

**Laurence Monnais, C. Michele Thompson, and
Ayo Wahlberg, eds., *Southern Medicine for Southern People:
Vietnamese Medicine in the Making***

Newcastle upon Tyne, UK: Cambridge Scholars, 2012. 320 pp. £44.99
hardcover.

**C. Michele Thompson, *Vietnamese Traditional Medicine:
A Social History***

Singapore: NUS Press, 2015. 248 pp. \$34 paperback.

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Southern Medicine for Southern People and *Vietnamese Traditional Medicine* reflect an important moment in the study of the history of Vietnamese traditional medicine (VTM) and its relationship to traditional Chinese medicine (TCM). Together these books highlight the considerable advances that have been made in recent years in understandings of the history of medicine in Vietnam and open up the conversation in several new directions. They will especially appeal to *EASTS* readers as they explicitly address broadly Asian themes. In their choice of topics and their treatment of sources, both books examine the connections, networks, exchanges, and linkages that speak to the question of what unifies, and what separates, Vietnamese and Chinese medicines, cultures, and societies. Selections from both books could be profitably assigned in advanced undergraduate courses on the history of medicine, science and technology studies, and public health.

The first book reviewed here, *Southern Medicine for Southern People* (hereafter *SMFSP*), is an edited volume with contributions from some of the leading scholars of Vietnamese medicine working in Europe, North America, and Vietnam. Its chapters cover a broad period, with studies on ancient medicine in the “geographic space that is now Vietnam” (21), Vietnamese medicine during the French colonial era, and materia medica produced and consumed during contemporary times. *SMFSP* showcases several disciplinary perspectives on traditional medicine and challenges the notion that ethnic and geographic spaces are congruent by including studies of Vietnamese

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communities in the United Kingdom and Canada. The well-researched chapters of this collection explore diverse topics that are held together by their focus on the theory, practices, and practitioners of VTM as they developed over time and through space. As highlighted by the phrase “in the making” in the book’s title, Vietnamese medicine names not a stable collection of practices and knowledge but an evolving process that is defined by its interactions with and opposition to other processes, including TCM and biomedicine.

The authors of the eleven chapters of *SMFSP* set out to challenge common misunderstandings of VTM and help it move out of the shadow of TCM. A collectively written introduction opens the volume by laying out the book’s central arguments. Chinese medicine is without doubt central to Vietnamese medicine, but its practitioners defined themselves just as much in opposition to the North, as China has often been referred to in Vietnamese texts, as they saw themselves following northern dictates. After French colonization, the West served as a useful other, and VTM gained the moniker “Eastern” medicine (*Dong Y*). As with their earlier uptake of Chinese medicine, Vietnamese healers during the colonial and postcolonial periods sought to synthesize Eastern and Western medicine into what Ho Chi Minh termed “our own medicine” (3). This medicine (*thuoc ta*) could be simultaneously traditional and scientific and was called on to serve various nationalist, postcolonial, and socialist projects (7–12).

In *SMFSP*’s first chapter, Michele Thompson sets the stage by reviewing recent archaeological evidence regarding the caring practices of the prehistoric occupants of a geographic region that is now northern Vietnam. She further addresses the question of what is “southern” about southern medicine through an extended discussion of the work of Tue Tinh (24–26, 45–49). The next two chapters, by Laurence Monnais and Robert Whitehurst, explore the complicated relationships between VTM and biomedicine. Monnais analyzes the encounters that took place during the French colonial period and demonstrates the assortment of attitudes of colonial agents, both French and Vietnamese, toward VTM. Whitehurst presents findings from his more extended entanglement with the diaries of Dang Thuy Tram, a North Vietnamese biomedical doctor who was killed in 1970 at a tragically young age. After Tram was captured on the battlefield, her diaries found their way into the hands of Whitehurst’s brother, an army intelligence officer at the time. In the 1990s, the Whitehursts returned the diaries to the Tram family, and they were subsequently published in 2005. While the story of Tram and her diaries is amazing by itself, it also speaks to the relationship of VTM to biomedicine, as Tram’s mother worked as a traditional pharmacist.

