

research skills are on full display and should be commended. A final point to ponder: in our rush to fill the gaps in our understanding of early modern Spanish medicine, have we forgotten to question our own ‘traditional authorities’? Skaarup’s careful historiographic work suggests to me that it is time to revisit the broader narrative of early modern Spanish medicine, to better integrate regional studies in the field, and to provide a Spanish story that is in conversation with the rest of early modern Europe. *Anatomy and Anatomists in Early Modern Spain* provides a welcome starting point for such endeavours.

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Kara W. Swanson, *Banking on the Body: The Market in Blood, Milk, and Sperm in Modern America* (Cambridge: Harvard University Press, 2014), pp. i, 333, \$35.00, hardback, ISBN: 978-0674281431.

In *Banking on the Body: The Market in Blood, Milk, and Sperm in Modern America*, Kara Swanson takes ‘a new look at an old problem’ (p. 2) – the scarcity, rationing and allocation of human body products. Tracing the history of the development of blood, breast milk, and semen banks ‘from the nineteenth-century experiments that made such therapeutics possible to the twenty-first century websites that facilitate body product exchanges’ (p. 5), she provides a compelling analysis of how American society has commodified the human body via banks, which are a double metaphor in this context: a place where human body products are deposited, stored and withdrawn, but also bought and sold as part of the capitalist market forces of medical supply and demand.

Weaving the history of American medicine, technology, science and politics with developments in health care delivery, the legal system (eg. commercial, property and product liability law), and professional codes of conduct (of medical societies, for example), Swanson traces the emergence of the human body as ‘property’ or ‘therapeutic merchandise’ (p. 5). Specifically, she delineates how we came to the point of ‘using a part of one person to treat another person’ (p. 7) and the social, cultural, ethical and legal ramifications of such therapeutics. She cogently argues that in the United States, the story of human body products cannot be separated from race, class, gender and the various power hierarchies that dominate American social institutions. Moreover, Swanson problematises both sides of the human body product coin – the gift/commodity dichotomy – by elucidating its limitations and inaccuracies. She excavates the roots of ongoing debates, such as the sale of body products online, and capping compensation for some donations (eggs) but not others (sperm), which creates a gendered hierarchy of value.

Swanson adds to the existing scholarship in the history of breastfeeding (eg. by Janet Golden, Valerie Fildes, Rima Apple, Richard Meckel and Jacqueline Wolf), with her analysis of the development of breast milk banks – with ‘professional donors’ – out of the occupation of wet nursing. At the turn of the twentieth century, American Progressives advocated ‘scientific motherhood,’ which disconnected breast milk, and nursing infants, from the breast. The best source of milk became an anonymous, sterile bottle of breast milk (donated by women at regulated ‘milking stations’) that could be tested, measured, monitored, bought, sold and controlled by the (mostly male) medical profession. However, after the Second World War, breast milk lost its economic value as breastfeeding fell out of favour with the medical profession, which advocated baby formula as part of the ‘modern’ hospital birth. As Swanson conveys, laywomen, such as Jeanne Feagans of Evanston,

Illinois, and members of the La Leche League, seized the opportunity, taking control of their bodies and its products. They established non-profit banks and ad hoc networks that emphasised altruistic, civic-minded, 'peer-to-peer maternal gifting' of breast milk (p. 161), with the goal of saving 'at-risk' infants, which complemented the pronatalist and feminist discourses of the era. By the 1980s, though, fear of diseases such as AIDS and hepatitis, and a renewed medical interest in regulating breast milk, forced such banks to close their doors. Interestingly, since the early 2000s, there has been a growing interest in non-profit breast milk banks. Currently, there are over a dozen professionally accredited milk banks in the United States, and the number is increasing yearly.

Swanson augments work by Keith Wailoo, Susan Lederer, Pete Moore and Holly Tucker by tracing the development of blood banks before and after the Second World War, and throughout the Cold War, and by assessing key players in the political 'blood battles' of the mid-twentieth century such as the Red Cross, the American Medical Association (AMA), and major urban hospitals. While the AMA argued that blood banks evoked the spectre of socialised medicine, the American Association of Blood Banks (AABB) deployed anti-Communist rhetoric to suggest that the Reds could be fought with another 'red': blood. Both groups favoured the sale of blood units to hospitals, which contrasted with the Red Cross's altruistic 'something for nothing' approach. Swanson also explains the legal and economic battles that engulfed blood banking during this period, including debates on the increased need for screening, 'good' versus 'bad' donors, 'professional' donors versus unpaid volunteers, and even blood donations as tax write-offs.

