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as oppressive; rather, many seek support and help from the RC even if they may be subject to its intervention. In other words, there exists a complex and varied relationship between the RCs and urban residents depending on their specific socioeconomic locations.

While *Roots of the State* provides a sophisticated account of the changing modes of local governance and political participation in two different regimes, its engagement with social and political theory, in my view, is selective, thus leaving out some potentially very helpful perspectives that can further strengthen the book's main argument. For example, Nikolas Rose's work on the new modes of governing and the power of freedom advocated by neoliberalism has revealed the limits of the state-society approach while urging us not to take categories like "authoritarian regime" and "democratic regime" as discrete and unproblematic. These seemingly very different regimes often adopt similar technologies of governing (such as the notion of "governing through community") for different purposes. Thus, perhaps it is less useful to label societies as "authoritarian," "democratic," or "neoliberal." Instead, it might be more helpful to unravel how certain modes of governing travel through and articulate with different societies and produce diverse effects.

In many ways, this is an ambitious book given its comparative scope, in-depth research, and important theoretical contribution. Although it is intended primarily for academics, it is very well written, accessible to a wide range of readers, and appealing to those interested in questions concerning state power, local governance, urban politics, political change, and social networks in contemporary China and East Asia. In addition, those interested in postsocialist studies and ethnographies of the state will also find this book valuable. It can be used as a text in teaching graduate seminars and upper-level undergraduate courses on related issues by sociologists, political scientists, anthropologists, and urban scholars. I recommend it highly.

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INNER ASIA

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Bringing together a wide range of recent scholarship on Tibetan medicine, the edited volumes *Tibetan Medicine in the Contemporary World* and *Medicine Between Science and Religion* reflect the exponential growth and maturation in Tibetan studies within

the Western academy since China's opening in the 1980s. Considering, as these authors have, medicine's central place in Tibetan religions (both Buddhist and non-Buddhist) and their connected societies, as well as the burgeoning international market for Tibetan medicine (most developed, in fact, within China), the essays within these volumes are well-placed to reveal the contributions that a cross-disciplinary, geographically connected, and comparative approach to Tibetan studies can make to larger academic conversations on religion, science, medicine and society.

As Laurent Pordié notes in his introduction, at the time of the earlier volume's conception in 2001 there was "no specialized work that thoroughly examine[d] this medicine in diverse regions for a given period and, a remarkable fact, Tibetan medicine has long remained absent from fundamental collective works and special issues of international journals dealing with Asian medicines" (p. 3). The key contribution of *Tibetan Medicine in the Contemporary World* is to chart a course for studying the modern transformations of Tibetan medicine within the social and political contexts, and with respect to the wider fields of Asian studies and medical anthropology. This volume maps the oft-underestimated historical reach of the Tibetan medical system—from Mongolia and Siberia in the north to Yunnan and the Indian Himalayas in the south, and from Manchuria and Beijing in the east to Ladakh and Nepal in the west-southwest—as well as the contours of its contemporary globalization (particularly here, in the United States and United Kingdom). In the process, both the authors and their subjects wrestle with the presumed coherency of "Tibetan" medicine and its pluralism in practice.

Medicine Between Science and Religion, which derives in part from a 2006 panel on medicine at the Eleventh Seminar of the International Association for Tibetan Studies held in Bonn/Königswinter, revisits some of these themes while seeking to establish a new methodological approach. Pordié and his collaborators (including two of the editors of the latter volume) take the politics of identity and authenticity as their major concern, mindful of the traumatic geographic and epistemological breaks in the region after the People's Republic of China (PRC) forcefully incorporated Tibet in 1951.¹ Pordié thus characterizes Tibetan medicine at the turn of the twenty-first century primarily in terms of its "neo-traditionalism," emphasizing in his analysis that practitioners "make systematic use of 'tradition' to legitimate new practices" (p. 9). In *Medicine Between Science and Religion*, however, editors Vincanne Adams, Mona Schrempf and Sienna Craig argue that often "Tibetan medicine is not organized around such a strategic essentialism, but rather around a dynamism of form and technique, and even around theorizing about how to be efficacious" (p. 17). This reorientation acknowledges Tibetan medical practitioners' awareness of the possibilities and challenges intrinsic to their system evolving and translating it into new contexts.² It also encourages consideration of the ways in which notions of efficacy in Tibetan medicine emerge at the intersection of religion and society.

The study of Tibetan medicine thus presents an ideal point from which to interrogate what Roger Hart called the "mutual constitution of knowledge and community" (1999, p. 109),³

¹Other recent work meanwhile calls the completeness of such breaks within the PRC into question; see, for example, Theresia Hofer, *The Inheritance of Change: Transmission and Practice of Tibetan Medicine in Ngamring* (Wein: Wiener Studien zur Tibetologie und Buddhismuskunde, 2012).

²It also brings scholarship on Tibetan medicine into conversation with other anthropology of Asian medicine, such as the work cited by the editors on this point: Mei Zhan, *Other-Worldly: Making Chinese Medicine Through Transnational Frames* (Durham, N.C.: Duke University Press, 2009).

