Introduction

Chinese Medicine and the Problem of Tradition

As befits a book about tradition, I start with origins. In my case this is easily done, for it all began with the story of two arrivals. The first was that of Fei Shangyou 費尚有 in Menghe in 1626, which I take to be the origin of the Menghe current. The second was my own arrival in Beijing in 1999, which marked the beginning of the research project that culminated in the writing of this book. Fei Shangyou moved his family to Menghe, a small town in the Yangzi delta, in order to escape the factional power struggles at the late Ming court in which his family had become involved. According to family legend, he abandoned his career as a Confucian scholar and began working as a physician. These were the roots of a medical lineage that continues to the present day. This book describes the development, flourishing, and decline of this lineage and its many branches, as well as that of the other medical lineages and families with which it merged to form the "current of Menghe learning" (*Menghe xuepai* 孟河學派). This current and its offshoots produced some of the most influential physicians in the Chinese medical tradition during the nineteenth and twentieth centuries. Menghe physicians, their disciples and students treated emperors, imperial mandarins, Nationalist Party generals, leading figures within the Communist Party, affluent businessmen, and influential artists. In late imperial China, Menghe medicine was a self-conscious attempt to unite diverse strands of medical learning into one integrated tradition centred on ancient principles of practice. In Republican Shanghai, Menghe physicians and their students were

at the forefront of medical modernization, establishing schools, professional associations, and journals that became models for others to follow. During the 1950s and 1960s, the heirs of Menghe medicine were key players in creating an institutional framework for contemporary Chinese medicine. Their students are now practicing all over the world, shaping Chinese medicine in Los Angeles, New York, Oxford, Mallorca, and Berlin.

This makes the history of the Menghe current relevant to anyone interested in the development of Chinese medicine in late imperial and modern China. My book traces this history along the currents created by generations of physicians linked to each other by a shared heritage of learning, by descent and kinship, by sentiments of native place as well as nationalist fervor, by personal rivalries and economic competition, by the struggle for the survival of tradition and glorious visions of a new global medicine. On the level of both theory and practice, therefore, this history of the Menghe current marks a departure from the focus on texts and ideas that has dominated Western engagement with Chinese medicine to date. Its goal is to locate medicine within the concrete lives of physicians and their patients, restoring an agency to their actions that easily gets lost in our search for the global forces or structures that shape historical process. This does not, however, mean that I am prepared to surrender an analytical perspective that seeks to understand why these people did what they did. Rather, I hope to show how the local and the global constantly interpenetrate each other and that it is precisely this interpenetration that makes the continuity of tradition possible without it ever becoming repetitive.

The story of my own arrival in Beijing on a sunny day in June 1999 to begin my research on the Menghe current underlines the necessity of such a shift. That same night I was invited to a dinner organized by Professor Shi, a senior physician of Chinese medicine, who had become my teacher and mentor during a previous period of fieldwork in China. The dinner was in honor of Professor Liao, my teacher's own mentor, who happened to be passing through Beijing at the time. Also invited were Professor Liao's other disciples, as well as Professor Shi's own disciples. Anyone who has ever been in China knows of the ritual function that such dinners fulfill. They create, express, and affirm bonds of affiliation, friendship, and mutual indebtedness known in Chinese as *guanxi* 關係 (commonly translated as "connections"). Much has been written on *guanxi* networks, their historical transformation, and enduring role within the fabric of Chinese society. It is thus not at all surprising that my research into a lineage of physicians from southern China should have commenced with the affirmation of my own integration into a distinctive lineage of transmission within Chinese medicine. As I soon found out, this line, too, was connected to

Timeline Chinese dynasties

Menghe medicine via Professor Zhu Liangchun 朱良春, discussed in Chapter 5.

