Modern Chinese Religion II

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VOLUME 1

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VOLUME 2

History of Chinese Medicine, 1890–2010

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Introduction

In 1863 Fei Boxiong 費伯雄 (1800–79), who according to the official Qing history 清史稿 was the most famous physician in Jiangnan of his time, published a small text on internal medicine that is no longer widely read today.[1] Fei had only recently been able to return to his hometown of Menghe 孟河, which had been occupied by the Taiping armies in 1860. He had originally planned to publish a much larger volume, but he was forced to abandon the already cut woodblocks when he fled north across the Yangzi river to avoid the marauding Taiping forces. Returning to Menghe, he was a different man, grieving the loss of his daughter and disabled by an injury to his leg. It took the concerted efforts of his friends and family to convince the aging Fei once again to commit his ideas to paper. Claiming that he lacked the mental powers to fully reconstitute the original text, he eventually published the fragments he could recollect under the name *Refined medicine remembered* 醫醇剩義.[2] The term *chun* 醇, which we have glossed as "refined" captures the central idea of Fei's text, denoting the pure, simple, and unadulterated nature, as well as the process, of purification itself. *Chun* was also commonly used to reference Confucian authenticity (*chun ru* 醇儒 or 純儒). In the medical domain, Fei used *chun* to indicate "the appropriate [application] of the fundamental patterns 理 of medical [knowledge]." It therefore also entailed "the pursuit of merit without excess," an ability that Fei claims had almost been lost in the present.

Refined medicine remembered was not only an effort at overcoming personal misfortune but also a self-conscious project aimed at returning medicine to its pure and authentic roots. It hoped to prevent the malaise of the late Qing, represented most clearly by the devastating destruction of human life and physical culture wrought by the Taiping war, from further corrupting the orthodox

* Eric I. Karchmer and Volker Scheid have contributed equally to this work. Volker Scheid's contribution to this chapter was supported by a Wellcome Trust Senior Research Fellowship in the Medical Humanities (Award No 097918/Z/11/Z). The list of people who have helped in shaping the ideas discussed here is too long to mention, but ongoing conversations with Sean Lei deserve special mention.

1 Zhao Erxun, *Qingshigao* (1928; repr. Beijing, 1976).

2 Fei Boxiong, *Yichun shengyi* (Taixing, 1863), pp. 3–87.

transmission of medicine, to recapture the original unity of medicine and, by implication, its effectiveness. Like many of his peers, Fei Boxiong was extremely critical of the general level of medical practice during his lifetime. Long-standing anxieties regarding the fragmentation of medicine into numerous competing currents were exacerbated by new social trends such as the ever-increasing number of physicians who drew on classical formulas but neither belonged to established medical families nor were able to claim to be "scholar physicians" 儒醫.[3] One reason was the rapid growth of commercial publishing and a significant increase in rates of literacy among the general populace in late imperial China. As a result, knowledge that had previously been specialized and esoteric became increasingly accessible to a much wider audience. Medical sections of popular almanacs and family encyclopedias included information on basic diagnosis and treatment protocols that allowed anyone with sufficient interest to pass himself off as a physician. The well-known Hanxue scholar Yu Yue 俞樾 (1821–1906), a patient of Fei Boxiong and teacher of Zhang Taiyan 章太炎 (1869–1936), the important scholar, Chinese medicine doctor, and revolutionary, was so concerned about the decline of medical standards, that he called for the banning of medical practice altogether.[4]

A second reason for this development was the gradual withdrawal of the state from the provision and regulation of medical practice since the early Ming. The Qing government, even more so than its Ming predecessor, was not generally interested in providing public health and welfare. Instead, they left the funding and organization of disaster relief and charitable medical institutions, such as clinics and dispensaries for the poor, largely in the hands of local gentry.[5] Despite concerns about the possible danger to the populace from malpractice by under-qualified physicians, the imperial state consistently failed to channel resources into medical education or to define and police standards of medical practice. No less a person than the Kangxi (r. 1662–1722) emperor himself was forced to admit the lamentable consequences of these policies:

3 In his essay, "On medical examinations" 考試醫學論, the scholar physician Xu Dachun 徐大椿 (1693–1771) blamed the failure of successive dynasties to examine physicians for current difficulties in evaluating their competency. Xu Lingtai, *Yixue yuanliu lun,* Zhongyi jingdian wenku (1757; repr. Beijing, 2008).

4 Yu Yue, *Chunzaitang quanshu* (1899; repr. Taipei, 1968), pp. 2103–08.

5 Angela Ki-Che Leung, "Mingmo Qingchu minjian cishan huodong de xingqi—yi jianzhe diqu weili," *Shihuo yuekan* 15 (1986), 304–31; "Organized medicine in Ming-Qing China: state and private medical institutions in the lower Yangtze region," *Late Imperial China* 8 (1987), 1.134–66.

> The teaching [of most who claim to be physicians] is shallow, and I have read enough in the medical literature to know when their claims to true antiquity are spurious. They do not keep up their studies of the pulses, they ignore relevant case histories, and they concentrate on the hunt for fame and money. Often they don't know the basic principles of medicine; they tend to ask wild questions and make up wild statements, sometimes even inventing formulas that really harm people. I know this well, and it makes me sad, but I cannot prosecute all the doctors who engage in a little business, wandering from place to place, just to stay alive.[6]

Despite these concerns, we do not have any objective evidence of a real decline in standards of care or the social position of famous physicians during the Qing. Therefore, the scholarly critique of vulgar physicians during this period is perhaps best understood as a reaction to the social transformation of medicine, specifically its increasing commercialization. In a context in which medical practice was essentially a free-for-all, where everyone could claim to be a physician and many did so with only minimal training, where competition was fierce and many doctors behaved like merchants, exaggerating their expertise and clinical accomplishments, it is not surprising to find a general lack of trust not only in physicians, but in medicine in general. Nonetheless, individual physicians continued to be respected by all strata of society. Elite physicians like Fei Boxiong, furthermore, remained firmly integrated into upper class Jiangnan society, which was in any case characterized by the increasing fusion of bureaucratic and commercial elites.

These concerns about the decline of medicine constituted the context in which Fei Boxiong published *Refined medicine remembered*. Over the next half-century, internal rebellion and foreign imperialism would erode the viability of the Qing state and deepen the (perceived) crisis of medicine, particularly as missionary physicians began to introduce Western medicine to Chinese society. Thus Fei Boxiong belonged to the last generation of physicians who could write and think about medicine as a human endeavor when late imperial literati culture was still intact and reference to the West was not obligatory. He therefore provides us with an excellent starting point for charting and reflecting on the changing systems of value in the medical practice of modern China. Through his admission of personal frailty, his struggles with the melancholy of his age, and his enduring belief in the existence of unchanging principles for the perfection of human life, his final text paints a picture of a seemingly unified practice of medicine.

6 Jonathon D. Spence, *Emperor of China: self-portrait of Kang-hsi* (New York, 1975), p. 100.

Fei offers us a vision of the doctor as general, as the strategic master, marshaling his resources with virtuoso refinement and neo-Confucian rectitude. He, in turn, draws on the ideals of virtuosity that date back to the writings of post-Song physicians, most notably Zhu Danxi 朱丹溪 (1281–1358), who defined the scholar physician as someone who never wrote the same prescription twice. Although few doctors could actually fulfill these ideals, the ideal of scholarly virtuosity that Fei sought to restore dominated elite medicine throughout the late imperial era. For the sake of comparison, we call the elite medicine of this period "refined medicine". As we move into the 21st century, we will find a medical practice constructed around an entirely different set of values. Doctors have become rational distributors of health care, applying their knowledge according to national standards, participating in a medical profession organized according to institutionalized ranks of professional advancement, blending traditional medicine with global biomedicine. Although Fei's vision of "refined medicine" may still inspire some doctors, traditional style doctors in contemporary society are mostly focused on preserving the essence of their practice—its unique qualities of Chineseness—as they incorporate more and more biomedicine into their clinical work. We follow the conventions of contemporary practitioners in naming this new paradigm of practice as "Chinese medicine" 中醫.

Instead of producing a chronological account that traces the transformation of "refined medicine" into "Chinese medicine", marching the reader through a series of milestones in a putative narrative of progress, we will approach this history thematically, according to four broad categories: the cultural, political, sociological, and epistemological dimensions of Chinese medicine. In the process of taking up these four broad areas of change, we will trace and retrace the modern period from 1890–2010 in several broad sweeps, focusing on events that capture the transformation of Chinese medicine along these four dimensions. This approach also has the advantage of reviewing some of the earlier, more established scholarship on this history in the first two sections and introducing some of the newer scholarship in the last two. We hope that this approach will better capture the complexity of this history, its various rhythms and processes, and the forces that have come together in the creation of Chinese medicine.

Culture Wars

In its homeland today, Chinese medicine is a marginalized practice. It aspires to, but has yet to achieve, the scientific status that is generally accorded biomedicine. Doctors of Chinese medicine are keenly aware that they practice

an ethnic medicine, the crystallization of centuries of scholarship and practical innovation originating in early China, but not a universal medicine. They recognize their practice as efficacious, but they broadly accept biomedicine as the standard for clinical care. Few doctors imagine that Chinese medicine could ever challenge biomedicine as the globally dominant form of medicine. Nonetheless, over the last three or four decades, Chinese medicine has become a well-established, institutionalized feature of the national health care system, supported by the Chinese state, and still popular with patients. Chinese medicine has also spread around the globe to become one of China's most recognized cultural legacies. Although the 20th-century history of Chinese medicine was tumultuous, the profession is positioned to grow domestically and will almost certainly gain more international status in the first part of the 21st century.

The status of Chinese medicine and its role in Chinese society has been heavily debated since the beginning of the 20th century. These struggles, as their intensity and longevity suggest, were about much more than the value of Chinese medicine as a clinical practice. Rather, the various interlocutors have imagined Chinese medicine to symbolize not only a form of clinical medicine but also the traditional Chinese way of life. Debates about Chinese medicine have therefore almost always been debates about the course of modernization in China. European and Japanese imperialism in the early 20th century, the geopolitical forces that were altering China's position in the world, first sparked these debates. As China was ineluctably drawn into the modern world political system, every aspect of Chinese social life eventually came under the scrutiny of Chinese intellectuals who sought to understand China's weakness in relation to its new international competitors. Even after the second world war and the Communist revolution in 1949, when China's survival as a nation state was no longer in doubt, anxieties about backwardness persisted, taking on new postcolonial forms that shaped the nation's quest for modernity and with it the development of the medical domain.

The cultural debates surrounding Chinese medicine erupted into national discourse in the 1910s and 1920s, but their origins lie in the 1890s. Japan's decisive military victory in the Sino-Japanese War of 1895 was a watershed moment for many Chinese intellectuals. That a former tributary state had now eclipsed the military might of the Qing empire revealed conclusively China's new diminished position in the world. Chinese elites could no longer imagine themselves to constitute the "central country" 中國,[7] the locus of civilization and empire. Rather China was now a state struggling to survive in a Darwinian

7 Here we borrow Peter Bol's alternative translation of the term *zhongguo* 中國. See Peter K. Bol, *Neo-Confucianism in history* (Cambridge, 2008), p. 12.

world of expanding empires and "lost [colonized] nations" 亡國.[8] In 1892, sensing the geopolitical changes on the horizon, Tang Zonghai 唐宗海 (*jinshi* 1889) published one of the most influential medical texts of this era, *The essential meanings of the medical classics in light of the convergence of China and the West* 中西匯通醫經精義. This book was one of the earliest attempts to blend Chinese and Western medicine, and we will address its significance in more detail below. For now, we only need to note the social conditions that inspired it. In his preface, Tang Zonghai stated his desire to make a contribution to medicine at "this great moment of change" 古今大變局. To this end he writes: "Today, all the countries of the Far West have penetrated Chinese territory. Not only are they arrogant about their machines, but they also slander the medicine of China as false."[9] Although motivated by political reasons, Tang Zonghai approached his task with equanimity and balance. He both admired the precision of European anatomy and celebrated the theoretical subtlety of Chinese medicine. Most significantly for our story, he did not perceive fundamental differences between "Western" and "Chinese medicine". In fact, he argued that beneath the superficial appearance of difference, both medical practices were in fact one:

> Taking the essential passages from *The divine pivot* and *The basic questions* [of *The inner canon*], I have explained them according to the theories of China and the West, eschewing the prejudices of different lands and seeking their underlying unity.[10]

Tang Zonghai's belief in the underlying unity of the two practices came to be widely accepted by leading physicians of this time. It was only in the course of debates stretching over several decades that it was gradually replaced by the opposing assertion: that Chinese and Western medicine constitute unique and incommensurable systems of medicine. This raises the question as to how boundaries that today are so sharply drawn could have once been considered so ambiguous? Part of the answer may be that when Tang Zonghai was writing at the turn of the 19th century, "Chinese medicine" was not a circulating

8 Rebecca E. Karl, *Staging the world: Chinese nationalism at the turn of the twentieth century* (Durham, 2002).

9 Wang Mimi and Li Lin, *Tang Rongchuang yixue quanshu*, in Mingqing mingyi quanshu dacheng (Beijing, 1999), p. 3.

10 Ibid.

linguistic term and arguably not a singular, recognizable entity.[11] Indeed, the very notions of "China" and "the West" were just emerging in the 1890s.[12] It was only after the Sino-Japanese War of 1895 that Chinese intellectuals became convinced of the urgency of modernization and of learning from the West. Some students traveled to Europe and the USA to seek out Western scientific and humanistic knowledge but many more went to Japan. Located closer to home, Japan appealed in other ways, too. It was a country with some shared cultural values, a familiar writing system, and perhaps suggested a political blueprint for a rapid, state-orchestrated modernization plan. Many of the Chinese intellectuals who went there came to imagine it as a model for China's own development.

For all these reasons, Japan's rise to power in East Asia had a profound influence on debates among Chinese intellectuals about how China should pursue its own modernization goals. One notable feature of Japan's rapid modernization had been the state's endorsement of Western medicine and restriction of traditional Japanese medicine, the medical practices based on Chinese medical canons and known as Kampo medicine 漢方, through licensing laws enacted in 1875. This fact caught the attention of Chinese students matriculating at Japanese universities in the early 1900s, including Yu Yunxiu 余雲岫 (1879–1954), a trained doctor of Chinese medicine studying Western medicine at Osaka Medical University. In 1917, he published a critique of Chinese medicine, entitled *Deliberations on the Divine pivot and Basic questions* 靈素商兌. Using highly polemical language, Yu charged that *The Yellow Emperor's inner*

11 It is difficult to say when precisely medicine in China became defined by its geographic origins. Although American and European missionary doctors first began to offer clinical services in Guangzhou in 1835, we do not observe Chinese physicians reading and engaging seriously with Western medical knowledge until the 1890s. As Sean Lei has shown, late Qing elites were interested in other forms of Western knowledge but not Western medicine; see Sean Hsiang-Lin Lei, *Neither donkey nor horse: medicine in the struggle over China's modernity* (Chicago, 2014). Following the Boxer Rebellion, when western-style public health measures were imposed on Tianjin and also implemented by Qing officials in other locales, Chinese elites became more familiar with Western medicine, particularly as it related to the field of public health; see Ruth Rogaski, *Hygienic modernity: meanings of health and disease in treaty-port China* (Berkeley, 2004); Carol Benedict, *Bubonic plague in 19th-century China* (Stanford, 1996); Lei, *Neither donkey nor horse.* Sean Lei and Bridie Andrews have argued that the Manchurian plague of 1910 clearly demonstrated the superiority of Western medicine to the Qing court and Chinese political elites; see Lei, *Neither donkey nor horse* and Bridie Andrews, *The making of modern Chinese medicine, 1850–1960* (Vancouver, 2014).

