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Nationality Medicines in China: Institutional Rationality and Healing Charisma

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If you want to know the taste of a pear, you must change the pear by eating it yourself.
———Mao Zedong, "On Practice" (1965 [1937]: 300)

All medicine is some part poison (*shiyao sanfen du* 是药三分毒): this proverbial remark is heard often in modern Chinese. Beyond the domain of medicine, the proverb argues that danger is involved in every attempt to intervene in an undesirable status quo. If a weapon for good is to be effective, it must destroy or disable some force that is keeping pathology in place. Chemotherapy must kill healthy cells along with proliferating cancer cells, leeches must draw out turgid blood. African healers understand medicines as operators for both healing and harming, and Chinese medicine classifies the most effective medicines as those having the greatest "poison" quotient (*you da du* 有大毒) (Langwick 2011: 39–57; Xu and Wang 1995; Nappi 2009: 28).[1] Medical

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[1] One is also reminded of other remarks attributed to Mao Zedong, such as "Revolution is not a tea party," and "If you want to make an omelet you must break some eggs." A classically

knowledge and practice, aiming like Mao Zedong to transform an undesirable state of things, tend to operate a particular kind of violence, inseparable from the power to heal. Because healing and harming are interwoven so tightly in so many medical interventions—"traditional" and "modern," "superstitious" and "scientific" alike—the application of formal knowledge in a medical domain can always be caught in the act of violating something. Even our classical magic bullets of antibiotics, tasteless and rapidly swallowed by humans, must murder colonies of bacteria. Recalling the famous epigraph from Mao Zedong above, the research we discuss in this paper touches on both the tasting of the "traditional medicine" fruit and its destruction in eating, that unavoidable social process that risks poison in the hope of finding nourishment.

We will present certain productive and destructive relations that have developed between an emergent national regime of knowledge about "minority nationality medicine" and local approaches to healing in China. A large-scale rationalizing initiative targeting the local medical traditions of the nation's fifty-five recognized minority ethnic groups has been underway since the early 1980s. In the course of uneven development among diverse groups over recent decades, modern information regimes and institutional models have begun to transform forms of healing and heritage that can be found "on the ground" in minority areas.[2] While Tibetan, Mongolian, and Uighur groups have been developing state-supported institutions of medical knowledge and practice for several decades, more recently, smaller and less identity-conscious groups have begun to seek national and even global recognition of their unique medical contributions to a multicultural, national heritage of the healing arts.[3] These initiatives throughout China are part and parcel of a burgeoning nationalism that is both state-centered and multiculturalist. It is easy to discern in minority medicine development certain legitimating nation-state agendas that powerfully interpellate Chinese populations as embodied and culture-bearing citizens. Yet this kind of state domination is far from monolithic. In what follows we delineate a shifting border between official (or rational) and wild

"poisonous" Chinese medicine that is also among the most widely (but carefully) used components of drug formulas is *fuzi* 附子, or Sichuan aconite, a strongly *yang* medicine that attacks all manner of Cold and Deficiency disorders.

[2] Geoffrey Bowker's *Memory Practices in the Sciences* (2005), and Bowker and Susan Leigh Star's *Sorting Things Out* (1999), have provided inspiration for the argument of both this article and our larger project. Rather than cite them directly here, however, we have adopted some of their vocabulary and tried to respond to their calls for a better understanding of how modern information systems affect the form and practice of knowledge.

[3] The question of "ethnic" or "minority nationality" (*shaoshu minzu* 少数民族) uniqueness is a complex one. The politics of ethnic identification and performance in contemporary China have long pressured registered ethnic groups to clearly distinguish themselves from their non-ethnic and other-ethnic neighbors. Apart from noting instances of overlap and hybridity, and genuine uniqueness, larger issues of Chinese ethnicity are beyond this article's scope (but see note 7).

(or charismatic) forms of medicine, and argue that every healing situation results from a dynamic relation between these forms of authority. Rationalization processes are not wholly destructive of wild healing powers, nor do charismatic practices arise innocent of "rational" official disciplines. Healing mixtures of poisons and medicines cannot be cleanly separated or—state rhetoric notwithstanding—properly "sorted" (*zhengli* 整理).[4]

We draw here on research conducted among seven minority nationalities scattered across China's south and southwest. In these areas, diverse folk medical practices can be found, many of which use local herbals not yet included in any national Chinese pharmacopoeia, and also offer manipulative techniques—cupping, scraping, specialized massage, and bloodletting, among others—that temporarily harm the body's surface while rectifying its inner and outer flows in the longer term. It is difficult to generalize about southern Chinese ethnic healing, but much of it is explicitly concerned with managing the effects of poisons through the careful and sometimes uncomfortable use of dangerous substances.

It would be easy to denounce the state-led initiative to "salvage and sort, summarize and elevate" (*fajue zhengli zongjie tigao* 发掘整理总结提高) all forms of medical treatment practiced among China's national minorities.[5] Certainly, some in China feel that much of value in folk healing is being lost as these local, ethnically marked assemblages (*tixi* 体系) are rendered explicit and systematic.[6] Medical knowledge reform, as it institutionalizes with its systematic rationalities and scientific accounts of cause and effect, violates custom, disembodies expertise, silences all sacred resonance, and seems to occlude healing power. We argue, however, that institutional and epistemological development is not best thought of as an imposed regime that can only destroy "wild" healing. Rather, newly formalized knowledge systems may also generate new forms of charisma, yielding a form of healing that is more heritable, widely embodied, and nationally significant. In other words, we have not found rational systems of medical information to be unconcerned with, or external to, medical art or healing charisma. We invoke Max Weber's distinction between rational and charismatic forms of authority as a tool for appreciating the full import of the notion of rationalization: in concert with the modern

[4] Jane Bennett in *Vibrant Matter* (2010) thematizes the "wild" as a problem for knowledge, drawing on Thoreau as well as Deleuze and Guattari.

[5] The terms given here have long been keywords for the development of traditional medicine in the P.R.C. and have thus informed projects of traditional Chinese (or Han ethnicity) medicine. We have translated them somewhat idiosyncratically to highlight their taken-for-granted significance.

[6] The forms of medicine "on the ground" from which newly recognized "ethnic" systems are being made are often referred to as *tixi* (体系), which is sometimes translated as "system" but is less rigorously conceived than the more scientific *xitong* "system" (系统). We find the term "assemblage" usefully captures the perception that Zhuang medicine, or Achang medicine, is already a kind of local grouping of practices and understandings even when first approached by the systematizing state with its "salvaging and sorting" goals.

rise of nation-states, rationalization is a name for the process that encompasses the legal formalization, institutional development, and epistemological disciplining that increasingly dominate the social life of the modern nation (Weber 1968). Being social, no regime can ever be purely "rational," and we seek to show that the rational and the non-rational have a co-constitutive relationship, not just in theory but also in historical practice.

China's political modernity in the twentieth and twenty-first centuries has been in many respects similar to that of other strong nation-states. But we diverge from Weber's Europe-centered analysis and examine specificities of recent historical experience in China in search of lessons about how modern states produce and manage actual situations of knowledge and culture. At the same time, we ask what highly charged, new capacities newly rationalized knowledge might generate among a nation's people. We will track some ways in which a rationalizing process has emerged as a modernizing imperative, and, in the same move, has generated new charismatic forms of healing effectiveness and authority.

