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Daoing Medicine: Practice Theory for Considering Religion and Medicine in Early Imperial China*

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Abstract: This article is a critique of the neologism "Daoist medicine" (*daojiao yixue* 道教醫學) that has recently entered scholarly discourse in China. It provides evidence that this expression is an anachronism which found its way into scholarly discourse in 1995 and has now become so widely used that it is seen as representing an undisputed "historical fact." It demonstrates that the term has no precursor in the pre-modern record, and critiques two substantive attempts to set up "Daoist medicine" as an analytical term. It reviews earlier scholarship on Daoism and medicine, or healing, within the larger context of religion and medicine, and shows how attention has shifted, particularly in relation to the notion of overlap or

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intersection of these historical fields of study. It proposes that earlier frameworks grounded in epistemology or simple social identity do not effectively represent the complexity of these therapies. Practice theory, on the other hand, provides a useful analytic for unpacking the organisation and transmission of curing knowledge. Such an approach foregrounds the processes and dynamics of assemblage, rather than theoretical abstractions. The article concludes by proposing a focus on the *Daoing* of medicine, that is, the variety of processes by which therapies come to be known as Daoist, rather than imposing an anachronistic concept like Daoist medicine.

"Curing is always and everywhere the cutting edge of religion."
—Sivin's fourth law[1]

It is very difficult, if not impossible, to give an accurate historical account of a scientific discipline… It is as if we wanted to record in writing the natural course of an excited conversation among several persons all speaking simultaneously among themselves and each clamouring to make himself heard, yet which nevertheless permitted a consensus to crystallize.
—Ludwick Fleck[2]

We seek not the knowledge ruled by ... disembodied vision. We seek those ruled by partial sight and limited voice—not partiality for its own sake but, rather, for the sake of the connections and unexpected openings situated knowledges make possible. Situated knowledges are about communities, not about isolated individuals. The only way to find a larger vision is to be somewhere in particular...
—Donna Haraway[3]

There was no such thing as Daoist medicine and this is an article about it.[4] By invoking the opening lines of Stephen Shapin's book on the scientific revolution in Europe, I want to emphasise at the outset that this article does not call into question the fact that Daoists engaged in therapeutic activity throughout history and were well-known for it. Rather, the point is to

[1] Nathan Sivin, personal communication, 2012.
[2] Fleck (1935), pp. 15-16.
[3] Haraway (1988).
[4] Shapin (1996), p. 1.

consider what they thought about it, how historiographic approaches have changed over time, and the implications of those changes. As has been amply documented, the nineteenth and twentieth centuries have seen the introduction of large swathes of new vocabulary into the Chinese language, be it translations of European scientific terms via Japanese scientific researchers, or Marxist ideology translated from German and Russian, or new concepts that have been invented locally in China, in response to the globalisation of modern science, politics and economics.[5] The very terms "religion" (*zongjiao* 宗教) and "Traditional Chinese Medicine" (TCM) are neologisms that reflect radically different perspectives on the subject than were adopted by practitioners in the past. Thus, it is not novel to suggest that the invention of new terms to study the past requires reflection on the modern nuances that are inflected in them, in order to sensitise ourselves to the subtlety with which they shape our view of the past.

The term "Daoist medicine" (*Daojiao yixue* 道教醫學) has recently risen as an historical category, particularly among scholars in China, as well as among practitioners worldwide, and has been accompanied by a steep rise in scholarship on the interrelationships between medicine and religion more generally in cultures across the world. In curing of disease across cultures, historical actors have long invoked invisible forces, whether from self-cultivation, propitiating spiritual beings, or simply the unseen structures of nature.[6] Yet the claim put forward in China that any particular

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[5] The literature on this translation is too large to address here, but the following will suffice as introductions to the topic. Elman (2005), Liu (1995), Lei (2014), Fan (2007), Karchmer (2004), Scheid (2002), Krämer (2013).

[6] The wider backdrop of medical anthropology as well as of foundational textual studies has until recently comfortably located ambiguity about religion and healing in cultural "others" to Europe. It is not the place to review the entirety of these fields, but interventions in the early nineties indicate that at that point it was necessary to point out how terms like rationality and empiricism were being used in contrast to faith, magic and religion as civilizational markers that separated European epistemic habits from the rest of the world. Good (1994), Tambiah (1990). Some studies of the formation of and boundary-marking between medicine and religion in Europe have since been written.

More recently studies have considered the separation of medicine and religion in thirteenth century Europe as processes of institution-formation and re-definition of clerical roles, as well as the intermixture and gradual separation of theological from empirical views in the seventeenth and eighteenth centuries. Ziegler (1998), Grell and Cunningham (2007). Ferngren (2014) surveys medicine and religion from Mesopotamia to present-day European mores (avoiding East and South Asia), but maintains a strong conceptual delineation between medicine and religion that does not invite critical thought on the basic categories in any depth.

A brief survey of some important works on the question of medicine and religion in Asia more widely indicates it has become of more interest in recent

set of practices or approaches constitute a specifically Daoist brand of knowledge is more recent and merits closer investigation. This article discusses the emergence of the term, a few ways in which Daoism and medicine have become correlated in historical writing and contemporary practice, and suggests a critical approach to investigating them as interrelated categories of activity, past and present.

The relationship between religious activity and medicine has long been a topic of anthropologists and historians of China. From the divination, cookery and curing of the scribes or shamans (*wu* 巫) of the Shang 商 kings (c. 1600-1046 BCE) to the migration of medicines and curers from South Asia into China via Buddhist missions, the polymathy of religious practitioners regarding broad ways of caring for their clientele has produced a close relationship between the arts of healing and the arts of salvation.[7]

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years. Kenneth Zysk's foundational philological work on South Asia corpora has closely studied the emergence of medical categories in relation to religious modes of reasoning. Zysk (1991) and (1993). Tibetan studies has seen a rush of these in recent years, from studies on contrastive views of gestation, to the power of empirical evidence to a variety of engagements with the question at large from manuscript studies, ethnography, the grand tradition and more peripheral healers. Garrett (2008), Gyatso (2015), Adams and Schrempf (2011). Vargas-O'Bryan and Zhou (2014) investigate the broad overlaps between methods of healing and of salvation across Asia more widely.

[7] Chen Mengjia's early claims about analogies between *wu* 巫 in the Shang dynasty and Siberian *shaman* formed a backdrop for debate over the decades. Chen (1936). David Keightley identifies healing as a motive for many Shang oracles, and the function of much ancestral sacrifice; see Keightley (1998), p. 782. A useful recent survey of healing in Shang oracle bones, and reflection on whether shaman is a viable comparison is Boileau (2002). For the longer term emergence and transformation of the role of *wu*, and debates on distinctions between *wu* and *fangshi* 方士 in Warring States period plural medicine, see Cook (2013). The term *fangshi* (lit. recipe masters, or masters of [esoteric] techniques) refers to masters of a variety of technical disciplines, which included medicine, and is variously translated as recipe masters, masters of esoterica and others.

On Buddhist medicine and the migration of materia medica into China, see Chen (2007) and (2013). On the role of Buddhist monasteries and monuments as sites of complex medical exchange, see the multiple studies in Despeux (2010), as well as Zhang, Wang and Stanley-Baker (2018). Buddhist medicine has come to the fore as an intellectual framework through the work of Pierce Salguero, most significantly Salguero (2014) and (2017).

1. "Daoist Medicine" Is a Neologism

It has long been a standard element of longitudinal histories of Chinese medicine that Daoism played a role in its early emergence. The compilation of the classical corpus in the Eastern Han 漢 dynasty (25-200 CE), and the emergence of a formal textual foundation for theoretical medicine in the *Yellow Emperor's Inner Classic* (*Huangdi neijing* 黃帝內經) and derivative literature, saw the coalescence of a style of healing that authors and practitioners had sought to separate out from religious healing practice over the course of the Qin-Han 秦漢 period (221 BCE-220 CE). Almost all medical histories of China refer to the prolific activity of Daoists within the medical marketplace just after this period, albeit from a variety of perspectives—whether referring to the widespread use of ritual forms of healing, the early pharmacological tradition and its prioritisation of transcendence as the supreme goal of drug therapy, alchemical practice, or to the medical writings of famous Daoists. These topics also appear mixed in the pages of histories of Daoism, and there are hundreds of examples one could give across the history of the religion. This close relationship is indicated in common aphorisms, such as "medicine and Daoism come from the same origins" (*yi dao tong yuan* 醫道同源) which refers to the diffuse therapeutic culture in pre-imperial China.
However, in recent years a different focus has emerged, which concentrates attention on Daoist therapeutic activity as an intellectual topic in its own right—not as a peripheral addendum to the history of medicine, or as a widely diffused theme throughout Daoist histories. While the topic is old, the term of reference is new. "Daoist medicine" is a modern neologism and has no precedence in pre-modern literature. Searches for the term and its analogues, such as *daoyi* 道醫, produce no hits in pre-modern literary corpora in Kanripo.org.[8] I have studied and punctuated all 112 examples where the characters 道 and 醫 appear together, and posted these online where readers can download and examine them as secondary data.[9] There

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[8] This site, produced by Monica Esposito, Christian Wittern, and many others, contains high-quality digital and searchable transcriptions of the Ming dynasty *Zhengtong daozang* 正統道藏, the *Daozang jiyao* 道藏輯要, the *Taishō shinshū Daizōkyō* 大正新脩大藏經, the Imperial Histories, as well as the *Siku quanshu* 四庫全書 and *Sibu congkan* 四部叢刊. The searchable full texts are paralleled with facsimile images of the source texts, and can also be downloaded for corpus analysis from Github.org.

