Theresia Hofer has produced an original and welcome ethnographic contribution on a little studied yet important topic: the diverse modes of transmission of knowledge(s) and practices that until today exist mostly outside of the mainstream institutions of Tibetan medicine. Her case study was undertaken in the rural area of Ngamring County, Tibet Autonomous Region, China, and focuses on the lineage transmission of the so-called Jangluk (Byang lugs) or 'Northern Tradition' of Tibetan medicine that flourished between the 15th and 16th centuries and continued locally until the end of the 19th century. Her study occupies an important place in this field of research in China, which so far has mostly centred upon institutionalised Tibetan medical learning and practice, in particular at the Mentsikhang and the Tibetan Medical College in Lhasa, and at the Arura Tibetan Medical College and Hospital in Xining, Qinghai Province. With the exception of the author’s own published works (Hofer 2007; Hofer 2008a, 2008b), few other ethnographic works, as noted by the author (132f), have focused on such lesser known types of transmission of Tibetan medicine in Tibetan populated areas of China (Craig 2007; Schrempf 2007) or on medical lineage and legitimacy based on case studies from Nepal, TAR, and Qinghai province (Craig 2012, 78–112).

An important strength of Hofer’s approach is her close examination of the local significance of medical lineage, both in terms of family lineage and teacher-student lineages. Her ethnographic data for this work is based upon semi-structured and biographical interviews with local physicians. Hofer also uses texts and interviews to examine how the representatives of this old form of knowledge transmission relate themselves to institutionalised medicine during the present and in the past. Earlier endeavours to centralise and standardise Tibetan medicine through the medical institutions of Chakpori (founded in 1696) and the Mentsikhang (founded in 1916), both located in Lhasa and both supported by the respective Dalai Lama of the day, still allowed lineage-based medicine to thrive and develop alongside these centralised and established medical institutions. Sometimes, these different forms of transmissions overlapped through the person of the teachers that were active in both
institutionalised and non-institutionalised forms of transmissions and teachings. However, beginning in the early 1950s, and more significantly from the 1980s onwards, Tibetan medical practices changed as they became ‘integrated’ into Chinese-style biomedicine and public health care services.

Hofer reveals how local medical knowledge gained through lineage transmission almost ceased to exist following the reform period of Deng Xiaoping, and explains the reasons why and how this happened in Ngamring. She observed that in part, the commodification of compounded medicines via factories, and increasing prices for raw ingredients of *materia medica*, both contributed to a lack of access to Tibetan medicines among the rural Tibetan population. Furthermore, official certification and increasing standardisation of medical learning and practice within the established medical institutions marginalised local medical practices that are purely based upon lineage in such a way that young physicians trained privately (or in monastic colleges in other Tibetan areas of China) find it difficult to make a living outside of government-regulated health care services. At the same time, Hofer stresses how lineage-based knowledge is still closely connected with medical identities and issues of legitimacy. She further observes that the influence of Chinese biomedicine or *tang sman* (lit. ‘Communist Party Medicine’) has been enormous in attempts to mainstream and fit Tibetan medicine into China’s public health system.

While the present publication is based upon the author’s MA research, including a six-week ethnographic fieldwork trip in 2003 and consideration of several primary and secondary sources, her subsequent PhD research is based on an in-depth and extensive ethnography with many months of fieldwork in which she focuses on the remaining individual lineage physicians in Ngamring, their agency, and their medical practice today (Hofer 2011). We are looking forward to its publication. In the present book, it might have been better to focus solely on the ethnographic fieldwork and the ethnohistorical dimensions of local lineage transmission—already a huge challenge for an MA student and one that she masters admiringly well. However, her monograph starts off in a rather traditional manner with a general introduction to the history of Tibetan medicine in the first two chapters of her book.

The two historical chapters of the author’s present MA monograph turn out to be somewhat disappointing. The first chapter, following the Introduction, is entitled ‘Contending Histories of Medicine in Tibet (7th–15th c.)’. It offers a general introduction to Tibetan medicine and a brief discussion of early developments up to the twelfth century, with an emphasis on the fundamental Tibetan medical text, the *Gyüshi* (*Rgyud bzhi*). It is mainly based upon secondary literature and provides no new facts. Occasionally, it is impaired by a lack of text-critical insight, especially with regard to the origin of the *Gyüshi* and