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Reporter

TRADITIONAL MEDICINE IN COMMUNIST CHINA

SCIENCE, COMMUNISM AND CULTURAL NATIONALISM

By Ralph C. Croizier

**TRADITIONAL MEDICINE IN COMMUNIST CHINA:
SCIENCE COMMUNISM
AND
CULTURAL NATIONALISM**

INTRODUCTION

Dr Crozier's summarized historical account (with supporting references) of the relations in China between traditional and Western medicine describes the present policy of China's leaders as one of "synthesis" of these two components. Traditional medicine is not taken as is but parts, such as certain herbal data and acupuncture are determined to be true, and other parts as false.

Western science acknowledges many notable Chinese discoveries such as the compass, paper and printing; but doubt is widely expressed as to the worth of any part of traditional Chinese medicine. The latter is often deemed sheer superstition that should be totally discarded in favor of Western medicine.

Dr Crozier does not go so far as to explicitly affirm this complete rejection, but instead leaves the issue open, declaring that "the ultimate fate of the indigenous medical tradition...remains in doubt." He does not give any facts as to the scientific correctness of this medical tradition to support his sceptical opinion of it as a whole.

Actually Western medical science leans to this day on data gained in its prescientific period. Reasonably traditional Chinese medicine, a product of thousands of years, can be expected to contain at least as many and as large nuggets of knowledge as its prescientific counterpart.

Dr Crozier attributes the present prominence of certain features of traditional medicine in China as arising, not from its scientific merits, but from temporary political considerations such as its "relative inexpensiveness and popularity" and from "cultural nationalism." The leaders of the People's Republic of China do indeed reckon with the sentiments of the people but even more, in a key policy - the mass line - hearken to the wisdom of the masses. This is a process of distillation, of concentration of truths from the common people, a method as necessary in medicine as in scientific politics.

Furthermore, a cultural nationalism is, for the Chinese, national only in its form while its content in medicine, politics and other spheres is proletarian internationalism - - - a consistent approach to science as a whole, of world significance and not limited as to one country's national boundaries. The cultural revolution now in course of unfolding in China is profoundly scientific in its orientation.

Medical science to be a science must be global, and the Chinese achievement of a synthesis of traditional and Western medicine may before long demonstrate that their level of medicine has greater claim to the title of medical science and thus that not they but a parochial West is here the laggard.

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Traditional Medicine in Communist China: Science, Communism and Cultural Nationalism

By RALPH C. CROIZIER

IN recent years a number of visitors to China have remarked on the rather surprising preservation and even revival of the country's ancient native medical tradition. To Westerners, so accustomed to associating modern medicine with progress and scientific advance, the continued existence of this obviously prescientific art has been one of the more curious anachronisms in the new society. Moreover, for a revolutionary government so firmly committed to science and modernisation, this support and encouragement of traditional medicine has seemed paradoxical indeed.

The more charitably inclined have explained it in terms of a policy of expediency until sufficient scientific personnel are trained to meet the nation's enormous public health requirements, one of the more bizarre aspects of "walking on two legs."¹ Others, less friendly to the régime, have seen it as part of the government's policy to establish "obedience and unquestioning loyalty, even at the cost of medical progress" over the medical profession, part of the struggle to control the technical intelligentsia.² But all, even those impressed with certain aspects of traditional medicine, have been unable to suppress a note of incredulity over the spectacle of aromatic herb shops out of the Middle Ages alongside the newest antibiotics, acupuncture practiced in the same hospitals with neurosurgery, or two-thousand-year-old textbooks in modern medical colleges.³ They had expected survivals of the ancient culture in the new China, but not in areas so central to scientific progress, not in medicine.

It is a contention of this article that this paradox is more than just a manifestation of Western cultural provincialism, and that unravelling it might prove meaningful for other than just the medical realm of China's

¹ Felix Greene, *China: The Country Americans are Not Allowed to Know* (New York: Ballantine, 1961), p. 325.

² Gerald Clark, *Impatient Giant: Red China Today* (New York: McKay, 1959), p. 138.

³ Two of the most interesting descriptions are Edgar Snow, *The Other Side of the River* (New York: Random House, 1961), ch. 42, and Peter Schmid, *The New Face of China* (New York: Harrup, 1958), ch. VI.

recent past. A backward glance at the forebears of the present Communist leadership reveals that *Chung-i*, Chinese medicine, drew a very different response from the new intellectuals of the post-May 4 era than it does in Peking today. To that generation, traditional medicine represented all the backwardness, superstition and irrationality of the old society and culture with which they were locked in mortal combat. Among the earliest Chinese Communists, Ch'en Tu-hsiu in his famous "Call to Youth" derided native physicians as "ignorant of science, not only unfamiliar with human anatomy, but also unable to analyse the properties of medicine. As for bacteria and contagious disease, they have never heard of them. They can only parrot-talk about five elements."⁴ And, in literature, Lu Hsün ridiculed and despised the superstitions of the old medicine.⁵

Somewhat later, in the argument over what the Nanking Government should do about traditional medicine, one Yü Hsiu, a professed Marxist, rebuked those who talked of uniting the best of both Western and Chinese medicine. He insisted that this so-called Chinese medicine was simply a more primitive, unscientific stage of medical development, now to be superseded by modern scientific medicine just as capitalism was surely to be superseded by the higher social form of socialism.⁶ Apart from the Marxists' general commitment to science and progress, it is hardly surprising to find them opposed to traditional medicine in this debate since such right-wing Kuomintang stalwarts as Chiao I-t'ang and Ch'en Kuo-Fu argued on the other side.⁷

EXPERIENCE OF THE KIANGSI AND YENAN YEARS

The only place in these years where the Communist Party could actually implement a policy towards traditional medicine was in the first Red areas of the Kiangsi Soviet. There the National Government's close blockade forced a more pragmatic attempt to use native herbs in place of unobtainable modern pharmaceuticals.⁸ However, this was clearly

⁴ Ch'en Tu-hsiu, "Ching Kao Ch'ing-nien" (Call to Youth) *Hsin Ch'ing-nien (New Youth)*, Vol. 1, No. 1, September 15, 1915, p. 6.

⁵ See notably his famous short story, "Yao" (Medicine), translated in *Selected Stories of Lu Hsun* (Peking: Foreign Languages Press, 1960), pp. 47-57.

⁶ Yü Hsiu, "Dialectical Materialism and Medicine," *Ta Kung Pao: I-hsueh Chow-pao* (weekly medical supplement of *Ta Kung Pao*) No. 160, October 12, 1932.

⁷ The entire debate over traditional and modern medicine and what it reveals of attitudes towards science, modernisation and cultural identity will be explored in a forthcoming study.

⁸ "Wo-men Mu-ch'ien te Chin-chi Jen-wu" ("Our Present Urgent Responsibility"), *Hung-ssu Wei-sheng (Red Public Health)*, No. 2, June 1933, p. 5. This and similar journals and government health directives were captured by the National Government in its "annihilation campaigns" against the Red areas and preserved in the Ch'en Ch'eng collection on Taiwan, which has subsequently been microfilmed by the Hoover Institute.

an act of expediency for the Communist medical authorities who put their major stress on modern medicine and basic public hygiene. Later in Yen-an, where the medical conditions were equally primitive, a more systematic effort was made to utilise local resources. This included building crude factories to produce native pharmaceuticals along with simple modern medicines and tolerating the less harmful traditional physicians.⁹ Yet articles appearing in the Army medical journal make it clear this did not imply anything more than recognition of the empirical value of certain elements in the traditional pharmacopoeia, certainly not any acceptance of Chinese medicine as a legitimate body of medical knowledge.¹⁰ The most outspoken article, by a certain T'an Chuang, is of special interest, for it expressed explicitly the opinions which were to be denounced as medical heresies some fifteen years later.¹¹ First, he castigated traditional medicine as *Ju-i*, Confucian or literate medicine, thus specifically identifying it with the old "feudal" social order. He denied claims that it had accumulated a large body of useful knowledge, calling it "the collected garbage of several thousand years."¹² And as for its theory, he wrote that any attempts to find dialectical materialism in the mystic mumbo-jumbo of *yin-yang* and five elements were manifestly absurd.

Clearly then, in the early nineteen-forties there was still considerable hostility towards traditional medicine in Red Army medical circles and this could be openly expressed without contravening any established Party policy. No official Party pronouncements on the subject appear to have been laid down before Mao Tse-tung's remarks to the Border Area Conference on Culture and Education in 1944. Here, according to later medical publicists, Mao clearly defined the later policy of uniting the two medicines while improving the traditional style with science.¹³ A closer examination of the original statement, however, indicates that at this time Chinese medicine was given something less than the equal status later accorded it. It begins, "Western medicine is even more scientific than Chinese medicine," and then urges Western-style doctors to help improve and use Chinese-style physicians so as to form a

⁹ *Kuo Fang (National Defence)*, Eighth Route Army Health Journal, Vol. 1, No. 1, November 1939, p. 2, and China Defense League, *In Guerilla China* (Chungking: 1943), p. 32.

¹⁰ See for example Jao Cheng-yang, "Wo-men te Ch'i-wang Na-li te Fang-hsiang" ("The Direction We Are Headed In"), *Kuo Fang*, Vol. 1, No. 9, November 1939, p. 2.

¹¹ T'an Chuang, "Tui-yü Chung-kuo Mu-ch'ien I-hsueh te Shang-t'ao" ("A Discussion of China's Present Medicine") *Kuo Fang*, Vol. 2, No. 3-4, December 1941, pp. 7-16.