[9] These are listed in the file "Daoyi.instances.in.Kanripo.xlsx" at Stanley-Baker (2019), https://doi.org/10.21979/N9/0675K5. All 112 instances are punctuated, and list the Kanripo file code, text title, as well as occasional annotations and partial translations. Readers can follow hyperlinks in the downloaded file to the primary source and investigate the quote in primary source context.

is not a single example where the two characters can be considered to be part of the same word referring to a Daoist genre of medicine. This indicates that there existed no articulate concept of "Daoist medicine" as an intellectual genre in pre-modern China. Even if an isolated instance would show up in some heretofore unexamined source, the great weight of literary tradition demonstrates that *daoyi*, and its attendant concept, was never a term of art in the past.[10]

It is true that Daoists have been highly proactive in the realm of healthcare throughout the history of the religion, but it appears that they never singled out what they knew or did as a specialized form of medical knowledge that could be encapsulated in an overarching category. This inconvenient fact has been overlooked by historians and practitioners of "Daoist medicine" to date, and there has been little reflection in the scholarly literature on the degree to which this category transforms our previous view of the past. The assumption is, largely, that Daoist medicine existed, it simply lacked a term to define it. Nevertheless, the term has caught on rapidly in China, and has become, for many, simply a cultural fact. Figure 1 describes the rate of publication of full-text articles referencing the term 道教醫學 in the online academic journal website, China

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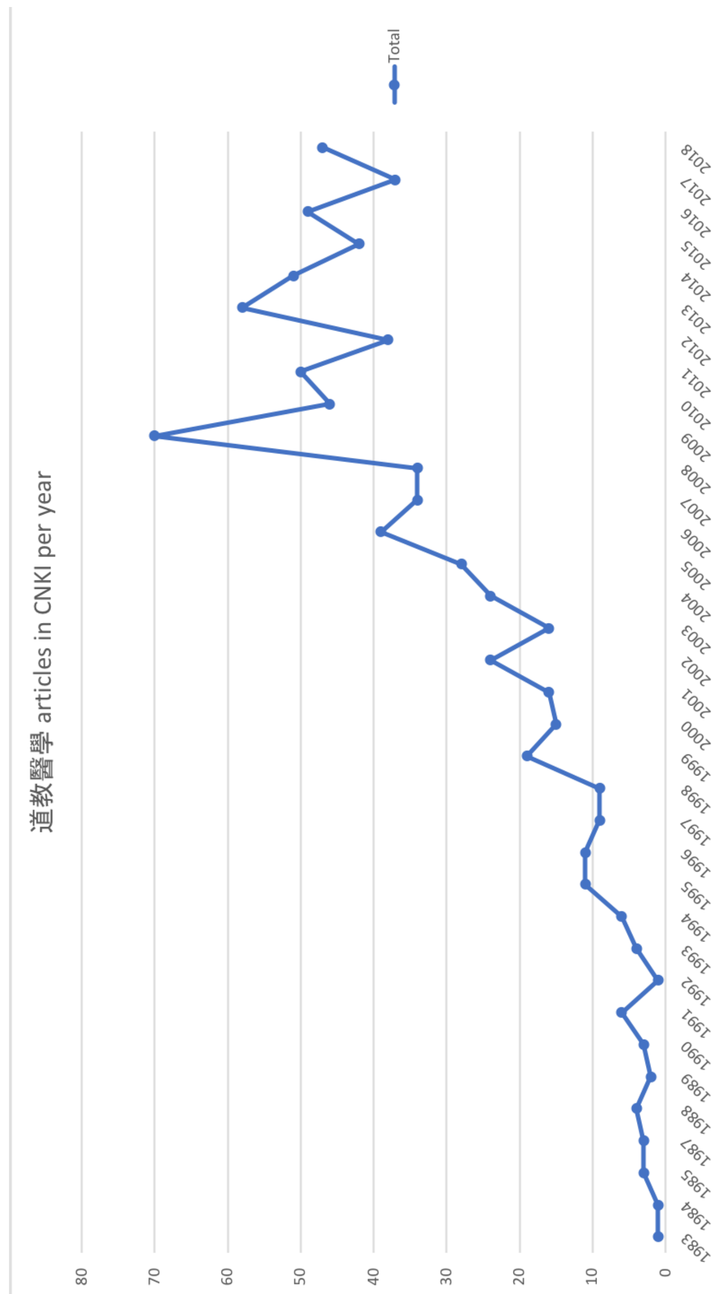
[10] The phrase 凡道士醫師 has been put forward as a collective term for Daoist doctors (*daoyi* 道醫) in the blogosphere by the editors of the website *Yiqi bazi* 易奇八字, who perhaps intuited this categorical problem. However, while they maintain that the phrase, which appears in *Taishang lingbao wufu xu* 太上靈寶五符序 DZ 388, p. 2.24a (and again when this text is copied in *Yunji qiqian* 雲笈七籤 DZ 1032, p. 82.5b), the editors offer no argument as to why the phrase must be read as referring to a single collective unit, and not in the more intuitive rendering as two distinct class units. The phrase clearly includes two separate class markers for technical masters: 士 and 師. It does not refer to a single category, but to two related, albeit unclearly distinguished, classes of actors. Against the singular reading, there is massive precedence for the separate use of 道士 and 醫師 in the written record, against which only this single instance of the term stands. It is not repeated elsewhere in the entire Kanripo collection, which as noted earlier, includes the Daoist and Buddhist canons, the *Siku quanshu* 四庫全書, as well as many other major collections.

This argument has been reblogged multiple times, but the earliest instance I have found is dated to 7 February 2017: https://www.yiqibazi.com/daojiao/DaoJiaoRuMen/DaoJiaoWenHua/4333.html, last accessed 24 March 2019. To access the source passage in the *Wufu xu*, readers can follow the link http://www.kanripo.org/text/KR5b0072/002?query=道士醫師 BB#002-024a.

This phrase is also invoked by Yoshimoto Shōji, who acknowledges, however, that it indicates two distinct, but closely related categories of actors. Yoshimoto Shōji 吉元昭治 (1989), p. 11.

Figure 1. Number of articles mentioning *daojiao yixue* 道教醫學 in Chinese Academic Journals at CNKI.net per year.



Academic Journals Online, totalling 834 articles in all.[11] While the numbers of journals using the term may be small compared to the entirety of articles on the site, the graph nevertheless clearly indicates the rise in use of this term among historians of in the last decade alone. It is now an unchallenged category.

We can intuit from the timing of this graph alone that the term is a strategic hermeneutic, a product of modern historians' (and practitioners') efforts to encapsulate Daoist therapeutic practice then and now. It likely has something to tell us about intellectual priorities in the present: about ethnicity, identity and the mobilisation of traditional knowledge in a biomedically-determined world.[12]

This trend is not limited to scholarly recapitulations of the past, but has exploded into contemporary marketing trends of traditional healing. From ten years of occasional fieldwork and site visits conducted in China, interviews with practitioners in the US and Europe, as well as a review of changing trends of practitioners of Chinese medicine on the Internet, it appears that the term "Daoist medicine" has increased in circulation along roughly the same timeline. The term has not, interestingly, been taken up as extensively in Taiwan or Singapore. Practitioners, and now more and more institutions, claim a variety of practices to be intrinsically and exclusively "Daoist," such as meditation, *qigong* 氣功, *daoyin* 導引, and grain-fasting (*pigu* 辟穀). Their identities as Daoist practitioners are staked, partially, on their performance, knowledge of and ability to critique these health regimes. Additionally, a variety of reasons are given for broadening the claim to Daoist identity to include more widely used therapies such as acupuncture, herbs and moxibustion. While it is beyond the scope of this article to discuss them here, suffice it to say that this phenomenon appears to has grown coevally with the timeline of scholarly literature shown above, although, it would seem, under different conditions.

In this article, however, I want to argue that the category is useful for collecting data on historical practice, but that it is a categorical error to imagine that actors of the past used the terms "Daoist doctor" or "Daoist

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[11] https://cnki.net, accessed 20 January 2019. These references, the graph and the method of data cleaning are available in the file "Daojiao.yixue.articles_CNKI_2019.xls," which can be downloaded from Stanley-Baker (2019), https://doi.org/10.21979/N9/0675K5. Eleven dissertations submitted between 2006 and 2017, of which three were published in 2017 alone are also visible in the dataset, but not reflected in the chart. These do not include the seminal dissertation and book on the subject by Gai (2001).

[12] On the invention of tradition, see, pre-eminently, Hobsbawm and Ranger (1992). Foucault first used the term 'biopower' in his lectures at the Collège de France, compiled in Foucault (2007), pp. 1-4, 24 n. 1-4, and published about it in English in Foucault (1978), vol. 1, p. 140.

medicine" to describe themselves or what they did. Is this significant? I argue that it is. Using an overarching and unnuanced category can lead scholars to homogenize their topic and to fail to pick out the historical nuances implicit in the claim that a particular form of healing is "Daoist." Rather than asserting a self-evident unified category of "Daoist medicine," this article attends to procedural aspects of the claims made about the "Daoism" of healing forms. In so doing, it aims to better equip historians (and anthropologists) to distinguish between such claims, and to better *situate* actors and practices, historical, modern and scholastic, within their broader, more complex contexts, or cultural manifolds.[13]

The quantity of studies now extant makes it impossible to review all of the literature in this article, but it will be informative to investigate the most influential studies that have explicitly adopted the term Daoist medicine, by Yoshimoto Shōji 吉元昭治, Gai Jianmin 蓋建民, and Lin Fushi 林富士. While these will give us a sense of the contents, scope and rationale behind the category "Daoist medicine" as used in scholarly studies, it is worthwhile contextualising these within the wider scholarship on medicine and religion in China. Western language scholarship in particular, unarmed with such a category, has addressed Daoist healing practices, and how the categories of medicine and religion have shaped these framings.

Having reviewed the variety of approaches in the literature, I will then propose an approach for study of the ways in which medicines "become Daoist," with reference to practice theory, drawing from Science and Technology Studies.

2. From Longitudinal to Contextualised Studies

It can be said, in general, that the scholarship on medieval China of the last forty years has distinguished religion from medicine, and that scholars rarely read across the two fields synoptically; this reflects twentieth century epistemological and disciplinary biases. Nathan Sivin recently referred to this as an "Awesome Taboo," which means that with few exceptions, scholars who read classical Chinese texts for literary and historical purposes dared not "ever open, much less read, any Chinese scientific or medical text."[14]

This distinction, however, is at odds with the ways in which self-care appears in primary sources. In self-care, we detect a broad convergence of

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[13] On situating actors and knowledge, see Haraway (1988). On cultural manifold as a concept, see Sivin (2005). On the method and rationale of not taking social categories for granted, and investigating how they come to be, see Latour (2005). See discussion below.

