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Vietnamese Traditional Medicine: A Social History. By C. Michele Thompson. Singapore: NUS Press, 2015. xx+248 pp.

The received wisdom about traditional Vietnamese medicine portrays it as a regional offshoot of Chinese medicine; such is the supposed extent of the latter's influence over the former. One of the few acknowledged differences between these medical traditions is the pragmatic approach to healing characteristic of Vietnamese medicine, in contrast with the richly theorized framework of Chinese medicine. Correspondingly, while studies of Chinese medicine often focus on elite professionals, Vietnamese medicine is most often associated with the informal folk sector. These characterizations have the cumulative effect of placing Vietnamese medicine, and Vietnam itself, in the shadow of its northern neighbour. C. Michele Thompson's historical study of efforts to combat smallpox in Vietnam is a powerful intervention against this perception. *Vietnamese Traditional Medicine* argues persuasively that its subject matter deserves far more recognition and attention than it has heretofore garnered.

Desperate attempts to stop the spread of smallpox, mostly during the Nguyễn dynasty, guide the book's analysis of the interaction between Vietnamese and Chinese medicine. Thompson uses traditional medicine to interrogate broader questions of Sino–Vietnamese relations and to identify new points of comparison between the two societies. The book's thesis is advanced across an introduction, three substantive chapters and a conclusion, and — befitting the disparate archival materials on which the book draws — each chapter features its own distinct tone to keep readers engaged. Chapter Two reads like a mix of an adventure tale, behind-the-scenes political intrigue and petty squabbling. It traces Jean Marie Despiau's journey from Hué to Macao in 1820 to obtain a smallpox vaccine for Emperor Minh Mạng, providing the context both of friendships and rivalries within the royal court and of the worldwide distribution of the vaccine that would gradually eradicate smallpox.

The lynchpin of the book, Chapter Three, examines the rise and fall of efforts to control smallpox in Vietnam. No one, including Thompson, disputes the fact that Chinese medicine had an enormous impact on Vietnamese medicine. However, if Chinese medicine indeed influenced Vietnamese medicine as much as is generally purported, then Chinese theories and practices related to smallpox should manifest themselves in Vietnam. Chinese physicians practised variolation, the transfer of infectious material from patients with mild cases of smallpox to individuals who had yet to contract the disease. This was done in the hopes that the previously uninfected would survive the mild case of smallpox, thereby developing a general immunity. But the impressive array of evidence that Thompson marshals indicates that Vietnamese healers did not adopt Chinese methods of combating smallpox until Jennerian vaccination had already been introduced from the West. Even variolation as eventually practised in Vietnam was an amalgamation of the Chinese version and Western-style vaccination. This finding suggests that Vietnamese played an active role in adapting or rejecting Chinese and Western medical theories.

Thompson develops a theory of intellectual dissonance to account for the initial dismissal of variolation in Vietnam, arguing that foreign theories of health and healing tend to be excluded from local biologies if the worldviews implicit in the former and the latter contradict each other. For example, Chinese healers posited that smallpox was caused by parents transmitting *tāi dú* (胎毒; fetal toxin) to their unborn, still-gestating children. However, Vietnamese practitioners held an externally focused etiology of smallpox, which more readily accorded with European explanatory models. Although Thompson acknowledges the political inequalities behind the often arbitrary distinctions between folk and professional healing and the links among medicine, colonialism and nationalism, further consideration of the role of power in shaping the legitimacy of medical knowledge would have been welcome. The wealth of recent theorizing on the politics of medical pluralism, globalization and hybridity make it curious that the analysis in this book leans so heavily on notions

of cross-cultural commensurability rooted in conceptualizations of culture as symbolic forms.

Chapter Four examines the transmission of medical knowledge through different linguistic registers: primarily *Nôm*, the ideographic script of Vietnamese, but also classical Chinese, and *quốc ngữ*, the Romanized Vietnamese script. As different topics are addressed in each set of texts, materials in these languages do not merely translate the same content. Rather, they reflect distinct viewpoints. Thompson is one of the few scholars who can work with materials in *Nôm*, *quốc ngữ* and Chinese. Her insights into the function of written scripts in Vietnamese medical history are thus especially enlightening and valuable.

In analysing the history of smallpox in Vietnam, Thompson concludes that the impact of Chinese medicine on Vietnamese medicine should be considered on a case-by-case basis. Her book is a call for more comparative research on the illnesses and afflictions that shaped not just the lives of Vietnamese and Chinese individuals, but also those of the two societies themselves. Scholars of Sino–Vietnamese medical and cultural contact and contestation now have a clear model to follow.

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Privilege and Prejudice: The Life of a Black Pioneer. By Clifton R. Wharton Jr. East Lansing: Michigan State University Press, 2015. xvi+597 pp.

It ought take nothing away from Clifton R. Wharton Jr.'s accomplishments to write that, by any measure, he has led a charmed life. That life included a fruitful early chapter in Southeast Asia. Among its many virtues, Wharton's detailed and engaging