those outside the field whose perceptions of the static Chinese economy in the eighteenth century continue to be shaped by Mark Elvin’s influential *Pattern of the Chinese Past* (1974)—Landes, for example—Pomeranz’s work is an important corrective.

SUCHETA MAZUMDAR


**Chinese Medicine in Contemporary China: Plurality and Synthesis.**


Volker Scheid offers a rich, clear, and detailed account of contemporary Chinese medicine as intrinsically pluralistic and dispersed, dynamic and local. Drawing upon eighteen months of field research, ethnographic observation of more than four thousand clinical encounters, and his own experience as a practitioner of Chinese medicine, Scheid argues for an interpretive stance that takes pluralism in medicine as an object of research in its own right, rather than a “surface phenomena in need of constant explanation” (p. 44). Scheid’s work is avowedly interdisciplinary, and it contains real treasure, particularly for medical anthropologists, historians of colonial medicine, and historians who address the history of post-1949 China. Scheid’s overview of Chinese medicine since 1949, in particular, will be a gift to students and those teaching this period, region, or medical culture as nonexperts.

*Chinese Medicine in Contemporary Culture* has a tripartite structure. The introduction and first two chapters offer a critique of established anthropological approaches to Chinese medicine and present alternative theoretical and analytical tools, drawn largely from science studies. The six chapters that make up Scheid’s second section (by far the bulk of the text) present an array of case studies illustrating his approach. These examine the actions of the interlacing agencies of the state, patients, practitioners, and medical knowledge in constituting each other—and in ensuring a highly pluralistic medical process in China. They constitute a useful resource for scholars of Chinese medicine, for studies of medicine in society, for examinations of the professions and professional networks, and for understanding health-seeking and healing behaviors. The volume closes with a chapter in which Scheid argues for “anthropological interventions” that would render visible both the limitations of biomedical model of efficacy and the power of “plurality in the domain of medicine” (p. 273).

Scheid has brought to the study of Chinese medicine the same expectations of pluralism and dynamism, negotiation, resistance, and accommoda-
tion that have characterized examinations of Western medicine since the mid-1980s. This is innovative, and—given the persistence of orientalist notions of Chinese medicine as static and monolithic—would, by itself, make Scheid’s volume a significant contribution to understandings of Chinese medicine. It does not decrease the value of Scheid’s work to note that the complex, multiply-negotiated, and deeply local medicine he describes in China will be readily recognized by historians of medicine and medical technology in the West. The ideas that patients and technologies—as well as physicians and states—have agency; that patients encounter not “medical systems” but unique local constellations of health-care practices and agents; and that “doctors and patients do not meet in a vacuum but within the physical and institutional spaces created for them” (p. 114) are well established in studies of Western medicine. Readers may wish to set Scheid’s account alongside studies of Western medicine that also explore the question of “how health, illness, culture, medicine, and society constitute each other” (p. 61). For example, his analysis could have been productively extended by comparison to Joel Howell’s Technology in the Hospital (1995), Keith Wailoo’s Drawing Blood (1997) and Dying in the City of the Blues (2001), Bonnie Blair O’Connor’s Healing Traditions (1995), and Christopher Lawrence’s “Incommunicable Knowledge: Science, Technology and the Clinical Art in Britain 1850–1914” (Journal of Contemporary History 20 [1985]: 503–20).

Nonetheless, Scheid’s enthusiastic adoption of Andrew Pickering’s “mangle of practice” and “dance of agency” is appealing and persuasive; he proves the mangle to be a powerful analytic addition to the anthropological approach. For example, Scheid uses it to explore and integrate interactions between human and nonhuman agency in Chinese medical theory (and therefore explicate the notoriously multifaceted and pluralistic “mind/body relationship” in Chinese practice). Conjointly, Scheid offers a critique of his own discipline, noting that the idea “that patients actively shape the medical systems they employ is not yet widely accepted in anthropology” (p. 128). His detailed and sensitive research compellingly proves the agency of patients in structuring medical systems. He also demonstrates to any remaining skeptics the power of ethnography as a source of theoretical as well as empirical insight.

This volume brings theoretical approaches derived from science studies to bear on the anthropology of Chinese medicine and illustrates the benefits that can be derived from them. Perhaps even more importantly, its case studies will allow scholars access to the rich texture and complexity of medicine in China, and render them available for interpretation across disciplinary boundaries.

ROBERTA BIVINS

Dr. Bivins is a historian of medicine at the University of Houston. Her work has focused on the cross-cultural transmission of medical knowledge and expertise (particularly in relation to acupuncture), and now addresses interactions between immigration, ethnicity, and medicine.