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Eating Chinese Medicine

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Reading medical anthropology could easily convince one that medicine everywhere is a pretty grim and ghoulish business. Healing technologies of all kinds seem invariably to address suffering and death (why else would we bother to study them?), and the apparently universal power relation of “doctor and patient” casts the victim of disease as also a victim of social inequality or of structuring cultural models. In this article I take a slightly different tack, departing from an already well-developed anthropology of the body to propose that medical practice might at times be a source not just of domination but of empowerment, not just of symptom relief but of significant pleasure.

The practice in question is that of traditional Chinese medicine. The “pleasures” that I explore are those of the late 1970s and the 1980s in urban China. In the wake of the Great Proletarian Cultural Revolution, which ended in 1976, economic reform was well under way, writing of all kinds was exploding into a hyperactive publishing and academic universe, and free markets were bursting with commodities, while every sort of expertise went up for sale. The bitter divisions produced by 25 years of aggressive political campaigns were neither forgotten nor fully remedied, and the difficulties of competing in a global capitalist market made the future appear as perilous as the past had been bitter. A vocal and paternalistic leadership still blared normative propaganda in every medium, and “the four modernizations” seemed at times to demand as much self-sacrifice and offer as little reward as the march toward true communism had just a few years before.¹ In this climate, people crowded into the urban hospitals and clinics of traditional medicine and ate lots and lots of herbal medicine.

Food, Medicine, and China's 1980s

Once Zhu Ziyue had settled himself in a room [in the bath house, after lunch], he was like an invalid in the hospital, he did nothing whatsoever under his own power. Waiters brought and poured tea, masseurs drew water, he didn't even have to remove his own shoes. Zhu was unwilling to lift a finger because he witlessly preferred to concentrate all his efforts on that stomach of his. He felt that since

eating was a pleasure, then digestion was also an inexpressibly refined beauty; one should devote oneself to knowing it experientially and not allow externals to disperse one's attentive powers. The best way to concentrate this power was to soak in warm water, evacuating all thoughts, stilling all memories, just feeling the delicate movements of the stomach, such that the whole body had an unspeakable ease and sweetness. This was as wonderful as tasting fine food, though the two experiences could not be exchanged for each other.

—Lu Wenfu in "The Gourmet" (1986a:6)

The five flavors are the five types of Pungent, Sweet, Sour, Bitter, and Salty. Some drugs have a Clear or an Astringent flavor, so in reality the types are not confined to five; but they are customarily still called the five flavors. The five flavors are also an expression of the roles of drugs, different flavors having different functions. . . . Generalizing from the historical experience of using drug flavors, their functions are as follows:

Pungent has the function of spreading and disseminating, moving qi, moving Blood, or nourishing with moisture. . . . *Sweet* has the function of replenishing and supplementing, moderating the Middle *Jiao*, and slowing acuteness. . . . *Sour* has the functions of contracting and constricting. . . . *Astringent* has functions similar to those of sour drugs. . . . *Bitter* has the function of draining and drying. . . . *Salty* has the function of softening hardness, dispersing lumps, and draining downward. . . . *Clear* has the function of condensing Dampness and causing urine to flow.

—From *Chinese Pharmacy* (Chengdu College 1978:7)²

It has often been pointed out that food and medicine are not radically distinct in China (Anderson 1988:188; Anderson and Anderson 1977:368–369; Chang 1977:9; Kleinman 1980:275–277; Lai 1984:12–14; H. Lu 1986; Simmons 1991:15–26). Books on Chinese cooking often emphasize the medicinal value of foods and the importance of "nutritional therapies" dating from earliest times; many of the vegetable and animal products decocted in Chinese medicines are used routinely in cooking. During the 1980s, talk at banquets frequently revolved around the healthful properties of foods being consumed, and nutritional and food preparation advice was commonly tendered in clinics along with herbal prescriptions. Periodicals ranging from daily newspapers to the most formal and conservative journals offer seasonal advice on adjustments of diet for health and well-being.³

The languages of Chinese food and traditional herbal therapy share not only the flavor terms listed in the second quote above but also elaborate terminologies and technologies of cooking. Considerations of appearance and texture which are so important in the world of food count for little in the preparation of medicine; but both technologies are ultimately family affairs that can dominate daily life. Further, both cooking and herbal medicine draw on a wide variety of substances,⁴ which come to these intimate domestic domains trailing connotations of place, seasonality, and textual elaboration.⁵ The practices of commensality and traditional healing in China are deeply historical and extensively theorized modes of work with bodily sensations, technologies of embodied knowledge.⁶

In this article, I explore some implications of a specific sensuality through reflection on the texts and discourses from which I have drawn the extracts

quoted above.⁷ Cooking, food connoisseurship, and herbal medicine not only live in clinics and restaurants but are also taught in schools and generate products that fill China's proliferating billboards and television advertising. At the same time, they are literally embodied at the most mundane levels of everyday life. Beginning with these unremarkable cultural facts, I explore features of embodiment and practice that return us in the end to a certain painful historical situation of today's China. In other words, it is this historical moment itself that is the object of interest in this study. I treat practices of writing and herbal medication as remotely linked but mutually clarifying symptoms of a much broader process of personal and national reconstitution after Mao Zedong.

One cannot place food, drugs, and the body outside the reach of language and the play of instituted powers.⁸ But the way in which everyday life and embodiment are historicized bears some reflection. It is tempting, in an anthropology of the body, to seek *symbolic analogies* between the domain of cooking or medical practice and the political formations of the modern state.⁹ But this method has the disadvantage of holding political and material domains apart so that they can be analogized to each other, a priori idealizing the former while rendering the latter mute. Politics speaks history, but food and medicine can only dumbly figure it.

In this study, I prefer to examine the specific cultural practices through which the spoken and the silent, the political and the embodied, are actively and materially constituted in a social process that need not be differentiated into ideal and material aspects. First dwelling at some length on Lu Wenfu's story quoted above, then describing certain sensory and bodily issues in the everyday practice and domestic use of traditional medicine, I will suggest that traditional medicine has produced itself in the 1980s as a meticulously "depoliticized" domain.¹⁰ Throughout I will emphasize problems of the sensuous and the personal in a socialism that until very recently recognized only the body that served the people through collective production and family reproduction.¹¹

The Gourmet

Lu Wenfu's 1982 novella, "The Gourmet," adopts the world of food, cooking, and eating to examine the politics of production and consumption in everyday life (Lu W. 1986a; see also Lu W. 1986b).¹² The narrator, old Gao, is the manager of a state-owned restaurant; his nemesis Zhu Ziye, a distant relative, is a gourmet and an idle member of the former landlord class. The story is stuffed with food words; eating, cooking, buying, and transporting of food accompanies every step as the plot develops. Hostile actions are metaphorized as swallowing, roasting, and slicing; pain is "sour," "pungent," "searing"; emotions and characters are reported as bitter or sweet. Pleasure is sweeter still, and detailed sensory images are constructed to articulate it. An intimate portrait of the old city of Suzhou is accomplished through a minute rendering of its local cuisine, and action takes place in streets and lanes full of food vendors and the sounds and smells of cooking.