Over the course of the next eighteen months my personal connections to Menghe medicine were extended in numerous ways. I met members of most of the Menghe families as well as their students and disciples. On more than one occasion our encounters were facilitated by circumstances that my Chinese friends called *yuanfen* 緣分, suggesting destiny or some predestined affinity. I was initiated into a personal discipleship experiencing, as a participant observer, how much the maintenance of tradition depends on personal relationships and how these relationships enable and constrain one's development as a person and as a physician. But if my history of Menghe medicine endeavors to refocus our attention on the practice of tradition, then this does not merely reflect my personal history. For after years of neglect, when it appeared that all there was to know about the nature of tradition and its role in the modern world had been said, the topic is gradually beginning to attract the attention of social scientists and historians once again.

There is little that has been written about Chinese medicine in the West—whether in scholarly monographs or guidebooks addressed to the general public, texts for physicians, or physician's leaflets to their patients—that does not contain a reference to tradition.[1] In fact, TCM, which stands for "traditional Chinese medicine," now functions as a semi-official label for Chinese medicine throughout the world. Yet the attachment of tradition to Chinese medicine is neither natural nor descriptive; rather, it is the consequence of "cultivated misunderstandings," a poignant term used by the historian Kim Taylor to describe the process whereby what physicians and their patients only a few generations ago simply called "medicine" (*yi* 醫) mutated into today's TCM.[2]

This process has its roots in the late nineteenth century, when the military superiority of colonial powers forced China's intellectuals to question and ultimately abandon their beliefs regarding the universality and superiority of their own intellectual and scientific traditions. Comparison and selective assimilation soon gave way to more radical attempts at refashioning identities and imagining the future, including that of indigenous medicine. "Chinese medicine" (*zhongyi* 中醫) thus came to be differentiated from "Western medicine" (*xiyi* 西醫), even if much of the latter entered China via Japan. But it was not until after a dual health-care system had been established in Maoist China that "Chinese" and "Western" medicine became standard terms.[3]

Meanwhile, even as the West forced others to remake themselves, its own citizens projected desires for release from the disenchantment of the modern world onto the subjugated other. Western journeys to the mysterious Orient in

search of sacred knowledge and enlightenment thus became an intrinsic aspect of modernity. Rarely, however, did the seekers leave unchanged the authentic traditions they came to discover. Instead, in a newly emergent "funhouse mirror world," native experts assimilated Western ideologies and knowledge into their ancient practices in order to sell them back to Western audiences thirsting for initiation into the mysteries of the East.[4] TCM is one expression of this process. Chinese physicians made a conscious decision to refer to their medicine as "traditional" when they were writing for a Western audience, while simultaneously creating for it a new basic theory that made it appear more similar to Western medicine.[5]

In China itself, on the other hand, the epithet "traditional" (*chuantong* 傳統) is hardly ever used. Attuned to the cultural sensibilities of their fellow citizens, for whom asserting their modernity remains an issue of face, physicians prefer to define what they do as a science. The success of this effort is immediately destabilized, however, by the conflicting desire—often embodied within the same person—to emphasize that this medicine is also distinctly Chinese. For the moment, the tensions between attachment to universal science on the one hand and Chinese nationalism on the other have been resolved by the unique constitution of the Chinese health-care system. However, as the globalization of TCM has gathered pace, the fragility of this compromise is exposed to the demands of world markets that will most certainly be less accommodating to such localism.[6] This, I believe, makes the present an ideal moment for examining once again the status of Chinese medicine as tradition—albeit with a more critical eye on the fact that tradition itself is a term laden with history. As Raymond Williams noted when he examined its use in the English language, "Tradition in its modern sense is a particularly difficult word."[7]

