

Book Reviews

C. Pierce Salguero ed., *Buddhism and Medicine: An Anthology of Premodern Sources* (New York: Columbia University Press, 2017), pp. 689, £116.00, hardback, ISBN: 9780231179942.

C. Pierce Salguero's edited volume is an impressive collection of texts related to Buddhism and medicine that are scattered throughout the Buddhist canon, and beyond. The texts have been translated from South, Southeast and East Asia languages that include Pāli, Chinese, Tibetan, Japanese and Korean, as well from Burmese, Vietnamese, Cambodian and Mongolian, and represent complete texts or substantial extracts, the majority hitherto not available in English or other European languages. In 689 pages it contains sixty-two chapters, arranged in themed sections on the subject of Buddhism and healing, cutting across these linguistic fields.

The relationship between Buddhism and healing has been largely overlooked by historians of medicine, partly due to the persistent impression that the path to Nirvana involved transcending the sufferings of the body, and that therefore there was no religious or philosophical call for medical care. There is also not an easily defined Buddhist medicine, and relevant texts are not conveniently located in a repository, clearly marked 'medical'. The subjects that are implicated in the relationship between Buddhism and healing are in fact extraordinarily wide-ranging, and of appeal to many audiences. They embrace just about everything medical from the earliest known infirmaries to healing sutras, pharmacological remedies and meditation guides that will be of intense interest to those following the contemporary fashion for mindfulness practices (chs 7, 36–43).

The concept and crafting of this volume therefore required cross-disciplinary expertise as well as feats of multi-lingual magic, as did the translation between the Asian languages of the early texts themselves. Salguero has coordinated an impressive community of academics in the task of presenting *Buddhism and Medicine*. The translators, who include distinguished established scholars and early career scholars alike, are mostly graduated from and working in religious studies departments, but there is also a large contingent of historians of medicine, and social anthropologists. All preface their translations with a short introduction, variously historicising the text and framing its contents. Each chapter ends with suggestions for further reading of the secondary literature for those who need more comprehensive philological detail of the manuscripts and texts translated than could be included in this volume.

Healing was used for many purposes related to Buddhism: medical services were provided for supporting the monastic communities (chs 10–16); they were an expression of compassion and a form of selfless service (ch. 25) which built spiritual merit for the healer (ch. 31); remedies were sometimes inscribed on the walls of Buddhist caves for display of this merit and perhaps for the benefit of the public (ch. 46), and monks treated the sick as a form of proselytising and for making money from the sale of remedies; monks could predict and influence the outcome of an illness with divination, spells and the production of talismans (chs 28, 29, 48), and they transmitted oral traditions of moxibustion for exorcising demons in Japan (ch. 51). Many of the texts presented here were translated between various Asian languages, and reinterpreted within many different cultural contexts. So that, while you will encounter texts in different chapters that invite

comparison on, say, the subject of Buddhist dietary medicine (chs 14 and 49) or wind as an agent of disease in Southeast Asia (chs 41–43), there are also chapters on a single theme, such as the healing potential of the awakening factors in early Buddhist discourse, with texts translated from multiple languages (ch. 2).

The book is divided into seven sections: Doctrinal Considerations; Healing and Monastic Discipline; Buddhist Healers; Healing Rites; Meditations as Cure and Illness; Hybridity in Buddhist Healing; and Buddhism and the Medical Traditions. The headings immediately tell us that this is not only about Buddhist ideas of physiology and the causation of illness, as one might perhaps have expected, or even the ways in which one might heal one's own body through Buddhist forms of cultivation and meditation, or hagiographies of one of the Buddha's incarnations as a snake bite doctor (ch. 19) or the legendary physician Jivaka (ch. 21). It includes a wider appreciation of monastic discipline and its contributions to, for example, personal hygiene and self-cultivation (ch. 15), compounding medicines, healing talismans and prohibitions about medical care offered by nuns (ch. 11). Those who might imagine that contemporary Āyurveda is the natural inheritor of the Buddhist medical traditions will find their assumptions challenged: the juxtaposition of all these texts demonstrates the transcultural phenomenon that medical ideas originating in medieval Indian Buddhism were more faithfully preserved and creatively regenerated in places far from India: in China, Vietnam and Burma.

For those involved in teaching pan-Asian history, the resources available in translation for their students have been sadly lacking. Salguero's commitment to teaching has earned him awards, and this book is clearly structured pedagogically. He states that the sequence of chapters has been chosen thematically 'to progressively lead the reader through the material. . . such as one might do in a college course'. The lists of chapters by geographic area and language come as an appendix and this hierarchy underlines his pedagogical priorities. The comprehensive index and a helpful glossary of key terms add to the utility of the volume as a reference tool.

