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*Vietnamese Traditional Medicine: A Social History* by C.

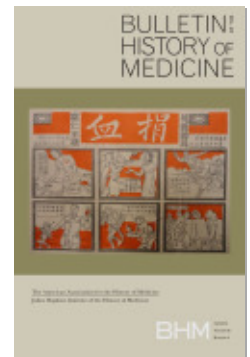
Michele Thompson (review)

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meaningful than the loss of heart function as the reliable scientific sign of death. The Harvard criteria, published in 1968, have become a benchmark, at least for the Western medical community, and have also elicited a slow change in the way death is perceived at a public level. The book rightly underlines that pulmonary and cardiac activity is still very much part of the contemporary notion of death, as expressed in the literature and the other arts. The article by Stefano Spataro on narratives on death in *medical dramas* is a meaningful introduction to the way the lay public, and arguably medics as well, perceive death.

A few minor slips in this very rich volume need editing (the reader may be left with a doubt concerning Robert Hook, who is better known today as Hooke). The readership is likely to be wide: it will surely represent a useful tool for Italian-speaking scholars and students. However, as it is, its very richness may be a hindrance to its use, and a few more explicative notes or a clearer statement on its structure could help. Should it be translated in English, it could deservedly claim a place among international reference works on the topic.

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C. Michele Thompson. *Vietnamese Traditional Medicine: A Social History*. Singapore: NUS Press, 2015. xix + 179 pp. Ill. \$35.00 (978-9971-69-835-5).

In *Vietnamese Traditional Medicine*, C. Michele Thompson explores the Vietnamese reception of foreign medical ideas and techniques through the case study of smallpox. The central question is, why did the Vietnamese adopt Chinese variolation after the introduction of Jennerian-style smallpox vaccination? Building on Laderman's concept of intellectual "dissonance" (pp. 64, 142), Thompson argues that the main Chinese etiology for smallpox, "fetal toxin" (an internal cause legitimizing variolation), was known to the Vietnamese but played no significant role in Vietnamese medical history. The Vietnamese preferred external causes to explain smallpox. Only after the introduction of Western-style vaccination (motivated by an external cause of disease) did Vietnamese doctors adopt Chinese variolation or develop their own mixed approaches. Thompson partly concurs with previous scholarship on Vietnamese medicine and points out that Vietnamese doctors were much more practically oriented than their Chinese counterparts. Yet this does not mean that there was no theory at all in Vietnamese medicine. Thompson shows how Vietnamese medical authors who wrote in the Vietnamese vernacular script (Nôm) were preoccupied with taxonomical categories of herbs, which reflects an indigenous theoretical approach.

The choice for smallpox is a practical one. A high number of preserved medical texts in Vietnam, mainly written in Nôm or in a mixture of Nôm and Classical Chinese, were devoted to this disease. Moreover, in contrast to culturally

constructed diseases (such as *Koro*), smallpox is clearly defined by biology, but it provoked different responses among diverse societies. Therefore, Thompson considers smallpox an ideal disease to investigate differences between Vietnamese and Chinese medical systems.

The prologue, preface, and elaborate introduction (chap. 1) acquaint the reader with the history of smallpox and the particularities of Vietnam, located at a crossroad of East and Southeast Asia. This makes the remainder of the book highly accessible for both medical historians unfamiliar with Asia and Asia scholars without backgrounds in medical history. Chapter 2 recounts the medical mission of the French physician Jean Marie Despiau to Macau (1820–21), who acquired the smallpox vaccine on behalf of the Vietnamese ruling family. Chapter 3 discusses historical texts on variolation and vaccination in Vietnam. Chapter 4 plunges into the linguistic complexities of Vietnam and shows how folk medicine was the last stronghold of Nôm script until late in the twentieth century, while the scholarly elite turned to the Latin alphabet and Western medicine. Although the book is clearly written, the proofreading could have been better. Vietnamese diacritics often go wrong, and Chinese words are not always consistently transcribed.

Although this book is pathbreaking and thought-provoking, a more careful analysis could have prevented some overgeneralizations. Let me give one example. According to Thompson's findings, "A number of extant Vietnamese medical texts ... contain sections on smallpox that can be directly attributed to Chinese medical works. The Chinese originals contain extensive discussions of fetal toxin; however, the Vietnamese versions mention it little if at all" (p. 21). This is illustrated by referring to a Vietnamese compiler who copied 495 recipes from the Chinese physician Zhang Jiebin but who "did not find Zhang's detailed discourse about fetal toxin compelling enough to merit more than a bare mention" (p. 21). Yet I found a number of striking counterexamples. Fetal toxin is central to the discourse on smallpox of Lãn Ông (1720?–91), the most important doctor in Vietnamese medical history with whom Thompson otherwise is quite familiar. When she translates one of his external remedies (from a problematic modern Vietnamese translation of the original text!) in a section titled "Vietnamese Smallpox Etiology," Thompson fails to observe that Lãn Ông copied this remedy from a Chinese source text.<sup>1</sup>

The strength of *Vietnamese Traditional Medicine* lies in opening up the diverse field of actors engaging with smallpox between the eighteenth century and the twentieth. Especially Thompson's discussions of medical literature in Nôm are truly fascinating. This work, the first book-length study on Vietnamese traditional medicine in English, is a major contribution to the field and deserves a wide readership.

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1. Compare page 85 with Feng Zhaozhang 冯兆张, "Feng-shi jinnang milu douzhen quanji" 冯氏锦囊秘录痘疹全集, in *Feng Zhaozhang yixue quanshu* 冯兆张医学全书, ed. Tian Sisheng 田思胜 (Beijing: Zhongguo zhongyiyao chubanshe, 1999), 746.