INTRODUCTION

This book is an ethnography of translocal knowledge production. In it I write about how dynamic forms of traditional Chinese medicine emerge through particular kinds of encounters and entanglements, which also produce uneven visions, understandings, and practices of what makes up the world and our places in it. Conventional depictions of traditional Chinese medicine have often assumed it to be an enduring system of therapeutic knowledge marked by unique attributes, a system which in recent years has been swept up by globalization. I highlight this point instead: what we have come to call "traditional Chinese medicine" is made *through*—rather than prior to—various translocal encounters and from discrepant locations.[1]

When acupuncture needles enter the skin and when herbal soups are ingested, they do more than adjust the flow of *qi*, generate endorphins, or release a variety of active pharmaceutical ingredients; they also conjure specific and powerful imaginaries of our worlds. An anthropological inquiry into the shifting discourses and practices of Chinese medicine requires venturing into meaningful projects of mapping, temporalizing, and positioning that produce irreducibly complex and contingent everyday socialities that traverse and exceed the confines of "knowledge" as a contained or containable epistemological domain. This ethnography is thus translocal and multi-sited, not only because it comes out of my fieldwork both inside and outside of clinics and schools

of traditional Chinese medicine in Shanghai and the San Francisco Bay Area but also, and more importantly, in its focus on the processes of entwinement, rupture, and displacement in the formation and deployment of knowledges, identities, and communities. Inserted at the intersection of discussions of globalization, knowledge production, and politics of difference, my work in this book strives to coimagine rather than transcend the entangled worlds of traditional Chinese medicine.

Encounters and Entanglements

In July 1971 acupuncturists in Beijing, China, inserted their needles into the American journalist James Reston to relieve postsurgical pain after his emergency appendectomy. From his bed in the Anti-Imperialist Hospital, founded as Peking Union Medical College Hospital by the Rockefeller Foundation in 1921 and renamed in 1966 at the onset of the Cultural Revolution,[2] Reston reported on his extraordinary encounter with traditional Chinese medicine in a front-page article in the *New York Times*:

> I was in considerable discomfort if not pain during the second night after the operation, and Li Chang-yuan, doctor of acupuncture at the hospital, with my approval, inserted three long thin needles into the outer part of my right elbow and below my knees and manipulated them in order to stimulate the intestine and relieve the pressure and distension of the stomach. That sent ripples of pain racing through my limbs and, at least, had the effect of diverting my attention from the distress in my stomach. Meanwhile, Doctor Li lit two pieces of an herb called ai, which looked like the burning stumps of a broken cheap cigar, and held them close to my abdomen while occasionally twirling the needles into action. All this took about 20 minutes, during which I remember thinking that it was a rather complicated way to get rid of gas in the stomach, but there was noticeable relaxation of the pressure and distension within an hour and no recurrence of the problem thereafter. (1971:1)

Reston's trip to China was followed by Richard Nixon's historic visit seven months later, and by American scientists and biomedical practitioners who became intrigued by his report that herbal medicine and especially acupuncture not only were used for pain relief, arthritis, and paralysis, but also were cures for deafness and blindness.[3] On their arrival, many of these first-time visitors were captivated by clinical demonstrations such as acupuncture anesthesia—a newly invented procedure in which acupuncture

and moxibustion (the burning of the herb *ai*, or mugwort leaf) were used in place of chemical anesthetics during surgery.

Sensational as it might have been, acupuncture was not the only thing that impressed the American visitors, who realized that, contrary to their expectations, they did not land in a communist China hidden behind the bamboo curtain and isolated from the rest of the world. As Reston himself was quick to note, "Despite its name and all the bitter political slogans on the walls, the [Anti-Imperialist] Hospital is an intensely human and vibrant institution. It is not exactly what the Rockefeller Foundation had in mind when it created the Peking Union Medical College, but like everything else in China these days, it is on its way toward some different combination of the very old and the very new" (6).

Reston was not alone in his observation of the vibrant activities at hospitals in China. When I began my preliminary fieldwork on Chinese medicine in the San Francisco Bay Area in 1995, I met many acupuncturists and biomedical professionals who visited hospitals—especially hospitals of traditional Chinese medicine—in China in the years leading to and immediately following the normalization of Sino-U.S. relations in 1979. Having prepared themselves for an encounter with an ancient culture, an isolated communist state, and an exotic healing practice, they were instead overwhelmed by the ubiquitous presence of students, medical professionals, and other travelers from Africa, Southeast Asia, and Latin America. Some of these Third World sojourners were on short visits, whereas others were undergoing formal training in acupuncture. As my interviewees from the Bay Area told me: "There was a world there, although of an unfamiliar kind!"

Fascinated by these stories of other-worldly encounters, I was quickly pulled into the networks and routes from which they emerged. When I first started designing an ethnographic project on the current transformations of traditional Chinese medicine, I had a single field site in mind. I thought that the San Francisco Bay Area would be ideal, where the popularity of acupuncture and herbal medicine—along with other forms of "complementary and alternative medicine" (CAM)[4]—was surging through patient demands, sustained and new laboratory and clinical research, expansion in educational and clinical institutions, legislative support, and increasingly embracive health insurance coverage. However, when I talked to practitioners and students of traditional Chinese medicine in the Bay Area it was clear that many traveled back and forth across the Pacific and many

others aspired to do so. Experiences of China, whether real, imagined, or anticipated, were part and parcel of their everyday practice. By the time I set off for Shanghai in 1998, my project had become decidedly translocal and multi-sited as I moved back and forth between Shanghai and San Francisco and between various hospitals, clinics, colleges, and many more unexpected places. Most important, I was deeply enmeshed in the ever-shifting worlds of traditional Chinese medicine.

Once in Shanghai, I found myself surrounded by a dizzying array of action. Shuguang Hospital, one of the three regular teaching hospitals of the Shanghai University of Traditional Chinese Medicine (SUTCM), was one of the lively places where I conducted much of my participant observation.[5] It was established in 1954, two years before the founding of the university itself. In the 1970s and 1980s it was a hub for foreign visitors and, with the support of the World Health Organization (WHO) and the Chinese Ministry of Health, it provided systematic acupuncture training to international students, especially those from developing countries in Africa, Latin America, and Southeast Asia. By the end of the 1990s, however, Shuguang Hospital had become part of a burgeoning world of a startlingly different contour. It was sandwiched on one side by the bustling, ultratrendy Huaihai Road where one glistening skyscraper after another came to dominate the landscape; on the other side it was flanked by rows of crumbling two-story residential buildings in the process of being torn down to make way for more modern things.[6]

This was a familiar sight when I looked out of the windows of the Department of Acupuncture (*zhenjiuke*) and the Department of General Internal Medicine (*puneike*), the latter of which specializes in the herbal treatment of a wide array of internal illness ranging from the common cold to cancer. Both departments were on the fourth floor of the clinic building. Whereas General Internal Medicine was often overwhelmed with patients—many of whom were from the disappearing neighborhood below—the Department of Acupuncture was preoccupied with receiving foreign visitors and with training throngs of overseas students, especially those on short-term acupuncture programs.[7] Unlike their Third World predecessors of the 1970s and 1980s, these foreign students were mostly from North America, Europe, Japan, and Korea. To accommodate these newcomers, Shuguang Hospital gave the Department of Acupuncture a special locker room and lounge complete with leather couches, which became something of an envy among the herbalists who had to change their clothes behind a screen in

the back of the treatment room. The herbal doctors resigned to the tongue-in-cheek rhetoric that having a nice lounge was a matter of "national honor" with so many foreign students and visitors from "developed and affluent countries" (*fada guojia*) coming and going all the time.

