



Asian Medicine Newsletter



no. 4 (New Series) April, 1994

International Association for the Study of Traditional Asian Medicine

Charles W. Nuckolls

Editor

Department of Anthropology

Emory University

Atlanta, Georgia 30322 USA

404-72704027 (voice)

404-727-2860 (fax)

anthcn@emuvml (bitnet)

04 MAY 1994

ICTAM IV - TOKYO

19 - 21 August 1994

National Education Centre, Tokyo

Francis Zimmermann

President

Centre d'Etudes de l'Inde et
de l'Asie du Sud

EHESS 54 boulevard Raspail
750006 Paris, France

Carol Laderman

Secretary - General

760 West End Avenue

New York, NY 10025 USA

Kenneth Zysk

Treasurer

Dept. of Near Eastern

Languages & Literature

New York University

50 Washington Sq. South

New York, NY 1003 USA

The Fourth International Congress of the International Association for the Study of Traditional Asian Medicine will be held in Tokyo from the 19th through the 21st of August, 1994.

Among the program's highlights will be the awarding of the 1994 A. L. Basham Medals. This recipients are Professors Patricia and Roger Jeffery (University of Edinburgh) and Professor Shigehisa Kuriyama (Emory University). Following presentation of the medals, the recipients will lecture on their special subjects.

Twelve individual workshops have been planned, on topics ranging from research on pre-modern Asian medicine to the application of modern techniques in traditional medical practices. In addition, there will be special lectures by Charles Leslie, K. Yamada, K. Nishino, and Yasuo Otsuka.

The Congress schedule appears elsewhere in this newsletter.

In this issue

The 4th International Congress in Tokyo	6 - 10
The Basham Medal Recipients	2
Book Reviews	11
Conference Proposal by Claire Cassidy	15

1994 A. L. Basham Medals

The International Association for the Study of Traditional Asian Medicine in 1989 decided to establish an Arthur L. Basham Medal in honor of the great Indologist and co-founder of IASTAM. Two medals are awarded every five years, on the occasion of the International Congress, to outstanding scholars in the study of traditional Asian medicine, one of the recipients being an Asian one a Westerner.

It is the goal of IASTAM to encourage scholarly work in any of the subdisciplines of the field, on the social and intellectual history of Asian medicine, the social and cultural anthropology of medicine in Asia, personality and culture of practices and practitioners, and other related topics. The A.L. Basham Medal was awarded for the first time in 1990 to Professor Yamada Keiji of the Research Institute for Humanistic Studies of Kyoto University in Japan, and Professor G. Jan Meulenbeld, M.D., retired professor of Indology at the University of Groningen, Netherlands. The award took place in Bombay on the occasion of the third ICTAM.

This year, the A.L. Basham Medal Award Committee, consisting of Charles Leslie, Paul Unschuld, and F. Zimmermann, has selected Professors Patricia and Roger Jeffery (University of Edinburgh) and Professor Shigehisa Kuriyama (Emory University), to receive the medals in 1994. This award will be presented to Patricia Jeffery, Roger Jeffery, and Shigehisa Kuriyama this summer in Tokyo. The ceremony will be part of the fourth International Congress on Traditional Asian Medicine, August 19-21. The recipients have been invited to Tokyo by Professor Yasuo Otsuka, Chairman of the ICTAM IV Organizing Committee, and they will deliver special lectures on this occasion.

*

*

*

Patricia and

Roger Jeffery

Basham Medal Winners

One of the two A.L. Basham Medals in 1994 has been awarded jointly to Patricia Margaret Jeffery and Roger Jeffery, both teaching in the Department of Sociology, University of Edinburgh.

Patricia Jeffery received her Ph.D. in the Social Sciences from the University of Bristol in 1973. She is currently a Reader in Sociology at the University of Edinburgh and the author of two books, including *Migrants and Refugees: Muslim and Christian Pakistani Families in Bristol*, Cambridge: Cambridge University Press 1976. However, a good number of her publications have been authored jointly with her husband, Roger, including their 1989 book reviewed below, *Labour Pains and Labour Power*, for which they were nominated for the Basham Medal.

Roger Jeffery received his Ph.D. from the University of Edinburgh in 1985. Currently a Senior Lecturer at Edinburgh University, he is the author of *The Politics of Health in India*, published by the University of California Press in 1988. This book was reviewed in the IASTAM newsletter in March, 1989. From 1974, Roger Jeffery has published numerous important articles in the sociology of medical policy-making in India.

For more than ten years now, Patricia and Roger Jeffery have been collaborating with each other on the study of women, childbirth, midwifery, and *nasbandi* (sterilization), in rural North India. Their first joint publication on this topic is a most important research note on "Female Infanticide and Amniocentesis," *Economic and Political Weekly*, (Bombay), XVIII nos. 16-17, 1983: revised and

extended version in *Social Science and Medicine* Vol. 19 no. 11, 1984: 1207-1212. They have two jointly-authored books forthcoming, one on women's lives and life stories, and another one on gender, class, and ethnicity in rural North India. Their current research interests include deforestation and environmental issues.

Book Review

P. Jeffery and R. Jeffery, *Labour Pains and Labour Power: Women and Childbearing in India*. London: Zed Books and Delhi: Manohar, 1989, xii+292 pp. Zed Books Paperback ed: ISBN 0 86232 486 6, price 9.95.

