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There have been a lot of movements during the formation of what is today known as Vietnamese traditional medicine. Movements of people, medical techniques, *materia medica*, medical texts, orthography, theories of the body and more. In *Vietnamese Traditional Medicine: A Social History*, C. Michele Thompson provides us with a series of case studies of such movements, each providing a glimpse into the multifarious interactions between the Chinese and ‘the people of the South’ as well as between Vietnamese and visitors from the West which have contributed to the making of Vietnam’s version of what is commonly known as traditional medicine throughout the world. Efforts to protect against smallpox in the 19th century forms the main empirical backdrop of the book, as Thompson makes a case that rather than straightforward adoption of Chinese variolation practices, “the Vietnamese adapted, and perhaps even amalgamated, various techniques of vaccination and variolation to develop their own style of variolation” (p. 143).

The book is divided into three parts. First, we learn of a medical mission organised by the royal court if the Nguyen dynasty in the city of Hue to the island of Macao in 1820. The objective of the mission was to obtain smallpox vaccine which was to be transported to Hue using two children as live carriers. It was Jean Marie Despiau, a French physician who had been in Vietnam since 1795 (before Jenner’s work on smallpox vaccination was known) who was dispatched by emperor of the royal court Minh Mang. In the chapter, Thompson argues that Vietnamese began to accept and practice both vaccination (which originated in Europe) and variolation (which originated in China) after the 1820 mission. The major reason that Chinese variolation practices had not caught on in Vietnam, it is suggested, is that the Chinese theory of smallpox was never really accepted and consequently “when the Vietnamese were first introduced to vaccination they were presented with a causative explanation more closely congruent with their own etiology of smallpox” (p. 57).

To further build on this argument, in the second part of the book Vietnamese beliefs about smallpox and how it should be treated are...
gleaned from primary medical texts as well as secondary sources. We learn how, in contrast to the Chinese, there was a general preference for understandings of disease aetiology with an external causative agent. Thompson argues that a Vietnamese variant of the character for 'poison' is evidence that they did not agree with the Chinese about certain uses of the character. She argues that “to the Vietnamese, the character meant ‘posion’, and since almost any drug can be poisonous, poison is not always bad” (p. 94). Hence, a certain form of understanding about external causative agents is seen as central to Vietnamese traditional medicine.

Finally, in the book’s last chapter, Thompson engages in a more generalised discussion of how vernacular scripts written in Nom, a modified Chinese character system used in Vietnam, contributed to the transmission of medical knowledge. Thompson shows how medical texts written in Nom by medical families rather than members of the elite classes who used Chinese, played an important role in the transmission of medical knowledge in the early 20th century, a time when Vietnamese medicine was thriving. Thompson argues that the abundant medical texts written in Nom in the early 20th century should not be seen as mere translations of Chinese texts, rather “they represent two somewhat different menatlitités” (p. 136).

As such, the central claim of Thompson’s book on Vietnamese Traditional Medicine is that we should be cautious of over emphasising the impact of Chinese medicine in the formation of Vietnamese medicine. While the two are clearly interlinked, Thompson makes a case that differences in ideas about disease aetiology and the effects of external agents on the body that she found in medical texts written in Nom can help us to understand why the Vietnamese so readily accepted vaccination to stop smallpox while they did not readily accept Chinese style variolation practices. In this way, Thompson contributes not only insights into how Vietnamese Traditional Medicine developed in the 19th and 20th centuries but also methodological contemplations on how to track the movement of medical ideas through historical archives, interviews with living experts of Vietnamese medicine as well as her own personal experiences of living in Hanoi. The orthographies and characters used when writing, the texts which provide advice on how to treat disease, the practitioners who treat people and write medical texts, the medications that are used as well as the ill who harbour conceptions of disease are all vehicles of the kind of medical transmission and reception that Thompson’s book is about. And it is these movements that she meticulously documents using smallpox and the various vaccination and variolation practices that have surrounded it as a case.
With smallpox so much in focus throughout the book, one is left with the feeling that the title of the book could have done better in alerting the reader to what lies within. I certainly appreciate the use of smallpox as a way to think through how prevailing medical concepts in Vietnam can either facilitate or impede the uptake of medical practices and treatments from China or the West, yet integrating smallpox into the title would clarify that it is not so much Vietnamese Traditional Medicine (as a formalised medical system made up of herbal medicine and acupuncture which are practiced by healers, herbalists and officially trained practitioners alike) as such that is the object of the book, rather it is the medical ideas that can be found in texts written by Vietnamese practitioners. Nevertheless, the book is a very important contribution to the growing and lively set of social scientific studies that in recent years have set out to account for the making of a specifically Vietnamese national medicine.