Tradition in the Western Imagination

Derived from the Latin *tradere*, meaning "to hand over" or "deliver," tradition originally referred to the handing down of knowledge or the passing on of a doctrine. Because only some things are worth being handed down over time, tradition soon came to be associated with issues of authority, right, duty, and respect. Its meaning thus slipped from an original emphasis on process to a more static focus on what was being transmitted. From this stems the reading of tradition as culture or as an articulation between human beings and social practices that persists over time. The historical origins of this reading can be traced to the Enlightenment's struggle for emancipation of knowledge from the constraints of religious dogma. Philosophers like Locke and Bacon argued that

attachment to tradition (defined as authority grounded in custom) obscured access to the world by the powers of objective reason.[8] Rational human agency based on empiricism could thus be contrasted with one based on habit, belief, custom, or practice. Thus evolved the tension between individualism and holism that dominates Western thinking about history and social life even now.[9] In this view, tradition, relieved of its attachment to religion, embodies the sentiments, opinions, and aesthetics of distinctive social groups, providing identity, enabling communication, and generating institutions.[10] In a positive sense, tradition thus ensures the continuity of culture over generations. In a negative sense, it prevents growth and development and degenerates into traditionalism.

Liberal European social philosophers took up this static notion of tradition and presented it as a form of life that was destined to be overcome by the progressive forces of modernity. Max Weber's theories of action and authority most clearly reflect this school of thought. They perceive modernity as governed by rational calculations of means/ends, constant innovation, and formal and transparent rules. Traditional behavior, on the other hand, is based on implicit rules legitimized by nonrational forms of authority and therefore "lies very close to the borderline of what can justifiably be called meaningfully oriented action, and indeed often on their other side."[11] In that sense, tradition came to be closely associated with non-Western societies. Drawing on a natural history approach to knowing that simplifies and abstracts in order to categorize, compare, and control, imperialist descriptions of non-Western cultures denied them the creativity and dynamic nature they attributed to their own societies.[12] It was not the disappearance of tradition, therefore, that aroused curiosity, but its stubborn resistance to modernization and its endurance or even revival within the contemporary world.[13]

Chinese medicine is a case in point. The historian Ralph Croizier explained that he was motivated to write his authoritative study *Traditional Medicine in Modern China* (1968) by "a simple paradox and main theme—why twentieth-century intellectuals, committed in so many other ways to science and modernity, have insisted on upholding China's ancient prescientific medical tradition."[14] His answer—that the nationalist orientation of many intellectuals prevented them from accepting modernity without compromise—conveniently ignores that nationalism is a product of the same modernity. Paul Unschuld took a similar position when he argued that, even if it still fulfils important practical uses, Chinese medicine as a living tradition is essentially dead:

> With the breakdown of the traditional social structure [at the end of the nineteenth century], and with the demise of the traditional social ideologies supporting the imperial age, and with the attempts to supply a new ideological

> basis to a changing social structure in the nineteenth and twentieth centuries, Chinese medicine lost its legitimizing environment. The result may be compared to the removal of a root from a tree. The tree dies but its wood, if preserved carefully, may remain in use for a number of meaningful purposes for a long time to come.[15]

The Invention of Tradition (1983), a hugely influential volume of historical case studies edited by Eric Hobsbawm and Terence Ranger, offers a more dynamic view of tradition in modern and modernizing societies. According to Hobsbawm, European nation states during the nineteenth and early twentieth centuries systematically (re)invented traditions in order to legitimize status and power relationships and increase social cohesion in what were then new communities in search of a common identity. Hobsbawm described such "invented traditions" as "a set of practices, normally governed by overtly or tacitly accepted rules and of a ritual or symbolic nature, which seek to inculcate certain values and norms of behavior by repetition, which automatically implies continuity with the past. They can refer to both 'traditions' actually invented, constructed and formally instituted and those emerging in a less easily traceable manner with a brief and dateable period—a matter of a few years perhaps—and establishing themselves with great rapidity." As such they represent "responses to novel situations which take the form of reference to old situations, or which establish their own past by quasi-obligatory repetition."[16]