In spite of the enthusiasm from foreign visitors and students, as well as the institutions and organizations that helped set up international acupuncture programs, not everyone agreed that acupuncture was the undisputable essence and pride of traditional Chinese medicine. While I was working at the Department of Acupuncture I often saw confused patients asking the nurses, "Where can I find 'Chinese medicine' (*zhongyi*)?" Without hesitation, the nurses would point their fingers away from the Department of Acupuncture and toward Internal Medicine at the other end of the hallway. The nurses' gestures all but gave away their own assumption, at those particular moments of interaction at least, that herbal medicine rather than acupuncture stood for Chinese medicine. This opinion seemed well supported by the patients who had been turned away: none of them came back. However, the nurses did not always stick to the same interpretation and deployment of what counts as Chinese medicine: when acupuncture patients asked why there were so many foreigners in the treatment room and why they should trust these foreigners to stick needles into their bodies, the nurses would assure them that the foreigners came all the way to the hospital to learn and practice authentic zhongyi and that their presence was merely part of the everyday routine. The essence of Chinese medicine was as elusive and beguiling as the unfamiliar worlds that unfolded before the eyes of James Reston and other American visitors.

These stories bring into focus the unexpected encounters, dislocated actors, entangled knowledges, situated dialogues, and fragile networks that make up traditional Chinese medicine. As I followed practitioners, patients, research scientists, healthcare activists, and bureaucrats across various institutions and networks in Shanghai and the San Francisco Bay Area, "traditional Chinese medicine" worked less and less adequately as the definition for the complex lives and practices that refused to be enclosed within or compartmentalized by any system of knowledge. The words "traditional," "Chinese," and "medicine" are themselves sources of complexity and contingency, especially in the ways in which they are assembled and deployed in everyday discourse and practice. These terms are not self-evident explanations, but rather provisional outcomes of specific kinds of encounters and entanglements that need to be critically analyzed. My aim

in this ethnography is not to provide a social history of traditional Chinese medicine: the idea of a "social" history already assumes the boundary and interiority of a relatively stable, enduring core of knowledge and its exteriority.[8] Neither do I intend to dwell exclusively on clinics and medical texts as privileged sites of knowledge production. Instead I strive for broader and more fluid conceptions and analyses of knowledge making by focusing on translocal projects and processes that traverse ethnographic and analytical scales.

To do so, I draw on a wide range of cultural theories, especially theories and methodologies developed in feminist anthropology and in anthropological studies of science, which have been particularly good at crossing forbidding boundaries and laying bare otherwise unapparent connections and ruptures. Specifically, I think of feminist and anthropological studies of science as a mode of analysis and a line of inquiry rather than a discipline bounded by (arti)facts and practices that can readily lay claim to the status of technoscience. "Science Studies" is invoked here as a way of asking different questions about traditional Chinese medicine. Instead of privileging new technologies or new historical milieus as obvious sources of—or explanations for—transformation and novelty, I am interested in the creative and meaningful ways in which shifting networks and forms of traditional Chinese medicine are assembled and reassembled, and how these networks can sometimes take the translocal trajectories of traditional Chinese medicine—and my account of it—into unexpected directions.

My expansive conception of knowledge and my analytical orientation toward relations and processes has also enabled me to write against what I call "reductive globalism"—the prevailing idea that "globalization" is an irreversible process grounded in late-capitalist global economic restructuring, and that the "global" is an all-encompassing spatiotemporal system attainable by ethnographic investigation only indirectly through the studies of the local and the particular. What happens when we refrain from taking the global for granted as a ubiquitous spatiotemporal context within which knowledge production takes place, or as a stable frame of reference for investigations into translocality? Ethnography, I think, can and should have a say about the global itself—or rather, competing visions, understandings, and makings of the global. Is it possible, I ask, not to think about the global as a spatiotemporal inevitability but as emergent socialities entangled in dynamic imaginaries of pasts, futures, and presents? What might be the specific ways in which multiple worlds are envisioned, constituted, and ex-

perienced in everyday life on the ground? How can we talk about knowledge production and identity politics without privileging "local culture" as the location of specificities and differences? How can we speak of the global without resorting to narratives of transition and transcendence? How can we take seriously the persisting discourses of East and West, tradition and modernity, culture and science, past and future, and local and global without letting these tropes constrain and cripple our own ethnographic analyses?

In thinking through these questions, I offer an ethnographic account of the translocal movements, displacements, and refigurations—or what I call "worlding"—of traditional Chinese medicine: an exploration of specific world-making projects as emergent, transformative relations and processes deeply and inexorably enmeshed in sociohistorically contingent productions of difference. The worlding of traditional Chinese medicine is not about how a local system of therapeutic knowledge expands into other corners of the world by transcending geopolitical limits and cultural boundaries. The routes of Chinese medicine resemble nothing like a seamless circuit; rather, they take many unexpected turns, burst at the seams, and carve out new landscapes while recharting old ones.

Translocality

This volume comes out of a decade of fieldwork in Shanghai and the San Francisco Bay Area. Beginning in 1995, and most intensively from July 1998 to December 1999, I conducted field research among communities of traditional Chinese medicine. In Shanghai, I carried out most of my institutionally based participant observation at SUTCM and Shuguang Hospital. In the city of San Francisco, I worked mainly at two institutions: the American Foundation of Traditional Chinese Medicine (AFTCM), a nonprofit organization that played leading roles in the education, dissemination, and legislation of traditional Chinese medicine and that provided consultation services to biomedical hospitals; and the American College of Traditional Chinese Medicine (ACTCM), the only college of traditional Chinese medicine in San Francisco. I worked intermittently as a volunteer at AFTCM from 1996 to 2002, audited classes at SUTCM, and worked and studied as an "intern" at Shuguang Hospital and the ACTCM community clinic between 1998 and 1999.[9]

At the same time that I worked with these institutions I followed practitioners and advocates who traveled through and across various institutional

and social networks to practice, teach, and promote Chinese medicine. In both Shanghai and the Bay Area, well-established practitioners tend also to be frequent travelers: practicing and teaching at multiple clinics and hospitals (including units within biomedical hospitals such as pain management centers or departments of Chinese medicine); networking with government agencies, commercial interests, and NGOs; engaging in community outreach activities; presenting work at professional forums; and going abroad—including flying across the Pacific—for conferences and workshops.[10] It is no exaggeration to say that extensive traveling mediates as well as measures the success of practitioners.