12 Karl, *Staging the world*.

canon 黃帝內經 was "filled with innumerable mistakes" and based on "a crude anatomy, vague and empty discourse, and dim nothingness".[13] Yu believed that China needed a "medical revolution" through the vigorous state promotion of Western medicine. The impact of his critique of Chinese medicine was limited until Yu became a member of the Ministry of Health in the newly established Nationalist government of 1928. One of his first acts as a politician was to propose legislation to abolish the practice of Chinese medicine in 1929, a topic we will address more fully in the next section. Although this bill failed to pass, it sparked the first public debate about the value of Chinese medicine.[14]

Yu Yunxiu's critique marked the beginning of a rift between supporters of Chinese and Western medicine that turned on the idea of science. Yu challenged his reader to no longer judge medicine according to its level of refinement, nor even its effectiveness, but whether it was scientific and could contribute to the building of a modern nation. If Yu Yunxiu had already asserted that the lack of an accurate anatomy was the key failure of Chinese medicine, marking it as unscientific, the well-known philosopher, Liang Shuming 梁漱溟 (1893–1988) extended this charge to the realm of diagnosis:

> What is referred to as medicine in China is in fact [nothing but] art. Prescribing in Western medicine proceeds on the basis of matching specific diseases with specific prescriptions [so that there is] little variation [between individual physicians' treatment]. The highest caliber Chinese physicians however rely on context and individual ability in writing out their formulas. Ten different physicians will thus write out ten different formulas that can, moreover, be extremely different [from each other].[15]

Most Chinese medical doctors would not have disagreed with Liang Shuming's description of the high variability of diagnosis and treatment in Chinese medicine. It was an often-discussed topic in medical discourse, seen by some as an expression of the art of medicine and by others as an indicator of the problematic disunity of Chinese medicine in the late imperial era. In Republican China, however, particularly after May Fourth when "Mr. Science" 賽先生 had become one of the cultural heroes among the modernizing elite, such attacks further confirmed the problematic epistemological foundations of Chinese medicine.

13 Yu Yunxiu, *Yixue geming lunji* (Shanghai, 1932), p. 1.

14 Lei, *Neither donkey nor horse*, pp. 101–13.

15 Liang Shuming, *Dongxi wenhua ji qi zhexue* (1921, repr. Taipei, 2002).

Following the failed abolition proposal of 1929, rhetoric intensified. Elite intellectuals began to see Chinese medicine as an impediment to the modernization of the nation and perhaps evidence of Chinese racial inadequacies. In 1934, the famous historian, Fu Sinian 傅斯年 (1896–1950), described his exasperation with Chinese medicine in the *Ta Kung Pao* 大公報, one of the leading newspapers of the times:

> The most shameful, the most detestable, the most disheartening thing in China now . . . is this so called debate between Chinese and Western medicine . . . Only the debate between Chinese and Western medicine can fully expose the deep-rooted flaws of the Chinese people. How can the result of 40 years of developing [modern] schools be that [the fate of] Chinese medicine is still a question? Individuals with modern education still accept the Chinese medicine nonsense about the Five Phases and Six Qi! Self declared proponents of modernization are still using their political or social connections to protect Chinese medicine! Does this not demonstrate clearly that the minds of Chinese people have a fundamental problem? . . . That today we are still debating Chinese and Western medicine demonstrates to the whole world that we are a different race of people. That we can't escape this medieval stage [of development] after 40 years of [modern] schools makes people feel that [modern] education is futile.[16]

Like many of his peers, Fu Sinian believed, beyond a shadow of a doubt, that Chinese medicine was superstitious. But his overriding concern was not that Chinese medicine was bad medicine, but more importantly that it revealed deep-seated social ills that would deter or even prevent China's modernization.

Many of the attacks against Chinese medicine in this period were written in this shrill, haranguing tone. They tended to focus on the superstitious foundations of Chinese medicine, but broader social issues were always just below the surface. Zhou Zuoren 周作人 (1885–1967), another leading intellectual of this period, gave a fairly honest account of the stakes in this debate. Writing in 1929, he explained his support for Western medicine, while acknowledging that he was a "complete outsider with regards to medicine":

> Why [do I support Western medicine]? To be honest, what I fear is the reactionary [forces] that seek a return to the ancients 復古. China is currently in the midst of a reactionary trend. The debates between Chinese

16 Fang Zhouzi, *Piping zhongyi* (Beijing, 2007), p. 191.

> and Western medicine are an expression of the resistance of the old forces to the new forces . . . The return to the [policies of the] ancients have already been successful in many aspects. In politics or ethics, whatever is new is left or red and can be considered as a criminal act and punished as such. Only the new forces in medicine have not been categorized in such a way as to facilitate their repression, hence the clashes . . . The fate of this isolated brigade will be closely followed.[17]

Zhou Zuoren's frank analysis of the political stakes did not prevent him from resorting to polemics like Fu Sinian, calling Chinese medicine a form of mysticism, its practitioners unworthy of the title of doctor. But the passages above remind us that these debates about Chinese medicine were complex, never simply about its value as clinical medicine, and always implicating larger struggles over China's future as a modern nation state.

Zhou Zuoren's description also illustrates the deeper nature of the challenge to Chinese medicine posed by these attacks. Perhaps the most important feature of the debate about Chinese medicine was not the maligning words of a handful of intellectuals with a Western style education but the consistent association with the larger social forces of tradition and conservatism. In late imperial society, medicine was not a coveted career, but it had the potential to be a prestigious and financially rewarding one, particularly when practiced by a scholar physician. Hence the famous motto from the Song dynasty: "If you cannot be a good minister, aspire to be a good physician" 不為良相, 愿為良醫.[18] The manner in which the polarizing lens of modernity re-cast Chinese medicine as a regressive force was in some ways analogous to the fate of Zhang Taiyan (Zhang Binglin).

Zhang Taiyan is widely known for his pivotal role in the 1911 revolution that overthrew the Qing dynasty and established the Chinese Republic.[19] He was also known for his legendary erudition and widely admired for his contributions to Chinese philosophy, philology, and medicine. But he was also mis-

17 Ibid., p. 188.

18 This saying is attributed to the statesman Fan Zhongyan 范仲淹 (989–1052). The earliest record of the association of this saying with Fan appears to be Wu Zeng's 吳曾 (ca. 1127–60) *Miscellaneous notes written in the Nenggai studio* 能改齋漫錄; Wu Zeng, *Nenggai zhai manlu*, repr. in Qian Xizuo, ed. (1968), *juan* 13. 4a–b. The saying became very popular during the Ming and Qing.

19 Shimada Kenji, trans. Joshua A. Fogel, *Pioneer of the Chinese revolution: Zhang Binglin and Confucianism* (Stanford, 1990); Kauko Laitinen, *Chinese nationalism in the late Qing dynasty: Zhang Binglin as an anti-Manchu propagandist* (Curzon, 1990); Viren Murthy, *The political philosophy of Zhang Taiyan: the resistance of consciousness* (Leiden, 2011).

understood. Considered to be a political radical in his youth, he was thought to have become a reactionary and cultural conservative by the end of his life. Against this charge of shifting political allegiances and at the risk of doing injustice to such a multifaceted person, Zhang Taiyan's life-work can perhaps be more fruitfully understood as centred on a single question: what aspects of traditional Chinese culture were worth preserving in a modern Chinese nation?[20] To that end, he deployed a remarkably interdisciplinary scholarship that drew not only on the depth of the Chinese tradition but also Indian Yogacara Buddhism, writers in the German idealist tradition from Hegel to Nietzsche, and the science of his day. His goal was to present a radical critique of the hegemonic value judgments embodied in both the dominant Chinese tradition, with its track record of oppression enacted through the rewriting of history, and that of modernist universalism in all its imperialist destructiveness. That meant he could argue vociferously for revolution and the overthrow of the Qing, while also working to preserve and develop "national essence" 國粹, of which medicine constituted an important aspect, without being inconsistent. More one-sided thinkers, who perceived of modernization as embracing Western values and practices, found it difficult to accept Zhang Taiyan's more complex perspective, including his deep support for Chinese medicine. Some former associates felt betrayed by what they perceived as an abandonment of his former progressive principles. Zhou Zuoren, who had been a disciple of Zhang Taiyan, even publicly renounced his teacher; Zhou's brother, Lu Xun 魯迅 (1881–1936), was equally disappointed but did not cut his ties entirely.[21]

Zhang Taiyan's transformation from "radical" to "conservative" thus did not really reflect a change in his actual thinking and practice. In fact, a range of modern commentators view Zhang's political thinking as having been far more radical than that of the more well-known revolutionaries of the time—though interestingly, in order to do so, they erase his deep involvement with Chinese medicine from their biographical accounts. Rather, this "shift" took place after the 1911 revolution degenerated into a political stalemate between weak and fragmented militarists. Younger Chinese intellectuals called for radical solutions—including the promotion of science, democracy, communism, anarchism, and so on—that sacrificed complexity of thought for the easier opposition between tradition and modernity. Chen Duxiu's statement on the need for science and democracy illustrates how Chinese medicine was being

20 Wong Young-tsu, *Search for modern nationalism: Zhang Binglin and revolutionary China, 1869–1936* (Oxford, 1989), pp. vii–ix.

21 Shimada, *Pioneer of the Chinese revolution*, pp. 24–25.

positioned as a conservative social force inescapably tied to traditionalist and anti-modernization forces.

> In order to support Mr. Democracy, we must oppose Confucianism, the code of rituals, chastity, traditional ethics, and politics; in order to support Mr. Science, we must oppose traditional arts and crafts and traditional religion; in order to support Mr. Democracy and Mr. Science, we cannot but oppose the so-called national heritage and old-style literature.[22]

As Sean Lei demonstrates, the Republican period culture wars about Chinese medicine and, by extension, China's identity in the modern era were always also political struggles about the shape of China's health care system and thereby the organization of the emerging nation state.[23]

Several decades later, under the strict ideological controls of the Communist period, the cultural struggles around Chinese medicine in the Republican era were inevitably redefined as political ones. The point, however, is that these later political struggles revolved around a key set of questions that had emerged from the Republican era cultural debates. Was Chinese medicine scientific? Was it compatible with modernity? Is civilization singular, a course of human social development that we all must follow, with Europe providing the model? Or can there be multiple coexisting cultures of equal value? Because of the political allegiances of the intellectual figures that shaped these debates—such as Zhou Zuoren, Lu Xun, and Fu Sinian on the left and Zhang Taiyan on the right—it is not surprising that their attitudes towards Chinese medicine came to define the positions of political leaders of the Republican and Communist eras. Thus bureaucrats in the new People's Republic (PRC) Ministry of Health, like the leftist intellectuals of Republican era, imagined themselves engaged in battle with the regressive forces of Chinese medicine. Indeed, Zhou Zuoren's rejection of the cultural reasons for preserving Chinese medicine had become commonsense for many early Communist era bureaucrats: "Medicine in China wasn't some original national essence. Rather it was the product of a certain stage of development of world medicine, which is already in the past now, just like the doctrine of a spherical heaven and flat earth was after Copernicus."[24] In 1950, Wang Bin 王斌 (1909–92), director of the Health Department of the Northeast People's Government, invoked a similar idea of social evolution

22 See D.W.Y. Kwok, *Scientism in Chinese thought, 1900–1950* (New Haven, 1965), p. 68.

23 Lei, *Neither donkey nor horse*, pp. 7–15.

24 Fang, *Criticizing Chinese medicine*, p. 187.

when he famously proclaimed that Chinese medicine was a "feudal medicine" that would disappear with the imminent elimination of feudal society.

In 1954, Mao Zedong 毛澤東 (1893–1976) would personally intervene in these debates, stripping Wang Bin and He Cheng 賀誠 (1901–92), two high officials in the Ministry of Health, of their posts, and recalibrating official health care policy to include Chinese medicine. Following this rectification campaign, open opposition to Chinese medicine was no longer permitted within party ranks. Mao himself may have been skeptical about the scientific basis of Chinese medicine but he was emphatic about the primacy over all science of dialectical materialism and the party line, particularly a Maoist interpretation of Marxist social science, for which the Communist Party (CCP) could act as the sole authorizing power. Mao championed the importance of practice, the need for translating theory into practical endeavor and the possibilities of transformative results emerging through such practical work. The classic example of this Maoist subjugation of medicine to social science was his endorsement of the program to teach Chinese medicine to doctors of Western medicine 西醫學習中醫, which began in 1955 and was endorsed by Mao in his now famous statement from 1958: "Chinese medicine is a treasure house. We must vigorously explore it and elevate it." Although the Chinese medicine community has appropriated the first half of this statement as a whole-hearted endorsement of their profession from China's great leader, Mao's statement clearly expressed only limited support, since in his eyes Western medicine was needed to improve Chinese medicine. Perhaps analogous to the way he viewed the "red versus expert" debate, Mao was also drawn to this program because it compelled biomedical specialists to submit to the party's will and an alternative form of knowledge. Furthermore, through the practical work of this blending of medical practices, he imagined the dialectical emergence of a "new medicine" 新醫 that surpassed both Chinese and Western medicine. This "new medicine" was perfectly aligned with Mao's vision of China as the leader of the Third World, contributing to "world medicine" in a way that was beyond both the capitalist West and the Soviet Union.

With Mao's support, the notion of "integrated Western and Chinese medicine" 中西醫結合 came to dominate political discourse in the late 1950s and bestowed a new degree of legitimacy on Chinese medicine. Yet, this experimental program would also undermine the autonomy of Chinese medicine. Its ultimate failure to generate a "new medicine" would lead to the division of the official health care sector into three segments: Western medicine, Chinese medicine, and integrated Western and Chinese medicine. Although the last constitutes, in effect, a sub-division of the wider field of Chinese medicine,

all three "traditions" received official recognition in 1982 at the important Hengyang meeting (see below).[25]

The political and economic reforms of the Deng and post-Deng eras and the opening up of China to the world presented Chinese medicine with new challenges as well as opportunities. The 1980s was a decade of ferment and, at least initially, fervent optimism. Economic reforms promised undreamt-of prosperity, and China's intellectuals were dizzy with the new modernity emerging before their eyes. A range of "fevers" swept the country: "new methodology fever" explored the possibilities of rational science; "root searching fever" tried to understand the present through the possibilities of the past; and "*qigong* fever" tried to cure everything by getting in touch with very specifically Chinese energies. Meanwhile, "Chinese medicine fever" 中醫熱 had erupted in the West and offered physicians in China new forms of legitimization, new students, as well as new possibilities for seeking fame and fortune abroad.[26]

Inevitably, the Chinese medicine sector, too, was affected. Its inherent traditionalism—and also, perhaps, its constant engagement with the materiality of the body—ensured, however, that the fever never reached the levels it did in other cultural arenas. Yet for a while at least the strategies and tactics according to which Chinese medicine should be "inherited and developed" 繼承發展 appeared to be up for genuine discussion. Some physicians turned with renewed vigor toward the integration of Chinese and Western medicine, hoping to move forward more easily now that they were no longer constrained by Maoist ideology and the material deprivations of revolution. Others went beyond reductionist biomedicine in an effort to align their ancient tradition with the dynamic sciences of the late 20th century: systems theory, cybernetics, and quantum mechanics.[27]

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25 Cui Yueli, ed., *Xin zhongguo zhongyi shiye dianjiren: Lü Bingkui congyi liushinian* (Beijing, 1993), p. 85.