SALVAGING AND SORTING: RATIONALIZING MEDICINES IN CHINA

We begin with the rationalizing imperatives expressed in the accelerating state-led initiative to "salvage and sort, summarize and elevate" the traditional medical systems of all of China's national minorities.[7] The few historical studies of the national process we have been able to find are brief. They recount a recent history of developments in medicines in close relation to a national policy process, and sometimes note the personal participation of their still-active authors in, for example, survey research. The history provided by Zhu Guoben, perhaps the most widely respected scholarly leader in the national field of minority nationality medicine, is emblematic.[8] In an influential volume published in 2006, *Essays on China's Nationality Medicines*, Zhu writes about his thirty years of work as a public health cadre in Qinghai Province, where he was deeply impressed by Tibetan culture and medicine. In 1986 he was assigned to the State Administration of Chinese Medicine in Beijing, where he took responsibility for early phases of nationality medicine research, and in 1997 he became a founder of the China Nationality Medicine Association

[7] China's national minorities were definitively recognized and sorted in the 1950s as part of the process of setting up a representative national government, though a few of the current fifty-five "minority nationalities" were not recognized until the 1980s. Thomas Mullaney's *Coming to Terms with the Nation* (2011) gives a rich account of the 1950s recognition process in Yunnan Province. At times in this paper we refer to minority nationalities as "ethnic groups," but the concept of "ethnicity" in China differs from the United States in that it is not a counter to "race" in the same way. The concept in China is nevertheless indebted to Stalinist definitions of nationality and ethnic group, and some thinkers in the minority nationality areas where we study are committed to a specifically ethnic idea of their local groups and traditions.

[8] But see also the more ethnopharmacological volume edited by Cui Jian and Tang Li (2007).

(2006: 2). He has thus been in an excellent position to witness, and lead, the accelerating development of research and publishing in the field.

In several essays that open his 2006 volume, Zhu devotes attention both to defining the field that has emerged at the national level—arguing that "national minority medicine" is not one unified system, even in the eyes of the state—and to tracing the policies and forms of research support that have generated a wide variety of ethnic projects. Though the importance of recognizing China's many forms of medical heritage was grasped in the early 1950s, as a multi-ethnic state was being put together under Communist Party administration, Zhu acknowledges that it was not until after the Maoist period ended in the early 1980s that the minority nationalities were significantly recognized in their difference and specificity, each with its own "cultural" situation and needs.

It was at this time that four strongly marked minority groups began to conduct research, publish, and establish clinical institutions of minority nationality medicine, with official support, sometimes in the form of research and development grants to nationality self-governing areas (Cai 1995; Sde srid 1982; Cheba 2012; Jigemude and Duyi 1997; Jin 2006; Ghopur 2003; Nurmemet and Eli 2004). Zhu notes that for a time many (at least in Beijing) had the mistaken impression that there were only three minority medicines in China, in addition to Han-identified traditional Chinese medicine (henceforth TCM; *zhongyi* 中医): those of the Tibetan, Mongolian, and Uighur groups. These three groups have seen steady development and institutionalization of their minority medicines, as well as expansive publications about them, since the State Nationality Affairs Committee issued the following crucial 1984 policy statement: "Minority nationality medicines are an important component in the motherland's medical treasure house. The development of projects of nationality medicine is not only required for the sake of the health of each nationality population, it also has an extremely important significance for advancing ethnic solidarity, promoting the economies of ethnic areas, developing cultural initiatives, and establishing socialist medical and health enterprises with Chinese characteristics" (quoted in Zhu 2006: 32). It is easy to see in this oft-quoted statement that post-Mao policies favoring the development of minority medicine were well in keeping with Deng Xiaoping's economic policy and a growing popular Chinese nationalism. It is also clear in this and many other such policy-oriented statements that minority nationality medicines were *presumed* to be effective, "required for the sake of the health" of their traditional users.

It is no surprise that only some groups were positioned to quickly develop a thriving nationality medicine field, but even in 1984 some less prominent nationality groups had already started to quietly salvage and sort their medical heritage resources (Guizhou Minority Committee 1992; Cai 1992; Li and Guan 1996; Li and Qin 2001). For example, the first historical studies of Zhuang medicine (mostly in Guangxi) were undertaken before this, to be

followed over the following decades with significant work on systematizing a local Zhuang tradition in textbooks and establishing a hospital and medical school in Nanning.[9] Other groups with more or less pronounced or well-recognized ethnic character, such as the Miao in Guizhou, the Yao in Guangxi, and Chaoxian (Korean) groups in the northeast, were adopting more or less enterprising approaches to constructing viable systems of ethnically marked medical institutions and services. By the time much more supportive national policies were put in place between 1998 and 2005 (Zhu 2006: 32–35), a number of projects were underway and it was possible for leaders at the State Administration of Chinese Medicine to imagine a coordinated national project of salvaging and sorting the traditional medical "systems" of all fifty-five national minorities.[10]

In this brief consideration of the Chinese state's rationalizing project we will only present a few examples of the sorts of conceptual and institutional "sorting" that have been underway, which we will suggest are both destructive and productive forms of rationalization.[11] First, we have been impressed with the powerful influence of a model derived from institutional and epistemological forms well known since the 1950s in TCM (Farquhar 1994; Hsu 1999; Scheid 2002; Taylor 2005). Though the substance and content of various emergent minority medicines are often quite different from that of Chinese medicine, we have witnessed considerable pressure to collect information in the same discrete domains that carve up the world of TCM: theoretical foundations, diagnostic methods, disease nosology (or standardized lists of illness patterns), formulary, and *materia medica*. These domains became canonical for TCM over the last decades of the twentieth century (for discussions, see Sivin 1987; Farquhar 1994; and Liu 1988). In China since the 1950s (at least) medical and health activists at all levels have agreed that such a "sorting" of knowledge and methods is the natural form of "traditional" medicine in

[9] Interview with Huang Hanru, 7 Aug. 2012. As Huang tells it, the salvaging and sorting of Zhuang medicine started when the Guangxi Zhuang Self-Governing Region's Health Bureau in 1983 started a project to investigate both the past and present situations of Zhuang medicine. From 1986 to 1992, Huang led a team that surveyed more than forty counties, all of which claim populations of more than one million. There are now more than sixty book-length Zhuang medicine publications, including textbooks. In 2010, a Zhuang medicine professional certificate examination was officially included in the annual state professional certificate examination (*yishi zige kaoshi* 医师资格考试).

[10] This was the Eleventh Five-Year State-Supported Science and Technology Project for "salvaging the ten not-yet-sorted minority nationality medicines," from 2007–2011.

[11] Since 2010 we have worked with researchers studying seven national minority groups in south and southwest China. We began by linking our efforts with a national project of the State Administration of Chinese Medicine, which coordinated ambitious research on twenty of the fifty-five minority groups. This allowed us to work with field researchers, scholars, and administrators involved in this development work, most of them employed by local research, clinical, and teaching institutions. Most have been of Han ethnicity, and long-term residents in minority nationality areas.

China or anywhere else, while biomedicine need not fall under these rubrics since it is seen to be rooted in a differently organized Western natural science.