Francis Zimmermann

India: One-fifth of the world's maternal deaths each year. Blunt statistics are the point of departure for this poignant report on childbearing in two north Indian villages, which demonstrates the dramatic impact of women's subordination on female reproductive health and the survival of young children, especially girls. A seven-page account of a delivery provides a literary overture, "Muni Gives Birth." The story of Muni's delivery is paradigmatic, because it is constructed from several deliveries documented during fieldwork, and turned into what some readers might be willing to call *an ethnographic text*.

"Stars glint in the clear sky and a mango tree behind Muni's house is lit by flickering and darting fireflies . . . Adults are chatting on beds in the courtyard, children lying in their midst. Sleeping outside, catching the rare wafts of cool air, provides a welcome respite from the searing daytime heat. Only Muni is inside, alone in the stifling stillness of her house." (pp. 102)

Muni worked all day, although the labour pains were beginning to hurt. Contractions then became stronger. Her mother-in-law has come with the *dai* (traditional birth attendant). She will be delivering the baby, which happens to be another girl.

"Aah!"

"Well, girls are all right, too, you know."

"Muni's fate is bad! That 'prostitute-widow' of a dai has produced another girl."

The issues raised in passing in this story are dealt with in more detail later. For example, Muni's mother-in-law reluctantly gives the dai ten rupees. To the complaining midwife, she says: "It would be different for a boy" (p.6). As we shall learn later, "a dai getting Rs. 25 plus about five kilograms of grain for delivering a boy would probably be given Rs. 15-20 plus the grain for a girl" (p. 141). and in some cases only Rs. 10.

The sociological analysis is embedded in ethnography. A number of line-drawings by Catherine Robin, which are evocative of everyday life and of the maternal bond, tend to reinforce the literary impact of ethnographic descriptions and of the villagers' emotional comments. The authors are skillfully interweaving their analysis with the women's own voices. In that respect, the book is like *Death Without Weeping* (Berkeley: 1992), a book by Nancy Scheper-Hughes on infant deaths among very poor Brazilians.

The whole book is constructed on a series of gentle shifts to and fro between private settings and wider social and economic contexts. "We began this book with Muni giving birth in the apparent privacy of her small village home. But the childbearing careers we described in the chapters that followed are tied into much wider social relationships, most obviously connected with domestic structures, class position and ethnicity" (p. 215). Agrarian relations in north Indian cannot be understood if women and their activities, including biological reproduction,

and the "private" act of childbearing, are divorced from the wider household politics. This is why the very personal act of childbearing is both described in great ethnographic detail and placed within the wider contexts of kinship, the household economy, the provision of health services and the class system.

Two particular qualities should recommend this book to IASTAM members. First, the traditional art of midwifery is extremely well documented, with a wealth of information on the bodily techniques, ethnophysiology and the management of the body's wasters (the cord, the placenta, etc.), diet, and food classification. Second, the modest and committed attitude of the researchers is worth mentioning. It is a dense monograph, packed with facts and ideas, well-researched, well-written, but at the same time it is the account of a personal experience and a testimony written out of friendship and care. Distancing themselves from the classic format of "village studies," in which local settings were objectified in holistic tableaux, the Jefferys have been at great pains to clarify their research strategy and let the people in Bijnor District (UP) speak for themselves.

AAA Meetings -- Atlanta

The annual meeting of the American Anthropological Association will be held in Atlanta, Georgia, November 17 - 21. As usual, there will be several panels relevant to the interests of IASTAM members.

Of some interest may be the roundtable discussion to be chaired by Charles Nuckolls on psychiatry, culture, and DSM (the official text of the American psychiatric establishment). The roundtable will be sponsored by the Society for Medical Anthropology. Those interested in participating may sign up in advance or register at the meetings. There is no particular agenda, although some of the discussion will focus on the recently published fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders*.

For future reference, please consider the possibility of organizing panels on Asian medicine for later AAA conferences. The IASTAM newsletter will be happy to publish your panel proposals.

Basham Medal Winner

Shigehisa Kuriyama

One of the two Basham Medals this year has been awarded to Dr. Shigehisa Kuriyama, Assistant Professor in the Institute for Liberal Arts (Emory University USA) and Visiting Associate Professor at the Internal Research Center for Japanese studies in Kyoto.

Shigehisa Kuriyama obtained his Ph.D. in the History of Science from Harvard University in 1986, with a dissertation on *The Varieties of Haptic Experience: A Comparative study of Greek and Chinese Pulse Diagnosis*. Since 1989 he has been teaching at Emory University in Atlanta. His book, *Embodied Differences: A Comparative Study of Conceptions of the Body in Classical Greek and Chinese Medicine*, is to appear from Zone Books. From 1983, he has published on the history of Chinese and Japanese medicine.