These definitions are famously vague. Nevertheless, the discovery and analysis of "invented traditions" quickly became a fertile field of research throughout the humanities and social sciences, drawing attention in particular to the ways in which people employ the past to make their present. Uncovered in the construction of Shinto wedding rites in Japan and Women's Colleges in Cambridge,[17] invented traditions were soon found in the history of Chinese medicine too.[18] In each case, the shaping of medical knowledge and clinical practice, of institutions and technologies of learning, and of social relationships among physicians were found to be closely tied to issues of social identity that connect medicine as an "invented tradition" to society as an "imagined community."[19]

In their perception of tradition as something fluid and characterized by ruptures, breaks, and innovations, these studies reflect the changed intellectual orientation toward the study of non-Western traditions that developed from the 1980s onward under the influence of diverse feminist, post-colonial, and post-structuralist perspectives. Gradually, these "new geographies of Chinese medicine" revealed a dramatically different landscape of tradition than was depicted even a generation earlier.[20] What had appeared to be static and rooted

in the past now showed itself to be diverse, innovative, stratified along diverse lineages, and ordered by conflicting loyalties. What had been called dead and anachronistic suddenly appeared to be capable of assimilating even the most modern technologies and scientific theories. At the macro level, awareness of the traffic of knowledge and technology across geographic, national, and ethnic boundaries undermined the notion of Chinese medicine as a bounded medical system and of biomedicine as its ever present other.[21] Meanwhile, at the micro level of clinical practice, the manner in which physicians approached their patients' bodies was shown to be evolving at the interface of identity politics, technological change, newly emergent disease vectors, political ideology, and the social relations of learning.[22]

Questioning and then undermining the binary logic of Orientalist discourse, the scholarship of the 1980s and 1990s produced a distinctive shift "from dichotomies to differences in the comparative study of China."[23] Yet as these perspectives are themselves becoming normative, the danger is no longer one of underestimating diversity and change but of losing sight of the complex continuities and enduring connections that also make Chinese medicine what it is. Here, Hobsbawm's metaphor of invention appears to be an insufficient foundation for any understanding of tradition that seeks to fathom why plurality and heterogeneity do not preclude—indeed, may even enable—continuity and organic growth.

Dynamic Traditions

"[T]he strength and adaptability of genuine traditions," Hobsbawm wrote, "is not to be confused with the 'invention of tradition.' Where the old ways are alive, tradition need be neither revived nor invented."[24] This distinction between "genuine" and "invented" traditions raises important questions. If, as contemporary historians suggest, Chinese medicine reinvented itself from time to time, then, according to Hobsbawm, it was never a genuine tradition. If, on the other hand, it is still a genuine tradition, as most of its practitioners would claim, how are we to describe its history of innovation? When did genuine tradition change into an invented one? Is lack of change a criterion of authenticity? And if it is, how then does authenticity relate to efficacy?

I believe these questions must be answered not merely out of scholarly curiosity, but because living people (patients, physicians, regulators) have a stake in discovering what is genuine and authentic, and what may be spurious or even false. Here I am not suggesting that historians and social scientists become arbiters among competing claims to authority. Accepting, however,

that such disputes are central to what tradition is and that they arise because of the instabilities and tensions intrinsic to its constitution, leads us to an entire literature that has hitherto been ignored by writers in the field. It includes the work of religious scholars like Gershom Scholem and philosophers such as Gadamer, MacIntyre, Rorty, and Taylor writing in the hermeneutic tradition that is concerned with exploring how knowledge and understanding are enabled by shared practices. These authors do not speak with one voice, nor are their views universally embraced. But their insistence on describing tradition as evolving and dynamic supplies perspectives that allow plurality and difference to function as constitutive aspects of tradition precisely because they are complemented by shared commitments.[25]