The morals of production and consumption, state duties and personal desires, can be infinitely extended through this allegorical form. The exploitation of bathhouse workers noted in the quote above—everyone should at least be required to remove his own shoes—is only one of the many ways in which Zhu Ziyue's pleasures ride upon the labor of the masses. At one point the gourmet's wife, laboriously cooking to serve his pretentious guests, says of him, "This man is a gilded chamber pot, all he can be is a mouth" (Lu W. 1986a:84). The gourmet affronts the sober egalitarian morality of the narrator by eating for pleasure, not for health; rather than producing a sound socialist citizen who serves the people, his eating produces only the private ephemera of bodily pleasure for a person who does not know how to work.

Zhu Ziyue's selfishness is patently obvious at the nadir of the Cultural Revolution:

The neighborhood committee could hardly fail to make some gesture. . . . It was pretty easy for them to make me stand at the doorway to their offices in the morning, confessing my crimes along with Zhu Ziyue and [his wife] Kong Bixia. It had come to this, that Zhu Ziyue and I were standing up together!

Standing in front of the neighborhood committee wearing a placard—the taste of this was harder to bear than [my previous experience of] being made to stand on a stage as a criminal. . . .

Kong Bixia couldn't stew for long like this, standing there with her head half-shaved, and wearing a placard saying "female special agent"; she was a person who liked to dress up and who valued her dignity. . . . In addition, that blasted Zhu Ziyue had the effrontery to volunteer the confession that he had seen Kong Bixia peeling the paper labels off the foreign canned goods [she had received from her ex-husband in Hong Kong] and pressing them in the glass-topped table; then he said he saw her burn them at the time of the campaign against the "Four Olds." . . . "secret messages" were supposed to have been on the back of the labels! Kong Bixia blushed, then glared, then became agitated; after standing for less than half an hour she toppled to the ground, her face flushed, unconscious. [Lu W. 1986a:55–56]

As those thought to be guilty of crimes against the people cook slowly in the heat of distasteful attention, often seriously contemplating their own errors (Lu W. 1986a:50, 54), the gourmet can only seek to shift the blame to his own wife and devoted cook. The idea that cans of food should be the bearers of a code draws attention to the way in which political purposes also reside in everyday necessities. But from the point of view of the narrator, there *are* no coded messages outside the desperate imagination of the gourmet.

Shortly after this denunciation, the narrator and his whole family are sent down to the countryside, where they eat tough old hens and drink bad liquor; but Zhu Ziyue continues his old life relatively undisturbed, "still living at No. 54" and eating well (Lu W. 1986a:57). In such ways food and eating trope politics throughout the story.

It is important to point out that Lu Wenfu does not write as an objective reporter of some naturally occurring or timeless Chinese obsession with food. Rather, this story's critical purposes are advanced by a selective emphasis on an

absolutely commonplace and necessary activity which (the text argues) cannot fail, in contemporary China, to be political. If one theme had to be chosen to characterize the story, it would be the demonstration that everyday life is irretrievably bound up with political struggle.¹³ Thus food and eating, at once absolutely ordinary and technically complex, are able to figure both the intimacy of class conflict and the historical character of a harsh climate of moral judgement. Politicized in this way, food and eating become a suggestive and well-worked figure rather than (as some would have it) a Chinese cultural essence.

The virtue of “The Gourmet” for my purposes is its brilliant political articulation of embodiment, consumption, and the indigenous technologies of cooking and eating. Chinese writing of this kind enlivens the mundane and charges the conditions of everyday life with new significance.¹⁴ As it appropriates the concrete in sophisticated rhetorical projects, it incidentally gives outsider-anthropologists a glimpse of much that is taken for granted about contemporary Chinese life. In the language and imagery of this story, we can read a thousand sensory pleasures and a thousand social demands. Along with the smells, sounds, and flavors of food, we can see the varieties or “tastes” of suffering and the frustrations and rewards of commensal life.¹⁵

We will return to the world of food, which like Lu Wenfu’s story, turns more ambiguous under the new economic order, but first it will be necessary to explore the world of Chinese medicine for its own technologies of embodiment.

Chinese Medicine Today

In the early 1980s, it was fashionable for young thinkers in institutions of traditional Chinese medicine to compare the body known by their specialty with a “black box” (Liu 1982:206–207; Hou 1981:119–120; Guangzhou College 1982:88). This image, borrowed from behavioral psychology and cybernetics, lent a cosmopolitan and scientific aura to a set of ideas and practices that were too easily thought of as flawed: Chinese medicine *lacked* anatomy. In addition to making any epistemological translation between Chinese medical knowledge and biomedical knowledge very difficult, this condition of lack risked being interpreted as a mere oversight in the Chinese tradition. How could Chinese scholars have neglected to investigate the structure of the human body and, thus, have failed to invent a Chinese version of modern medicine?¹⁶

For those who were staking their budding careers on the specificity and scientificity of Chinese medicine, it was necessary to counter this fundamentally insulting question with concepts that could direct attention to the epistemological specificity of their field.¹⁷ With the image of the black box, the functional body treated by Chinese medicine could be seen as a site at which inputs and outputs were correlated in sophisticated classificatory abstractions. Though they posit and discuss “illness mechanisms” of a particular Chinese medical kind, practitioners ultimately can be agnostic about pathology as it is understood in biomedicine. As I have argued elsewhere (Farquhar 1991a, 1991b), doctors of Chinese medicine do not worry much about the location and structural characteristics of a “lesion” nor do they bother to identify microbial agents

of disease. What they are good at is fitting the therapy to the illness as it unfolds over time (Farquhar 1992).

To suggest that the contemporary practice of Chinese medicine consists of matching symptoms with herbal treatments in a mere correspondence table is a great oversimplification.¹⁸ But most patients and other outsiders to the field are strangers to its particular technical logics and skills. For them, this medicine cannot but appear as a matching process: the patient's reported history of discomforts and other symptoms is meticulously noted in a list, and an herbal prescription, a list of components with quantities specified, is generated in response. Quite often the only record about a case is, for each clinic visit, this list of symptoms and its corresponding list of drugs written in the outpatient case record booklet. Experienced doctors are able to interpret much from this minimal information with their "insiders' view" (*neihang guandian*), but patients see only a certain aspect of their illness and a manifestation of the treatment written down.

The herbs prescribed are carried home in a collection of paper parcels (one parcel for each daily dose). They must be boiled with water (and often some additives, such as fresh ginger root) in a partly closed receptacle for an hour or more; most households of my acquaintance have a special earthenware pot for the purpose. Many doctors instruct patients to boil the herbs down to half the volume of liquid, refilling with water two or three times to extract the maximum efficacy. Thus the decoction process can be very time-consuming. Ideally the earliest riser in the family (one pictures an old grandmother) should start the medicine cooking while preparing breakfast, and the first dose should be consumed by the sufferer at the start of the day. Subsequent doses on the same day can be quickly warmed up in a steamer. As the drugs simmer on the stove, they produce an unmistakable odor; like the smells of garlic, ginger, and hot peppers that fill apartment buildings and household compounds later in the day, this aroma of Chinese medicine spreads through courtyards and back lanes, identifying the home of a sufferer.