Like the practitioners of traditional Chinese medicine, I try to think through rather than between or within Shanghai and San Francisco.[11] My work in this ethnography is translocal without taking translocality to be an intermediate scale of circulation conveniently nestled between the local and the global. "Translocal" is not the same as "trans-locale" and "trans-national," which are suggestive of an ontological and analytical priority of places and practices of "dwelling" (Clifford 1992) over place-making projects and processes.[12] This account of translocality builds on the emergent body of ethnographies that calls attention to transnational cultural processes, routes, and uneven fields of power often neglected by discussions of globalization (Ho 2006; Kondo 1997; Piot 1999; Lionnet and Shih 2005; Rofel 2007; Tsing 2005), that remind us of forgotten, marginalized and nonetheless compelling imaginaries of the world (Ferguson 2006; Karl 2002), and that develop the translocal as an analytical position and strategy (Boellstorff 2005; Bowen 2004; Gupta and Ferguson 1992, 1997; Grewal 2005).

Moreover, my emphasis on translocality takes seriously seemingly serendipitous moments and turns in the everyday practice of Chinese medicine. As such, this ethnography is oriented toward encounters and entanglements that are as much about incongruence and disjuncture as they are about movement and connection of both anticipated and unanticipated sorts. As the practitioners, students, and advocates of Chinese medicine led me to predictable institutional sites such as colleges and clinics, I found myself constantly caught up in moments of disjuncture or surprising connections: health fairs at high-tech corporations in Silicon Valley where acupuncturists showcased their trade alongside chiropractors and healthcare insurance companies (chapter 1); medical scandals and contentious relations among practitioners as well as with their patients (chapter 2); clinical "miracles" that defy death sentences made by biomedical professionals

(chapter 3); creative translational practices through which new forms of knowledges and authorities emerge (chapter 4); daughters of families of traditional Chinese medicine who creatively negotiated gender and kinship relations and in so doing professional identities (chapter 5); and international conferences that divided as much as they brought together practitioners and advocates from diverse locations (chapter 6). Unexpected encounters are not merely anomalies or exceptions in the structure of Chinese medicine, but rather are constitutive of the very fabric of its worlds by rendering these worlds irreducibly complex and perpetually open-ended. To coimagine the worlds of Chinese medicine, as well as the works and lives of those who produce and inhabit them, necessitates an analytic that embraces these dense moments of encounters including the ruptures and surprises that come along with them. After all, what is life without its effervescent moments?

Unbinding "Traditional Chinese Medicine"

Among the first Americans who visited SUTCM were a group of U.S.-trained acupuncturists from San Francisco. Their trip was arranged by what later became AFTCM. Barbara Bernie, the founding president, herself led the group on their first trip. I first met Barbara in 1996 when she gave a guest lecture at a class on CAM at Stanford University—a class that was taught by a retired surgeon. Even though most of the students in the class, myself included, expected to learn about alternative therapeutic practices, we were in for a surprise when the curriculum did little else than, in the instructor's words, make an effort at "debunking unscientific and pseudoscientific medical systems and claims," including traditional Chinese medicine. It turned out that the instructor, who had been to Shanghai several times, was actively involved in organizations and publications that dismissed traditional Chinese medicine as a politically motivated invention by the Chinese communist government and, ironically, as a fraud because it contained too many biomedical elements.

Barbara arrived armed with illustrations of the meridian system and the five-element chart, and she stood her ground as the instructor pestered her with questions and attempted to discredit both her and Chinese medicine as a whole. In the end the class applauded her and so did I. Soon afterward, I began volunteering at AFTCM and came to know Barbara well over the next six years. She grew up in an upper-middle-class Russian Jewish immigrant family in New York, but then moved to San Francisco at the

end of the 1960s with her husband, who ran a successful manufacturing business. On her arrival she insisted on interviewing potential candidates before selecting a family physician. In thinking of this decision she noted, "What I did was quite unusual back then. Some of the physicians simply hung up on me!"

In 1970 Barbara came down with a mysterious illness. She was tired all of the time, could not concentrate, and had a constant headache. Her physicians could not determine what was ailing her, even after running many laboratory tests. Although her ailment most likely was chronic fatigue syndrome, it was not until 1988 that the term entered biomedical vocabulary and became an identifiable disease often associated with urban middle-class lifestyles.[13] After her physicians told her that there was little to do to help, she went to Vancouver B.C. on a friend's advice and was cured by an acupuncturist who had immigrated there from Singapore. Decades later she would continue to say, "What a wonderful medicine! I was determined that everybody in the United States should know about it, and whoever wants it should be able to have it."

After recovering from her illness, Barbara pursued training in acupuncture first in Britain, where she was influenced by Jack Worsley's Five Element Acupuncture (see chapter 1), and then in the Bay Area, where she worked with the acupuncturist Miriam Lee, a Chinese immigrant from Singapore. She participated in the grassroots movement to legalize acupuncture by giving lectures on the radio, for example, and by testifying in Sacramento after Lee was arrested in 1974 for practicing without a license.[14] After acupuncture was legalized in the state of California in 1975, Barbara became one of the first licensed acupuncturists. In reflecting on her first trip to China in 1977, Barbara stated: "I had gone looking for authentic Chinese medicine. I was so excited and all I wanted was to learn." She was shocked, however, to find out that her hosts—who were university professors well trained in natural science—were highly skeptical of acupuncture. She told me, "I ended up in my hotel room educating my Chinese friends about the virtues of acupuncture. I bought some acupuncture needles, and even started treating some of the Chinese people who came to see me!"

The question of authenticity and change has long been at the heart of the debates over how to understand traditional Chinese medicine. Although recent popular discourses in both China and the United States often present traditional Chinese medicine as an ancient therapeutic healing system and

practice that first emerged in China "thousands of years" ago, others—especially opponents of traditional Chinese medicine in the United States—accuse it of being nothing more than a politically motivated invention by the Chinese Communist Party. Within academia, the double bind of antiquity and novelty has also troubled historical and anthropological inquiries into the transformations of traditional Chinese medicine. The historian Paul Unschuld, for example, argues that traditional Chinese medicine consists of a "durable paradigmatic core" and a "soft coating of therapeutic knowledge" that adapts to different social and historical conditions (1985: 7–8). This core-and-coating model helps incorporate "change" into the analysis of traditional Chinese medicine, even if it does so by maintaining the separation between knowledge and practice, text and context, and the primordial and the hybrid.

