There is, it must be confessed, a curious fascination in hearing deep things talked about, even tho neither we nor the disputants understand them. We get the problematic thrill, we feel the presence of the vastness.

William James, *Pragmatism*

The Dwight H. Terry Lectures at Yale, which since 1923 have been asking us to think science and religion together, offer a precious opportunity to hear deep things talked about. This book is expanded from the 2017 Terry Lectures in which I spoke about things, thought, and action in and beyond Chinese medicine. In three lectures, I presented some Chinese approaches to these fundamental concerns as posing questions important not only in the worlds of traditional medicine but also to human experience in general.

I have reasons for this way of exploring things, thought, and action: I can clearly remember the moment in 1982 when I first started to read about Chinese medicine in Chinese. Sitting in a hot dormitory room at the Guangzhou College of Traditional Chinese Medicine, facing a stack of new textbooks brought to me by an advisor, I was startled and delighted to realize that I had suddenly gained
access—simply by opening some books and reading—to a reality, a rationality, and a form of ethical action that had previously been almost entirely unknown to me.

Much of my academic career since then has been devoted to unspooling and reliving the joy I felt that evening as I began to read, and much of my writing has aimed to fulfill the deep and grateful obligation I feel to my teachers in that college. They and those textbooks—some of which were authored by those same teachers—opened a new world and a new way of thinking to me.¹ In this book, then, I continue my efforts to better understand, and translate for all manner of “disputants,” the logic and practice of Chinese medicine. Though I have found this material to be quite clear when it is read in modern textbook Chinese, much of what I know about the field is rather technical and difficult to understand in English. So be warned! Not being a doctor, or a healer of any kind, I think of myself as an impassioned translator of lived worlds. I hope my translations between languages and worlds can speak to readers who are curious about many things, some of them deep. Perhaps I can persuade all who might be fascinated by “hearing deep things talked about” that an ancient and ever-changing Asian language, unfamiliar forms of embodiment, and lively arenas of contemporary practice can be made more accessible to our imaginations by anthropological research on “traditional” medicine in China. In a sense, this set of lectures and this book are an effort to re-invoke, for myself and I hope for my readers, the “problematic thrill” of thinking in fresh ways about hard-to-understand things. Perhaps Chinese medicine, alongside more familiar sciences and religions, has ways of opening doors that allow us to “feel the vastness” in new and consequential ways.
In taking up questions of science and religion, knowledge and faith, even truth, beauty, and the good, I stand on the shoulders of giants—including some who have offered Terry Lectures in the past. I think first of Joseph Needham, who spoke at Yale in 1934 as a biochemist, critic of positivism, and almost religious believer in “organicism,” at a time prior to his later engagement with the history of Chinese science. I think also of John Dewey (1933–34), pragmatist and educator, whose Terry Lectures—delivered a year before Needham’s—form a companion to William James’s even earlier lectures in Boston. It is from those latter comments that I draw the quotation above on the charms of philosophy when it is approached as a field of practice.

There are other Terry Lecturers whose talks have drawn my attention. We should recall Henry Sigerist (Terry Lecturer 1939), a historian and physician, who helped to shift medical history from professional biomedical self-congratulation to a globally comparative history of healing (much of it “religious”). There have also been anthropologists like Margaret Mead, Clifford Geertz, and Mary Douglas, each of them bringing a different relativizing approach to the universals sought by previous studies of science and religion. And there have been historical scholars of Asian religions, Donald Lopez (2008) and Wendy Doniger (2014), who have taught anthropologists much about interrogating faiths and reading other worlds. I could also mention Paul Ricoeur (1961–62) and Barbara Herrnstein Smith (2006), who have been influential in anthropology and science studies. Above all, though, the interesting and sustained engagement of this annual lecture series at Yale with concepts of science and religion encouraged me to reengage with American pragmatism. Indeed, Huang Jitang, my principal advisor when I was doing dissertation
fieldwork in Guangzhou in the early 1980s, whose curiosity and enthu-
siasms haunt the discussions of Chinese medicine in this book, consi-
dered himself to be an indirect student of John Dewey’s, having studied philosophical pragmatism in Hong Kong before 1949.