Contemporary Chinese urbanites, who are these days much more enthusiastic users of Chinese herbal medicine than rural people,¹⁹ complain about the "inconvenience" of this process. Young families no longer have an old grandmother handy to coordinate lots of elaborate cooking, and intensified work and study schedules leave little time to prepare and "slowly sip" herbal decoctions. Some patients whom I have spoken with say they "can't swallow" Chinese medical decoctions, as they find them too bitter and unpleasant. Thus, many who find uses for herbal medicine now prefer to consume "made up" medicines (*zhongchengyao*) in pill or infusion form; these can be bought in neighborhood drug stores and carried along to work or social gatherings. Such patent medicines are "easier to swallow" and handier to take, but they are widely acknowledged to be less effective for stubborn complaints than custom-written prescriptions that are tailored exactly to the specific illness manifesting specific symptoms.²⁰ Hence there are many who still seek out a classical form of "traditional" Chinese medical practice *despite* its inconvenience. What gratifications

do they derive from this technology? What features of their situation or of Chinese medicine itself make it attractive to this wide variety of patients?

In asking these questions, I do not propose to understand the techniques offered by Chinese medicine (or gourmet cooking, for that matter) in functionalist terms. Too often in anthropology the mere existence of a cultural institution, such as a group of practices known as an alternative medicine, is enough to posit some basic and universal human *need* that this set of practices must fulfill. Rather than suggesting that the users of traditional medical services in contemporary China need an indigenous form of psychotherapy, or need a mode of medical practice that is couched in “culturally appropriate” terms, I want to consider certain *pleasures* that may be cultivated by those who (for whatever reason) seek traditional medical care. Perhaps by beginning with pleasure—the variable, contingent, and fleeting domain of subjectivity—rather than with need—which biological anthropology has tended to render as an invariant and inescapable feature of human nature and behavior—the body can be replaced in history and the social. I will argue, then, that the comforts offered by traditional medicine in today’s China, and consequently the institutional vigor it continues to enjoy, are in many respects specific to the moment. At the very least, they may quietly escape the deafening, ubiquitous voicing of moral, political, and public health propriety, with its implicit functionalism of avoiding social chaos by meeting the “needs” of the people.

Basics of the Clinical Encounter

What kind of body practice, then, is involved in the work of Chinese medicine?²¹ Several features of the contemporary clinical encounter suggest that the body at issue is a sensorily nuanced collaborative product. Illness alters a sufferer’s perceptions and practices of embodiment, and therapy, if it works at all, alters them again. For any style of medical practice, these transformations are played upon in every aspect of the daily work of healing. Chinese medical practice includes certain relatively invariant features that are suggestive for understanding how patient and doctor work together toward a better embodiment.

1. Medicine Begins with Discomfort on the Part of the Patient

This observation is less obvious than it sounds. Doctors of traditional medicine in contemporary China deliver little primary care and operate outside most systems of public health screening of the general population. Users of traditional medicine tend to suffer from advanced chronic complaints (e.g., arthritis, migraines, chronic vertigo), stubborn debilities (e.g., fatigue and lassitude, constipation, impotence, poor digestion), or undesirable insufficiencies (e.g., infertility, baldness). These patients know they are ill because they feel bad, and they need to boost the efficacy of their everyday means of self-care. In other words, patients have clearly identified complaints and have no difficulty saying whether their treatment is working on the basis of “subjective criteria.” In light of this fundamental feature of clinical work, it is telling that no “sufferer”

(*huanzhe*) who presents a complaint at a clinic of traditional medicine goes away without a prescription or a treatment of some kind. Even if she or he consults a “modernizing” doctor who uses blood and urine chemistries, X rays, and sonograms as part of his or her Chinese medical practice, and even if all these tests come out “negative,” the patient is still deemed to be ill and still a good candidate for treatment. Precisely because herbal prescriptions are so intimately tailored to symptomatic expressions, if the patient can name the symptoms (and I have never seen one who could not) the doctor can design an intervention. This is no quick, flavorless pill or injection but a whole technology of cooking, tasting, and timing as patients wait to feel the results.

2. *The Patient Is Able to Report His or Her Condition in Detail*

The naming of symptoms involves several complex vocabularies. The most important one, of course, is theoretically coterminous with modern spoken Chinese, the various local languages in which patients describe their worries and discomforts in clinical settings. But even the conventional medical language of symptoms is not really foreign. Unlike the Greek and Latin etymologies that sometimes obscure commonplace notions in biomedical practice, symptom terms in Chinese medicine are mostly made up of words that are, or recently were, in everyday use. In fact, they could almost be said to reveal the medical nature of mundane discomforts rather than disguising the mundane nature of medical concepts.

Symptom terms like aversion to cold, perspiration of the five centers (i.e., soles of feet, palms of hands, center of chest), reduction in appetite, and aches and pains that can be described as sharp (like a knife blow) or dull (like aching), as heavy, needling, twisting, scorching, icy, lurking, or tugging, are defined in the authoritative dictionary of Chinese medical terminology and briefly explained in introductory textbooks (e.g., Beijing College 1978:83). However, once one understands certain professional distinctions, such as the difference between aversion to cold and chills, these terms can function as a simple shorthand for patients’ descriptions of their complaints. In clinics, where many patients return often for consultations and updates of their prescription, these terms are quickly adopted by all. In other words, patients may learn to focus on an aspect of their condition that their doctors find interesting; but this learning requires neither a new sort of experience nor a radically different language for it.

In effect, the translation process between the patient’s account of illness signs and the doctor’s record of medical symptoms does not seek a very high level of generality.²² If the patient has a number of miscellaneous illness signs to report, the record will show a rather long list of symptom terms. No one obsesses over achieving a one-to-one correspondence between patient narratives and illness inscriptions, but an oversimplification or too-powerful abstraction of the patient’s report could make it difficult to design a properly adjusted drug prescription. What both doctor and patient seek in the clinical encounter is not a powerful agent that penetrates to the core of a disease lesion, but an interven-

tion articulated in multiple ways to the complaint itself. The notion of a hidden interior cause, knowledge of which relies upon technological visualization (e.g., microscopes, X rays, scanners, or tissue-culture models), is not entirely foreign to contemporary Chinese medicine, but neither is it very important in clinical practice. The proverbial “magic bullet” is, apparently, not even dreamed of. What traditional practitioners and their patients produce instead is a well-tailored garment of care, fitting the surfaces of the ailment and slowly but surely transforming its manifestations.

3. The Doctor's Choice of Therapeutic Strategy, and Especially of Particular Drugs and Their Relative Volumes, Is Significantly Determined by the Patient's Account

I have argued above that the symptoms addressed by a drug prescription are referred to by names that are not very remote from everyday life. The symptoms drawn from the patient's account of his or her illness are then processed through higher levels of analysis that arrive at a named syndrome and a closely matched treatment principle. There is no space to describe this more abstract and technical level of the clinical encounter here, but the continuing importance of the patient's reported symptoms can be demonstrated with a brief example.²³ The following case of an acute febrile illness was published in an anthology of exemplary cases in 1983 (Yu and Gao 1983:10–11):

[Name:] Jiang, M-18: Spring warm syndrome with high fever, no remission throughout course of illness. Agitation and irritability, dry mouth with excessive thirst, red face and foul mouth odor, tongue and lips dry and parched, occasional delirious speech, no appetite, no bowel movement for eight days, pungent and cooling drugs already administered with no effect. Pulse smooth and accelerated, tongue coating yellow, thick, and dry.

Diagnosis: Spring Warm Repletion in the yang visceral systems.

Treatment principle: clear above and drain below.

