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DOES IT TAKE A MIRACLE?

When Li Fengyi told me that he saw striking similarities between the American TV medical drama series *ER* and his own everyday practice, I was at once surprised and fascinated. In 1998 and 1999 I worked with Li at the Jiren Clinic of Traditional Chinese Medicine, the private clinic that he cofounded in 1994. Our discussion of *ER* and traditional Chinese medicine took place during a lunch break, when I was able to engage Li in conversations not directly related to cancers and liver diseases—the two specialties for which he is famous in Shanghai's traditional Chinese medical and biomedical circles. After I mentioned that I saw an episode, dubbed in Chinese on a local TV channel, Li told me that the same TV station was so inspired by the popularity of *ER* that they became interested in developing a similar series—except that the setting would not be the emergency room of a biomedical hospital but rather a clinic of traditional Chinese medicine. Pointing at the file cabinets behind him, Li continued with a proud grin: "The folks at the TV station want me to provide raw materials for the script! They prefer our clinic because it's more eventful than the routines at a Western medicine clinic. Take a look at these clinical journals—they are full of 'difficult and unusual cases' [*yinan bingli*] we've solved. You don't have to spice them up to create drama because each one of them is

a small 'clinical miracle' in itself! What could be a better way to advertise traditional Chinese medicine?"

Li is but one of the many "miracle workers" that I came to know in Shanghai and the San Francisco Bay Area. For those who have been socialized into traditional Chinese medicine—whether as practitioner, patient, or researcher—the ability to handle difficult clinical cases and, in particular, to achieve what mainstream biomedicine cannot is an unmistakable sign of professional accomplishment. At the memorial service of Zhao Zhenjing, a renowned practitioner and cancer specialist in San Francisco, Barbara Bernie spoke about Zhao in front of a diverse audience consisting of relatives, acupuncturists and herbalists, students of traditional Chinese medicine, former patients, biomedical professionals, and research scientists: "Dr. Zhao came to work at our teaching clinic [of traditional Chinese medicine] after he first arrived from China in 1985. He *always* asked for the most difficult cancer cases that Western doctors could not deal with. After he started his own clinic, he kept telling me, 'Send me the most challenging cases that you come across. I'll show people here what Chinese medicine can do!' He was able to help many patients who would have otherwise given up. He did so much to build the Chinese medicine community in San Francisco and to educate the general public! Dr. Zhao was very special." This narrative highlights the fact that, throughout his career in San Francisco, Zhao actively sought out and solved difficult cases that biomedicine had failed to treat. He was considered to be very special because of his own outstanding clinical knowledge and practice, and, more importantly, because he used his "miracle-making" abilities to craft a niche for traditional Chinese medicine within the biomedicine-centered healthcare system. In doing so he helped forge an inclusive, translocal community of traditional Chinese medicine that traveled across and was strengthened by networks that reached well beyond the local circle of practitioners. Zhao was in turn remembered in those terms.

From an *ER*-inspired TV drama in Shanghai to a memorial service in San Francisco, "miracles" take place in, and travel through, apparently disparate and yet connected settings. The fact that "clinical miracles" play central and vexed roles in constructing the translocal knowledges, identities, and communities of traditional Chinese medicine begs one immediate question: How has the everyday discourse and practice of traditional Chinese medicine become intimately connected with the production of the extraordinary?

In this chapter I examine the various kinds of encounters through which "miracles" are produced, as well as the ways in which differently situated people strategically invoke, interpret, and deploy these "miracles" to negotiate knowledge and authority in professional and broader social networks. In tracing the multiple trajectories and meanings of "clinical miracles" in the everyday discourse and practice of Chinese medicine, I show that it is precisely through the processes of marginalization and Othering in relation to "scientific," "biomedical" mainstreams that the clinical efficacy of traditional Chinese medicine becomes construed as "miracles." Furthermore, I argue that the marginality of traditional Chinese medicine is not a primordial structural position defined by a preexisting science proper. Instead of subscribing to a structuralist account of center and margin, I suggest that the marginality of Chinese medicine is constructed and constantly transformed through a set of uneven, interactive sociohistorical processes of knowledge formation, and at the same time marginality is itself a set of heterogeneous processes that mediate the transfiguration of various knowledges, identities, and communities that exceed the confines of the clinic.

In urban China and the United States herbal medicine and acupuncture are primarily used for conditions where biomedicine is less effective or ineffective. These conditions include, on the one hand, subhealth conditions such as allergies, pain syndromes, and other chronic illnesses (see chapter 1); on the other, life-threatening illnesses including certain types of cancers that cannot be removed through surgery and are resistant to radiation treatment and chemotherapy. Practitioners in Shanghai and San Francisco alike are quick to point out that many of their cases are "left over" by biomedicine. Often it is only after a patient has tried everything that "standard procedures" have to offer that they move on to traditional Chinese medicine, hoping for a miraculous cure.

Practitioners are, however, adamant that traditional Chinese medicine does more than passively fill in the blanks left by biomedicine. When demonstrating the medical legitimacy and authority of their own work and of traditional Chinese medicine at large, practitioners readily cite as a fact that, in everyday practice, traditional Chinese medicine is able to do what biomedicine cannot—sometimes even defying "death sentences" by biomedical doctors. Skeptics and opponents of traditional Chinese medicine, on the other hand, argue that these "clinical miracles" are too anecdotal or absurd to meet scientific norms. Yet, for their part, accomplished as well as aspiring practitioners of traditional Chinese medicine continue using

"miraculous" clinical events to showcase clinical expertise and authority. They invoke "miracles" as affirmations of the clinical efficacy of traditional Chinese medicine, and even as testaments to its clinical superiority. In achieving what biomedicine cannot, "miracles" more than prove that traditional Chinese medicine works. These cases show that traditional Chinese medicine succeeds where biomedicine fails, thus making the comparison between the two medical practices part and parcel of the processes by which the clinical knowledge and authority of traditional Chinese medicine is constructed.

This comparison is by no means symmetrical. The fact that the everyday efficacy of traditional Chinese medicine is construed to be something out of the ordinary already assumes the normalized efficacy and the underlying scientistic "rationality" to which biomedicine readily lays claim. Yet even as the production of "clinical miracles" reinscribes the marginality and Otherness of traditional Chinese medicine, it opens up a contingent ground for negotiating fluid modes of constructing knowledges and authorities, and for participating in the production of science. At a time when Western medicine squarely grounds its authority in science even though its ties to biological sciences are historically recent and highly fraught (Starr 1982), "clinical miracles" as an ambiguous yet powerful source for medical knowledge and authority beg critical rethinking of what counts—and for whom it counts—as legitimate scientific practice. In other words, at stake in the production of "clinical miracles" is more than the legitimacy of an Other medicine, for our understandings and practices of science also turn out to be a contingent field for creative, interested play.