Kuriyama participated in the 9th International Symposium on the Comparative History of Medicine East and West, 1984. His contribution, published in the proceedings, prefigures his dissertation and gives the gist of his argument on "Pulse Diagnosis in the Greek and Chinese Traditions," in Y. Kawakita eds. *History of Diagnosis*, Osaka: The Taniguchi Foundation, 1987. The enigma that motivates this essay is that of a contradiction between historical relativism and the existence of universals of medicine. In Kuriyama's opinion, it is not enough to say that the various medical traditions reflect cultural differences when the human body is just one. "In what sense do medical traditions diverge? The habitual dichotomy of biology and culture would have us situate the divergence in culture, in different ways of thinking about the unique and universal body... We take the body as a given fact" p. 64. This given fact, however, is an artifact. By scrutinizing in what sense Chinese and Greek sphigmology (pulse diagnosis) diverged, Kuriyama hopes to de-

-tain some insight into the fabric of apparently given facts in medicine. Even in those medical traditions that extol the truth value of perception, statements of fact are constructed on the basis of perceptual education. Different medical traditions have followed different possible "paths into the body" (p. 60). For example, the *Nan ching* does not reveal any connection between pulsation, the movement of the blood, and the beating heart, while it points to the connection with breath. "While the *Nan ching* is by no means a text of Taoist yoga, its analysis of inspiration and expiration, and the primacy of the so-called inter-renal pulse (*shen chien chih tung*) all evidence the unmistakable imprint of techniques of breath control on the development of medical theory. The path of embodying change (adopted from the Chinese) led away from an anatomic, cardio-centric interpretation of the pulse (adopted by the Greeks)" (p. 60).

Another important paper is "Between Mind and Eye: Japanese Anatomy in the Eighteenth Century," in C. Leslie and A. Young eds. *Paths to Asian Medical Knowledge*. This is in a sense the very same argument as before, on the intimate relationship between visual perception and technical education. Seeing is a learned skill. Kuriyama describes the role of European medical illustrations and the new representational techniques, introduced through the translation of Dutch anatomical books, in the transformation of Japanese medicine. The new style of perspective drawing and chiaroscuro enabled Gempaku, the Japanese physician and translator, to see anatomical features in dissection that he had not seen before. This kind of ethno-epistemological approach to medical history, which entails studying the relationship between texts and practice, the Word and the Eye, would also be a valuable path to other Asian medical traditions, and their encounters with anatomy. One can observe a similar integration of Western anatomical charts into modern Ayurveda, and there is a fundamental polarity between the disciple's own Perception and his guru's authoritative Word in the Sanskrit *nyaya* texts.

The last paper I would like to mention, "Visual Knowledge in Classical Chinese Medicine," was presented at a symposium on the comparative epistemological study of scholarly traditions in medicine (Montrea, 1992). It will appear in D. Bates ed. *Epistemology and the Scholarly Medical Traditions*, Cambridge forthcoming. The theoretical stance of classical medicine is put into perspective. Kuriyama plays once again on the polarity of the Word and the Eye, on the two sides of medical knowledge. The Greek anatomical vision was shaped by the assumptions and concerns of Greek psychology. By contrast, the Chinese developed a mystique of insight and physiognomy, so to say, which the author reveals through elaborate analysis of the theory of colors and complexions. In both traditions, visual knowledge is directed toward intentionality. But the differences in how Greek and Chinese physicians looked at the body, as an external object, derived in large measure from differences in how they conceived and experienced themselves from within, as persons. The core issue, in the epistemology of scholarly medical traditions, is not that of anatomy or physiology, but that of intentionality and the construction of the person.

F. Zimmermann

Election of New Officers

The current president, Francis Zimmermann, and the other officers of the association will soon be leaving office.

Please submit your nominations for their successors to Francis Zimmermann or to Charles Nuckolls, editor of the newsletter.

If you wish to be involved in the management of the association, or you have suggestions, please do let us know. Your participation is welcome.

The 4th International Congress on Traditional Asian Medicine (ICTAM IV)

CONGRESS SCHEDULE

I. Special Lectures

Professor Charles Leslie (University of Delaware)

Professors Patricia and Roger Jeffery (University of Edinburgh)

Dr. Shigehisa Kuriyama (Emory University)

Professor Keiji Yamada (Int'l Research Center
for Japanese Studies)

Mr. Kozo Nishino

II. Presidential Lecture

Dr. Yasuo Otsuka (Oriental Medicine Research Center of the
Kitasato Institute)

III. Scientific Program

A. Topics for Oral and Poster Sessions

1. History of Traditional Asian Medicine

a. Middle East

b. Southeast Asia

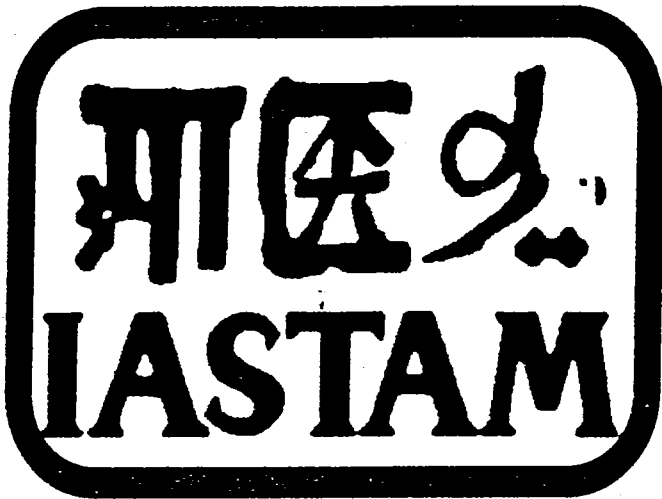
c. East Asia

(continued on page 67)