But rather than further populate this introductory essay with all
the giants on whose shoulders I stand, I want to begin by recalling
Joseph Needham in particular. His philosophical, philological, and
historical approach to the deep history of science in China developed
some years after he gave the Terry Lectures in 1934. He died in 1995
after devoting five decades to producing the most influential vol-
umes in the huge and authoritative Science and Civilisation in China.
His work remains the obligatory starting point for anyone undertak-
ing research that considers culture, technics, and philosophy in the
long span of East Asian history.

Joseph Needham was a contentious thinker. Even in his thir-
ties, he was ahead of his time, when as a biochemist he was one of
the youngest scholars to deliver the Terry Lectures. His scientific
work at the time was especially concerned with the morphogen-
esis of organisms. And as a historian of science and of China—
which is the path he took after the outbreak of the world war in
East Asia—he was never more controversial than when he declared
Chinese knowledge systems of the past to be science. Needham’s mas-
sive multi-volume Science and Civilisation in China project began to
see the light of day from Cambridge University Press in the 1950s.
He was one among a mid-twentieth-century cohort of path-breaking
historians and sociologists of science (one thinks of Robert Merton,
George Sarton, John Desmond Bernal, Georges Canguilhem, Lud-
wik Fleck, Gaston Bachelard, and, later, Thomas Kuhn). The work
of these men concatenated to relativize and historicize the truths of
science. They made scientific fact social, if no less true. Michel Fou-
cault, further, relying especially on historian of medicine and biology Georges Canguilhem, expanded the field in which truth and knowledge could be not only placed within social practice but profoundly historicized. By showing that rational and objective knowledge is contingent on the human and collective work of producing and configuring facts, these historians showed that European and “Western” science was not just a progressive development from error to truth, from darkness to light, but that science had a history and truth had a social life. In a variety of ways, they showed that the history of truth was not just a triumphant march forward toward ever more perfect representations of a single physical reality. (Working at least a generation later, sociologist John Law has recently started calling this form of science the study of “the one-world world.”) In the comparative histories these historians of science undertook, pre-modern physics, chemistry, astronomy, and mathematics in Europe could be shown to be analogous to parallel branches of knowledge and practice in historical East Asia, even though this world region had for so long been thought of as the home not of fact and objectivity but of religion, magic, and mysticism. A comparative or world history of knowledge quickly demonstrated that there had been more than one kind of progress, more than one world to be comprehended. Indeed, in the comparisons Joseph Needham himself undertook, the Chinese sciences sometimes came out looking more “advanced” as science than the systems of knowledge contemporary with them in Europe.

I met Joseph Needham and his frequent collaborator Lu Gwei-Djen in the late 1980s, when I enjoyed a brief research stay at the Needham Research Institute in Cambridge. I took the opportunity to ask Professor Lu about the status of their proposed volume 6 on the history of medicine and biology in China. By that time, Lu and Needham had demonstrated great sensitivity to the Chinese sources
in a number of fields and time periods, and they had developed not only an encyclopedic grasp of Chinese intellectual history but also a characteristic approach to translation and to the ongoing problem of defining the scientific. They were setting the world standard for scholarship and authoritative critical research in the history of knowledge outside Europe. Their very thorough investigations had identified a number of pre-modern sciences and currents of expertise in East Asia, and their books had begun to revolutionize world opinion about “Chinese civilization.” Not entirely immune to Orientalist turns of phrase, the Needham project nevertheless helped the world to appreciate that there had been complex scientific and technological development recorded in the great literature traditions of Asia.

