

## PREFACE AND ACKNOWLEDGMENTS

My mother made a big discovery when she was cleaning out the apartment in Shanghai where her late father had lived. Among her father's medical files were three *gaofang* written between 1985 and 1987. *Gaofang*, or "prescription of rich paste," typically consists of thirty to forty tonifying herbs to be cooked into a thick paste, stored in a sealed jar, and consumed daily for forty to fifty days beginning on the winter solstice. Because of the complexity of *gaofang* it is prescribed exclusively by experienced herbal doctors. My mother could barely contain her excitement when she asked me over the phone, "Can you guess who wrote these prescriptions for your grandfather? It's someone you know."

I was carried back to the winters of 1998 and 1999, when as part of my translocal and multi-sited field research on traditional Chinese medicine I followed several herbalists as each of them traveled to and practiced at multiple clinics and hospitals in Shanghai. In the weeks leading to the winter solstice, they added extra clinic hours to meet the spike in demand for *gaofang*, which having long been popular among the elderly was now beginning to attract members of the emerging young urban middle class who found their health compromised by their stressful lives and careers. The name of one practitioner stood out for me, "Is it Dr. He Liren?"<sup>1</sup>

I guessed right. Today—four days after the conversation with my mother—three pieces of pink paper arrived through



A *gaofang* written for the author's grandfather by Dr. He Liren.

international express mail at my home in Irvine, California, where I was finishing my ethnography of the “worlding” of traditional Chinese medicine. I unfolded the first of the three papers. Prescriptions for herbal medicine and acupuncture at clinics and hospitals of traditional Chinese medicine in Shanghai were usually filled out on printed forms that required standardized traditional Chinese diagnostics along with a biomedical diagnosis. This *gaofang*, in contrast, was entirely handwritten except for the name of the hospital. Read from right to left, up and down, it included a detailed diagnostic narrative of my grandfather's health conditions, a prescription of medicinal herbs and animal products, and even instruction for how to prepare and store the paste. The personal seal of He Liren was stamped at the beginning of the text and another one was stamped at the end. A third seal, which read *jixiang yannian* (good fortune and longer life), was placed in the lower left corner.

As I read the *gaofang* I could almost visualize Dr. He sitting at his desk in his white lab coat. Surrounded by patients, he would explain to me from time to time how he had reached a particular diagnosis and prescription. Just as important, if not more so, I learned from him things about Chinese medicine well beyond—and yet still intimately entangled with—practices of diagnosis and prescription inside the clinic. He reminisced how in 1959 he and his classmates at the newly founded Shanghai College of Traditional Chinese Medicine labored together to lay down the foundation for the Longhua Hospital of Traditional Chinese Medicine. Forty years later, however, as the academic dean of the Shanghai University of Traditional Chinese Medicine, he was constantly fretting over his own students' apparent indifference toward Chinese medicine. One of our last long conversations took place after Dr. He returned from a visit at the Meridian Institute, a college of traditional Chinese medicine in Monterey, California, founded by an

American cardiovascular surgeon.<sup>2</sup> Though Dr. He was discreet in his comments about acupuncture and herbal medicine in the United States, Dr. He became animated when talking about how inspired he was by the conversational “California-style” pedagogy, which seemed to stimulate students’ interest in their studies.

In spite of the many conversations we shared, the fact that Dr. He had treated my grandfather came to me as a surprise and revelation. My acquaintance with Dr. He, or for that matter my inquiry into the shifting discourses, practices, and institutional forms of traditional Chinese medicine, did not have a simple origin story in my family history. In fact, I came to know Dr. He through a very different route that meandered out of the San Francisco Bay Area. In 1995 I met Barbara Bernie, the founding president of the nonprofit American Foundation of Traditional Chinese Medicine, when she gave a guest lecture for a class at Stanford Medical School—a lecture that countered the instructor’s aim to debunk “unscientific” and “pseudoscientific” medical practices including Chinese medicine. As my fieldwork in San Francisco unfolded, I began working as a volunteer at the American Foundation of Traditional Chinese Medicine. There I met Huang Lixin, the enterprising president of the American College of Traditional Chinese Medicine in San Francisco and a frequent traveler between China and the United States. Shortly before I left for Shanghai in summer 1998, President Huang wrote a letter that introduced me to a contact of hers in Shanghai—namely, Dr. He Liren.

I was already in the middle before I knew that I had begun. The arrival of Dr. He’s gaofang was a moment that saw disparate routes tangled up, unlikely intersections rendered visible, origins relocated and made to multiply, temporalities reshuffled, and an ethnography that was about to close—if it were going to “close” at all—suddenly reopened and plotted anew. This was not a moment outside of—or a world parallel to—my ethnographic account of the worlding of traditional Chinese medicine: a set of translocal, world-making projects and processes of knowledge production deeply embedded in shifting visions and constitutions of the worlds we inhabit. Instead, it was part and parcel of it in ways both unexpected and yet perfectly imaginable. I am certainly not the first anthropologist to have been caught up in serendipitous moments in research and writing. My aim here, however, is to place socialities of both expected and unexpected encounters, entanglements, displacements, and ruptures at the center of this ethnography instead of treating them as unstructured, fortuitous anecdotes

and thereby relegating them to the peripheries of ethnographic writing and anthropological imagination.

This book could not have been written without my concerns and fascinations with questions of “traditional Chinese medicine,” “knowledge,” “China,” and “globalization.” Yet my work is not so much an exercise in developing a theory of any of these topics as it is committed to exploring ways of reimagining ethnographic possibilities and reformulating anthropological questions, in particular a translocal analytic that allows us to coimagine, rather than enclose, and to anticipate, rather than predict, the always emergent worlds of knowledge with all of their contradictions and contingencies. Without attempting to reunite and articulate simultaneously questions of both ontological and epistemological natures, my work in this volume simply tries to see how we would get on without starting from this divide in the first place. Knowledge making—including the making of anthropological and medical knowledges—is world making. And I could not have asked for a more fitting ending/beginning of this ethnography of knowledge production than the arrival of Dr. He’s gaofang.

This book, together with those who have shaped its making, is part of the worlding of traditional Chinese medicine. In Sylvia Yanagisako and Lisa Rofel I found the kind of mentors and friends of whom any fledgling intellectual would dream. Since its conceptualization, they inspired and pushed this project forward in ways most exciting and challenging to me, and sustained it with sound advice. Dan Segal taught me the first things I knew about anthropology, nurtured me along the way, and urged me to keep an eye out for the unexpected in both fieldwork and analysis. David Sadava brought me into his biology lab to study Chinese herbs, thereby sending me on my way to pursue anthropological studies of science and medicine. I am grateful to Linda Barnes, Charlotte Furth, Dorinne Kondo, and Hugh Raffles for their warm encouragement, exhaustive and meticulous comments, fine eye for ethnographic details, and creative and critical insights—at least some of which, I hope, are reflected in this ethnography. Ann Anagnost, Don Brenneis, Tim Choy, Lawrence Cohen, Monica DeHart, Judith Farquhar, Elisabeth Hsu, Stacey Langwick, Ralph Litzinger, and Volker Scheid have all been invaluable interlocutors who sharpened

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