[14] Sivin (2010), p. 42.

interests which had its fullest expression in the Six Dynasties (*liuchao* 六朝) period (220-589 CE). Interest and experimentation in self-care was not bound by epistemic hierarchies, nor by divisions between categories such as faith, practice, knowledge, episteme, craft, techne, science, medicine, or religion. Attention to self-care sought, in all cases, a result: the betterment of physical well-being. Moreover, this physical well-being was not divided from (though not always equivalent to) spiritual, social, familial, political, or pre-destined well-being. Poo Mu-Chou referred to this as the *Search for Personal Welfare*.[15] This "search" involved adopting and adapting a varied repertoire of rites, meditations, exercises, incantation, acupuncture, herbs, alchemy, and merit-making. Thus, even though the secondary literature articulates these as disparate strands involved in self-care, there has not been a consistent recognition of the fact that self-care in the early medieval period constituted a shared concern among actors from multiple directions simultaneously.

Twenty years ago, the "new geographies" of medical history, as T. J. Hinrichs described them, invited a re-examination of the status of medicine as a central intellectual pillar that developed in a unified trajectory and enjoyed a privileged isolation from the rest of medical therapeutics.[16] These histories focussed on local and contingent forces, attending to manuscript culture, the local forces of knowledge production and the heterogeneity of primary sources, an inconvenience for *longue durée* narratives.[17] In so doing, these studies avoided biases inherent in earlier longitudinal histories which imposed a privilege on earlier sources, a privilege held by post-Song medicine, as a widely-celebrated intellectual category worthy of scholarly attention and high social status. This epistemic hierarchy did not exist before the formation of the Tang dynasty medical office, and did not have wide impact until Song dynasty interventions in medical publication, examination and public appointments.[18]

Since the late 1990s, secondary scholarship began to downplay the separation of texts, practices and people along the lines of "received medical tradition" or "religious tradition." This has been true whether the religious boundary under consideration concerns Buddhism, Daoism, or common (folk) religions. T. J. Hinrichs likened this re-direction of attention away from meta-concepts such as the sacred and secular (i.e. religion and medicine) and towards "nexuses of activity" (e.g. illness and healing) to "gazetteer illustrations of local terrain." These "new geographies," as she referred to them in her state-of-the-field survey, de-emphasised genealo-

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[15] Poo (1998).

[16] Hinrichs (1998).

[17] See, for example, the studies described in Hinrichs (1998), as well as Harper (1998), Hsu (2001), Lo and Cullen (2005).

[18] Goldschmidt (2009).

gies of textual canons, teleologies of modernity, and hard-sided notions of community (medical or religious).[19] Tacitly or explicitly, they have placed less emphasis on ideology, cosmology and epistemology as guiding historical forces. Instead, they have stressed the local, contingent, and practical aspects of historical developments. They have encouraged the re-examination of hegemony, of class, of the boundaries between Buddhism and Daoism as well as between the sacred and the secular, and of "classical" medicine's monopoly on healthcare. Taken together these studies are indicative of, and have generated, increasing interest in the "cross-over" between the medical and religious domains. It would appear that sinologists are no longer subject to "the Awesome Taboo." On the contrary, the broad sociological recognition that medical ideas played a constitutive role in broader cultural notions concerning selfhood, identity and practices of state power, means that sinologists have become open to the consideration of all sources which deal with the body.

As a result, it is now fairly well-recognized that Chinese medicine did not emerge from a single epistemological well-spring, but through the engagement and encounter amongst many parties, from heterogeneous directions within and outside of China, at a variety of class levels. And, through this, the basic categories (medicine and religion; secular and sacred) live on as important reference points.

3. "Religious" Healing Was Not the Minority

Even with such advances in understanding the diverse influences on Chinese medicine, secondary literature continued to position Buddhists, Daoists and other actors as ancillary or complementary to doctors. This assumption that doctors occupied a more highly regarded, elite position, as therapy providers, and occupied some sort of elite status, does not accurately reflect the wide spread of therapies provided by religious actors. Such an image is based on an anachronistic impression of the social status of classical medicine, reflecting a situation which only began to take shape with the advent of state policy in the Song dynasty which created bureaucratic appointments and a formal education system for medical doctors.[20] Such a relationship was not clear in the earlier Six Dynasties period. Nonetheless, until only recently, scholars have marked non-classical treatments as "religious" practices, or as "healing," as if analogous to today's

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[19] On the notion of hard-sided boundaries and adopting methodologies to overcome such metaphors, see Campany (2003).

[20] Goldschmidt (2009). On the varieties of practitioners and their relationships to each other in the Song dynasty, see Sivin (2015).

"alternative" medicines. Lin Fushi observed in as late as 2008 that medical historians who bother to consider Daoism as part of the narrative tend to adopt a habitual trajectory which portrays Daoism as a 'stage' between the end of mediumistic medicine (*wuyi* 巫醫) in the Han and the emergence of Song Confucian medicine (*ruyi* 儒醫).[21] He identifies no less than twenty-three *longue durée* histories of Chinese medicine which describe the departure by doctors in the Han dynasty from what are roughly categorised as superstitious and irrational beliefs and practices (such as talismans, mediumship and visualisation). As Lin maintains, these medical histories mention the role of Daoists simply to put them to the wayside. The real goal of such histories is to maintain a common genealogy for the hero-doctors and master texts of the received medical tradition—Chunyu Yi 淳于意 (216-c. 150 BCE), Zhang Zhongjing 張仲景 (150-219), Wang Shuhe 王叔和 (180-261), Huangfu Mi 皇甫謐 (215?-282?), Ge Hong 葛洪 (283-343), Tao Hongjing 陶弘景 (456-536) and others—across wide chronological and geographic gulfs. Indeed, as Miranda Brown argues, the construction of genealogies has been the backbone of a notion of medicine as a distinct domain of knowledge since Liu Xiang's 劉向 (79-8 BCE) first commentary on the imperial catalogue of the *Hanshu yiwen zhi* 漢書藝文志.[22]

However, these narratives do little to examine the medical roles of religious actors. Historians generally avoid synoptically reading the religious and medical writings of figures like Ge Hong and Tao Hongjing—who were heavily involved in local and sectarian traditions as well as being steeped in pharmacological lore—privileging either one or the other genre. It is little acknowledged that Liu Xiang considered medicine and transcendence, the methods for achieving supernatural longevity and magical powers, as common "technical skills" (*fangji* 方技) of the body (see below).

In these narratives, those practices which did not die off with the fading influence of trance-mediums were taken up by Daoists (whom these scholars refer to as *daoyi* 道醫, a term which was not contemporary to the historical actors). Daoists themselves began to fall out of favour with the outlawing of Daoists and Buddhists from practicing medicine in the Tang, and the emergence of the scholar-bureaucrat doctor in the Song.[23]

While the activity of religious practitioners has been long acknowledged, in fact their historical weight is only beginning to be examined, bringing into question the privileging of "medicine" as a contrastive,

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[21] Lin (2008a), pp. 303-304, n. 1, 2.

[22] Brown (2015), pp. 89-109; *Hanshu*, vol. 30, p. 1780.

[23] Fan (2013), p. 79. In 635, the Tang emperor Taizong issued an edict, the *Duseng yu tianxia zhao* 度僧於天下詔, which forbade superstitious, deceptive and deviant healing practices. Liu (2008), p. 25. In 653, emperor Gaozong prohibited both Buddhists and Daoists from practicing medicine. Needham and Lu (2000), p. 54.

coherent and central or dominant episteme. It remains to be determined for whom such practices were regarded as "alternative," or under which conditions this [sub]alterity emerged.

In fact, the majority of people providing cures in early medieval China were active in the so-called religious spheres. They did not practice the medicine that longitudinal studies of Chinese medicine continue to describe. In the Six Dynasties, Celestial Masters (*Tianshi* 天師), Buddhists, and Transcendents (*xian* 仙)—to say nothing of the harder-to-label practitioners of "common" or "folk" religion—far outnumbered those who dispensed therapeutic care grounded in theories of the *Yellow Emperor's Inner Classic* corpus.[24] This much larger number of "religious" practitioners dispensed care in various ways: proselytisation, prayer and community ritual; the esoteric circulation of drug recipes, exercises, and visualisations; alchemical products; incantation, luck-bringing and merit-making rites; as well as exercise, diet, sexual cultivation and breathing and meditation techniques. Indeed, the great majority of extant texts on curing from the early medieval period are preserved in the Buddhist and Daoist canons, and far outnumber the surviving texts comprised by the "medical" canon.[25]

While the predominance of religious healers in this period has been long suspected from historical accounts of healing beyond the reach of court doctors, new electronic evidence further reinforces this picture. The recently constructed online database, titled *DaoBudMed6D*, hosts the majority of extant Buddhist, Daoist and medical writings up until the year 589, including works from the Daoist and Buddhist canons and a collection of medical writings, including some excavated texts.[26] This database is open access and available for use by anyone, so these results can be replicated. Based in the new platform DocuSky, developed by National Taiwan University, the database can search for thousands of terms at once, to identify where they are clustered, and provide rich metadata about the texts in which the results occur.[27] By sorting the results according to bibliographic criteria describing features of the source texts, one can filter the search results according to genre, period, sect and geographic origin of

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[24] Lin (2008b) and (2008c).

[25] See, for example, the collection of translations in Salguero (2017), as well as the texts collected in *Zhongguo fojiao yiyao quanshu*. An entire curated collection of Daoist medical text was proposed, *Daoyi jicheng*, but the collection was never published.

[26] DaoBudMed6D (2018), http://doi.org/10.6681/NTURCDH.DB_DocuSkyDao BudMed6D/Text.