In recent years, analytical focus has shifted toward a more direct engagement with the heterogeneity and historicity of the knowledges of traditional Chinese medicine (e.g., Andrews 1996; Barnes 1995, 2005; Farquhar 1987, 1994; Hsu 1999; Lei 1999; Scheid 2002, 2007; Taylor 2005). This body of scholarship emphasizes that traditional Chinese medicine cannot be reduced to a self-contained, coherent system that is then presumed to be emblematic of an ancient Chinese culture. Nor is Chinese medicine the antithesis or prototype of modern Western science. Instead, this literature investigates how traditional Chinese medicine is positioned vis-à-vis discourses of tradition, modernity, science, and biomedicine. Some examine the institutionalization of traditional Chinese medicine and the nationwide efforts at standardizing it in the form of TCM during and after the communist revolution (Hsu 1999; Taylor 2005). Some highlight the interaction and entanglement between the institutional forms, discourses, and practices of traditional Chinese medicine and Western medicine (Andrews 1996; Barnes 2003; Farquhar 1994; Kaptchuk 2000). Some stress the relation between the development of traditional Chinese medicine and politics of modernity and nationalism (Andrews 1996; Lei 1999). There has also been an increasing interest in the entrepreneurship and commodification of Chinese medicine (Farquhar 1995; Hsu 2002), as well as how Chinese medicine is invented and refigured through modern technologies (Scheid 2002).

All of these discussions have helped situate the practice of traditional Chinese medicine socially and historically, and they draw out the complex politics of difference at stake in the discourses and practices of traditional

Chinese medicine. This ethnography builds on this body of literature by foregrounding Chinese medicine "in action." This means, first, an attentiveness to the everyday worlds of Chinese medicine—those not limited to the clinical and pedagogical but also embracive of contestatory processes of how knowledges, identities, and communities are differently constituted. Second, and more important, it means to rethink Chinese medicine as a set of contingent products of particular kinds of socialities.

Many scholars have noted the influence of biomedicine on traditional Chinese medicine in terms of conceptual framing, institution building, clinical and pedagogical practice, laboratory research, insurance policies, and legislation. In this volume I take the analysis of encounters and entanglements one step further by placing them at the very center of the discourses, practices, and institutions of traditional Chinese medicine. Interactions with biomedical professionals, relations with patients who move back and forth between biomedicine and traditional Chinese medicine, and negotiations with healthcare policies and legislatures are not just occasional incidents but rather are the everydayness of Chinese medicine. It is through these encounters, mundane and extraordinary at the same time, that the very "core" of traditional Chinese medicine takes on specific shapes. This book is set against the background of three such core-forming historical moments.

First, the 1910s and 1920s saw the expansion of biomedical ideologies and institutions in China and, as a response, the emergence of professional organizations and private institutions of traditional Chinese medicine for the first time in history. As Bridie Andrews (1996) notes, however, this expansion was not the consequence of the "multiplication of contexts" of Western science either by westerners or by Chinese people trained to Western standards. Instead it came about as a result of the relevance of biomedicine to the specific and sometimes divergent interests of the Chinese state as well as those of scholars, politicians, and medical professionals. This brand of Western medicine came to be known as "new medicine" (*xinyi*). At the same time, the terms "old medicine" (*jiuyi*) and "national medicine" (*guoyi*) began appearing in both written and spoken languages to lump together a wide range of therapeutic practices—herbal medicine, acupuncture, therapeutic massage (*tuina*), bone setting, and healing rituals among others. Whereas the opponents of Chinese medicine favored the term "jiuyi", the proponents purposefully used guoyi to connote a sense of national essence

and pride. These naming practices simultaneously universalized the West and the knowledge production associated with it and invented its objectified, culturally bounded, antiquated Other.

During the first half of the twentieth century, members of the Nationalist Party government launched several campaigns to eliminate jiuyi, which in their view was the obstacle that stood in the way of healthcare reform and modernization (Lei 1999; Qiu 1998). In protest, practitioners in urban areas—especially Shanghai, which since becoming a treaty port at the end of the Opium War in 1843 had been drawing migrants including established healers from nearby provinces—started forming professional organizations and setting up small, private academies of traditional Chinese medicine.[15] Drawing on the administrative, curricular, and pedagogical styles of biomedicine, the herbalist Ding Ganren and others founded the Shanghai Professional School of Traditional Chinese Medicine (Shanghai Zhongyi Zhuanmen Xuexiao) in 1916. In addition, two other small, private academies of traditional Chinese medicine were also founded in Shanghai: the Shanghai College of Traditional Chinese Medicine (Shanghai Zhongguo Yixueyuan) in 1928 and the Shanghai College of New Traditional Chinese Medicine (Shanghai Xinzhongguo Yixueyuan) in 1936. These schools were well regarded—even at the end of the 1990s the schools' surviving alumni, by then in their seventies and eighties, still lovingly called these academies *laosanxiao* ("the three old schools").[16] In 1946, however, the Ministry of Education ordered laosanxiao to close down; according to the government inspectors, the schools suffered from "inadequate equipment and inappropriate management." Students and faculty protested in response, and they continued to hold classes until 1948 (Qiu 1998).

The second wave of institutionalization began in the 1950s. After the founding of the People's Republic of China in 1949, small institutions such as laosanxiao were remembered and mobilized as the foundation of the new state-run colleges and hospitals of traditional Chinese medicine. Many of the graduates of laosanxiao played instrumental roles as administrators, educators, and clinicians—often at the same time—in the founding of the Shanghai College of Traditional Chinese Medicine (SCTCM), one of the first four state-run, large-scale colleges of traditional Chinese medicine in 1956. Today, both official history and senior practitioners in Shanghai recognize laosanxiao as the immediate predecessors of SCTCM, which was renamed SUTCM in 1993.

Significantly, the institutionalization of the 1950s was made possible by adopting the standards and institutional forms of biomedicine. In 1954 Shanghai No. 11 Hospital, a biomedical hospital, became Shuguang Hospital of Traditional Chinese Medicine, thus establishing the first hospital of Chinese medicine. By order of the party-state, biomedical doctors were organized into study groups to learn traditional Chinese medicine from senior herbal doctors and acupuncturists. These biomedical professionals then went on to serve two main functions: first, to run hospitals of traditional Chinese medicine, as most practitioners of traditional Chinese medicine had no experience in this area; and second, to develop a body of scientifically verifiable medical theory for traditional Chinese medicine. In Shanghai, some of these biomedical professionals later reversed back to practicing biomedicine, some began conducting laboratory and clinical research on traditional Chinese medicine, and yet others decided to make traditional Chinese medicine their permanent profession. Indeed, some of today's "old famous doctors of traditional Chinese medicine" (*minglao zhongyi*), officially recognized by the municipality, were from this generation of biomedical professionals.[17] In the 1960s and 1970s this standardized and scientized traditional Chinese medicine, in particular acupuncture, was also exported to Third World countries as part of a low-tech and low-cost preventive medicine for the common people, especially the rural poor. This mass export was mediated by and in turn contributed to China's effort to champion "the proletariat world."