When I met with Professor Lu, very little had appeared in *Science and Civilisation* on the huge topic of medicine and pharmacy, even though I knew this area was near to Lu Gwei-Djen’s heart and expertise. She was, after all, the daughter of a Chinese pharmacist (who was, like all herbalists, also a practitioner of Chinese medicine), and her earlier training was in biochemistry. Like Needham, she was likely a committed organicist. Sitting with Dr. Lu in her office, I asked how long we would have to wait for the authoritative English-language history of medicine in China. Dr. Lu shook her head: “Maybe it will never be done,” she said. What was the problem? “Chinese medicine,” she lamented, “is untranslatable.”

I could sympathize, having just written in English my own extended study of the practice of modern Chinese medicine, and having found all translation systems somewhat wanting. But my problems were not quite the same as hers. Dr. Lu and Joseph Needham were suffering from a particular malady brought on by their own historiographical and epistemological convictions. Ultimately, they had faith
in the universal truth represented by the modern sciences, and as a result they translated in a way that relied heavily on English-language scientific terms in their translations. This orientation is evident in a “State of the Project” report published about 1980, which predicted that the medicine volume would focus on categories of medical knowledge like diagnosis and prognosis, diseases, immunology, neurology, and otorhinolaryngology. Though these headings for sections appear common sense enough, all could be seen as “bad translations” of historical Chinese medical practices and of comparable terms in Chinese. The report did include a promise that “acupuncture and cautery (moxa)” would receive their own major section; Needham and Lu had already published on this Asia-specific field of therapeutics in 1980.13 But even the structure of this never-to-be completed volume of *Science and Civilisation* reveals that, in translators’ lingo, the source language was pre-modern Chinese “beliefs” and the target language was a refined modern English “science.”

I hasten to assure you that Joseph Needham and Lu Gwei-Djen produced some of the most sensitive and respectful readings of pre-modern Chinese thought that we have in the English-language literature. Volume 2, *History of Scientific Thought*, remains a major resource for all of us who try to engage philology, metaphysics, aesthetics, and the unique cultural meanings that inhabit the Chinese language archive. The accounts of Chinese worlds of knowledge and practice to be found in *Science and Civilisation* are nothing if not nuanced, brave, and profoundly honest. But when you examine the very categories in which Needham and his earliest collaborators worked, and the classification schemes that structured their vast assemblage of historical facts, it is clear that their aim as historians of Chinese science was rather determinedly Eurocentric and modernist: if the Chinese classics were to yield a history of *science*, it
was ultimately necessary to carve away the superstitious accretions of Chinese religion and cosmology and reveal those kernels of scientific truth—twentieth-century scientific facts—that could be found in the classics, while at the same time rather drastically reorganizing East Asian historical systems—or currents—of thought. This was ultimately a kind of evolutionary history or “progress of knowledge” approach. It has been much discussed as “The Needham Question.”

And Lu Gwei-Djen was right to think of the difficulty of comprehending Chinese medicine as a translation problem, one that especially afflicted medicine. This problem very much troubled her (and probably Joseph Needham too) at the end of their lives.

Translation is a central problem for me as well. Indeed, having spent a fair amount of time reading the critical literature on translation and its general traitorousness, I am inclined to agree with those in the many fields that place translation at the center of their concerns: it is often pointed out that translation is impossible, yet, amazingly, it is happening all the time (see box 1). And at the risk of over-reading Lu Gwei-Djen’s lament, I have found in my own work with Chinese medicine that “translation problems” have deep roots in particular philosophical commitments. My differences with the Needham project are philosophical at root and stubborn: I cannot share Needham’s deep commitment to the epistemological superiority of modern science and his vision of the evolution of world knowledge toward better and better accounts of only one world.

