in an individual’s attempts to make sense of disease, and the easy circulation of remedies originating in different traditions.1 Indeed, the emphasis on flexibility in practice is a running theme in the book. It leads Lang to privilege a model of exchange between Egyptian and Greek models in the Ptolemaic period that is governed by the contingencies of individual experiences of illness and the various hybrid identities produced at the intersections of ethnic and cultural communities.

Such flexibility does not eliminate the categories of Greek medicine and Egyptian medicine. But it does enable Lang to consider the boundaries of these categories in a way