From the Editor

Charles W. Nuckolls

Over the past few months questions have been raised about the editorial policy of this newsletter. Some feel that this policy is too liberal and that it leads to the appearance of articles which might not meet the scholarly standards of peer-reviewed journal. Others feel that as a newsletter, and not a journal, it is the obligation of the editor to publish whatever might be considered newsworthy to the general membership or one of its constituencies. It is time for me to set the record straight and state as a matter of policy that the newsletter will publish anything and everything that could be of interest to students of Asian medicine, without bias and without the application of rigorous rules of acceptability. In this way we insure maximum access and participation. At the same time, the editor reserves the right to reject submissions or require revision when articles do not meet this criterion, or when such articles are obviously erroneous, insulting, or badly written. We encourage debate and welcome controversy. Our goal is to stimulate interest in Asian medicine and to provide a forum for cooperation between students. There will be moments when the reader feels that standards have been imposed too stringently or not stringently enough, but this, I submit, is indicative of the health of the newsletter. When readers lose interest, they will not bother to voice either their objections or their praise.



Department of Anthropology
Emory University
Atlanta, Georgia 30322 (USA)

For a Debate on Asian Medicine

A perennial debate within Asian medicine is not so much how to define the subject but whose definition should be considered most important. For a long time the participants in this debate have been classicists and social scientists, those who study texts and those who study people. The first group is protective of its domain because it was first onto the field, long before the other existed or had developed the methods appropriate to its task. The second group, as the new kid on the block, has always felt that texts play a secondary role in the study of culture, and that the primary focus should be on practice. That the debate is futile and misconceived is as true as it is unfortunate, but that does not get rid of it. The real question is: Do we permit the situation to continue or do we address it openly and try to resolve it? Of course the issue is no longer as simple as the debate between "classicists" and "ethnographers." Applied scholars, for whom classicists and scientists are alike in their detachment from the real world, now demand recognition. Claire Cassidy's remarks elsewhere in this newsletter put the issue in the foreground. I suggest we take it seriously and address it openly, even if in the short run it means dispensing our attempt to create a unified image of ourselves. In fact, in the long run, such a debate might help us to create such unity. I urge the readers to make their views known.

Who are YOU?

In future issues, the newsletter will resume publication of short biographies of its members.

Please send some information about yourself, your interests, and your research program.

In a future issue we shall publish a directory of members according to their interests.

 Congress Schedule, con't.

 A. Traditional Asian Medicine as a Socio-Cultural Phenomenon
 (The anthropological Perspective)

1. Religion, Philosophy, and Traditional Asian Medicine
2. Figurative Language in Traditional Asian Medicine
3. Socio-Cultural Specificity of Traditional Asian Med.

B. Traditional Asian Medicine in Contemporary Context

1. The Current Situation of Traditional Medicine in Asian Countries (legislation; economic situation; institutional training; manpower)
2. Traditional Asian Medicine and Primary Health Care (political directives; health delivery systems)
3. The Spread of Traditional Asian Medicine to the Other Parts of the World (the socio political context)
4. Individual Therapeutic Methods of Traditional Asian Medicine
5. Traditional Asian Pharmaceuticals (drug herbs; cultivation and production; clinical research)
6. Traditional Asian Medicine and Public Health, Environmental Issues
7. Traditional Asian Medicine and Health Care

Workshops

 W1 *"Research on pre-modern Asian Medicine"*

Professor Paul Unschuld (University of Munich); Dr. Donald Harper (University of Arizona)
 Dr. Hermann Tessenow; Dr. Sheng Jinsheng (China Ins't for the History of Medicine &
 Literature, Academy for Traditional Chinese Medicine); Dr. Barbara Volkmar (University of
 Munich); Professor Michio Yano (Internat'l Research Center for Japanese Studies); Keiji
 Yamada (Int'l Research Center for Japanese Studies)

 W2 *"Social sciences in traditional Asian medicine"*

Kyoichi Sonoča (Toyo University)

 W3 *"Classical history of Asian Medical systems"*

Dr. Rahul Peter Das (Hamburg University)
 Professor Christian Oberlander (University of Tokyo)
 Professor Wataru Miki (Shizuoka Seika Junior College)
 Dr. Makoto Mayanagi (Kitasato Institute)

W4 *"Modern politics"*

Professor Roger Jeffery (University of Edinburgh); Dr. Do-Ya Chang (Dept. of Health, Executive of Yuan, Republic of China); Professor Kiichiro Tsutani (Medical Research Inst Tokyo Medical and Dental University)

W5 *"Acupuncture and modern civilization"*

Professor Yoshiro Yase

W6 and W7 *"Study of traditional Asian pharmaceuticals"*
"Acupuncture II"

These will be organized by Dr. Jong-Chol Cyong with the papers presented by the participants of ICTAM IV.

W8 *"Health care and life breath"*

Dr. Beema Bhatta (Holy Family Hospital); Dr. Tsutomu Hatai; Dr. U.K. Krishna

W9 *"Lifestyle and traditional medicine"*

Dr. Shigehisa Kuriyama (Emory University); Dr. H. R. Nagendra (Vivekanda Kendra Yoga Research Foundation); Dr. Keishin Kumura

W10 Dr. Shin-ichi Takemura *"Medical anthropology"*

W11 Dr. Kei-ichi Ueno *"Asian medicine and terminal care"*

W12 Dr. Kazuo Kodama *"Modern techniques and medicine"*

IV. Satellite Symposium (sponsored by MOA Health Sciences

Foundation) Date: 18 August, Venue: MOA, Atami

Participants:

Lectures: Professor Tetsuo Yamaori (International Research Center for Japanese Studies); Professor Francis Zimmermann (EHESS)

Speakers:

Dr. E. Ohnuki-Tierney (Univ. of Wisconsin)

Dr. M. Picone (EHESS)

Dr. J. Berton (C.N.R.S.)