By sorting the knowledge and practices of minority practitioners into categories like those taken from TCM, it becomes possible to compare nationality medicines and note differences between them, and to recognize, for instance, the philosophical specificity of particular "theory-based" styles of practice. Indeed, "theory" seems to be the battleground on which the specificities of various minority nationality medicines are being fought out. Both Huang Hanru and Huang Jinming, senior experts in the development of Zhuang nationality medicine, have told us, "If a minority medicine doesn't have theory, it can't gain recognition." But note that theory, or the ancient metaphysics of *yinyang* and the five phases (for example), is both rational *and* charismatic, in the sense that a careful and much contested logic is used to identify the prelogical forces that make anything happen. The ineffable forcefulness of the Great Dao can be made an analytic in the logic of traditional medical theory. At the same time, even as the ontological foundations of, say, Zhuang medicine are acknowledged in theory, certain approaches to healing and problem-solving are likely to go unnoticed, such as a "feel for local herbal medicines," or a specialized and embodied capacity to improvise a treatment for hard-to-resolve illnesses (*yinan zabing* 疑难杂).

A second form of rationalization and sorting emerges from the fact that field research has been aggressively pursued in several different waves of official enthusiasm. In the later 1970s and early 1980s important field surveys censused the botanicals and other natural medicines in use in minority nationality areas. The medicines discovered in this highly productive and down-to-earth research were classified according to the official *materia medica* principles that organize the national TCM pharmacopoeia. Many local (provincial and even prefectural) *materia medica* (*bencao*) handbooks were produced, and in our own field research we have found these volumes still in use, much thumbed, in the hands of local "ethnic" and "folk" practitioners. Clearly the local *bencao* that resulted from state-supported field research near the end of the Maoist period several decades ago, in a highly rationalized, illustrated dictionary form, became a valued resource for even barely literate minority nationality healers.[12]

A more recent wave of field research is still growing in importance, as local researchers, with encouragement from the State Administration of Chinese Medicine, fan out into rural areas seeking to locate ethnically identified

[12] Several practitioners we know claim to be "illiterate" (*wenmang* 文盲, lit. blind to writing), using the official label current in formal population registers. Yet even these doctors find ways to draw on local *bencao* through their ability to recognize the few key characters that guide usage (e.g., those designating drug character as "cooling" or "warming," or "seeking the Kidney meridian"), or by asking a more formally educated family member to read them particular entries.

healers and understand their practices. This research pursues wider aims than the *bencao* projects did. Zhu Guoben summarizes the sort of research to which he and the China Nationality Medicine Association are committed:

> It is necessary to seek out the root of minority nationality traditional medicines, as well as [investigate] the series of problems concerning their history, clinical work, theory, natural drugs, expertise, and the establishment of their projects (shiye 事业); [we must pursue] deep survey research, humbly ask instruction from local insiders, attaining a limited right to speak and elevating our working attitudes through rigorous articulation and careful practice. If you want to expand your authority, you can do so, but only if your grasp of knowledge and the situation of understanding become greater. Only if the ability to know becomes elevated can the right to speak [about minority medicines] be increased (2006: 3).

The epistemological humility and open-minded curiosity expressed in statements like these is, we have found, typical of senior research leaders, both those who belong to the minority group they study and those who do not. That said, we have also found that survey research design and methods hinge on a basic, unitary understanding of what knowledge is. The knowledge and understanding sought in new research have a distinctly "modern medical" character, having more to do with the instruments of disease treatment (medicines, formulae) and the clinical curing of disease than with such things as the management of everyday discomfort, the prevention of illness, or fending off assaults by ghosts.

Much could be said about the sensitivity and creativity of official field research, and we have been impressed with the many honest efforts we have witnessed to locate and specify cultures of healing. But the results of these studies, as they are transformed into official reports, scholarly articles, and textbooks, do not satisfy the most thoughtful researchers, who think some essential aspects are still being missed, something beyond the production of new systems of rational medicine. Many researchers and practitioners are still looking for authoritative "information" from old doctors: those who trained in the old apprenticeship system or who regularly go into the mountains to pluck herbs (*shangshan caiyao* 上山采药).

A third process in the rationalization of medicine is regulation through licensing examinations. The research we are studying is, after all, a state-led project, and participates in the responsibility of government to foster the life of the population. Medical interventions, precisely because "all medicine is some part poison," must be regulated in modern nation-states. Traditional or folk medicines present particular problems for regulation, and the state must discipline and transform their practitioners if the people are to be protected against charlatans. The body of knowledge they can deploy must be sanitized, made harmless and proper, but can a written or oral test really limit the risks of therapy and keep the poisons of medical powers at bay? It is understandable that one of the greatest sources of tension we have found in the groups now

being salvaged and sorted is the establishment of practitioner licensing examinations.

An examination regime is never historically simple (Foucault 1977). An official examination requires a disciplinary authority—a Ministry of Health, for example—whose dominion is recognized by those who might seek official status as, say, licensed healers. Further, the design of any examination must draw on an established body of knowledge existing in a form that can be taught consistently; there must be standard questions and correct answers. In the present case, there must be agreement about what is and is not included in "Zhuang," or "Qiang," or "Yao" medicine.[13] Such a body of knowledge can be deployed for teaching and licensing purposes only after considerable "humble" and "rigorous" research of the kind advocated by Zhu Guoben and ample training of specialists.[14] Everyone acknowledges, sometimes bitterly, that examinations radically exclude those healers who, however well they know their craft, are technically "illiterate" or otherwise unable to learn the "Western medicine" and "Chinese medicine" background knowledge required. For instance, many cannot possibly enroll in the cram courses that spring up wherever licensing exams are established. Thus, as we will consider at greater length presently, rationalization by way of examination itself produces an excluded, "wild" remainder that is not only unregulated, but can be for many a more valorized, desirable route to health.

A fourth kind of rationalization that has long been underway in China, with the guidance of state agencies, is commercial. There is money to be made from the marketing of natural medicines and, some believe, fortunes to be made from the successful distribution of a formula known to be effective for common complaints like arthritis, baldness, impotence, or constipation. Even before the postsocialist expansion of a market in "traditional" pharmaceuticals, China's national government concerned itself with drug quality through farm and pharmacy inspections, and a patenting system. Now that new research is underway in nationality areas, though, much of it aiming to discover new, effective drugs and formulas, intellectual property law has become an issue for both researchers and regulators.[15] Minority medicines, as they are being

[13] The rationalizing projects to which we refer in this paper are not as severely disciplinary as similar undertakings in other modern medical regimes. The standardization of medicinals required by the U.S. Food and Drug Administration, for example, could not accommodate a medical landscape so thoroughly committed to "natural herbal" medicines and folk expertise as China's is. As minority nationality medicines develop their own certifying exams, they standardize and regulate substances and techniques up to a point, because textbooks and training manuals must be produced as the required basis of tests. But for the moment, creativity in drawing on local traditions remains a greater source of clinical authenticity for minority medicines than the imprimatur of an authorizing state.

[14] The Guangxi University of TCM, for example, began recruiting students of Zhuang Medicine as early as 2002, but the formal licensing examination was not listed until 2010.