And this is where we approach the themes of the Terry Lectures, and the real beginning of my own talks on things, thought, and human action. Based on my long engagement as an anthropologist with traditional Chinese medicine, I want to suggest that medicine—all medicine—is a special case of the relations between religion—whatever that is—and science—whatever that is. Many have argued that
Box 1. In Translation: The Needham Question Expanded

It is common to introduce discussions of the conceptual problems bedeviling all efforts to translate with the Italian adage *traduttore, traditore*: translator, traitor. Certainly, Needham and Lu’s modern scientific orientation led to a certain betrayal of the Chinese language of the classical doctors. Terms in Chinese for modern medical things (hormones, sinuses, microbes, spinal column, and so on) had been invented for technical use in modern East Asia by the 1950s, and they could presumably have been projected back into the historical archive to organize the biological insights of “traditional” medicine. Such modern terms could be used to prepare these ideas, as it were, for translation. But the modern terms did not satisfy Dr. Lu’s historical style of reading the classic literature. She understood the archive too well on its *own* terms; the referents of biomedical terms were too remote from what Chinese medical experts thought about and acted on over many centuries.

In the *Science and Civilisation* project there was, in addition, a parallel troubled search for anatomical and biodynamic neologisms in Western languages for many terms appearing in pre-modern Chinese that clearly had no English-language equivalents. Understandably, Dr. Lu was reluctant to make Chinese medicine’s facts look completely illusory or fantastic through some kind of clunky—or worse, in her eyes, quasi-religious—translation. Perhaps most of all, Needham and Lu reacted against making Chinese knowledge look like magic, religion, or superstition—they were, after all, contributing to the history of science.

Dr. Lu didn’t discuss this with me at the time we met, but we were all particularly challenged by Chinese medicine’s non-anatomical things: not just Qi and its pathways in bodies, but also the life gate...
and the triple burner, functional systems that can be spoken of like internal organs but which cannot be found by any dissector or anatomical pathologist. Such entities are easy enough to acknowledge and deploy when one is reading the Chinese sources; they are almost impossible to see as natural objects when we refer to them with English words. And where would science be without objectivity? It certainly would not be modern!

Reflecting on Lu Gwei-Djen’s lament, that Chinese medicine is untranslatable, and considering that traditional Chinese medicine (TCM) has now been “translated” around the world, some broad understanding of translation itself would seem to be an essential first step in addressing the relations between science and religion now and in the past. It would be very tempting to analyze Needham and Lu’s project in detail as an object lesson in the promises and perils of translating science between worldviews and regimes of practice. This might be a rather discouraging critical project, however. No one wants to be a traitor to a coherent world of truth and healing. Perhaps when Lu Gwei-Djen told me that Chinese medicine is untranslatable, she was expressing her own unwillingness to betray the true meanings of Chinese medical terms, ideas, and practices. The risk was too great that she would be forced to translate perfectly respectable signifiers in Chinese wrongly into the words of a foreign language, killing their life as parts of changing worlds of speech and action.

It is becoming conventional, however, at least in my field, to point out that translation is not simply a matter of converting “languages” into each other, tidying away words and meanings, dealing only with concepts as we go. The mentalist biases of a model of language that presumes an exchange between conceiving minds (while leaving bodies and worlds in brackets) have come in for considerable critique and recasting in anthropology. In the place of communication we tend to speak of circulations, traffic, transfer, transduction. And in all these
mobilities we try to take note of concomitant transformations, which is to say, transmutations not just of words on pages but of forms of life, alterations in the very nature of things. Everything changes as it goes: information is translated and “transcribed” between proteins in molecular biology. Evidence is translated between laboratory benches and bedsides in community hospitals. Institutional forms from American government agencies are taken up and recast to fit new circumstances in so-called developing countries. Things or entities once seen as quite fixed become novel “matters of concern” in always historically specific situations. And the translations attempted in ethnography are intrinsically political. Post-colonial studies have insisted on recognizing the stubborn asymmetries of power and value attaching to languages as they play out and inter-transform in real worlds.