Professor Noburu Miyata (Inst of Psychiatry)

Professor Kasuhiko Komatsu (Osaka Univ.)

Professor Tamotsu Aoki (Osaka University)

Congress Timings

Friday, August 19

9 - 10 AM	Resgistration
10 - 10:30	Openning Ceremony
10:30 - 12:00	Presentation of the A. L. Basham Medels Lectures by the Winners of the Medel
12:30 - 1:30	Lunch
1:30 - 3:30	Workshops 1 & 2
3:30 - 5:30	Workshops 3 &4

Saturday August 20

9:00 - 11:00	Workshops 5 & 6
11:00 - 12:30	Lecture by Charles Leslie
12:30 - 1:30	Lunch
1:30 - 3:30	Workshops 7 & 8
3:30 - 5:00	Special Lecture by Professor K. Yamada

Sunday, August 21

9:00 - 11:00	Workshops 9 & 10
11:00 - 12:30	Special Lecture by Mr. K. Nishino
12:30 - 1:30	Lunch
1:30 - 3:30	Workshops 11 & 12
3:30 - 4:30	Special Lecture by Dr. Yasuo Otsuka

Book Reviews

C. Leslie & A. Young eds. Paths to Asian Medical Knowledge. Berkeley: U of California Press 1992

Sidney Greenfield

Professor, Department of Anthropology,
University of Wisconsin-Milwaukee

I read *Paths to Asian Medical Knowledge* while in Brazil collecting data on brain functioning of Spiritist healer-mediums and the patients they were treating and Afro-Brazilian religious mediums receiving their deities or spirits guides, while in trance. My colleague Norman Don and I were measuring changes in brain wave patterns prior to and during treatment and possession. This, of course, indicates that I am a non-specialist in Asian medicine and my comments here are those of an outsider looking in. My own research has been done primarily in Brazil, most recently on popular religions and their diverse systems of healing. I read the book looking for comparative materials to use in teaching about the relationship between religion and healing.

The collection of conference papers, that in spite of the efforts and claims of the editors, has resulted in a classic non-book, brought to my mind the old adage that: "The more things change, the more they remain the same." As someone who knows little about Asian medicine it is obvious that I was not thinking about the subject matter of the book, Asian medicine, or any other aspect of Asian cultures. Instead my reaction related to the discipline of anthropology that provided the theoretical framework for the conference and in terms of which the papers were written.

The discipline of anthropology has one through a number of theoretical and paradigmatic changes since its establishment in the early years of the twentieth century. As every graduate student learns, the field was carved out as a distinct academic

discipline under the direction of Franz Boas who, with his students, formulated its theoretical and conceptual framework. Boas was reacting against earlier theories of universal evolution and the use of biology and/or geography to explain human behavior. With his students he elaborated the concept of culture which was to become the primary conceptual unit of the discipline. What Boas advocated, and many of his students did in their research, was the reconstruction of specific histories focussing on themes in delimited geographical areas. This, he maintained, would fill in our knowledge about issues evolutionists had glossed over to reach their generalizations.

Boasian anthropology emphasized the culture of specific social groups with emphasis on how cultures changed over time and diffused from place to place to account for the diverse behaviors of specific peoples. Of special interest was the coming together of different cultures and the mixture of their constituent units, conceptualized as culture traits and patterns. This coming together and mixture was referred to as acculturation, while the mixing the intertwining of specific elements to form new patterns was referred to as a syncretism.

Paths of Asian Medical Knowledge is about acculturation in Asian healing practices with emphasis on the syncretism of Asian healing and European medical patterns to produce the behavior healers and patients can be observed practicing in the present day. Most of the papers are specific histories of acculturation and syncretism in specific places. It is a book Franz Boas and his students would have appreciated and enjoyed reading as I did. And it shows that in spite of all the verbiage that passes for theory, good anthropology is still good anthropology.

But I was frustrated. Perhaps in response to the new concepts and terms introduced in the literature on anthropological theory most of the authors did not make explicit whose acculturation that were exam-

ining and the syncretism of different traits and elements was mentioned only in passing. This made it difficult for the outsider to comprehend much of the rich detail presented. Furthermore, the conceptual categories that dominated Boasian anthropology were not discussed explicitly, making cross-cultural comparison difficult. Religion is an example. It is quite obvious that traditional Asian medical systems were rooted and based on diverse religious beliefs and practices and their respective world views. This was left implicit in the papers, however, with no explicit relationship elaborated.

As I mentioned at the outset, my own work has been in another part of the world, but on the same subject about which the authors of the papers in this volume were writing. I read the book looking for comparative insights from an area in which these issues take different cultural forms. But by choosing to speak of medicine, as if traditional healing practices were medical systems comparable to those of the West, the authors in this volume have minimized the more general relationship between religion and healing found in other world areas. Had they made explicit the religious contexts and their respective world views, the patterns of acculturation and syncretism discussed might have been easier to compare with data from other parts of the world.

