

how best to help families of children in remission with uncertainty about their futures; and the morality of involving children in physically and emotionally challenging clinical trials. Indeed, the authors demonstrate that whilst clinical trials are ‘widely acknowledged as one of the greatest breakthroughs in medical history, [they] can appear very different to those on the inside’ (161). One great strength of this book is the way in which it combines such analysis of broad clinical, political, social, and cultural change with sensitive consideration of the personal and private effects of childhood cancer, recognising this as both ‘a transformed and a transforming illness’ (182).

The book also makes an important contribution to the history of childhood. As the authors recognise in their introduction, the voices of children are very hard to locate in historical sources, although, interestingly, the authors argue that childhood cancer ‘proves an exception’ because patients’ experiences were recorded by clinicians, families, and media (3). Barnes Johnstone and Baines rarely find direct archival traces of children’s memoirs, drawings, or letters, but rather capture children’s voices as mediated through the accounts of their parents and contemporary observers such as the anthropologist Myra Bluebond-Langner, who, having spent time talking to child leukaemia patients in hospital wards, published *The Private Worlds of Dying Children* in 1978 (154–6). Where no sources exist to capture the child’s perspective, the authors continually keep it in mind, for example asking of a five-year-old patient, whose treatment was recorded in medical journals: ‘Was she psychologically scarred by these experiences, or did she take them in her stride?’ (151). The authors also engage with broad debates about the nature of childhood as a distinct life stage, demonstrating that, until the 1940s, children were ‘not deemed different enough from adults’ to merit the development of a distinct profession for the treatment of childhood cancer (26–7).

Overall, this is a very valuable book, making timely and significant interventions into many fields in the medical humanities and social sciences. The authors also briefly describe how they hope that their historical review will ‘help shape current debates about what childhood cancer now is and can become’ (185); an important proposition which, I hope, they will further develop in subsequent outputs.

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Sean Hsiang-lin Lei, *Neither Donkey nor Horse: Medicine in the Struggle over China’s Modernity* (Chicago and London: The University of Chicago Press, 2014), pp. x, 382, \$35, hardback, ISBN: 978-0-226-16988-0.

The title of this book by Sean Hsiang-lin Lei, *Neither Donkey nor Horse*, is both unique and expressive. It is a reference to the expression ‘mongrel medicine’, the derogatory label given to the attempt to reform Chinese medicine in the early twentieth century by ‘cross-breeding’ it with modern biomedicine. Like interspecies breeding in the animal world, these critics expected the results of these reforms to be infertile. In this book, Lei argues that Chinese medicine underwent an institutional, clinical and epistemological transformation through the encounter with the Chinese state. Going beyond the simplistic polarities of modern versus traditional, or biomedical science versus traditional Chinese medical knowledge, Lei claims that Chinese medicine practitioners, struggling in the field of the state, were the agents of a profound transformation of Chinese medicine, creating a mongrel medicine that may or may not be able to reproduce itself in the future.

The main part of this volume consists of nine distinctive, yet interrelated, narratives, beginning with the case of the Manchurian plague of 1911. It is a carefully calculated opening, because many issues that the reformers of Chinese medicine had to deal with in the following decades surfaced during this incident. For example, the negotiation around the germ theory of disease, which first surfaced in the Manchurian plague, is further examined in Chapter 8. Likewise, Chapters 3 and 10 explain the defeat of Chinese medicine in the arena of new public health policy. Chapters 4 and 9 discuss how Chinese medicine's epistemic, clinical and socioeconomic values were reconstructed by drawing on the ethics of accumulated experience. Chapters 5 and 7 focus on the political efforts to assimilate Chinese medicine into the role of the state. These themes resonate with each other to draw a (self-) portrait of Chinese medicine as a living tradition and of its practitioners as active agents.

From political, socioeconomic and academic perspectives, it is illuminating that the pathological basis of the epidemic of 1911– pneumonic plague – decisively undermined the evaluation of Chinese medicine. This contrasts with the effects that the 1894 bubonic plague epidemic in Hong Kong had on medical practice. In the 1894 epidemic, Chinese medicine could claim that its treatments cured some 'plague' patients, because diagnosis relied not on identifying a bacterium by microscopy but on manifested symptoms. However, as the traditional view of epidemics did not provide a clear distinction between infectious and contagious diseases, the airborne nature of pneumonic plague overturned the existing theory, which considered febrile epidemics to be caused by the local *qi*. Furthermore, the pneumonic plague's universally fatal nature led representatives of the Chinese state to conclude that Chinese medicine would be unable to contribute to the state's health care policy. The pathological defeat of Chinese medicine was further reinforced by the geopolitical nature of this epidemic. In order to prevent political intervention by foreign powers in Manchuria, the Chinese government began to consider public health care as the obligation of a modern and internationally legitimised state. This growing concern also changed the *raison d'être* of medicine, from individual and curative to collective and preventive. By discussing the development of bilateral and organic relations between the state and medicine, Lei has vividly described the reassembling of Chinese medicine as a part of the realisation of China's own version of modernity.