Once translation has become a matter of the transfer and transformation of entities, forces, and agents (and concepts too) between partly commensurable or not entirely inconceivable worlds, we can see more easily that nothing goes untranslated: translation is always already going on, even deep within language worlds identified as the same. We can hardly help trying to translate, if we want to connect and communicate beyond some solipsistic half-existence riddled with doubt. Any ethnographer with experience working in a second language—like me—has ruefully noticed the ongoing problem of what I, doing field research in rural southern China, came to call “infra-translation”: struggling as a foreigner to understand what’s being said, one notices similar struggles among “the natives.” “What? Say that again? Who did you say you saw? Sorry, I forgot.” How often do we hear such utterances over our own dinner tables, in elevators, over the phone?

Translating, we continually face failure: too often, the “right translation,” sought by, among others, Arthur Waley, is simply not to be

continued
Perhaps it is as we engage the highly various practices of translation that we see the pragmatic imperative most clearly: for the critical humanities, disciplining our words and concepts is not enough, and full communication is an ever-receding goal.

And yet, we keep struggling toward the right phrasing, the telling image, the formation that truly captures and clarifies and conveys something other and different. We are thrilled when we find that unfamiliar thing that travels well. One such traveling reality might be that classic field of shared significance, “the body.” The body as anatomically structured container of an abstract individual is not the universal foundation of human existence it is often thought to be. But lived bodies—like the form of embodiment brought forth and made salient in a medical practice—are full of surprises. When we embark on the translation of Chinese medical things, thought, and action into the experience of sufferers, new and marvelous worlds emerge. This book aims to read some of those unexpected worlds through language.

c. Latour, *Inquiry into Modes of Existence*. For post-colonial translation, see Asad, “Concept of Cultural Translation,” and Niranjana, *Siting Translation*. Niranjana emphasizes the disruptive potential of translation, an orientation close to the aims of this book. See also Liu, *Translingual Practice*. I am indebted for some of my phrasing here to Professor Susan Gal, who has inspired much thinking about translation at the University of Chicago.
d. On Arthur Waley, see Morris, ed., *Madly Singing in the Mountains*.
e. Acupuncturist Cinzia Scorzon has recently been asking her patients in follow-up interviews to articulate in words their sensations and responses during treatment. The experiences reported by this diverse group are full of surprises for anyone (like most of us) who tends to take for granted a commonsense modernist body. See Zhan, *Other-Worldly*, for a parallel use of “worlding” as a verb relevant to Chinese medicine.
clinical medicine, because it is so practical and full of nasty surprises, or uncontrolled variables, should not be thought of as a science in itself. The laboratory is relatively remote from the clinic. This we increasingly know, as whole groups of clinicians and hospital administrators wrangle the complexities of transporting knowledge “from bench to bedside” in the new biomedical specialty of “translational medicine.” Every clinician also knows that effective healing requires more than the mechanical application of scientific knowledge to never-uniform human bodies. Moreover, though “faith in the healer” has often been invoked to explain some of the little miracles that take place in any medical setting, most modern scholars reject the idea that faith alone can heal the real illnesses recognized in any therapeutic system. So medicine is not only not a science, it is not a religion either.16

Nathan Sivin—one of my inspiring teachers—has been known to say that medicine is everywhere more an art or craft than a science, more a cultural formation than a natural science.17 This can be said of all kinds of medicine, including folk medicines from all over the world, the kinds of cultural forms that interested Henry Sigerist in his 1939 Terry Lectures. When I have tried this idea out on well-educated, scientifically inclined users of Western biomedicine in China, they have embraced the idea, no doubt thinking of the many uncertainties in play (e.g., about causes, see appendix 1) in even the most advanced clinical settings, and hoping that their doctors are not only aware of the latest science and using the best technology but also, and especially, that they are perceptive, imaginative, artful, and attentive to the particular situation at hand. This notion that medicine is at heart an art, albeit one that draws on both science and faith, invites us to understand world medicine with methods drawn from
aesthetics or poetics. But I worry that such subtle approaches might trivialize or marginalize a seldom beautiful but nevertheless deeply serious collective undertaking: every style of medicine that addresses human suffering with the best tools at hand.