¹² *Ibid.* p. 10.

¹³ As in Pao Ching-heng, "Chung-i Wei-shemme Yao Chin-hsiu?" ("Why Must Chinese Medicine Improve?"), *Chung-i Chin-hsiu Tsu-chih Kuan-li Hsuan-chi (Selections on the Organisation and Management of Improving Chinese Medicine)* (Peking: Central Ministry of Public Health, 1953), p. 11.

"united front" of new- and old-style medicine. "To surrender to the old style is wrong: to abolish or discard also is wrong. Our responsibility is to unite those of the old style that can be used and to help, stimulate and reform them."¹⁴ The emphasis seems clearly on organising, improving and using traditional doctors to meet the critical needs of the present. The aim appears to be close co-operation for common public health goals, but not the full and equal synthesis of the two medicines which was later proposed. While the use of native medical products and personnel was now sanctioned by the highest authority, essentially traditional medicine remained very much auxiliary to modern medical science. Reform and use were the guidelines for traditional medical policy. Nothing in the sparse medical literature from the "liberated areas" in the mid nineteen-forties suggests that it was anything more.¹⁵

USING TRADITIONAL DOCTORS, 1949-53

In one sense accession to national power in 1949 brought the Chinese Communists into a new medical world. From the bravely improvised field hospitals in the guerrilla areas with their handful of trained physicians they stepped into the latest scientific facilities of the major medical centres in the large cities.¹⁶ Qualitatively, this was very important in providing an advanced scientific nucleus for developing a national medical policy. But quantitatively, the old problem of the guerrilla years remained: too few modern facilities and too few trained scientific personnel. The 10,000 or so modern physicians were pitifully inadequate to cope with the medical needs of the enormous rural population.¹⁷ On the other hand, there was the large number of traditional doctors, perhaps as many as 500,000 depending on how one calculates

¹⁴ Original in *Yenan Chieh-fang Jih-pao (Liberation Daily)* October 31, 1944, reprinted in Yeh Ching-ch'iu, ed., *Chung-i te Hsueh-hsi, Tzu-k'o (Materials for Studying Chinese Medicine)* (Shanghai: Jen-min Ch'u-pan She 1950), p. 1. There is a textual problem here as the text quoted does not correspond to that given in *Mao Tse-tung Hsuan-chi (Selected Works)*, Vol. 3 (Peking: Jen-min Ch'u-pan She, 1955), p. 1010. The meaning is close, however, and here I translated the 1950 quote.

¹⁵ *Hua-chung, I-wu Tsa-chih (Central China Medical Personnel Journal)* (New Fourth Army, Military Health Unit), Vol. 1, No. 1, 1946, and *Wei-sheng (Hygiene)* (Yenan: 1945).

¹⁶ The most notable of these was the Rockefeller-financed Peking Union Medical College. Its administrative director at that time, Miss Mary Ferguson, has recounted the awe with which the first Communist medical cadres to enter Peking observed the hospital's modern machinery and techniques. Conversation with writer, New York, July 1963.

¹⁷ William Y. Chen uses the figure 12,000, "Medicine and Public Health," Sidney Gould, ed. *Sciences in Communist China* (Washington: American Association for the Advancement of Science, 1961), p. 384. There are, however, slightly higher estimates during the post-war years ranging up to 20,000, in "Lun Chung-i Wen-t'i" ("On the Chinese Medicine Question"), *Ta Kung Pao* (Hong Kong), November 26, 1946, p. 10.

them,¹⁸ and there was the experience of the Yenan years in making do with native resources. Under such circumstances it was hardly surprising that the new government organised and used traditional doctors wherever it could.

As early as October of 1949, the Party directed public health authorities "to unite the entire country's Chinese-style doctors and also help Chinese-style doctors raise their technical level."¹⁹ The following July, policy towards traditional medicine was given a more specific direction at the First National Conference on Public Health. There, such notables as Kuo Mo-jo and Chu Teh, among others, spoke on Chinese medicine. Of these, Chu Teh's speech was most complimentary about the valuable experience of traditional medicine, but he too echoed the theme of organising Chinese-style doctors, uniting them with modern doctors, and improving their practice through scientific education.²⁰ The Conference's final report stressed unity and co-operation between doctors of the old and new schools, but it was clear who was expected to learn from whom: "in this co-operation Western medicine should assume the main responsibility in researching and raising the level of Chinese medicine."²¹ The Western-style doctors who staffed the public health administration were enjoined not to ignore the traditional medicine and its large number of practitioners for these too could contribute to the nation's medical work, but only if they also underwent scientific reform.

First, however, the vast body of native physicians had to be organised or "united." Traditionally, Chinese medicine had been intensely and jealously private in its practice with nothing resembling a profession's community of interest and shared knowledge.²² Breaking down this "feudal" social organisation was now, of course, one of the main tasks in traditional medicine. Therefore, an intensive campaign was

¹⁸ The lack of established qualifications for recognition as a Chinese-style doctor makes estimates of their total number very difficult. For the year 1955, after the government had defined medical qualifications, the national total of Chinese-style doctors was given as 486,700. *Jen-min Shou-tse (People's Handbook)* (Peking: Ta Kung Pao Publishing House, 1957), p. 608.

¹⁹ Ho Ch'eng, "Chung-hsi-i T'uan-chieh yü Chung-i te Chin-hsiu Wen-t'i" ("The Question of Uniting Chinese and Western Medicine and the Improvement of Chinese Medicine") *Jen-min Jih-pao (People's Daily)*, June 13, 1950.

²⁰ "Speech of Deputy Chairman Chu to First National Public Health Conference," in Yeh, ed. (Materials for Studying Chinese Medicine), pp. 2-5.

²¹ "Ti-i Tseng Ch'uan Kuo Wei-sheng Hui-i Tsung-chieh Pao-kao," ("Comprehensive Report of First National Public Health Conference"), *ibid.* p. 26.

²² In the twentieth century local associations of traditional doctors had sprung up from time to time, either in direct response to Western medicine's threat to their particular interests through government regulation, or to incorporate some of the new scientific knowledge which threatened to supersede the very basis of their existence. The only national organisation was the "National Medicine Academy" founded in the early nineteen-thirties and closely associated with important figures of the Kuomintang right wing.

waged to convince the old-style doctors to share their secrets and serve the people under socialism. Simultaneously, along with the other professions or occupations, they were rapidly organised into a general union or association. This took the form of provincially based "Public Health Workers' Associations," which soon united the overwhelming majority of traditional doctors into a common organisation with modern medical personnel.²³ Apart from this, the two types of doctors had little contact. Traditional physicians did not yet belong to the long-established and prestigious Chinese Medical Association, nor did they have any national organisation of their own. The closest approach to this kind of professional association was locally established "Chinese Medicine Study Associations," whose main purpose was co-operation in seeking technical improvement. They served a useful function in managing part-time schools, conducting research, and mobilising many of the better traditional doctors for participation in government health policies.²⁴

Yet, useful as these organisations might be for directing the use and reform of Chinese medicine, they did not give the control over its everyday practice necessary for close integration into the national health plans. Licensing regulations determined who could legally practise Chinese medicine, but, in keeping with the need for large numbers of doctors, they had to be fairly lenient in granting provisional licences to all who had "five years' practice" and "a considerable reputation among the masses," regardless of their lack of any formal medical education.²⁵ Much more important was the transfer of traditional medicine from private practice to a more socialised form of economic organisation. The institutional form chosen was the United Clinic or United Hospital. Essentially this meant bringing several doctors out of private practice together in a joint clinic or, in a few cases where facilities existed, a hospital. These were run on a co-operative basis with fees pooled to meet operating expenses and pay salaries to the member physicians. Most United Clinics were private and thus, although organised under the auspices of the public health authorities, did not draw on government funds. Others were joint public and private enterprises which did have state assistance. In either case, since traditional medicine did not

²³ In this it resembled the Soviet "Medical Workers' Union" (*Medsantrud*) except that Chinese unions were originally organised on a provincial basis. Strikingly different, however, was the continuation and control of a modern physicians' professional organisation, "The Chinese Medical Association," in contrast to the Bolsheviks' abolition of all such professional medical associations.

²⁴ Text of the Ministry of Public Health directive on establishing these associations is given in *Pei-ching Chung-i* (*Peking Chinese Medicine*), Vol. 1, No. 3, June 1952, pp. 2-3.

²⁵ Text of provisional regulations appears in *Ta Kung Pao*, May 22, 1951.

demand costly scientific equipment, they provided a relatively economical form of medical care and one to which the bulk of the population was well accustomed.

The first United Clinics had appeared as early as 1949 in Manchuria, but only by July 1951 did the Ministry of Public Health issue comprehensive directives to the local public health branches on their widespread organisation.²⁶ After this, the number throughout the country grew rapidly to over 15,000 in 1952.²⁷ Although the United Clinics were intended also to include Western-style doctors, and ideally to combine both types, the much smaller number of modern doctors and the demands for them in various government medical organs meant that in fact the United Clinics were used mainly to organise the large number of traditional doctors. However, the pace of the change-over from private practice was not forced.²⁸ For some time United Clinics incorporated only a minority of the traditional doctors, while only a very small minority of the clinics combined Chinese and Western-style doctors.²⁹

In fact, medical practice during these years was more notable for the separation of the two types of doctors than for their integration. The government medical institutions and modern hospitals of all kinds absorbed practically no traditional-doctors.³⁰ Similarly, the modern medical publications paid little attention to traditional medicine leaving all technical articles on its practice to a growing number of traditional medical journals run by old-style doctors. Where the government did set up hospitals or large clinics for traditional medicine (and these were very few in the early nineteen-fifties) they were for its separate practice, not integrated with modern medicine. Certainly traditional medicine was not ignored, but it was clearly supposed to play a very subsidiary role in new medical construction. In the countryside, where trained physicians were in desperately short supply, the old-style doctors

²⁶ Text in *Pei-ching Chung-i*, Vol. 1, No. 2, July 1951.