But the authors instead zeroed in on the specifics of Asian practice and behavior. This may be understandable, given the goals of the conference for which the papers were written. The result, however, is a book that appears to me to be most useful to Asian specialists. In my case it did not lend itself to what I take to have been the goal of Boasian anthropology. It is not very useful for cross-cultural comparison. This may, as I have noted, also be the result of theoretical changes in the discipline that have led us ever deeper into the analysis of single symbolic systems.

As a final note, I was surprised that the editors explicitly eschewed any interest in the efficacy of

treatment. I had hoped to find at least some references to studies of how patients fare under traditional Asian medical systems and how this would compare with Western medicine and other healing systems. Perhaps in a future conference questions of efficacy and a greater concern with cross-cultural comparison might be placed on the agenda.

Medical Anthropology: **The Journal**

As an associate editor of the journal *Medical Anthropology*, I invite readers of the *IASTAM Newsletter* to consider publishing their scholarly articles in one of the two American journals devoted to research in cross-cultural health practices.

Medical Anthropology publishes papers that explore the relationships among health, disease, illness, treatment, and human social life. Emphasis is on the cross-cultural similarities and differences in the way people cope with health problems. The journal welcomes papers based on empirical research as well as those which deal with significant methodological and/or theoretical issues.

The journal publishes papers on a wide range of topics, including: ethnomedical studies; studies evaluating the impact of modernization on indigenous medical systems; studies of sexual and reproductive behavior; and studies of health care providers, services, and policy.

Medical Anthropology provides important biocultural and cross-cultural perspectives on health, disease, illness, and treatment for nurses, physicians, and biological and social scientists and other professionals in health-related fields, as well as for anthropologists.

Students of Asian medicine are invited to submit their work.

Charles W. Nuckolls, Associate Editor

Book Review

C. Leslie & A. Young eds. *Paths to Asian Medical Knowledge*. Berkeley: Univ of California Press 1992

Claire M. Cassidy, Ph.D.

This scholarly text contains five chapters on Chinese and Japanese medicine, five more on Ayurveda and medical thought in India, and two on Islamic humoral thought. The chapters take very different approaches to the issues, including exegesis of historical and classic texts, analysis of modern texts, symbolic, and ethnographic approaches. It is difficult to link such diversity into a whole, yet, the farther one progresses in reading the text, the more a subtle rhythm emerges, and it is this rhythm which leads the reader to sense a unity of underlying themes. In this review I will examine two of these themes that interest me particularly in my role as an applied medical anthropologist working with Asian medical systems in the U.S.

One major theme — expressed by several of the authors as a correction of misapprehensions that exist in the literature — is that Asian medical systems are complex, heterogeneous, permeable and evolving (that is, that they are not homogeneous or unchanging). In a sense, this point out not to have to be made. Yet realistically there remains a tendency for “outsiders” to interpret a system that has been “named” not only as having specific and specifiable boundaries, but also as good at staying within those boundaries and being predictable. That this is not so — that “purity” does not exist, and that syncretism is commonplace and possibly normative among both practitioners and clients — is a point that seemingly must be argued and demonstrated time after time. In this text this theme is considered in ten of the twelve papers.

Five chapters examine plurality in non-western systems, including Mark Nichter (the many evolving causative models for Kyansur forest dis-

ease among Tuluva in India), Margaret Trawick (how four different systems co-exist in India and prove to be linked at a deep symbolic level,) Gary Seaman (two statuses of Chinese geomancers claim different expertise but privately compete for overlapping functions), Byron Good and Mary-Jo Good (how Islamic humoral medicine achieves cultural authority through links with the sacred), and Carol Laderman the successful through sometimes fragile fusion of aboriginal Malay medical ideas with Islamic medical ideas.)

Five others examine relationship of humoral systems with biomedicine. This contact characteristically leads to awareness of the intense paradigmatic foreignness of biomedicine. Some Asians have responded by arguing that biomedicine is superior to their Asian systems, others want to borrow from biomedicine or imagine “new medicines” that will meld two pre-existing systems, and other are driven to claim superiority for their own system, especially in its “classical” form. The chapter by Shigehisa Kuriyama takes up the first case, showing how a Dutch anatomy translated into Japanese in the 18th century caused a major break with tradition: part of the resulting rhetoric dealt with the issue of “purity.” (His chapter makes a nice parallel with work by Barbara Duden on the effects of changing anatomies in Germany in the 17th century.) Margaret Lock’s eerie chapter (I see so many parallels in North American rhetoric) examines how the western medicalized concept of “menopause” is being used to address a social issue, the perceived breakdown of the family in modern Japan. Paul Unschuld considers previously ignored parallelisms of western and Chinese medicine, including the use of invasion and war metaphors in classical Chinese texts. Francis Zimmermann shows how Ayurveda is redefining itself in terms of the western concept of “naturalness” as overlapping with “gentleness” such that classical “violent” techniques are becoming redefined or rejected.

While several of the papers consider the

political and legitimizing implications of their findings, this subject is the core of the paper by Charles Leslie. He examines why efforts to create Ayurveda as "complementary" with biomedicine in Sri Lanka foundered from pressures for "classicism" from a uniquely well-placed spokesman for conservatism. This case history closely resembles the history of chiropractics in the early twentieth century and the currently expanding schism in the practice of TCM/acupuncture in the U.S.