This proletariat world, however, was eclipsed in the third moment of dense translocal encounters, which began in the 1980s. The 1980s saw the shift of the proliferation of traditional Chinese medical practices and institutions away from Third World countries to refocus on Euro-Asian and trans-Pacific routes. At the same time, Chinese medicine was also going through a profound remaking that bifurcated its area of expertise. On the one hand, it had come increasingly to occupy the treatment of illnesses where biomedicine is less effective or ineffective (see chapter 3). On the other hand, Chinese medicine had been reinvented as a new kind of preventive medicine for a new world: no longer targeting the rural poor of the proletariat world of the 1960s and 1970s, this new preventive medicine became intimately associated with the translocal production of hip, middle-class, cosmopolitan lifestyles that emphasize overall well-being and mind-body health (see chapter 1). California has come to the fore in these new health practices and imaginaries of the world, as the professionalization of

Chinese medicine continues to be shaped by politics of identification and relations with the changing biomedical mainstream.[18]

These moments of encounters defy binary narratives of tradition and modernity, East and West, culture and science, and particular and universal. Moreover, compared to environmental discourses that thrive on provisional claims to universals, as Anna Tsing (2005:8) has discussed in her inspiring critique of globalism, the worlding of traditional Chinese medicine takes place through troubled relations (even if not always at odds) with universalistic discourses of biomedicine and science. The claim to universality, which buttresses the production of bioscientific and biomedical authority, has never been a rallying point for Chinese medicine but instead is an ongoing problem: popular and medical discourses often present clinical efficacy and success in Chinese medicine as exceptional cases of "miracles," even as these miracles help traditional Chinese medicine struggle for a space in biomedicine-centered healthcare systems in China and the United States (see chapter 3).

The production of science, then, is not outside of the making of traditional Chinese medicine but rather very much an integral part of it. The entanglements of traditional Chinese medicine, science, and biomedicine call for a cultural analysis that problematizes the division between "science" and "Other" knowledges. Specifically, it asks for reflections on the question of science in anthropology—how anthropological and broader sociohistorical discourses have explored and represented the relations between knowledge, identity, and community, and how in doing so these discourses have crafted "science" and its Others.

The "Third Divide"

As I try to capture the ways in which Chinese medicine is worlded, it has become critical to bring into the conversation insights from both medical anthropology and cultural and social studies of science. Medical anthropology, professionalized in the United States in the 1950s as a subfield of anthropology, was traditionally defined through the studies of non-Western and nonbiomedical conceptions and practices of body, illness, and healing, as well as of healthcare behaviors and practices among ethnic minorities in the United States or non-Western people. Cultural and social studies of science, in contrast, is a relatively young and interdisciplinary field that draws on insights from various disciplines such as history, philosophy, sociology, anthropology, feminist studies, and natural sciences. The field asks

questions about the social, cultural, and political enmeshment of science and technology, and in doing so it challenges the boundaries between society and science, culture and nature.

Anthropology is admittedly a late comer in the field of science studies, especially when compared to philosophy, sociology, and history (Franklin 1995; Martin 1994b). Even so, it has left indelible marks on the field by introducing ethnographic accounts that demystify how scientists work and how scientific knowledge and (arti)facts are actually produced (see, e.g., Haraway 1989; Latour and Woolgar 1979; Traweek 1988), and by bringing in cultural analyses of the "culture of no culture" of science (Traweek 1988). It bears mentioning, however, that anthropology's contribution to science studies cannot be reduced to simply lending the tool of ethnography and transplanting the concept of culture. Institutionalized as the "science of man" toward the end of the nineteenth century, anthropology at its inception made the non-Western, non-white, and "primitive" Others its specific subject that in turn helped position it at the lower end of Euro-American academic hierarchies. Anthropology became the marginal and potentially subversive Other within the humanities and social sciences—in terms of both its subject matter and its mode of inquiry—which, especially in the Boasian tradition that laid the foundation for interpretive anthropology, has always had an anti-positivist leaning. The anthropology of science emerged at a time when "studying up" (Nader 1972)—the study of cultures of power rather than those of the powerless, the seemingly familiar rather than the unfamiliar, "here" rather than "there"—came to redefine the scope and mission of anthropology. The call to study up arrived on the tail of anticolonial, civil rights, and counterculture movements. It involved watchfulness toward the exercise of power in ethnographic research and writing, vigilance when approaching authoritative and normative knowledge claims, eagerness to cross institutional and conceptual barriers limiting the range of subjects and questions of anthropological inquiries, and reflexivity concerning anthropology's own methodological and conceptual entanglements in the knowledge productions and cultural formations it set out to examine. Therefore it is not surprising that, together with feminist studies of science, the anthropology of science tends to emphasize that what we come to know as science is accomplished via sociohistorically contingent processes, and that doing science entails constant negotiation, interaction, and strategic moves.

In keeping with the mission to study up, anthropological studies of science have largely focused on Euro-American discourses, practices, and institutions that readily lay claim to the status of "technoscience"—a term that highlights the inseparability of modern technology and scientific knowledge—although the particular project under investigation might be highly controversial within and beyond scientific communities.[19] In recent years, however, the division of labor between the anthropology of science and medical anthropology is becoming blurred. On the one hand, science studies have begun to examine discourses and practices of technoscience outside of privileged sites in Europe and North America, especially through their engagement with theories of postcoloniality, transnationalism, globalization, and late capitalism.[20] Some of these works have turned their attention to the interface between bioscience, ecology, and indigenous knowledges—in particular, the ways in which categories of universality and local knowledge are renegotiated, contested, and articulated.[21] On the other hand, medical anthropology has ventured out of the comfort zones of relativism and ethnomedicine while holding on to its traditional concerns over difference and diversity, and has come to formulate critical analyses of fundamental assumptions about body, illness, and healing in biomedicine (Good 1994; Kleinman 1995; Lock 1988; Lock and Scheper-Hughes 1987; Young 1982). These groundbreaking works, under the umbrella of "critical medical anthropology," have been taken into various productive directions, with some medical anthropologists becoming increasingly interested in the politics of knowledge production through translocal fields of power and embracing concepts and analytical tools developed by science studies.[22]

My work is aimed at further dislodging the traditional division of labor between medical anthropology and science studies, which I suggest is indicative of what Bruno Latour (1993) calls the "two Great Divides" that have mediated and constrained anthropological inquiries into knowledge production. The first divide is that between nature and culture, society and science; the second divide is that between the modern, Western "Us" who proclaim to have made this divide and the premodern "Them/Others" who do not. Latour argues that these are false divides, for the concept of "modern" itself, designating "a new regime, an acceleration, a rupture, a revolution in time" (10) is premised on the conjoined processes of hybridization and purification. While "hybridization" refers to the proliferation of new

types of "hybrids" out of mixing nature and culture, "purification" is the simultaneous denial of the ontological status of the hybrids—a denial that actually provides the condition for their proliferation (10–11).