26 The best analysis of the decade from a general cultural perspective is by Jing Wang, *High culture fever: politics, aesthetics, and ideology in Deng's China* (Berkeley, 1996). On *qigong*, see Nancy N. Chen, *Breathing spaces* (New York, 2003), and David Palmer, *Qigong fever: body, science, and utopia in China* (New York, 2007). A flavor of the re-emergent plurality of the field of medicine in the 1980s can be gleaned from accounts by Judith Farquhar: "Market magic: getting rich and getting personal in medicine after Mao," *American Ethnologist* 23 (1996), 2.239–57; "Medicine and the changes are one," *Chinese Science* (1996), 107–34.

27 The series *Contemporary Chinese medicine* (*Dangdai zhongyi*) edited by Dong Jianhua, Hou Zhanyuan, and Zhang Xijun, contains several volumes that attempt to take Chinese medicine in these directions. Dong was one of the most senior clinicians in Beijing at the time; see his *Zhongguo xiandai zhongyi yi'an jinghua* (Beijing, 1990). The more recent

At the other end of the spectrum, a renewed interest in China's past allowed physicians to emphasize once more their own genealogies and lines of descent. Just as in the villages of rural China, where lineage institutions experienced a widespread revival, family medical traditions and medical lineages were celebrated once more, while the promotion of individual identity asserted itself as a renewed virtue.[28] With a center that, for the moment at least, was content to devolve more power to the regions, authorities in the provinces, counties, and cities throughout the country promoted local medical traditions in an effort to project their cultural pedigree onto the national and international stage without, however, challenging the overall hegemony of the state.

The 1980s thus witnessed the (re)emergence of diverse genres of writing that juxtaposed the state-promoted orthodoxy of a unified national medical tradition with perspectives emphasizing individuality and plurality. This literature included the personal experience of individual physicians transmitted in case records 醫案 and medical essays 醫話, as well as officially-sponsored research into local medical traditions and scholarly currents. The authors and publishers of this literature and their motivations for writing it were as diverse as the spirits of the time. They included individual physicians and their families interested in promoting or enhancing a particular image or reputation, publishing houses on the lookout for new market niches in a newly competitive market, and historians in state institutions working under the direction of national, regional, and provincial political bodies. Unlike in the post-Tiananmen period, however, these writings were not yet inextricably linked with the pursuit of economic gain, but reflected attempts to recover what had been taken away or lost in the painful years of the Cultural Revolution.[29]

In 1989 the Chinese state once more used brutal force to reassert its hegemony in the cultural and political domain. Neither Chinese medicine students nor their professors were known for their radical tendencies, and the events in

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series *Collection of research on Chinese medicine pathology*, edited by Kuang Tiaoyuan 匡调元, is another example of this genre; Kuang Tiaoyuan, *Zhongyi bingli yanjiu congshu* (Shanghai, 1995).

28 Susanne Brandstatter, *Elias in China: civilizing process, kinship, and customary law in the Chinese countryside* (Halle/Saale, 2000).

29 The number of these books has grown too large in recent years to list here. Some prominent examples include edited volumes about medical writings from Xin'an, Hunan, and Suzhou; see Wu zhongyi ji bianxie zu, *Wu zhongyi ji* (Changshu, 1993); Liu Bingfan and Zhou Shaoming, *Huxiang mingyi dianji jinghua* (Changsha, 1999); Hu Shijie, *Xin'an yiji congkan* (Hefei, 1990). See also Marta Hanson's book-length discussion of local medical knowledge in the late imperial period; Marta E. Hanson, *Speaking of epidemics in Chinese medicine: disease and the geographic imagination in late imperial China* (Abingdon, 2011).

Tiananmen Square thus did not cause any visible ruptures within the field of Chinese medicine. Their aftereffects, however, rippling across its apparently tranquil surface, continue to be felt today as the development of Chinese medicine mirrors that of the nation at large. The policy of paying equal attention to Chinese and Western medicine remained in place throughout the 1990s as did the official rhetoric of "developing and carrying forward" the heritage of the Chinese medical tradition. From then on, however, it was joined to the establishment of a neoliberal economy that defined as its highest priority the integration of China (and Chinese medicine) into the networks of the emergent global economy. As a result, doctors and regulators have become increasingly preoccupied with the need to bring their profession "in line with international standards" 與國際接軌.[30]

In practice, this meant that regularization, standardization, and bureaucratization acquired a new urgency. Throughout the 1990s, multiple state directives were issued that defined national standards in diagnosis and treatment: research based on scientific paradigms became the only acceptable way to carry the tradition forward; and universities of Chinese medicine now collaborated with international pharmaceutical companies in the development of new drugs to be placed on the world market. After half a century in which scientization was always the stated goal but Maoist dialectics with its emphasis on "practice" left sufficient room for self-cultivation and the development of recognizably personal styles of practice, younger physicians now openly suggested that the only logical conclusion of this development was for Chinese medicine to be gradually assimilated into a single and universal biomedicine.[31]

Anxieties about the scientific basis of Chinese medicine once again became the focus of public debate in 2006.[32] This time, however, debate was conducted in China's new online internet community rather than elite intellectual or political circles, and was fueled by the rising awareness of China's emerging place in global markets and the international political order. Led by a few prominent

30 Zhan Mei, *Other wordly: making Chinese medicine through transnational frames* (Durham, 2009).

31 Volker Scheid, *Chinese medicine in contemporary China: plurality and synthesis* (Durham, NC, 2002); Wang Zhipu and Cai Jingfeng, *Zhongguo zhongyiyao wushi nian* (Fuzhou, 1999); Cai Jingfeng, Li Qinghua and Zhang Binghuan, *Zhongguo yixue tongshi: xiandai juan*, (Beijing, 2000), pp. 282–371, 425–71. See also the debate on the future of Chinese medicine conducted in the *Shanghai zhongyiyao zazhi* 上海中醫藥雜誌 in various articles published between 1999 and 2000.

32 Zhang Gongyao, "Gaobie zhongyi zhongyao," *Yixue yu zhexue* 27 (2006), 4.14–17.

scientists, most of whom had studied or worked abroad, opponents of Chinese medicine organized an online campaign for the elimination of Chinese medicine from the national health care system. They argued that there was no scientific basis for Chinese medicine and called on the government no longer to waste precious state resources on this "fraudulent practice". Debate became increasingly vehement throughout the summer until the government felt compelled to intervene on behalf of Chinese medicine. Since that time, the state has been quietly promoting Chinese medicine through sympathetic media portrayals. At the same time, the growing middle class interested in promoting their own personal health has also helped to generate renewed interest in Chinese medicine. But debates about the value of Chinese medicine are likely to continue, as its role in society and its possibilities for international dissemination remain uncertain. It is clear that Chinese medicine can no longer aspire to be the medicine of China, much less of the world. Yet, there seems to be a growing acceptance both at home and abroad of an ethnic medicine based on an alternative science of the body and healing and, among some sections of the biomedical community, of the use of selected Chinese medical practices within emergent forms of integrated medicine dominated and defined by biomedicine.

The Politics of Medicine

Discovering Western Medicine

The most studied aspect of the modern history of medicine in China has been that of the political struggles surrounding Chinese medicine. Yet, the role of the state in the development of Chinese medicine remains poorly understood. Typically, the state has been characterized as either a repressive force opposed to Chinese medicine, or as a corrupting force imposing its modernist, technocratic, and scientistic vision on a healing practice that operates according to other, more traditional, principles. We argue that the Chinese state has played a decisive transformative role in shaping China's health care system, but not according to a simple adversarial logic. Chinese medicine would not exist in China today as a highly institutionalized medical system without state support. And while the Chinese medical profession has indeed struggled against state opposition at times, for most of the first half of the 20th century, it suffered as much from benign neglect as outright oppression. In the latter half of the 20th century, by contrast, it was limited by the Maoist vision of "integrated medicine" and the state's emphasis on the promotion of Western medicine even as the state incorporated Chinese medicine into the national health care system.

State involvement in health care grew throughout the 20th century as political leaders recognized the importance of Western medicine to modern statecraft. Yet, in the early 20th century it was not obvious that Western medicine was the superior form of medicine, as many would claim today, nor that the Chinese state would have any reason to support it. For most of the 19th century, Western medicine in China was just another form of clinical medicine practiced by a small number of American and European missionaries. The existence of these missionary clinics and hospitals had little impact on Chinese doctors and their own indigenous medical practices. Likewise, missionary doctors were, on the whole, uninterested in China's indigenous medicine, which they dismissed as backward. This dynamic of mutual ignorance was fundamentally altered by the arrival of Western style public health care. As Ruth Rogaski has shown, in the first decades of the 20th century, Chinese elites believed that the nation was in a state of subjugation to European and Japanese colonizers, because of the weakness of the Chinese themselves. They believed that China was indeed "the sick man of Asia". Hygiene or *weisheng* 衛生, a neologism imported from Japan, was held up as a remedy that might strengthen both corporeal bodies and the national body. These medicalized views of China's problems and its solutions meant that pursuit of modernity in China was therefore a quest for what Rogaski calls "hygienic modernity".[33]

The first unequivocal demonstration of the real power of public health techniques came with the 1910 pneumonic plague epidemic in Manchuria.[34] At this time, Russia and Japan controlled the railways through this sparsely populated but resource-rich area of the Qing empire. The new railways had brought perhaps as many as 100,000 laborers into Manchuria, including 10,000 trappers looking to sell animal furs to the European market.[35] The outbreak of pneumonic plague began among trappers of tarabagan, also called the Siberian marmot, which was a natural reservoir for the plague. Beginning in 1907, the value of tarabagan furs increased rapidly as a substitute for sable, attracting migrant Chinese trappers, who often lived in crowded railway hostels with their pelts nearby, putting themselves at risk of contracting the disease. In October 1910, a migrant trapper contracted the pneumonic form of the plague. Because this highly lethal form of the disease can also easily be transmitted between humans, without going through the tarabagan vector, it began to spread rapidly.[36] By the end of 1910, more than 100 deaths per day

33 Rogaski, *Hygienic modernity*, p. 2.

34 Lei, *Neither donkey nor horse;* Andrews, *The making of modern Chinese medicine*.

35 Andrews, *The making of modern Chinese medicine*, p. 97.

36 Carol Benedict, *Bubonic plague in 19th-century China*, p. 156.

were being registered in Harbin alone and Russian authorities complained about the Qing imperial government's inadequate efforts to control the epidemic.[37] As the number of deaths grew rapidly, the resulting chaos seemed like it might serve as a pretext for Russia and Japan to extend their control over Manchurian territory.

Faced with the dual threat of an uncontained epidemic and the potential loss of the Manchu homeland, the Qing court was compelled into quick and decisive action. Dr. Wu Liande (also written Wu Lien-teh) 伍連德 (1879–1960), a Malayan-born Chinese with British nationality and a medical degree from Cambridge University, was deputized to use radical public health measures to contain the plague. Wu was given command of 700 local policemen, 200 recruits, and more than 1000 soldiers, which he used to search houses, disinfect dwellings, isolate the sick in hospitals, quarantine possible disease carriers, cremate plague victims to prevent reinfection, and conduct autopsies on unclaimed corpses.[38]

Wu Liande's campaign alienated the local population, not least because it prevented relatives from honoring their ancestors through customary burials. In the eyes of Chinese officials, however, it constituted a major success. First, it contained the epidemic, even if the death toll—an estimated 60,000 people—had been enormous.[39] Second, it averted further Russian and Japanese encroachments in the region. Third, the government was able to leverage the international perception of success to achieve other diplomatic goals, such as hosting the International Plague Conference in April 1911, the first international scientific conference ever held in China.[40] Fourth, it led to the establishment of the North Manchuria Plague Prevention Service, China's first approximation of a modern public health service, helping to raise the international profile of the new Chinese state after the 1911 revolution.[41]

The 1910 plague outbreak thus demonstrated conclusively to Chinese political leaders the value of public health and, by extension, Western medicine to the exercise of state sovereignty. The weakness of the Chinese state in the wake of the 1911 revolution, however, prevented politicians and bureaucrats from implementing new medical policies, until the Kuomintang (KMT) was

37 Andrews, *The making of modern Chinese medicine*, p. 97.

38 Ibid., p. 100.

39 Wu Lien-teh, *Plague fighter: the autobiography of a modern Chinese physician* (Cambridge, 1959), p. 33.

40 Ibid., p. 39.

41 Andrews, *The making of modern Chinese medicine*, pp. 104–05; Lei, *Neither donkey nor horse*, pp. 21–44.

able to establish the Nationalist government in 1928, militarily subduing or unifying many of the regional strongmen that had emerged from the collapse of the Qing empire in 1911. The KMT quickly embarked on a program of medical modernization, for which it was able to obtain international support from the Rockefeller Foundation and the League of Nations Health Organization.[42] At the first National Conference on Public Health, in February 1929, the Central Board of Health took aim at the Chinese medicine profession, proposing a bill that would effectively abolish Chinese medicine. Yu Yunxiu, whom we encountered above as an ideologue of medical revolution, was the chief architect of the proposal. The bill would have required traditional practitioners to register with the government and to attend government-sponsored supplementary education courses in order to continue practicing medicine. Registration would end on the last day of 1930, and the supplementary classes would be offered for only five years. Schools, advertisements through newspapers, and the promotion of traditional medicine through medical associations would not be permitted.[43]

Although the intention of the bill was to make it impossible for traditional doctors to train the next generation of doctors, the effect of this proposal was to mobilize the previously unorganized practitioners of Chinese medicine to form the powerful and influential National Medicine Movement 國醫運動. Doctors of Chinese medicine in Shanghai, led by the All-China Medical and Pharmaceutical Associations 神州醫藥總會, organized a national assembly starting on 17 March 1929, bringing together 262 delegates representing 131 organizations for a three-day convention at the General Chamber of Commerce in Shanghai. Over 2000 practitioners of Chinese medicine closed their clinics for half a day to support this demonstration. Energized by their newfound strength in numbers, they organized a delegation that went to Nanjing and successfully petitioned the KMT government to shelve Yu Yunxiu's proposal.

To confirm their new solidarity, Chinese medicine physicians created a new society, the National Federation of Medical and Pharmaceutical Associations (NFMPA). Branches of the Federation were established at the provincial, county, and district levels. Within three years, the number of member associations increased from 242 to 518, including affiliates in Hong Kong, the Philippines, and Singapore. Yu's botched attempt at destroying Chinese medicine by government fiat had the paradoxical effect of jolting Chinese medicine

42 AnElissa Lucas, *Chinese medical modernization: comparative policy continuities, 1930s–1980s* (New York, 1982).

43 Lei, *Neither donkey nor horse*, pp. 101–05.

into the modern world, giving this community its first awareness of itself as a national political entity and the beginnings of an organizational infrastructure that are the hallmark of a modern profession.