I do not assume a universalistic "science" or multiple, mutually exclusive "sciences" with predetermined parameters and boundaries. Nor do I restrict my analysis to communities of card-carrying scientists. Rather, by making obvious the processes by which knowledge, identity, and community are mutually constituted, I explore more participatory ways of envisioning and doing science. In what follows I show that what we have come to know as "traditional Chinese medicine" is a set of heterogeneous practices, discourses, and institutions produced through encounters and amid intricate relations with science and biomedicine; at the same time, the ongoing, translocal reconfiguration of the knowledges, identities, and communities of traditional Chinese medicine also transforms people's understandings and practices of science and biomedicine. I suggest that sociohistorically situated, shifting relations and boundaries between tra-

ditional Chinese medicine, science, and biomedicine play critical roles in producing, transforming, and reinscribing the marginality and Otherness of Chinese medicine.

Science and "Other" Knowledges

As has been repeatedly pointed out, "magic," "science," and "religion" form the three-cornered constellation that has shaped anthropological inquiries into the construction of knowledge, especially "Other" knowledges (e.g., Evans-Pritchard 1976 [1937]; Good 1994; Malinowski 1948 [1925]; Nader 1996; Tambiah 1990). In studying Other knowledges and in measuring them against science, anthropology has played a critical role in investigating and demarcating the boundaries of science, and the resulting boundary battles are "often arbitrary, rarely neutral, and always powerful" (Nader 1996:4). These boundary battles have also posed conceptual difficulties within anthropology. As Byron Good points out, the rationality debate in anthropology is often articulated in terms of "how we make sense of cultural views of the world that are not in accord with contemporary natural sciences" (1994:10).

This articulation itself may be the problem. Rationalist and relativist anthropologies have long battled along the lines of "rational" and "irrational," "knowledge" and "belief," "natural" and "cultural," "universal" and "local." In doing so, rationalists and relativists have reinscribed these lines even while contesting along them. In this section, I first give a brief review of how Bronislaw Malinowski and E. E. Evans-Pritchard, foundational figures in rationalist and relativist anthropological studies of knowledge and rationality, articulate their conceptions of science and its Others. I argue that these earlier anthropological inquiries into Other knowledges are themselves asymmetrical knowledge and identity productions that show the meanings and authorities of science to be relationally constructed. Second, I draw on Bruno Latour's critique of anthropological representations of Other knowledges to argue against using "rational" and "irrational," "knowledge" and "belief," "natural" and "cultural," "universal" and "local" to grid our inquiries into knowledge production. Instead, we need to critically analyze these categories as products of particular sociohistorical processes and to understand how differently situated players interpret, negotiate, and transform their meanings in interactive and creative ways.

Malinowski in *Magic, Science and Religion* (1948:26) addresses the problem of "primitive man's reason" by asking two questions. The first question,

"Can the 'primitive man' have any rational outlook?" is answered by Malinowski as follows: "Every primitive community is in possession of a considerable store of knowledge, based on experience and fashioned by reason." The second question is trickier. "Can this primitive knowledge be regarded as a rudimentary form of science or is it, on the contrary, radically different, a crude empiry, a body of practical and technical abilities, rules of thumb and rules of art having no theoretical value?" Under question here is not just "primitive knowledge" and the mind of "primitive man." Malinowski's formulation also offers, in passing as it were, a definition of "science"—not so much in terms of what it is as what it is *not*.

After momentarily dismissing the second question for being "epistemological rather than belonging to the study of man" (26), Malinowski returns to it with more vigor—this time laying out three possible definitions of "science" against which "primitive knowledge" might be measured. The first and "minimum" definition of "science" is "a body of rules and conceptions, based on experience and derived from it by logical inference, embodied in material achievements and in a fixed form of tradition and carried on by some sort of social organization" (34). The second definition states that "the rules of science must be laid down explicitly, open to control by experiment and critique by reason." After measuring "primitive knowledge" against the "minimum" definition of "science," Malinowski states that "there is no doubt that even the lowest savage communities have the beginnings of science." In invoking the second and narrower definition, he still concludes that "many of the principles of savage knowledge are scientific in this sense." But the temptation to draw the boundary between Us and Them, science and Other knowledges seems irresistible. Finally, Malinowski presents the third definition of "science": "If we applied another criterion yet, that of the really scientific attitude, the disinterested search for knowledge and for the understanding of causes and reasons, the answer [to the question whether primitive knowledge could be regarded as a rudimentary form of science] would certainly not be in a direct negative" (35). Although this final definition is the most stringent, even it, as Malinowski suggests, leaves open the possibility that "primitive knowledge" may be considered "scientific."

In articulating various conceptions and interpretations of science, Malinowski is as preoccupied with defining the "primitive mind" as with maintaining a sense of self-identity and producing a universalistic science. Moreover, not only is the identity of the European self at stake, but the unique professional identity of the anthropological scientist is also on the

line: "There is . . . among the primitives, as every fieldworker well knows, the sociologist, the ideal informant, capable with marvelous accuracy and insight to give the *raison d'être,* the function and the organization of many a simpler institution in his tribe" (35).

In striving to fix the boundary between the "primitive man's reason" and "science," Malinowski's writing has highlighted, perhaps against his own intention, that what counts as science is open to interpretation and negotiation, and that the self-image of science/scientist is contingent upon the production of its Other. In the end Malinowski has to drop his quest, and he states that "the question . . . whether we should call it *science* or only *empirical and rational knowledge* is not of primary importance in this context" (35).

But this "question" continues to haunt anthropological investigations of Other knowledges. Evans-Pritchard in *Witchcraft, Oracles, and Magic among the Azande* (1976) approaches the muddled "it" from an angle that is more relativist rather than rationalist. For him the Zande practice of "witchcraft" makes sense—but only within its own cultural spatiality. His account of the Zande worldview is grounded in the constellation of "mystical notions," "common-sense notions," and "scientific notions." He asserts that the Azande understand the common sense of causation as clearly as do the Europeans: a Zande does not see a witch push over a granary but rather sees the termites gnawing away its supports (24). Yet the Azande also explain why a particular granary at a particular moment collapsed in terms of the mystical notion of "witchcraft" (22). In other words, the Azande use the notion of "witchcraft" to account for "coincidence," while the Europeans have no explanation of why chains of causation intersect at a certain time in a certain place (23). Therefore, as Richard Handler and Daniel Segal (1990) have argued, Evans-Pritchard's Azande have a common sense as sound as that of the Europeans, whereas their mystical notion of "witchcraft" is not an inferior but rather a supplementary explanation of concurrence.