[15] Researchers are aware of healers' economically motivated unwillingness to share the "secrets" of their craft, especially their knowledge about relatively easily commodified things like natural medicines and the compounds or formulas in which they are most effective.

ever more aggressively "salvaged," present particular problems for market regulation and accompanying calls for standardization. Everywhere we have pursued field research in China's south and southwest, for example, we have been told that the most valuable and effective drugs are those gathered in the wild. Some practitioners and suppliers have found ways to cultivate their favored medicines on a small scale, but they do this by duplicating the wild conditions where they have long found natural drugs by "going up in the mountains to collect medicine" (*shangshan caiyao* 上山采药). Patients, doctors, and researchers alike often insist that farm-grown drugs are much less effective than wild ones, and as a result, in some minority areas scholars and practitioners foresee a serious environmental crisis as scarce and vulnerable plant populations are over-collected.

If a wild drug, or a compound made of wild drugs, is to be a viable and legal commercial product then it must enter the standardized domain of the national *bencao* pharmacopoeia and become usable in a manner akin to that of TCM formulary. In a sense, the new drug must be translated from a local and experiential series, from the specific and perhaps long-standing "inherited" practice of a local healer into a formal and comprehensive series, that of the national *bencao* system. Newly identified medicines secure recognition by gaining the same kinds of attributes that long-recognized drugs have: character (*xing* 性), flavor (*wei* 味), and tendency (*guijing* 归经), at least. Newly discovered formulae must become recognizable by combining drugs in standardized amounts, expressed as proportions by specifying the weight of each component in grams. These compulsory regularities little resemble the rules of thumb and suggestive lore that guide practice among "minority healers." But they would seem to be required if anyone is going to get rich from a "proprietary" minority nationality medicine. On the other hand, most forms of minority medicine that enjoy official approval have little to do with product standardization and regimentation of practices. In a sense, minority medicine is "branded" for market purposes because it is "wild."

This brief overview of four forms of rationalization underway in the Chinese arena of minority nationality medicine has only skimmed the surface of problems arising from the TCM model, field research, licensing, and market commodification. In our larger project we are also considering other processes, such as the remaking of patients themselves (Yang 2006; Sunder Rajan 2006), and many practical frictions that arise in maintaining and deploying logical knowledge itself, along lines explored in science and technology studies. For the moment, we will turn to questions of charisma. What can the term mean in the postsocialist Chinese context? What is its relation to medicine in China or anywhere? And what is its contingent but systematic relationship to rationalizations of institutions and newly produced knowledge?

CHARISMA AND HEALING EFFICACY

Max Weber in a series of essays characterized three main types of authority in modernity: rational (or legal-rational-bureaucratic), traditional, and charismatic (1968; Eisenstadt 1968). Stephan Feuchtwang and Mingming Wang, in redeploying the term charisma for a consideration of popular religion and "grassroots" power in contemporary China and Taiwan, make two important theoretical points: First, they argue that "traditional authority" is implausible, even as an ideal type, apart from the operation of some form of charisma. Most of the examples of forms of traditional cum charismatic authority they discuss are drawn from Asia, where, they suggest, the inherited past is valorized and rendered effective in a way inseparable from rationalizing institutions, such as temple associations, and from cathections of affect that we would associate with charismatic efficacy, such as the acknowledged powers of local gods (Feuchtwang and Wang 2001: 1–21; see also Weller 2008). We agree—the medical "traditions" from which new systems of minority medicine are now being crafted were, over previous decades of "wildness" and lack of recognition, neither non-rational nor lacking in charisma. Yet they certainly enjoyed a certain authority as tradition and as embodied magical efficacy (*lingyan* 灵验) among some local people, even before survey teams arrived to census local drugs or interview local healers. The key point is that the modern state did not initiate rationalization in minority nationality areas, nor did modern rationalities banish a preexisting charismatic authority. Rather, what we are calling rationality and charisma are entwined and co-constitutive modes of practice in all kinds of situations.

Feuchtwang and Wang's second critique of Weberian forms of authority is that these ideal types are too limiting, and restrict possible understandings of modern forms of temporality, which are always multiple. Working to render the idea of charisma more flexible for their project of understanding modern distributions of capillary power in time and space (Foucault 1978: 92–102), is to adopt a very capacious definition of charisma as "expectation of the extraordinary." Ultimately they characterize "modern charisma" by way of Walter Benjamin's non-Weberian notions of temporal emergence: "*Charisma pure and simple is the splitting away from religious traditions of their utopian expectations of the extraordinary.… [M]odern charisma is the joining of traditional expectations of the extraordinary with a sense of time as homogeneous, empty and secular, producing utopian expectations…*" (Feuchtwang and Wang 2001: 21, their italics). This formula that links the "homogeneous empty time" of the modern nation-state with utopian hopes and affects is helpful for understanding the sorts of material Feuchtwang and Wang consider (see also Anderson 2006). They show in their book, for example, how "grassroots" religious organizing and even institutionalization have increased local senses of extraordinary powers in play.

Feuchtwang and Wang arrive at their hybrid yet recognizable version of charisma by way of the notion, often invoked in modern Chinese, of *lingyan*, or (roughly speaking) embodied magical efficacy.[16] Farquhar in her epistemological analysis of the social life of knowledge in a college of traditional Chinese medicine in the early 1980s also developed this concept, having often heard it used to describe the special virtuosity, effectiveness, and responsiveness of experienced doctors and their way of thinking (1994). The most interesting thing about *ling* for our purposes here is that the word is frequently used to refer to the powers of a god. Even in this usage, we think that "efficacy" is a better gloss than notions that might verge on the mystical, such as magic or supernatural power. But because *ling* is so strongly associated with "supernatural" interventions, even when it is really only about a certain quickness or responsiveness, the word refers to an excess, and perhaps even, following Feuchtwang and Wang, an expectation of the extraordinary, or at least a hope for something extra. We will show how doctors and drugs are at times credited with being *lingyan*, and the powers they can claim go beyond any simple idea of knowing how to properly deploy causal agents to get predictable effects. Here medical action even within (because of) a rationalized "system" is effective because healing—the miraculous achievement of an experience of being embodied that is altered for the better—is ultimately non-rational.

Let us not be deceived into thinking, then, that only traditional medical systems mobilize "magical" healing. *All* effectiveness in *all* medicine is *lingyan*—nobody is ever certain that a particular intervention is going to be effective, and there is always that moment of doubt in which the cause and effect relationship aimed at and claimed in medicine is known to be contingent on more factors than can be controlled or understood (Farquhar 1994; Montgomery 2006). Therefore healing—whether hoped for or recalled in "illness narratives"—tends in all traditions to be attributed to some excessive quality of healer, medicine, or technique: there is always some special magic that has made my treatment for pneumonia effective while my friend's was resistant to the usual antibiotics; it must be some special efficacy that has helped "my" oncologist keep "my cancer" at bay for years while my cousin's tumors returned. Even highly standardized cataract surgery is felt to be successful because of the good hands of an appreciated surgeon. No matter how often we decry the "dehumanizing" and "objectifying" tendencies of contemporary biomedical clinics, we "humanists" should acknowledge that even there, amid all of the overlapping contingencies of illnesses and the inevitable

[16] Judith Farquhar has been discussing the meanings of *ling* with Stephan Feuchtwang off and on for many years. The concept has led us to value the sociological tradition that takes something like "charisma" in history seriously, but has left us cautious about generalizing the rich Chinese usage.

ruptures between cause and effect, magical healing takes place. MDs and MRI machines, physical therapists and anti-retroviral drugs, all command a certain authority deriving from our expectations of a *charismatic* extraordinary.