Alisdair MacIntyre's influential definition of "a living tradition as an historically extended, socially embodied argument" is representative of this viewpoint. According to MacIntyre, "a tradition is constituted by a set of practices and is a mode of understanding their importance and worth; it is the medium by which such practices are shaped and transmitted across generations." People participate in practices in order to realize goods such as helping others or discovering the truth. Engaging in a practice implies embracing the goods that define it and learning to realize them. For this purpose, a practice relies on the transmission of skills and expertise between masters and novices. As novices develop into masters themselves, they change who they are but also earn a say in defining the goods that the practice embodies and seeks to realize. To accomplish these tasks human beings need narratives: stories about who they are, what they do, and why they do it. Traditions provide these narratives. They allow people to discover problems and methods for their solution, frame questions and possible answers, and develop institutions that facilitate cooperative action. But because people occupy continually changing positions vis-à-vis these narratives, traditions are also always open to change.[26]

> So when an institution—a university, say, or a farm, or a hospital—is the bearer of a tradition of practice or practices, its common life will be partly, but in a centrally important way, constituted by a continuous argument as to what a university is and ought to be or what good farming is or what good medicine is. Traditions, when vital, embody continuities of conflict. Indeed when a tradition becomes Burkean, it is always dying or dead.[27]

A thriving tradition, according to MacIntyre, is thus always in a continuous state of becoming, open to change at any moment in time with respect to any one of the elements that constitute it. This, as the political philosopher Michael Oakeshott has pointed out, is precisely the reason why traditions are so difficult to grasp and define:

> Now, a tradition of behavior is a tricky thing to get to know. Indeed, it may even appear to be unintelligible. It is neither fixed nor finished; it has no changeless centre to which understanding can anchor itself; there is no sovereign purpose to be perceived or invariable direction to be detected; there is no model to be copied, idea to be realized, or rule to be followed. Some parts of it may change more slowly than others, but none is immune from change. Everything is temporary. Nevertheless, though a tradition of behavior is flimsy and elusive, it is not without identity, and what makes it a possible object of knowledge is the fact that all its parts do not change at the same time and that the changes it undergoes are potential within it. Its principle is a principle of continuity: authority is diffused between past, present, and future; between the old, the new, and what is to come … It is clear then, that we must not entertain the hope of acquiring this difficult understanding by easy methods.[28]

Studying Living Traditions

MacIntyre's view of tradition as narrative and argument and Oakeshott's focus on behavior are not the same. Read together, however, they suggest a concrete methodology for the study of tradition as dynamic process. Such a methodology demands, first and foremost, to take the long view in order to build up a picture of the elements that constitute a given tradition, grasp their modes of articulation, and define their processes of transformation. For this reason, although the origins of the Menghe current can be dated to the late Ming dynasty, I begin my history five centuries earlier, in the Song. Geographically, I focus not merely on Menghe and Shanghai, but situate their practices initially within that of the wider macro-region in which these places are located, and then within that of China as a whole.

Our next task lies in defining more precisely what we mean by tradition and what elements we should imagine as contributing to its constitution. Modern historians, following Hobsbawm, have been most interested in traditions as political instruments that are often consciously deployed from above to symbolize social cohesion, define identities, and legitimize relations of power. Although each of these functions is important, it is necessary to conceptualize them as emerging from within the constitution of a tradition itself if the notion of a living tradition is to have any meaning. Oakeshott's emphasis on behavior directs our awareness to agency, but traditions do more than guide behavior. They also embody institutions and structure relationships. MacIntyre's definition of tradition as argument is more helpful here, but exchanges Hobsbawm's externalist perspective with a purely internalist one. I suggest that these deficiencies can be overcome by conceptualizing all those elements that are subjectively experienced as resistance and conventionally referred to as context or external causes, as active participants in the dynamics

that create, maintain, and break up traditions. Lloyd and Sivin's concept of the cultural "manifold" as a site of emergence that perceives history as being a single whole is one example of how such analysis leads to a more organic understanding of scientific traditions.[29] Charlotte Furth's exploration of gender in Chinese medical history through a discursive and feminist-inspired reading of medical texts is another.[30]