[27] This process, which is called post-search classification (*houfenlei* 後分類), was originally developed as the foundational system for the Taiwan Digital History Library. Chen, Tu and Hsiang (2011). It was then adapted into DocuSky. On building a DocuSky personal database, see Tu (2017).

the texts.[28] This allows anyone to re-index the entire collection according to any interest set, so long as it can be described by a representative vocabulary. This allows for a highly flexible set of criteria, whereby one can model the distribution of knowledge, without having to rely on pre-defined catalogues of prior researchers.

Using a list of 12,000 drug terms to search across all chapters (*juan* 卷) in the database, I selected those containing twenty terms or more as a baseline statistic for indicating an interest in medical therapy. The rationale here is that the software cannot distinguish between different semantemes that might be attached to the same homonyms, i.e. it cannot tell whether the characters it has found refer to drugs, other meanings, or are not meant to be read as compounds at all. A greater number of terms within a chapter indicated a higher emphasis on drugs, and a higher probability that the terms are in fact drug names. The results are therefore, at this stage, purely hypothetical. The ensuing results revealed 151 chapters of Buddhist texts, 69 chapters of Daoist texts and only 28 chapters of medical texts. Further study of the patterns of preservation and transmission are necessary, but even at this stage the pattern appears clear: religious collections preserve far more drug knowledge from this period than the received medical tradition.

It is likely that the volume of texts reflects the populations who produced them—Daoists, Buddhists, and Transcendents, and the technical masters (*fangshi* 方士) whose practices flowed into the technical practice of Daoists and thus into canonical Daoist texts. *Fangshi* was a term for masters of technical arts which included calendrics, divination of various kinds, and sexual cultivation as well as statecraft and military strategy. These arts are organised into two catalogues of enumerative arts (*shushu* 數術) and recipes and techniques (*fangji* 方技) in the *Hanshu*, and a section of biographies in the *Hanshu* is dedicated to these actors.[29] That these arts and

[28] For details on the construction and use of this database, as well as links to the term lists, datasets and the database itself, see Stanley-Baker and Chong (2019). Links to the software and datasets can be found at https://michaelstanley-baker.com/digital-humanities/, accessed 26 July 2019.

[29] *Hanshu*, vol. 30, pp. 1763-1780. On the broad history of such technical arts prior to, and in the early stages of the empire, see Li (2000) and (2006), Ngo (1976). The biographies have been translated into English in DeWoskin (1983). Sivin argues the fine distinction that *fangshi* was not an epithet of choice by the practitioners themselves, but a category imposed by higher classes of literati and aristocrats to distinguish them as possessors of lower, and often suspicious, knowledge. Sivin (1995), pp. 27-30. Thus, it would have functioned as an othering term which did not represent the social organisation of those actors themselves, not unlike the distinction "witch" in European medieval and early modern usage. Nevertheless, the pejorative nature of the term itself does not entail that those actors would not have been familiar with it, that their common class status in distinction to and

practices filtered into orthodox Daoist practice over time has caused considerable confusion, and the identities of such practitioners could be quite muddied during the early centuries of the Daoist religion.

Medicine and pharmacology formed a subsection of these arts, as did transcendence, resulting in *fangshi* being very poorly distinguished from *daoshi* in early imperial works. Daoists from these groups thus appear to have far outnumbered those who dispensed therapeutic care grounded in theories of the *Yellow Emperor's Inner Classic* (*Huangdi neijing* 黃帝內經) corpus, the *Divine Husbandman's Materia Medica* (*Shennong bencao jing* 神農本草經), or recipe theory such as the *Cold Damage Theory* (*Shanghan lun* 傷寒論).[30] These latter texts and texts similar to them are much fewer in number, but describe, per chapter, a much higher average number of drugs. The texts from the Buddhist and Daoist canons contain on average fewer drugs per chapter, but they total a much higher number of chapters. Overall, this reflects a high concentration of therapeutic knowledge in the former texts, of which there remain very few, contrasted against a much lower concentration of drug knowledge across a much wider population of Buddhist and Daoist texts. This appears to reflect the circulation of knowledge across these communities, corroborating earlier impressionistic claims that medical practitioners who produced texts were far fewer in number than text-producing religious practitioners.

Even though they were demonstrably far in the majority, Daoist and Buddhist practices and practitioners have been written about as if a minority since at least the Han dynasty. It has been made to appear that doctors worked in isolation from other religious actors—depicted frequently as superstitious trance-mediums (*wu* 巫). Studies of Ming-Qing fiction depict the continued presence of "alternative" medical practitioners as a dizzying array of ear-cleaners, masseurs, priests, monks and mendicants that appears to brook no categorisation.[31] What remains now is to come to

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beneath that of the literati, would not have been apparent to them. It is further likely that the intersectionality of their knowledge was transparent to them, as technicians of this class often learned many different arts, and that this would have entailed loose intellectual affiliations, albeit affiliations of competition perhaps, rather than solidarity. The fact that *fangshi* was seen as a pejorative term does not entail that real social groups did not exist. This would be like assuming the term "Indian" (used to refer to native Americans) did not indicate a social reality with an important realpolitik that all actors responded to, even though the term itself was pejorative and had an outgroup origin.

[30] Lin (2008b) and (2008c).

[31] For example, studies of *The Peony Pavilion* (*Mudan ting* 牡丹亭), *Dream of the Red Chamber* (*Honglou meng* 紅樓夢) and *Plum in the Golden Vase* (*Jin ping mei* 金瓶梅). Thompson (1990), Yoshimoto (1992a) and (1992b), Cullen (1993), Idema (1977), Berg (2000), also Schonebaum (2004).

useful summative descriptions of the various communities that are reflected in these Buddhist and Daoist texts, and the different kinds and degree of drug knowledge in each of them. To what degree, if at all, is the term "Daoist medicine" useful for charting this terrain?

4. Beyond New Geographies

Beyond the proliferation of good but medically focussed "new geographies," more concentrated attempts have been made to foreground sustained attention to the hybridity or the adoption of "religious" and "medical" forms of knowledge, practice, and identity.[32] These works urge us towards new concepts and frameworks, but have not yet provoked a full overturning of the traditional paradigms. For example, Harper's detailed inquiry into the Mawangdui manuscripts and other contemporary writers, outlines a framework for considering whether notions of rationality were opposed to notions of religion, faith, and superstition. Salguero has suggested that prospective patients searched for cures in a religio-medical marketplace, Strickmann has pointed to "magical medicine" and Poo Mu-Chou has emphasised a broad "Search for Personal Welfare." [33] Where progress has been made in refining these questions to better capture the complexity of primary source materials, it has been in moving away from the abstract to the particular. This has meant setting aside abstract questions about oppositions between religions, philosophy and science in favour of those about the adaptive strategies of specific actors; exchanging ideological frames for a focus on practices and their circulation: ritual, textual transmission, terminologies, repertoires of cultivation.[34]

[32] Salguero's work on Buddhist medicine has pushed most explicitly for religion and medicine to be viewed under a common lens. For main examples, Salguero (2014) and (2017). Despeux (2010) looks at the religious site of Dunhuang as a locus for combining multiple medicines. Lo (2001) and Harper (1998) investigate the admixture of magical and medical treatments in Han texts. Andreeva and Steavu (2015) examines embryonic theory comparatively in multiple religious and medical contexts. Lomi (2017) and (2014) study ritual healing in medieval Japan. Lu (2017) investigates therapeutic rituals in modern-day Taiwan.

[33] Poo (1998), Salguero (2014), Strickmann (2002).

[34] The most widely cited call to concentrate on repertoires of practice is Campany (2003), re-amplified in Campany (2010). Also see the move to actor-centred analysis proposed in Bokenkamp (2001). Works which participate in this trend include the latter works in notes 7 and 8 above. This movement in Daoist studies and sinology in general reflects the broader "practice turn" in cultural studies. An instructive charting of this turn in Buddhist studies is Salguero (2014), pp. 4-10. For an overview, see Sewell (1999).

In this article, I will review how separation of medicine and religion as discrete fields of academic study reflects actual divisions and hierarchies of knowledge in pre-modern China. To do so, I review how scholars' notions of these categories have inflected their views of the circulation of practices, tools, ideas and materials through the hands of people we identify as doctors, Daoists or Transcendents. In addition to examining these underpinning analytics, I also investigate the ways early bibliographers categorised therapeutic activity in relation to religious activity. The overarching question remains: does the secondary literature of the twentieth and twenty-first centuries accurately reflect the thoughts and practices documented by the original sources? Did notions of medicine *and* religion structure therapy in early medieval China? Or something else?

The majority of studies discussed below have focussed on one or another specific individual, community, text or practice, and the degree to which it participated in multiple domains of cultural life, to wit, the religious and/or the medical. Thus, when a "medical" story is told, it is painted with touches of religion, and vice versa. Yet it remains to be considered seriously the degree to which the categories we take too often for granted, namely religion and medicine, were functionally operational for early medieval actors. For which ones, where and under what circumstances? Did they impact the organisation of knowledge, sectarian division, the distribution of care, the identification of need, questions of best practice? This article does not attempt to answer these questions in a systematic, thorough or comprehensive way; it is not intended as an intellectual goal post or limit, but rather as a starting line, a conversation starter to invite more focussed scholarly attention to these questions.

Adopting the cartographic metaphor, T. J. Hinrichs' state-of-the-field paper on Chinese medical history traced an analogous difference in approach, marked by a shift of attention away from epistemologically-bounded studies to more open-ended frameworks. This next generation of studies situated therapeutics as a centre of focus within a broad range of cultural activity, extending indeterminately into other domains, including the religious.[35] This turn, grounded in a move away from a focus on medical epistemology and towards the performative, embodied, emergence of cultural practices *in situ*, followed other departures in the Humanities more widely, away from assumed categories of elite culture, be they from upper classes of Chinese educated elite, from doctrinally centric and normative scripture, or from the ways rational empiricism and science of the modern Western Enlightenment have shaped twentieth century scholarship.[36]

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[35] Hinrichs (1998).