In contrast to his relativistic approach to "mystical" and "common-sense" notions, "scientific notions" are for Evans-Pritchard, by definition, "European." He states that "we need not define scientific notions more clearly because Azande have none, or very few, according to where we draw the line between common sense and science" (229). Scientific knowledge is thus defined by the Azande's lack of it. In other words, although Evans-Pritchard uses "common sense" to unite human minds, he invokes "scientific notions" to mark the difference between Europeans and the Azande.

This cultural difference, moreover, is asymmetrical. He argues that "science developed out of common sense but was far more methodological and has better techniques of observation and reasoning" (229). Therefore the relation between "science" and "common sense," one having "developed out of" the other, is not only portrayed to be hierarchical but also implicitly evolutionary.

More important, "scientific notions" are where Evans-Pritchard grounds his own ethnographic authority (Handler and Segal 1990). An ethnographer is not just another European among the "primitives." Rather, his presence in the field is also that of a "scientist." While a layman may be uninformed and prejudiced, the anthropologist's preconceived ideas, by contrast, are "scientific" (Evans-Pritchard 1976:241). Evans-Pritchard asserts that he, the scientist, observes all the links of events, and that he judges correctly what he observes (229). Even though Evans-Pritchard claims to have let his fieldwork be guided by the Azande and their interest in "witchcraft," it is the presumed capacity for the science-minded ethnographer to explain all phenomena underlying Evans-Pritchard's interpretation of the Zande practice of "witchcraft."

The role of "scientific notions" in *Witchcraft* is thus twofold. First, the notions are presented as objective, authoritative criteria that relativize and affirm the specificity *and* rationality of the Zande worldview. Second, their presumed capacity to explain all phenomena forms an asymmetrical contrast with the Zande worldview, which makes sense only within its own cultural spatiality.

Many scholars have since contributed to the debate of science and Other knowledges and have taken it in various directions. I focus here on Latour's use of anthropological allegories in his explication of the two Great Divides (1993).[1] Having introduced anthropological concepts and ethnographic methods into social studies of scientists and their labs (Latour and Woolgar 1979), Latour takes an intellectual journey back to anthropology, and he draws on the insights from cultural and social studies of science to critically examine the conceptual framework of anthropology. He argues that in spite of its egalitarian goals anthropology, whether rationalist or relativist, has not achieved symmetry in the representations of non-European peoples and their knowledges. Rationalist accounts of knowledge and culture universalize particular strategies of reasoning, whereas relativist anthropology, in its various forms, is able to put cultures on apparently equal footing by

reinscribing the omniscience and transcendence of the science in which anthropology grounds its own authority.

In trying to get beyond the two Great Divides Latour opposes the use of either the natural or the social as the ready-made, causal explanation of how science is constructed. He argues instead that nature and society-culture, as well as the division between these two realms, are constituted in the process of doing science; thus they are the results of, not the explanations for, how science is produced. Latour (1987) describes science as having the characteristics of strategically positioned "actor-networks," allying human and nonhuman actors and connecting them with interactive links through which controversies are settled and consensual knowledge is built into science. These networks extend well beyond the confines of the lab. They are forged by travelers who move across a wide range of social domains to accumulate human and nonhuman resources. It is noteworthy here that some of these translocal travelers cross the paths of "traditional cultures." Latour points out that this particular kind of path-crossing has played two critical roles in constructing science and rationality: making accusations about Other people's irrationality and appropriating Other knowledges.

First, in citing the anthropological staples of the Azande and of the Trobriand Islanders, Latour argues that it is by making accusations of the "primitive's" irrationality that European travelers construct and maintain their own sense of rationality. For these travelers, "rational" knowledge is presumed to be about natural phenomena and not about the people who describe them—that is, "Us" the Europeans. "Irrational" claims, in contrast, tell "very little about the phenomena and a lot about the people who persist in believing them" (1987:184). The divisions between knowledge and belief, rational and irrational, nature and culture are thus inextricably linked in the asymmetrical construction of knowledges and identities that distances Us from Them.

Second, Latour discusses the incident in which the French navigator La Pérouse appropriated the description of the local landscape by his Chinese fishermen informants in order to produce a map of Sakhalin Island and to include it in his map of the Pacific. In this case, "the *implicit* geography of the natives is made *explicit* by geographers; the *local* knowledge of the savages becomes the *universal* knowledge of the cartographers; the fuzzy, approximate and ungrounded *beliefs* of the locals are turned into a precise, certain, and justified *knowledge*" (1987:216). The European

appropriation of Other knowledges is therefore integral to the production of universalistic science. As Latour notes: "Who includes and who is included, who localises and who is localised is not a cognitive or a cultural difference, but the result of a constant fight: Lapérouse was about to put Sakhalin on a map, but the South Pacific cannibals that stopped his travel put him on *their* map" (229).

By suggesting that the construction of Other knowledges is not outside of but rather part and parcel of the production of universalistic science and rationality, Latour's analysis of the accusation of irrationality and the appropriation of Other knowledges sheds light on the critical roles of "traditional cultures" in crafting and consolidating science. However, rather than critically engaging the "constant fight" for knowledges and identities as the ongoing process it is, Latour leans toward a Eurocentric position, and finds closure in qualifying the Azande, the Trobriand Islanders, and the Chinese as representatives of "the multitudes who *do not do science*" (1987:180; emphasis added). For him they are, after all, examples of "the people who are *not* part of the networks [of science], who fall through the mesh of the net" (180). In fact, by avoiding "the social" as the ready-made explanation of science and knowledge, Latour has altogether rejected the relevance of a wide range of "social actors" in producing science: "capitalism, the proletarian classes, the battle of the sexes, the struggle for the emancipation of races, Western culture, the strategies of wicked multinational corporations, the military establishment, the devious interests of professional lobbies, the race for prestige and rewards among scientists" (62). The roles of these social actors in shaping science, he states, are far-fetched and not pervasive enough, and these social actors are therefore not integral to the making of science. Thus, by excluding certain groups of people from the actor-networks of science, Latour inadvertently presumes a spatial image of science proper that has centers and margins drawn precisely along the lines of these "social actors." In his final analysis, with various Others safely placed outside of the networks of science, Latour's scientist emerges as a masculinist Eurocentric subject privileged to travel freely and forge strategic translocal networks. As Emily Martin points out, this scientist is "an accumulating, aggressive individual born of capitalism . . . resembling all too closely a Western businessman" (1994:135).

How would our conception of science change if, rather than assuming the scientist to be an implicitly masculinist and Eurocentric subject, we seriously reconsider and include the knowledge-making efforts by those who

have conventionally been marginalized in or excluded from social analyses of science? Instead of depicting the trajectories of science as having origins located in the "West," what if we explore overlapping networks and processes with multiple points of departure, trajectories, and intersections? What if we follow the paths of those knowledge producers who are not (or not yet) card-carrying scientists, as they participate in, disrupt, realign, and even forge networks of science?

