Chinese Medicine in Contemporary China: Plurality and Synthesis (review)

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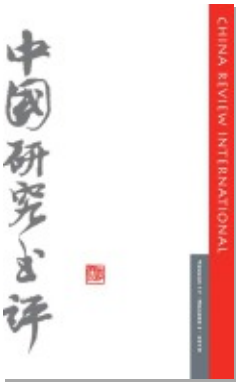

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Volker Scheid. *Chinese Medicine in Contemporary China: Plurality and Synthesis*. Durham, NC: Duke University Press, 2002. xvii, 407 pp. Paperback $24.95, ISBN 978-0-8223-2872-8.

Physical science and Marxist-Leninist-Maoist doctrines have been transmuting the doctrines and practice of *Zhongyi* 中医 for nearly a century. Under the new gospel that believes "to get rich is glorious," the process is, if anything, accelerating. State planners expect Chinese medicine gradually to become an integral part of twenty-first-century thought and attain synthesis with biomedicine (*xiyi* 西医). Be that as it may, non-Chinese over much of the world make use of *Zhongyi*'s methods and products because—in their eyes—its ancient roots make it intriguingly exotic, because its values are distinct from what they believe are the compromised ideals of modern medicine. Official spokesmen, to meet this expectation of the outside world, translate *Zhongyi* as "traditional Chinese medicine," TCM for short. Just about every introductory book on the subject begins by emphasizing its multimillennial ancestry. Nevertheless, its ties to early doctrine and practice become ever more tenuous.

Scheid makes it clear that to understand what is happening we have to apprehend *Zhongyi* in many dimensions. The government and its planners, who decide on budgets and medical school recruitment quotas, live in a different mental world from those who practice medicine—not to mention those on whom medicine is practiced. Within the ruling strata, hostility quietly continues to seethe between the champions of *Zhongyi* and those who consider it a useless relic of the past. And each practitioner, as well as each patient, experiences the world and acts on it differently: "No two doctors diagnose, prescribe, or treat in quite the same way" (p. 9). They define their identities not only by their place in long lineages, but by how they are using biomedical knowledge and technology to reshape their practices.

"Traditional" practice incorporates countless new elements. The officially promoted system of "pattern differentiation and treatment determination" (*bianzheng lunzhi* 辩证论治) was a creation of the last half century, ear acupuncture was a French invention, and the use of standard formulas processed into pills or capsules is becoming increasingly dominant. "Chinese medical case records must carry a biomedical diagnosis. Several doctors informed me that while hospital authorities are lax about the Chinese medical diagnosis, a Western medical diagnosis is obligatory for all records (that is, not only for case records but also for outpatient treatment records, laboratory examination requests, etc.)" (p. 93). In every aspect of medicine, syncretism and ambiguity are the rule. Still, this is not the standardized syncretism the state wants.

As the subtitle of this book implies, its framework has little in common with the main stream of research on the history of Chinese medicine. Most studies see that enterprise as one system, competing with biomedical, popular, religious, empirical, and other systems. They describe its techniques, practitioners, and doctrines, and explain what leads people to choose it. Scheid argues cogently and passionately that it is self-defeating to seek a single system or essence that subsumes all the variation. Such a unity "has long since seeped through the cracks between whatever fragile articulations bind 'Chinese' to 'medicine,' and further to 'contemporary' and 'China'" (p. 19).

Scheid is himself an expert *Zhongyi*; he has practiced his craft since 1984. He is also a deeply learned scholar of early medicine, a sophisticated social anthropologist, and an accomplished critical thinker. This book is a most unusual ethnology, based on participant observation over sixteen months between 1994 and 1999. Its object is not a single institution or group, but the whole state sector of medical practice, education, and regulation. Scheid studies the intersection of ideology with institutional, historical, and personal struggles in Beijing, where that sector is strongest.

This is a work of great ambition, far transcending medicine. It denies that Chinese or Western medicine is a system in any essential sense. Both unendingly changing, they are merely "concepts for and against which to form a position and methodology." It posits that "accounting for and describing the plural and often dispersed interactions at local levels that create, support, destabilize, and tear apart [unstable, temporary] global coherences . . . emerges as the new task of any anthropology of medicine" (pp. 13–14, 19–20). I would prefer to say "a new task," since anthropologists are no more likely than Sinologists to climb on any one bandwagon.