[36] On the construction of unequal power-relations through epistemic categories like "science," "religion," "belief," "medicine," "healing," see Tambiah (1990) and Good

These later studies deserve to be contextualised also within the changing historiography of Daoism. A number of essays have been written on the subject over the years: I will not describe them in detail here, but simply sketch out the general trends.[37] Scholars of Daoist studies and sinologists more generally will be familiar with the changing questions about the status of Daoism as a category over the twentieth century—was Daoism a philosophy or a religion?[38] Were Daoists diametrically opposed to Confucians?[39] To Buddhists? Were they opposed to, "influenced" by, or "adaptive" of Buddhism?[40] Can Daoism be properly called a religion, and if so, at what point in its history?[41] Was "Daoist" simply a polemical catch-all term that functioned, like "witch" in Europe and *wu* 巫 in China, simply to identify the writer's objects of reprobation, but did not form a coherent identity, and if so, how should scholars restrict the term meaningfully?[42] What were the contributions and hindrances that can be ascribed to Daoism in the production of scientific and medical knowledge in China?[43]

Since at least 1979, when Nathan Sivin penned his field-defining paper on the categories by which we define Daoists in secondary scholarship, the question of scholarly categories and their appropriateness to early source materials has held a central place in the historiography of Chinese religions.[44] Discussions that have gone on about which individuals and what texts count as Daoist have exposed a number of subtle biases in many quarters—imperial suppression and official censure,[45] polemical attack by

(1994). For influential critiques of biomedicine's epistemic status, see Kleinman (1995).

[37] Some of the field-defining overviews includeSivin (1978) and (2010), and Kirkland (1997).

[38] Welch (1957).

[39] Weber (1951).

[40] Zürcher (1980), Kohn (1995b), Bokenkamp (2001), Mollier (2008).

[41] Koboyashi (1990), Liu (2005), Campany (2003), Raz (2012), Kleeman (2016).

[42] Sivin (1978).

[43] Unschuld (1985).

[44] Studies of terms such as *jiao* 較, *pai* 派 and *men* 門 as analogues to the modern category "religion" have been well-received in Chinese religious studies and been influential on new research, including this study. Campany (2003) and (2010), and, most recently, Raz (2012). But these terms are more focussed on distinguishing religions from one another, and it is less clear how they distinguish religious from other kinds of knowledge.

[45] Such events peppered the political history of Daoism. In 215 CE, Cao Cao 曹操 conquered the early Celestial Masters in their dioceses surrounding Hanzhong 漢中, driving them to spread far and wide. Bokenkamp and Nickerson (1999), p. 2; Kleeman (2016), pp. 21-62. In 648, the *Sanhuang wen* 三皇文 was ordered to be destroyed, and replaced by the *Daode jing* as an ordination text. Barrett (1996), pp. 23-24. After losing a court debate against Buddhists in Kubilai's court in 1258,

Buddhists,[46] the predilections of Qing bibliographers and twentieth century Confucian-centric scholars during the transmission of sinology to Europe and the US,[47] and the denigration of "religious" Daoism as a corrupt, impure redaction in favour of "philosophical" Daoism.[48] The result is that any given definition of "Daoism" tends to strike a post-Orientalist scholar as an exoticised form of neo-Classicism or of Protestant anti-ritualism. But the collective exercise in categorisation and its deconstruction also reveals that there have never been "Daoists" without complex exercises in the identification of Selves and Others. "Doctors" have counted among these Others at certain points, and in certain contexts.

As for Daoist therapeutics, a number of writers have approached this topic in a purely descriptive manner without thick theorisation of the medicine/religion question. Typically in these studies, treatments are considered more or less as rituals, "meant" to perform something, but not necessarily to heal. They are said to structure social relations, epistemological comparisons, and to resolve critical anxieties that were prevalent in that period. Henri Maspero's classic remains in some ways unsurpassed for its breadth and depth, but it betrays a more common problem. It does not distinguish between sectarian prevalences for different therapies. Daoism is writ large, without sectarian contextualisation, losing any sense of different specialisations of sects in their therapeutic modes.[49]

Most other studies in this vein examine Daoism and medicine together according to the idiosyncratic impulses of individual researchers, without building collectively on theoretical approaches. Sakade Yoshinobu 坂出祥伸 (one among the most prolific writers on Daoist health and healing) has written a number of different approaches to religious therapy. These studies, which are more descriptive than reflective, stretch from Buddhist elements in Sun Simiao's 孫思邈 (541/581-682?) medical work, to a wide set of studies on *yangsheng* 養生 (nourishing life) and Daoism, and a study of the role of *qi* in in Daoist *yangsheng* and incantations.[50] Generally he takes *yangsheng* to be Daoist in character without offering much evidence, begging the question as to what makes it Daoist at all.[51] Sakade has taken interesting directions concerning the phenomenology of *yangsheng* practice,

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some forty Daoist texts were destroyed. In 1281 all Daoist texts apart from the *Daodejing* were ordered to be destroyed. Schipper and Verellen (2004), pp. 29-30.

[46] Zürcher (1980), Kohn (1995), Mollier (2008).

[47] Creel (1970), Feng (1948).

[48] Hansen (1992).

[49] Maspero (1981).

[50] Sakade (1998), (1993), (1992), (1988) and (2007). I have not yet been able to access Sakade (1999).

[51] See the critique of Sakade's claim about Sun Simiao's chapter on *yangsheng* in Valussi (1996) and also Stanley-Baker (2006).

drawing on the work of Yasuo Yuasa—but these have more to do with embodiment and modern notions of consciousness than with emic notions of medicine directly.[52] Livia Kohn has written extensively on Daoist forms of therapy from historical and practitioner perspectives.[53] In one paper, she argues that Daoist immortality and medical curing existed on two ends of a continuum, the middle of which was comprised of *yangsheng* practices (on which, see below). This formulation borrows unconsciously a famous hierarchy used in the *Shennong bencao* 神農本草經, and also by Ge Hong and throughout the Supreme Clarity (*Shangqing* 上清) corpus.[54] Therapeutics are rendered in this paper as "the recovery of essence and replenishing of *qi* with medical means," which relies on a functional notion of disease based in the patient's own bodily function, and which excludes the ontological notions of disease that underpin the ritual dispelling of demons and confessional rites. Shawn Arthur studied the drug repertoire in an important Numinous Treasure (*Lingbao* 靈寶) text, the *Taishang lingbao wufuxu* 太上靈寶五符序, but without, however, considering the relationship between the categories of religion and medicine, or how the recipes he studies in the second *juan* 卷 were integrated (or not) with the other cultivation exercises in the rest of the text.[55] Offhand remarks throughout the work refer to different elements of the text as coming from earlier "religious" and "medical" domains of Chinese culture, without ever defining what these mean or how they were differentiated. One of the most influential recent works has been Michel Strickmann's posthumously edited *Magical Chinese Medicine*, which crosses the gamut of health-related eclectica from Buddhist, Daoist and common religious sources, providing an overview of esoteric and magical therapies that is unmatched in breadth and depth, but the result is dizzying. The material is extremely rich, but it is difficult to say how these therapies and actors related to one another.

Others have thought more carefully about the social construction of Daoist therapeutics. Nathan Sivin, for example, has reflected thoughtfully on these categories throughout his career. His early work on the eclectic medical prodigy Sun Simiao produced the then-surprising result that his

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[52] Sakade (1992). This draws on the phenomenological theory, in particular these two works: Yuasa (1987) and (1993). His other collected works, mentioned above, are more descriptive than analytic.

[53] Kohn's more descriptive works include Kohn (2012), (2010), (2008), (1995), (1993) and (1987). The volume edited by Kohn and Sakade includes influential contributions to the study of *yangsheng*. Kohn and Sakade (1989).

[54] Kohn (2009), p. 1. A common hierarchical organisation, this is found in various sources, including *Bencao jing jizhu*, p. 2a and *Baopuzi neipian*, p. 196. On the ways in which these hierarchies were opted across literature in the fourth century, see Stanley-Baker (2013), pp. 186-209.

[55] Arthur (2013). For further discussion, see Stanley-Baker (2016).

alchemical work contained no definably Daoist traits, an insight which he further developed into a critical study of the problems of the ascription Daoist, now a classic work.[56] Later, taking on Needham's famous assertion that Daoism was an intellectual haven for the natural sciences, Sivin found in a biographical sampling of Chinese scientists that only a very small minority could be reliably considered Daoist. Interestingly, these were all engaged in medicine.[57] Since then he has written a number of articles and conference papers that have proposed to set out a research agenda that reads across disciplinary boundaries.[58] Sivin's work has provided the most consistent thread of research on the topic, and most recently has investigated the reframing of the term "placebo" as a category of therapy as "meaning response," building on Moerman's work on the subject.[59] It was not until his most recent monograph in 2015 that medicine practiced by religious actors came to the fore as a topic of focus. This work surveys healthcare in Daoist, Buddhist, Confucian and popular religious contexts in the eleventh century, divided into neat, cleanly defined categories. The argument that "medicine is what doctors do" fits well for the eleventh century when referring to the few doctors who achieved their position through state examination and appointment. However, outside those few scholar-doctors, and prior to the introduction of state education in the Tang, medical lineages, like Daoist lineages, were not affirmed through state registration. It is important to remember that while the neat categories outlined in the study provide a useful rubric to survey a wide range of actors and their curing practices, they are a scholarly heuristic, and do not indicate the ambiguity on the ground.

This problem is further evident if we examine the foundational arguments put forward by Paul Unschuld about curing in this period. His intellectual history of Chinese medicine was perhaps one of the earliest extensive writings on Daoist therapeutics in English and was a major breakthrough in the field for the time, and has been foundational for many studies since.[60] Distinguishing between three different kinds of native Chinese practitioners from this period which he considered to be mutually exclusive[61], he referred to them as Confucians, Celestial Masters and Daoists. (Confusingly, he used the latter term to refer to what are now commonly translated as "Transcendents" (*xian* 仙), at a time when religious studies scholars were arguing strongly that the term "Daoists" should be

[56] Sivin (1968) and (1978).

[57] Sivin (1995).

[58] Sivin (2007), (2010), (2011) and (2013).

[59] Sivin (2011); Sivin (2015), pp. 31-52.

[60] Unschuld (1985).