As Latour takes apart the two Great Divides, his analysis also suggests a third divide—namely, that between the moderns who purify and the Others who do not. For those of us interested in studying knowledge production, several analytical questions arise out of the implication of the third divide. Whereas science studies has been tremendously powerful in bringing nature and culture, science and society, back together and into each other in nuanced and productive ways, how do we talk about knowledge productions in which processes of purification did not happen or are not supposed to have happened? What is the relevance of science studies when confronted with knowledge productions in which nature and culture, knowledge and society are assumed to be deeply entangled and do not need to be reunited through our analyses?

With these questions in mind, in this volume I examine knowledge forms that are always already impure, tenuously modern, and permanently entangled in the networks of people, institutions, histories, and discourses within which they are produced. To do so requires that I bring not just the insights of science studies to bear on medical anthropology, but also that I rethink science studies as a way of posing questions about knowledge forms not readily identifiable as technoscientific. Rather than assuming some inert quality or criterion that makes the "West" the normative conceptual space and referent for science and biomedicine, and thus traditional Chinese medicine the non-Western alternative, it is important to examine the understandings and productions of medical knowledge and science in uneven, interactive, translocal networks and processes that constantly push and disrupt the Great Divides.

Furthermore, how do we ask critical questions about knowledge forms not explicitly marked by conceptual breakthroughs or technological innovations, or knowledge productions where such breakthroughs and innovations are viewed with suspicion as threats to history and authenticity? For example, rather than a triumph or a clear goal to strive after, any innovation—be it acupuncture anesthesia, Chinese formula medicine (*zhongchengyao*),[23] or the reinterpretation of medical theory and philosophy—invariably raises suspicions among practitioners and critics alike over questions of authenticity and thereby validity (He 1990). But are technological and theoretical innovations the only way in which we can imagine

the newness of Chinese medicine? Or do we have to fall back on an account of the newness of "social context" and thereby re-create the Great Divides?

I think not. Traditional Chinese medicine is more than what happens inside a clinic, a hospital, a classroom, a textbook, or a laboratory. At the same time, what happens inside a clinic is much larger and sometimes more extraordinary than treating illnesses and passing on clinical know-how. It is essential for a faithful account of the worlding of Chinese medicine to hold onto a critical awareness of the fields of power that have mediated and constrained the worlding of traditional Chinese medicine, and in which multiple strategies of mapping, temporalizing, and positioning take place and always produce something emergent—something "new." Transformative relations are themselves always new.

The Limits of Narratives of Transition and Transcendence

Much of the discussion around the globalization of traditional Chinese medicine has focused, for good reasons, on how Chinese medicine departed from China and traveled to other parts of the world—Africa, Europe, East Asia, and the United States. As I try to sketch the trajectories of Chinese medicine, I find myself continuing to struggle with the out-of-China narrative that seems to haunt the mapping of Chinese medicine. It seems easy, perhaps too easy, to begin the narrative of globalization with a departure from China—the place of origin to be left behind in the globalist narratives of transition and transcendence.

The worlding of traditional Chinese medicine tells a different story of mapping, temporalizing, and locating. In summer 2003 SUTCM relocated its campus across the city from Xuhui District to Pudong District. Xuhui is an older district that is located in the southwest corner of Shanghai, part of which belongs to the original French Concession (1849–1943). Pudong, in contrast, was a largely suburban and agricultural area until it was designated a special economic development zone in 1992. Since that time it has come to symbolize the new Shanghai with its skyscrapers and concentration of financial institutions and high-tech companies funded by overseas capital. The SUTCM campus did not just move to any random part of Pudong; rather, it entered "Medicine Valley" (in reference to Silicon Valley) of the Zhangjiang High-Tech Park, one of the two government-sanctioned high-tech areas in China. Medicine Valley boasts a concentration of biotechnological and pharmaceutical firms, which include both Chinese and foreign ventures.[24]

Whereas the university administrators had the immediate future of their school in mind when they made the move, the broader futuristic outlook of traditional Chinese medicine goes beyond the relocation and reorientation of the SUTCM campus and is echoed by many practitioners and advocates, especially those in the Bay Area. Since the legalization of acupuncture in California in 1975, acupuncture and Chinese herbal medicine have been increasing in popularity and gaining a foothold in the medical mainstream through grassroots movements. Since the mid-1990s in particular, acupuncture has been steadily picked up by medical insurance companies, biomedical hospitals, and medical schools. Many of my interlocutors in the San Francisco Bay Area, including a growing number of biomedical professionals and scientists, share the belief that acupuncture and herbal medicine—as well as other CAM practices—are the future of medicine. I spoke with one retired surgeon who was in the process of setting up a new academy of Chinese medicine in the Bay Area. During our interview, which took place on the flight from San Francisco to Shanghai, he voiced his vision of another kind of "medicine valley": "California has a tradition of being future-oriented. Futurists like you and me believe in multiple ways of knowing. In the postmodern world, things are not simply black and white, right or wrong. Western medicine and Chinese medicine can enhance each other and should join hands."[25]

The optimism of these futuristic discourses, however, belies a deep-seated concern and even anxiety over the current state of traditional Chinese medicine—a view that is painfully felt, especially in China. In stark contrast to the celebratory mood of the relocation of SUTCM, the Chinese State Bureau of Traditional Chinese Medicine announced in January 2006 their application for a World Heritage status from UNESCO.[26] This prompted a nationwide outcry: Is Chinese Medicine, the pride of Chinese culture, near extinction? If so, do we really need to announce this to the world? An official at the State Administration of Traditional Chinese Medicine told me that the majority of the foreign students who went to study "natural science" in China pursued education in traditional Chinese medicine. Why, then, does Chinese medicine blossom elsewhere, especially in North America and Europe, but seem to be dying at home?

The debate over the World Heritage designation, in particular, grew into "China's medicine war" (Magnier 2007). Since 2006, traditional Chinese medicine has come under fierce attack from Zhang Gongyao, a scholar who claimed that he studied Chinese medicine for over thirty years.

Supported by several members of the Chinese Academy of Science, he started an online petition to eliminate traditional Chinese medicine, which he claimed to be "unscientific." The petition ignited an ongoing nationwide debate among the medical communities as well as the general public. It forced the Chinese Ministry of Health and the State Administration of Traditional Chinese Medicine to openly declare Chinese medicine as China's "scientific legacy" and "cultural heritage," thus adding a note of urgency for traditional Chinese medicine to obtain World Heritage status (Deng 2006; Ministry of Health 2006). Yet these official statements have escalated the debate rather than put an end to it. On the popular Chinese website Sina .com a survey completed by 20,888 individuals suggested that although 74 percent supported Chinese medicine only 43 percent would seek it in times of sickness (Sina.com 2006a). Even among those who claimed to be supportive of Chinese medicine, there was a deafening silence on the question of "science": the salvage of Chinese medicine was so easily framed as a matter of upholding cultural heritage and national pride that the ambiguous scientific status of Chinese medicine seemed best left untouched when it concerned public opinion.