The establishment of the semi-official Institute of National Medicine 國醫館 by the KMT government on 17 March 1931 marked another political victory for the Chinese medicine community, giving cachet to the notion that Chinese medicine was a "national medicine". As Sean Lei has argued, this new name, "national medicine", played on the ambiguities of the Chinese term *guojia*, which can mean both "state" and "nation", to suggest that Chinese medicine was both the medicine of the Han people and a state-sanctioned medical practice.[44] Despite such successes, the institute's leaders perceived the future of Chinese medicine as precarious as long as it was not more formally established within the state and aligned with its scientistic view of modernization. The reforms they proposed to this end were extremely contentious and ultimately impeded the work of the institute itself. Yet, by providing a space for Chinese physicians—at least the elite, urban practitioners of the literate forms of traditional medicine—to collectively debate and decide on their identity the institute had a profound long-term impact on the shaping of Chinese medicine that carried over into the Maoist era.[45]

One important factor in the failure of Yu Yunxiu's medical revolution was that social and political conditions of the 1930s were not yet ripe for such action. The Western medicine profession was still too underdeveloped and the Nationalist state too weak to enact his vision. When a far stronger state was created in the wake of the Communist revolution, modernization in the health care sector once more became an urgent priority. Thus, in the early 1950s, the CCP set out deliberately to shape the overall structure of the health care system, according to "four great guiding principles" formulated during the first and second national health conferences in 1950 and 1951: (1) medicine had to serve the working people; (2) preventive medicine programs were to be given priority over curative ones; (3) Chinese medicine was to be united with Western medicine; and (4) health programs were to be integrated with mass movements.[46] How these principles were to be translated into practice was not specified. As a consequence, concrete policies were shaped by complex power struggles among political factions in the CCP and the Ministry of Health.

44 Ibid., pp. 109–11.

45 See Lei, *Neither donkey nor horse*, pp. 130–35, for a discussion of the diversity of traditional practitioners during the Republican period.

46 Cai Jingfeng et al., *Zhongguo yixue tongshi.*

Broadly speaking, the Ministry of Health was dominated by biomedical physicians who favored modernization along Western—specifically Soviet—models of professional health care; yet the party leadership stressed prevention, mass campaigns, and the subordination of professional knowledge to revolutionary ideals.[47] In the early 1950s, the Ministry of Health officials were able to direct health care policy. They focused on a rapid expansion of biomedical institutions with a concomitant increase in training of biomedical professionals. Chinese medicine policy, in spite of the party emphasis on "unity" between the two professions, was aimed at either undermining the Chinese medicine profession or transforming it into new public health agents of the state.

The policies most detrimental to the profession were enacted in the earliest years of the PRC. Between August 1950 and December 1951, a series of new laws restricted licenses to those physicians who had graduated from a college or who had passed one of the national licensing examinations that had been sporadically held before 1949. The majority of doctors, who were trained through apprenticeships or self-taught, did not receive licenses. In 1952, a new licensing examination was introduced. Because it tested mainly Western medical knowledge, the failure rate was so high that it excluded the majority of Chinese medicine practitioners from gaining licences.[48] In many cases physicians were able to exploit legislative loopholes and carry on as before. A significant number, however, did give up their practices, which was reflected in an 11 per cent drop in the number of Chinese medicine physicians in Shanghai between 1949 and 1953.[49]

While these restrictions were being implemented, the government also enacted policies to deploy doctors of Chinese medicine in public health campaigns. One important aspect of this work involved the large-scale reeducation of practicing physicians through so-called Chinese medicine improvement schools 中醫進修學校. Beginning in 1952 and continuing until the end of the decade, the purpose of these schools was ostensibly to improve the Chinese medicine knowledge of its participants. Some schools did indeed focus on Chinese medicine training and became feeder programs for the colleges of

47 Kim Taylor, *Chinese medicine in early communist China, 1945–1963: a medicine of revolution* (London, 2005); David M. Lampton, *The politics of medicine in China: the policy process, 1949–1977* (Boulder, 1977).

48 Wang Zhipu and Cai Jingfeng, *Zhongguo zhongyiyao wushi nian*, p. 8.

49 Zhang Mingdao and Shao Jieqi, *Shanghai weishengzhi* (Shanghai, 1998), p. 137; Wang Qiaochu, *Yilin chunqiu: Shanghai zhongyi zhongxiyi jiehe fazhanshi* (Shanghai, 1998), p. 68.

Chinese medicine that were established in 1956 and later. A far greater number of Chinese medicine improvement courses 中醫進修班 focused on raising the level of biomedical knowledge and political awareness among Chinese medicine physicians. Although the biomedical training offered by these schools and classes was limited to between six and 12 months of instruction, they did succeed in familiarizing many physicians with the main concepts and principles of Western medicine.[50]

At the same time that these reeducation campaigns were beginning, primarily in urban areas, doctors all across the country were also encouraged to form small group practices, known as "union clinics" 聯合診所. These might consist entirely of doctors of Chinese medicine but could also include doctors of Western medicine depending on the make-up of practitioners in each locality. Participation was voluntary, and many doctors also continued in private practice. Nonetheless, the union clinics represented a major extension of the state medical system, particularly in the countryside.[51] Despite being entirely self-financed, union clinics were also tasked with carrying out the public health work of the state. The burden of this work was considerable and included a wide range of public health measures, such as collecting blood and stool samples, disseminating preventive medicines, providing maternal and child care, and training health workers and midwives. For example, according to fieldwork carried out by Xiaoping Fang, union clinics carried out 90% of treatment and epidemic prevention work in rural Zhejiang province in 1957.[52] The role of the state in rural medicine reached its peak during the Cultural Revolution, when private practice was abolished, and the state took over the union clinics and made them into commune clinics.[53]

Integrating Chinese and Western Medicine

Major studies have claimed that the CCP has always taken a principled stance to protect and promote the development of Chinese medicine.[54] In fact, this position only emerged in the years between 1954 and 1956 and was somewhat

50 Cai Jingfeng et al., *Zhongguo yixue tongshi*, p. 87; Wang Zhipu and Cai Jingfeng, *Zhongguo zhongyiyao wushi nian*, pp. 86–87.

51 Xiaoping Fang, *Barefoot doctors and western medicine in China* (Rochester, 2012), p. 27.

52 Ibid., p. 25.

53 Ibid., p. 35.

54 Ralph C. Croizier, *Traditional medicine in modern China: science, nationalism, and the tensions of cultural change* (Cambridge, 1968); Lampton, *The politics of medicine in China*.

ambivalently upheld afterwards. This policy shift was the outcome of a series of events that led to and fed off each other in ways that eventually provided Chinese medicine with an institutional infrastructure and framework of clinical practice that endures to this day. The origins of these developments can be traced to shifts in the balance of power between "reds" and "experts" within the health care sector. Another as yet under-researched factor was the CCP's ambivalent attitude to "western" science as an important tool in the development of a modern socialist state, but a tool tainted by its historical emergence from a capitalist "base". Throughout the Maoist period, the CCP thus envisaged the possibility of developing its own society and, by extension, its own modernity.[55]

In these political and ideological struggles, attitudes favoring Chinese medicine initially appear to have been nothing more than a convenient stick with which to beat the biomedical professionals dominating the Ministry of Health, including Wang Bin and He Cheng. Early CCP attitudes towards Chinese medicine had been mixed. In general, there was a strong bias against Chinese medicine because it seemed to lack a scientific basis. At the same time, its usefulness for dealing with wartime shortages and the absence of modern medicine in rural areas was recognized by other constituents in the party.[56] When the CCP decided to exert its prerogative to "supervise the scientific and technical work" of the Ministry of Health, the party position toward Chinese medicine concomitantly began to emphasize the positive attributes of the profession. By September 1954 Liu Shaoqi pronounced that "[d]espising Chinese medicine is servile and subservient bourgeoisie thinking."[57]

With this campaign against leading biomedical officials, bias towards Chinese medicine within the state apparatus was curbed although not eliminated, and Chinese medicine was increasingly accorded value in its own right. But the place of Chinese medicine remained subservient to Western medicine, as shown by the fact that the state administrative office for Chinese medicine continued to be located within the Ministry of Health, which was otherwise devoted to the management of the Western medicine profession. Moreover, the path forward for Chinese medicine was divided by competing visions within the CCP. On the one hand, Mao Zedong seemed to be most intrigued by the possibilities of a "new medicine", a medicine to be forged by "forc[ing] doctors from the two traditions to work together in order to create, eventually, a medicine of China capable of serving as a world medicine."[58]

55 Lei, *Neither donkey nor horse*, pp. 275–76.

56 Croizier, *Traditional medicine in modern China*, pp. 151–57.

57 Wang Zhipu and Cai Jingfeng, *Zhongguo zhongyiyao wushi nian*.

58 Taylor, *Chinese medicine in early communist China*, p. 112.

This vision led to the establishment in 1955 of the first research institution of Chinese medicine, the Academy of Chinese Medicine 中醫研究院, which hosted the first training course for doctors of Western medicine studying Chinese medicine 第一屆西醫學習中醫班. Young doctors of Western medicine from all over the country were summoned to the Academy in 1955 for this class. Although not all the physicians selected for this program were willing participants, the considerable status associated with this course of study allowed many of its graduates to advance into influential positions within the Chinese medical sector. Eminent Chinese medicine physicians from all over China, particularly from Sichuan and Jiangsu, were likewise called to the Academy to staff this new institution, teaching experimental classes, and advising the Ministry of Health. The resulting concentration of senior practitioners in Beijing, the new national political center of power, established the capital city as a new center for the research and practice of Chinese medicine.[59] The success of this first course would soon become clear; Mao Zedong publicly threw his prestige behind the integrated medicine program in his famous "treasure-house" statement of 1958. This led to the blossoming of similar programs around the country. By 1960, 37 full-time courses had trained more than 2300 physicians, while an additional 36,000 Western medical doctors had received training in Chinese medicine even as they continued to carry out their medical duties.[60]

In contrast to this vision of a "new medicine", the CCP also commenced work on the more mundane, but arguably more important work of building institutions of Chinese medicine. In 1956, the first four colleges 學院 of Chinese medicine were opened in Beijing, Shanghai, Chengdu, and Guangzhou. They were quickly followed by more colleges, with most provinces establishing a college of Chinese medicine in their provincial capital.[61] By 1965, on the eve of the Cultural Revolution, there were 21 colleges of Chinese medicine with over 10,000 students enrolled.[62] New national textbooks and teaching materials were compiled under the direct supervision of the Ministry of Health in a massive collective editing project. These textbooks provided systematic and condensed versions of the often contradictory information found in the

59 Zhongguo kexue jishu xiehui, *Zhongguo kexue jishu zhuanjia zhuanlüe: yixue bian: zhongyixue juan yi* (Beijing, 1991).

60 Wang Zhipu and Cai Jingfeng, *Zhongguo zhongyiyao wushi nian*, p. 14.

61 Medical education in contemporary China is offered as an undergraduate bachelor's degree. Since Deng Xiaoping's education reforms in the late 1970s, many of the original colleges of Chinese medicine have begun to offer graduate training as well.

62 Zhongguo weisheng nianjian bianji weiyuanhui, *Zhongguo weisheng nianjian* 2001 (Beijing, 2001), p. 499.

classical texts, creating a more coherent and systematic body of knowledge, and making it more accessible to students educated in the modern school system. We will address the profound significance of these textbooks in the final section of this chapter.

Mao Zedong's Great Proletarian Cultural Revolution (1966–76) brought a decade of chaos and instability to the social structures the CCP had carefully put in place in the first 15 years after the revolution. Mao unleashed the power of youth in a struggle against the "four olds" 破四舊: old ideas, culture, customs, and habits. Meanwhile, individuals and groups at all levels of society used these campaigns to settle private scores against coworkers, neighbors, family members, and others for their own purposes or as simple acts of revenge.[63] For ideological reasons, the education system was shut down during the first three chaotic and violent years of the Cultural Revolution. When schools and universities re-opened, medical doctrine was simplified to the greatest possible extent. In every sector, practice rather than book study became the proper guide for action and this was true in medical education as well.

"Integrated medicine" 中西醫結合 was celebrated as the only legitimate form of medical practice during the Cultural Revolution. But paradoxically, the policies on the ground brought about one of the greatest expansions of Western medicine in 20th-century China. In one of the key moments leading up to the launch of the Cultural Revolution, Mao issued the 26 June directive of 1965 that rural areas should be stressed in medical and health work. When the Cultural Revolution began, this directive led to many changes in health care delivery in the countryside, including the takeover of the union clinics by the recently established communes, the establishment of the "barefoot doctor" 赤腳醫生 program, the sharp reduction in the cost of pharmaceuticals to make them affordable to rural residents, and the creation of a distribution network to bring pharmaceuticals to the countryside. According to Xiaoping Fang, none of these initial changes involved the promotion of Chinese medicine or even integrated medicine. It was only when the cost of these programs, particularly the provision of cheap pharmaceuticals, became prohibitively expensive that the state began to champion Chinese medicine as a cheap and efficacious alternative, captured in the famous phrase: "one silver needle and a handful of herbs [are all one needs]" 一根銀針, 一把草藥.[64]

The agents selected by the state to administer this cheap practice-based medicine were the so-called "barefoot doctors", also sometimes referred to

63 Roderick MacFarquhar and Michael Schoenhals, *Mao's last revolution* (Cambridge, 2006); Anne Thurston, *Enemies of the people* (New York, 1987).

64 Fang, *Barefoot doctors*, p. 85.

as "half peasants half physicians" 半農半醫—another iconic image of the time that has convinced generations of Westerners and Chinese alike of the high-status accorded to Chinese medicine at the time. In fact, the barefoot doctor program evolved not out of an effort to make Chinese medicine serve the revolution, but as an attempt to correct the over-concentration of medical resources in urban centers. Furthermore, as Lucas shows, the inspiration for this program appears to have been the rural health care programs that were developed in Yugoslavia in the 1930s rather than an intrinsic feature of Chinese medicine, whose emphasis on refinement during the late imperial period had been a distinctly elite concern.[65]

After receiving on average between three and six months of training in both Western and Chinese medicine, barefoot doctors were assigned to brigade medical stations and typically carried out basic public health measures, such as immunization, disease prevention and family planning services, midwifery and other basic medical care, as well as health education. They formalized and extended the reach of the state down to the brigade (now village) level, which had previously only had private clinics. At the same time, the union clinics came under full state control and were renamed commune clinics.[66] These changes placed the commune at the center of what became the "cooperative medical services", a "three-tiered" medical referral system that was supposed to bring more comprehensive and affordable medical care to the countryside. In theory, patients would move up this referral system, from barefoot doctors, to the commune clinics, and finally the county or provincial level hospitals, depending on the severity of their condition. In practice, this three-tiered system frequently did not operate as advertised.[67] For instance, in many areas, patients leap-frogged the commune clinics, which suffered from competition from above and below, to go straight to the county hospitals.[68] Henderson and Cohen, working at the Second Attached Hospital of the Hubei Provincial Medical College in Wuhan observed other irregularities in the referral system during a research project conducted in 1979 and 1980. This hospital was

65 Lucas, *Chinese medical modernization*.

66 Fang, *Barefoot doctors*.

67 Gail Henderson, "Issues in the modernization of medicine in China," in Denis Fred Simon and Merle Goldman, eds, *Science and technology in post-Mao China* (Cambridge, 1989); Jia Huanguang, "Chinese medicine in post-Mao China: standardization and the context of modern science," PhD dissertation (University of North Carolina, 1997); Sydney D. White, "From 'barefoot doctor' to 'village doctor' in Tiger Springs village: a case study of health care transformation in socialist China," in *Human Organization* 57 (1998), 4.480–90.