My own thinking in this respect has been most influenced, however, by work in the cultural studies of science and technology. In my earlier examination of *Chinese Medicine in Contemporary China*, I argued at length that anything impinging on the ongoing transformation of a practice unfolds agency and that these agencies can be aligned on a single plane of synthesis. This enabled me to analyze Chinese medicine as a dynamic process of (dis)articulation between the heterogeneous elements that constitute it and that link it to other practices, institutions, bodies, and technologies.[31] Unfortunately, the focus on origins, (dis)articulations, and moments of emergence and disappearance that enabled me to tease out the dynamic of this process failed to accord equal attention to the continuities that hold it together over time.[32] To make up for these deficiencies, the present study is thus characterized by a change of perspective. Investigating the history of the Menghe current and its tributaries and branches over a period of almost 400 years allowed me to perceive slower processes of change and transformation that eluded me when I concentrated on events that often last twenty minutes or less (the clinical encounter), or at most a few decades (the development of the paradigm of pattern differentiation). Yet even though it is concerned with the *longue duree*, my interest in tradition is precisely the opposite of that of the French Annales School of historical scholarship. Where writers like Lucien Favre and Robert Mandrou wanted to discover the inertia of tradition as embodied in enduring social customs and mores, my own interest is that of exploring its dynamic, intrinsic tension, and plurality.[33]

Currents of Learning

The decision to center my investigation on the exploration of "currents of learning" (*xuepai* 學派) follows conventions of contemporary historical scholarship in China. Charged with systematizing the teaching of Chinese medical history at the newly established colleges of TCM, the scholar physician Ren Yingqiu 任應秋 decided to utilize the popular concept of currents as a key rubric for organizing the field.[34] The second edition of *Doctrines of Schools and Physicians of Chinese Medicine* (*Zhongyi gejia xueshuo* 中醫各家學說), published in 1963 and the first truly national textbook on the subject, thereby

established a scheme that has been followed in every edition since.[35] Chinese historians have developed clear criteria for how such currents should be defined and related to other core concepts such as doctrine (*xueshuo* 學說), medical scholars (*yijia* 醫家), medical works (*yizhu* 醫著), and case records (*yian* 醫案).[36] Debate and controversy centers on definitional issues but rarely questions the fundamental utility of these concepts as such.[37] The ordinary physicians I met during various periods of fieldwork in China likewise employ the concept of current to communicate their personal understanding of how Chinese medicine has evolved and how it is organized.[38]

My decision to translate *pai* 派 as current rather than the more common school, faction, lineage, or group, is motivated by several considerations. As Wu Yiyi has shown in a seminal essay on the topic, the Chinese word *pai* does not denote a school or faction because its members do not always share a common theory directing research and practice. According to Wu, a *pai* also does not equate to lineage because its members are not held together by exclusive social relations. He thus suggests translating *pai* as "group," in the sense of referring to "people sharing some ideas or principles, or at least claiming to do so."[39] Wu thereby also emphasizes the constructed nature of the relations that hold the members of a *pai* together.

This observation has been supported more recently by Hanson's important study of the emergence of the warm pathogen disorder current of learning (*wenbing xuepai* 溫病學派) in Chinese medicine. A particularly important aspect of Hanson's analysis is her ability to show that this emergence is an ongoing process. The warm pathogen current of learning was not created at one single point in time, after which it possessed a definite form and a distinctive content. Rather, it emerged through a series of events that were not causally related to each other at the time but were imbued later with a common identity through the efforts of distinctive social actors. Thus, neither form nor content of the current was ever fixed. Each remained open to ongoing reconstruction in response to changing historical dynamics and constellations.[40]

I believe that this continual coming into being of practice—a coming into being that simultaneously stretches forward and backward in time—is more adequately captured by the dynamic concept of current than by the static term group. This translation stays much closer, too, to the etymological connotations of its Chinese referent, which calls forth the image of a "network of subterranean water channels."[41] Currents can branch off from each other but also converge again at a later point in time. They can form crisscrossing networks that carry practices and establish connections without, at any time, invoking linearity or fixity.