In this chapter I tell of a different way of traveling, a different assemblage of actor-networks, and the potentials for different kinds of subjectivity. Rather than assuming the "West" to be the normative referent for anthropological analyses of science, or viewing traditional Chinese medicine as a pure alternative to Western science and biomedicine, I examine the productions of knowledge, identity, and community in inextricable relations. In doing so I explore a more fluid and participatory conceptual framework for analyzing the production and practice of science. Whereas the South Pacific cannibals put an end to La Pérouse's journey, the practitioners of traditional Chinese medicine are still charting out new paths that reshape the topography of science.[2]

Producing Marginality

Marginalization is much more than the simple act of excluding traditional Chinese medicine from the proper domain of science and biomedicine. Marginality is not a stable structural position but rather the contingent outcome of a set of relational processes by which "traditional Chinese medicine," "biomedicine," and "science" are produced as their boundaries and relative positions are fought out. As part of the campaign in the 1950s to make traditional Chinese medicine more scientistic, the Shanghai Medical Bureau organized biomedical professionals to study and apprentice under senior practitioners of traditional Chinese medicine. This was not a one-way teacher-apprentice relationship, however. Not only did these biomedical professionals participate in the founding and administration of the Shanghai College of Traditional Chinese Medicine and its teaching hospitals, but also they went on to conduct laboratory research in an effort to demonstrate the scientific or material basis of medical concepts in Chinese medicine.

One of the most famous research projects was the research on "the material essence of kidney" (*shenbenzhi*), conducted by Dr. Shen Ziyin of Shanghai Medical University. In 1952 Shen graduated from the Shanghai

No. 1 Medical College, a biomedical institution later renamed Shanghai Medical University. As part of the campaign in 1955 described as "Western medicine learning from Chinese medicine" (*xiyi xue zhongyi*), Shen apprenticed under Jiang Chunhua, an accomplished herbalist. Shen went on to investigate what he calls the material basis of *shen,* an extremely complex concept in Chinese medicine that is commonly translated into "kidney" in biomedical terms. Experienced practitioners and educators of traditional Chinese medicine insist that shen is a concept with such complex functional, visceral, and metaphorical dimensions that it cannot be reduced to the anatomical kidney recognized by biomedicine. In everyday discourse and practice both inside and outside of Chinese medicine, however, shen is often conflated with the anatomical kidney, and this conflation is used by opponents of traditional Chinese medicine (as well as some of its young students) as evidence that Chinese medicine is vague or downright wrong about human anatomy (see chapter 2). Shen Ziyin, however, deals with the materiality of concepts in traditional Chinese medicine in a different way. Rather than dismissing shen as an imprecise version of "kidney," he claims to have found through laboratory research that the syndrome of kidney yang deficiency (*shenyangxuzheng*) is a malfunction of the hypothalamus (1976). In doing so, he disengages shen from the anatomical kidney and at the same time provides an alternative anatomicopathological explanation—in the form of the hypothalamus—for a classic syndrome in traditional Chinese medicine. Shen has built an illustrious career conducting biomedical research on traditional Chinese medicine, and he remains an ardent proponent of traditional Chinese medicine. However, his research is highly controversial among practitioners of traditional Chinese medicine in Shanghai. Some embrace the result and especially its perceived scientific authority, some envy the resources Shen's laboratory has at its disposal, and still others reject Shen's research for fragmenting and reducing Chinese medicine into something comprehensible to the biomedical ear.

The research on shenbenzhi is one example of how traditional Chinese medicine is marginalized—not by exclusion but through complex interactions and especially unequal negotiations with biomedical and bioscientific discourses, practices, and institutions. Whereas Shen's research affirms the validity of traditional Chinese medicine, it does so within the existing scope of science and biomedicine and by invoking the authority of laboratory research. On the one hand, the relation between biomedicine and

science is assumed to be self-evident and goes uncontested: what could be more material or factual than the hypothalamus? On the other, the relation between traditional Chinese medicine and science is a lot more tenuous—a relation that is a subject of scrutiny by procedures, concepts, and standards acceptable to bioscience. Within these fields and relations of power, traditional Chinese medicine remains at best a provincial science.

Yet it is this provinciality that has allowed traditional Chinese medicine to be worlded as a "Chinese science." Beginning in the mid-1950s, proponents of the state campaign to promote traditional Chinese medicine and integrate it into the healthcare system argued that as a science—albeit a traditional, Chinese science—traditional Chinese medicine should be universalized and shared by the world. As some of the top Chinese natural scientists, including the geneticist Zhu Kezhen, contended, "Natural science is highly international. As soon as we form a scientific theory or make an invention, it becomes the treasure of humankind" (1954:3). Interestingly, the presumed universality of science and the exotic Otherness of traditional Chinese medicine, which are sources of ambiguity and even tension in traditional Chinese medicine, together allowed traditional Chinese medicine to be easily reoriented between the 1960s and the 1970s, the two decades that saw a major shift in the trajectories of the worlding of traditional Chinese medicine.

In the 1960s and early 1970s traditional Chinese medicine served, in the rhetoric of the time, *shijie renmin* or "people of the world." In practice, the worlding of traditional Chinese medicine was mainly oriented toward Africa, Latin America, and parts of Asia (see chapter 1). As the Soviet Union and the United States were also sending medical teams to the Third World, the encounters between "traditional Chinese medicine" and "biomedicine" were not about local-meets-universal but rather competing world-making projects. The worlding of traditional Chinese medicine not only drew on the universality and therefore legitimacy of science but, more important, it also succeeded in offering the proletariat of the world something that neither the Soviet medical teams nor those of the United States were able to offer—namely, acupuncture.

Beginning in the 1970s, mediated by shifts in geopolitical politics and a series of Sino-U.S. diplomatic events, acupuncture began to capture the fascination of the general public of the United States. Whereas in the 1960s many people in the United States saw acupuncture and herbal medicine as

something exotic and "Oriental," today patient demand has prompted an increasing number of biomedical doctors to learn acupuncture and other alternative medicines. The mastery of alternative medicine is in fact becoming a constituent—if only a secondary one—of the biomedical professional's knowledge and authority. As a consequence the repertoire of biomedical practice is also undergoing profound changes.