68 Fang, *Barefoot doctors*, pp. 144–50.

part of the referral system for both rural and urban residents, serving nearly ten times as many individuals from the countryside, though a significant majority of patients were urban residents and often admitted for relatively mild conditions.[69]

The repercussions of the Cultural Revolution on individual lives and collective institutions were frequently devastating. Renowned physicians, who only recently had helped establish new colleges and hospitals of Chinese medicine, were now branded "forces of evil", subjected to torture and abuse, and prevented from carrying out scholarly work or engaging in medical practice. Some were killed; others committed suicide or died as a result of physical and emotional trauma. Most others were sent down to the countryside or employed in factories in order to attend to the healthcare needs of workers and peasants rather than that of the party elite. Colleges of Chinese medicine were re-engineered for the training of workers, peasants, and soldiers, who may have only had limited educational opportunities before. Curricula were shortened from six years to three, emphasizing only the most rudimentary knowledge. Practice-based learning was given primacy, and scholarship was considered dangerously elitist. Because integrated medicine was celebrated as the model for Chinese medicine education, students were taught an ever-greater quotient of Western medicine. Many young graduates during this period found themselves working in chaotic clinical situations, negotiating medical institutions frayed by the political tensions of the times, accommodating patients' demands for free or extremely inexpensive care, and relying mostly on their Western medicine training to handle an incredible array of medical problems.[70]

The violence of the Cultural Revolution peaked in 1968, but it was not until Mao Zedong's death on 9 September 1976 that its force was finally spent. Two years later, Deng Xiaoping ascended to the leadership of the CCP. Officially acknowledging the party's failures, he embarked on an ambitious program of reform, putting aside Maoist ideology for the "four modernizations" in agriculture, industry, science and technology, and national defense, encouraging a gradual embrace of the market under the slogan "socialism with Chinese characteristics", and finally settling the "red" versus "expert" debates in favor of the latter. Institutions were re-oriented towards professional development and excellence; universities began to focus on scholarship once more; and Chinese medicine colleges developed graduate programs to train new generations of

69 Gail Henderson and Myron S. Cohen, *The Chinese hospital: a socialist work unit* (New Haven, 1984), pp. 95–104; White, "From 'barefoot doctor' to 'village doctor' in Tiger Springs village."

70 Eric I. Karchmer, personal interview with Liu Xiaobin 劉小斌 (Guangzhou, 17 June 2011).

scholars and researchers. Reforms in the health sector were summarized by four new maxims: (1) to emphasize hospital-based services rather than primary or community care (reversing the priorities of previous policies); (2) to move towards re-professionalizing medicine (implying that specialist knowledge was to be valued above that of political cadres); (3) to depend on technology, including the transfer of technologies like tools and personnel from developed countries; and (4) to establish a plural health care system.[71]

The early reform era was a period of optimism and enthusiasm for the Chinese medicine profession. A decisive series of Ministry of Health meetings and conferences set the stage for a reinvigoration of the profession with the formation of the "three paths" policy in 1980: "Chinese medicine, Western medicine and integrated Chinese and Western medicine constitute three great powers which all need to be developed and which will coexist for a long time." Two years later, this policy was officially implemented at the Hengyang meeting, and enthusiastically welcomed by most of the Chinese medicine community. By making a disciplinary distinction between Chinese medicine and integrated medicine, the three paths policy undercut the political and institutional power of integrated medicine doctors, who had risen to positions of leadership during the Cultural Revolution. It signaled permission from the highest levels of government for a return to a Chinese medicine practice less dominated by an expertise in Western medicine. In 1982, the phrase "to develop modern medicine and our nation's traditional medicines" (i.e. not only Chinese medicine but also the medicine of China's non-Han minorities) was formally written into the new constitution of the PRC. Thus the 1980s became a high point for Chinese medicine scholarship in Communist China. The number of Chinese medicine physicians reached a historic high in 1985, while in conjunction with its policy of reform and opening up, the government began to take more fervent steps toward promoting the globalization of Chinese medicine.[72] In 1988, an autonomous regulatory bureau, the State Administration of Traditional Chinese Medicine, was established to oversee the profession, removing these bureaucratic responsibilities from the Ministry of Health, which was still steeped in bias against the profession. In personal interviews, senior doctors frequently considered the establishment of this bureau, even though it ranked beneath the Ministry of Health, to be the single most significant event for the future of Chinese medicine since the establishment of the PRC.[73]

71 Henderson, "Issues in the modernization of medicine in China."

72 Wang Zhipu, *Fifty years of Chinese medicine and pharmacology in China*, pp. 17–21.

73 Eric I. Karchmer, personal interview with Zhou Xinyou 周信有 (Lanzhou, 29 March 2009).

Despite an official disavowal by the CCP, the legacy of the Cultural Revolution endures. It was more than just a hiatus in the inevitable process of expansion and modernization that had been set in motion in the early years after 1949. Just as China's march toward a neoliberal market economy has been enabled, shaped, and perhaps haunted by the experiences of the Cultural Revolution, the reconstruction of Chinese medicine was also transformed by the destructive social forces unleashed by Mao. As we will discuss in further detail below, China's health care sector, including the Chinese medicine profession, was already dominated by Western medicine by the end of the Cultural Revolution. In addition to the ideological promotion of integrated medicine and the rapid expansion of the biomedical sector during this period, the Chinese medicine profession was perhaps impeded most by the fact that the structure and operation of a purely Chinese medicine hospital had never successfully been realized, either prior to or during the Cultural Revolution. Biomedicine was already an essential component of the Chinese medicine hospital in the late 1950s and early 1960s and only grew in importance throughout the Cultural Revolution. Speaking in 1978 to the first class of graduate students at the Chinese Academy of Chinese Medicine, Lü Bingkui 呂炳奎 (1913–2003) reminded these students of the immense challenges before them and how their profession had been corroded by poisonous political struggles. He noted that the Chinese medicine community had shrunk by half, from more than 500,000 at "liberation" to a little more than 200,000, with these reduced ranks including many of the minimally trained barefoot doctors. He bemoaned the hospital system. Of the approximately one million beds in the system, less than one per cent were actually under the supervision of doctors of Chinese medicine. And lastly, he feared the loss of authentic Chinese medical knowledge. The great strength of Chinese medicine had once been its treatments for acute conditions, but now doctors, working in primarily outpatient clinics, were limited to treating only chronic illness.[74]

As a result, the genuine enthusiasm to re-build the profession in the early reform period, to return to its roots before the experiment in integrated medicine, ultimately collided with the institutional structures already in place. Even with the "three paths policy", the Chinese medicine profession was now intimately linked to biomedicine in multiple ways. As hospitals grew and expanded during the 1980s through the 2000s, the demand for Western medicine services only increased. With the rapid economic growth of the 1990s, hospitals invested heavily in biomedical technologies and aggressively sold newly avail-

74 Cui Yueli, *Xin zhongguo zhongyi shiye dianjiren*, pp. 112–15.

able, expensive, imported pharmaceuticals to cover their bottom line. Chinese medicine colleges and universities remained firmly committed to a curriculum that gave equal weight to Chinese and Western medicine. The new graduate programs, attempting to develop modern, institutional research paradigms, borrowed heavily from biomedicine protocols, even when scholars questioned their appropriateness for Chinese medicine scholarship. These institutional pressures ensured that biomedicine had a significant role to play in the pedagogy, research, and practice of Chinese medicine in the reform period, and probably will continue to have such a role for the foreseeable future.

Sociological Shifts: The Demography of Doctors

The contested cultural status of Chinese medicine and the political imperative to promote Western medicine (and integrated medicine) have been important factors in the transformation of Chinese medicine during the 20th century. However, medical practice in China was not decisively altered until these two forces began to change the demographics of the two medical professions and the institutions in which they carried out their work. This process fundamentally shifted the balance of power in the medical domain, establishing Western medicine as the dominant form of medicine in China, and transforming the theory and practice of Chinese medicine.[75] These demographic changes occurred quietly but ineluctably, as the state extended its reach into Chinese society. At the dawn of the Communist era, the majority of health care was provided by doctors working privately, most of them doctors of Chinese medicine, and the state played only a very limited role in health care delivery. By the end of the Maoist period, the medical domain had expanded dramatically; most doctors worked in state-run institutions (although this would change for village doctors who re-entered private practice in the Deng era), and Western medicine was firmly entrenched as the dominant form of medical practice throughout the country. Yet, before examining the effects of these sociological changes on the practice of Chinese medicine, it is important to grasp the mechanism through which these demographic shifts took place.

75 For a more in-depth discussion of some of the main points in this section, see Eric I. Karchmer, "Slow medicine: how Chinese medicine became effective only for chronic conditions," in Howard Chiang, ed., *Historical epistemology and the making of modern Chinese medicine* (Manchester, 2015).

When exploring the challenges confronted by modern practitioners of Chinese medicine, historians have almost entirely overlooked the profound sociological changes in the medical world that characterized the first 30 years of Communist rule. One reason for this omission may be that earlier scholarship tended to privilege the political struggles of the profession, exploring the abolition proposal of 1929 or the drama surrounding the political repression of the Wang Bin period in the early 1950s. A second reason may be that these changes are less striking when one focuses on medical practice in urban areas, where these demographic changes are more complex and difficult to measure in their effects. Since the 1950s, the Chinese medicine profession has made important strides in urban areas, particularly through the development of a system of universities and hospitals. Taken on their own, these institutional developments were unprecedented, the fulfillment of the aspirations of Republican era reformers who had valiantly tried but failed to establish such institutions on their own.

Yet, when the situation in rural China is considered, an entirely different picture emerges. Prior to 1949, Western medicine was almost entirely absent from the countryside, even unknown in certain areas. Although statistics from the Republican era are difficult to come by, almost all doctors from the countryside with whom we have been able to speak commented on the paucity of Western medicine practitioners in rural areas. For example, Li Jiren 李济仁, born in 1931 in She county 歙县 in Anhui province noted, "In the countryside [during my youth], you could say that 99 per cent of the doctors were Chinese medicine doctors."[76] Guo Zhongyuan 郭中元, born in 1924 in Miyun county 密云县 outside Beijing, recalled that there were four doctors of Chinese medicine in his small village of Daxingzhuang but only a couple of doctors of Western medicine in the entire county. For Guo, however, these few doctors of Western medicine were not representative of a worrisome new trend; they were not the spearhead of an inevitable penetration of this new type of medical practice into China's hinterlands. Rather, he hardly considered them doctors:

> They had worked as a nurse for a bit in the army, then came home and started a clinic . . . Their technical skills weren't good . . . and they didn't have any equipment, not like modern hospitals. They would just listen with a stethoscope . . . They couldn't treat much, much less than a Chinese medicine doctor.[77]

76 Eric I. Karchmer, personal interview with Li Jiren (Beijing, 4 April 2009).

77 Eric I. Karchmer, personal interview with Guo Zhongyuan (Baoding, 28 December 2008).

While doctors of Western medicine had been more numerous in urban areas before 1949, here, too, they had been far outnumbered by their Chinese medicine counterparts. Government records estimate that there were approximately 9000 registered physicians of Western medicine in the country in 1937 at the outbreak of the Sino-Japanese war.[78] About 22 per cent of them were concentrated in Shanghai, making their numbers in other cities even scarcer.[79] Moreover, as these doctors were clustered in a small number of hospitals and private clinics, their services and treatments were often beyond the financial reach of most people.[80] The number of Western medicine doctors grew throughout the war, in part due to the military demand for doctors. Hence, official PRC statistics record that there were 37,000 doctors of Western medicine in 1949, again with the great majority located in urban areas. Based on estimates contained in internal Communist party documents, there were around half a million doctors of Chinese medicine in practice in 1954, giving us a rough indication of the balance of forces at the end of the Republican period.[81]

Because of the numerical predominance of Chinese medicine doctors in the Republican era, clinical work in the Republican era also generally proceeded according to traditional conventions. The locus of clinical care was the private clinic. Most doctors had clinics in their home, although doctors in urban areas might rent a consultation space. Doctors in rural areas, where access to herbs was more limited, might have a pharmacy attached to their clinic. Doctors in urban areas typically just offered consultation services. Depending on the doctor's background, patients might also receive acupuncture during their visit. Typically, most doctors opened their clinics to walk-in consultations 门诊 in the morning, then went out for house calls 出诊 in the afternoon, either to visit those too infirm to come to the clinic or wealthy enough to afford the additional fee for the convenience of a home visit. There were very few hospitals in the Republican era, and almost all of them were hospitals of Western medicine, operating in urban areas. Some of the new colleges of Chinese medicine also established hospitals and used them as sites for clinical training.[82] But many colleges were unable to resolve the finances of building and running

78 Croizier, *Traditional medicine in modern China*, pp. 54–55.

79 Volker Scheid, *Currents of tradition in Chinese medicine, 1626–2006* (Seattle, 2007), p. 182.

80 Deng Tietao et al., *Zhongyi jindai shi* (Guangzhou, 1999), p. 15; Croizier, *Traditional medicine in modern China,* p. 52.

81 Zhongyi gongzuo wenjian huibian bianjibu, *Zhongyi gongzuo wenjian huibian, 1949–1983 nian* (Beijing, 1985), p. 44.

82 Scheid, *Currents of tradition in Chinese medicine, 1626–2006*, p. 182.

a hospital.[83] According to our interviewees, even the presence of hospitals in urban areas did not threaten to dislodge the centrality of the private clinic. He Ren 何任 recalled that there were two missionary-run hospitals in Hangzhou in the Republican period, but private Chinese medicine clinics, including his father's very busy and prosperous one, were much more popular.[84]

Not surprisingly, medical training in the Republican era was also based on traditional techniques of transmission as well, particularly apprenticeships and memorization of the classics. Apprentices often studied for three years with a master clinician, reading a combination of introductory books 启蒙书, such as *Yaoxing fu* 药性赋 (Drug properties in rhyme), *Bencao lüeyao* 本草备要 (Essentials of *Materia medica*), *Tangtou ge* 汤头歌 (Formulary verses), *Binhu maixue* 濱湖脈學 (Pulse study by the Master of the Lakeside), and others. More erudite teachers would have their apprentices also read more canonical texts that included the *Neijing* 內經 (The inner canon), the Han dynasty *Shanghan lun* 傷寒論 (Treatise on cold damage) and *Jingui yaolüe* 金櫃要略 (The synopsis of the golden chamber), late imperials texts on "warm disorder" 溫病, and so on. Students were generally instructed to memorize these texts. Throughout their apprenticeship, students would observe their teacher's clinical practice. An important new phenomenon during the Republican era was the development of new schools of Chinese medicine. Although some of these schools operated affiliated hospitals, students still acquired much of their clinical training through apprenticeship style relationships with a teacher after having finished their coursework. Perhaps most importantly, apprentices from this era would have had no training in Western medicine; students at schools of Chinese medicine received only minimal instruction in a couple of rudimentary courses on anatomy and physiology. This absence stands in sharp contrast to contemporary doctors of Chinese medicine, who have not only studied Western medicine intensively but are quite competent practitioners as well.