²⁷ Ku Hsing-yuan, et al., "Survey of Combined Practice Clinics," *History of Medicine and Organization of Health Services*, Vol. 2, No. 3, March 25, 1958, translated in *Joint Publications Research Service* (JPRS), (Hong Kong), No. 1480.

²⁸ The writer has talked with a traditional doctor who was able to resist pressures to give up his private practice in Canton until the Great Leap Forward of late 1958. Interview, Macao, August 1964.

²⁹ In places like Shanghai the ideal combined type was prevalent from the start, 60 out of 89 United Clinics in 1954. Ku, *Survey*, p. 3. But provincial totals give a different picture for the country as a whole. For example, in Kiangsi in 1953, only 69 out of 857 were combined. *Kuang-ming Jih-pao* (*Kuang-ming Daily*), October 26, 1953. And, in Hunan, 188 out of 2,185. *Changan Radio*, November 16, 1954 in Union Research Institute Classified Files, *Union Research Service* (URS) (Hong Kong).

³⁰ Afterwards, the then Deputy Minister of Public Health, Ho Ch'eng, acknowledged in his self-criticism that "Chinese doctors could not legally join hospitals," translated in "Examination of the Mistaken Thinking in Health Work," URS, Vol. 3, No. 20, June 8, 1956, p. 283.

were used on a large scale.⁸¹ But this was largely a matter of necessity. Where a choice existed in developing new medical facilities the overwhelming emphasis was on modern medicine with very little effort to integrate much of the native medical tradition into its practice.

The ambitious research programme on traditional medicine drawn up at the First Public Health Conference in 1950 remained largely on paper. There were a few research institutes established and modern medical centres did some work on native herbs, but the proposed network of Chinese Medicine Research Centres simply failed to materialise. Rather than improving Chinese medicine, much more effort went into improving Chinese-style doctors by exposing them to brief courses in modern scientific medicine through a system of special Schools and Classes for the Improvement of Chinese Medicine.⁸² The schools were defined as formal educational institutions with a twelve-month course of studies to be attended full-time or part-time by practising Chinese-style physicians. They were to use the facilities of large medical colleges or hospitals. Most classes were in a brief spare-time programme but both courses had a curriculum heavily emphasising basic modern medical sciences.⁸³ Even so, there was evidently scepticism among some of the public health authorities over the value of such a programme, for it did not develop on a very rapid nation-wide scale until after the Party began serious prodding in 1954.⁸⁴

It is quite clear, then, that the medical people running the public health programme in these years valued Chinese doctors for their practical usefulness more than for the scientific merit of Chinese medicine. It is less clear to what extent the Party shared this attitude. Afterwards, it would be condemned as a bourgeois prejudice against the national medical legacy but, at this time, the general directives on organising and improving Chinese medicine certainly seemed to indicate that the use of traditional medicine was essentially a stopgap measure. Significantly, whereas public health authorities were criticised occasionally for not pushing the organisational work in Chinese medicine fast enough,⁸⁵ such

⁸¹ Traditional doctors were used intensively in the various mass public health drives such as that accompanying the Korean War bacteriological warfare scare. A detailed description of their activities in Hopei and Kiangsi may be found in *Kuang-ming Jih-pao*, May 23, 1954.

⁸² Text of these, dated December 27, 1951, is printed in *People's Daily*, January 2, 1952.

⁸³ A breakdown of the class hours shows that the schools provided 288 hours on basic medical sciences, 123 hours on traditional medical practices, 72 hours on politics, and the remaining 381 hours on various areas of clinical application apparently mainly according to Western medicine. The classes had 116 hours on basic medical sciences, 18 hours on social science and the remaining 184 hours on clinical application. From tables in *Pei-ching Chung-i*, Vol. 1, No. 3, June 1952.

⁸⁴ Scattered provincial figures suggest that well under 25 per cent. of the traditional physicians had taken such courses by late 1954.

⁸⁵ Chu Teh's speech to the First Public Health Conference in 1950. Yeh, ed., *Materials for Studying Chinese Medicine*, p. 2.

criticisms were not given any ideological significance. Modern physicians were indeed suspect on ideological grounds both because of their Western orientation and their claims as technical specialists to immunity from political control in their work. But coolness to traditional medicine did not yet figure among their ideological errors. The entire emphasis in their thought reform was still on studying Marxism and advanced Soviet medical experience. During the three-anti movement the chief surgeon at Peking Union Medical College could enumerate all the mistaken attitudes left over from the imperialist days without once touching on traditional medicine.⁸⁶

REAPPRAISAL OF TRADITIONAL MEDICINE

All this changed rather abruptly, however, in the latter part of 1954 with the mounting of a full-fledged campaign to exalt the value of traditional medicine and condemn the bourgeois elements in the Ministry of Public Health who had sabotaged Party policy towards it. Signs of a growing official appreciation for Chinese medicine and dissatisfaction with the public health authorities had begun to appear almost a year earlier. At a number of conferences on traditional medicine the old-style doctors were allowed to raise complaints over neglect and disregard for their skills.⁸⁷ By December 1953, a strong *Kuang-ming Jih-pao* editorial reproached those Western-style doctors who misinterpreted the government's policy as simply "the westernisation of native medicine."⁸⁸ But it was not until the following summer that the serious ideological shortcomings behind those mistakes were exposed. A *Kuang-ming Jih-pao* editorial of August 14, 1954, levelled the charge directly at China's modern medical profession⁸⁹: "Long under the influence of the European and United States bourgeois class medicine, our medical education workers not only pay no respect to Chinese medicine but show the erroneous sectarian attitude of belittling and despising Chinese medicine." In the following months the modern doctors had this lesson driven home in a series of conferences and meetings where their errors were repeatedly attacked and a fuller integration with traditional medicine urged on them. The most authoritative statement on what the correct

⁸⁶ Teng Chia-tung, "Wo-men Yao P'i-p'an Kuo-ch'u Lien-Ho te I-Ch'ieh," ("We Must Criticize Everything About the Past Union Medical College,") *I Yao Hsueh (Medicine and Pharmacy)*, Vol. 5, No. 1, January 1952, pp. 3-4.

⁸⁷ One of the best publicized was "Cheng-ch'ueh te Tui-tai Chung-kuo I-hsueh I-ch'ang," ("Take a Correct Attitude towards China's Medical Legacy"), *People's Daily*, August 26, 1953. Also in *Hsin Hua Yueh-pao (New China Monthly)*, No. 9, 1953, pp. 204-205.

⁸⁸ "Organize and Bring Forth the Strength of Native Medicine," *Kuang-ming Jih-pao*, December 2, 1953, translated in *Survey of the China Mainland Press (SCMP)*, (Hong Kong: U.S. Consulate General), No. 711, pp. 23-26.

⁸⁹ "Endeavor to Carry Out the Spirit of the National Higher Education Conference," *Kuang-ming Jih-pao*, August 13, 1954, translated in SCMP No. 885, p. 11.

policy and attitude should be was given in a *People's Daily* editorial on October 20. Party policy, of course, had always been to esteem and develop the country's own medicine. Blame for past mistakes regarding traditional medicine was placed on those elements in the Ministry of Public Health who "poisoned by bourgeois concepts, had despised the medical legacy of the motherland."⁴⁰ These ideological errors now had to be removed so that a real unification of the two medicines could take place, so as to produce a new and unique medical science which suited Chinese needs and contributed to science in general. The approach to such a meaningful synthesis lay in modern doctors' studying and developing this valuable "cultural legacy," and the key to that was ideological reform.

The flood gates were now open for a torrent of criticism and self-criticism directed towards the thought reform of modern doctors. The confession of Ni Pao-ch'ün, Deputy Director of the Shanghai Second Municipal Hospital, was typical. He readily acknowledged that he had ignored and ridiculed traditional Chinese medicine, an "unscientific attitude" directly attributable to his education under American and British missionary schools and later in the United States. There he had become imbued with bourgeois and imperialist attitudes so that he neglected his own language and culture and came to believe that only Western medicine had any good in it. After liberation his ideological consciousness had slowly been raised to the point where he was now beginning to grasp the significance of Party policy and appreciate the value of traditional medicine. In a tone of great humility he acknowledged all these past errors and pledged his readiness to learn from traditional doctors as "a small student to ask for their explanations."⁴¹ Finally, since this was now seen as an ideological problem, he stressed the need for studying Marxist Leninism, Dialectical Materialism, and "the advanced theory and experience of the Soviet Union." The latter may seem the very antithesis of the ancient herbals and acupuncture needs of Chinese medicine, but from 1954 on the compatibility of traditional Chinese medicine concepts with "the modern theories of the great Pavlov" has been a frequent theme in medical writings.⁴² Soviet experience was also allegedly relevant as an example of how properly to inherit and develop indigenous folk medicine.⁴³

The thought reform campaign among modern doctors did not focus

⁴⁰ "Kuan-ch'e Tui-tai Chung-i te Cheng-ch'ueh Cheng-ts'e" ("Implement the Correct Policy Regarding Chinese Medicine"), *People's Daily*, October 20, 1954.