Licensed acupuncturists are ambivalent, however, about the biomedical mainstream's enthusiasm over acupuncture and herbal medicine. As Barbara Bernie puts it: "Patients go to Western doctors for acupuncture because they think that these doctors are scientists and authorities of all kinds of medicine. What patients don't know is that the M.D. only needs to go through a few hundred hours of training to be allowed to practice acupuncture. A licensed acupuncturist has to have four years of training at an accredited college, pass the state licensing exam, and have their license renewed every year. *We* acupuncturists [i.e., licensed acupuncturists] are the real experts on what we do!" Like Barbara, while many acupuncturists enjoy their hard-won "mainstream" status they also worry about the field's appropriation, if not complete takeover, by the biomedical establishment.

Barbara and others are very much aware of the complexities and contradictions of interacting with biomedicine. For instance, the traditional Chinese medicine that the journalist James Reston physically experienced (as described in the introduction) was of a particular kind—and a recent invention at that. Called "acupuncture anesthesia," its invention in Shanghai during the 1960s brought acupuncture needles under the bright lights of the operating table. In the 1970s, acupuncture anesthesia was a standard procedure in most major hospitals in Shanghai, even though its inventors insisted that it was most suitable for rural healthcare in China and the Third World because it was efficient, low-cost, and easy to operate. Moreover, it was routinely performed in front of international visitors who were interested in medicine. By the late 1980s, however, acupuncture anesthesia had largely disappeared from both biomedical and traditional Chinese hospitals. The reason for this decline, I was told by acupuncturists and surgeons who once worked together to perform the procedure, was that it was "less effective" than biomedical techniques.[3] More importantly, according to these acupuncturists and surgeons, two decades of laboratory and clinical research had failed to produce any conclusive "scientific" explanation,

as understood by biomedicine, of why and how acupuncture anesthesia works. At the end of the 1990s as postsocialist China worked to "get on track with the world"—or rather with the imaginaries of affluent Western Europe and North America—the state has placed a new emphasis on promoting sciences and technologies that would be considered "advanced" (*xianjin*) by "international standards." In the field of medicine, the development and importation of new biomedical techniques, equipment, and drugs has deepened the impression held by many medical professionals and patients that whereas biomedicine has progressed by leaps and bounds acupuncture anesthesia seems "stuck." By 1999 only one research project on acupuncture anesthesia remained active, and nowadays in Shanghai acupuncture anesthesia is no longer a clinical option. Thus, ironically, even though acupuncture anesthesia was itself the product of scientistic efforts, and even though it once spearheaded the worlding of traditional Chinese medicine, today it is becoming increasingly marginalized in relation to "international" bioscience and technologies.

The trajectory of acupuncture anesthesia is part of the broader sociohistorical and institutional processes that have shaped the marginality of traditional Chinese medicine. During my fieldwork in Shanghai in 1998 and 1999 I frequently heard practitioners reminisce—as if speaking of lost wonders—about lost herbal formulas and acupuncture techniques as they gradually became crowded out by biomedical procedures. In a conversation with me, An Shidi and Weng Delian, two practitioners who trained in the 1950s, enumerated a wide range of traditional therapies that were going out of use, including treating internal illnesses with externally applied herbs; reducing infant fever with a special tuina technique; the utilization of highly toxic herbs, and so on. These therapies are considered too unreliable, illogical, or even dangerous by biomedical standards, and thus have been replaced by standard (e.g., biomedical) procedures. As Weng said to me:

> Our cohort has seen the ups and downs of Chinese medicine. It was hot in the late 1950s when we entered the Shanghai College of Traditional Chinese Medicine, but that wave died down by the time we graduated [in 1964]. When I was an intern, my mentor and I encountered a case of post-childbirth heatstroke. I asked my mentor why he didn't help. He told me that I was too naive—we weren't supposed to interfere unless invited by the Western doctors who were in charge. That patient died.

> Then Chinese medicine was hot again in the 1970s. But, even during those periods when the government *was* paying attention to us, it was more symbolic than substantial. We never got quite as much financial or administrative support as Western medicine.
>
> Now we don't even dare to deal with medical emergencies. When a patient dies in the emergency room of a Western medicine clinic, everybody is convinced that the patient is supposed to die. You'd be in big trouble if you used herbs and the patient did not get better. Patients and their relatives would make a big scene and name the biomedical drugs you are *supposed* to use. Just by word of mouth, people become well informed of what kind of cutting-edge antibiotics are available—even though they probably don't understand how they work or what exactly they are good for!

Others such as the San Francisco–based acupuncturist Jay Fitzgerald have confirmed Weng's observation about situations in the emergency room. Fitzgerald complained to me about the fact that in the emergency rooms of traditional Chinese hospitals in China one finds antibiotics rather than herbal teas. While on a tour in China in search of pure traditional Chinese medicine he caught a cold and developed a high fever. In spite of his illness he was excited at the prospect of visiting a traditional clinic in Shanghai. To his horror, however, instead of the herbal tea and acupuncture needles that he had expected he was given antibiotics through intravenous injection.

Thus the various configurations of the marginality of traditional Chinese medicine suggest that as scientism mediates the professionalization and transformation of Chinese medicine into a sensational, transnational phenomenon, it also redefines and even reduces the repertoire of traditional Chinese therapies. Moreover, authoritative discourses of science play important roles in delimiting the legitimate space of traditional Chinese medicine in relation to biomedicine, even as the changing contours, trajectories, and positions of traditional Chinese medicine call into question what counts as science, what counts as biomedicine, and what counts as traditional Chinese medicine. As I will show in the following section, it is only when the scope of scientific rationality and clinical efficacy is normalized in terms of the capabilities of biomedicine that the efficacy of traditional Chinese medicine is translated into something extraordinary and everyday practice becomes a site for the birth of "miracles."

From Clinical Success to "Miracles"

Clinical success has historically played an important role in the production of medical knowledge and practice. In China practitioners and scholars compiled collections of "medical cases" (*yi'an*) that documented personal experiences in everyday clinical practice, especially in efficacious diagnoses and treatments.[4] Until the first half of the twentieth century, the yi'an collections were important in Chinese medical writings and were commonly used as textbooks and references for practitioners.[5] Even today, aspiring practitioners use their teachers' clinical cases to enhance their own clinical skills.

Other than serving as raw material for yi'an, an efficacious clinical case sometimes played the much more dramatic role of career making. According to the memoir of He Shixi, a practitioner who was born in the first decade of the twentieth century, producing a sensational clinical case was how Zhu Nanshan launched his career as a renowned herbalist in Shanghai in the late nineteenth century and the early twentieth (He 1997). While still a young man, Zhu made a good living practicing medicine in his hometown in Jiangsu Province until he decided to move to Shanghai. Instead of attracting more business and living a better life, however, Zhu found himself without a clinic or much income. Depressed, he spent the better part of his days sitting at a teahouse. One day, the story goes, the handmaid of the mistress of the teahouse turned to Zhu for help because her son was suffering from an illness called *guzhang* ("drum distension") and none of the local healers was able to cure him. In order to help the son Zhu prescribed herbs for him. As He Shixi writes: "After taking Zhu's herbs for the first time, the patient sweated and defecated in a large amount. His body felt lighter, and his illness was halfway gone. The effect of the treatment was wonderful. Under Zhu's care, the patient completely recovered within a short period of time" (106). The mistress of the teahouse was so impressed by Zhu's efficacy that she spread the news to all of her customers. As a result Zhu became an instant success and eventually one of the top practitioners in Shanghai.