Scheid's perspective is posthumanist, allied to that of Andrew Pickering, which denies that the determinants of technical change are exclusively social. Scheid argues plausibly that in medical thought *qi* 氣 is an agent, even though obviously not in the sense that a physician can be. Whether one accepts this postmodern stance or not—most of social and political life has hardly evolved past the Neolithic, much less past modernity—Scheid characterizes Chinese medicine from out of his empirical material. He avoids the ambiguity, coy paradoxes, and postmodspeak on which the fashionable rely to impress their disciples. This epistemology yields a rich harvest.

Concepts and Doctrines

The Chinese body has never been a fixed notion. Its dynamics greatly outweigh its notions of structure. Systems for identifying bodily dysfunctions, schemata of relationships between pulses and visceral functions, and links between diagnosis and therapy have mutated through the centuries. Lineages of physicians

have insisted upon neither unitary doctrines nor a single mode of knowledge transmission, and there was no profession to enforce either.

Despite government regulation today, that situation remains. Because the menu of illnesses varies with political vicissitudes and changes in culture, there is no consensus on how and when Chinese medicine is to be modernized, or where the border lies between traditional and modern forms. Heavily subsidized attempts to integrate Chinese and Western medicine have not yielded a generally useful model. Instead of lessening the diversity, they have simply added to it.

Patients

Patients often say that Western medicine is best for acute disorders and Chinese for chronic. Nevertheless, they base their actual choices on cost, quality of care, politics, attitudes and behavior of therapists, and so on. In the twenty-first-century market economy, many kinds of therapy, Chinese and Western, have become too expensive for ordinary people. Patients who choose traditional therapists increasingly report their problems in terms of such biomedical categories as diabetes or hepatitis, or refer to laboratory results. Because younger patients no longer understand yin-yang and the five phases, *Zhongyi* use Western disease models in their explanations.

Physicians

It is now routine for practitioners of Chinese medicine to name biomedical diseases when advertising their specialties. Patients expect it, and doctors know better than to ignore "grassroots power" (pp. 130–131). Scheid's case study of a cardiologist trained in TCM and "integrated medicine" (*Zhongxiyi jiehe* 中西医结合)—who opposes both conventional biomedicine and the more conservative *Zhongyi*—shows that "what changes in the process of innovation is not Chinese medicine as a system but the practices and views of individual physicians" (p. 161). This is the book's key point.

Here is Scheid's conclusion: "To argue that contemporary Chinese physicians are losing, or may already have lost, touch with traditional medicine misses a more significant point—namely, that it is possible to communicate effectively across apparently incommensurable paradigms, that horizons are essentially open, that plurality is practicable . . . [T]he integration of biomedical practices and concepts *into* the field of contemporary Chinese medicine teaches us much about how to engage with the other without abandoning the integrity of the self" (p. 163, emphasis added). This takes us far beyond the cliché (espoused by superficial analysts such as myself) that tradition is bound to resist the modern, but in the end is bound to fail.

Becoming a Physician

Study of a famous old Chinese physician shows how a multiplicity of social interactions continually remakes doctrine and practice. Dr. Rong has a few disciples (assigned by the government) and a number of graduate students. The former accompany him in the clinic, see patients, record his cases for his archive, help with his writing, and do research. One, his son, embodies the tenth generation of his line, joining him in treating powerful patients. Another teaches, assists in his writing, and, as a teacher, incorporates Rong's medical lineage into the state bureaucracy. Their relationship gives them access to "older forms of social organization, morality, particularism, and implicit (or even secret) knowledge" that conflicts with the official educational insistence on the modern, universal, and scientific (p. 177).

Rong's students mainly work on dissertations, which, among other things, "support the marketing of his patented formulas" in China and abroad (p. 195). The more ambitious strive to establish personal ties that make them more like disciples. Some, when later they work in foreign countries, draw on Rong's international reputation and in turn add to his renown.

Just as important in training physicians are Rong's activities as an author of textbooks and a member of national committees on curricula. He is one of those who define the authorized knowledge on which medical school educations are based. Committee members with the greatest prestige decide which of the many formulas and clinical patterns (*cheng* 证) are included and which are ignored. Such patterns of personal *guanxi* 关系 have, for instance, made dominant in official teaching Ye Gui's 叶桂 (or Ye Tianshi 天士, 1667–1746) patterns for diagnosing liver disorders, and banished from the educational system those that other well-known physicians prefer. But Rong's local and national ties do not begin to exhaust the varieties of *guanxi*; financial relations and contacts on the Internet play tangible parts in the careers of other doctors. All these offer ways round the Party's prescribed ideals of conduct. The content of networks is always changing as new possibilities emerge; practitioners recognize each other's attempts to combine learning from Han medical writings with that from the *New England Journal of Medicine*.