For some of the political reasons noted above, these everyday patterns of seeking and providing medical care started to change rapidly after 1949, first in urban areas and then in the countryside. The CCP recognized that private clinics would be a necessary component of medical practice in the early days of the regime, but they also hoped to collectivize medical work as soon as possible. By the early 1950s, large numbers of doctors had been organized into the small group practices known as union clinics, usually consisting of half a dozen doctors and sometimes mixing the two medical professions. Although these

83 Deng Tietao, *Zhongyi jindai shi*, p. 175.

84 Eric I. Karchmer, personal interview with He Ren (Hangzhou, 2 April 2009).

clinics were voluntary organizations and entirely self-financed, they provided the state with proto-institutions reaching most urban and rural areas. In addition to their every day clinical work, these doctors also carried out many public health measures on behalf of the state. Ultimately, these clinics became the foundations of future state-run health care institutions. For example, in 1956 the union clinic formed by Zhu Liangchun, Yao Yuchen, and others in Nantong city became the Nantong Hospital of Chinese Medicine.[85] Institutionalization happened more slowly in the countryside, but with the onset of the Cultural Revolution, all union clinics were absorbed into communes as commune clinics.[86] The Cultural Revolution also meant the end of all private clinical practice until Deng era reforms.

The transmission of medical knowledge also underwent a radical transformation in the early years of the PRC. In spite of efforts of leading physicians to establish schools of Chinese medicine in the Republican era, these schools failed due to a confluence of financial issues, wartime disruptions, and renewed KMT opposition to Chinese medicine in the aftermath of the second world war. The only school to successfully make the transition to the Communist period, the Guangzhou College of Chinese Medicine, was forced to close in 1955. Following the rectification campaign against Wang Bin and He Cheng, the state began to set up state-run colleges of Chinese medicine in 1956. This moment marked the beginning of an institutionalization process for Chinese medicine education and was followed quickly by the establishment of affiliated hospitals for each new college. These endeavors necessitated the recruitment of leading doctors to the cities and provincial capitals that hosted these institutions. Education was standardized through the collective writing of textbooks in the early 1960s. Although there were many growing pains in this process, these institutions have become the foundation of the contemporary Chinese medicine community. The single most important difference between the Communist era state-run colleges and their Republican era predecessors was the new emphasis on biomedical training. These colleges were required to provide significant training in biomedicine, making up roughly 50 per cent of the curriculum.

The modest success of these institutions in urban areas contrasts with the failure of the transmission of Chinese medicine in rural areas. In the late 1950s, the state encouraged the use of traditional medical apprenticeships as a means to increase the number of doctors in rural areas. But under the changed

85 Eric I. Karchmer, personal interview with Zhu Liangchun 朱良春 (Nantong, 22 December 2008).

86 Fang, *Barefoot doctors*, p. 35.

social conditions of the Communist era, it seems that disciples no longer had the resources and resilience to endure the hardships of this kind of training.[87] Prior to 1949, it was typically quite wealthy rural families who had the means to educate their children and allow them the time to pursue a medical apprenticeship. In the 1950s, these families were often the objects of CCP political campaigns and may not have been in a position to support their children for such study.[88] Because of limited success in training new doctors of Chinese medicine, union clinics gradually brought in new members with some professional training in Western medicine. Xiaoping Fang reports that for Hangzhou prefecture, this trend meant that the number of Chinese medicine doctors in union clinics was less than 50 per cent of the total by the early 1960s.[89] With the advent of the Cultural Revolution, medical transmission would take a radical new path with the inauguration of the barefoot doctor program. This new program, intended to address the general scarcity of medical services in the countryside, required the recruitment of large numbers of participants. These individuals were generally young, sometimes female, and typically had the equivalent of a middle school education. Contrary to the propaganda about this program, Xiaoping Fang argues that most barefoot doctors in Hangzhou prefecture were trained primarily in Western medicine, usually outside their local communities, and saw themselves as practitioners of Western medicine first and foremost.[90] These new training procedures together with the increasing availability of pharmaceuticals in the countryside meant that by the end of the Cultural Revolution Western medicine had become the dominant form of medical practice in the Chinese countryside.

Although Chinese medicine institutions were successfully established in China's major urban areas, there were still important obstacles to the transmission of medical knowledge. The biggest challenge was the Chinese medicine hospital. There were examples of successful Chinese medicine hospitals in the late Qing and Republican eras, such as Tung Wah Hospital 東華醫院 in Hong Kong and Fangbian Hospital 方便醫院 in Canton, that competed well

87 Fang, *Barefoot doctors*, p. 44. In discussing medical training in rural Hubei, Li Jinyong corroborates some of Xiaoping Fang's findings for Jiang village in suburban Hangzhou. Li Jinyong reported that many of his father's disciples in the Communist period quit before finishing their medical apprenticeships; Eric I. Karchmer, personal interview with Li Jinyong 李今庸 (Wuhan, 1 April 2009).

88 Ibid., p. 49.

89 Ibid., p. 63.

90 Ibid., pp. 54–66.

with local hospitals of Western medicine.[91] The distinctive feature of Chinese medicine hospitals in the Communist period was that they had to incorporate a significant amount of biomedicine. For example, since the founding of these hospitals in the 1950s, all new patients had to receive a Western medicine diagnosis.[92] A small number of Western medicine physicians assigned to these hospitals assisted with this task. By the late 1950s, other doctors were being assigned to these hospitals to help with this task. The first group was a class of Chinese medicine doctors who had just graduated from the Beijing College of Medicine 北京醫學院 in 1957 with five years of Western medicine training. Next, in 1958, the first graduates of the integrated medicine programs were being assigned to these hospitals.[93] Finally, in 1962, the first class of graduates from the new colleges of Chinese medicine began to work in these hospitals, bringing with them their considerable knowledge in Western medicine. In addition to the growing presence of biomedicine in the hospital, there were some restrictions on Chinese medicine doctors within the hospital. For example, doctors of Chinese medicine were often prevented from treating acute and critically ill patients. Li Jinyong reported that in the late 1950s and 1960s, hospital administrators in Wuhan would not allow doctors of Chinese medicine to treat any patients with a fever.[94] These trends were exacerbated during the Cultural Revolution to the point that Lü Bingkui, a doctor of Chinese medicine who was also a high ranking government official, complained in the early 1980s: "Chinese medicine hospitals are actually Western medicine hospitals."[95]

These shifting demographics of the early Communist period had a profound effect on medical practice. The net result of CCP policies, in spite of state support to build numerous colleges and hospitals of Chinese medicine, was an erosion of the profession. Writing shortly after the end of the Cultural Revolution, Lü Bingkui gives a grim summary of the current state of the profession:

> The branch of Western medicine had 38,000 doctors at liberation with about 20,000 true graduates of medical colleges. Today, there are almost 400,000, an incredibly rapid development. Moreover, they have already

91 Angela Ki-Che Leung, "Jindai Zhongguo yiyuan de dansheng," in Zhu Pingyi, ed., *Jiankang yu shehui: huaren weisheng xinshi* (Taipei, 2013).

92 Eric I. Karchmer, personal interview with Deng Tietao 邓铁涛 (Guangzhou, 19 March 2009).

93 Eric I. Karchmer, personal interview with Zhu Fangshou 诸方受 (Nanjing, 21 December 2008).

94 Eric I. Karchmer, personal interview with Li Jinyong 李今庸 (Wuhan, 1 April 2009).

95 Cui Yueli, *Xin zhongguo zhongyi shiye dianjiren*, p. 84.

> built a complete system of medical education, scientific research, and clinical practice with a comprehensive array of disciplines. But the two branches of Chinese medicine and integrated medicine have many problems. At liberation, there were [an estimated] 500,000 doctors of Chinese medicine, but in reality there was more than this. (At liberation, Chinese medicine doctors were all in private practice, and there were not good statistics.) According to Ministry of Health statistics, there were only 370,000 doctors because they only counted the ones that were organized [into union clinics], leaving many uncounted. At the end of the "ten lost years", there were only 240,000, and today there are 250,000. Compared to liberation, this is a loss of about one half. Western medicine has grown by more than a factor of ten; Chinese medicine has shrunk in half. This "half" is according to official statistics, but the reality is worse. According to our surveys, only 20 to 30 per cent of these 200,000 plus doctors have systematically studied Chinese medicine. For example . . . most of the individuals in the Chinese medicine departments [in general hospitals] are old nurses, technicians, and clerks, who were sent to the Chinese medicine department to "copy prescriptions" and became a doctor of Chinese medicine . . . How did this situation emerge? Mainly because Ministry of Health officials didn't understand Chinese medicine, didn't treat it like an academic discipline. Anyone can study it for a few days and become a doctor . . . With this dearth of Chinese medicine personnel, Chinese medicine institutions are also pathetically few. There are almost two million hospital beds in the entire country. Chinese medicine has only 50,000 beds. But of these 50,000 beds, there are no more than 5000 that are being managed with Chinese medicine . . . Chinese medicine doctors can now only do a little outpatient work, treating a few common illnesses. Under these conditions . . . how can the profession advance? It's impossible.[96]

Lü Bingkui's description above probably captures the Chinese medicine profession at its nadir, eroded by three decades of policy that supported Chinese medicine in name, but curtailed it in practice or shoe-horned it into the integrated medicine model at the institutional level. The 1980s were a renaissance for Chinese medicine and other fields of academic endeavor. The ranks of the Chinese medicine profession were gradually rebuilt, college curriculums restored, graduate programs developed, academic research encouraged. New policy initiatives adopted at the important 1982 Hengyang meeting also helped

96 Cui Yueli, *Xin zhongguo zhongyi shiye dianjiren*, p. 67.

to reverse the demographic trends of the Cultural Revolution, setting the field on a course for positive development, although it would continue to grow far more slowly than the Western medicine profession. The new policies of the Hengyang meeting, particularly the "three paths policy", paved the way for these gains. Another important policy initiative was the decision to ensure that every county seat had a hospital of Chinese medicine, guaranteeing a dramatic expansion of Chinese medicine institutions into rural areas.

The enthusiasm and favorable policies of the early 1980s did indeed revitalize Chinese medicine institutions, but the growth of the profession as a whole was limited. According to official Ministry of Health statistics for 1975, which probably inflate the number of Chinese medicine doctors for the reasons that Lü Bingkui stated above, the number of biomedical doctors—293,000—had surpassed the number of Chinese medicine doctors—228,600—for the first time. By 1985, the Chinese medicine profession had increased by about 50 per cent to 336,200 doctors. But then the number of doctors plateaued, remaining more or less at this same level up to the present. During the same time, the number of Western medicine physicians doubled to 602,200 by 1985, and it doubled again to reach 1,330,100 in 2000. As a result of the limited growth of Chinese medicine, the official number of Chinese medicine doctors in 2000 was 337,200 doctors, almost identical to the number of the first official census of Chinese medicine doctors in the early 1950s and showing virtually no growth since the 1980s.

Given the unhealthy state of the field at the end of the Cultural Revolution, it is not surprising that the revival of Chinese medicine that began in the 1980s ultimately stagnated. There had never been a clear vision of how to transform Chinese medicine into an institutional form of medicine after 1949. As a result, the integrated medicine approach, relying on Western medicine diagnosis for acute and serious illness, limiting Chinese medicine to chronic, milder conditions, became the model for Chinese medicine hospital care. This method of blending medical systems inevitably marginalized Chinese medicine, even within Chinese medicine institutions, sapping the faith of young doctors in its clinical efficacy.[97] This hybrid practice grew out of the institutional habits that had emerged in the 1960s and 1970s, but it was also enabled by the theoretical developments of the 1950s and 1960s.

97 Eric I. Karchmer, "Chinese medicine in action: on the postcoloniality of medical practice in China," *Medical Anthropology* 29 (2010), 3.1–27.

Epistemological Breaks

Transforming Practice

The demographic changes in the medical world did not merely diminish the number of Chinese medicine doctors. Rather, they fundamentally altered the power relations between the two professions. As doctors of Chinese medicine have adapted to their lesser status, the theory and practice of Chinese medicine has necessarily been transformed. Today Chinese medicine is celebrated for two main characteristics: its "holism" 整體觀 and the methodology of "pattern recognition and treatment differentiation" or *bianzheng lunzhi* 辨證論治. Although doctors assert that these traits have always been part of Chinese medicine, these claims were first made in the late 1950s and not included in the national textbooks until 1984. In order to understand the importance of the epistemological shifts represented by these two terms, we need to first return to Fei Boxiong and his mid 19th-century vision of "refined medicine".

For Fei Boxiong, "refinement" 醇 draws together ethics, ontology, and epistemology into one single indivisible complex of practice:

> By refined I mean a striving for rendering meritorious service rather than merely an avoidance of mistakes. Alas, with respect to [physicians] whose [knowledge] is meager and crude and who are common and mediocre, how might one speak of the refined? What I refer to as the refined refers to the appropriate [application] of medical principles and not to novel or extraordinary uses of medicines . . . Studying is difficult without following the proper order and [following this order] is the orthodox method. Whether for beginners or advanced students, this method is the only way [to go]. Tackling easy problems before hard ones, one can [eventually] approach the manifold with full confidence. That is all there is to it.[98]

Embodying refinement is the ground from which effective action springs forth naturally and effortlessly in the pursuit of the good; but refinement in Fei's view requires an arduous process of self-cultivation that simultaneously is and re-constitutes "tradition". As Fei Boxiong makes clear elsewhere, he perceives the world as essentially un-knowable in its totality, yet lack of total knowledge does not preclude effective action. Rather, by guiding the student through a process of learning that resembles the acquisition of an art or craft, accomplished physicians become able to respond effectively to the singular-

98 Fei Boxiong, *Yifang lun* (Menghe Feishi gengxintang, 1912), foreword.

ity of each illness episode. The work of the French sinologist and philosopher Francois Jullien helps to illustrate the importance of this point and how it links to pre-modern Chinese practices more widely.

Echoing Fei Boxiong's own terms, Jullien—who most likely has never read Fei's texts—describes these practices as aiming at an ever increasing refinement that always comes down to one thing, namely "remaining open to change" or "constant modification" 變通, a term he also glosses as "renewal".[99] In the clinic, efficacious action was thus seen to be predicated on a physician's ability to bridge the gap between the uniqueness of each illness episode and the tools, specifically herbal medicine formulas, transmitted in the tradition. To bridge that gap a physician like Fei Boxiong was expected to strategically adapt treatments and formulas to the exigencies of the moment. In turn, this skill was based on distilling from the medical archive, specifically its classics, a small number of quintessential principles that could be flexibly unfolded onto the myriad ways in which a given disease might present itself.

Scholar physicians had long employed the concept of *zheng* 證/証, a term whose history goes back at least to the Han dynasty classic *Treatise on cold damage*, as a conceptual and clinical tool towards this end. To a physician like Fei Boxiong, *zheng* denoted a constellation of symptoms and signs that pointed to underlying patho-mechanisms 病機 amenable to treatment by appropriate strategies.[100] That is, the relation between symptoms and signs was not fixed, once and for all, by the nature of disease but actively constellated within a practice that made illness meaningful as an emergent moment within a universe of transformations amenable only to an equally singular response.[101]

This individualizing approach to medical practice advocated by Fei Boxiong and generations of physicians preceding him became one of the early targets of medical modernizers as a demonstration of the unscientific basis of Chinese medicine. Liang Shuming famously mocked the lack of "objective standards" in this model of clinical care. "Treating illness [under such conditions], how could ten different people not arrive at ten different treatments."[102]

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99 François Jullien, *Vital nourishment: departing from happiness* (Brooklyn, 2007), pp. 27–29.