SUMMARIZING AND ELEVATING: THREE INSTANCES

As we have said, the sorting, salvaging, summarizing, and elevating process has gained momentum and produced results on different trajectories for different minority nationality groups. Though only three large and self-conscious groups have developed richly institutionalized medical systems (Tibetan, Mongolian, Uighur) there are a few other groups that are often mentioned as having made considerable progress since the 1980s. Among these are the Zhuang (Guangxi), the Yao (also especially active, medically, in Guangxi), and the Tujia (well-organized in Hubei and Hunan). To illustrate how the rationalization processes of China's nationality medicine initiative have generated contemporary forms of charisma, here we will examine three situations of practice centered on popular and increasingly visible healers. These Zhuang, Tujia, and Yao practitioners have all been enthusiastic participants in efforts to "summarize" an ethnic medicine into existence and to "elevate" the efficacy and appeal of their medical work. In the process, they have gained power and scope, and they have also become more *lingyan*. In this they resemble numerous other healers we have gotten to know in the same and nearby areas.

Dr. Wang

Dr. Wang (a pseudonym, like all of the names in this section) is a successful Zhuang doctor in his vigorous sixties with a growing practice and ambitious plans for the future. He works in a township several hours' drive from the city of Nanning, in a county where the majority population is registered as belonging to Zhuang nationality. He has long collaborated with the major clinical and training institutions of Zhuang medicine and TCM in Nanning and beyond. His thriving and bustling clinic has since 2010 been designated as a training site (*shixi jidi* 实习基地) by the Guangxi University of TCM (established 1956) and the Zhuang Medicine Research Institute (established 1987), and he is a prominent member of the Zhuang medicine professional association. Wang has been designated a "visiting instructor" at the TCM university, and recognized at the national level as a model Zhuang "village doctor" (*xiangcun yisheng* 乡村医生). His is a practice, then, that is officially marked as both "ethnic" and well regulated.

The Zhuang are China's most populous minority nationality, and the provincial administrative unit of Guangxi has been designated a Zhuang Self-Governing Region since the 1950s. A Roman alphabet script for Zhuang language was approved in 1982 and is being propagated for official use in parallel with Chinese. There is now a rich body of scholarship on Zhuang local history, which includes claims that Zhuang origins in the legendary past are

the true origins of Han Chinese civilization.[17] These developments bespeak a long-developing minority nationality consciousness, of which the salvaging and sorting, summarizing, and elevating of Zhuang medicine is only one part, albeit a vital one.

Most people in the region are quick to point out that the Zhuang are not like other minorities. They have expressions of local Zhuang character such as costumes and dances, but these "cultural" forms tend to be overshadowed by the much more widely recognized culture of the Miao group, which also claims a large population in Guangxi.[18] Everyone we have talked with about ethnic development issues in Guangxi has wanted to inform us "the Zhuang are especially Han-ized." That is, as a group they mostly speak fairly standard Chinese and enthusiastically adopt mainstream Han cultural customs, and their popular local form of medicine unabashedly adopts a great many principles and practices from TCM. One result of this, however, is that traditional medicine practitioners and researchers in conversation often highlight unique local features of Zhuang medical practice, especially elements that set it apart from TCM while enjoying the same or even greater efficacy. As in the cultural work being done to delineate epistemological boundaries in other nationality medical systems, Zhuang specificity is asserted on both theoretical and technical grounds (and the ethnic use of local herbals is also key). Nevertheless, especially in the Zhuang case, there is no denying a substantial common ground with TCM and Han culture.

In his Zhuang medicine clinic and small hospital Dr. Wang is known for his especially effective formulas, which are compounded from an unusually large number of natural drugs, and for routinely prescribing biomedical pharmaceuticals together with his herbal formulas. We also observed that he classifies patients and medical specialties according to a logic all its own that combines a type of physical constitution (e.g., "earth") with a particular medical sub-discipline (e.g., "internal medicine"). Moreover, his use of biomedical drugs is strongly oriented to building immunity or nourishing natural healing processes (as with vitamins), and he does not emphasize the antibiotic model so influential in allopathic medicine (Brandt 1987). Though Wang's practice displays a particular style that combines a variety of medical

[17] In Guangxi we have been introduced to several local "culture experts" (*wenhua ren* 文化人) who specialize in arguments for Zhuang specificity that hark back to ancient origins in the region. One of these culturalists is working with others to develop a small local temple (once much larger, as the archaeology of the site attests) into a major pilgrimage site, and retraining himself in his retirement to become a Zhuang traditional doctor. Another is a doctor with an urban hospital practice who feels his cultural pursuits are an important supplement to his innovative medical practice.

[18] Guizhou is more often thought of as the Miao homeland. See Schein (2000) for a sensitive study of Miao ethnicity in Guizhou and beyond. Tourist publicity for Guangxi, which predictably features "colorful minorities" dancing, courting, and wearing gorgeous hats, mainly provides tourist and Internet consumers with Miao rather than Zhuang images.

and cultural resources, we have no problem seeing that hybrid style as "ethnically" Zhuang, as he claims it is.

Wang's practice is not "irrational," though. His prescription forms look much like those used in TCM, he maintains a small library of scholarly works on the Chinese medical heritage,[19] and he keeps detailed case records in a carefully organized personal archive. In fact, it is these rationalized records and sources that are most likely to impress patients as to Wang's magical effectiveness. In his consulting room, classical dictionaries sit next to a tidy stack of sequentially dated case record notebooks, and he gratifies clients' hopes for personal attention as he looks up his notes from their previous visits. The centrality of case records in his clinical work allows him to respond to patients' desires and also to craft prescriptions that combine special powers of a variety of effective (or *lingyan*) things drawn from TCM, biomedicine, his continuing education in the theory and practice of Zhuang nationality medicine, and his clinical experience.[20] Put another way, he charismatically performs healing power by combining differently rationalized forms in his own local and contingent synthesis.

There is no doubt that Dr. Wang's practice and approach have developed entirely within a nationally important medical rationalization process. Though, like other doctors in China's southern and southwestern minority areas, he insists on the special power of wild drugs and the special authority derived from personally collecting and experientially knowing them, his daily work takes the form of an enterprise. His medical business relies on insured or paying clients and maintains market relationships with commercial drug suppliers.[21] Yet within and beyond this structured world Wang mobilizes his own form of healing charisma (*lingyan* 灵验) and encourages his patients to expect the extraordinary. For instance, he does not ask patients in his consulting room about their history or symptoms. Instead, he takes their blood pressure, palpates the pulses at their wrists, and examines the coloration and coating of their tongue. (These diagnostic techniques would be classified in China as "combined Chinese and Western medicine," and there is nothing particularly Zhuang about them per se.) Before collecting a history or asking other

[19] His collection includes a modern edition of the earliest (Han Dynasty, 206 BCE–220 CE) Chinese dictionary, the *Shuowen Jiezi* 说文解字. His is the only personal medical library in which we have encountered this important early reference work.

[20] In studying the hospital (and home, and traveling) practice of another successful Zhuang doctor, we have been impressed with his unapologetic eclecticism. Like Dr. Wang, he makes no apparent effort to discipline his work into narrowly "Zhuang" or even "traditional" approaches, preferring to combine a wide variety of medicines and techniques all of which have shown some effectiveness in somebody's hands. In the context of a minority nationality traditional medicine movement, which seeks mainly to "sort" healing into forms of cultural essentialism, this practical eclecticism draws attention to interesting complexities and exigencies of clinical practice.