Bianzheng lunzhi, "pattern differentiation and treatment determination," often described in medical school textbooks as the pivot of Chinese medicine, is not traditional but an invention of the 1950s. From then on, this characterization became the norm for contrasting Chinese and Western medicine, and for linking TCM to "the shifting Maoist vision regarding the function of medicine in society" (p. 209). Teaching it in the new medical schools as an ancient form of "dialectics based on naive materialism" promised that "under the guidance of the Party and with the help of Western science" modernization of TCM could succeed (p. 217).

But there is an unending tension between older generations of doctors who insist on the primacy of experience (*jingyan* 经验), based on the treatment of patients and classical study, and younger ones who find statistics and electron microscopes more accessible than the Yellow Emperor canon. Neither group supports the state's view of pattern differentiation and treatment determination as a basis for standardizing doctrine and practice. Thus *bianzheng lunzhi*, touted as the basis of TCM, "continually threatens to fall apart and needs to be reasserted . . . [it] continually emerges and disappears as an object, discourse, and practice" (p. 237).

Scheid's final example of synthesis and plurality is his case study of a new disease in TCM, *zhongfeng bu yu* 中风不语. He follows the research of a doctoral candidate at Beijing University of Chinese Medicine who worked out a new classification to replace a jumble of classical terms for the speech impediments that follow a cerebrovascular accident, drew on "biomedical theories regarding the production of speech and its pathology" (p. 241); used CAT and MRI scanners to study the physiology of the disease, drew on acupuncture loci that Sun Simiao 孙思邈 had needled 1,400 years earlier for similar purposes, and added a carefully planned treatment protocol and a control group. Scheid's ethnology records not only what the experimenter thought and did, but other pertinent dimensions: the ancient methods from which he drew, the rules he followed, the expectations of his university and of his two very different supervisors, the standardized tests that his project substituted for classical diagnostic skills, his frustration because in TCM *guanxi* trumped the open propagation of knowledge, and so on. This innovation was a natural, technological, intellectual, and sociocultural hybrid.

The plurality that Scheid has richly documented is not a special characteristic of Chinese medicine. Rather, it is "the way things always are—forever changing and transforming origins in the whirlpool of their simultaneously present pasts and futures." The dynamic processes that have guided the medical tradition for two thousand years are what guide all human striving. In Scheid's ethnography, "Maoist philosophies of practical dialectics were seen to be infiltrating the treasure-house of Chinese medicine, biomedical concepts of physiology and cybernetics met with the health care of workers and peasants, while century-old tools of clinical practice reshaped modern biomedical physiology" (p. 263).

Historians of medicine do not ordinarily think through a metaphysics, but adopt willy-nilly whatever view of reality is conventional in their particular groves of academe. Unaware though we may be of our own, we have no trouble recognizing the Maoism of China ca. 1970, or the reductionistic positivism that is the norm among scientists in China and elsewhere today. This book, by its frankness and its independence of philosophic fashion, will jolt some readers into examining their presuppositions. We can do with fewer pious reaffirmations of the conventional wisdom.

What, then, does this book have to say about the future of Chinese medicine? The art of medicine is bound to remake itself, as it has been doing through the centuries. Of its many possible futures, what matters most is the war between two of them. One is the official view that, to survive, *Zhongyi* must be remade in the image of modern biomedicine by standardizing and imposing physical reductionism. The other leaves the future in the hands of those who practice, forming and reforming personal syntheses, using their tools with more or less success, correcting failures as they "take small steps, favor reversibility, plan on surprises" (p. 271).

"What, ultimately, is gained from restraining Chinese medicine by means of a rationality blind to its own irrational constitution, and gained for whom? . . . Why not entertain the notion that the plurality of agents that impinge on human health may best be engaged by means of a similar plurality in the domain of medicine?" (p. 273).

Having looked a quarter century ago to the power of the state to attain its goal, and having seen it fail, I have to admit that leaving the future of medicine to its practitioners—one by one—is the only realistic option. This is, to sum up, a book of the utmost historic, ethnographic, and practical importance.

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