100 We take the term "constellation" from Barbara Volkmar, Die fallgeschichten des arztes Wan Quan (1500–1585?): medizinisches denken und handeln in der Ming-zeit (München, 2007).

101 For a detailed discussion of the history of *zheng* in Chinese medicine see Volker Scheid, "Convergent lines of descent: symptoms, patterns, constellations and the emergent interface of systems biology and Chinese medicine," *East Asian Science, Technology and Society: An International Journal* 8 (2014), 1.107–39.

102 Liang, *Dong xi wenhua ji qi zhexue*.

China's one-time Minister of Education Fan Jingsheng 范靜生 (1874–1927) made a similar point to the physician Ye Guhong 葉古紅 (1876–1940s):

> If I were so unfortunate as to be infected with a disease and die in the care of Western medicine, at least I would know the name of the disease that had caused my death. If I died in the care of your colleagues of Chinese medicine, ten doctors would have ten different opinions. I would not be able to know for sure the name of the disease [that had caused my death]. This amounts to being killed by stupidity.[103]

Of course, physicians had long been aware that they frequently failed to live up to the lofty ideals they claimed to embody. Fei Boxiong searched for a way out of this dilemma by re-emphasizing orthodox virtues of scholarship. Reformist Republican era physicians, by contrast, felt compelled to justify their practice in a way that recognized the epistemic authority of modern science even as it stayed true to the perceived essence of Chinese medicine.[104] It was at this moment that Republican era scholars had to move beyond Tang Zonghai's claim to the underlying unity of the two medical practices towards a new conceptualization of *zheng* that would become one of the key ways of defining the uniqueness of Chinese medicine.

Lu Yuanlei 陸淵雷 (1894–1955), one of the leading scholar physicians of the Republican period, a student of Zhang Taiyan, and a careful reader of Japanese Kampo scholarship, provides a good example of the emergent re-valuation of *zheng*. He argued that *zheng* must be distinguished from the biomedical concept of symptom. Turning to the Han dynasty doctor, Zhang Zhongjing 張仲景 (150–215 or 154–219), whose writings Lu revered above all else, he argued:

> Manifestations 證候 are not the same as the symptoms 症狀 listed in Western medical texts. Symptoms are nothing else than descriptions of the abnormal sensations reported by patients. They do not have much influence on either diagnosis or treatment. The manifestations in [Zhang] Zhongjing's texts, on the other hand, constitute the very criteria for using medicinals and [determining] treatment. Western medical texts refer to symptoms in great detail. Hence, even for a disease one has never encountered, once one has read its symptoms in a book, one can clearly imagine an average patient [with that disease].

103 Ye Guhong, "Zhonghua yiyao geming lun," *Yijie chunqiu* 49 (1930), pp. 1–3.

104 Lei, *Neither donkey nor horse*, pp. 141–67.

> [Zhang] Zhongjing's manifestations, however, are not like that. There are several very obvious [disease] states about which Zhongjing does not utter a peep, while he is not afraid to elaborate at great length on some very subtle ones. All gentlemen can thus understand that all those conditions on which Zhongjing does not elaborate are not conditions that can serve as criteria for employing medicine. They are only good to be handed to Western medicine physicians as symptoms. Those conditions that Zhongjing explains in detail, on the other hand, constitute criteria for using medicine. When we read Zhongjing's texts we must absolutely not neglect this.[105]

This passage underlines how Lu sought to anchor medical practice in directly observable *zheng* thereby making it supremely empirical. Yet, "*zheng* as manifestations" did not reveal themselves spontaneously but required mediation by Zhang Zhongjing's texts. Intelligible only to "gentlemen" 諸君 capable of correctly reading and understanding these texts, Chinese medicine remained a professional and also distinctly Chinese pursuit.

Lu Yuanlei's efforts to focus Chinese medical practice solely on the treatment of "*zheng* as manifestations" were ingenious but also extremely risky; for they relinquished any attachment of Chinese medicine to "diseases" 病 as epistemic categories that linked external manifestations to specific causes in Western medicine. In fact, in June 1933, the recently established Institute of National Medicine where Lu Yuanlei occupied a leading position, advanced a proposal aimed at "unifying [Chinese] nosological nomenclature" that would be binding for all practicing physicians of Chinese medicine. The proposal envisaged that wherever possible, Western medical nosologies would replace indigenous Chinese medical disease names and concepts. In that way, Chinese physicians would in one stroke assimilate themselves to the international scientific community even as their *zheng*-based diagnosis continued as an independent and effective practice.

The proposal met stiff resistance within the Chinese medical community and eventually had to be abandoned. Many physicians feared that empiricism devoid of explanation could only lead to the death of Chinese medicine. A synthesis between these two opposing views was proposed by Yang Zemin 楊澤民, who had contributed to the 1933 debate on the standardization of disease names and was the first Chinese medicine physician influenced by Marxist dialectics:

105 Lu Yuanlei, "Zhongyi fangyao duiyu zheng you texiao duiyu bing wu texiao," *Lu Yuanlei yishu heji* (Tianjin, 2010).

> Chinese medicine emphasizes the differentiation of *zheng*; Western medicine emphasizes the differentiation of disease . . . As a result, Chinese medicine can cure illness and not know the patient's disease. Western medicine may know the site of the disease and not have a therapy. This is why Chinese medicine disease names are especially chaotic and Western medicine therapies are in short supply.[106]

Unlike Lu Yuanlei, who was willing to relinquish "diseases" entirely, Yang Zemin established a dialectical opposition between disease and *zheng* as something that both Chinese and Western medicine possessed and that allowed for a future synthesis. For this opposition to work, Yang's conception of *zheng* and disease needed to be more ecumenical than Lu's. Rather than limiting *zheng* to specific manifestations as defined in a small number of key texts, *zheng* now had to take on the character of "syndromes" or "patterns". These syndromes or patterns are made up of symptoms and signs just as in biomedicine, but Chinese medicine is better at constellating them. Like biomedicine, Chinese medicine also links diseases to causes and pathologies. It is just less good at doing so.

We will show in more detail how Yang Zemin's promise of synthesis was realized in the 1950s in the practice of *bianzheng lunzhi* that has since become the effective paradigm of contemporary Chinese medical practice, clinically integrating the practice of Chinese and Western medicine into a seamless whole.

Creating Holistic Medicine

If Republican era scholars were constructing important distinctions between the Chinese medicine concept of *zheng* 證 and the Western medicine categories of symptom and disease, scholar physicians in Maoist China found other oppositions between Chinese and Western medicine. One key distinction that emerged in the early Maoist period was the notion of Chinese medicine as a "holistic" medicine, which could be contrasted to the "reductionism" of conventional science and biomedicine.

Holism in the West, particularly in the manner in which it became linked to Chinese and other forms of alternative and complementary medicine, was closely associated with critiques of modernity, with romanticism, vitalism, and the notion of culture as an alternative resource for life not yet entirely

106 Yang Zemin, *Bianzheng yu shibing* 辨證與識病 (Differentiating patterns and recognizing diseases), in Dong Hanliang and Chen Tainxiang, eds, *Qianguang yihua* (Beijing, 1985), pp. 53–54.

subsumed by modernist rationality. In medicine, specifically, it was associated with a perception of the human being as a totality of body, mind, and spirit, which could be contrasted with the crude materialism of biomedicine.[107] In China, holism arrived via a rather different route. The term, *zhengtiguan* 整體觀, the Chinese term for holism, stems from translations of the works of dialectical materialists, specifically Engels. Engels, following Hegel, had argued that all parts of the world are fundamentally interrelated, that these parts, even though they may be material, are always transient and thus historically constituted, and that a "science of interconnections" was needed to understand this interrelated world.[108] This notion of interconnectedness appealed to Chinese thinkers like Mao Zedong, and Ai Siqi 艾思奇 (1910–66), a Marxist philosopher and populariser of dialectic materialism, who interpreted it as a more advanced mode of traditional Chinese *tongbian* 通變 philosophy, that had always sought to grasp this relational world through the "interpenetration of opposites".[109]

107 The notion of holism is linked to idealistic German philosophy and widely dated to 1926 and the publication of Jan C. Smuts, *Holism and evolution* (New York, 1926). It became popular in the inter-war years among both academics and the wider public throughout England and the USA. In Weimar Germany and under Nazism, holistic science was a mainstream academic endeavor: Anne Harrington, *Reenchanted science: holism in German culture from Wilhem II to Hitler* (Princeton, 1996). In France, it was associated with the emergence of neo-Hippocratic thinking in medicine, manifesting the unease many people felt about the multiple shifts that biomedicine was undergoing at the time: from clinical to laboratory-based practice, from general medicine towards specializations, and from individual treatment to treatment based on populations; George Weisz, "A moment of synthesis: medical holism in France between the wars," in Christopher Lawrence and George Weisz, eds, *Greater than the parts: holism in biomedicine, 1920–1950* (New York, 1998), pp. 68–93. It provided the seedbed into which authors like Soulié de Morant (1878–1955) and Paul Feyerolles (1880–1955) were able to transplant their idiosyncratic interpretations of Chinese medicine that, in turn, became points of origin for the dissemination of acupuncture throughout Europe and the USA in the 1960s and 1970s; Lucia Candelise, "La médecine chinoise dans la pratique médicale en France et en Italie, de 1930 à nos jours: représentations, réception, tentatives d'intégration," PhD dissertation (École des Hautes Études en Sciences Sociales and Universita delgi Studi di Milano-Bicocca, 2008).

108 Friedrich Engels, trans. Chris Dutton, *Dialectics of nature* (Moscow, 1972); Peter Manicas, "Engels' philosophy of science," in Manfred B. Steger and Terrell Carver, eds, *Engels after Marx* (University Park, 1999).

109 Tian Chenshan, "Tongbian: a Chinese strand of thought," *Journal of Chinese Philosophy* 27 (2000), 4.441–68.

In 1955, two papers were published in Chinese medicine journals that made references to holism as a distinguishing feature of Chinese medicine. One of these detailed the Chinese medicine treatment of nephrological disorders, which in the absence of dialysis and kidney transplants was an important focus of Chinese medicine at the time. The other was a more theoretical discussion of *yinyang* thinking by Qin Bowei 秦伯未 (1901–70), one of the chief architects of modern institutionalised Chinese medicine.[110] One year later, in 1956, a total of eleven papers addressed themselves to holism. These included a series of papers by Qin Bowei as well as articles by Ren Yingqiu 任應秋, Ran Xiaofeng 冉小峰, Fang Yaozhong 方藥中, Xiao Xi 蕭熙, and Zhang Juying 張巨應, all of whom were prominent members of the Chinese medical elite involved in the budding institutionalization of Chinese medicine that had just been set in motion.[111] Read together these papers demonstrate a concerted effort to demonstrate the systematic nature of Chinese medicine's theoretical foundations and its relevance to the new philosophical foundations of the Communist state. These scholars were keenly aware that their critics overwhelmingly viewed Chinese medicine as but a repository of experiential practices, as Yu Yunxiu had argued so persuasively in the 1920s and 1930s.[112]

The mid-1950s was also precisely that moment when Chinese medicine started to be given institutional support by a CCP wary of attempts by the natural sciences to create an autonomous domain independent of its political guidance. In emphasizing the "holism" of Chinese medicine, Qin Bowei, Fang Yaozhong, and their colleagues hoped to elevate Chinese medicine onto the same epistemic level as Western medicine, demonstrating that its theoretical foundations were equally scientific, if conceptually different, from the reductionism that underpinned biomedicine. Drawing on the philosophy of Engels and Hegel, these claims were no doubt important in securing state support for the institution building work to come. Doctors of Chinese medicine continue to embrace "holism" as one of their defining characteristics today. These linkages were exploited to the full from the 1980s onward by a new generation of writers steeped more deeply in dialectical materialism and able, once more, to

110 Zhang Jiyou, "Zhuyao miaonixi jihuan zhongyi liaofa," *Zhongji yikan* 12 (1955), pp. 23–27; Qin Bowei, "Zhongyi lilunzhong de yinyang guandian," *Shanghai zhongyiyao zazhi* 3 (1955)), pp. 20–23.

111 Ren Yingqiu, "Zuguo yixue de yinyang renshi lun," *Jiangxi zhongyiyao* 3 (1956), pp. 1–10; "Cong *Neijing* kan zhongyi de lilun jichu," *Jiangxi zhongyiyao* 6 (1956), pp. 1–6; Ran Xiafeng, "*Neijing* de lilun tixi jiqi guanghui chengjiu," *Jiangxi zhongyiyao* 9 (1956), pp. 1–6; Qin Bowei, "*Neijing zhiyao* gaishuo," *Shanghai zhongyiyao zazhi* 9 (1956), pp. 11–15.

112 Lei, *Neither donkey nor horse*, pp. 78–82.

connect to Western literatures on system thinking and cybernetics unavailable during China's self-imposed isolation from the world.[113]

Via pathways that still await to be fully investigated, resonances were thereby established between practitioners of alternative medicine inspired by the counterculture movements of the 1960s and 1970s, who hoped to employ Chinese medicine as a resource in the construction of alternative worlds, and culturally conservative Chinese physicians in white coats who desired nothing more than to become part of the establishment. But the global diffusion of Chinese medicine enabled by the emergence of this interface would not have happened but for a second related process of transformation, one that enabled movement across cultural boundaries by way of simplification while creating a workable interface between Chinese and Western medicine both at home and abroad. This process was the creation of "pattern differentiation and treatment determination" or *bianzheng lunzhi* as the core paradigm of traditional Chinese medicine (TCM) practice.[114]

Bianzheng lunzhi, *the Emergent Paradigm of Traditional Chinese Medicine*

Like the definition of Chinese medicine as holistic, the practice of *bianzheng lunzhi* is widely considered today to be an essential and timeless characteristic of Chinese medicine. It is a claim that received the imprimatur of the Chinese state through its inclusion in the publication of the fifth edition of the national textbooks of Chinese medicine in 1984.[115] Yet, the methodology of *bianzheng lunzhi* had already become a central feature of these national textbooks much earlier, first mentioned along with holism in some of the experimental textbooks of the late 1950s and then conclusively adopted in 1964 with the publication of the second edition of the national textbooks as the key methodology of Chinese medicine.[116]

Although some scholars have tried to trace the origins of this methodology to Zhou Zhigan's *Posthumous publications of Shenzhai* 慎齋遺書 from 1586, and

113 Zhu Shine, *Zhongyi xitonglun* (Chongqing, 1990).

114 For the beginnings of such an exploration see Volker Scheid, "Holism, Chinese medicine and systems ideologies: rewriting the past to imagine the future," in Anne Whitehead and Angela Woods, eds, *The Edinburgh companion to the critical medical humanities* (Edinburgh, 2016).

115 Yin Huihe and Zhang Bo'ne, *Zhongyi jichu lilun: gong zhongyi, zhenjiu zhuanyeyong* (Shanghai, 1984), pp. 5–9.

116 Beijing zhongyi xueyuan, ed., *Jianming zhongyi zhenduan xue* (Beijing, 1960); Jiangsusheng zhongyi xuejiao zhenduan jiaoyanzu, ed., *Zhongyi zhenduan xue* (Shanghai, 1958); Nanjing zhongyi xueyuan, ed., *Zhongyixue gailun* (Beijing, 1958).