⁴¹ Ni Pao-ch'ün, "Nu-li Hsueh-hsi Chung-i I-hsueh" ("Strive to Study Chinese Medicine"), *Chieh-fang Jih-pao* (*Liberation Daily*), October 13, 1954.

⁴² As in Chengtu, *Kung Shang Tao Pao*, November 10, 1954.

⁴³ "Cheng-ch'ueh te Tui-tai Chung-kuo I-hsueh I-ch'ang," *Hsin Hua Yueh-pao*, No. 9, 1953, p. 204.

on specific individuals until early 1955. Then Wang Pin, former Director of Public Health in Manchuria and a veteran Party member, was singled out as a leading culprit. Evidence of his ideological mistakes was drawn from a number of articles Wang had written in the journal *North-East Public Health*, during 1950.⁴⁴ The worst of these errors was his contention, based on the apparently sound Marxist premise, "A certain political-economic system produces a certain form of medicine," that traditional Chinese medicine was "feudal medicine."⁴⁵ This had been a fairly common viewpoint in earlier Communist medical writings,⁴⁶ which probably explains why such pains have been taken since 1954 to refute it. The general argument in many post-1954 articles was that medical knowledge was either a natural science or a relatively independent social phenomenon, in either case not tied to its period of origin.⁴⁷ Accordingly, Chinese medicine was freed from the taint of the despised old society.

Wang's errors in practice stemming from such errors of ideology were typical of those attributed to the public health authorities. He had refused to recognise the scientific value of traditional medicine, claiming that, "only among the peasants can it psychologically have a certain comforting therapeutic function."⁴⁸ His policy in Manchuria had been merely to use traditional doctors for rural work, while gradually eliminating and replacing them. And, finally, he had advocated preserving native herbals, but abolishing native medicine. The source of all these errors was, of course, Western bourgeois influence and "an education entirely colonial in nature." Since such ideas and the influence of Wang Pin's thought were widespread among Western-style doctors, it was necessary to carry out a large-scale criticism movement. After the initial attacks on Wang Pin in the February 1955 issue of *Public Health*,⁴⁹ the Ministry of Public Health ordered a nation-wide campaign of mass meetings and articles to criticise him.⁵⁰

Wang did not remain the sole scapegoat, however, as attention was soon directed to the highest echelons of the Ministry of Public Health in

⁴⁴ Unfortunately these issues appear to be unavailable outside of China so we have to rely on reports of the content of these articles.

⁴⁵ Quoted from *Tung-pei Wei-sheng* (*Northeastern Health*), Vol. 1, No. 9, 1950 "Pi-hsu Pi-p'an Ch'ing-shih . . . Chung-i," ("We must criticize slighting of Chinese Medicine") in *Kuang-ming Jih-pao*, editorial, March 27, 1955.

⁴⁶ *Ibid.* pp. 2-3.

⁴⁷ For example, *K'o-hsueh T'ung-pao* (*Science Bulletin*), No. 6, 1955, translated in SCMP No. 1094 (supplement), pp. 1-6.

⁴⁸ Quoted in *Kuang-ming Jih-pao*, March 27, 1955.

⁴⁹ Some of these articles are translated in SCMP, April 2, 1955, No. 1031, pp. 36-38.

⁵⁰ The early stages of the "Anti-Wang Pin Campaign" are summarised in "Tui-yü Wang Pin Ch'i-shih Chung-i te Tz'u-ch'ang Chieh-chi Ssu-hsiang Chan-k'ai Pi-p'an," ("Developing Criticism of Wang Pin's Bourgeois Thought in Despising Chinese Medicine"), *Nan-fang Jih-pao* (*Southern Daily*), May 19, 1955.

Peking. Ho Ch'eng, the First Deputy Minister and probably the most important figure in the Ministry,⁵¹ was blamed for the Ministry's mistakes regarding traditional medicine. Although he had never publicly opposed Chinese medicine as had Wang Pin, Ho, in his earlier work and statements, both as Eighth Route Army Medical Director and later as Deputy Minister, suggests that he fully shared the rather common modern medical viewpoint that the old medicine had little inherent value apart from temporary use. Now exposed to full-scale criticism Ho, (unlike Wang Pin who stubbornly clung to his opinions about Chinese medicine)⁵² fully recanted and acknowledged the Party's supremacy in medical matters.⁵³ After admitting to the same charges of despising Chinese medicine, seeking to restrict and eliminate it, misinterpreting Party policy and persecuting old-style doctors, he was specifically condemned in a resolution at the next National Public Health Conference and dropped from his key position in the Ministry.⁵⁴ His successor, Hsü Yün-peí, is strictly a Party functionary without any medical background.

The duration and intensity of the prolonged criticism movement over the traditional medicine issue must be seen in relation to the larger ideological context and the general problem of the Party and intellectuals. Writings at this time specifically related the issue to the larger battle against bourgeois thought: "this is a deep ideological struggle between dialectical materialism and bourgeois idealism; especially at the present moment, when the entire country is opening up criticism of the Hu Shih school's bourgeois idealism, the criticism of these ideological errors of Wang Pin has an even greater significance."⁵⁵ Yet when someone like Ho Ch'eng, a veteran Party member with Soviet medical

⁵¹ According to an informant who worked in the Ministry of Public Health in these years, the Minister, Li Te-chuan, is largely a figurehead appointed because of her husband Feng Yü-hsiang and her own leftist activities before 1949. Ho Ch'eng, who had been with the Red Army medical units since Kiangsi days, was the real power in the Ministry until his downfall over the question of traditional medicine. Personal interview, Hong Kong, July 1964.

⁵² The informant from the Ministry of Public Health was present at mass criticism meetings where Wang refused to acknowledge any error. Furthermore, he expressed dissatisfaction at being reassigned to Sinkiang and subsequently went through labour reform. In the Hundred Flowers period he revealed himself as an unreconstructed rightist and has been dropped from any important position. Interview, Hong Kong, July 1964.

⁵³ Text of his self-criticism from *People's Daily*, November 19, 1955, is translated in URS, Vol. 3, No. 20, pp. 280-285.

⁵⁴ The resolution is translated in SCMP, February 5, 1956, No. 1234, pp. 9-10. However, because of his self-criticism Ho has since been made president of the Army Medical College, a respectable, but powerless, position. Interview, Hong Kong, July 1964.

⁵⁵ Li Yuan-hu, "Chi-chi Ts'an-chia P'i-p'an Wei-sheng Pu-men-chung te Tzu-ch'ang Chieh-chi Wei-hsin-chu-i Ssu-hsiang te Tao-cheng," ("Actively Join the Struggle to Criticise the Bourgeois Idealistic Thought of Elements in the Ministry of Public Health"), *Nan-fang Jih-pao*, April 20, 1955.

training, could clash with the Party over a question of medical policy, there was obviously something more involved than just bourgeois influences. The main issue posed here was political guidance versus technical expertise—Red versus expert. Thus, while much of the criticism was levelled against the "compradore prejudice" of worshipping everything Western and despising the indigenous,⁵⁶ the most serious charges against the doctors lay in their "refuting the ability of the Party in the supervision of scientific and technical work."⁵⁷

The much more lenient ideological treatment of traditional physicians highlights these factors in the handling of modern doctors. Of course, the old-style practitioners were urged to become more progressive through the study of science and more public spirited by sharing their medical secrets, but they were not subjected to any intensive criticism or thought reform. Rather, they were usually praised for both their medical skills and their correct political attitudes. The familiar picture of the bearded venerable native physician of innumerable press releases, came in fact to symbolise the new régime's loving care for and utilisation of the healthy, popular elements in the old culture. Typically, the traditional doctor would, after years of neglect and suffering before 1949, have assumed a responsible post in the new China from which he was vigorously contributing to its construction.⁵⁸ The large number of traditional doctors granted membership in the People's Congresses or the People's Political Consultative Conferences was frequently cited as proof of traditional doctors' improved status under the Communist régime. There was no campaign to criticise any surviving "feudal" influences in their thinking. Perhaps traditional Chinese doctors quickly and easily shed the cloak of conservatism which twentieth-century modernists previously found so offensive. The contrasting treatment by the Communist government, however, rather suggests that they have found any traditional conservatism represented by such forces as the traditional doctors far less dangerous than the bourgeois ideas and specialists' claims to autonomy of the modern medical profession.

As important as these ideological implications were, they were not the only interesting facet of the official rehabilitation of traditional

⁵⁶ "There has prevailed a trend of blindly worshipping Western culture among the bourgeois class and intellectuals who tend to belittle and even negate the cultural legacy of their own country." Li P'ei-san, "Take a Correct Attitude Towards the Medical Legacy of the Motherland," *Hsueh-hsi (Study)* October 2, 1955, translated in *Excerpts from China Mainland Magazines*, No. 15, p. 1.

⁵⁷ Jen Hsiao-feng, "Criticise Comrade Ho Ch'eng's Error in his Policy Towards Chinese Medicine," translated in URS, Vol. 3, No. 20, June 8, 1956, pp. 287-298.