[61] Excluding for purposes of this discussion trance-mediums (*wu* 巫) and Buddhists.

reserved exclusively for those associated with Celestial Master Daoism.) Categorizing these groups epistemologically and politically, he argued that state-centric Confucians adopted the theory of mutual generation and control by the five agents (*wuxing shengke* 五行生克), because it was reflective of the socially cohering and mutually sustaining dynamics of ideal Confucian relationships. By contrast, Celestial Masters rejected the five agents, because of their understanding of disease as caused by moral sin, committed either by the patient or handed down through the patient's family. These called for ritual responses addressing vengeful ghosts and wrathful demons through confessional rites, talismans and offertory rites. In opposition to this, anti-social Transcendents who worked with their hands in rural or even wild areas, emphasised drug therapy, which was accessible to them in their mountain retreats. Their medicine was incompatible with both of the other two because it neither hinged on notions of social coherence or moral culpability—drugs simply worked empirically, regardless of one's moral status, and thus threatened the theoretical basis of the other two medicines.

While these narratives are appealing for their sophisticated blending together of social history and epistemology, they belie the admixture that can be seen in primary sources. The Celestial Masters were a highly socially coherent movement, and more recent work on Transcendents has shown them to be highly social creatures, thriving on social relations to build up their fame as possessors of esoteric knowledge. Similarly, the five agent theory is foundational to Celestial Master ritual, and while not thickly theorised, can also be seen in the sapors used to categorise the materia medica tradition. And it was not the case that practices associated with these groups were considered incompatible by others. A high degree of medical eclecticism can be seen in primary sources from the period, and is frequently commented on. Unschuld's thought-provoking hypothesis deserves further work and refinement, to better understand the dynamics which shaped medical repertoires.

5. Definitions of "Daoist Medicine"

With these framings of religious healing in mind, I now turn to authors who have used the term "Daoist medicine" explicitly as a term of art. I have already published reviews of monographs by Lin Fushi and Gai Jianmin on this subject, so will only briefly summarize these here, but give the primary focus to the work of Yoshimoto Shōji.[62]

[62] Stanley-Baker (2009) and (2012a).

5.a. Yoshimoto Shōji's *Dōkyō to furō chyōju no igaku* 道教と不老長寿の医学

Predating the rise of the term Daoist medicine in China by ten years, the title of Yoshimoto Shōji's monograph, *Dōkyō to furō chyōju no igaku* 道教と不老長寿の医学 (*Daoism and the Medicine of Longevity and Eternal Life*) appears to distinguish a specific kind of medicine aimed at immortality. In fact, the work offers a much more sophisticated framework for thinking about the subject and is much more inclusive than the title suggests. He begins with the following quotations, which reference the close relationship of medicine and Daoism, such as Ge Hong's *Baopuzi* 抱朴子 and others:

> As for the earliest practitioners of the Dao in ancient times, none did not also study medical arts, so that they could aid in times of disaster.
>
> 是以古之初爲道者，莫不兼修醫術，以救近禍焉。[63]
>
> Drugs are the refined airs of the mountains and rivers, the quintessence of grasses and woods. Those who are willing to study them with concentration can save people's lives, but those who are blind to medicine will injure theirs [and others'?] bodily frames. Those who study the Dao, cannot be without penetrating knowledge [in this].
>
> 藥者，乃山川之秀氣，草木之精華…肯精學者，活人之性命；若盲醫者，損人之形體。學道之人，不可不通。[64]

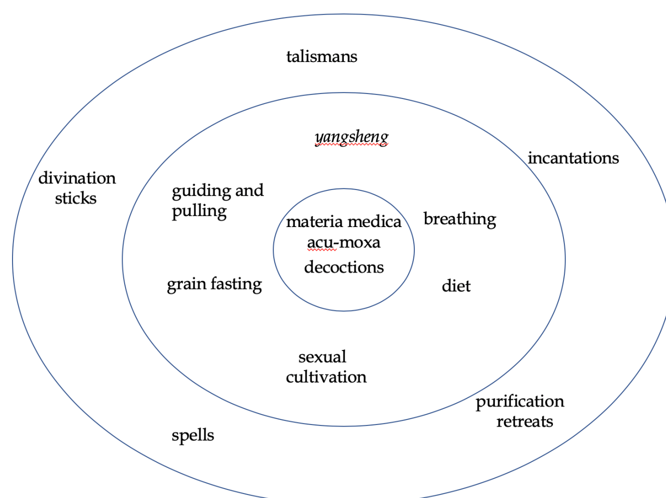
Having established that Daoists took medicine seriously, and were given to its study, Yoshimoto argues that Daoist medicine is "an aspect of Chinese medicine," and outlines a composite theory of three different genres of medicine, which he arranges in a graph in concentric circles.[65] At its core lie the arts of classical medicine: materia medica, acu-moxa and decoctions. In the middle ring lie those which are referred to collectively as *yangsheng* practices: guiding and pulling exercises, breathing techniques, fasting from grains, sexual cultivation, and diet. At the periphery lie talismans, divination sticks with drug recipes (*yaoqian* 藥籤), purification retreats (*zhai* 齊), incantations (*zhu* 祝) and spells (*zhou* 呪). This produces in effect a radiating orthodoxy with classical medicine at the centre, more

[63] *Baopuzi neipian* 抱朴子內篇 DZ 1185, p. 15.8b-9a.

[64] *Chongyang lijiao shiwu lun* 重陽立教十五論 DZ 1233, p. 2a-b.

[65] Translation and graph in Figure 2 are my own rendering of Yoshimoto (1989), p. 12.

Figure 2. Yoshimoto Shōji's model of Daoist medicine



diffuse health practices, and finally rituals and religious practice at the periphery. Expanding on this he argues that the pursuit of essence, *qi* and spirit (*jing, qi, shen* 精氣神) centres on *qi* as the most fundamental, with the *yangsheng* exercises of storing and collecting *qi*, as well as body god visualisation, all being part of the same basic endeavour to empower the body.[66] Many of the practices, he notes, while they were considered Daoist in the early empire, have later become identified as "folk medicine."

Yoshimoto further argues for the inclusion of classical medicine at the core of what he calls Daoist medicine. He argues that classical theories about the body and its operations have been incorporated into Daoist thought, and that multiple texts from the classical corpus have been incorporated into the Daoist Canon, such as the *Yellow Emperor's Inner Classic*, the *Divine Husbandman's Materia Medica*, the *Emergency Preparedness Recipes worth a Thousand Gold* (*Sun zhenren beiji qianjin yaofang* 孫真人备急千金要方) by Sun Simiao 孫思邈 and others, texts which he argues are

[66] "Body god visualisation" refers to the visualisation of gods within the body, often within internal organs, who govern various physiological processes and substances related to disease prevention and spiritual self-cultivation. Cognate practices include "visualisation or 'actualisation' (*cun* 存), dreams (*meng* 夢), seeing within (*neishi* 內視), contemplation (*sinian* 思念)… meeting or seeing (*jian* 見) and *shou* 守, 'to guard', cognate with *cun* 存, the root meaning of which is 'to preserve' or 'conserve'." Stanley-Baker (2012b), p. 107.

founded on Daoist "philosophy" (*daojia* 道家).[67] The attribution of the texts to the Yellow Emperor and to the Divine Husbandman (*Shennong* 神農), culture founder deities of China, qualifies them as Daoist. So does the ascription in the *Divine Husbandman's Materia Medica* of non-toxic drugs to the highest category, and attributing to them the power of lightening the body (which can imply flight), a property that was edited out of later editions. He further argues that the *Lingshu* 靈樞 (*Numinous Pivot*, a Song dynasty title for an edition of the *Yellow Emperor's Inner Classic*) and the *Shanghan zabing lun* 傷寒雜病論 (*Treatise on Cold Damage and Various Diseases,* a later edition of which was titled *Jingui yaolüe* 金匱要略) should be considered Daoist because of the common appearance of terms like 'golden casket' (*jingui* 金櫃) and 'numinous pivot' (*lingshu* 靈樞) in Daoist texts.[68] He also argues that the *Lingshu* should be considered Daoist because of a myth that the lost edition, recovered during the Song dynasty and renamed *Lingshu* was transmitted by a Daoist.[69]

As for incantation, despite the protestations against spirit-mediums by early and well-regarded doctors such as Chunyu Yi 淳於意 (205-150 BCE), and arguments against those who are "enthralled by the spirits" that are peppered throughout the *Yellow Emperor* corpus, nevertheless incantation became an important aspect of treatment after the Song dynasty, and thus Daoist elements entered into medical orthodoxy.[70]

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[67] The notion of *daojia* 道家 as a current of philosophical thinkers distinct from religious communities *daojiao* 道教 is an early twentieth century construction based on attempts by Chinese scholars to reconcile the Chinese textual tradition with modern Euro-American intellectual categories. Liu *et al.* (2015), for example, argue that *daojia* ended in the second century CE when *daojiao* began. On the other hand, Pregadio (2017) and Schipper and Verellen (2004), p. 6, argue that this distinction is not represented in the Daoist canon, which collects both literatures, and that the terms *daojiao* and *daojia* are often used interchangeably.

[68] The phrase "Numinous pivot" also appears in titles such as *Taishang lingshu shenjing neijing* 太上靈樞神景內經 and *Taishang lingshu daoyan fanwei lun* 太上靈樞道言發微論 in a list of texts missing from the Ming dynasty *Zhengtong daozang* 正統道; *Daozang quejing mulu* 道藏闕經目錄 DZ 1430, p. 2.9b. They clearly do not refer to the *Lingshu*, which is itself included in the Daoist canon. A later edition of the late Han *Shanghan zabing lun* 傷寒雜病論 was named *Jingui yaolüe* 金匱要略. Zheng *et al.* (2018), p. 388.

[69] On the transformation of the title of the *Lingshu* from *Zhen jing* 針經 in the Tang, and the recovery of the lost edition in the Song, see Sivin (1993), p. 197.

[70] Yoshimoto cites Ming dynasty hospital texts such as the *Yixue shisan ke* 學十三科 for evidence, but scholarship since has demonstrated its widespread use in the medical system; for example, see Cho (2005).