The second theme is closely related to the first. The complexity of Asian medical systems and their users appears to be, at least partly, a result of their ability to expand, absorb and use conflicting explanatory models. Anthropologists, at least, cannot be surprised by this (though nevertheless fascinated by the details of how people do it), but Western thinkers who seek unitary "truth" must be. Six of the papers — by Judith Farquhar (a study of practical virtuosity in the practice of Chinese medicine), Gananath Obeyesekere (practical virtuosity in prescribing in an Ayurvedic setting), Carol Laderman, Margaret Trawick, Mark Nichter, and Paul Unschuld — deal with this theme. I think it has significant implications for the design of research, particularly relating to the issue of communicating the complexity and creative tension of Asian systems to Western -trained policy makers-funders. Specifically, it seems that humoral systems are by nature overtly metaphorical, or poetical, and this leads to an active awareness of the negotiated nature of medical reality. In practice, this includes the demand to individualize diagnosis as well as to customize prescriptions. But how are these characteristics to be factored into a western style of scientific research. which is often unaware of its use of metaphor (or of the effects of the use of metaphor), believes in the fundamental similarity of patients, and standardizes both diagnosis and prescriptions. The assumption that care can be standardized is a core assumption of western scientific research, where it has achieved the status of "oughtness." This "epistemological break" has achieved sociopolitical

implications for all who hope to do clinical or experimental research with Asian medical systems.

I have chosen to discuss these themes because they related to the issue of addressing the world beyond scholarship, that is, the world of applied researchers, practitioners, and policy makers. It is my sense that we have not, recently, been particularly successful at doing this — and I am well aware that some of us don't want to. This text, for example, despite discussing themes of central importance of clinical research, makes no attempt to address such an audience. I rather wish it had, perhaps in a final "implications" chapter. My concern relates to a sense of confidence expressed by Charles Leslie and Allan Young in the Introduction that four points about Asian medicine are not longer remarkable. These points are that Asian medical systems are intellectual coherent, that they are embedded in distinctive cultural premises and symbols that they can't be fully understood outside the stream of history and that they have a conflicted relationship with biomedicine (cosmopolitan medicine allopathy). Of these four points I judge that the last is widely known, but the previous three remain little understood apart from social science specialists. I believe this situation needs to change. In short, we need to address our colleagues outside academe. This text cannot do this because it was designed to address specialists. Yet I think much of the interpretive material in the book would be useful to others, and it has policy implications that none of us can safely ignore. When medicine is cosmopolitan, Asia is not far from America.

In sum, the present text is careful, detailed, fascinating and scholarly. Though it cannot reach non-specialists, it will, I feel sure, shine as a star in the specialists' galaxy for many years to come.



Conference Proposal

Claire Cassidy

Shall we convene a conference on medical anthropology and alternative medicine in North America? There are several ways we could go. The choice depends on whom we want to address: ourselves primarily or the wider world.

Here are some choices I perceive:

— to do a “small focus” conference on how Asian medical systems are re-creating themselves in North America. A slightly larger focus would include Europe as well. This focus would be of most interest to social scientists and humanists, plus some practitioners. We hope to offer a symposium on this subject at the 1994 AAA meeting.

— to do a “wider focus” conference on what the social sciences have to contribute to the current discussion of “alternative medicine” in the U.S. particularly. The targeted audience in this case would probably be conventional researchers in bioscience and the social science.

— to do a “wide focus” conference on what alternative medicine is. The audience would be practitioners and conventional researchers in bioscience and the social sciences.

In my present dual position as both researcher on alternative medicine (especially acupuncture) and “cultural broker” to conventional bioscience researchers involved with researching “alternative” practices. I know that the latter topic needs addressing. The other topics do as well, but I will concentrate on the third since I don't feel the same urgency about the first two. Why urgency? Because NIH is presently choosing if and how they will fund research on alternative medicine. In this process

boundaries are being created that will define what they will consider “appropriate” approaches and topics for research. Will qualitative and mixed qualitative-quantitative approaches be honored? We need to make our voices heard.

In my experience with biomedicine researchers and a wide variety of practitioners, I have found that few have social science concepts to help them contextualize their actions. Some ideas that my colleagues have found helpful include: the concept that much medical care is organized into systems; the concepts of naturalistic and personalistic approaches, and of reductionistic and holistic approaches; the concept that different systems define the body, disease/sickness, and health in deeply different ways; the significance of dyadic vs polyphonic treatment settings; . . . and many other issues that are core to medical anthropology and sociology but have not ventured far from our disciplinary borders. The point here is not to teach Med Anthro 101, but to link these concepts to the proper performance of research. For example, since scientific medical research has been primarily developed for use in biomedicine, which assumes that “humans are fundamentally very much alike,” a demand for “standardization” has become normative in research design (as it is clinipractitioners use a “grand round” format to demonstrate their diagnostic techniques and interpretive models and link these to the conceptual schemata already presented); User Profiles and models (in which information on user populations and explanatory models is presented); Research Issues (in which the preceding is connected in such a way as to define the problematics of scientific research on systems other than biomedicine); and a final section on Providing Service, in which the earlier information is tied to universal concern, which is that of trying to help those who suffer.