³Roger Hart, "Beyond Science and Civilization: A Post-Needham Critique", *East Asian Science, Technology, and Medicine* 16 (1999): 88–114.

or what are seen here as the usual categorical boundaries of Tibetan identity, on the one hand, and the “clear epistemological and political border between ‘science’ and ‘religion’ that is often viewed as a Western materialist (and, significantly, socialist Chinese) ideal” on the other (2011, p. 14). Attempting to upend such distinctions, Adams, Schrempf, and Craig coin two phrases: “*sowa rigpa* sensibility” and “morally-charged cosmology.” *Sowa rigpa* is the Tibetan term for the field of study of medicine, often translated as the “science of healing.” It is also translated that way here, but with a stated objective “to deliberately complicate the notion of science itself” (p. 3). In using the untranslated term as well, the editors signal their intention of creating an analytical framework that emerges from *sowa rigpa* rather than from biomedicine. They locate the distinctiveness of a “*sowa rigpa* sensibility” in the prominent place of ethics and morality within Tibetan medical knowledge and practices, as well as in the link between innovation and the “upholding of traditional insights” or the “referencing of past truths” (p. 10). Though certainly these elements are all directly linked with Tibetan Buddhism, the authors prefer to employ the term “morally-charged cosmology” to account for the plurality of religious practice within Tibetan societies, and also because “despite the large role played by Buddhism in Tibetan medical theory... it would be wrong to consider [this theory] to be purely religious, or purely Buddhist” (p. 14). In fact, precisely because Tibetan medicine bridges religious and scientific epistemologies, the authors argue that “making ‘sense’ of the translation effort between [Tibetan and biomedical] systems requires adopting a culturally Tibetan way of *doing science*... demand[ing] an engagement not only with the rubrics of Tibetan science (*rigñā*), but also with ideas and practices emergent within Tibetan cultural frameworks and moral world-views” (p. 23). Regardless of whether the editors’ coined analytic terms are widely adopted, this bold methodological reorientation should prove a fruitful formulation.

At stake in the essays of both edited volumes, then, are questions of identity and authority as well as validity, truth and efficacy. The contributors’ various engagements with these problems point toward significant avenues of study going forward. The first calls for critical attention to “modern” historical developments in Tibetan medicine. Chen Hua (2008) discusses the institutional development of Tibetan medicine within the PRC in a historical perspective, giving the most comprehensive overview to date in English of the system’s great spread across Inner and East Asia during the Qing dynasty. His introductory work here hints at the significance of early institutionalization within Tibetan Buddhist monasteries during this period for Tibetan medicine’s systematization and increasing prominence today, particularly across the PRC.⁴

Alex McKay (2011) and Martin Saxer (2011) provide “ethnographic histories” of the pivotal late nineteenth to early twentieth century period and the encounter between Tibetan medicine and “biomedicine” on imperial British and Russian fronts. McKay emphasizes British efforts to introduce their medical system to Tibetan regions, while Saxer highlights the efforts of a Buryatian physician to introduce a secularized version of Tibetan medicine to St. Petersburg. Both authors note the conviction of Tibetan medical practitioners that their own system could effectively compete with emergent biomedicine.

Moving to the post-socialist and post-Cultural Revolution era, Craig R. Janes and Casey Hilliard (2008) compare the impact of nationalist projects and a global market for “holistic or spiritual medicine” on newly (re)founded Tibetan medical institutions

⁴Following the recent work now well-known as “Qing Studies,” inquiry into plurality within the history of “Chinese” medicine and natural knowledge is now also beginning to arise among scholars of China. See especially Carla Nappi, “Winter Worm, Summer Grass: *Cordyceps*, Colonial Chinese Medicine, and the Formation of Historical Objects,” in *Crossing Colonial Historiographies: Histories of Colonial and Indigenous Medicines in Transnational Perspective*, eds. Anne Digby, Waltraud Ernst and Projit B. Mukharji (Newcastle upon Tyne: Cambridge Scholars Publishing, 2010).

within China (Lhasa) and Mongolia, while Stephan Kloos (2011) analyzes a complementary case of post-1960 institutionalization that links nationalism and medical altruism in the Tibetan exile capital of Dharamsala, India. In the Indian and Nepalese Himalayas, where the practice of Tibetan medicine has historically been more decentralized and transmitted through family lineages, Pordié (2008) and Sienna R. Craig (2008) examine the contemporary organization of local indigenous medical practitioners (*amchi*) into associations with the aim of increasing their legal recourse to intellectual property and authority. Together all of these contributions frame a comprehensive picture of how heterogeneity within “Tibetan” medicine, both before and after 1951 reconfigurations of national boundaries and identities, has provided an impulse for systemization and institutionalization on the one hand and led to a proliferation of dissenting interpretations and competing projects on the other.