The great contemporary relevance of this book lies in pointing out diverse aspects of the ideas and phenomena that we have often taken for granted as being homogeneous, such as modernity and science. The lucid analysis of the chart in Chapter 6 epitomises this perspective. Presenting the pluralistic and sometimes chaotic medical environment in Shanghai in the 1930s, Lei successfully illustrates that neither Chinese medicine nor Western medicine was a monolithic category. Viewing scientisation as a means of transforming Chinese medicine into a state-sanctioned profession, Lei claims that the label 'mongrel medicine' captures a contradiction faced by this reformed Chinese medicine: the incorporation of biomedical science into Chinese medicine to save the tradition also endangered its authenticity.

Despite the incredible scope and range of Lei's scholarship, it is possible that his case for mongrel medicine may be a little overstated. His laser focus on the struggle between Chinese medicine and Western medicine diminishes the significance of other important intellectual trends from this period, such as the role of evidential scholarship, and the fascination of medical reformers with the *Treatise on Cold Damage* (*Shanghanlun* in Chinese). Although opponents criticised reform as miscegenation, it is not clear that the reformers saw their work in this light. It might be fruitful to go beyond the field of the

nation state to see this issue from the perspective of Japanese Kampo medicine. Japanese reformers in the early twentieth century shared the similar antiquarian fascination with the *Treatise on Cold Damage* and were even more immersed in the world of biomedicine than their Chinese contemporaries. They considered their attempts to revitalise Japanese Kampo medicine through their meticulous readings of the *Shanghanlun* and the selective incorporation of aspects of biomedicine to be recovering the original intent of this classic text. The Japanese example is not unrelated case, because, as Lei himself recognises, this scholarship was very influential in China during this period. Notwithstanding this issue, Lei's systematic and inspiring analysis reveals dimensions of the intellectual and political currents surrounding Chinese medicine that are more multifaceted than ever imagined. The republican label of mongrel medicine was an omen for Chinese medicine, which would undergo an even more drastic blending of medical systems in the Communist era.¹

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Raúl Necochea López, *A History of Family Planning in Twentieth-Century Peru* (Chapel Hill, NC: University of North Carolina Press, 2014), pp. xii, 234, paperback, ISBN: 978-1-4696-1808-1.

As Raúl Necochea López convincingly argues in his opening pages, 'family planning held the promise of giving lay people a greater degree of control over their sexual and reproductive lives, and, countries, a host of opportunities to boost their economic fortunes through the management of population growth.' For Peru, its neighbours in Latin America, and other developing countries incorporating family planning schemes, the stakes in the mid to late twentieth century were 'huge' (2) Necochea López demonstrates that, while family planning remained a consistent concern for a variety of Peruvian actors including the Catholic Church, local physicians, and the federal state, proposals and positions on this vital issue diverged greatly over time. By examining the shifting positions of these stakeholders as well as the reproductive choices and strategies of everyday Peruvian families, Necochea López weaves an important story of demographic change, access to health care, gender politics and public policy in Peru's dynamic twentieth century. Significantly, he revises and challenges the cultural presumptions made by demographic transition and modernisation theorists of 1960s in their characterisations of the rural and urban dynamics of Latin America's poor. Necochea López critiques the assumption behind these theories that foreign influence created Latin American family planning, and he problematises the division of 'traditional' and 'modern' societies according to family size and constitution. Behind the scenes, the author probes the limitations of investment in family-planning projects as a route to wider economic development by highlighting the failure of decades of such efforts to actually result in better indicators of maternal and child health. Necochea López contributes a fascinating and significant history of the medicalisation of family life in Peru and the inter-American collaborations and conflicts over family-planning policy.

¹ E. I. Karchmer, 'Slow medicine: How Chinese medicine became efficacious only for chronic conditions', in H. Chiang (ed.), *Historical Epistemology and the Making of Modern Chinese Medicine* (Manchester: Manchester University Press, 2015), 188–216.