Synchronically, then, I shall for now denote by the term *pai* or current groups of practitioners whose members are related to each other by personal association, actual or fictive kinship ties, retrospective histories, or affiliation on the basis of having read or adopted the texts or case records of a deceased physician, and who share ideas, techniques, geographical proximity, stylistic similarities, aesthetic preferences, or any combination of these. Diachronically, the real or imagined genealogies that tie the members of a current together frequently cut across the questionable periodizations imposed on their subjects by historians and thereby help to relativize them. All of this, as I shall endeavor to show, makes "currents of learning" an important concept for any history and anthropology of Chinese medicine that seeks to avoid the ever-present temptations of essentialism. Yet it is a concept that may need to be redefined, or defined more sharply, as a result of this study, and related to others used regularly by social historians and anthropologists, such as networks, families, and lineages.

Plan of the Book

My book, then, tells the story of the Menghe current and its many offshoots and tributaries. To introduce order into a subject matter that continually threatened to get out of hand, I have divided it into three parts. Each describes and analyzes a distinctive stage in the ongoing development and transformation of the Menghe current, even if the borders that separate these stages are fluent, allowing them to blend into each other across multiple dimensions of space and time. They are held together by the wider history of scholarly medicine in late imperial and modern China that weaves like a thread through the entire book. Each part is opened by one or two chapters that introduce readers to the cultural and political setting in which the history of Menghe medicine at this stage unfolds. The remaining chapters in each section then explore how these larger issues are reflected in the history of the Menghe current itself.

Part I examines the origins and development of medicine in Menghe from the late Ming to the early Republican period. It begins in Chapter 1 with an exploration of culture and society in late imperial China. Chapter 2 complements this social history with an account of the development of scholarly medicine from the Song to the Qing dynasties. I argue that the scholarly medicine that developed in the course of the Song-Jin-Yuan-Ming transition contained a number of basic tensions or *problematiques* that define it as a tradition. Observing how these *problematiques* are played out in the development of Menghe medicine provides a framework suitable for the analysis of this long

historical process. Vice versa, it allows me to employ the Menghe current as a lens through which the history of the wider scholarly medical tradition is reflected. Chapters 3 to 5 describe the origins and development of Menghe medicine as being centered on a small number of family medical traditions. Through the creation of marriage alliances, the formation of teacher/student bonds, joint political action, and various other social strategies, these families constructed a network that dominated local medical practice. This network provided benefits to all of its members but also embodied hierarchies of power and status that reflect the wider organization of society in late imperial China. The network also enabled Menghe medicine to expand throughout Jiangsu and into Shanghai, extending the time line of Part I well into the Republican period. Chapter 6 is an attempt to define the distinctiveness of Menghe medicine as a style of medical practice. I analyze this style through the writings and case records of the late-Qing dynasty physician Fei Boxiong 費伯雄 and his followers, and show how it emerges as a synthesis of multiple heterogenous agencies.

Part 2 moves the focus of my history to Shanghai and the Republican period. Chapters 7 and 8 explore the issues that Chinese medicine confronted in its attempts to adapt to a rapidly modernizing society. Physicians from Wujin County in Jiangsu, to which the town of Menghe belongs, played important roles in charting these transformations and allow me to keep the analysis of general history attached to that of Menghe medicine. Chapters 9 and 10 return more closely to the Menghe current by examining the emergence of the Ding family as its most prominent representative in Republican Shanghai. The Ding family successfully modernized Chinese medicine along a number of dimensions without cutting it off from its traditional roots. They also transformed a medical style that was previously attached to distinctive medical lineages from Menghe into a local medical tradition known throughout Shanghai as the Menghe current. Chapter 11 examines how these transformations are reflected on the level of clinical practice.