Other essays further examine the epistemological and practical consequences of these developments. Vincanne Adams, a notable contributor to both volumes, displays a remarkable shift in this regard between her two coauthored research chapters, reflecting the methodological shift she and her coeditors make in the latter volume. Adams and Fei-Fei Li (2008) find that Tibetan medical theory, diagnostics and treatments in contemporary Lhasa “traditional medicine” institutions are being supplanted via an unequal integrative relationship with biomedicine. Adams, Renchen Dhondup and Phuoc V. Le (2011) argue more optimistically that for the Arura Medical Group (Xining, Qinghai province), joint Tibetan and biomedical diagnosis along with laboratory research—used in one case to “support and render more specific a Tibetan pharmacological method”—is proceeding in “porous and mutually permeating” ways that allow, sometimes, for biomedical practices to “accommodate and even serve Tibetan medicine” (pp. 108–109, 119). Although it remains unclear to what extent considerable political and administrative differences might be responsible for different conditions at the Lhasa and Xining institutions, the discursive shift between these two essays does reflect Adams, Dhondup and Le’s goal of “remember[ing] that moments of encounter always work in both directions” (p. 107). Meanwhile, the excellent essays of Kloos (2011) and Craig (2011, another contributor to both volumes) find that in Dharamsala and Lhasa institutions, ideas of moral and cultural efficacy and value are being teased out—for example, via medical empowerment rituals—and practiced in conjunction with standards of corporeal efficacy measured by biomedicine. Mona Schrempf’s chapter (2011) argues that cultural logics blurring the boundaries between ritual and scientific efficacy extend to patients in rural Qinghai, such as when biomedical devices like syringes are imbued with talismanic significance. The category of “religion” in Tibetan medicine takes on both moral and magical valences at different times within these essays, valences that Kloos and Schrempf note can also similarly be deployed by science.

Geoffrey Samuel, who provides concluding comments to both volumes, points out a sharp contextual division between “first world” and “third world” studies of Tibetan medicine in practice that has significantly impacted understandings of the object of study (2008). He notes the vast difference between health problems common among regions where Tibetan medicine indigenously developed—now generally poor, rural, and concerned with infectious diseases, sanitation and nutrition—and the emphasis on chronic illnesses and complementary medicine in wealthy urban centers where Tibetan medicine has lately become popular around the globe. Both sides of this contradiction are taken up within other chapters. Yildiz Aumeeruddy-Thomas and Yeshe C. Lama (2008), Kim Gutschow (2011), and Mingji Cuomo (2011) all adopt an applied, outcomes-oriented approach to evaluating NGO programs and institutional research methodology among

contemporary indigenous populations. They consider how Tibetan medicine's definition, development and use are being shaped by uneven local power differentials in Nepal (Aumeeruddy-Thomas and Lama), rural problems of access in Ladakh (Gutschow), and the formulation of quantitative and qualitative measurements in Lhasa (Cuomo). Another set of essays addresses aspects of Tibetan medicine's intersection with "Western" sensibilities in clinical settings. These authors find that in the United States and United Kingdom, Tibetan medicine is simultaneously "scientized" and "commoditized" as well as explicitly linked with religion and New Age therapies (Colin Millard [2008] and Ivette Vargas [2008]). Practitioner Eliot Tokar (2008) discusses the challenge and necessity of educating Western patients in Tibetan medical theories of physiology and pathology that bridge Western understandings of the "physical," "psychological" and "spiritual," while Alejandro Chaoul (2011) raises the challenges of designing clinical trials for "bio-behavioral" research evaluating the potential benefits of yoga intervention for cancer patients. These essays reveal the breadth of ways in which individual physicians—both Tibetan and Western—of Tibetan medicine are responding to the difficulties of integration into a vastly different cultural context, while moving resolutely forward with practice.

This plurality and idiosyncrasy of approaches to formulating Tibetan medical expertise for local and global markets in the twenty-first century is also taken up in the chapters of Barbara Gerke (2011) and Olaf Czaja (2011). Both incorporate a welcome philological dimension into their analyses of translation between Tibetan and biomedical terms. Gerke notes that contemporary Tibetan physicians' adoption of technical biomedical terms is just as likely to proceed from a Tibetan conceptual framework as from scientific method, while Czaja highlights the ongoing contested nature of even seemingly settled translations such as "diabetes" for *gcin snyi* and "cancer" for *'bras*. More such attention to philology and deep historical context is needed; as Adams, Schrempf and Craig note, relevant non-European language materials (including Tibetan, Mongolian, Manchu and Chinese) remain largely unconsulted in Western scholarship (p. 29).⁵ Although the seventeenth century is generally considered a "golden age" (or alternatively a "classical" or "early modern" period) for Tibetan medicine, there has been insufficient attention to developments between the eighteenth and early twentieth centuries, a period of great dynamism (as shown by Chen Hua) and certainly relevant to our understanding of Tibetan medicine's contemporary fate.

In sum, the two volumes *Tibetan Medicine in the Contemporary World* and *Medicine Between Science and Religion* together show the substantial recent developments in studies of Tibetan medicine. These developments not only point the way forward for the field, they also hold significant implications for other social studies of medicine and science, in Asia and beyond.

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⁵Most historical work has tended to focus on the foundational medical texts of the twelfth and thirteenth centuries, and more recently the fifteenth through seventeenth centuries. See recent and forthcoming studies by Olaf Czaja, Frances Garrett, Barbara Gerke, Janet Gyatso, Theresia Hofer and Kurtis Schaeffer.