Prescription:

- | | |
|--------------------------------|---------|
| 1. forsythia | 9 gm. |
| 2. black-roasted gardenia seed | 9 gm. |
| 3. baical skullcap | 6 gm. |
| 4. Anemarrhena | 12 gm. |
| 5. fresh rhubarb | 6 gm. |
| 6. dark brilliance powder* | 4.5 gm. |
| 7. tricosanthes fruit | 9 gm. |
| 8. citrus (roasted fruit) | 4.5 gm. |
| 9. four o'clock (root) | 6 gm. |
| 10. fresh licorice root | 2.4 gm. |
| 11. dendrobium (stem) | 9 gm. |

*composed of licorice and radish root, treated with sodium sulfate.

This is a variant of Barrier Cooling Powder, a prescription that has the function of clearing Heat from the upper part of the body while draining static Heat accumulations from the lower part of the body. The verb “to clear” (*qing*) in the terminology of treatment principles usually means to drive a worsening Heat condition from the relatively interior parts of the body. In this case, “draining

below” refers to simultaneously bolstering fluids in the lower parts of the body and encouraging excretion.

The drugs used are all Sweet, Bitter, or both at once; all but one are known to be cooling as well, an appropriate emphasis given the patient’s marked fever. Bitter drugs, as we saw above, function to drain; five of the nine drugs classified as Bitter in this prescription have the specific capacity to “drain Fire or Heat.” Because Bitter and cooling drugs can quickly harm digestive functions, Sweet drugs are often used along with them to replenish fluids and encourage more effective nourishment. By directly treating digestive functions, the Sweet drugs in this prescription (four of eleven) serve to regulate an asymmetry between symptoms recorded as “excessive thirst” and “no appetite.”

Revisiting the symptoms in this illness—high fever, agitation and irritability, dry mouth with excessive thirst, red face and foul mouth odor, tongue and lips dry and parched, occasional delirious speech, no appetite, no bowel movement for eight days, pulse smooth and accelerated, and tongue coating yellow, thick, and dry—we can see that a relatively simple set of qualities realized in the prescription have addressed the chief symptoms: fever, constipation, thirst and parched mouth and lips, and loss of appetite are all considered. Thus, although the rationale for this treatment involved an unusual division of the body into upper and lower parts, each requiring a different treatment principle, at the same time the prescription itself can be seen as directly addressing every important discomfort that was originally reported. However abstract a doctor’s understanding of an illness may become, it is part of his clinical work to reconsider the individual symptoms as the prescription is written, making sure that no detail of the patient’s report has been missed.

4. Subsequent Visits Reconsider Symptoms as They Change, and Adjust Drug Deployment Accordingly

One characteristic of the contemporary practice of traditional medicine that is much valorized in Chinese debates today is its flexible monitoring of illness changes. In the case of “Spring Warm” just discussed, for example, the published case reports three subsequent examinations, in each of which the rapidly improving condition of the patient was encouraged and regulated with a new prescription.

However inattentive a patient may have been to his or her bodily state prior to seeking traditional medical treatment, once entered into this therapeutic process a cultivated attentiveness to symptoms and a willingness to report subtle changes is part of the process. I have seen healthy and previously carefree young women who, having failed to conceive during the first year or so of marriage, became highly trained experts on their own bodily state under the prompting of traditional medical treatments for infertility. Slight feelings of chill or fever, headaches, periods of fatigue or irritability, the timing and colors of vaginal discharges, and the frequency and qualities of urination and defecation are all monitored jointly by doctor and patient as they evaluate the effects of the drugs and work toward increased reproductive capacity.

Similarly, patients living with severe chronic illness such as asthma, arthritis, coronary heart disease, or migraines become microtechnicians of cause and effect. They note the timing of the appearance of symptoms in relation to daily demands, frustrations, and pleasures. They experiment with little disciplines and indulgences, monitoring responses in their condition and weighing the costs and benefits of newly invented practices. They may warn their families and co-workers not to upset them lest there be more frequent spells of heart palpitation or vertigo; or they may alter the family diet for months because some exotic tinned product tends to prevent painful flare-ups. Recently, in several big cities, sick people have turned in droves to Qigong, meditative breathing exercises the practice of which shades into and often coexists with utilization of traditional medical services.²⁴

Such responses to chronic illness are well known in North America as well. Here they can be seen, at least in part, as refusals on the part of patients to cede all expertise about the causes and management of their conditions to the medical specialists. Creative self-regulation of medications and symptom flare-ups are prone to be classified as problems of “compliance” in the clinical literature of biomedicine. But Chinese sufferers have a responsive audience and a sophisticated technical partner in their doctor of Chinese medicine. In regular clinical visits, the doctor tinkers once a week, or every three days, with volumes and varieties of medicines. In response to the patient’s regular report of his or her changing symptoms, the doctor produces an ever more refined herbal prescription, which is then carried home and boiled up every day—using costly fuel and scarce cooking space on tiny two-burner gas stoves—creating an aroma that wafts through whole apartment blocks and a taste that puckers the mouth and “plunges straight to the stomach like a red thread” (Lu W. 1986a:84).

An Aesthetics of Habitus

What is this sort of practice if not a connoisseurship of embodiment, an aesthetics of habitus with its own elaborate technology of self-transformation? Chinese medicine may justify itself these days as an integral part of a public health care system aimed at keeping the Chinese masses strong and productive. Does it not also, however, offer a very personal kind of pleasure and a domain for the frequent exercise of discrimination between the desirable and the odious? The distinction is perhaps between a tool significant in terms of its results—health—and an intrinsically self-justifying practice, a regimen healthful in itself. The everyday techniques through which individuals, even if they are of modest means, comfort themselves, compensate for daily difficulties and frustrations, or build a life of reliable bodily satisfactions, at the very least include medical and exercise regimens alongside those of cooking and attire.

The moment at which aesthetics in the European tradition began to separate from its bodily reference to sensuous perception is classically found in Kant, where the life of the senses is subordinated to “a formalistic ethics, an abstract theory of political rights, and a ‘subjective’ but non-sensuous aesthetics” (Eagleton 1990:21; see also Buck-Morss 1992; Williams 1977:151–157,

1983:31–32). Within aesthetic philosophy from the 19th century onward, the image and the word have come to have an assymetric valuation (Barthes 1977; Mitchell 1986). “Art” is thus supposed to be visual but nonverbal, beautiful but not useful, and aesthetics is its science.

Clearly Chinese medicine and other bodily arts are not well explained by this idealist approach to the aesthetic, since they continue to speak of the “particulars of sense” that also interested the earliest European writers on aesthetics. If *aesthesis* is the work of the senses, the aesthetics we can perceive in Chinese medicine is a developed and articulate appreciation and cultivation of the sensuous. Its articulateness is both bodily and verbal, indeed refusing a separation between these dimensions in its language, which is both poetic and clinical, and its action, which is on a body that both speaks and feels.²⁵ The particular articulation of this field is best exemplified in its techniques for producing or maintaining the pleasant, comfortable, gratifying, or interesting in place of the painful, irritating, distressing, or dull.

It is often the case that neither patient nor doctor is satisfied with clinical work if all it achieves is a disappearance of symptoms. They are working with a language that can articulate a highly nuanced, positive, good health, and their goals are high. Further, while never denying the materiality of traditional medicine’s practices and effects, nor attempting to question or confirm its apparent efficacy, we can nevertheless perceive a great interest in formal elegance on the part of all concerned. When a classic, ancient, and well-structured prescription has the exact predicted result, or when a play on words results in an improbable but highly effective strategy, everyone is pleased.