⁵⁸ "A Chinese Doctor's Strength is Developed," *Kung-jen Jih-pao (Workers' Daily)* (Peking) August 10, 1955, discusses an 86-year-old traditional physician who is now a representative to the National People's Congress.

medicine. Another was the strong tone of cultural pride in China's own unique medical achievements which pervaded writing on the subject. The very phrase "national cultural heritage," now applied to traditional medicine, expressed the new value given to it, and literature about it rapidly expanded, from 7 per cent. of total medical publications in 1953 to 27 per cent. in 1955.⁵⁹ These were of all types: reprints of ancient medical classics, new treatises on various branches of Chinese medicine, pharmaceutical compendia, simplified explanations of traditional medical theory, popularised histories or stories of Chinese medicine and its most famous historical figures. Typical of the latter genre, devoted to the glorification of the nation's medical accomplishments, were such popularised accounts as *China's Ancient Medical Achievements* by Chu Yen and a short biography of Li Shih-Chen, the famous Ming pharmacologist.⁶⁰ Both were chiefly devoted to exalting the Chinese people's "incomparable intelligence and creative efforts"⁶¹ as displayed in the field of medicine. For the broader public, unlikely to see even popularised medical pamphlets, the newspapers reported in great detail every new development in Chinese medicine while lavishly praising its merits. Notable among such accounts were the numerous claims to remarkable cures covering a wide range of maladies from high blood pressure to dysentery. There was also obvious satisfaction taken in citing particular cases where Chinese medicine had effected cures when Western medicine was helpless.⁶²

By the middle nineteen-fifties a large-scale drive to improve the image of traditional medicine was clearly apparent. The chronological coincidence of the anti-Wang Pin campaign starting in early 1955, with the public denunciation of his former superior in Manchuria, Kao Kang, suggests a possible connection between the fall of the most openly Russian-oriented faction in the Party and the new emphasis on indigenous Chinese medicine. This, of course, is highly speculative since the charges against Wang Pin never linked him to the treasonous activities of the Kao-Jui clique. It should also be noted that the campaign had its counterparts in other fields as diverse as architecture, painting, or drama where the post-1949 vogue for crude Russian imitation began to subside in favour of a greater appreciation for indigenous Chinese forms.⁶³

⁵⁹ Statistics compiled by G. Raymond Nun, *Chinese Publishing Statistics, 1949-59*.

⁶⁰ Chu-Yen, *Chung-kuo Ku-tai K'o-hsueh Ch'eng-chiu* (Peking, Jen-min Ch'u-pan She, 1955) and Chang Hui-chen, *Li Shih-chen* (Shanghai: Jen-min Ch'u-pan She, 1955).

⁶¹ Chu, *Chung-kuo*, p. 52.

⁶² As in "In Some Cases Chinese Medicine Surpasses Western," *People's Daily*, December 20, 1955, translated in SCMP, No. 1234, p. 6.

⁶³ Official attitudes towards China's cultural tradition in the specific fields of archaeology, architecture, theatre and medicine are discussed in Andre Travers, "The Attitude of the Communist Party Towards China's Cultural Legacy," *Symposium on*

But a more specific reason for the rehabilitation of Chinese medicine may have been the sharp realisation of the enormity of the nation's public health problems after political and administrative consolidation of the whole country. Perhaps the unexpectedly high census returns of 1953 were an added consideration in deciding that the large numbers of native physicians must be given an even greater role in national medical work.

After 1954 earlier rural work was continued and expanded, with roving medical teams and village clinics used to reach the more remote countryside.⁶⁴ Similarly, the number of United Clinics expanded from 22,000 at the end of 1954 to over 50,000 in 1957.⁶⁵ Much more significant for the future of traditional medicine, however, was the new stress on integration of large numbers of old-style doctors into modern medical facilities. Large modern hospitals now began to add Chinese-style doctors to their staffs or, in many cases, opened special departments for Chinese medicine. By 1957, government public health organs, national, provincial and local, had incorporated 30,000 traditional doctors.⁶⁶ Moreover, as a sign that they no longer occupied a second-class position, the prestigious and previously exclusively modern Chinese Medical Association now invited their membership.

Apart from this greater integration into the main stream of Chinese medical development, facilities for the separate practice of traditional medicine were also greatly expanded. In Kwangtung, a vanguard in this development, there was one hospital exclusively for traditional medicine in 1955, and twenty-two in 1958.⁶⁷ The entire country had 144 such hospitals and over 450 outpatient clinics by 1957.⁶⁸ Admittedly many of them were rather small and the total nowhere near proportionate to the number of Chinese-style doctors. But the construction of well-financed fully equipped hospitals, a significant innovation in the history of Chinese medicine, was a clear sign of the government's commitment to extend its practice.⁶⁹

Research on traditional medicine also enjoyed considerable support.

Economic and Social Problems of the Far East (Hong Kong: Hong Kong University Press, 1962), pp. 353-368. My own unpublished work on painting and theatre substantiates this impression.

⁶⁴ A typical use of these "roving teams" was reported for Nanhai Hsien near Canton where 460 Chinese-style doctors were organised "to penetrate deeply each village to serve the peasants." Each sub-district (*ch'ü*) organised three or four such teams. *Ta Kung Pao* (Hong Kong), November 17, 1954.

⁶⁵ Figures from *People's Daily*, September 23, 1955, and September 12, 1957, respectively.

⁶⁶ *People's Daily*, September 12, 1957.

⁶⁷ "Kwangtung Chinese Medicine Shows a New Force," *Wen Hui Pao* (Hong Kong), January 9, 1959.

⁶⁸ *People's Daily*, September 12, 1957.

⁶⁹ Such a hospital in Fukien is described in "In a New Style Chinese Medicine Hospital," *Chung-kuo Hsin-wen* (*China News*), September 29, 1961.

In late 1955 the Ministry of Public Health established a large and well-equipped Chinese Medicine Research Institute in Peking. Staffed with both types of doctors, it was intended to provide a guide for the national effort in traditional medical research and education.⁷⁰ This research, it was repeatedly stressed, must go beyond a mere analysis of the medicinal properties of native pharmaceuticals. The entire body of traditional medical knowledge must be considered and investigated in such work, for "Chinese drugs (*chung-yao*) are inseparable from Chinese medicine (*chung-i*)." ⁷¹ Modern science was, of course, necessary to order and explain the accumulated native medical wisdom. The goal of making Chinese medicine scientific was not renounced. The process, however, required full respect for traditional medical knowledge as a whole and the full participation of the old-style practitioners who possessed this knowledge. Accordingly, they were brought into the Chinese Medicine Research Institute and in the provinces they numerically dominated various provincial research centres and research committees.⁷² It is difficult to estimate the success of this effort to turn traditional doctors into the relatively new direction of research. Certainly they have produced a large volume of commentary, but exegesis was familiar practice.⁷³ Most of the new discoveries or improvements in native medicine seem to have come mainly from Western-style doctors. Two notable areas are the improved processing and refinement of native herbals at such places as the Academy of Sciences' pharmaceutical research laboratory⁷⁴ and the work in electric acupuncture by a young Western-style doctor in Sian.⁷⁵

STUDYING TRADITIONAL MEDICINE

Probably the most important aspect of the reevaluation of native medicine was neither research work nor clinical practice, but rather medical education. From late 1954 the drive for modern doctors to study Chinese medicine as the key to integrating the two schools had been promoted by a Ministry of Public Health directive for all units to

⁷⁰ Described in "Fa-chan Tsu-kuo I-yao I-ch'ang," ("Develop the Medical Legacy of the Motherland") *People's Daily*, December 20, 1955.

⁷¹ *Tsingtao Jih-pao* (*Tsingtao Daily*), December 12, 1954.

⁷² Most provinces seem to have set up at least one committee to stimulate and coordinate research on traditional medicine. See, for example, "Provincial Chinese Medicine Research Centre Established," *Shensi Jih-pao* (*Shensi Daily*), September 12, 1956, and "Kwangtung Chinese Medicine and Drugs Research Committee Meets," *Nan-fang Jih-pao*, April 30, 1956.

⁷³ In Shanghai, for instance, there was established an institute to do nothing but textual research in the ancient medical literature. See *Kuang-ming Jih-pao*, July 18, 1956.

⁷⁴ There is a summary of such work in "Present Status and Future of China's Research in Pharmacology," *Sheng-li K'o-hsueh Chin-ch'an* (*Progress in Physiology*), Vol. 1, No. 1, March 1957, pp. 23-30. Translated in JPRS, June 11, 1959, DL 1134.

⁷⁵ See "Founder of Electric Acupuncture," *Kung-jen Jih-pao* (*Peking*), May 2, 1956.

organise a thorough "study movement."⁷⁶ How thorough this was, in fact, is somewhat doubtful. Press reports give the impression that modern physicians everywhere were being organised for criticism meetings and study classes. Apparently this was the case in the major medical centres,⁷⁷ but elsewhere study fluctuated widely in intensity and effectiveness.⁷⁸ By the spring of 1956 the programme of training modern physicians in Chinese medicine had been systematised. Four hundred able young doctors were to be chosen for full-time study in six major cities.⁷⁹ After almost two years of theoretical and technical study under famous old-style physicians, plus a year's clinical experience, they were expected to be competent in both types of medicine, the living embodiment of the policy of uniting the two schools. In addition to this élite, another 5,000 were to be organised into a three-year programme of part-time classes at various medical institutions throughout the country. All medical schools were ordered to include courses in traditional medicine in their curricula by the autumn of 1956.⁸⁰

Improvement schools for giving traditional doctors some modern medical education were continued, but the curriculum changed to reflect the greater respect accorded Chinese medicine. As the Wuhan school reported, "the School for Improvement of Chinese Medicine has determined that Chinese medicine shall be the foundation for the educational materials used to improve Chinese medicine and has corrected the past prejudice in favour of Westernising educational methods."⁸¹ In accordance with a 1956 decision to train more Chinese-style doctors, four colleges of Chinese medicine were opened in Peking, Shanghai, Canton and Chengtu, offering a five-year course. Numerous other colleges and shorter term "Chinese medicine schools" soon followed, the latter training a lower-level doctor similar to the product of the three-year modern medical schools. By 1958, there were thirteen Chinese medical colleges and several hundred lower schools.⁸²

These schools were as much of an innovation for traditional medicine as its new hospital buildings. Historically, teaching methods, like

⁷⁶ Text in *Kuang-ming Jih-pao*, December 28, 1954.