But let me return to the challenge offered by the Terry Lectures on the relations between science and religion, and insist now that medicine is the field of human endeavor that most challenges the idea that religion and science are different things. As I was preparing these lectures in August 2018, I opened the morning paper to find an advertisement for a “One Day University” event in which a biologist from Brown University, Kenneth Miller, was scheduled to deliver a lecture titled “Religion vs. Science: Forever in Conflict?” This confirmed me in my determination to demonstrate that science and religion are not so different. It is not Professor Miller’s science, or his religion, that I might like to challenge—though of course I didn’t know what he planned to say—but rather that little “versus” that is conventionally put between them. I hope to show you in a variety of ways that anthropological observation and our disciplinary orientation to practice suggest that _pragmatically_ there is no essential difference between science and religion, any more than a radical empiricism à la William James can find a defining difference between thing and thought. After the historians and sociologists of science, after Joseph Needham and other comparativists, we are no longer presented with two looming terms between which a relationship must be forged. Many of us have a downright religious commitment to the idea that biomedicine as it is practiced in our academic medical centers is scientific, and a parallel conviction that every other healing modality is somehow religious. In our core curricula, as in our public culture, the scientific essence of biomedicine and the superstitious heart of “culture” are both taken on faith. Structurally, moreover, we
sort things apart: we are content to have most sorts of confessed faith managed in the hospital chaplain’s office and the divinity school, or perhaps referred to the psychiatry ward. Meanwhile, clinicians are encouraged to lean on a statistical “evidence base” in the expectation that quantitative science will reduce the uncertainty of their actions. This, despite the fact that evidence, these days, is most often expressed as probabilities, not causal certainties. In these institutionalized commitments to the difference and distance between religion and science, we are the heirs of that long twentieth-century philosophical project of secularizing truth, the great work of positivist epistemology that drew a boundary between scientific objectivity and the religious domain of metaphysics, cultural beliefs, ultimate meanings, and spiritual life. But we do not need to capitulate to the compartmentalization of kinds of truth that positivism reinforced, nor do we have to wring our hands over that little “versus” that is so often inserted between religion and science.

When it is looked at from the point of view of any non-European form of systematic knowledge, when it is studied comparatively as historians and sociologists began to do long ago, science in practice—especially in clinics, but also in laboratories—reveals its “superstitious” and “magical” character. The unproven metaphysical assumptions that underlie any physics, the philosophical rationalist’s insistence on the universality of certain fundamental categories like space, time, matter, and spirit (so wonderfully critiqued by William James and other radical empiricists): these are not necessary conditions of all human thought and knowledge. Rather they are specific cultural-religious commitments that, as Emile Durkheim demonstrated in *The Elementary Forms of the Religious Life* over one hundred years ago, are socially constructed. Because social formations have varied so much, and because both knowledge and belief,
science and religion, are constituted in highly diverse social practices, we have inherited a plural universe that invites us to learn from differences, in depth, as philosophers.

My use of that pesky pronoun “we” in these pages deserves some comment at the outset. Who is it to whom I address lectures like these? Who is that reader who might be confronted with deeply unfamiliar things, thoughts, and actions in a book about Chinese medicine? How does “difference” appear as different from what we—this group includes me as author—always thought was common sense? The answer to these questions has to do with my commitment to translation (see box 1). Translators of technical knowledge systems know this well: even with the massive mixtures and hybrids, technology transfers and modernizations that have resulted from several hundred years of cultural and linguistic globalization, there are a great many stubbornly local things to which “foreign” words refer. Rather than betray the local uniqueness of these referents, these “things,” it sometimes feels right in a translation process to embrace their strangeness. That anglophone world that reads the Terry Lectures may balk at some of the un-smooth, nonidiomatic ideas and images that appear in Chinese medical writing. Appendix 2 of this volume contains some lovely examples of entities and processes that do not work in the “one-world world” critiqued by John Law. I know from confusing experience that “we,” that loose collectivity for whom the English language naturally refers to a commonsense world, have much to learn.