The most commonplace indication of an aesthetic interest in Chinese medicine is the fact that the clinical encounter is referred to as *kanbing* (looking at illness). Both doctor and patient *kanbing*—to report for duty as a doctor and see patients is to “look at illness”; to take leave from work and go see the doctor for treatment is to “look at illness.” Although this conflation of what seems to the English-speaker to be two meanings in one word is often pointed out in introductory Chinese classes as just one of those little ironies of learning a foreign language, it is not difficult to understand more substantively. The object of attention in Chinese medical analysis is not a person but an illness process.²⁶ Information provided by the patient about the history and daily variation in this process is as crucial to the analysis as resources brought to bear by the doctor from his clinical training and study of the classics. Seated side by side around the corner of a table, doctor and patient together contemplate the illness. They study its patterns and produce an intervention that conforms to them, countering both its deepest movement and its smallest nuances. They are not “seeing” *each other*, as common English usage would have it. Rather they are seeing the illness process, temporarily objectified in the language of symptoms and the language of drugs. Each of these idioms has its beauties and its rigors, and the processes through which they are simultaneously embodied and perceived have their carnal satisfactions.

The brief technical excerpt cited at the outset of this article accords specific functions to each of the flavors. The idea that “flavors” could have powerful physiological efficacies is odd enough to have been politely ignored by most of the English-language literature on Chinese herbal medicine. (Some exceptions are Porkert 1974:193, Sivin 1987:181–182, and Farquhar 1994.) Participants in Westernized cosmopolitan culture are firmly under the sway of an idealist and visually biased aesthetics of the senses: we know that flavors are in the domain of pleasure, which must be epiphenomenal to bodily transformations such as illness or therapy.

Of course it must be quickly insisted that *Pungent, Sweet, Sour, Bitter, and Salty* function largely as category labels in the contemporary literature of Chinese herbal medicine. But they need not be seen as entirely arbitrary rubrics. In Chinese textbook explanations, the five flavors combine direct description of tastes with classifications based on “historical experience”:

The properties and functions of Chinese medicines are both based on the distinctions of peoples’ senses of taste and smell and summarized and generalized from all sorts of objective results reflecting the long-standing healing practices of the people. [Wang M. 1988:220]

Pharmaceutical classification is seen here partly to reflect the actual tastes of herbal substances. That these tastes are then correlated with particular efficacies is a fact that, in Chinese discourses, requires no explanation. Conversations around many a banquet table have convinced me that this sort of power is also attributed to flavors in other domains of Chinese daily life.

A further important commonplace of the clinical encounter is pulse-taking, a technique requiring trained sensitivity on the part of the doctor to discern distinct pulse images numbering (in some systems) as many as 28. Shigehisa Kuriyama has compared the kind of understanding involved in pulse technology to statements such as the following: “Bordeaux wines of 1935 are distinguished by their chicory bouquet,” or “Steinway pianos have a baroque timbre.” Such statements “neither call for nor permit critical examination, rejection, or assent” (Kuriyama 1987:57), although it might be pointed out that such qualitative statements are nevertheless endlessly talked of. These are not abstract cognitive bits of scientific knowledge entered into a discourse on truth or falsity; practices like pulse-taking in Chinese medicine

ask us to educate . . . not simply our palates but our whole bodies; . . . invite us to respond to . . . the subtle yet pervasive forces of time. It is in this sense that correspondence expresses the Chinese approach to the problem of change: one apprehends change by embodying it. [Kuriyama 1987:59]

But it is not just the sensory capacities of the doctor that count for Chinese medicine. This technology assumes an intimate collaboration between doctor and patient. To evaluate the rate of pulsing, rather than relying on objective clock time, Chinese doctors count beats against the pace of their own breathing.

This counting, and the palpation of the shallow and deep pulses through which qualities of movement are discerned, takes time; many senior Chinese doctors devote three or more minutes to the task and then use the remainder of the time that they can spend with the patient writing and quantifying the herbal prescription.²⁷ Often it is the very senior doctors who devote most time and attention to pulse taking and who are best known for their sensitivity, for their ability to understand the illness without “having to be told.” (“No need to tell him about it, as soon as he feels the pulse he just knows” is a common refrain in patients’ praise of doctors.) What can be known from the cultivated appreciation of pulsing is not an instantaneous apprehension but a briefly shared embodiment; doctor’s breathing and patient’s pulsing are interwoven to produce a pattern of illness that is perceived far beyond the limits of vision and spoken language.

Thus far, I have argued that the clinical and extraclinical practice of Chinese medicine entails an aesthetics of habitus and have proceeded to develop a particular “sense” for aesthetics.²⁸ Habitus, too, deserves comment. As a down-to-earth notion referring to routine, concrete, and embodied practices, including those of both inscription and sensation, habitus can direct attention to differences beyond the verbal and conceptual in a cultural anthropology of the bodily and the everyday. Thus the mundane techniques of embodiment that seem to be entailed in the practice of Chinese medicine involve an aesthetics of habitus not because they are *nonverbal*—recall how articulate patients are able to be about their symptoms, and doctors about their techniques—nor because they are un-historical. I suggest herein that this embodiment has a particular appeal under contemporary conditions in China. Neither could one argue that this habitus is essentially unconscious.²⁹ After all, Chinese medical treatment requires that many aspects of embodiment be brought to the forefront of the patient’s attention, to be noted and reported in clinic visits; and few patients are shy about discussing their discomforts with family members and friends.

But there does seem to be a particular relation between the mundane technologies and terminologies of embodiment provided by Chinese medicine and a certain crisis of language that has emerged in China after the Cultural Revolution (Li 1989). Habitus may be thoroughly continuous with conscious written knowledge, but there may also be times when concrete daily routines seem to offer a world of experience immune from—or beneath the notice of—ambitious public rhetorics. To explore this contingent gap between body and speech, and the hopes and joys that temporarily lodge there, it will be useful to return to the world of cooking and politics.

Chocolate and Political Language

Lu Wenfu’s “The Gourmet” ends on a discordant note. The cadre narrator, old Gao, is trapped into a banquet at Zhu Ziye’s house, where a group of ideologically suspect cronies of the gourmet urge him to hire this “bloodsucker” as a consultant in the state restaurant. Gao manages to leave before he is required to commit himself (a serving of “three-in-one duck” intervenes at the crucial

moment) and, all his old animosity toward Zhu Ziyue revived, hurries off to a family wedding party.

At the wedding, all is as it should be: "This was a joyful world, no false courtesies, no hypocrisy, no talk of extravagance. The courtyard was full of people cracking melon seeds and eating wedding candy" (Lu 1986a:85). Gao's one-year-old grandson is there, being spoiled by all the adults, who offer him the best tidbits and goodies. But he will not eat ordinary Chinese hard candy. Someone finds a chocolate bar, an expensive, foreign-style sweet, which the baby takes to instantly, much to the delight of the adults: "This baby's really clever, he knows how to eat good things!" (Lu W. 1986a:85). This is too much for old Gao:

My head suddenly began to explode—when he grew up he too would be a gourmet! Though all my life I had been unable to control that Zhu Ziyue, I could still control this little creature! I reached out and took away the chocolate, and forced a piece of hard candy into his little mouth.

The child started to scream. . . .

Everyone there was stunned, they must have thought that this old guy had gone completely crazy. [Lu W. 1986a:85]

And there the story ends. The evil of exotic pleasures has made its way even into the bosom of the narrator's family, corrupting the future that the little grandson figures.