⁷⁷ The informant from the Ministry of Public Health reported that such study was compulsory for all, even non-medical personnel, and was quite intensive. Hong Kong, Interview, July 1964.

⁷⁸ This impression is supported by extensive interviews with doctors who have practised in China by a project under the direction of Professors Ezra Vogel and John Pelzel of Harvard. Hereafter referred to as Vogel, "Unpublished manuscript."

⁷⁹ See *Kuang-ming Jih-pao*, May 9, 1956.

⁸⁰ "All Medical Schools to Teach Chinese Medicine," *People's Daily*, April 29, 1956, translated in SCMP, No. 1280, p. 14.

⁸¹ "Wei Kuan-ch'e Tang te Chung-i Cheng-ts'e erh Nu-li" ("Strive to Implement the Party's Chinese Medicine Policy"), *Ch'ang Chiang Jih-pao* (*Ch'ang Chiang Daily*) (Wuhan) October 3, 1955.

⁸² Ling Yang, "Integrating Chinese and Western Medicine," *Peking Review*, No. 43, December 23, 1958, p. 23.

the practice of Chinese medicine, has been highly personalised and individualistic, from teacher to disciple or at most to a group of disciples. Such particularistic social relationships and especially the private monopoly of knowledge could not, of course, meet with approval in the new society. But along with the schools for Chinese medicine, the Ministry of Public Health also announced plans to encourage continuation and expansion of the disciple system. Within the next seven years it was hoped there would be "several hundred thousand young Chinese doctors trained through apprenticeship" as an "important measure to inherit the medical legacy of the motherland."⁸³ A *People's Daily* editorial explained that the disciple system must continue to be the main method of transmitting traditional medical knowledge, for, even though it was "a handicraft method of teaching," with such knowledge still scattered and not yet systematised into a body of literature, there was no alternative.⁸⁴ Attempts were made at standardising and controlling the disciple method by incorporating disciples into part-time classes and having them register for two- or three-year periods of instruction under a particular doctor. But essentially, the method was the same as that by which Chinese doctors had been trained for millennia—a social anachronism, but an important part of new China's medical plans. By 1958, there were at least 50,000 of these disciples registered.⁸⁵

The steps taken in medical education in 1956 conclusively demonstrate that the government took its pronouncements on the value of traditional medicine seriously. Scarce resources were to be devoted to training a new generation to carry on its practice, and an ideologically offensive teaching system tolerated so that this could be done. Moreover, modern doctors were expected to assimilate the traditional knowledge, some even withdrawing from practice to do so. Such a policy made no sense as a simple stopgap until new doctors were trained or merely as a test of Party ideological supremacy.

By 1956, the main features of rehabilitating, reforming and integrating traditional medicine were all in evidence. So were some of the problems inherent in such a policy. On the one hand, the extravagant praise for Chinese medicine and criticism of past errors by public health authorities made it difficult to main standards among its practitioners.

⁸³ "Chin-nien yu Wu-ch'ien te Hsi-i Hsi-t'ung Hsueh-hsi Chung-i" ("This Year over 5,000 Western Doctors are Studying Chinese Medicine"), *Kuang-ming Jih-pao*, May 9, 1956.

⁸⁴ "Chi-chi Pei-yang Chung-i . . ." ("Actively Train Chinese Doctors"), *People's Daily* editorial, May 27, 1956.

⁸⁵ Figures here are very unsatisfactory, perhaps due to inconsistencies in registering disciples. The *Chinese Medical Journal* gives 52,000 for 1958 (December 1959, p. 490.) Others are considerably higher. 22

Soon even Chinese-style physicians were complaining about the prevalence of harmful quacks and the government's uncritical acceptance of them.⁸⁶ Yet the emphasis on quantity and use of popular skills made strict enforcement of standards difficult, so long as the mass line prevailed over technical expertise.⁸⁷

Such practical problems were compounded by residual suspicion and misunderstanding between the two types of doctors. Not only do the repeated exhortations to respect Chinese medicine and overcome a narrow professional viewpoint attest to continued difficulties, but, during the hundred flowers liberalisation of 1956 and early 1957, it became apparent from the criticisms of both schools that all was not well in their forced marriage. Many Western-style doctors withdrew from Chinese medicine classes as soon as circumstances permitted, and others showed their lack of real interest by reading outside books in class and ignoring the lectures.⁸⁸ Moreover, there were complaints that many of the hospitals which had incorporated traditional doctors virtually ignored them or gave them only the hopeless cases.⁸⁹ Other traditional doctors complained of continued discrimination among the public health authorities, lack of real authority for native doctors in public health posts, slowness in implementing the planned expansion of Chinese medicine facilities, and superficiality of research work. A few hinted that the responsibility for many of these defects lay with the Party or Party Cadres and one traditional doctor, later denounced as a rightist, charged that "consistently the Party has not esteemed Chinese medicine but rather wanted to eradicate it."⁹⁰ Western-style doctors appear to have been even more dissatisfied with the situation but more hesitant to voice their grievances after several years of vigorous ideological criticism. Still, at the height of the hundred flowers, there were "rightists" such as Hsüeh Yü, Dean of Pharmacy at Peking Medical College, who claimed, "The Ministry of Public Health has dragged pharmaceuticals back to the eighteenth century."⁹¹

⁸⁶ *Hsin Shao-chou*, "Unequal Contending in Chinese Medicine," *Heilungchiang Jih-pao* (*Heilungchiang Daily*), June 8, 1957.

⁸⁷ Apart from the difficulty of testing traditional medical qualifications, the official approval of "local specialists," gave a free reign to many dubious practices. "A practitioner is qualified if he has only one special skill . . . if his skill is actually proved and trusted by the people." Jen Hsiao-feng, *URS*, Vol. 3, No. 20, p. 295. The "people" then rather than medical authorities, actually became the judge of his qualifications.

⁸⁸ *Nan-fang Jih-pao*, May 10, 1957.

⁸⁹ Chao T'i-chien, "The Phenomena of Still Despising Chinese Medicine," *Wen Hui Pao* (Shanghai) May 23, 1957.

⁹⁰ Quoted in *People's Daily*, September 12, 1957.

⁹¹ Quoted in *People's Daily*, July 31, 1957.

CHINESE MEDICINE IN THE GREAT LEAP FORWARD

None of these criticisms or problems caused the Party to modify its policy. Instead, in the fervour of the Great Leap they pushed the practice of traditional medicine even further and intensified ideological criticism against remnants of bourgeois thought. Chang Chi-chün, the Deputy Director of the Party's Propaganda Bureau, bluntly warned a national conference of medical workers in November 1958 that the Chinese medical question was an important aspect of the continuing struggle between the bourgeois and the proletarian roads in medical work. To stand neutral in this struggle, not to accept the Party's leadership regarding traditional medicine, was "an impermissible mistaken attitude."⁸² The need now was to strengthen Party leadership and follow the mass line. As an important *Kuang-ming Jih-pao* editorial in November defined the issue, it was a bourgeois prejudice that "medicine is a scientific art, something for a small number of authorities." Rather, "It comes from the masses' experience and hence can undergo a movement developing the broadest mass participation and not just rely on those so-called authorities."⁸³ The note of disparagement for technical expertise in favour of the masses' initiative and proper political consciousness, the emphasis on red over expert, was of course typical of the Great Leap period.⁸⁴ In the medical field it was manifested in a frantic drive to collect enormous numbers of herbals and secret remedies from among the people as the popular essence of the nation's medical wisdom.⁸⁵ It is this stress on the popular mass character of traditional medicine as opposed to the specialist pretensions of Western medicine that explains why native medicine escaped the purge of many elements of traditional culture in the "more present, less past" drive of the Great Leap.⁸⁶

The momentum of the Great Leap produced a decision to expand still further the programme for Western-style doctors studying Chinese

⁸² Chang Chi-chün, "In Western Medicine Studying Chinese Medicine There is No Middle Ground," *Wen Hui Pao* (Shanghai), November 28, 1958.

⁸³ "Chinese Medical Work Also Must follow the Mass Line," *Kuang-ming Jih-pao*, editorial, November 24, 1958.

⁸⁴ Richard D. Baum in his article, "'Red and Expert': the Politico-Ideological Foundations of China's Great Leap Forward," *Asian Survey*, Vol. 4, No. 9, September 1964, pp. 1048-1057, notes that "emphasis on human will" over technical factors or material conditions plus heightened politico-ideological consciousness were the two main features of the Great Leap mentality. The former is obvious in the exaltation of popular medical wisdom over scientific methods, the latter in strictures on wholeheartedly accepting Party leadership.

⁸⁵ "Collect Prescriptions from among the People; Develop the Treasure House of Chinese Medicine," *People's Daily*, editorial, December 14, 1958.