Swanson devotes only one chapter – the final chapter – to the history of sperm banks, drawing on the work of Daniel Kevles, Wendy Kline, Rene Almeling, Randi Epstein, Debora Spar, Cynthia Daniels, Margaret Marsh and Wanda Ronner. Today, professional blood donors no longer exist and federal law bans organ sales. Yet, why are egg and sperm donors paid? As Swanson suggests, the answer to this question 'lies in the unique history of sperm banks' (p. 199). Unlike human milk and blood donation, from the outset, anonymous sperm donation was a for-profit industry. In fact, twenty-first century clients can even select specific donor characteristics, and are willing to pay whatever the market rate is for the 'best' sperm and eggs. Arguably more than any other human body product, sperm donation is steeped in both capitalist and eugenic discourse, further complicating its position within American society. Add to that its role in assisted reproduction, its blurring of paternal lines (artificial insemination with donor sperm was considered adultery, with the 'illegitimate' child as proof, in many parts of the country until the 1950s), its ability to be cryogenically frozen for future use, and its association with lesbian couples and single mothers, and sperm donation has a very unique history indeed. As Swanson outlines, sperm donation was transformed from 'sin into therapy' (p. 225) between the 1960s and 1980s when laws were passed to legitimise children conceived through donor insemination (mostly by making the husband the legal father), organised medicine began taking an interest for scientific, professional and economic reasons, and commercial sperm banks emerged. Egg donation, like sperm donation, has also become a profitable industry, but is framed in a distinctly gendered way. Whereas compensated (male) sperm donors are doing 'a job,' compensated (female) egg donors are giving the 'gift of motherhood,' paralleling the gendered discourses that existed with (male) blood and (female) breast milk donation.

Overall, *Banking on the Body* provides an absorbing and persuasive explanation of why today, organs can be 'given for love, but not for money'; why gametes and breast milk 'can be bought and sold in almost all states without any legal regulation at all'; and why blood, while under legal and medical regulation due to the AIDS crisis, is exempted from commercial law and can be legally sold (pp. 240–1). Clearly, *Banking on the Body* not

only makes a significant contribution to the history of body banking in the United States, but also to related areas of inquiry. Thus, Swanson's work represents an important cross-disciplinary intervention and is sure to be of interest to scholars in fields such as legal studies, women's studies, sociology, bioethics and the medical humanities.

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C. Michele Thompson, *Vietnamese Traditional Medicine: A Social History* (Singapore: NUS Press, 2015), pp. xix, 179, \$35.00, paperback, ISBN: 978-9971-69-835-5.

It has been widely assumed that Vietnamese traditional medical practices were governed by Chinese medical texts and theories, whether it was the practice of one or another of the two main branches of medicine in Vietnam (*Thuốc bắc*, the northern Chinese branch and *Thuốc nam*, the southern or indigenous one). However, as Michele Thompson points out, Nôm, or demotic Vietnamese script, held a significant place in the literate transmission of medical knowledge. Exploring texts written in different languages and scripts concerning smallpox, and combining them with historical data, ethnographic observations and extensive documentation, she has questioned a common belief. Thereby *Vietnamese Traditional Medicine* also gives some new insights into the circulation of medical traditions between China and Vietnam.

To draw a contrast with Chinese and Vietnamese medical traditions, Thompson first makes a detour through the introduction of a Western prophylactic method, the Jennerian or smallpox vaccination, in the Vietnamese imperial court at the beginning of the 1920s (Chapter 2). In her narrative, she skilfully combines global facts, such as the history of vaccine invention and circulation, and local ones. She pays particular attention to the chronology of the event at the imperial court of Hue, tracing the career of a central figure, Jean-Marie Despiaud, the French medical doctor who brought back the vaccine from Macao. Significantly, his mission was launched at the accession to the throne of Minh Mang, the second of the Nguyễn dynasty, who shortly afterwards restructured the Vietnamese royal medical service on the Chinese model and prohibited the use of Nôm. While M. Thompson emphasises the rapid adoption of the Western method, she notices that variolation, an older preventive measure, practised in particular by Chinese physicians, only appeared in Vietnamese medical texts after the introduction of the vaccine. She argues that the Chinese dominant theory of *taidu*, or congenital foetal poison, that is to say an inborn factor, as the cause of smallpox conflicted with the Vietnamese aetiology. The practice of variolation would have been accepted only once reviewed in the light of the Western theory of an external factor at the origin of the disease, in accordance with the Vietnamese explanation. As shown in earlier studies, Chinese physicians could adopt vaccination by reinterpreting it in terms of their own theory, a parallel which reinforces the argument.

The divergence between the Chinese and Vietnamese theories and practices is further explored in Chapter 3. M. Thompson brings together personal data, with more general observations, like the close relation between aetiological beliefs and medical practices in any society. For most Vietnamese practitioners, she says, external factors, such as climate, played a prominent role in disease aetiology, especially in the case of epidemic diseases. Moreover, a comparison of the Chinese-style variolation with the variolation procedures used by the Vietnamese, as recorded by French colonial doctors, leads to the conclusion