[21] Due to the high volume of patients seeking Zhuang herbal medicines at Wang's clinic, he is forced to keep his pharmacy supplied partly with commercially available natural medicines.

questions, Wang then tells the patients about their symptoms. This method tends to impress sufferers, who often are obsessed with the unique character and progress of their own personal illness and also often feel that most doctors do not understand their experiences. Patients often speak of Wang's extraordinary ability to accurately *see* their condition, and it is easy to understand this as a kind of magic. Certainly it is *lingyan*. Even if this is a mere "magic trick," it is a good one; a doctor so attentive to things he could not have known in advance invites confidence and encourages cooperation. It is little wonder patients come in droves to his township clinic, drawn by a healing charisma that is neither supernatural nor external to rational institutions. Wang's *ling* efficacy is an amalgam of, among other things, the Zhuang "minority" heritage, a relationship with local natural medicines, systematic written records, the power of modern science, the authority of the state, and the appeal of deep roots in East Asian civilization.

Dr. Zhou

Dr. Zhou, somewhat like Dr. Wang, is a showy entrepreneur, even though he has spent most of his career as a "village doctor" in a Tujia nationality township. Also like Wang, he appears to have been nationally recognized as a model "village doctor," a title that implies widely recognized, high status. When we visited him for the second time in 2011, he greeted us wearing a Zhongshan-style shirt decorated with dragons, and with his gray hair and beard and energetic demeanor he epitomized a "senior Chinese doctor" embodying the picture of "traditional" health. One of our party, who interviewed Dr. Zhou on that occasion, is an academic expert on Tujia medicine and knew well Zhou's role in salvaging and sorting what has come to be known and taught as Tujia nationality medicine. Zhou, along with a former student who is a clinical expert with a hospital practice in another township, apparently supplied much of the technical content that academics incorporated into the systematic books now used in courses on Tujia medicine at the nearest urban medical school.

During our visit and interview with Zhou, he was intent on conveying several important aspects of his life and work, particularly his participation in national conferences in Beijing on the development of traditional and nationality medicines under the leadership of the Ministry of Health. He said that during these conferences he had voiced his concerns about the urgent need to reform the whole traditional medicine field in China. "I have evidence of my national voice," he kept saying, and he showed us many group conference photographs and a poem of his in a Ministry of Health conference publication.[22] He also had sheaves of case notes from his years of practice, and two

[22] At the same time Dr. Zhou showed us "student" identification cards from his three years studying TCM in Beijing and several other workshop-style trainings he had participated in.

complicated handmade charts for ready reference that set out all manner of clinically useful correspondences (most of them drawn from TCM).[23] All this "evidence" helped us see that he has been thoroughly caught up in a national rationalizing process through his collaboration with the large and small institutions of TCM and Tujia medicine, and his enthusiastic participation in regularizing the medical knowledge itself by carefully maintaining his personal case notes archive and homemade reference works.[24]

Dr. Zhou eagerly demonstrated for us one of his most effective techniques, a procedure that he said was his current major research interest, for which his consultation room was routinely set up. He called this procedure "current induction" (*daodian* 导电) and told us it was good for treating kidney and gallstones, frozen shoulders, and other conditions of painful stasis and congealment. He asked a volunteer from our group to lie on an examination table, hooked up a wired patch of fabric to a 220-volt power source, and attached it to our companion's leg. Zhou stood on an electrified pad on the floor and positioned his own body as the element closing the circuit that fed electricity at an acceptable voltage level into the "patient's" body at an acupoint. He claimed that he could determine how much current—well below 220 volts—would feed into the patient, and used a hand-held voltmeter to show us how about 220 volts from the electricity source was moderated as it was channeled through his own body.

This fascinating performance reminded us of medical demonstrations of *qigong*, a technology of controlling *qi* that was especially popular in the 1980s and 1990s and commonly used in TCM hospitals in the 1990s.[25] Curious about the relationship of Zhou's practice to national TCM-related movements, we asked him if his "current induction" method was a form of *qigong*. He responded with a long story: In the latter years of the Maoist period, before many traditional medicines were available, he practiced a lot of *qigong*, including the embodied technique of "casting *qi*" across distances.

Apparently all of these periods of formal study were oriented to TCM, and not to any minority nationality medicine.

[23] Manfred Porkert (1974) was the first to argue at length that Chinese traditional medicine is a medicine of systematic correspondences. We are finding that new ethnic medical knowledge is tending to take the form of systems of correspondence. This is a deep epistemological bias drawn from the development of TCM in modern China, and it stands in important contrast to the kind of science invoked in biomedicine. Dr. Zhou told us, incidentally, that he considers himself to be a thoroughly Tujia doctor, a national representative of a local and ethnic type of practice distinct from TCM.

[24] His cultivation of a voice in the development of an epistemologically specific form of medicine was also advanced—he must have thought—by his enthusiastic cooperation in the visits and interviews of our group and associated researchers.

[25] David Palmer, in *Qigong Fever: Body, Science and Utopia in China* (2007), has documented ample precedent for the healing and cosmic magic that comes into public view as part of a rationalizing—or, in the case of 1990s *qigong*, scientizing—process, at least in China.

He found this method especially successful in treating kidney stones, gallstones, and the like.[26] Although "he could give us many examples" of successful cures using *qigong* methods, he said he eventually decided that this "superstitious" technique was inconsistent with his work as a formally recognized doctor. Recalling that in the 1990s *qigong* was often linked with "extraordinary powers" (*teyi gongneng* 特异功能), we asked whether the current induction treatment involves any special powers. He replied that successful use of current induction is just a matter of having the proper training. Anyone willing to spend the time could learn how: "The long and short of it is, you just control the current."

Zhou's technique seems an obvious hybrid of the rational and the charismatic: his consulting room, organized like a laboratory with its electrical equipment, examination table, sterilizing supplies, case files, and ready access to a separate, well-stocked pharmacy, certainly weaves together "tradition" and "modernity." With its scientific trappings and direct embodied and skilled control of (literal) power, the current-induction technique must be both persuasive and effective for patients, as Zhou argues that it is. More impressive to us, as we thought about how charismatic healing should be embodied, was the positioning of the healer's own body in this apparatus. Zhou made himself the medium that regulated the flow of *qi* from the electrical grid into the patient's bodily microcosm, engaging one small network of channels and nodal acupoints. He eschews the magical aura of *qigong* in his concern to be recognized as a formal national model of a village doctor, but nonetheless places himself, rather than any "rational" system of knowledge, squarely in the center of the healing linkage between broad natural-cultural power and the needs of sufferers. Weber would call this charismatic, but Zhou presents it as rational, as a bodily deployment of scientific resources.

The mediating position of the body/person of the doctor was confirmed in a less dramatic way when Zhou began talking about his five or six disciples who are scattered in different parts of China. The researcher conducting the interview was a bit skeptical about how effective Zhou's mentorship could be, given the distances between his home clinic and the students' locations. But Zhou insisted that he was teaching these disciples entirely in person, and he emphasized the personal quality of effective medicine, as follows:

> When young people come up to study medicine, they may study three years, but three years is not enough to become a doctor (*chengyi* 成医), what you understand is only half-baked. I'm telling you, after ten years you can practice medicine okay, you may think this is pretty great [because] you've studied hard. But, I'm telling you—you're a teacher too, and you practiced medicine before—what is it? I always say, an illness

[26] Zhou also implied that at that time he treated patients by writing amulets, *hua zifu* 划字符. One of his colleagues in a neighboring town told us that Zhou still treats some illnesses by writing a talisman for the patient.

isn't really inflicted the way it says in your books; people's constitutions differ, they have recurrences, and secondary conditions, if it's not one thing that's involved it's another. So, as for the past, you can consult the classical prescriptions, but actually my way of designing prescriptions doesn't imitate or copy [the classics], the imitated and the copied cannot cure disease. This is exactly my point.