For critiques of demons and ghosts in the *Lingshu*, see *Huangdi suwen lingshu jizhu* 黃帝素問靈樞集註 DZ 1020, p. 9.22.5b and 16.58.7a, and translations in Unschuld (2016), pp. 290-291 and 16-17.

Yoshimoto's arguments are appealing as they draw out the thick interrelatedness between therapeutics in Daoism and the rest of Chinese therapeutic culture. Overall the book is a landmark in the history of Chinese healing because it draws connections not only across different domains, but also contains rich fieldwork on modern Taiwan in the 1980s with extensive descriptions of different healing gods and talismans amidst a panoply of religious therapies. It makes the novel argument not put forward elsewhere, that while Daoism and medicine emerged from a diffuse culture of technical masters (*fangshi* 方士), Daoist healing returned, as it were, to the popular domain, as many therapeutic practices are diffused now through various types priests and temples. It is an excellent foundational text for performing fieldwork in Taiwan and other Chinese diasporic areas.

However, the construct with classical medicine at the core is a weak one. It is not clear that any of the incantatory, talismanic, or ritual fasting rites were coherent with the classical tradition. Such a view occludes the direct transmission lines of these practices within their own traditions that pre-dated and largely ignored the emergence of the medical corpus. The appearance of terms from medical texts in the titles of Daoist scriptures is not strong. 'Golden casket' is not a term limited to medical literature, and appears in many myths and historiolas that have nothing to do with medicine, and only with demonstrating the authority of a text.[71] It remains to be asked what kind of association did these texts have with the medical tradition, if any? Furthermore, while the appearance of medical texts in the Daoist canon certainly indicates an interest in medicine on the part of Daoists, as do the statements by Ge Hong and others, it needs to be clarified *when* these interests occurred and for *whom*. The fact, for example, that the Celestial Masters saw their rites in direct conflict with acupuncture, moxa and drugs is well documented. Furthermore, these medical texts were *not* included in the earliest, fourth century Daoist canon, the *Sandong jingshu mulu* 三洞經書目錄.[72]

There is little if any medical theory present in much Daoist ritual and talismanic practice, and the question should rather be—if there is medical theory—what kind? What is included or excluded? And when? What patterns of change can be traced in the talisman and incantation system over time?

As helpful as the model is for gathering related materials, is it does not help in the *sorting* of those materials. The term Daoist medicine facilitates the gathering together of many materials related to the question of healing, and bringing them into comparison. However, the assertion of this unified

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[71] On the historiola as a motif of authority, see Raz (2012), pp. 119-120.

[72] On the *Sandong jingmu*, see Bokenkamp (2008). For arguments that classical medical texts were not listed in it, see Stanley-Baker (2013), pp. 231-235.

field, with a central core of classical medicine, around which other practices orbit, mutes questions of sectarian genealogy and conflict, while forcing continuities which are not present in the source materials. This becomes apparent later in the book when, for example, discussing mercurial drugs in the Mawangdui *Wushi'er bing fang* 五十二病方, a set of recipes excavated in Changsha, dating to 168 BCE or earlier, is mentioned. The recipe ingredients include mercury and arsenic, critical ingredients in later external alchemy (*waidan* 外丹), here used as topicals for skin diseases; incantations are also used. Incorporating the recipe set as 'proto-Daoist,' as it were, Yoshimoto's work offers little reflection on what such a claim means. The continuities in technical culture are clear, but it is not clear why this should be considered Daoist.

5.b. Gai Jianmin's *Daojiao yixue* 道教醫學

A dialectical interaction between "science" and "religion" is at the core of Gai Jianmin's chronological survey, *Daojiao yixue* 道教醫學 (*Daoist Medicine*). It gathers together a host of various Daoist therapeutics from the Han through the Qing dynasty, divided into three main periods, from the Han through the Six Dynasties (first to sixth centuries), the Sui to the Yuan (seventh through fourteenth centuries) and the Ming-Qing period (fifteenth through nineteenth centuries), as well as one chapter on "religious theology (*zongjiao shenxue* 宗教神學) in Daoist medicine" and one on the "interaction between religion and science." He grounds this work in a four-part definition, arguing that Daoist medicine:

1) is a religious medicine, derived from the interaction of science and religion;
2) contains mixed methods not always consistent with classical Chinese medicine;
3) is a distinct school of thought;
4) combines physiological, social and faith-based healing.

However, Gai offers no definition of "science" or how people of the time thought about it, except to argue that it is the cornerstone of innovation, and no mention is made of the typical markers of scientific thought: empirical research, scientific method, hypothesis testing, or experimenttation. He also never describes how it "interacts" with "religion" nor does he ever offer any definition of religion or how science and religion might have functioned as driving terms for historical actors. Medicine and Daoism stand in for science and religion, and we are to understand the relationship between the latter by noting the historical interactions of the former. There is never an acknowledgement that science and religion are retroactive categories.

Most examples of such interactions are based on his subjective categorisation of a given practice as either scientific or religious, but Gai does not pay attention to their epistemic status at the time. He does not discuss the different relations that each sect had towards classical medicine, preferring to rely on an adage (for which no *locus classicus* is provided) that "for every ten Daoists, you will find nine doctors" (*shidao jiuyi* 十道九醫). Neither does he describe the wide variation in physiological models or notions in cause of disease—not to mention how contrasts between these are mobilized when different parties engage in competition. Practices that were in use well outside of orthodox Daoism are claimed to be Daoist, such as *daoyin* exercises, or talismans (*fu* 符). By claiming the entire practice to be Daoist, he avoids any discussion about the subtle negotiations that took place in claim-making about their "Daoistness." Like Yoshimoto, Gai includes classical medicine as part of Daoist medicine, even though such claims stand in clear contrast to narratives which write Daoist treatments as a peripheral alternative to classical medicine; he also fails to reconcile the fact that Celestial Master Daoists, at times, explicitly prohibited healing using needles, moxibustion and pharmacology. Each section makes claims that certain well-known healers were Daoists, but without circumspection. Wang Bing 王冰 (710-804), the famed Tang dynasty editor of the *Huangdi neijing: Suwen* 黃帝內經素問, for example, is claimed to be a "Daoist" because he once had a master with a Daoist pseudonym. By implication, Wang's work on the *Neijing* is taken to be "Daoist." Gai's claims about the "value for research" of Daoist medicine, and its future value for contributing to health and well-being, hinge on its incorporation of science; such claims thereby perform an act of translation that is worth attending to. Ritual practices such as grave-quelling or purification and offering (*zhaijiao* 齋醮) are valued as psychological therapy and for their production of social harmony, lending them legibility to the modern state, but not in their own terms, i.e. for the restoration of cosmic order and reestablishing of good relations with the gods. And as a result, the religious aspects of such rituals, which many would argue are central to the Daoist tradition, play a minor role in the book.

5.c. Lin Fushi's 林富士 *Zhongguo zhonggu shiqi de zongjiao yu yiliao* 中國中古時期的宗教與醫療

The attention to detail and to the variation and specificity of historical conditions make Lin Fushi's thoughtful collection of papers on "healing and religion" much more successful.[73] Each paper poses specific questions about the conditions of emergence and kinds of relations between different healers. Two papers consider the epidemics that marked the end of the Han dynasty, amidst the negative spiral of political upheaval, military

[73] Lin (2008a).

uprising, mass migration, and famine.[74] The psychological, economic, and biological crises in which people found themselves, as well as the massive disruption in infrastructure, were compounded by a collapse of meaning and cosmic order. This anomie at all levels of existence was of immediate concern for the entire population, and became the primary focus across the spectrum of religious actors. These chapters make a powerful case that the close relationship between physical well-being and religious imagination in China was forged in the demise of the Han dynasty.

The varying attitudes to classical medicine held by different sects of Daoism is the subject of another paper, which argues that while the Celestial Masters of the fifth century rejected classical medicine, the Shangqing founders wholeheartedly accepted it, and Transcendents (represented by Ge Hong) were partially accepting of it—they were critical of doctors on the one hand, while using pharmaceuticals on the other.[75] By focussing on a variety of approaches, this paper brings out the nuanced relations between communities that were mediated by their attitudes to medicine.[76]

The role of healing in individual biographies comes to the fore in other papers which show, variously, the variety of treatments used in Transcendent hagiography, or how biographies of famous Daoists from the period frequently show them transitioning from a career in medicine to developing Daoist cultivation, or vice versa. These narratives demonstrate that it had become a trope in the genre of biography to associate these two forms of activity.

In conceptualising these papers, it is indicative that the term "Daoist medicine" does not appear. Lin does use it in the title of his more popular book on the same period, but there too it is a subcategory, ancillary to the

[74] Lin (2008b) and (2008c).

[75] Lin (2005).

[76] Some further nuance should be applied to Ge Hong's position as laid out in Lin (2005). Lin argues that the Celestial Master movement rejected medicine, that Ge Hong only partially accepted medicine, whereas the *Shangqing* sect entirely accepted medicine. More attention needs to be paid to the genres within which Ge Hong wrote here. His polemic with contemporary doctors, on which Lin relies, is an excerpt from his introduction to his mammoth recipe work the *Ge xianweng zhouhou beiji fang* 葛仙翁肘後備急方 DZ 1306. It was based on research he had done prior to his arrival in Luofu shan 羅浮山 and initiation into the study of transcendence. Thus, it should rather be read as a work fully in competition with local doctors; see Stanley-Baker (2013), pp. 154-157, and (forthcoming). In writing this critique, Ge was not *partially rejecting* medicine in the role of a Daoist (or alchemist), he was fully competing with other doctors as a fellow doctor, or at least as a medical author. In terms of integrating the use of medicine, Ge was perhaps the *most* accepting of and reliant on medicinal recipes of any of the communities Lin mentions.

question of the culmination of disease.[77] By making this category peripheral, while keeping the general topic in focus, he is able to apply detailed attention to the varied modes and styles by which Daoists adapted medicine, how they rationalised it, how it became meaningful to them, and how medicine was represented. Lin's collection of papers is far more insightful about the process of knowledge formation than the previous two studies. By not focussing on an empty, constructed category of "Daoist medicine," he avoids having to create specious arguments justifying why a particular text, practice or person should be labelled "Daoist." Rather, that category is held at bay, while he demonstrates sectarian nuances in varied different contexts.