As remarkable as this story is, it does not imply that Zhu's success was entirely accidental. He Shixi points out that Zhu used a dosage five to six times the amount commonly prescribed (107). However, instead of seeing this as a deviation, He Shixi explains that Zhu's boldness was grounded in his ability to discern the clinical situation and his superb understanding of

the ways of herbal medicine. In other words, although the incident itself was accidental, Zhu's success was not. Moreover, even though the initial success launched his career, Zhu came to represent the best of traditional Chinese medicine of the time only after his clinical efficacy was consistently proven.

Clinical success continues to be career defining in contemporary practices of traditional Chinese medicine in China and in the United States. In contrast to previous periods, however, clinical success in traditional Chinese medicine is often mediated by (and in turn marks) its marginality in relation to the biomedical mainstream. Indeed, the marginality of traditional Chinese medicine has transformed everyday efficacy into something out of the ordinary and at times even miraculous. For example, when I asked the herbalist Pang Panchi how she became a famous cancer specialist, she told me that it was "by coincidence." She tells the story as follows:

> My father was a traditional healer specializing in internal medicine. Our family practice was handed down from generation to generation. So I started with internal medicine. But in 1954 I started working at the No. 11 Hospital.[6] They did not have a gynecology department back then. So many female patients came to see me because I'm a woman. I remember that, in that first year, I had a patient who had ovarian cancer, and was undergoing radiation therapy. My colleagues in Western medicine said that her case was hopeless and even surgery would not help her. So she stopped medication and sat at home waiting to die. Her mother dragged her into my office. The mother got down on her knees and begged me to help her daughter. I started trying. The patient had severe lower-back pain, a large volume of watery vaginal discharge, and her tongue was pale. She had also given birth to three children. These were all signs of yin depletion. And I came to the conclusion that she had kidney deficiency [kidney as a yin organ], which caused damp heat and the stagnation of internal evils. I gave her a prescription. She did not get better. So I went to an older healer for help. He suggested a ready-made prescription in the Tang Dynasty medicine book *Qianjin Fang*. I changed a few herbs in the prescription and gave it to the patient. In a month, all her symptoms disappeared! She then went to the Women's Hospital in Shanghai to get a lab test. The report came out negative, and her tumor was gone! The news went around, and all sorts of cancer patients started to see me, hoping for miracles like this. Even the Cancer Hospital began

asking me to help with some of their cases. As I had more and more clinical experiences with cancer, I became a cancer specialist.

Pang is unequivocal and even proud of the fact that her career-defining clinical event was a "leftover" case from biomedicine, and the significance of this event lies in her success in defying a death sentence by her biomedical counterparts. The interaction and comparison with biomedicine is therefore integral to Pang's clinical success and translates it into "miracles." Yet this sense of the extraordinary also underscores the fact that instead of explaining or generalizing the mechanisms of Pang's treatment, the conceptual framework and technologies of biomedicine affirm Pang's efficacy only to the extent of confirming the result of her treatment in biomedical terms. The significance of Pang's "miracle" making thus remains ambiguous: she has accomplished what biomedicine cannot, and yet the rationality of her success is not accounted for—let alone normalized—by authoritative biomedical means. Also, unlike her predecessors such as Zhu Nanshan, Pang stresses that even after she became experienced in dealing with cancer her daily practice continued to have many cases that failed. As she said to me, "The Cancer Hospital only hands down to me cases they have given up on, and oftentimes it's simply too late for the patient." These failures, ironically, make the successes seem even more miraculous.

Like many practitioners in Shanghai, Pang is very much aware of the development of traditional Chinese medicine in the United States, and she is more hopeful about the future of Chinese medicine in California. Less obvious to her, perhaps, is that the stakes in producing "clinical miracles" are even higher in California. For many practitioners in California, clinical success is almost essential in making a living. Wendy Luo, an acupuncturist trained in Shanghai, recounted her experiences after immigrating to San Francisco in 1981 as follows:

> When I first started making a living here as an acupuncturist, many people did not know much about acupuncture and herbal medicine. Patients only came to me for illnesses that Western doctors could not cure. These were often very difficult cases. That's mostly true even today. And patients have very little patience—they would not want to come back if they did not see results quickly. That is a bit unfair—this is medicine, not magic! And why should people expect overnight cures from us, when they have had the illness for years and Western medicine could do nothing about them? But, anyway, I was lucky to soon realize that I had to

produce results, fast—I had to "wow" my patients so that they would spread my name.

I knew a senior colleague who came to the Bay Area around the same time. Back in China, he was very well known for effectively using toxic herbs to treat cancer. But he had problems here because the laws are more restrictive, and prescribing those herbs could get him into trouble. Also because of bad luck, he was not able to cure many patients. He lasted for a year and went back to China.

Many practitioners in the Bay Area have told me similarly complex stories of marginality and "miracle" making. Although at times the encounters with marginality seem disheartening and the pressure to produce "miracles" overwhelming, many practitioners also achieve clinical efficacy and use it to launch careers. Furthermore, as in the case of the deceased Dr. Zhao Zhenjing, "miracle-making" abilities and events facilitate efforts to engage biomedical communities and the general public and to promote Chinese medicine. Therefore, not only individual careers but also the development of translocal practices and communities of traditional Chinese medicine are at stake in the production of "clinical miracles." Back in Shanghai, Li Fengyi—like Zhao Zhenjing—also actively and decidedly engages the marginality of traditional Chinese medicine to perform "clinical miracles" and, in doing so, negotiates professional and broader knowledges, identities, and communities.

Making "Miracles," Transfiguring Science

The headquarters of the Jiren Clinic of Traditional Chinese Medicine is housed on the third floor of a gray concrete office building that belongs to a professional science and technology association. The building is located in the southwest corner of Shanghai—an area that since the 1950s has been the site of a number of major hospitals, including, among others, the Cancer Hospital, the Children's Hospital, Zhongshan Hospital of the Shanghai Medical University, and Longhua Hospital of the Shanghai University of Traditional Chinese Medicine (SUTCM). In addition to the older buildings in the area, there is also something unmistakably new—namely, the clusters of unabashedly glistening "European-style" (*oushi)* apartment buildings that are much desired by Shanghai's emerging entrepreneurial and white-collar classes. These new apartments make the office building that hosts Jiren Clinic seem like an unwelcome reminder of the Mao era. There

are, however, two activities that bring the building to life: the computer and informational technology lessons for local youths and the traditional Chinese medicine practice of Li Fengyi.

