by information regarding the part of speech and the language, a definition, and one or more citations from archival documents, which demonstrate usage and context.

The *Léxico médico y farmacológico* is a painstaking compilation of relevant medical and pharmacological terms – really a labour of love – that has required of its author a deep knowledge of the history of medicine, particularly of the medieval period; the history of the Kingdom of Navarre as well as Spain; the history of various languages; and a gift for paleography and codicology. Moreover, as Martín Ferreira remarks, the lexicon is singular in scope and unique in a developing field, focused not on a specific area of medicine or medical practice, but on the broad range of medical and pharmacological terminology as revealed in the documents at hand. Because of its breadth and detail, the *Léxico médico y farmacológico* will allow for a deeper understanding of not just the language but also the history of science, of *mentalités*, and of habits and customs of a particular place at a particular time. As such, it will be of great interest to historians, particularly medievalists and/or historians of science and medicine, and to philologists and linguists as well as to anthropologists.

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Sally Sheard, *The Passionate Economist: How Brian Abel-Smith Shaped Global Health and Social Welfare* (Bristol: The Policy Press, 2014), pp. xv, 581, £40.00, hardback, ISBN: 978-1-44731-484-4.

Brian Abel-Smith (1926–96) was one of the leading figures in British social policy in the mid- and late twentieth century and Sally Sheard has done an excellent job in bringing to life the wide range of interests and intellectual concerns of this fascinating and historically important, if challenging, individual. Born into an upper-middle-class family (he was distantly related to the Queen), Abel-Smith was educated at Haileybury School before taking an economics degree at Cambridge. Notwithstanding this privileged background, he became a committed Labour Party supporter to the extent that he was lined up for a parliamentary seat at the 1959 general election, only to withdraw at the last minute. He did so largely because of his homosexuality at a time in British history when to be 'exposed' as gay would almost certainly end an individual's public career (and possibly worse). One of the strengths of Sheard's biography is that she is able to show how adept Abel-Smith was at keeping the various (and complex) parts of his life separate from each other. Few London School of Economics (LSE) professors, as Abel-Smith became, run clothes shops on Carnaby Street in London called 'Just Men'. Notwithstanding his ultimate rejection of a parliamentary candidacy, he continued to give advice and support to the Labour Party on a range of social policy issues and was close to leading Labour politicians such as Richard Crossman.

For readers of this journal, Sheard's volume will be of particular interest for at least two reasons. First, Abel-Smith's association with the LSE began in the mid-1950s as a result of his work, with Richard Titmuss, on the cost of the recently inaugurated National Health Service (NHS). Titmuss had been appointed Britain's first Professor of Social Administration (what we would now call social policy) and recruited Abel-Smith to work with him on the enquiry set up to look into NHS finances (the Guillebaud Committee). This had been appointed by the Conservative Government amid concerns that health

service costs were spiralling out of control. Abel-Smith and Titmuss (with the former doing the bulk of the work) showed conclusively that this was not the case – the NHS was value for money and indeed in need of additional expenditure. As Sheard remarks, the evidence the two produced forced the government 'to accept that dismantling the NHS could never be a politically feasible option' (87) – at least, one might add, at that point. One consequence of this research was that Abel-Smith was appointed to the Department of Social Administration at the LSE, where he remained for the rest of his working life, retiring in 1991. Work for Guillebaud also set Abel-Smith on the path of becoming a leading authority on health economics (he has claims to be the originator of this field in its modern form), not only in Britain but also abroad. Most famously, perhaps, he worked extensively for the World Health Organisation and in developing countries such as Mauritius. What it is important, though, is that these were not dry academic exercises. The group around Titmuss, including Abel-Smith, firmly believed that social welfare, properly constructed and implemented, could bind society together and start the process of removing social injustice. As Sheard correctly observes, Abel-Smith was 'determined to use his skills to push for a society that placed a greater moral value on equality – levelling out abhorrent extremes of income and inequality – in which everyone participated to the fullest extent of their abilities' (2) – hence the title of her work.