Reading Lu Wenfu's novella *as* gourmets, we have participated in a certain pleasure of the text, recovering the genteel daily life of an earlier Suzhou and relishing the imagined tastes of its many local delicacies.³⁰ Reading in league with the narrator, we have rejected the self-indulgent and exploitative implications of "knowing how to eat well," and hope for a future China in which no one will be able to use others in the service of such ephemeral pleasures. Reading from a position outside the text's own voices (are we reading along with the author, or along with the broader conditions in which he writes?), we weep for a China suspended between the "chocolate" of a rapacious global capitalism (a system and a language that relentlessly separate the economy that must feed the people from a politics that might heal their social divisions) and the bird's nest soup of a "feudalism" that will not die, partly because it offered such refined pleasures to the few. Between these poles, neither the mass line of Maoist practice nor the simple rewards of family and community life offer stable answers to the question of how to eat both ethically and with pleasure, i.e., how to "eat well."

Old Gao himself appears pathetic at the end. The revolutionary ideals for which he tried to stand for 35 years have long ago gone sour; he has been repeatedly accused of making ideological mistakes, while his old enemy Zhu has almost entirely "escaped reformation." While this proletarian family wedding celebrates a modest prosperity achieved since the revolution, the gourmet at his banquet down the street is indulging his unproductive and exploitative appetites more excessively than ever. Most unbearable is that such appetites have themselves become a kind of expertise, worthy of a monthly stipend at the state restaurant, worthy of praise in an infant gourmet.

An aesthete of the body, Zhu Ziyi has slipped through, under, and around all the labels, the verbal entrapments that destroyed the lives of so many during the Cultural Revolution and the anti-Rightist campaigns that preceded it. Never attempting anything beyond the bounds of his own sensations (he did not even know how to cook), Zhu Ziyi can never be held responsible for anything dangerous; he can be accused of nothing worse than being a “bloodsucker,” a mere mosquito on the transforming body of the masses.

This is partly because the gourmet always denied the efficacy of language. Back in his glory days, when he could luxuriate in his own digestion in the bath house, he “evacuated all thoughts, stilled all memories,” achieving an “*unspeakable* ease and sweetness” (Lu W. 1986a:6, emphasis added). He considered digestion to be an “*inexpressibly* refined beauty” (Lu W. 1986a:6, emphasis added). In most of the story, he speaks very little and has absolutely no politics. When he finally became an expert under the new economic reforms, his speeches were seen as repetitive and impractical (Lu W. 1986a:67–68) or as downright bull (Lu W. 1986a:84).

Gao of course has had quite a different relationship to language. As a food service cadre, he threw himself into revolutionary rhetoric, theorizing the restaurant into a mass line, serving simple foods like sautéed cabbage and lion’s head meatballs instead of the famous specialties of the past. He stubbornly justified the mass menu in pep-talks to his reluctant staff and patrons. Inevitably, his engagement with theory led to trouble, and he was repeatedly struggled against as contradictory movements swept across the ideological scene.

The Flavors of Texts

The dilemma of a corrupted language is a theme that is easily traced through Chinese writing of the 1980s. It is both a source of bitterness and an occasion of much humor that “words” managed to depart so far from “reality” in the short history of the People’s Republic. In B. Michael Frolic’s interviews of the late 1970s, urban youths sent down to the countryside hilariously theorize the failure of pigs to thrive in terms derived from Maoist dialectics: “The internal factor (the pig itself) is the main contradiction” (Frolic 1980:11). In a story by Shen Rong, journalists must admit that the “secret” of one village’s economic survival, however exemplary, would not survive their reports of it (Shen 1986, 1987a). At the optimistic ending of Gu Hua’s *Hibiscus Town* (1981, 1983), the town’s sloganeer and ideological activist is denounced as a “God of Plague” and sent off to an asylum. In Zhang Xianliang’s pessimistic *Half of Man Is Woman*, much fear is aroused by the prospect that Dumbo, a worker driven to mute idiocy by politics, might one day soon begin to speak again (Zhang X. 1988, 1989). Finally, in Zhang Jie’s “Love Must Not Be Forgotten” (1980, 1987), women yearn for an unattainable marriage between desire and literacy, material attachments combined with a shared scholarly and political language.

Likewise, “The Gourmet” problematizes language itself and questions its efficacy. The dialectical materialist analysis to which old Gao subjected the food business is seen by some as a pack of lies; but it is more common to treat

it simply as an exhausted idiom, no longer able to clarify a present or promise a future. Many writers in today's China question whether there is any legitimate source of fresh words and more flexible concepts. Eschewing the postcolonial self-hatred of the TV series "Deathsong of the River" (Su and Wang 1991) and of many other journalistic paeans to Westernization (see examples in Barme and Minford 1989), the famous filmmakers Chen Kaige and Zhang Yimou conclude their films with silence, death, absence, and madness. Yet they couch their despairing narratives in a visual style that is spectacularly austere. The flavors of these texts draw on and aestheticize familiar experiences of limit, work, and silence: the brown vastness of the barely plowable loess plateaus ("Yellow Earth"), the screen-filling sameness and constant motion of fields of sorghum ("Red Sorghum"), the intense colors of three-story lengths of hanging cloth that fill a dye-works ("Ju Dou"), and the relentless slow temporality of household life in a traditional compound ("Raise the Red Lantern"), all offer gratifications to the eye and the body while never announcing themselves in words.

Similarly, the text in "The Gourmet" offers "inexpressible" and "unspeakable" pleasures in the sensuousness its reading—like Zhu Ziyi's digestion—requires and evokes. Uniting place (Suzhou), history (bitter and fond neighborhood memories), technology (the sounds, smells, and skills of cooking), and desire (appetite), the narrative works against its proclaimed politics and provides a feast for the most gluttonous imagination. Perhaps the pleasures of such texts, in giving place to rewards that can be nourished and harbored within everyday life, offer relief from the more demanding textuality of socialist morality and a hedge against despair at a time when so much is uncertain.

Conclusion

Among the symptoms listed above in my discussion of the clinical encounter in Chinese medicine was "loss of appetite." This condition is viewed as alarming, and there are numerous explanations and therapies for it in the world of Chinese medicine. A person who will not eat is a person potentially unconnected to the social, immune to the entanglements of commensality and gift exchange.

Similarly, a refusal to eat like that of the hunger strikers in Tiananmen in 1989,³¹ or the less publicized refusal of Beijing residents to buy government-subsidized cabbages the following winter, can be an eloquent denial of relationships that are taken to be fundamental. At Tiananmen, the parental and nurturing role claimed by the socialist state was at first bodily evoked, as students knelt on the steps of the Great Hall of the People to present a petition, and then it was bodily rejected in the hunger strike. This strategy accompanied a vocal play of language that was immensely complex and heard around the world (Oksenberg et al. 1990; Yi and Thompson 1989; Yu and Harrison 1990). Rhetoric appropriated from marxism, Western science and literature, Chinese opera and popular fiction, and transnational advertising all betrayed a playfulness and an idealistic hope that language could still be politically effective on a grand scale.

Under the circumstances, people in China who were a little less active in this movement of students, urbanites, and intelligentsia could be forgiven for what looked like passivity, or for taking a slightly jaundiced view of student rhetoric. Many who had been adults or teenagers during the Cultural Revolution or before had bitter experience to suggest that, however exhilarating a new or reformed language can be at the outset of a mass movement, not much time needs to pass before eloquence can become sloganeering and theories can become blunt instruments that indiscriminately and unpredictably victimize the (relatively) innocent. This time, many people quietly refused to swallow the words of the “activists” (*jijifenzi*).

