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Review

Reviewed Work(s): Other-Worldly: Making Chinese Medicine through Transnational Frames  
by Mei Zhan

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Mei Zhan. *Other-Worldly: Making Chinese Medicine through Transnational Frames*. Durham, NC: Duke University Press, 2009. xiv, 241 pp. Paperback \$23.95, ISBN 978-0-8223-4384-4.

The history of traditional Chinese medicine in the twentieth century can be categorized into three periods in terms of its dynamic relationship with Western medicine. In the first period, from the late 1920s to the early 1950s, traditional Chinese medicine encountered a serious legitimacy crisis initiated by the state and the profession of Western medicine while still maintaining its popular legitimacy in practice. In the second period, from 1954 to the late 1970s, it obtained the legitimacy offered by the state, while being steadily marginalized by the rapid entry of Western medicine into rural China through scientizing, institutionalization, and professionalization. In the third period, from the early 1980s to the present, traditional Chinese medicine gradually became the medicine of last resort for chronic, incurable diseases, undesirable insufficiencies, and even acute infectious diseases like SARS, while embodying cosmopolitan middle-class features. In the meantime, traditional Chinese medicine has also dispersed throughout the world, and it has begun to be accepted as an alternative treatment option in many countries. "Urbanization" and "globalization" might best summarize the key trends of the third period, which took place in the context of China's market economy reforms.

However, compared with thorough historical studies of the first two periods, many key questions about traditional Chinese medicine in the third period remain unanswered: How has it repositioned itself and targeted the consumption and patient groups? How has it maintained its traditional identity in terms of the ethics and proficiency of its practitioners? How has it survived the fierce competition posed by biomedicine? How has it interpreted this traditional medical knowledge under the dominance of biomedicine? What is the relationship among women, gender, and the family in traditional Chinese medicine in the context of societal change? How is traditional Chinese medicine understood in the globalized context today? Mei Zhan's *Other-Worldly* weaves these questions into a transnational frame while endeavoring to understand traditional Chinese medicine through the perspective of "other-worldly encounters." She points out the "unexpected encounters, dislocated actors, entangled knowledges, situated dialogues, and fragile networks that make up traditional Chinese medicine" (p. 5). She describes "translocal movements, displacements, and refigurations" as the "worlding" of traditional Chinese medicine, which is the "emergent, transformative relations and processes deeply and inexorably enmeshed in sociohistorically contingent productions of difference" (p. 7). Within this framework, she offers answers to the questions listed above based on her ethnographic fieldwork in Shanghai and San Francisco, where the features of urbanization and globalization in the history of traditional Chinese medicine are the most obvious.

The book is composed of three parts. Part 1, "Entanglements," examines traditional Chinese medicine as a world-making project that exceeds globalist narratives. Chapter 1 traces the multiple, uneven trajectories and shifting meaning of Chinese medicine as "preventive medicine" from the international proletariat medical model in the 1960s and 1970s to the white middle-class model represented by the California lifestyle since the 1980s. "Get on track with the world" and the health reform under the market economy in China in the late 1990s facilitated the emergence of a new health concept called *yajiankang* (subhealth), which prompted Chinese medicine to be incorporated into the new cosmopolitan middle-class lifestyle. Chapter 2 examines how encounters with biomedicine and the process of commodification and marketization reconfigure and challenge traditional Chinese medicine as a practice of "kind hearts and kind skills" (*renxin renshu*). The "rationalization" principle defined by biomedicine and biological science embraces and legitimizes the active ingredients of medical practice in traditional Chinese medicine, but results in its fragmentation because some elements cannot be interpreted within the scope of biomedicine. The pursuit of "kind hearts and kind skills" is reflected in the basic diagnostic techniques of daily practice, young students' understanding of Chinese medicine and a medical career, and how Chinese medical practitioners pursue their professional identities.

Part 2, "Negotiation," explores how the clinical knowledge and authorities of traditional Chinese medicine are being refigured today. Chapter 3 mainly addresses how Chinese medical practitioners establish their clinical and scientific authority through the production of clinical "miracles." As "other" knowledge that is seen as different from "science," herbal medicine and acupuncture mainly target health conditions where biomedicine is less effective or ineffective, including subhealth conditions and life-threatening illnesses. Through making clinical "miracles," Chinese medical practitioners and communities not only engage bioscientific medical practices and negotiate professional knowledge and identities but also survive the fierce competition of the medical market. Chapter 4 investigates the construction of translocal knowledge and identities in the transnational practices by examining how an acupuncturist, Dr. Huang, explains her practices by using different terms when talking about "tradition" with international students, and discussing "science" with a biomedical visitor from overseas. These everyday translational practices form a kind of Chinese medicine that is different from (yet familiar to) biomedicine. The knowledge and meanings of Chinese medicine are therefore relationally produced, negotiated, contested, and legitimized (pp. 141–142).

Part 3 focuses on the production of difference in traditional Chinese medicine within the dualistic discourses of "East" and "West," "culture" and "science," "tradition" and "modernity," and "local" and "global." Chapter 5 examines gender and kinship in the transmission of Chinese medical knowledge and practice. Drawing on feminist studies of science and medicine, it uses the life stories of

three women to examine how daughters of male Chinese medicine doctors negotiate their professional, familial, and gender identities by choosing between the practice of traditional medicine and biomedicine. The career trajectories of these women not only challenge masculine discourses but also configure and translate the gendered relations between East and West, tradition and modernity, traditional Chinese medicine and biomedicine. Chapter 6 discusses how people in the San Francisco Bay area from varied sociohistorical locations and within particular settings, imagined and understood “China,” “Chinese culture,” and “Chinese medicine.” These include participants in international conferences on traditional Chinese medicine (U.S. politicians, Chinese diplomats, research scientists, professional fundraisers, and various dignitaries), the manager and students of the American College of Traditional Chinese Medicine, and an American acupuncturist who had just returned from a visit to China.

This highly theoretical ethnographic work reveals the author’s deep understanding of the theories of medical anthropology, feminist studies and the study of science, and her adept application of these theories in the Chinese context. This book offers profound analyses of translocal encounters of traditional Chinese medicine in the contexts of marginalization, urbanization, and globalization. It provides fresh interpretations of the positioning of traditional Chinese medicine since the 1960s, the traditional identities (*renxin renshu*, kind heart and kind skills) under health care reforms, the pursuit of medical legitimacy and authority within the scope of biomedicine, the balance between tradition and science in the illustration of traditional Chinese medicine, and gender and kinship in the transmission mode of medical knowledge, as well as understanding Chinese medicine in the globalized context.

This book makes important theoretical contributions to medical anthropology, Chinese medical history, feminist studies, and science studies based on lengthy and intensive fieldwork. I’d like to recommend it to scholars who specialize in Chinese medical history, medical anthropology, and sociology. In particular, Chinese medical historians will be very interested in its discussions of traditional Chinese medicine in the era of urbanization and globalization, while medical anthropologists and sociologists will benefit greatly from its in-depth description and analyses of internal operations and doctor–patient interactions in Chinese medicine clinics and hospitals in different social contexts.

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