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Xiaoping Fang, *Barefoot Doctors and Western Medicine in China* (Rochester, NY: University of Rochester Press, 2012), pp. xii, 294, \$90, hardback, ISBN: 9781580464338.

Two sentences on page three in the introductory chapter capture the essence of Xiaoping Fang's argument (p. 3):

First, this book challenges the government propaganda, which presents barefoot doctors as a revolutionary vanguard consolidating Chinese medical treatments and treatments on par with biomedicine. In contrast, it shows how a shifting constellation of factors (among them, knowledge transmission, pharmaceutical prices and supply chains, and healing styles and medical beliefs) indicates that the barefoot doctors effectively converted rural populations to a preference for Western medical treatments.

At once, we have a nuanced interpretation of the role of barefoot doctors in the health system of China. Since the 1980s, a modest literature documenting the rise and fall of the barefoot doctor model has emerged in international public health journals. Such works attribute the decline of the barefoot doctor model to the deterioration of the Cooperative Medical System, a consequence of the economic reforms initiated after 1980. Contrary to the pessimistic interpretation of the public health literature of the 1980s, Fang points out that these reforms consolidated the position of barefoot doctors as a result of their professionalisation as village doctors.

This monograph is based on a syncretic fusion of archival materials held by the Rockefeller Foundation in New York, the National Archives in London, and from provincial, prefectural, and local archives from China. As well, it incorporates interviews with barefoot doctors in seven counties of Hangzhou Prefecture (Zhejiang province). The book is organised as a hexptych consisting of six thematic chapters, arranged chronologically.

Chapter 1 provides a detailed historical background by analysing the co-existence of different medical systems in China prior to the Communist victory in 1949. It traces the dynamic differentiation and reorganisation of the village healers according to plural medical systems under the umbrella of the union clinics between the 1950s and 1968 (prior to the advent of the barefoot doctors). In this chapter, Fang argues that union clinics constituted the core of the state medical system in rural China until 1968. However, the clinics' relative remoteness from urban medical systems resulted in their continued autonomy and lack of interest on the part of the central government in funding their routine activities (p. 28). Subsequent to the Cultural Revolution in 1966, former peasant workers earned the title of 'barefoot doctors'.

Chapter 2 explores how the selection criteria for barefoot doctors changed traditional ways of knowledge transmission in the villages where Chinese herbal medicine was predominantly practised. Fang further argues in this chapter that the barefoot doctors introduced Western medical knowledge into China at an unprecedented pace, in the process contributing to the marginalisation of Chinese medicine (p. 42). Chapters 3 and 4 expatiate the contestation between Chinese and Western medical cosmologies that coincided with the advent of barefoot doctors in 1968. In Chapter 4, Fang questions anthropologist Sydney D. White's argument that Chinese medical epistemology was predominant in Chairman Mao's vision of integrating Chinese and Western medicine in 1968. Based on ethnographic evidence, the author contends that although the barefoot doctors integrated Chinese and Western medicine in their practice, the merger was far

from equal (p. 123). The barefoot doctors that Fang interviewed expressed a preference for Western medicine.

Chapter 5 investigates how the advent of the barefoot doctors institutionalised the provision of medical services across rural China through the creation of a referral structure in the shape of a dumb-bell consisting of brigade medical stations, commune clinics, and township hospitals. In Chapter 6, the author analyses how barefoot doctors created their professional identity from scratch. Furthermore, he analyses the specific ways in which the rural reforms of the late 1970s had a positive impact on the medical profession as a whole. In a well-argued conclusion, Fang reiterates his thesis statement that barefoot doctors played a significant role in the transformation of rural medicine under socialism. They served as catalysts in the percolation of Western medicine into rural areas of China (p. 186).

There can be no doubt that *Barefoot Doctors* marks a major watershed in the history of medicine in China. Fang's monograph will inspire a new generation of historians to conduct microhistorical studies of barefoot doctors, studies that will either substantiate or refute his core argument that China's barefoot doctors served as catalysts, i.e., that they contributed to the decline of Chinese traditional medicine by promoting Western medicine throughout the countryside.

Two important questions pertaining to the influence of the Cold War on medicine escape the attention of the author. Although he alludes to the deteriorating Sino-Soviet relations in the 1960s (p. 85), an unanswered question remains. Did Chinese socialised medicine under the leadership of barefoot doctors differ from socialised medicine as practised in the Soviet Union? Another issue that remains unaddressed in the monograph is China's accession to the World Health Organisation (WHO) during the early 1970s and the WHO's recognition of the merits of the barefoot doctor model that was subsequently recommended for implementation in other developing countries. *Barefoot Doctors* raises more questions than answers. But, it should be consulted not only by Chinese historians of medicine but also by historians of medicine more generally. Archivaly rigorous, meticulously attentive to details, and eschewing generalisations, Fang offers an alternative interpretation of the role of barefoot doctors in the Chinese medical system.

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Sylvia A. Pamboukian, *Doctoring the Novel: Medicine and Quackery from Shelley to Doyle* (Athens, OH: Ohio University Press, 2012), pp. xi + 207, \$49.95, ISBN: 978-0-8214-1990-8.

Pamboukian's book takes on an important and vexed topic: the slippery distinctions being made in the nineteenth century between medicine and quackery, science and pseudoscience as represented in novels of the period (and some shorter fiction at the end of the century). The book argues that quackery was hard to define in the period, and that anxieties about authority and professionalism often crystallise, both in novels and medical culture, around the definition of what constitutes quackery. The first three chapters deal with practitioners as professionals and scientists. Chapter One addresses the practice of dissection, concluding that the 1832 Act did not in fact reconcile the