⁸⁶ Andre Travert in his discussion of traditional medicine entirely misses this crucial point about its social and ideological ramifications. "What is most astonishing in the case of ancient Chinese medical science is that it did not suffer, as did other branches of cultural activity, from the reversal to the 'more present, less past' line which occurred in 1958 with the launching of the great leap forward," Travert, *Symposium*, p. 364.

medicine. The full-time courses were almost ready to produce their first graduates and, after a report on the results, the Party central committee directed that more such classes be set up by provincial and city authorities. The total number of students was to increase five-fold from 400 to 2,000.⁸⁷ In addition, medical colleges added more compulsory courses on native medicine⁸⁸ and spare-time study was intensified for active medical workers. Numerous articles on how to study Chinese medicine made clear how important it was both for improving medical skills and raising ideological consciousness. The latter, of course, was the key to the whole problem. "First [you] must fix the proper attitude for study: believe in the Party and listen to the Party. This is an ideological question and also is a question which must be settled first."⁸⁹

The sweeping administrative changes of 1958 also brought about a reorganisation of the country's medical practice. Most co-operative-type United Clinics were absorbed into commune-run "public health centres," which now were the lowest level medical organs. These were staffed largely with Western- and Chinese-style doctors who were not fully accredited. District and municipal hospitals also absorbed native doctors but the proportion of fully trained modern physicians remained much higher.¹⁰⁰ Early in the drive it was claimed that over 80 per cent. of the traditional doctors in the countryside had been taken into these organisations and that there were over 15,000 hospitals and clinics for Chinese medicine in the country.¹⁰¹ In the large hospitals, where, previously, traditional physicians had complained of a subservient role, the Party now saw that they were invited into Western medical wards for joint consultations and treatment.¹⁰² At the peak of the Great Leap, at least in some places, modern doctors were required to write traditional prescriptions in their daily practice as proof of a correct attitude.¹⁰³

CHINESE MEDICINE SINCE THE GREAT LEAP FORWARD

The few months of late 1958 and early 1959 marked the flood tide of official promotion of Chinese medicine. The publicity accorded it has

⁸⁷ Text printed in *People's Daily*, November 20, 1958.

⁸⁸ The Sun Yat-sen Medical College in Canton, for example, required 108 hours of traditional medicine courses in each of the first two years and 48 hours for the last two. *Wen Hui Pao* (Shanghai), December 15, 1958.

⁸⁹ *Kung-jen Jih-pao*, December 25, 1958.

¹⁰⁰ Information from Canton practising physician, December 1963. Vogel, "Unpublished manuscript."

¹⁰¹ *New China News Agency* (NCNA), Peking, November 21, 1958, in SCMP, No. 1902, pp. 23-24.

¹⁰² Information from a senior doctor at largest Shanghai Pulmonary Hospital, July 1, 1964. Vogel, "Unpublished manuscript."

¹⁰³ *Ibid.* See also "Western Doctors Broadly Apply Chinese Medicine," *Kuang-chou Jih-pao* (Canton Daily), January 11, 1959.

gradually subsided both in volume and fervour, especially in the last two or three years. It has become rather rare to find laudatory accounts in the popular journals and newspapers where surgical achievements seem to have replaced herbals and acupuncture as the main showpiece of China's socialist medicine.¹⁰⁴ Similarly, the scientific medical journals have reduced the volume of articles on traditional medicine which flooded their pages during the Great Leap period. Equally noticeable is the disappearance of ideological criticism directed at modern doctors for their attitudes towards the native medical tradition.

It would be a mistake, however, to assume that traditional Chinese medicine is at long last beginning to fade away. On the contrary, it appears to hold a much more solid institutional position as an accepted part of China's medical picture. The importance of traditional herbals for the nation's medical care was attested to by the concentrated efforts to remedy acute shortages accompanying the general agricultural crisis of 1960 and 1961.¹⁰⁵ Native veterinary medicine and folk medicine of the national minorities have been revived in the last few years.¹⁰⁶ The patronage of traditional Mongolian, Tibetan and Uighur medicine, even to the extent of maintaining schools for their preservation in Lhasa and Huehot, is especially interesting for what it suggests about Peking's official approval for the products of popular, folk genius beyond the particular attachment to what is peculiarly Han Chinese.¹⁰⁷

The clinical practice of Chinese medicine itself is still widespread, apparently, although there are few statistics in recent years to determine whether it is still expanding.¹⁰⁸ New Chinese-style physicians continue to be trained, some in medical schools, but more by the disciple method. They probably do not, however, match the growing flood of new modern doctors which the education system is now producing. The latest figures

¹⁰⁴ As in the celebrated case of a Shanghai hospital rejoining a young worker's completely severed hand. "Why Grafting a Severed Hand can be Successful," *People's Daily*, August 6, 1963.

¹⁰⁵ "Actively Develop the Production of Chinese Medicinal Herbs," *People's Daily*, editorial, February 23, 1961.

¹⁰⁶ The national research institute for Chinese veterinary medicine in Lanchow has been especially active in publishing. See "Thirty Centuries of China's Veterinary Medicine Summarised" NCNA (Lanchow), June 4, 1963, translated in SCMP, No. 2950, pp. 13-14.

¹⁰⁷ In Lhasa the Dalai Lama's institute of medicine and astronomy serves as the school for traditional Tibetan medicine which is now hailed as a product of the Tibetan common people. "Study of Traditional Tibetan Medicine in Lhasa," NCNA May 9, 1962, translated in SCMP, No. 2739, p. 23.

¹⁰⁸ In 1960, Felix Greene was told by the Minister of Public Health that there were then 400,000 as compared to 200,000 Western-style doctors (the latter figure presumably referring to both three and five-year medical school graduates). *China: The Country Americans Are Not Allowed to Know*, p. 325. The age structure of the traditional physicians group may mean that the newly-trained members may do little more than keep the total constant. Elsewhere Li Te-ch'uan has mentioned the figure of 5,000 students in traditional medicine schools (SCMP, No. 2237, p. 20). But there are no recent figures on numbers of apprentices.

claim that 120,000 have graduated from medical colleges since 1949, with 90,000 more currently enrolled.¹⁰⁹

While the relative importance of the separate practice of Chinese medicine seems to have declined in the last few years, this process has been matched by the more effective integration of traditional medicine into modern medical practice. According to all visitor and refugee accounts,¹¹⁰ as well as news releases from China, this synthesis of the two medicines is now almost universal in major urban hospitals as well as in the small rural clinics and hospitals.¹¹¹ The same sources also testify that official assurances of how Chinese medicine is "welcomed by the broad mass of the people" are not without substance. A recent visitor to a rural commune near Canton found both kinds of medicine in use but the number of out-patients waiting for traditional treatment outnumbered those waiting for modern medicine by a ratio of about three to one.¹¹² This preference is probably less marked among urban populations, but according to Western-style doctors from China, even in the cities, a large number will choose traditional methods especially for certain ailments. The volume of favourable publicity accorded traditional medicine may have some bearing on this, but it should be remembered that such habits are also strong among non-communist Chinese populations in Taiwan and South-east Asia.

The modern medical profession has also been moving towards a much closer association with Chinese medicine. The Chinese Medical Association, as of 1959, had 3,000 old-style doctors in its membership, and fostering "co-operation between doctors of modern and traditional medicine" was defined as one of its four guiding principles.¹¹³ Moreover, although it has yet to establish a branch society in traditional medicine, there is a preparatory committee for one on acupuncture. Recent medical conferences also show much more participation by

¹⁰⁹ This is in addition to 330,000 graduates from the three-year medical schools. "Medical Workers Trained in China," NCNA, Peking, November 23, 1964, translated in SCMP, No. 3345, pp. 15-16.

¹¹⁰ One of the recent medical visitors, the noted Canadian neurosurgeon, Dr. Wilder Penfield, found six old-style doctors in a total staff of 134 at the large and modern Sun Yat-sen Hospital in Shanghai. Penfield, "Oriental Renaissance in Education and Medicine," *Science*, Vol. 141, September 20, 1963, p. 1156. Doctors from places as diverse as Nanking, Hangchow, Kwangtung and Shanghai reported Chinese medicine departments in their hospitals. Vogel, "Unpublished manuscript."

¹¹¹ As in a remote Kueichow Hsien hospital of Kweiting, "Modern Medical Care Comes to Country Folk," NCNA, Kweiyang, April 12, 1962, translated in SCMP, No. 2727, pp. 20-21. One difference between the major medical centres and small rural hospitals was that many of the latter were hard pressed to get fully qualified modern physicians, whereas the large hospital had always had a full modern medical staff to which they now added traditional doctors and departments of traditional medicine.

¹¹² C. H. G. Oldham, "Visits to Chinese Communes," *Institute of Current World Affairs*, New York, January 18, 1965, p. 15.

¹¹³ Hsü Yun-pei, "Ten Years of the Chinese Medical Association's Achievements," *Jen-min Pao-chien*, No. 10, October 1959.

traditional doctors and serious academic discussion of traditional treatment of many diseases.¹¹⁴

Since 1959 the Party has carried out a systematic drive to encourage "combined treatment" of diseases. Usually this has meant the utilisation by modern physicians of some elements of traditional technique. This method of healing was admittedly initiated and promoted by Party Cadres, but, at least in some areas, practical results have led to its being welcomed by the modern medical profession. One notable area of success has been the setting of fractures with mobile willow twig splints after determining the nature of the fracture through X-rays.¹¹⁵ It is difficult at a distance to evaluate the enthusiastic claims for the effectiveness of this "considered treatment" approach in treating a multiplicity of ailments. Western medical observers have generally been rather sceptical, noting the usual absence of closely controlled clinical testing.¹¹⁶ Still it must be noted that in some important areas such as bone setting, use of acupuncture for appendicitis, and herbs for schistosomiasis, common medical practice in China has been changed and apparently for the better.