It is churlish to criticise this phenomenal contribution to a little studied academic area that fills a critical gap in the literature, and will be a work of reference and a practical teaching tool for long to come. The book is also accessible to the non-specialist reader. But it is worth observing that it will prove frustrating for different specialists searching for information keyed to the particularities of their field. For historians of medicine, and readers of this journal, there are some categories that remain undigested. The multiple meanings of 'mental' in Buddhist practice, for example, remains unquestioned, as does the definition of 'folk' medicine. Colleagues wrestling with the status of each text translated, its manuscript and printed editions, will find that precise information is lacking in some chapters but not in others. However, this would be to underestimate the sheer effort that has been involved in the production of this work, and its value as an artefact of translation. We would not want to wait many years for perfect consistency.

It is an old chestnut that translation is the Cinderella of academia, a lot of hard work, and even harder to fund. It rarely attracts academic acknowledgement. Yet, translators, as we increasingly know from translation studies, wield considerable power. Students researching and writing of Asian history in the European language domains regularly find themselves doing the work of two PhDs, first rendering linguistically and historically complex pre-modern primary sources intelligible to a non-specialist audience, and only then beginning the work of historical analysis. Teaching specialist Asian subjects to both graduates and undergraduates is even more difficult a task, for lack of resources. Poor levels of sponsorship for translation have undoubtedly severely restrained the development

of cross-cultural teaching in many disciplines. So that, in the press release for this edited volume, Victor Mair rightly praises *Buddhism and Medicine* as ‘a most unusual project. . . unique and valuable’. *Buddhism and Medicine* is unique and powerful since it will undoubtedly stimulate new teaching programmes, and research projects will benefit from the insights that reading the different texts will inspire in fields of transcultural, transnational and transregional history.

The contribution that *Buddhism and Medicine* makes to new initiatives in area studies is also significant. For those specialists in discrete national areas, such as Indian, Chinese and Tibetan studies, there is much to learn from the breadth of scholarship that this volume represents. Around the world the very notion of area studies has come under increasing scrutiny for how its topics and approaches have reinforced old and fixed distributions of economic and political power. Yet, many of the authors of this volume owe their linguistic skills to the very area studies departments that are currently under threat. Such are the dilemmas we face as the very notion of academic areas is re-configured from simple geographical designations, that teach easily identifiable and manageable sets of languages, to more flexible thematic domains. Charting the geographic flows and counter-flows of Buddhism, with its formation of economic and cultural estates within and across ancient empires and kingdoms, and into modern states, requires fluid approaches to transcultural phenomena in order to observe and ascertain continuities and ruptures in patterns of belief and practice. In this world of more flexible regional boundaries and thematic domains, *Buddhism and Medicine* will not only push forward our appreciation of the role of Buddhist institutions and practice in the real conditions of healthcare, but also stimulate new studies of value to our knowledge of the embodiment of ritual and religion as healing practice – still too often a taboo subject in the teleological environment that still unfortunately characterises the history of medicine in the English speaking world.

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Eduardo J. Gómez, *Geopolitics in Health: Confronting Obesity, Aids, And Tuberculosis in the Emerging BRICS Economies* (Baltimore: Johns Hopkins University Press, 2018), pp. xiii + 304, \$54.75, paperback, ISBN: 9781421423616.

Geopolitics in Health is an enigmatic study of domestic healthcare challenges, especially in the area of public health, in Brazil, Russia, India, China and South Africa. Eduardo Gómez applies international relations and health governance theory to health policy issues in these emerging economies. Using obesity, AIDS and tuberculosis as epidemiological examples, Gómez demonstrates that geopolitical positioning in relation to international criticism and pressure impacts upon the public health measures and policy reforms put in place to address epidemic problems. Positive geopolitical positioning refers to outward-looking nations concerned about building their international reputation in health. Negative geopolitical positioning refers to inward-focused nations who are relatively unresponsive to international criticism and pressure. On the surface, this framework can seem appealing but dichotomous. Gómez’s in-depth analysis, however, is nuanced and sensitive to the diverse interests and incentives of political leaders to address public health concerns.

Unlike ‘flash epidemics’, such as avian flu or SARS, the epidemics of obesity, HIV/AIDS and tuberculosis were useful for comparative analysis of domestic public health