The door of Jiren Clinic opens into a small reception area and waiting room. A young female graduate from SUTCM is the receptionist, and she is often working on the computer where patient records are kept. The walls of the waiting room are covered with red silk banners embroidered with big yellow characters. Grateful patients have given these banners in praise of Li's medical ethics (yide) and his medical skills (yishu) (see chapter 2). A plastic Christmas tree decorated with red and gold ribbons stands in one corner. "My colleagues and students, and some of my former patients had a Christmas party here a few months ago," Li explained to me when he saw me marvel at the seemingly out-of-place and definitely out-of-season tree.

In the back of the waiting room is an office where two of Li's colleagues give medical consultations over the clinic's hotline. To the left is a meeting room where Li and his patients sit at a rectangular conference table. Unlike the crowded clinics at most local biomedical and traditional Chinese hospitals, where practitioners share offices and have desks squeezed back-to-back against each other, this room is enviably spacious and easily holds ten to fifteen people. Also unlike most local clinics, there are no laboratory materials or medical equipment in sight. There is, however, a wooden plate with the characters "love" (*ai*) and "kindness" (*shan*) inscribed in calligraphy by Master Hong Yi, the venerated Buddhist monk at the Temple of the Jade Buddha in Shanghai. Sometimes Li's Ph.D. advisees at SUTCM come in to use the desktop computer in the corner of the meeting room, where they write articles or look up information on the Internet.

Li tells me that originally he planned to have the patients sit in the waiting area for their turn to see him: when an individual's turn came up he would then interview that individual in his private office in the back of the meeting room. But the patients decided that they preferred gathering around the conference table so that they could chat in low voices and give out advice (sometimes wanted but more often not) to whomever was being diagnosed. During my visits to the clinic, Li and I would sit together at one end of the table with the patients gathered around us. In this venue it was interesting to note that Li stood out from his patients only by virtue of his white lab coat and the stack of prescription forms in front of him.

This smiling, unassuming man has had a life and career that, much like his practice, is marked by miracles. In 1966 at the beginning of the Cultural Revolution, Li's high school education was abruptly terminated when he and millions of other students were sent away from the city of Shanghai to work in rural China. In 1975 Li secured a rare opportunity to attend medical school at the Shanghai College of Traditional Chinese Medicine. Ironically, for Li the much-coveted opportunity to move back to Shanghai meant giving up his longtime interest in engineering. However, perhaps to his relief, Li was able to learn biomedicine at school. Founded in 1956 among China's first four state-run traditional Chinese medicine colleges, the Shanghai College is both admired and criticized for its commitment to teaching "two-fisted traditional Chinese medicine." This system includes *within* its scope biomedical concepts and techniques; in so doing it refers to, through contrast, other versions of "traditional Chinese medicine" as understood and taught by other colleges of traditional Chinese medicine in China that consider themselves more pure and orthodox.

On an average workday Li receives fifty to sixty patients. On my first visit to Jiren Clinic I arrived at 9:00 AM and already more than twenty patients were there. Some had seated themselves in the meeting room, while late arrivals waited their turn in the waiting area. The receptionist was occupied with entering data into the patients' records, which mainly held the history of diagnosis and the prescription, as well as summaries of the laboratory test results that patients obtained from larger medical institutions. In most cases the patients brought in their own records, but the computerized records ensured that the information would be available when patients were forgetful. Li is known in Shanghai for successfully treating cancers and liver diseases, and the majority of his patients suffered from these ailments. Most of the cancer patients at Li's clinic suffered from a few specific forms of the disease—notably late-stage cancers, cancers insensitive to chemotherapy and radiation treatment, and tumors that could not be surgically removed.

On that first day at the clinic I was struck by the fact that when diagnosing patients, Li used more than tongue and pulse diagnoses—trademark techniques of traditional Chinese medicine. He was also very comfortable with reading various lab reports and films, and with giving advice on surgery and biomedical medication. There were several patients who came in without any kind of medical record or physical exam, and Li gently chided them as he felt their pulses on the wrist. On another occasion, however, he refused to give a prescription to a woman who came in on behalf of her

father, because, as Li explained to her, he could not examine the patient's tongue or feel his pulse.

The morning was almost over when a gaunt old man came in on the arm of a middle-aged man, whom I later found out was the older man's nephew and a former patient of Li's. The old man had lost ten kilograms within three months, had symptoms indicative of lung cancer (e.g., coughing, thick phlegm, and low fever in the afternoon), and had been refusing to get a biomedical exam. After checking the patient's tongue and pulse, Li said to me, "The patient has a thick, yellow coating on his tongue and the tip of the tongue is red. His pulse is wiry and rapid. In Chinese medicine, we call this condition 'ascending counter-flow of stomach qi' [*weiqi shangni*]. In Western medicine it is explained in terms of a large amount of sediments in the stomach. In most cases, this kind of condition turns out to be stomach or lung cancer." Then, turning toward the patient, Li said: "You have to get an endoscopy, and a CT scan or an MRI. Only then would I be able to give you a prescription that targets your specific problem. It would be irresponsible for me to give you herbs right now." Other patients also urged the old man, saying, "Western medicine too is science. It's available. So why don't you make use of it?"

Pointing at the nephew, Li said to me, "He found out a year ago that he had a malignant tumor on the back of his stomach which could not be surgically removed. Around the same time he was laid off from work. He did not want to live. His wife dragged him here. I convinced him to begin chemotherapy and take herbs and my formula medicines. His recent lab report came out negative!" Then, turning toward the nephew, Li said, "Don't worry about finding a new job. I'm working with my business associates to set up a network of traditional Chinese medicine clinics in downtown communities [*shequ*]. We will have three to five practitioners at each clinic to advertise preventive medicine and new health concepts that focus on prevention—Chinese medicine can also serve as a great preventive medicine! Maybe you can help us out at these clinics."

The day ended as Li saw off his last patient, a woman in her sixties equipped with a catheter unit. She had genital melanoma and underwent surgical removal two years ago. But the lesion would not heal after the operation. When Li paid her his first house call, her entire lower body was rotting away. One year of treatment with herbs and Li's own Chinese formula medicine (*zhongchengyao*) enabled her to walk again. She said to me with tears in her eyes, "Dr. Li is a miracle worker!"

It is noteworthy that Li's expertise in science and biomedicine is not outside of but rather integral to the medical repertoire that allows him to produce favorable clinical results and establish medical efficacy and authority. Li's patients, moreover, apparently are less concerned with the epistemological divisions that anthropologists see between biomedicine and traditional Chinese medicine than they are with what works for them (Farquhar 1999). And, after all, "Western medicine too is science."