Perhaps users of Chinese medicine in the 1980s were eating something else, subtly substituting for the vast terminologies of social change a humble technology of the self. No one can deny the propriety of “looking at” one’s illness with a doctor of Chinese medicine, or working on one’s health with the techniques of a profession that has been dubbed an indigenous Chinese “treasure.” At a time of ugly memories and shattered national hopes, Chinese medicine offered an aesthetics of concrete sensations, a carefully depoliticized terrain in which an ancient language could encourage and refine a pleasurable microphysics of very personal cause and effect.



Amid the charges and countercharges in the depths of the Cultural Revolution, old Gao was appalled at the idea that cans of food should bear coded messages. But they did, after all. Why did Kong Bixia laboriously remove and press the labels if not because they had some value beyond nutrition? She was luxuriating in the specificity of these foods, redolent of everything other than the grim present. She preserved the preserves in a textuality laid out under the glass of a small table, an object of everyday use. At a time of famine and political mobilization, when everyone should have been “recalling bitterness,” focusing their attention on sober self-improvement and the egalitarian distribution of food to the masses, she was recalling past pleasures, exotic meals, and perhaps the ex-husband with whom she had shared them. A relatively harmless “feast of the mind”—one wishes it had been beyond the reach of socialist reformation.

Chinese medicine, with its ginseng from Manchuria, its snake-gall tonics, its classic prescriptions, and its aesthete scholar-practitioners, has vigorously defended a domain of practice announced as ancient, indigenous, and effective. Within this nationalism and healing service, however, has been sequestered a body that can not only taste sweetness but be sweet, not only report painful symptoms, but also dwell on and cultivate the quiet comforts of health. Although these pleasures derive a certain part of their savor from the sometimes bleak and thankless social environment of urban China, and from a particular historical malaise, perhaps some of their sensibility also translates to other places and other embodiments.

Recently, for example, I visited a good friend of my mother’s, a woman in her seventies. For years she suffered from a condition that I have only been able

to think of as total intestinal chaos. But lately she had been seeing an acupuncturist and working on her daily schedule and diet; her symptoms had significantly improved. She spoke with a new but understated confidence about her present regimen. Finally beginning to enjoy a kind of reliable well-being that had long been out of reach, she said, "People don't understand about Chinese medicine; it's not a quick fix or a powerful drug. It takes time, and it teaches you to pay attention to your body."

Of course, my friend knows only a Chinese medicine that has been thoroughly commodified, vulgarly translated, and clumsily transported into the North American context. But perhaps some shreds of an Asian incarnation adhere to these technologies anyway, teaching American veterans of biomedical high drama the humbler pleasures of regularity, training faraway subjects for the dulcet tones and unique flavors of ordinary everyday embodiment.

Notes

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1. The Four Modernizations (*sihua*) refer to the economic reform policies introduced in the People's Republic of China after the death of Mao Zedong in 1976.

2. In this quote and subsequent discussion of Chinese medical texts, words that have special meanings in Chinese medicine are capitalized to indicate their status as technical terms. This usage is consistent with my own previously published research and a practice that is becoming commonplace in the Euro-American scholarship on Chinese medicine.

3. This information comes from Jia Huanguang, personal communication, February 16, 1993.

4. In China, northerners say of southerners, "The only thing with four legs that they won't eat is the table."

5. Entries in pharmaceutical encyclopedias for individual herbal drugs detail the locales where the item is most often found, the parts of the plant or animal to be collected and their modes of collection, and the times of year collections should be made.

6. This phrase was the title of a panel at the 1993 Annual Meeting of the American Anthropological Association, where an earlier version of this article was read. The panel was organized and named by Margaret Lock and Allan Young.

7. There is a growing literature on the anthropology of the senses to which this less ambitious study is indebted: see Classen 1993, Feld 1982, Howes 1991, and Stoller 1989. This study differs from them in its focus on a limited aspect, taste and smell, of the sensorium considered in one historical moment in urban China. In general these authors tend to anthropologically explore whole "worlds of sense." I am somewhat more

hesitant than they to conflate the sensory experience of the ethnographer with what is taken to be the subjective sensory condition of informants who have lived all their lives in a different material cultural environment.

8. See Anagnost 1994 for an exploration of the way in which Chinese state and party practices of awarding “model” statuses inscribe bodies, “stitch[ing] individuals into subject positions” (1994:131) and structuring lived reality.

9. This analogical reading of a cultural domain is a constant temptation for the symbolic anthropology that has arisen from structural-functionalism as well as for a more historical anthropology like that I pursue herein. In connection with Chinese medicine, Paul Unschuld has adopted an analogical approach to a certain extent (1992).

10. In two recent pieces I have discussed the modern projects that produced “traditional Chinese medicine” in the form in which it has become known through Western scholarship (Farquhar 1994, in press). Of course this very production process, which has resulted in a vast institutional apparatus, is intrinsically political. Attempts to escape an overtly political domain (and in modern China the reach of political language was very long; see Anagnost 1994 and Yang 1988) are of course political in themselves. But since 1976, it has been possible to dream of life without the noisy politics of the Left and the Right, and to write of domains that could be thought of as “personal.” Even in the student movement of the late 1980s, when educated youth and many intellectuals mobilized en masse, the students and faculty of Chinese medical colleges were widely seen as “conservative” and inactive.

11. My use of sensuality in this article is mainly oriented toward the senses related to food and commensal life. Jing Wang (personal communication, January 6, 1993) has pointed out that in Chinese literature after the Cultural Revolution, images of food tended to refer more to memories of starvation than to sexuality, which had often been figured through food in earlier decades (also see Spence 1977:278). This observation accords with my own survey of food motifs in recent Chinese fiction.

12. Other examples of contemporary Chinese fiction that dwell at length on food are Gu Hua, *Hibiscus Town* (1981, 1983); Shen Rong, “A Rose-Coloured Evening Meal” (1987b); A Cheng, “Dinner Party” (1987); and Zhang Xianliang, *Half of Man Is Woman* (1988, 1989). “The Gourmet” was written in 1982, although the edition that I consult was published in 1986.

13. This intimate politics has been noted or taken for granted by a great many Chinese writers in recent decades. For examples, see Gu Hua 1981, 1983; Shen Rong 1987b; Zhang Jie 1986; and Zhang Xianliang 1988, 1989.

14. For a bibliography of 1980s literary production in translation, see Barme and Minford 1989:476–481.

15. Eugene Eoyang has helpfully elucidated the use of “taste” terms in classic Chinese literary criticism (1979). For a painful depiction of bitter commensality, see Shen Rong’s “A Rose-Coloured Evening Meal” in *At Middle Age* (1987b).

16. This section is based on fieldwork carried out in clinics and schools of traditional Chinese medicine in 1982–1984, 1988, and 1990–1991 in Guangzhou, Beijing, and Shandong. In this article in particular, I also draw on what I learned in the course of social involvement with friends and their families in these locations both in and outside the world of Chinese medicine.

17. This question in a broader form has strongly influenced the history of science in China. Joseph Needham’s monumental *Science and Civilisation in China* (SCC) (1954) has been devoted to explaining why modern science *failed to develop* in China, and many historians of science working in China have followed his lead (see Li G. et

al. 1982). The SCC project has many virtues, but it has not been able to respond to recent sociological and historical work that relativizes science and shows its intimate dependence on Western social developments.