In Shanghai, many young students of Chinese medicine cast doubts over the scientific basis of their own profession (see chapters 3 and 5). Professional debates among practitioners are often characterized by perplexity and frustration (He 1990; Qu 2005). Some senior professionals simply shake their heads in resignation when asked about the "ups and downs" in the fortune of Chinese medicine. A few senior practitioners at the end of their careers and lives even refuse to train any student or pass on their knowledge in protest of what they see as the westernization of Chinese medicine. Even the most adamant supporters of traditional Chinese medicine recall past battles with biomedicine, and thus lament that "traditional Chinese medicine is like a frail old man trying to make his way through wind and rain: each step is precarious and any misstep could be fatal" (*Shengming Shibao* 2006). How can Chinese medicine be at once a "frail old man" and a hopeful futuristic endeavor? Using Hugh Raffles's term, how do we make sense of the "anticipatory nostalgia" of things that have not yet—and may never—come to pass? Must the future of Chinese medicine lie tenuously within various "medicine valleys"?

I write at a moment when many anthropological inquiries and ethnographic writings are framed within or staged against the present and imminent "age of globalization." Theorists of globalization argue that even if the

global is now still partial, it is only because it has not yet fully encompassed the lived experiences of individuals or the domain of institutional orders and social formations (Sassen 2000:216). Within this framework, the global, the national, the local, and the personal remain distinctive "spheres," each of which describes a spatiotemporal order with internal differentiation and growing mutual imbrications. However, the spatiotemporal order of globalism may inadvertently reproduce narratives of transition and transcendence that relegate to the background specific kinds of translocal networks and encounters by which meaningful knowledges and identities are produced, while at the same time leaving these networks and encounters relatively intact from critical analyses.

A critical analysis of the timespace of traditional Chinese medicine entails considerations of not only multiple spatiotemporalities but also the ways in which they remain the provincial and sometimes contradictory outcomes of specific translocal connectivities.[27] Here I take seriously Bruno Latour's suggestion to think of spatiotemporalities as the products of particular actor-networks of people, things, discourses, and institutions—each of which instead of being merely a stop or transmitter along the route of traveling may lead to new bifurcations and ruptures or become origins of new translations (1993, 2005). Latour argues that "one is not born traditional; one chooses to become traditional by constant innovation. The idea of an identical repetition of the past and that of a radical rupture with any past are two symmetrical results of a single conception of time" (1993:76). In this light, this ethnography emphasizes mapping rather than maps, temporalizing rather than temporality, and world making rather than globalization. The relocations of traditional Chinese medicine in time and space suggest that we need to look beyond the ready-made spatiotemporal order and hierarchy of globalism in order to analytically engage and reflect on the multiple strategies of mapping, locating, and temporalizing that shape the forms and orientations of Chinese medicine. Far from transitioning to a global era and breaking free of messy sociohistorical entanglements, the worlding of traditional Chinese medicine is suspended in discrepant spaces and times that are themselves contingent products of uneven translocal fields of power.

Toward an Ethnography of Worlding

My choice of the word "worlding" is a conscious effort to gain distance from globalist assumptions of totality, transition, and transcendence. Martin

Heidegger (1996) coined the term "worlding" in his thesis of phenomenology to signal that the world takes place in things—a critical awareness of the enmeshment of thing and world. The discussion of worlding has since been taken in various directions. Gayatri Spivak (1985) in her critique of nineteenth-century British imperialism famously invokes the worlding of the "Third World" to argue that colonized people and places, though seemingly remote and pristine, were already an intimate and integral part of English cultural production. Dipesh Chakrabarty (2000) also draws on Heidegger—albeit with a critical eye on the conceptual presence of the West that permeates social theory including postcolonial critique—to use the idea of worlding to talk about the modernist and rationalist mode of knowledge production that privileges the social scientist's analytical relations to the world over lived ones. Chakrabarty argues that in refusing to recognize the enmeshment of the ethnographer and his or her subject in multiple, emergent relations, the modernist mode of knowledge production "obliterates the plural ways of being human that are contained in the very different orientations of the world" (241). Building on these discussions of worlding, some scholars have recently invoked the notion to formulate analytical alternatives to habitual understandings of world history and dominant theories of globalization in Euro-American academia (Gillman, Greusz, and Wilson 2004; Rofel 2007; Segal 2004; Wilson and Connery 2007). This emergent body of interdisciplinary literature contends that truly reflexive and inclusive accounts of the world cannot simply be achieved through a maneuver of multiplication that adds on geographical locales into a singular global narrative, but rather entail a redeployment of comparability—terms of cultural comparison—by attuning it to shifting spatiotemporal relations that elude the finality of globalism.[28]

My ethnography of worlding is informed by these ruminations. I am especially mindful of Chakrabarty's suggestion that there are other forms of memory, other forms of history, and other forms of worlding that have not been—indeed cannot be—accounted for by globalist narratives of transition, development, and spatiotemporal singularity and finality. The emancipatory potentials of globalization, I suggest, do not rest in the production of a world where cultural practices and subjectivities promise to transcend local, regional, and national boundaries, and even cut across gender, class, racial, and ethnic divisions (Appadurai 1991). I rethink the notion of worlding not as a replacement for globalization but as an intervention that disrupts transitional and transcendental discourses of global capitalism,

and as a heuristic device to think through the multiple spatiotemporalities in and of knowledge production—that is, multiple and effervescent worlds in the making.

The notion of worlding is committed to an epistemology and ontology of entanglements. Knowing the world, as Heidegger (1996:61) argues, is a kind of being-in-the-world. And this includes the production of anthropological knowledges about the world. The worlding of knowledge calls for an intellectual commitment and a critical sensibility to our own participation and positioning in worlds in the making. More importantly, the nontranscendental and yet open-ended nature of worlds in the making should serve as a constant reminder that the worlds we inhabit are by no means finite—and neither are social inquiries into these worlds. In this sense, any attempt at an overarching explanation might just seem to be in the constant danger of being out of place and out of time. An analytical alternative would be to engage rather than explain and coimagine rather than constrict or contain. I thus think of worlding as a critical analytic: a mode of knowing and being that requires us to stand ready to step out of the world to which we have grown familiar and comfortable and to hold onto our abilities to imagine, engage, and even make other emergent worlds, no matter how inchoate, unruly, extraordinary, or mundane they may seem. In contrast to globalist accounts of the world, worlding is liberating precisely because its refusal to transcend forces us to critically connect with the shiftiing worlds we inhabit and, in doing so, reimagine ethnographic possibilities.

My account of the worlding of traditional Chinese medicine is an attempt at this kind of analytic. This ethnography shows that the worlding of Chinese medicine is as much about relocating a college campus, getting a foothold in middle-class neighborhoods, redefining preventive medicine, and redrawing kinship charts as it is about writing herbal prescriptions and inserting acupuncture needles into the skin. I group the chapters that follow into three parts: "Entanglements," "Negotiations," and "Dislocations." Each speaks to a different theme of the worlding of traditional Chinese medicine.