Zhang Nan's *Medical awakening* 醫門棒喝 published in 1829, interviews with surviving doctors from the Republican period confirm that the term *bianzheng lunzhi* was not used before the 1950s.[117] Instead, around the same time that holism was first discussed in Chinese medical journals, three seminal articles by leading scholars of Chinese medicine, Zhu Yan, Ren Yingqiu, and Qin Bowei in 1954, 1955, and 1957 respectively, also put this second term in circulation.[118] In understated tones that summed up the concept's importance but also hinted at its newness, Qin Bowei offered the following definition: "*Bianzheng lunzhi* is a widely used rule of examination and treatment. From the recognition of a pattern to the delivery of an appropriate treatment, it encompasses a complete and extremely rich body of knowledge and experience."[119]

Following the emergence of *bianzheng lunzhi* in the mid 1950s, this term became intertwined with the development of Chinese medicine textbooks. One of the earliest and most important textbooks to mention *bianzheng lunzhi* was *An overview of Chinese medicine* 中医学概论, published in 1958. This textbook was designed primarily for Western medicine students—new biomedical curriculums were required to offer training in Chinese medicine—rather than Chinese medicine students.[120] The use of *bianzheng lunzhi* in this textbook was somewhat haphazard, referenced on occasion but not used consistently throughout the text. Nonetheless, the editors clearly found it useful in explaining the uniqueness of Chinese medicine to an audience already proficient in biomedicine.

Two years later, the first edition of the national textbooks, a series of 18 textbooks, printed on the rough paper used in the aftermath of the famine and hardship caused by the Great Leap Forward of 1958, was published. Although *bianzheng lunzhi* did not appear in this first edition, the 18 thin volumes that constituted this series of textbooks were a milestone in the development of the new Chinese medicine education system. Prior to this time, Republican and early Communist era teachers had relied on their own individual lecture notes for classroom instruction. Historians have discovered at least 172 different

117 Karchmer, "Chinese medicine in action"; Guojia zhongyiyao guanliju and Hu Ximing, eds, *Jianguo sishinian zhongyiyao keji chengjiu* (Beijing, 1989), p. 70.

118 Zhu Yan, "Zhongguo gudian yixue zhenghou zhiliao de yiban guilu," *Zhonghua yixue zazhi* 9.11 (1954), 734–36, 865–67; Ren Yingqiu, "Zhongyi bianzheng lunzhi tixi," *Zhongyi zazhi* 4 (1955), 19–24; Qin Bowei, "Zhongyi 'bianzheng lunzhi' gaishuo," *Jiangsu zhongyi* 1 (1957), 2–6.

119 Qin Bowei, "Zhongyi 'bianzheng lunzhi' gaishuo."

120 Meng Jingchun and Zhou Zhongying, eds, *Zhongyixue gailun: xiudingben* (Beijing, 1994), p. 3.

textbooks from the Republican period.[121] Despite the achievement of the first edition textbooks, most editors and teachers were not satisfied. Only six years later, in 1964, a second edition was therefore published. This new edition was soon acclaimed as a great success and became the model for all future editions of these textbooks. The most important change between the first and second edition was the incorporation of the methodology of *bianzheng lunzhi*. According to Deng Tietao 鄧鐵濤 (1916–), the chief editor of the second edition of the Chinese medicine diagnosis textbook, this innovation was originally suggested by Vice Minister of Health, Guo Zihua 郭子化, the official who oversaw the textbook editing process and was widely admired by the Chinese medicine scholars who participated.[122] *Bianzheng lunzhi* has been featured in every subsequent addition of the textbooks and is now universally recognized as the quintessential feature of TCM.[123]

The significance of this new concept was two-fold. First, it clarified the epistemological distinctions between Western and Chinese medicine by focusing on diagnosis. It thereby complemented holism's repositioning of theory even as it aligned itself equally with prevailing ideological winds. Not only could it claim to be practice-based and thus thoroughly Maoist in orientation, but the very term *bianzheng* 辨證 is a homonym for the term "dialectics" or *bianzheng* 辯證, and the written distinction is just a few small strokes. Furthermore, like holism, *bianzheng lunzhi* also created an epistemic and practical difference between Chinese and Western medicine. It did this by emphasizing the role of *zheng*, best translated as "pattern" in this new context, in Chinese medicine diagnosis, and implicitly contrasting it with the centrality of "disease" 病 to biomedical diagnosis.

Before exploring how *bianzheng lunzhi* constructed the differences between disease and pattern, it is important to remember that in the late 19th and early 20th centuries, Chinese doctors did not perceive a radical epistemological divide between the two medical systems. For example, Tang Zonghai's late 19th-century studies of European anatomy emphasized the convergences, not the divergences, of the two medical practices. He embraced Western medicine as a resource in his attempt to rectify the errors within the Chinese tradition. In the prefatory remarks 例言 to *Essential meanings* he states:

121 Deng Tietao and Cheng Zhifan, *Zhongguo yixue tongshi*, 4 vols (Beijing, 2000), 2.215–19; Zhongguo zhongyi yanjiu tushuguan and Xue Qinglu, *Quanguo zhongyi tushu lianhe mulu* (Beijing, 1991).

122 Eric I. Karchmer, personal interview with Deng Tietao (Guangzhou, 19 March 2009); Deng Zhongguang, Zheng Hong, and Chen Anlin, *Deng Tietao jiyu qingnian zhongyi* (Beijing, 2004), p. 142.

123 Karchmer, "Chinese medicine in action"; Scheid, *Chinese medicine in contemporary China.*

> Chinese drawings of the organs were all done in the Song and Yuan dynasties or later. They often don't correspond to the true structures of the human organs. Therefore all the drawings [in this book] are based on Western medicine drawings, which are more elegant than the old drawings. I have used the anatomical drawings of Westerners but not their explanations. When verified against *The inner canon*, the structures [in the drawings] are shown to be completely correct. If we use these drawings to seek the meaning of *The inner canon, qi* transformation becomes even more evident.[124]

Tang Zonghai did identify certain differences between the two medical practices. He believed that Chinese medicine was theoretically subtler; concepts such as *qi* transformation were beyond the crude materialism of Western medicine. But Chinese medicine had also been eroded by a millennium of speculative philosophy, making the precision of Western anatomy an important tool for clarifying the original, but now corrupted, meaning of the classics. Tang Zonghai's attempts to unify the two medical systems became the dominant intellectual trend in Chinese medicine in the early 20th century, what historians now call the "convergence current" 匯通派. Even as leading scholars of Chinese medicine became more knowledgeable about Western medicine, they did not diverge from Tang Zonghai's basic premise: that the two medical systems, in spite of all their differences, were fundamentally compatible at the level of epistemology.[125]

It was only when May Fourth modernizers like Chen Duxiu and advocates of medical revolution like Yu Yunxiu began agitating for the abolition of traditional medicine that an emphasis on categorical differences between the two systems acquired political urgency. As Sean Lei has shown, depicting Chinese medicine as rooted entirely in "experience" 經驗, served as a strategy that would pass its medicinals, widely recognized as clinically effective even by opponents, to Western medical science while dismantling traditional practice. Pointing to the apparent inability of Chinese medicine to correctly diagnose "disease", specifically the problematic epidemic diseases around which politicians were busily constructing their new public health care system, served the very same ends. It shifted the debate away from clinical practice to issues of ontology, epistemology, and clinical governance even as science, rather

124 Wang and Li, *Tang Rongchuang yixue quanshu*, p. 4.

125 Eric I. Karchmer, "The excitations and suppressions of the time: locating emotional disorders in modern Chinese medicine," *Culture, Medicine, and Psychiatry* 37 (2013), 1.8–29.

than philosophy, was claimed to be the new arbiter of what constituted good medical practice.

From the early 1960s onwards, via the writing of Chinese medical textbooks, regulators thus began to institutionalize the disease-pattern dialectic as the fundamental paradigm of Chinese medical practice. In doing so these textbooks now located in the diagnosis and treatment of *zheng* patterns the true core of Chinese medicine when less than 30 years earlier the majority of the profession had forcefully held on to the importance of their own disease names.[126] The price they had to pay was subtly to change the nature of *zheng* and in doing so create yet another current of Chinese medicine, a current that dominates the contemporary practice of Chinese medicine.

In terms of its interpretation of *zheng*, this new current can be defined through three distinctive processes of transformation. The first is standardization, bringing all the advantages and disadvantages typical of modern bureaucratic institutions. For instance, by compiling the first comprehensive list of patterns and their associated symptoms and signs, textbook authors narrowed the possibility of their existence even as they affirmed their right to exist. Previously, in the way that *zheng* was used by late Qing physicians such as Fei Boxiong and Xu Dachun, *zheng* represented the constellation of symptoms and signs that gave meaning to the singularity of any given illness episode. Constellating a particular *zheng* in this way reflected the virtuosity of the physician at work, and pointed to particular lineages and styles of practice. Now, only those patterns included in the textbooks could be said officially to exist. Over time the top-down determination of officially diagnosable patterns was pushed ever further, culminating in the mid-1990s in the compilation of national standards for the diagnosis and treatment of manifestation patterns. It is a current goal of the State Administration of Chinese Medicine to create international standards comparable to that of diseases by the International Classification of Diseases (ICD), thereby limiting ever more the previously-existing possibilities for defining Chinese medicine in practice.[127]

The second aspect is one of simplification. The original connections between Chinese medicine "disease" categories *bing* and *zheng* were loosened. *Zheng* patterns increasingly became the primary objects of treatment itself. That is, rather than pointing to a deeper patho-dynamic 病機 (in Chinese medical terms) that needed to be understood in relation to the manifestations it produced, *zheng* could now be treated in a way very similar to diseases, that

126 Karchmer, "Chinese medicine in action"; Taylor, *Chinese medicine in early communist China*.

127 Scheid, *Chinese medicine in contemporary China*.

is in a routine manner that did not necessarily demand an understanding of disease dynamics grasped through notions like *yinyang* or *qi*. Although this understanding of pattern offers an alternative nosology that stands in tension with the standard disease nosology of biomedicine, it deprived Chinese physicians of an agency they had previously fiercely guarded as definitive of their medical tradition.

The third aspect is one of global dissemination through assimilation into biomedical techno-scientific networks. By organizing clinical textbooks around diseases sub-divided into a number of patterns, the authors of the second edition of national textbooks produced in the early 1960s created a model that has since come to dominate official and semi-official Chinese medical discourse at home and abroad. Once biomedical diseases are substituted for Chinese medical ones, patterns could be re-interpreted as "disease types" 病型 or "disease stages".[128] No longer referring to the Chinese body in any meaningful way, such types or stages simply represent a mode of organising biomedical disorders into variants. Critics argue that such typing no longer reflects any of the temporal characteristics of patterns as manifesting the coming-into-being of an illness at a particular moment in space/time that is the foundation of the personalised or holistic practice that Chinese medicine also claims to be. Nevertheless, all Chinese medicine practitioners in contemporary China learn to associate specific biomedical diseases with a small number of patterns. At least during the early stages of their careers, they often begin diagnosis from this starting point and many never lose the habit.

The saying "Western medicine diagnoses disease; Chinese medicine determines patterns" 西醫辨病, 中醫辨證 has today become simply a statement of fact, uttered by physicians, patients, and policy-makers alike without requiring thought or further explanation. For all its ambivalence, the practice to which it points has secured for Chinese medicine a place within the larger Chinese health care system. It is a marginalized practice, ancillary to biomedicine even within its own institutional walls, but it has produced a stable tradition that over the course of the last half-century has spread across our world, constituting a truly global alternative medicine. This global diffusion, too, has been facilitated to no small degree by the manner in which patterns can be fitted into practices and institutional arrangements built around the reality of biomedical disease. The similarities between patterns as they are defined today and biomedical syndromes narrowed the epistemic gaps across which Chinese

128 Li Zhizhong, "Zheng, zheng, zheng [證, 证, 症], hou de yange he zhenghou dingyi de yanjiu," in Cui Yueli, Zhu Guoben, and Li Zhizhong, eds, *Zhongyi chensi lu* (Beijing, 1997), pp. 177–89.

medicine had to travel, making it accessible to biomedically trained practitioners without forcing any either/or choices to be made. Hence, if practicing "traditional Chinese medicine" today means something quite different from the pursuit of refinement of Fei Boxing, it is only because of these accommodations that it has survived. However, as biomedicine changes and modernity is transformed, so too is Chinese medicine beginning to transform yet again.

Conclusion

These transformations are unfolding as we write. Ethnographic data remains limited and any conclusive evaluation would be premature. Nevertheless, at this point, we see three important shifts taking place. The first concerns the effects of Chinese medicine's global diffusion. Medical modernization throughout the 20th century increasingly constituted Chinese medicine along nationalist or even ethnic lines. TCM is the medicine not just of China but of the Han Chinese. As more and more non-Han Chinese begin to claim a stake in the future of this medicine, this definition will come to be increasingly strained. A second problematic follows from the insertion of Chinese medicine into global techno-scientific networks. This is something Chinese physicians have long desired and is also an agenda forcefully promoted by the Chinese state. Here, too, tensions are emerging between external forces that now have a stake in the definition of what Chinese medicine is and how it should be practiced, such as the World Health Organisation (WHO), international standards regarding Good Manufacturing Practice (GMP), the Cochrane collaboration, and the interests of practitioners and patients.[129] In a third domain, meanwhile, we are beginning to witness the development of a new interface between cutting-edge bioscience, itself increasingly interested in complex systems, and a Chinese medicine still searching for scientific (rather than political) validation.

If politics and issues of identity, which are so commonly mixed up together, dominated the debates we have described, other issues will circumscribe these

129 As yet, there exists no detailed investigation of the integration of Chinese medicine into the worlds of contemporary biopolitics and technoscience, but for a first intimation of what this will involve see Paul Kadetz, "Manufacturing risk: reframing the discourse of safety of commodified potent substances," *Journal of Ethnopharmacology* (2015). For the related case of Indian Ayurvedic medicine where such research has already been carried out see Laurent Pordié and Jean-Paul Gaudilliere, "The reformulation regime in drug discovery: revisiting polyherbals and property rights in the Ayurvedic industry," *East Asian Science, Technology and Society* 8 (2014), 1.57–79.

newly emergent articulations. The question of effectiveness, for instance, has come increasingly into focus again over recent years. On the one hand, many Chinese medicine practitioners argue that the political reconfigurations of medical practice during the Mao and post-Mao periods have contributed to a lowering of clinical standards. They therefore advocate a return to premodern practices. On the other hand, the evidence-based movement that has transformed biomedicine over recent decades is increasingly seeking to bring Chinese medicine under its control, too. This has meant a de-emphasizing of case studies, for so long the mainstay of Chinese medical education and self-promotion, and a turning towards clinical studies and randomized-controlled trials—none of which sit well with the individualized treatment advocated not only by Fei Boxiong but modern practitioners as well.

Finally, there is the popular appeal of Chinese medicine and its integration into everyday life practices, something we have not been able to engage with in the present chapter but something that is visible everywhere from Beijing, Taipei, and Hong Kong to the rest of Asia, Africa, the Middle East, Europe, and the Americas. For even as they continue to be depicted as traditional vestiges of a vanishing past, Chinese medical cultures—from diet and exercise to acupuncture and herbals—have already conquered the contemporary world. Healthcare in even the most advanced western societies is now *de facto* plural, multicultural, and reflective of the arrival of the much-heralded Chinese century. In that sense, Chinese medicine is not only very much alive, it also signals the possibility of a modernity that is not just a refraction of the West in China but of something unique and different.