18. I do not here consider the domain of acupuncture in traditional Chinese medicine. As for the complexities of herbal medicine that are outside the scope of this article, I have elsewhere studied the complex practices and logics that intervene in modern clinical work between presenting illnesses and the administration of herbal therapies (Farquhar 1994). Ted Kaptchuk has presented the basic logics of Chinese medical diagnosis in an accessible form (1983). Others have explored the rich theoretical and scientific heritage of Chinese medical texts, which record considerations far beyond symptoms and herbal medicines (Needham and Lu 1980; Porkert 1974; Sivin 1987; Unschuld 1985).

19. This information comes from Hu Weiguo, personal communication, May 24, 1991, citing statistics produced by the Administrative Committee of the Traditional Medicine Bureau, Ministry of Health, of the Chinese government.

20. Like everything else, increasingly commodified Chinese medical services and products are becoming differentially available to the comfortable. Chinese medicine is not yet a luxury of the very rich, since so many in China have extensive savings and significant disposable income. But the use of Chinese medicine does require a certain expenditure and a degree of control over one's daily life which many (e.g., migrant workers, residents in the more underdeveloped rural areas) do not enjoy. As China's economy has "opened," a small but significant trickle of traditional medical commodities beyond East Asia has begun.

21. Here I have focused on a few irreducibly necessary aspects of clinical work in traditional medicine. Although clinical practice varies in many respects both individually and institutionally, these simple features of the clinical encounter are, as far as I have been able to tell in ten years of intermittent fieldwork, nearly invariant across the whole range of medical services known in China under the heading "traditional Chinese medicine" (*zhongyi*).

22. For my unconventional use of sign and symptom here, see Yoshida 1987:210–214, which discusses various approaches to defining the usage of the English words *sign* and *symptom* in biomedicine. He indicates the centrality of a distinction between objective (signs) and subjective (symptoms) for most usages. This distinction is not useful for Chinese concepts of sign (*zheng₁*) and symptom (*zheng₂*); rather, when these terms are distinguished, they reflect differences in level of medical abstractness in a clinical encounter that is a play of mingled subjectivities. See Farquhar 1994.

23. In preparing this article, I returned to the case that follows after having subjected it to lengthy analysis in my book (Farquhar 1994). As always happens when I examine a list of symptoms and a drug prescription with new questions, these materials present new answers. Here the responsiveness of the prescription for "Spring Warm" to the patient's loss of appetite struck me for the first time. The argument I will make below for an aesthetic dimension to medicine is supported by the possibility of discovering ever-new virtues in a work of medical art.

24. Case histories collected and analyzed by Arthur and Joan Kleinman display many forms of nutritional and other self-care regimes in Chinese populations in both Taiwan and the People's Republic (see Kleinman 1980, 1986; and Kleinman and Kleinman 1985).

25. There are several symptom terms for inappropriate or excessive speech, wild ideas, and raving, as well as for unnaturally quiet or sparse speech. Also pertinent, a great many conditions manifest the symptom of "too much dreaming."

26. I make this point in full awareness of the insistence on the part of North American advocates of alternative medicines that Chinese medicine is more "holistic" than biomedicine. This use of "holism" is informed by a humanistic desire to be seen as whole by medical authority, a demand that medicine and its representatives comprehend "the whole person." Although biomedical culture is often charged with an arrogant medicalization of all corners of life, perhaps it is even more importantly this fantasy of complete visibility and encompassment on the part of many patients that authorizes medical expansion. In any case, Chinese medicine as practiced in the People's Republic of China has advanced a notion of holism in a different sense, still innocent of the particular disciplinary subjectivities that fetishize clinical encounters in "the West."

27. Many senior Chinese doctors work with a junior associate or a student at their side; this assistant usually interviews the patient for an illness history or an update on symptoms and then writes a list of medically interesting changes in the case booklet. When the patient is turned over to the senior doctor, this luminary can read the new record and add a few questions of his own while taking the pulse and looking at the patient's tongue. With the assistance of juniors, the senior doctor is substantially freed to concentrate on subtle perceptual signs of the illness, thus mobilizing his (presumably more refined) abilities to their best advantage.

28. I have focused here on certain irreducible and universal features of traditional Chinese medical practice in order to suggest the importance of an aesthetic dimension in its work. Written at a higher level of theoretical abstraction, and with much richer clinical insight, a recent scholarly study published in China has made similar observations at great length. Wang Xudong's *The Aesthetics of Chinese Medicine* claims to be the first study of Chinese medicine from the point of view of the science of aesthetics (Wang X. 1989). In it he takes up the aesthetic standards and principles of Chinese medicine's various subspecialties, including "aesthetics in the design of prescriptions and the use of drugs" (Wang 1989:211–224). Wang displays a certain bias toward mediation, harmony, and balance, although I have noted that, in practice, medical therapies are often valued for their startling attacks on the low-level equilibriums of the pathological status quo. But he avoids reducing the work of Chinese medicine to mere mediation. In a fascinating section called "The Prosody of Drug Formula Aesthetics," for example, he uses an analogy to the metrical structure of music or poetry to explore the artfulness of Chinese medical formulary:

Many scholarly works have been written about the design of prescriptions in Chinese medicine. One can say that an excellently devised prescription has no features that are not suffused with a lingering musical flavor, all its parts have the beauty of responding to the subtle motion of both the figuration and the significance [of illness]. [Wang 1989:219–220] [Figuration (*xiang*) and significance (*yi*) are terms developed by Wang to characterize basic aesthetic features of Chinese medical analysis.]

Professor Wang then discusses, with clinical examples, the beauties of motion, symmetry, implicitness, unification, and transformation in prescriptions. This is, of course, the work of one scholar who could be accused of rampantly borrowing from a European tradition of philosophical aesthetics and imposing it inappropriately over the quite different discourses of Chinese medicine. But Wang's book is no wooden application of theory to practice, and it goes far toward explaining how it is that practitioners of Chinese medicine continue to find daily clinical work absorbing and fascinating.

29. All these negatives have a motive. In some of its many recent appearances, the notion of *habitus* has been a handy last resort for increasingly problematic anthropological truisms: *habitus* appears to conveniently encompass all that is unconscious, unhistorical, and nonlinguistic, the notorious negatives of classic ethnology (de Certeau 1988:209–243; Derrida 1976:101–140; Fabian 1983; Said 1978; Trinh 1989:47–76). It is, moreover, a staple concept in the anthropology of the body, a domain of spatialization as opposed to temporality (de Certeau 1988:209), and a mute materiality that can be all too directly opposed to an idealist understanding of language. Bourdieu himself, of course, has attempted from the beginning to avoid this conventional divide in his uses of the term (1977, 1984, 1990).

30. In “A Small Town Called Hibiscus,” Gu Hua refers to the “feast of the mind” enjoyed by townspeople during the “three lean years.” They recalled the special local foods they had enjoyed together in better times: “Speaking of these foods, and hearing them spoken of, it was as if the delicacies were there before their eyes, they could smell the fragrance of the meat and their mouths watered” (Gu 1981:166; 1983).

31. The hunger strikers were rushed to hospitals by volunteers after only two or three days of refusing food. Their physical state was seen as very vulnerable the moment they began their hunger strike. All seem to have agreed that they required medical attention after what was, by the standards of the Irish Republican Army, for example, a short time.

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