Part 1, "Entanglements," includes two chapters that explore worldmaking projects that exceed globalist narratives. In chapter 1, "Get on Track with the World," I trace the multiple, uneven trajectories and shifting meanings of Chinese medicine as a "preventive medicine," and I examine the discrepant visions and practices of what makes up the "world" that

emerges from and underscores these trajectories. From the 1960s to the early 1970s, China sent medical teams to the "Third World," especially Africa. Acupuncture in particular was reinvented and praised as a "preventive medicine" for the rural poor. In these efforts the state vigorously promoted African-Chinese "brotherhood" and the vision of a racialized proletariat world that China strove to champion. Since the 1980s, however, East Asia, Europe, and North America have eclipsed Africa to become privileged sites for China's efforts to "get on track with the world"—and for reinventing traditional Chinese medicine. Acupuncture is now widely marketed in California as a naturalistic "preventive medicine" suited for a middle-class, cosmopolitan "lifestyle" that focuses on overall "well-being." Practitioners in Shanghai have quickly tuned into this trend and now market new herbal concepts and products that target the emerging middle class. They promote Chinese medicine as a new preventive medicine with a "Californian" flair.

In chapter 2, "Hands, Hearts, and Dreams," I focus on the ways in which processes of commodification and encounters with biomedicine reshape and challenge traditional Chinese medicine as a practice of "kind heart and kind skills" (*renxin renshu*) in both predictable and unpredictable ways. Although the approach to illness and healing taken by Chinese medicine is often perceived as more "holistic" and "humanistic" than that of biomedicine, commodification and marketization have complicated how practitioners struggle for legal status, rethink pedagogy and the learning process, and redefine their areas of expertise while struggling to maintain their practices as a "profession of kindness." Instead of creating a global circuit of exchange value, translocal processes of commodification take on divergent forms, bring in new actors, and create new opportunities and battlefields where knowledges, careers, and lives are at stake.

The second part of this book, "Negotiations," focuses on the refiguration of the clinical knowledges and authorities of traditional Chinese medicine as it is worlded. Locating a secure space within the biomedicine-dominated cosmopolitan medicine means that the negotiations for medical legitimacy and authority are central to reinventing traditional Chinese medical knowledge and practice. Although many traditional Chinese medicine practitioners consider the authority of biomedicine to be grounded in science, they ask, on the one hand, whether a "traditional," "Chinese" medical practice needs to be or can be proven to be "rational" and "effective" in scientific terms. On the other hand, they also ask how to conceive of a "science" that would encompass traditional Chinese medicine. In chapters 3 and 4

I explore the multiple, competing ways that knowledges and identities are negotiated through the various kinds of networks in which practitioners of traditional Chinese medicine take part.

In chapter 3, "Does It Take a Miracle?" I explore how practitioners negotiate clinical and scientific authorities in the production of "clinical miracles." When demonstrating the medical legitimacy of traditional Chinese medicine, practitioners often point out that traditional Chinese medicine is effective where biomedicine is ineffective or less effective—for example, chronic illnesses and certain types of cancer—and that Chinese medicine can produce "clinical miracles" to defy "death sentences" by biomedical doctors. Opponents of traditional Chinese medicine, however, argue that such incidents are too anecdotal or absurd to meet scientific norms. Using materials from participant observation and interviews from both Shanghai and San Francisco I examine clinical encounters through which "miracles" are produced, and I study how practitioners strategically invoke and interpret these "miracles" in professional and broader sociohistorical contexts. I suggest that it is precisely through the process of marginalization that the everyday clinical efficacy of traditional Chinese medicine comes to be measured in terms of "miracles." Clinical miracle as a source for medical legitimacy at once marks the marginality of Chinese medicine, and disrupts universalist narratives of rationality.

In chapter 4, "Translating Knowledges," I discuss the translational practices by which translocal knowledges and identities are constructed. I focus my discussion on what exactly is taught and learned in the day-to-day clinical shifts of Dr. Huang Jixian, an acupuncturist who has trained international students since the late 1970s. Huang explains her practice in "traditional" terms when interacting with students because as she and many students argue, "the students are here to learn traditional medicine." Yet, she consistently uses biomedical language when talking to biomedical colleagues visiting from abroad. I pay specific attention to the ways in which knowledges and meanings are produced through these translational practices, and I argue that translation is not a neutral medium that bridges existing cultural differences but rather is a set of uneven, contingent processes and practices by which differences are produced and encoded in clinical knowledges and in broader sociohistorical identities.

The final part of this book, "Dislocations," further unhinges the production of difference from the local and resituates it within translocal connectivities. In this set of chapters I rethink some of the key tropes—kinship, for

example—in anthropological studies of China, Chinese diasporas, and Chinese medicine, and I examine how dualistic discourses of "East" and "West," "culture" and "science," "tradition" and "modernity," and "local" and "global" are repeatedly invoked and deployed in the everydayness of Chinese medicine. I contend that these tropes are the outcomes—rather than explanations—of particular kinds of translocal encounters of traditional Chinese medicine. As I examine the ways in which "kinship," "culture," "China," and "America" come to life in everyday practice, I move toward an analysis of plurality and contingency in the production of difference, as well as an understanding of how specific spatiotemporalities emerge through practices of mapping, temporalizing, and positioning.

Chapter 5, "Engendering Families and Knowledges, Sideways," examines a seemingly archaic mode of knowledge production in Chinese medicine—namely, the transmission of knowledge through kinship ties in general and patrilineal descent in particular. Rather than focus on men as the protagonists among knowledge bearers, I discuss the life histories of three Chinese women who entered or left Chinese medicine through kinship ties. I refocus the question of gender and kinship in Chinese medicine and then turn it sideways to examine the translocal production of difference through family ties, claims to knowledges and identities, and authorities over knowledges. Discourses and practices of kinship and gender in Chinese medicine are as much about continuity and connection as they are about the rupture and alienation that continue to shape the worlding of Chinese medicine.

In chapter 6, "Discrepant Distances," I focus on my ethnographic encounters in the San Francisco Bay Area in order to discuss the ways in which the distances between "China" and "America" are measured through the worlding of Chinese medicine. I examine how translocal encounters do not produce a uniform transpacific community of traditional Chinese medicine but instead provide occasions for making strategic alliances and, at the same time, reproduce and transform existing terms of differences. Whereas "America" occupies an intimate place in China's imaginaries of the world, "China" seems distant in time and space to many non-Chinese practitioners of Chinese medicine. Even though the "Chinese century" may seem more imminent and inevitable than ever as the end of the first decade of the new millennium draws near, "China" remains a shifting and elusive sign at once close and unreachable, familiar and alien, backward and too far ahead.