The conference would be small and select so that a seminar-like energy could prevail. A few speakers would have an hour or so to speak, and the audience would repeatedly break into small groups to discuss

and develop the ideas the speaker presented. Small groups would present their thoughts in some sort of round table sharing. A proceedings — in fact, a trade book with wide dissemination — would emerge from the conference, hugely expanding the audience and the effectiveness of the integrative experience.

I like this scenario thought I also know it is idealistic. But shall we aim for it? A first step is to respond to this idea. A second is to accumulate funds. Who would wish to contribute funds to such a venture? Do we, in this organization, have the drive to develop such a conference?

Respond in this newsletter, to the IASTAM North American officers, and/or directly to me at 6201 Winnebago Road, Bethesda MD 20816, 301-229-7718. Looking forward to your ideas!

New Secretary-General for NA Chapter

In a sign of the increasing vigor and good health of the North American Chapter, applied medical anthropologist Claire Cassidy has accepted appointment to the position of Secretary-General. Claire intends to be extremely active on behalf of the membership. She is already planning a conference, which is described elsewhere in this newsletter. Please get in touch with Claire concerning your projects and proposals for future meetings.

Farewell to Mark Nichter

Mark Nichter recently resigned as President of the North American Chapter of the International Association for the Study of Traditional Asian Medicine. He had served in that office for the past several years, and now relinquishes the post to Professor Vincanne Adams (Princeton University)

Mark Nichter is one of the premier medical anthropologists in the United States, a scholar whose work is recognized as among the very best in the field.

During his tenure in office many important developments took place, including the reinvigoration of this newsletter after a period of neglect.

We wish Mark well in his future work, and we look forward to seeing him at future meetings of the chapter.

Call for papers

The IASTAM Newsletter encourages you to submit brief reports concerning your current research. These will be published in the newsletter, to encourage scholarly debate and initiate exchanges among interested readers.

The Newsletter is especially eager to continue debate on topics that may of be particular concern, such as the meaning of "traditional" in traditional Asian medicine. If there are other controversial topics you would like to propose for discussion and debate, please inform the editor. One possibility, certainly, would be the meaning of "medical" -- just where do we draw the boundaries? We are committed to making this publication a lively vehicle for the expression of diverse points of view.

Dues are Due!!! 1994

All members of IASTAM members are required to pay annual dues to their regional chapters.

If you wish to continue receiving this newsletter, you must send in your dues *immediately* to one of the following offices:

North America \$20

Dr. Steve Ferzacca
Department of Anthropology
University of Wisconsin
Madison, Wisconsin 53706

Other Areas \$20

Dr. Ken Zysk
Department of Near Eastern Languages
and Literature
New York University
50 Washington Square, South
New York, NY 10003 USA

European Chapter of IASTAM

Once again, unfortunately, no news is available from the European Chapter, whose President is Lawrence Conrad of the Wellcome Institute.

We invite the European members of the organization to send in their news and comments, and to volunteer for book reviews. Your participation is essential to the organization and we look forward to hearing from you.

From Vincanne Adams

President of the North American Chapter of IASTAM

I see IASTAM in North America as a forum for scholars interested in all aspects of Asian medicine — a forum which allows them to bring issues of concern to them into public discussion. This includes anthropologists, philologists, historians, practitioners with scholarly interests, and many others. As I see it, this interdisciplinarity has been our strength and, at times, a reason for contention, particularly given the problems arising from applied versus scholarly interests, from defining health versus knowledge as our object of study, and from perspectives which focus on historical versus contemporary practices of Asian medicines. As Asian medical systems are brought into transnational arenas, in part because they are perceived as useful and efficacious resources, questions about the appropriate way to study and represent these systems are raised. Surely, the ability to treat Asian medical systems as if they are only authentic when in Asian settings and, in Asian setting, as if they are discrete fields of knowledge and practice which are not in conversation with non-indigenous medical systems is not longer tenable. Equally true is that Asian medicines have histories (usually textual histories) which configure their contemporary use by practitioners and patients, whether inside of Asia or outside, and this configuring is often apprehended best via philological, historical, epistemological scholarship. It is also clear that as the practices of Asian medical systems in the non-Asian setting grows, so too grows the need for those of us who study Asian medical systems to stay in conversation with those who practice them, and so the issues of efficacy and epistemology, application and theoretical insight will all continue to be important. My hope is that the

fora IASTAM provides will enrich the conversations between various interest groups rather than end in them.

IASTAM's principal fora continue to be:

1. the international IASTAM newsletter. We see the newsletter as a primary way for all members, internationally, to communicate our interests to one another — mainly through book reviews and information bulletins. Consequently, I urge all of us to send in news, whether it is a short notice of a new dissertation, new publication, new research project, or notice of a conference, or a call for panelists for a conference session, a call for papers for edited volumes. The organization is not well enough endowed for the publication of peer-reviewed articles, but would like to continue to include short research reports, so send these in as well. The Newsletter should serve as a short, useful guide to the literature, conferences, and research on Asian Medicine internationally.

2. the promotion of organized sessions at conferences (such as AAS and AAA) which are focused on Asian Medical systems. IASTAM (North America) can provide verbal sponsorship for these sessions time and location will be announced in the AAA program announcement. I look forward to seeing you all there.

Please enroll me as a member of IASTAM. I understand that I will receive the Newsletter as only one of the many benefits.

Amount: \$20

Name:

Address:

Mail to: Steve Ferzacca, Department of Anthropology, University of Wisconsin, Madison, WI 53706.