Here Zhou links his authority as a teacher to the flexibility and responsiveness, the *ling* character as a clinician, which he has gained through years of practice. No rational protocol matching symptoms to drugs, no traditionally valorized cause and effect relations, can be effective if they are merely copied or imitated. Even a familiar herbal medicine, he told us at one point, is effective only in the hands of an experienced and creative healer. All effective healing draws on something that exceeds canonical or official knowledge.

The Yao Medicine Hospital

Our last case is a hospital in northern Guangxi at the foot of the Yao mountains, a region renowned for its many wild herbs. The Yao Medicine Hospital, established in 2007, is located at the intersection of two trans-provincial artery roads near Jinxiu City,[27] and it supports well-known outpatient clinics offering various specialties and about forty inpatient beds served by ten Yao medicine doctors (of a hospital staff of 108 in 2012). The hospital director, a Han nationality doctor named Liang with local family ties to Yao medicine, is ambitious. He has building plans for both the present site and a new hospital in Jinxiu Town. Both would draw effectively on the sizable tourist population that comes to Jinxiu to escape the heat in flatland cities and enjoy mountain scenery. Liang would like to bring more medical tourism to the county, and his plans include "life-nurturing" programs and spa services as well as larger clinics and hospitals.[28] There are several health spas in the county already that offer herbal baths—a Yao medicine specialty—and therapeutic massage, among other comforting services. One of these spas is administered by the hospital.

When we visited the hospital's pharmacy our attention was drawn to a large stock of beautifully boxed herbal bath kits.[29] Seven varieties are available for mail order or purchase on site, each with a different efficacy, including postnatal care and treatment of skin diseases, rheumatisms, fatigue, and various

[27] Jinxiu has been a Yao self-governing county since 1952. The population around Jinxiu is about 80 percent Yao, including people belonging to all five of the major sub-ethnic branches of the Yao nationality.

[28] Market-oriented expansions like these depend on gathering a complex mix of supporters, many of them in the private sector, but they also require a number of permits and approvals from government agencies, and thus also rely on the maintenance of good relations with state regulators.

[29] At the same time, we noticed that some frequently prescribed medicines needed to be laboriously mashed and mixed with a huge stone mortar and a very heavy pestle. It appears that no machine shortcuts were acceptable for preparing these Yao drugs.

toxins or poisons. These are also used therapeutically in the hospital, every room of which is equipped with a large wooden tub, and daily medicinal baths are recommended for most patients. The same herbal varieties are used in the luxuriously appointed commercial spas we have visited. Naturally enough, the literature that accompanies these herbal soaks forefronts the magical aura they derive from their wild origins in the Yao mountains and from the traditional wisdom that guided their composition. This is a marketing magic, which predictably plays up the "phony spell of the commodity" (Benjamin, 1968 [1936]: 231). But it is products like these—removed from the box, scenting and flavoring a tub of hot water, stimulating and comforting the users who soak away their aches and pains—that are beginning to draw elderly and chronically ill people to these Yao regions to try out a new kind of therapeutic enjoyment.[30] When we ourselves took these herbals baths, one of us found the experience entirely restorative, while the other needed to carefully limit her time in the hot water since she found the herbal brew too potent and a little debilitating. All medicine is some part poison, and we suspect that many experiential treatments benefit from this kind of non-rational appeal.

The Yao mountains have long been known as an enchanted landscape, suffused with the *ling* powers of Daoist popular ritual. Beyond the ineffable appeal of local medicinal plants, there is a certain aura associated with doctors who are known to be skilled in more than medicine. Yao Daoism is a local cultural form that has interested anthropologists and folklorists for several generations,[31] and outsiders told us that "every adult" in the area is a practicing Daoist. So we often asked our acquaintances in Jinxiu County about the role of ritual techniques in Yao medical practice. At one level, everyone admitted to using common ritual techniques in their everyday lives. The head of the hospital's research department, a fifty-eight-year-old Pan Yao clinician, willingly emptied his pockets to show us the sanctified amulets and divining tools he always carries, and others talked about the local importance of Daoist management of life cycle rituals such as funerals. Another, even more senior doctor referred to the "secret prescription" (*mifang* 秘方) that he carried in a small pouch for routine protection, presumably against anything unfortunate, from external pathogens to hostile sorcery.

[30] See Farquhar (2002: 47–77) for a discussion of the special causal force of "flavors" in TCM.

[31] Litzinger (2000) provides a detailed ethnographic study of Yao ethnicity in Jinxiu and the Dayaoshan area, and a review of the literature. He tends to interpret the growing interest in ritualism that he found in the 1990s as a resurgence of a certain repurposed local cosmology and culture after many years of Nationalist Party and Communist Party suppression of all ethnic cultural characteristics. Like Litzinger, we found that ritual practices in Yao country and elsewhere were often marked as superstitious (*mixin* 迷信), but we also felt that this once-negative classification had lost its aura of dangerous illegality. Nowadays, when people comment on medicine and religion, they often jokingly refer to *mixin* as a Maoist way of stigmatizing local culture that no longer pertains. For example, it no longer sorts practices into licit and illicit.

But in our initial conversations people were reluctant to conflate Yao cultural ritual with Yao medicine. Certainly, the modern institutional forms through which Yao medicine is gaining ethnic and therapeutic ground appear to be hostile to any form of sacred healing. It is not only the biomedically derived professional disciplines and specialties reflected in the hospital's departments and staffing that tend to secularize medical work;[32] we also noted on the hospital wards that case histories are maintained according to national and global standards that are required and periodically inspected by the Jinxiu and Guangxi health departments. A hospital case history has little space to record the preparation of a written amulet or the performance of a magical chant, even if those sorts of thing were not officially discouraged.

And yet ritual healing techniques were frequent topics of conversation even when we did not ask about them. Senior doctors tended to credit each other and their absent friends with special skills along these magical lines, and they often told stories about someone else using a Daoist technique to successfully treat a state of illness afflicting a whole family or to resolve a particularly "hard to treat" illness (*yinanzabing*).[33] Several interviewees cheerfully labeled these practices superstitious, but also claimed to have personally witnessed their good effects. One retired clinician pointed to her very scientifically minded (and retired) husband and said that he could cure some difficult conditions with a few ritual gestures. "These sorts of things are hard to explain, and anyway they are not observable," she said. "This is still thought of as 'superstition.'" But she clearly wanted to emphasize to us that these methods—which would certainly be called *ling*—are effective.