It might be expected that the over 2,000 modern doctors who have gone through two and a half years of intensive full-time study of native medicine would take the lead in such practical synthesis. This clearly had been the government's intention. However, although they are supposedly equipped to practise both medicines, there have been complaints that "some individuals, after studying Chinese medicine, abandoned Western medicine, seldom read Western medical books and paid no attention to new developments in the modern science of medicine."¹¹⁷ Dr. Felix Mann, on his recent visit to China, formed a similar impression from the doctors of this type whom he encountered. Evidently, for some of them at least, the Party had been too successful in breaking down Western medical prejudices. The authorities have also faced other problems in integrating the two medicines which might be attributable to the rigour with which the policy had been pushed.

¹¹⁴ One of many instances would be the Sixth National Conference on Paediatrics where papers on traditional medicine appeared among the usual Western medical papers. *Chinese Medical Journal*, Vol. 83, No. 7, July 1964, pp. 480-481.

¹¹⁵ The method is fully described in Fang Hsien-chih *et al.*, "The Integration of Modern and Traditional Chinese Medicine in the Treatment of Fractures," *Chinese Medical Journal*, Vol. 82, No. 8, August 1963, pp. 493-504, and Vol. 83, No. 7, July 1964, pp. 411-421. This was the only area of traditional medicine which notably impressed Dr. Penfield on his visit to China. *Science*, September 20, 1963, p. 1156.

¹¹⁶ As in E. Leong Way, "Pharmacology," Gould, ed., *Sciences in Communist China*, p. 376. "It is almost impossible to refrain from being completely negative about these clinical reports."

¹¹⁷ Chang Chih-nan *et al.*, "Chinese Medicine is Good and Western Medicine is Also Good, But a Combination of the Two is Better," *Kuang-ming Jih-pao*, March 24, 1961, translated in *Current Background* (CB), No. 662, p. 9.

After 1960 it was a common complaint that, despite the Party's explicit encouragement for a hundred flowers to bloom again in the medical world, Western-style doctors in particular were very hesitant to put forward any views about how to improve traditional medicine. It was noted that "the main reason seems to be lack of a clear demarcation line between political and academic questions."¹¹⁸ The prolonged ideological dispute over traditional vs. Western medicine has indeed made the separation of purely scientific questions rather difficult.

THE HIGHER MEDICAL SYNTHESIS AND ITS PROBLEMS

The type of successful medical synthesis envisaged in China must overcome more than ideological or political problems. It is not enough to bring the two types of doctors together and have them learn to apply some of each other's techniques. The strong current of cultural pride demands more than that modern medicine, oecumenical in scope, simply absorb a few herbs or practical skills from the Chinese medical experience. Instead, Chinese medicine, rehabilitated from its "feudal" associations as a product of the Chinese people's genius, must contribute substantially to this synthesis—"to create a new school of medical and pharmaceutical science, in which our country will be unique."¹¹⁹ The task is not merely to preserve China's medical wisdom. By itself that would be "national essence" conservatism.¹²⁰ The cultural legacy in medicine must be inherited critically, improved with science and developed into this unique and higher medical science, one which is both scientific and unmistakably Chinese.¹²¹

Such a creation has often been portrayed as a Chinese contribution to world science, one area in which the heavy scientific borrowing from the West can be repaid. Already, in fact, much pride has been shown in foreign interest in the Chinese medical arts. A particularly striking example was reported by Dr. Donald Gould who, at the acupuncture institute in Peking, saw a large world map with a gleaming acupuncture needle over China from which lines radiated to the various countries in which acupuncture is practised.¹²² During the days of the

¹¹⁸ Huang Chia-szu, "Medical Science Marches Forward Under the Guidance of the Hundred Flowers Policy," *Kuang-ming Jih-pao*, March 16, 1961, translated in CB, No. 662, p. 3.

¹¹⁹ Li Te-ch'uan speech to National Peoples' Congress, April 4, 1960, translated in SCMP, No. 2237, p. 20.

¹²⁰ The phrase "national essence" ("Kuo-tsui") was frequently used by medical conservatives before 1949 in their struggle with modern Western medicine.

¹²¹ There is an important article on the general problem of "creatively inheriting" the national culture. Wu Chiang, "Wen-hua I-ch'ang te Hsueh-hsi ho P'i-p'an Wen-t'i" ("The Problem of Studying and Criticising the Cultural Legacy"), *Hung Ch'i* (Red Flag), March 16, 1961, pp. 18-23.

¹²² Donald Gould, "Galen in China," *The Lancet*, September 20, 1958, p. 633.

Sino-Soviet alliance, acupuncture was a prominent item in the cultural exchange. In 1956 the Russians sent a team of three doctors to study in Peking and have since formed acupuncture clinics and research centres in the Soviet Union. More recently the Chinese have included traditional medicine in their cultural exchanges with Indonesia and Algeria,¹²³ and two prominent Asian neutralist leaders, Sukarno and Ne Win, have been treated by traditional Chinese doctors.¹²⁴

The promotion of native medicine has probably been more effective on the international scene, however, in impressing overseas Chinese communities. The Communist Press in Hong Kong has given it extensive coverage and in China there has been a consistent policy of welcoming back overseas Chinese old-style doctors, with wide publicity for their delight over the new government's respect for the national medical heritage.¹²⁵ This has been rather embarrassing to the Kuomintang in its competition for overseas Chinese loyalties and in its claim to be the exclusive protector of Chinese tradition. On Taiwan, Communist policy towards traditional medicine has been ignored, while the Kuomintang Press in Hong Kong has usually impugned the motives behind it and questioned the sincerity of the Communists' respect for national tradition.

There is still one very formidable obstacle to the formation of a higher medical synthesis which would be both effective and psychologically acceptable. That is the body of ancient and unique theoretical principles which forms the foundation of traditional Chinese medicine. Of course, there has been much discussion of native medical theory. In the summer of 1959, a national conference on acupuncture at Shanghai discussed at great length the twelve meridians which supposedly form its physiological rationale, but with inconclusive results.¹²⁶ Since then a great deal of theorising has been done on the relationship of these meridians to the central nervous system, but still without agreement even on their existence.¹²⁷ There have also been numerous attempts to explain away the most bothersome elements of Chinese medical theory by attributing merely symbolic meaning to such terms as *yin* and *yang* or the five elements. The trouble with this facile rationalisation is that it only explains away, and explains nothing of why Chinese medicine works. More fashionable of late have been attempts to find dialectical

¹²³ Reported in *Chinese Medical Journal*, March 1963, p. 196, and May 1963, p. 334.

¹²⁴ *Shih-chieh Jih-pao (World Daily)* (New York), May 4, 1962.

¹²⁵ A good example is the story of an overseas Chinese traditional doctor from Vietnam who has become director of the Amoy hospital for Chinese medicine, Ch'en Yen-lung, "Practising Medicine in the Great Motherland," *Chung-kuo Hsin-wen*, December 28, 1959.

¹²⁶ Reported in detail in *Wen Hui Pao* (Shanghai), August 15, 1959.

¹²⁷ See, for example, "Discussing the Question of the Basic Nature of Meridians," *People's Daily*, September 29, 1961.

processes in these theories.¹²⁸ This, of course, is the same method which was condemned so vigorously by some earlier Marxist medical writers. The argument would perhaps be more convincing if it did not convey the impression that the aim was really to establish the respectability of indigenous tradition by new criteria rather than to find a scientific explanation for the old medical theories.

For the present, the medical dichotomy in China—obvious in the persistent common usage of the very names, Western medicine and Chinese medicine—seems likely to remain. The ultimate fate of the indigenous medical tradition in an age in which science is global and cosmopolitan still remains in doubt. It should be clear by now that there are more than purely medical or scientific factors involved. Such practical considerations as relative inexpensiveness and popularity with the masses, while they may diminish in importance, must still bear some weight. Similarly, the Party's continuing concern with internal revisionism shows that the recent absence of thought reform in the medical field does not mean that all ideological problems have been resolved. Conceivably, traditional medicine could again play a role in rectifying undesirable ideological tendencies in the medical profession. There is also, of course, the less tangible but still powerful force of cultural nationalism which has provided much of the psychological or emotional impetus for the rehabilitation of Chinese medicine. All of these factors seem likely to continue for some time; all of them point to the continued existence of a Chinese medicine question.

Ultimately, perhaps, proven scientific merit will conclusively settle the medical issue. If this article has dwelt on essentially non-scientific considerations, it does not mean that Chinese medicine is not a legitimate concern for modern science. But it has been the intention here to show that it is not just a scientific question. The paradox, so striking to even the casual observer, in this stark juxtaposition of the old and new becomes truly meaningful only in the light of the sweeping changes which have transformed the old medicine's social and cultural environment. It is the very thoroughness of this revolution which puts traditional medicine in a different intellectual context for the makers of the new China than it had for their revolutionary forebears of forty years ago. With the old order dead it has been possible to divorce traditional medicine from its "feudal" associations and rehabilitate it as a proud achievement of the Chinese people, one which has been useful in combating the still viable protagonist of bourgeois and imperialist influences.

¹²⁸ As in Wan Hua, "The Dialectical Thought behind Chinese Medicine's Diagnostics," *Kuang-ming Jih-pao*, May 5, 1961.