In Chapter 4, Shaun Malarney draws the reader’s attention to the early years of the Democratic Republic of Vietnam (DRV), the setting in which biomedical doctors such as Tram were trained. After winning a vicious war against France and its allies, the leaders of the DRV launched struggles against medical backwardness. Malarney argues that these campaigns, focused in part on teaching germ theory, were as much about changing mentalities, attitudes, and practices toward health as about immediate improvements in health—do the first, and the second would follow (111). Malarney both performs a careful textual analysis of key DRV texts and considers what statistics contained in these texts tell us about medical care at the time. After a fascinating chapter presenting an insider’s perspective on the development of VTM by one of its leading practitioners, Hoang Bao Chau, the next three chapters analyze different

manifestations of contemporary VTM. Ayo Wahlberg investigates how three trends have recently reshaped VTM: (a) an effort to systematize knowledge about medicinal plants in Vietnam, (b) the drive to industrialize and commercialize herbal medicine, and (c) influences from the “evidence-based medicine” movement (172). These trends have encouraged practitioners of VTM to draw on the techniques of chemists and other professional scientists to gain added legitimacy for their treatments in the eyes of the state and the public. Next, Nguyen Phuong Ngoc develops a case study of how one pharmaceutical company, Traphaco, has successfully negotiated the tensions of global medical markets structured through a series of binaries: tradition and modernity, natural and synthetic, and East and West (180). Finally, Melissa Pashigian investigates the ways that couples, women in particular, seek treatment for infertility. She argues that suitability is a key concept used to make, and justify, decisions based on individual and social circumstances (205).

The last two chapters follow VTM in its interactions with overseas health care systems. Cam Xuan Nguyen, Jack Shieh, and Hoang Uy Trong outline their findings on the interactions of VTM and mental-health care in Vietnamese communities in the United Kingdom, while Monnais contributes another chapter, this one on how Vietnamese currently living in Montreal negotiate therapeutic alternatives. The ten chapters of *SMFSP* advance a complex picture of VTM that is fluid and flexible. The authors demonstrate that attention to both social history and developments internal to VTM itself is necessary to understand the changing contours of this medical tradition. VTM is not TCM, nor is it simply the negative of biomedicine. Instead, it is a medicine forever in the making, undergoing a never-ending process of adoption, adaptation, rejection, and reformulation.

The second book, Michele Thompson’s *Vietnamese Traditional Medicine* (hereafter *VTM*), is a pioneering examination of the social history of Vietnamese medicine, the only monograph of its kind in English. *VTM* employs a detailed, elegant history of the prevention, theory, and nosology of smallpox to explore Vietnamese medicine and its relationship to Chinese medicine in the past. Several themes raised by the authors in *SMFSP* are further developed in *VTM*, and medical historians who are not specialists in Vietnamese history or smallpox will find Thompson’s eminently approachable work indispensable if they wish to understand Vietnamese medicine. She provides lucid discussions of Vietnamese history and smallpox biology, taking the reader step by step through complicated material. Thompson draws on sources written in Chinese, Han-Nom (Chinese characters used to transcribe spoken Vietnamese), *quoc ngu* (Latin characters used to transcribe Vietnamese), and several Western languages to construct her arguments about the evolution of Vietnamese medicine. In a rare feat, Thompson has written a book useful both for general audiences and for specialists interested in technical discussions of the finer points of Han-Nom. With these linguistic analyses, *VTM* even casts fresh light on the coproduction of Chinese and Vietnamese identities.

Throughout *VTM*, Thompson clearly “demonstrate[s] that the Vietnamese did not adopt the Chinese method of smallpox prophylaxis known as variolation until after the introduction of smallpox vaccination to Vietnam” (xix). This finding is significant because it “is in complete contrast to the historical order of variolation to vaccination in the other countries most heavily influenced by China . . . [and shows that] Vietnamese were active players not only in examining and actively seeking specific European medical techniques but also in choosing some items from the Chinese medical corpus

while rejecting others” (xix). Although I can’t comment on the absence of fetal toxin theory in Han-Nom sources, absence is always difficult to prove. Because of this, some readers may not be completely convinced by Thompson’s explanation for the absence of variolation in Vietnamese medical practice. As with any pioneering book, *VTM* challenges other scholars to explore the sources further and either agree with or attempt to refute the arguments advanced in this book.