Second, an intriguing feature of the group around Titmuss, including Abel-Smith, was that although not trained as historians they nonetheless sought to place their research in proper historical context. So, for instance, among Abel-Smith's earliest published works were *A History of the Nursing Profession* (1960), followed a few years later by *The Hospitals, 1800–1948* (1964). In both cases the subjects of these books were firmly embedded in their wider socio-economic and political environment. Both eschewed any sense of triumphalism while noting that real progress had been made in some areas. Of course, these works have to a considerable extent been supplanted by more recent research. But they remain important in that, at the time of their publication, the history of nursing, to exaggerate only slightly, was by and large concerned with the consequences of Florence Nightingale, while hospital history tended to focus on individual institutions, often in celebratory mode. Abel-Smith, by contrast, drew attention to, for example, the power of professional bodies and the way in which they did not necessarily act in the interests of patients or the wider society. As Sheard acutely observes, Abel-Smith's volume on hospital history was 'one of the first history books to have a relevance to contemporary health policy, and to be written by someone whose authority on the subject came from several years of intimate involvement with hospital boards and NHS committees' (138–9). So, for instance, he had a longstanding relationship with St Thomas's Hospital in South London.

In a short review it is difficult to convey, first, the level of engagement Abel-Smith had with the social policy initiatives of his time. In addition to health policy and health economics, he helped develop (with Peter Townsend) the concept of relative deprivation as well as working on social security and pensions. Second, it is hard to overstate Sheard's achievement in bringing Abel-Smith so wonderfully to life (although she's perhaps a shade too fond of her subject, who was not without flaws). The latter was a prolific author who left extensive records, and Sheard has mined these, along with other papers and publications, to considerable analytical, narrative and descriptive effect. She has produced what is surely the definitive biography of Brian Abel-Smith. She has, moreover, shown

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how many of the issues which he raised still have resonance today at a time when, at least in England, the NHS is in a parlous state.

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Nathan Sivin, *Health Care in Eleventh-Century China* (Cham, Heidelberg, New York, Dordrecht, London: Springer, 2015), pp. xvii, 223, $119, e-book, ISBN: 978-3-319-20427-7; $159, hardback, ISBN: 978-3-319-20426-0.

The history of medicine in China is often studied through the lens of a textual approach, grounded on classical manuals or on the accounts of practitioners who, until fairly recently, were mostly involved with curing the ailments of the upper class. As such, the 'other' types of response to illness, namely the folk therapy, religious rites and other magical treatments tend to be left outside the scope of medical history. However, as Nathan Sivin argues through his latest book, the vast majority the population of pre-modern China was more likely to have access to these latter types of 'health care' than to 'elite medicine'.

Structured around this core idea, *Health Care in Eleventh-Century China*, as its title implies, is focused on what the author calls the 'long eleventh century' (960–1127), which corresponds to the rule of the Northern Song Dynasty. Sivin chose this specific time frame because he rightfully considers it an important turning point in the way the imperial government involved itself in various matters, from the printing and promotion of medical formularies to an active registration policy of popular cults. Indeed, the Song period saw dramatic changes at many levels of Chinese society and culture and in all matters of intellectual and technical endeavours. Sivin makes a strong case to situate multi-layered health care (or disease management) within these changes.

The book opens with three introductory chapters of differing lengths. They give an overview of the key concepts used in the study regarding Chinese medical theory, religion and ritual therapy. The main point here is to establish an epistemological framework that will help legitimise the author's attempt to draw a global picture of health care, one that integrates both classical medicine and religious curing. In particular, Sivin invokes the 'meaning response', a notion he borrows from Daniel Moerman[1] in order to justify the potential efficacy of non-medical therapy.

Chapters 4 and 5, dealing with 'Classical medicine' and 'Therapy in popular religion' respectively, are arguably the most interesting contributions. Chapter 4 gives a clear portrayal of eleventh-century 'elite' physicians and their doctrinal, social and intellectual backgrounds. It gives a fresh look to doctor–patient relationships and shows how therapy also involved family members and how the broader diffusion of medical knowledge among the elite influenced the physician's practice. As for chapter 5, it draws a thought-provoking picture of popular ritual therapies. These therapies, performed by local 'ritual masters', relied on a bureaucratic vision of the gods and a variety of symbolic performances intended to control deities and/or 'shades' identified as the causes of a given disease. Incantations and talismans prescribed in conjunction with drugs and remedies played a major role in popular curing. Talismans and drugs were often interchangeable: talismans could be ingested, as would be a drug, and, conversely, drugs 'could be hung out in one's house'.

[1] Daniel Moerman, *Meaning, Medicine and the Placebo Effect* (Cambridge: Cambridge University Press, 2002).