Furthermore, unlike Pang who became a cancer specialist "by coincidence," Li seeks out liver diseases and cancers to be his specialties. Cancer and liver diseases are among the leading causes of death in Shanghai. However, biomedicine has not been effective in treating late-stage cancers, cancers resistant to chemotherapy and radiation, and tumors that cannot be surgically removed. Liver diseases, as Li and other practitioners have explained to me, can be even more difficult to treat because the intake of medication requires detoxification by the body, which is a function of the liver. Therefore, medication for liver diseases inevitably adds to the ailing liver's workload.

I once asked Li why he chose to specialize in cancers and liver diseases. In response he first said, half jokingly, "It's easy to become famous that way." Then he gave me a more serious answer: "Because these are 'big diseases' in biomedicine. How else can I make doctors of Western medicine take me seriously? They don't want to listen to you if you keep talking about tradition and culture. You have to play their game. And I want to get right at the center of the game." In seeking out medical cases for which biomedicine is ineffective or less effective, even if it means taking on what is left over by biomedicine, Li turns the marginality of traditional Chinese medicine into a vantage point from which he decidedly engages bioscientific medical practices and negotiates professional and broader knowledges, identities, and communities.

To be sure, Li's practice has many critics. Many biomedical doctors in Shanghai—especially oncologists and hepatologists—are ready to point out that he is, after all, a practitioner of "traditional," "Chinese" medicine. Meanwhile, some colleagues in traditional Chinese medicine criticize him for being too "Westernized" or "biomedical." Li is acutely aware of these criticisms. In response, he firmly grounds the legitimacy of his clinical practice in his ability to keep producing "clinical miracles." As he states, "I am not worried about others attacking me for what I do. My clinical results speak for themselves!"

But clinical results do not always speak for themselves. As Veronica Nelson, a young acupuncturist in San Francisco, puts it, "Herbs are sexy. But with our Western training we need scientific experiments to back them up." In both China and the United States, laboratory experiments and clinical trials on traditional Chinese medicine strive to follow the "standard procedures" by which biomedical experiments are performed. This particular way of conceiving of scientific experiments often poses conceptual and procedural difficulties for traditional Chinese medicine, such as in the case of acupuncture anesthesia. This does not mean, however, that traditional Chinese medicine always plays the passive subject that comes under the omniscient gaze of science. In fact, decades of experiments on traditional Chinese medicine have challenged the existing conceptual framework of science. Bob Miller, a physiologist who was part of the American Anesthesia Study Group in 1973, is now a professor emeritus at a large public university in the Southwest. Rather than scaling back on his research activities, he is currently designing experiments on the connection between qi and consciousness. This is an exciting project for him precisely because of the conceptual challenges it poses: "The conservative scientific hypothesis is that you can explain human behavior by brain function. That gives you a simple picture of the body as a machine. But that's not the whole picture. Qi, or life energy, just does not fit into this hypothesis. That's *shattering*. That's a big deal. That's bigger than a cure for cancer. That's the whole conceptual framework!"

Miller is one of the many who are enthusiastic about what they understand as a profound transformation that traditional Chinese medicine is bringing to more authoritative understandings and practices of science. Li Fengyi, for his part, takes part in producing and transforming science through classroom education. During a lecture for first-year students at SUTCM Li said, "We need to raise the level of the discussion of traditional Chinese medicine to the discussion of 'science.' Science is about rational explanations of nature, and these explanations are represented by scientific theory. No theory can be the exact reflection of reality because theories are always produced within and limited by specific historical periods. Yinyang and Five Element Theories, as we have discussed, are the conceptual basis of Chinese medicine and are examples of such theories. They are rational ways of understanding and coping with nature." In interpreting, reinscribing, and subverting modernist conceptions of science, nature, and rationality, Li not only rationalizes the conceptual basis of traditional Chinese

medicine, but also transfigures science by placing traditional Chinese medicine firmly *within* the scope of scientific knowledge and practice. Not protoscience, not pseudoscience, not Chinese science—just science.

Many students find themselves captivated by Li's distinctive lecture style. During lectures he routinely uses his own clinical cases—or rather "clinical miracles"—to illustrate medical concepts and methods. Students are quick to tell me that they are willing to hear Li's views on science and medicine because these views come from a man with extraordinary clinical success. Some even seek out Li after class to discuss the question of science and the future of Chinese medicine. Li's ability to perform "clinical miracles" and to make them travel from clinic to classroom has contributed to his authority to speak creatively of and for science.

Evans-Pritchard reports that he had to let himself be guided by the Zande interest in "witchcraft" when he was in Zandeland, and when he was in Nuerland he became temporarily "cattle-minded" because that was the worldview of the Nuer (1976:242). For him being "cattle-minded" meant stepping outside of what he considered to be the realm of science and Us. The anthropologist's ability to be "cattle-minded" is thus grounded in the construction of the Great Divides—between science and nonscience, knowledge and belief, rational and irrational, universal and local, nature and culture, Us and Them.

Here I propose the potential advantage of being a little "miracle-minded" in our understandings and analyses of science. The multiple, creative, and sometimes contradictory ways in which differently situated people produce, invoke, and interpret the "clinical miracles" of traditional Chinese medicine remind us that the Great Divides are constructed through uneven and interactive sociohistorical processes, and are open to interested negotiations and transfigurations. Moreover, if "miracle workers" such as Li Fengyi can contest and transform these divides in everyday discourse and practice then we too can do so in our analyses of knowledge production.

I further suggest that to critically examine and move beyond the Great Divides we need to explore more fluid and participatory ways of envisioning, producing, and analyzing science, and we can begin by considering science as translocal, open-ended processes and networks for knowledge, identity, and community formation. In other words, we may think

about the ways in which "science" is worlded and transformed. As I have described, in the everyday discourse and practice of traditional Chinese medicine—in particular through the production of "clinical miracles"—the recurring question of what counts as science proves to be inextricable from the question of who is authorized to define and craft science and rationality. The elusive answers to these questions are shaped by larger, transformative sociohistorical processes. At the same time, they also depend on the extent to which practitioners are able to successfully negotiate individual and collective knowledges and identities, as well as their abilities to forge and mobilize inclusive, translocal communities that extend beyond the immediate circle of local practitioners. The knowledges, identities, and communities of traditional Chinese medicine are constituted through shifting, overlapping processes and networks that render the boundaries between traditional Chinese medicine, science, and biomedicine anything but fixed or self-evident. In dismantling the Great Divides I hope we can further broaden the scope and means of anthropological inquiries into science by embracing the complexity in the ways of making knowledges and meanings.