Comprising five chapters, along with a prologue and a preface, *VTM* offers a brisk read. After an introductory chapter that lays out the book’s arguments, chapter 2 dives into the intricacies of a nineteenth-century medical mission sent by the Nguyen court to obtain smallpox vaccine in the Portuguese colony of Macau. Thompson convincingly depicts the complexity of the relationship between individual Frenchmen, including Jean Marie Despiau, and the Nguyen court, tracing shifts in attitudes from Gia Long to Ming Mang that portray the Nguyen emperors as savvy medical consumers. Thompson also provides a careful, scholarly reconstruction of the timing of the uptake of vaccination and variolation techniques for preventing serious cases of smallpox.

Chapter 3 is both the geographic and intellectual center of the book, and it “present[s] general Vietnamese beliefs about smallpox and the practices designed to alleviate it” (58). In an apposite comparison of Chinese-style variolation and the vaccination technique developed by Edward Jenner, Thompson demonstrates how state and elite prejudices toward illiteracy shaped attitudes toward healing practices in both Asia and Europe. Thompson adopts the idea of intellectual dissonance from Carol Laderman to explain attitudes toward medical practices and theories of Vietnamese physicians trained in the Chinese corpus (64–65). She focuses in particular on fetal toxin theory in Chinese medical texts and its rejection among Vietnamese healers to explain their indifference to variolation before the introduction of vaccination in the 1820s. By contrast, Vietnamese healers and their patients could overcome an aversion to cutting the skin when they adopted subcutaneous vaccination. Thompson draws on accounts of Vietnamese healers in the late nineteenth century to show how even when they adopted variolation their physical practices resembled vaccination, that is, pricking the skin of the upper arm, and not Chinese-style variolation that introduced dry scab matter through the nose (66–69).

Chapter 4 “analyze[s] the class structure of the medical community in Vietnam through examples of how Nom was used to transmit practical, easily understood, bits of indigenous medical knowledge related to *materia medica*” (97). This chapter includes an entertaining discussion of the role of common plants, including the coconut, in Vietnamese and Chinese medicine that combines linguistic analysis, personal anecdotes, and ecological influences on medical phenomenon. Thompson makes skillful use of family transmissions (*gia truyen*), or “medical advice of various sorts handed down from generation to generation within one medical family,” to reveal underground continuities in Vietnamese medicine during the colonial era (126). Bringing her story into the mid-twentieth century, Thompson recounts how the scientifically minded Viet Minh came to incorporate traditional Vietnamese medical healers into their ranks.

In her conclusion, Thompson returns to the question of Vietnamese medical inheritance from China and of Vietnamese medical agency. She quotes several Vietnamese sources that depict Vietnamese medicine as more practice-oriented than theory-driven Chinese medicine. Thompson, however, reminds the reader that theory is always embedded in any practice and the responsibility for “the theoretical as well as practical

foundations of medicine in Vietnam rested with Vietnamese physicians, not with imported Chinese texts” (144).

I do have three quibbles with *VTM*. First, citing articles written in *quoc ngu* on traditional Vietnamese medicine in the early twentieth century, Thompson states that Vietnamese intellectuals did not condemn traditional medicine to the degree that their Chinese counterparts did (116). In my own research on malaria in Vietnam, I found that while Vietnamese-language articles did not always belittle older ideas about malaria, they sought to correct them. Such efforts seem to have limited effect, and DRV medical doctors continued to see fit to address (and correct) older ideas about malaria into the 1960s. Second, *VTM* relies on Laderman’s concept of intellectual dissonance to explain Vietnamese attitudes toward Chinese medicine, and I would be interested to see how Thompson responds to more recent work on medical pluralism that treats patients as consumers in health care markets. Third, *VTM* contains some unnecessary repetition that could have been removed through editorial attention. But these are minor annoyances that detract little from an otherwise path-breaking work.

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