Part 3 takes the history of Menghe medicine from Shanghai to Beijing, the new center of Chinese medicine during the Maoist period. Chapter 12 examines the transformation of Chinese medicine in Maoist and post-Maoist China as a terminal point on the trajectory of the scholarly medical tradition whose history began during the Song. Chapter 13 sketches these developments through the biographies of three students of the Ding family—Cheng Menxue 程門雪, Qin Bowei 秦伯未, and Zhang Cigong 章次公—who rose to positions of influence in the new political hierarchies of Chinese medicine in Maoist China. Although each physician developed a very personal vision about how Chinese medicine

should be modernized, they nevertheless remained deeply attached to the model of the scholar physician that had guided Chinese medicine through the preceding centuries. Chapter 14 concludes my examination of Menghe medicine with an analysis of how its memory was shaped by physicians and historians in and from Wujin County. This is contrasted with the histories of other physicians and medical lineages from the area in an effort to show the labor of remembering that fashions Chinese medicine as an imagined community of local and global medical traditions.

Throughout the book I seek to relate my description of the Menghe current and its development with the analysis of a wide array of issues that emerge as we pursue this history. These range from the transformation of family- and lineage-based medicine into local medical traditions and the importance of native-place identities in modernizing Shanghai, to the stabilizing influence of lineage orientations for the modernization of Chinese medicine; from an analysis of the strategies used by medical families to protect and develop their assets, to the utilization of person-centered networks in order to undermine the hegemony of the state and ensure the continuity of family medical traditions in Maoist China.

The history of Menghe medicine also allows me to make two more substantial and far-reaching points summarized in the Conclusion. First, I show that perceiving scholarly medicine as a distinctive tradition allows us to trace those transformations that have fundamentally changed its identity in the present. From another point of view, however, the same process of transformation can also be imagined as continuity. Contrasting these two perspectives with each other allows us to define more closely what we mean by tradition in the context of Chinese medicine, and what we imply when we define this tradition as being alive.

Terminology, Names, and Appendices

Throughout this book I use the term "Chinese medicine" to refer to the medicine of the scholarly elite that emerged during the Song dynasty and the subsequent transformations of this medicine in late imperial, modern, and contemporary China. This is the literal translation of the Chinese term *zhongyi* 中醫, which is used in mainland China to refer to this medical tradition. However, in order to distinguish between institutions in Republican and contemporary China that carry the same names, I have translated *zhongyi* as "Chinese medicine" when referring to Republican era institutions and as "TCM" (traditional Chinese medicine) when referring to post-1949 institutions.

Throughout the book all specialist Chinese terms have been transcribed using the pinyin system. Chinese characters are given at least on the first occurrence of Chinese terms in a chapter.

Almost all of the physicians described in this book are male. If women played a role in the development of Menghe medicine, they only appear at the margins of primary and secondary sources. Given the already large scope of this book, there was simply no space to explore their role. As a result, all actors are male. For this reason I use the third person pronoun "he" when referring to members of the social category "physician" throughout the book.

Besides their given names (*ming* 名), men in late imperial China carried style or courtesy names (*zi* 字), and one or more honorific names or sobriquets (*hao* 號). Different sources thus use different names to refer to the same physician, often mixing up characters in the process. In the main text I only use the name by which a person was most widely known and under which they can be traced most easily in the literature and on the Internet. To enable cross-referencing, however, Appendix 1 provides an extensive index of names listing both the given and style names (where known) for all persons mentioned. To further facilitate the reader's orientation through the maze of names that appear in this book, detailed genealogical charts of the main medical families as well as timelines of the main events in each chapter and in the biographies of the most important physicians have been provided. A number of detailed appendices provide further information on names, disciples, and places of practice.

To avoid confusing readers by using the several different monetary standards that were in use in late imperial and Republican China (Mexican silver dollars, taels, copper cash, yuan), I have converted monetary values given in source texts into dollar equivalents.[42]