The most interesting combination of secular and modern Yao medicine with traditional manipulations of time, space, and body is a ritualistic treatment detailed for us by a junior resident in the hospital. This recent graduate of a college of TCM, Dr. Yang, was devoted to studying Yao medicine during her internship and residency in the hospital, and as one of our cooperating researchers she wanted to take note of all sorts of practical work beyond official case history categories. Her senior clinical supervisor, Dr. Fan, asked Yang to help him treat a chronic enteritis patient whose treatments in biomedical and TCM clinics had been ineffective. Though the patient was resident in the hospital, Fan chose to treat him in his first-floor clinic, in the outer part of his consulting room near the hallway door. The treatment was one well documented for Yao medicine: *dianshao* 点烧, or tapping acupoints with a burning stalk. On this occasion, though, Fan tried an expanded technique learned from his

[32] These departments include Internal Medicine, Ob/Gyn, Oncology, Pediatrics, Nephrology, and Rehabilitation Medicine.

[33] In the Yao mountains, it can be hard to distinguish "Daoist," ritualist, and magical action. Some people make rigid distinctions among these sorts of interventions, while others use relevant terms more or less interchangeably. Feng Zhiming recently made this point in a paper based on field research in the Yao mountains, at a conference for young anthropologists in Kunming.

father, in which he located the two acupoints to be used in an idiosyncratic manner and took advantage of the liminal situation he had set up near the door.

Fan carefully positioned the patient with his back arched and enforced the position with a bar held firmly against his back by being inserted horizontally within the bends of his elbows. With the patient seated in this position, Fan marked off two acupoints using the bar itself as a yardstick and compared the locations thus indicated with acupoints he located on the patient's back using a more classical TCM palpation method. The points he then chose to tap briefly with a burning stalk of an herbal medicine (*dengxincao* 灯心草, or bog-rush) were different from the classical TCM points.[34] Fan later explained to Yang that this elaborate method is required because acupoints do not occur in the same position for every patient; other doctors' failures to successfully treat the patient's chronic diarrhea and other symptoms, he implied, could have resulted from their over-rational applications of the rules for selecting points.

This was not the only departure from medical protocol Dr. Yang witnessed on this occasion. She was fascinated to see that after the initial tapping-cautery treatment on the patient's back Fan stepped to the door and tapped on its frame with his smoldering rush stalks. He told Yang later that a doctor had to hold his breath during this procedure to avoid being infected: the pathogens afflicting the patient were transferred to the cautery material, the bog-rush, and had to be removed from the clinical space through physical contact with the doorframe. He was banishing a malignancy, or clearing out poisons, with his rapid and sure physical use of the room's threshold.[35] Yang was impressed by the imperative quality of Fan's ritual positioning and timing—she felt he had engaged forces beyond the minor efficacy of the *dianshao* technique, much like the manipulations of a Daoist ritualist as he articulates cosmic processes with the fate of a sufferer or a family, using his own body, chants, writing, and the disposition of things in space. Perhaps most essential to the procedure's ritual efficacy was how it extended the problem and the intervention spatially, beyond one network of acupuncture channels in one patient's personal body.

Dr. Fan may or may not be one of the senior Yao doctors that others credit with Daoist expertise, but unquestionably many regard him as the Yao Hospital's most authoritative senior doctor. Even though he is close to retirement he is being positioned as a national attractor of wealthy medical travelers.[36] During

[34] This was a specifically Yao medical use of the herb *dengxincao*, which is mostly recommended for use in oral medicines by the official TCM *materia medica* reference works.

[35] It is probably also significant that Fan's clinic is just steps away from the wide and always open main entrance to the hospital.

[36] Dr. Fan is well trained in TCM and a veteran of medical practice in Maoist and Reform era medical institutions both in and beyond the Dayaoshan area. Some of his acknowledged seniority derives from his excellent formal training and formal clinical experience.

one of our visits to the area, three businessmen from Beijing had driven hours to consult him. His juniors in the hospital, trainees like Dr. Yang, think his medical abilities are abstruse, requiring months or years of observation and careful emulation to even begin to understand. They admire his deep understanding of local herbal medicines, and he often takes younger specialists into the mountains to identify and collect little-known natural medicines. He insists on personally preparing medical compounds in the pharmacy, and we once watched him wield a heavy pestle in the hospital's large stone mortar for almost an hour. Fan is far from showy, and he is not a theorist, but in his quiet and sometimes puzzling way, he embodies a special kind of Yao mountains charisma. By virtue of his position in a growing and widely recognized hospital, he is able to disseminate local enchantment and embody Yao nationality *ling*.

CONCLUSION: STATE RATIONALITY AND LOCAL CHARISMA

The practice of Dr. Fan just described is ritualistic, but minimally so. It is indebted to TCM, but relies much on local Yao techniques. It is positioned in a modern institutional setting that has arisen from the "salvaging and sorting, summarizing and elevating" process in China. In his unglamorous clinic, with his reputation for extraordinary effectiveness, he reminds us that all healing claims some kind of charismatic authority. The enchanted moments that doctors hope for, when a hybrid or experimental method takes hold in addressing a "difficult" illness; the magical reversal of a pathological process that patients imagine is possible when they place their trust in the skills of a renowned healer; the discriminating attention of the therapist to the fetishized particulars of a chronic illness: these are the bread and butter of clinical work far beyond China's ethnic south. In our three cases we have focused on the everyday life of the clinic and forms of minimally extraordinary efficacy, or *lingyan*, that are emerging from the rationalized, regulated, systematically recorded, and even scientific and technological life of minority nationality medicine. One might suppose that once upon a time all healing in these southern mountains was magical, prior to the "rational" scientific biomedical institutions of the twentieth century. And one might further think that today's minority medical charisma is a resurgence of the traditional, or a return of what was once politically repressed as "superstition." Yet we see the healing magic we have witnessed in our research as a specific, modern emergence from a state-led rationalization process. This charisma is not just marked by institutional and epistemological reason—it is constituted by it.

The practical and epistemological work of ethnic medicine, in all its rational-charismatic complexity, is no more harmless or nonviolent, humanistic or communal, than biomedicine or TCM. It is neither more nor less "poison." As much as we might like to claim, along with many promoters of new traditional medicines around the world, that Zhuang, or Yao, or Tujia medicine is

safer and less invasive than biomedicine with its surgery and chemotherapy, its chemical side effects and neglect of the personal, we cannot deny that all medicine is some part poison. Intervention, especially in "hard to cure illnesses," always risks the destruction of some part of some life form. It also risks failure as judged by either patients or doctors. However knowledgeable any medical practice might be, it cannot meet the Hippocratic ideal of "doing no harm." As with the tasting of Chairman Mao's pear, medicine changes its object by biting into it.

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Abstract: This article describes emergent Chinese regimes of knowledge about "minority nationality medicines." We adopt Weberian terms of rational and charismatic authority to better understand ethnic healing as it is developing among minorities in southwestern China. In the course of uneven development among diverse ethnic groups over recent decades, modern information regimes and institutional models have started to transform the many forms of healing and heritage that can be found "on the ground" in minority areas. We delineate a shifting border between official (or rational) and wild (or charismatic) forms of medicine, and argue that every healing situation results from a dynamic and sometimes destructive relation between these forms of authority. We draw from research conducted among seven minority nationalities scattered in five provinces in China's south and southwest. After an overview of relevant scholarly work that circulates nationally, we discuss views and practices of three healers belonging to Zhuang, Tujia, and Yao groups, respectively. Ultimately we suggest that all healing, including that taking place in biomedical clinics, relies on some contact with "the wild," and forges a relationship between rationality and charisma.