This book describes the dramatic transformations of pharmacological culture in the Song dynasty, which included an intensive imperially-sponsored programme of revision and publication, a greatly expanded pharmacopoeia, and increased complexity in recipe theory. The long-established notion of a Song shift in medical culture—which Goldschmidt (2) credits to Miyashita Saburo’s foundational studies in the 1960s and 1970s—forms the starting point for Goldschmidt’s argument about historical periodization. He argues that Chinese medical history is punctuated by three main shifts, outside of which very little significant change occurred: the development of Han classical medicine, changes in the Song, and the introduction of Western medicine in the Qing dynasty. Goldschmidt’s task is thus to survey the broader dimensions of the Song shift, its extent, various possible reasons for it, and the new forms of knowledge and identity that it produced.

The book approaches this task admirably in two sections. Four initial chapters survey a variety of changes in medical publication, institution building, public policy and expansion of the pharmacopoeia. Goldschmidt argues that the single most influential factor was a peak in reports of epidemics between the years 1045–1060 (see epidemiological tables, 78–81). Setting aside the question of what they were reports of, he makes the cogent argument that what made the difference was the perception in court that they were significant, widespread, and a danger to the nation. Two chapters in the second section closely examine the medical apologetics of scholars and doctors who sought to draw together what Goldschmidt describes as the heretofore discrete traditions of pharmacology, classical cosmo-physiology, and Cold-Damage shang-han 傷寒 medicine. He argues that these attempts to bring medical theory into closer cohesion with clinical experience were unprecedented in Chinese history.

The chapters teem with fascinating facts and tables in support of arguments that the mid-Song saw dramatic increases in: the production of Cold Damage texts compared to other genres (73, 214); incidences of the term “Cold Damage” in imperial histories (74); the contents of drug recipe formularies (118); and in the total number of materia medica included in various pharmacopoeii (120). Important changes in medical infrastructure also took place, such as: the establishment of poorhouses between 1101–1104 (61); and of charitable hospitals, first
privately by the poet, official and academician Su Shi 蘇軾 (1036–1101) in 1089, and then again by the government of Emperor Huizong 徽宗 (r. 1101–1125) in 1102 (63–65). The founding of the ‘first government-sponsored and -operated public pharmacy or apothecary in China’ in 1076 (124) makes for a fascinating story because, as Goldschmidt points out, the pharmacy was not initially founded as part of a healthcare policy initiative. Rather it was put in place as part of wide-ranging economic policies of Wang Anshi 王安石 (1021–1086), the controversial reformer and statesman, and was intended to stabilise drug prices and supply against market manipulation by wholesalers. But perhaps the most significant changes for the transformation of medical knowledge were the concerted attempts to attract officials to medical learning and work through changes in the education system, both during the early 1040s and then later in the 1070s. These included the expansion of medical education, installation of a state-monitored examination system, and the establishing of official posts for doctors in institutions for editing medical classics and in the imperial pharmacy. These led to a rise in status of medical writing and curing, and more considered theoretical studies of the classics, many of which are detailed in the final chapters of the book.

The sudden intensification and shift in direction of Song medical knowledge and infrastructure that Goldschmidt portrays so decisively, serves as a fruitful ground against which to compare many features of pre-Song medical culture. Thus it provides a foundational platform for many future studies. These might, building on Goldschmidt’s work, proceed in the following directions. While the book follows broader patterns in Song studies by framing changes in practice, policy, theory, and institution as ‘unprecedented’, ‘innovative’, and ‘new’, many of the practices, policies, theories, and institutions had longer or different lives beyond the frames of Song bureaucratic culture. If we conceive of these as transitions along a continuum rather than sharp breaks from the past and ruptures of tradition, what other stories could we learn? Attention to transitions, rather than rifts in currents of power, social organisation, and epistemic genre might help us become more reflective about ‘innovation’ as a historically specific form of attention, and perhaps reveal more about processes of borrowing, translation, re-codification, or changes in scale and scope.

For example, charitable housing and food for the poor were adopted in China at least as early as the Celestial Master Tianshi 天師 wayhouses of the late Han Dynasty. Their healing rituals were a kind of proto-quarantine, including as they did, isolated seclusion, specialised diet and tithing of infrastructural improvements. Buddhists hospitals and public apothecaries were widespread across China in the medieval period; arguably the most effective known means to spread the religion. Buddhists also inspired the first broad,