We learn from differences as philosophers, certainly, but we also learn as vulnerable bodies and conscientious actors. Today’s shrinking world offers more and more opportunities to feel the problematic thrill of thinking otherwise. With these Terry Lectures I seek to recruit you to a reading of the writings and practices of traditional Chinese
medicine for yourselves, to invite you to make a place in your mind for the things, thought, and action of a non-Western medicine and style of thought. In what follows, I devote chapter 2 to defining and describing some of the things with which Chinese doctors work in the clinics where they see and effectively treat a great many patients. These things—qi, circulation tracks, powerful flavors, functional organs like the triple burner or the life gate—have been controversial in global health discourses, but I will argue that they are just as real, or unreal, as a thyroid gland, immunity, metabolism, or pathogenic stress. It is precisely in the domain of things, the beings that are specific to a Chinese medical world, that a certain battle for the truth is being fought. This is especially true in the United States, where I am constantly being told that the entities addressed by Chinese medical experts are ridiculous or fantastic, not scientifically valid. Chapter 2, on things, suggests that it is not a greater acceptance of fantasy that is required, but rather an expanded materialism, a fuller appreciation of concrete practice, which can make sense of qi transformation and the circulatory body.

Chapter 3 develops examples of the modes of reasoning that could be called the thought style of modern traditional Chinese medicine, or TCM. Revisiting some of my own earlier treatments of the “knowing practice” of modern Chinese medicine, I reintroduce the logic of TCM’s clinical encounter, dwelling on modes of perception, discernment of patterns, and the quest for insight into the sources of manifest symptoms. Chapter 3 also explores “correlative thought,” which though far from unknown in the Euro-American traditional sciences, has in China been developed as a form of medical reasoning founded on an ancient yet still useful understanding of ontogenesis. That is to say, the scientific puzzle of morphogenesis—how living entities reliably emerge as particular forms—has a Chinese solution.
(albeit one that can never answer all the interesting questions, just as molecular genetics cannot). This discussion draws on the work of contemporary doctors of Chinese medicine to insist that their way of thinking about the roots and sources of the living forms that are manifest all round us is useful. Doctors using Chinese medical means to treat disease often remind themselves that they should trace a very particular root. How they do this is a fascinating technical matter, taken up in part in chapter 4.

Chapter 4 considers the practical consequences and ethical commitments of the work that must be done in a world populated by suffering bodies, disputed things, powerful medicines, and unreliable stabs at rational explanation. Medical practitioners of all kinds are valued because they have an unusual expertise: they can see in a way that allows them to infer the invisible, their experience helps them to think their way toward wise prognosis, and their tool kit includes relatively harmless ways to alter the sufferings of those who seek their help. Medicine is an ethical undertaking in several senses of the word. One irreducible part of this medical ethics is the effort made by any practitioner to grasp the experience of another person in order to nudge his or her organic process in more wholesome directions. How do healers sort through the ethical and technical imperatives that guide their lives of service? How should we, for that matter?

Chinese medicine can show us a world known and treated by a healing art both ancient and modern, both mundane and philosophical. By the end of this book, I aim to clarify a Chinese medical approach to action in general, not solely the action of healing. Rather, we can reflect on action in a world of not entirely visible things and processes that are not easy to understand, requiring clarity of mind and acceptance of the reality of some invisible but powerful things. I urge attention to Chinese medicine not because it will directly or
immediately improve health and relieve suffering—though it does do these things around the world—but because this ever-changing body of knowledge can give us the problematic thrill of thinking deep things in translation. It can help us to feel the presence of the vastness. William James believed that that opening is valuable in itself; so do I.