6. Daoing Medicine: A Methodology for Studying Daoism and Medicine—Practice Theory and Situating Disconcertment

From the above summaries, it appears that while the category "Daoist medicine" organises a broad repertoire of therapeutic practice, fostering attention to an important area of therapeutic activity, it also conceals the heterogeneity of the practices and the varied social contours in which they circulated. This leads to very stretched claims about the "Daoist-ness" of some forms of healing or of historical actors, a problem recognized in Western scholarship since at least 1979. By contrast, it appears to be much more revealing to hold such claims at bay, and closely investigate varied claims to Daoism, with a focus on the processes of identity formation, or in other terms, of "assemblage." This allows one to unpack the nuanced ways in which different ideas, practices and communities come together, and to get a better sense of the contours of religio-medical competition. Science and Technology Studies provide sophisticated and well-tested methodological tools for the approach to the social history of knowledge that I advocate here. To conclude, so that the reader understands where I stand, I would like to summarise some of the methodological foundations, that form the ground of my own approach to studying medicine and Daoism.

In his foundational work on the emergence of "facts" in the production of modern scientific epistemology, Ludwick Fleck proposed the metaphor of the conversation, one that I feel is apt for the early medieval Chinese case. Arguing that conversations take place in multiple domains and volumes, but produce, in the end, a kind of consensus, Fleck was one of the early scholars of Science and Technology Studies to demonstrate that

[77] Lin (2001).

facts are not self-evident, empirical data.[78] Rather, they rest on a complex set of processes which embed them in the foundational epistemology, or, the imagination of a unifying set of notions that guide the thought-processes, practices, and values of a "thought community" (*Denkkollektiv*). He modelled these processes on a conversation, struck up between interested parties, who then proceeded to amend, adapt, contour their assertions, agreements, disagreements, inclusions and exclusions through a dialogic process. Over time, social and institutional practices within a community of interlocutors introduce stability and invite coherence to that conversation, producing a "thought-style" (*Denkstyl*) emblematic of that community's core interests.[79]

In coining the phrase "situated knowledge" in the 1980s, Donna Haraway argued famously that the history of science had been exclusively about white males, and had ignored the diverse kinds of knowledge production by technicians, by women, and through material practice. She argued against the "ideological doctrines of disembodied scientific objectivity" which, in resorting to abstracted, absolutist perspectives, perform the "god trick of seeing everything from nowhere," when in fact any perspective on a topic of knowledge is necessarily embedded in all manner of technological, ideological constraints, which are themselves laden with social power—the power of access, the power of visibility. She argued cogently for the perspective of the partial, of the incomplete, of what we might now term the "local," and the privileging of actors which have been marginalized in absolutist constructions.[80]

This notion of situatedness was further developed by Lave and Wenger, who argued in 1991 against an epistemology that considered knowledge as something subjective that exists within an individual consciousness, to be transferred, more or less perfectly, into another person through the processes of education.[81] They maintained that knowledge itself exists only in social space, recognizable through the performance of socially mediated actions, and that education, or knowledge transfer, takes place through collective action, (including reading and writing). As less skilled practitioners practice the craft under the supervision of experts, they increase in skill, are moved further away from the community periphery to the centre. Hence the title of their book: *Situated Learning: Legitimate*

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[78] Fleck (1935).

[79] The metaphor of oral cacophony and simultaneity finds echo in much more recent scholarship on Chinese religion, such as Paul Katz's notion of "reverberation," which foregrounds the admixture of multiple actors in the emergence of traditions and communities. Katz (1995), pp. 114-16, and discussion of Katz' idea in Campany (1998).

[80] Haraway (1988).

[81] Lave and Wenger (1991).

Peripheral Participation. It was here that the notion of "community of practice" was first coined.

The school of Actor Network Theory (ANT) has perhaps developed this most extensively as an historical model. Bruno Latour, its most prominent proponent, argues that even though Fleck identified as an epistemologist, his work implicitly critiques enlightenment dualism as the foundation of "objective" theories of knowledge, which position subjective representations as separate from the material "facts" of the natural world. In contrast, Latour argues for the practice of science history as "ontology," that is, the depiction of knowledge as inherent in social relations, embodied practices, discursive habits, music, art and objects; that it is entrained in bodies and it shapes and is shaped by technologies.[82] A focus on assemblage in this way, argues Latour, requires that social categories cannot be taken as given, but that it is incumbent on historians, or ANT practitioners at least, to attend to the processes by which they came to be.[83] In so doing the imbrication of these multiple factors will become evident.

Fleck's and Latour's turn away from epistemology towards local historical conditions and the emergence of knowledge have points of commonality with the "new geographies" of Chinese medicine highlighted by Hinrichs, Campany's call for a move away from hard-sided boundary notions of religions and Raz's focus on communities of practice.[84] Namely, they all downplay the separation of ideas from actors, and the dominance of notions of epistemologies or of religions as historical forces, in favour of focussing on practices, communities, actors and the emergence of knowledge *in situ*. Each invite in different ways attention to "situated knowing."

Yet, if we give up, as Latour recommends, pre-given social categories, without the "God's eye view" of theoretical frameworks of objective authority, or theoretical assumptions about the world, how do we navigate the terrain of cultural data? Authors like Helen Verran and Anna-Marie Mol have given great weight to the attempt to eschew theoretical framings in order to attend closely to their fieldwork encounters.[85] They argue for the value of abandoning pre-given social categories for a view of the "infra" as Verran calls it: "when and where meanings are fluid and still in process of clotting into a routine. Meta and infra as used here are not complementary opposites; they are incommensurable."

This is what Haraway refers to as the partial view in the opening quote of this article. Verran's recommendation is to follow one's sense of

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[82] He further argues that Fleck long-anticipated the practice turn, and would identify his work today as ontological in focus, and substitutes his term of "thought styles" for one of "practice styles." Latour (2007), p. 12.

[83] Latour (2005).

[84] Raz (2012), pp. 4-6.

[85] Mol (2002), Verran (2001) and (2002).

"disconcertment"—the intuitive sense that in any one specific interaction or moment, there are comings-together, or "clots" as she calls them, that do not fit.[86] By tracing out the contours of these moments of ill-fit, the dynamics of knowledge and identity formation can be teased out as they come into being as material forms in socialised practice, when "bodies grow in and through language where subjects emerge in predicates."[87]

This emphasis on close attention to the dynamics of particular moments and on forgoing meta-narratives parallels the close reading of Daoist texts. While Verran and Mol are anthropologists who seek to bring the complexity of lived moments into their writing, the close reading of texts also reveals complex relations that escape simple categorisation. When read attentively, with the goal of thick description, Daoist texts are full of contradiction and fluidity, where subjects become predicates (as in the opening sentence of *Daode jing* 道德經: 道可道), and deliberate slippage of discourse and metaphor produces a constant state of allusion to, and occlusion of, a stable, definite reality. A mountain is an altar is the body of the priest is the local landscape is the journey of the adept is a metaphor for salvation is the locus of holy caves which lead to underworld heavens and on it goes.[88] There is an immanentism to Daoist writing which constantly seeks to embed whatever is being described in a thick set of complex references, which resist reductive compartmentalisation and the transcendent "God's eye view" criticized by Haraway.[89] Closely reading the contrasting, open-ended, constantly allusive discourses within texts like the *Zhengao* 真誥,[90] which is filled with oral transmissions from the gods, is like closely listening to the conversations in emergent knowledge communities, in which clearer, more defined structures emerge only gradually over time, as Ludwik Fleck found. Therein, I find a constant sense of disconcertment about hard-sided boundaries between "medicine" and "religion." It is there, in attending to the slipperiness of categories and the dynamic formation of new practice repertoires, where the neat categories of religion, medicine, Daoism, and Daoist medicine are constantly upset. The examples I have listed above where scholastic categories have failed to capture the intricacies of primary sources point to the ever-shifting sands of the early imperial medico-religious marketplace, and the need for ways to deepen and thicken our understanding of such dynamics.

I propose this approach, of focussing on the production of new assemblages of people, knowledge and practice, because I find this generative

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[86] Verran (2014), p. 527 n. 2.
[87] Verran (2014), p. 536.
[88] Schipper (1993), passim.
[89] Haraway (1988).
[90] *Zhen'gao* 真誥 DZ 1016.

slipperiness, and refusal to be contained by pre-given categories, to be one of the most fascinating aspects of the period. This keeps me coming back to the material again and again. Is it medicine, is it religion? For whom? Why? Under what conditions? Put another way, it is better to focus on the verbs of history than on the nouns; it is better to focus on the processes by which things come into being and by which people make things work, rather than to assume abstract fixed definitions to be a suitable, universal abstraction. The dynamics of identity-formation and of the contours of the medico-religious marketplace in China are only beginning to be explored. It is not a fixed definition of Daoist medicine that requires attention, but rather the variety of ways of *Daoing* medicine. That is, we need to examine, compare and contrast how individuals in different times identified curing practices with the universal *Dao* or the little *dao*s, or practices from specific lineages, rather than bludgeon our historical material with unsophisticated categories in an attempt to force it into modern, ill-fitting conceptual frames. In so doing we can better understand the history of how the *Dao* was reproduced in therapeutics through new and varied discursive means over time.

The implications are not limited to the study of the past. Modern practitioners of "Daoist medicine" who lay claim to ancient genealogies do in certain cases make authentic claims to inherit practice from earlier generations and regional locales. By using the term "Daoist medicine" to represent what it was earlier practitioners did, these modern actors make a new claim, or claims. These acts of claim-making take place in a context of globalised biomedicine, where the legislative, the biological and the political are thickly imbricated in new ways, giving new weight and nuances to the term "medicine" which did not exist in previous generations. This environment is such that scholars and practitioners alike have seen fit to invest in a new conceptual organisation called "Daoist medicine." Rather than becoming mired in simplistic binary questions of "authenticity" that ask only whether some formation is "truly Daoist," focussing on the processes of knowledge-formation, the *Daoing* of medicine, can help us better situate these therapies, old and new, in their time and place.

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