

# When Chinese Medicine became Chinese: Attributions of Nationality from Inside and Outside



Water for pharmaceutical application obtained by cleaning trousers. Illustration in *Buyi Leigong paozhi bianlan* 補遺雷公炮製便覽 (“Leigong’s pharmaceutical processing amended for easy consultation”) of 1591.

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Paul U. Unschuld

Horst-Goertz-Institute Charité-Medical University, Germany

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Before we turn to the key issues to be addressed by this seminar, let me first give you my definitions of the two core terms we are using in this context. What is “science” and what is “medicine”? As we all know, there are about as many attempts at defining the concept of “science” as there are authors who have addressed this issue, and it may not make very much sense to add yet another personal or idiosyncratic view. However, such definitions often depend on the framework of discussions the respective terms and notions are to be used in, and it is therefore that I venture to define science anew, this time for the purpose of a cross-cultural research project that is to include modern and ancient Europe and East Asia.

Can we arrive at a concept of science that overcomes what may be a eurocentric bias? That is, can we think of a concept of science that applies to modern geneticists as well as certain ancient Chinese and Greek notions? I believe this is possible if we understand natural science as built on a specific credo that can be traced to ancient Greece and China, and that lies still at the basis of our own medical modernity. This credo can be worded in three paragraphs:

1. There exist natural laws. These laws are independent of time, space, and persons (be they humans or numinous beings).
2. The human mind is able to grasp these laws. The more mankind searches to uncover these laws the more of them will be revealed.
3. Knowledge of these natural laws is sufficient to explain all phenomena in the universe, including the workings of the human organism, its well-being and its ills. And knowledge of these natural laws permits man to manipulate the universe at will, including the prevention and treatment of human illness.

The tacit formation of this Credo provided the basis of a development that began in Europe, and only a little later in China, more than two millennia ago, and it lies at the basis of modern science and medicine as well.

With this definition of “natural science”, we already have touched on the definition of medicine. Medicine is not the same as healing arts (Heilkunde). Medicine is that section of the healing arts that is based on the Credo just mentioned. Medicine, in this sense, emerged – almost parallel – in ancient Greece and in ancient China when intellectuals/philosophers began to believe that the laws recently understood as underlying all natural dynamics, that these same laws also determined well-being and illness of the human organism. Medicine, then, in this sense, both in ancient Greece and ancient China, and today, is an attempt at explaining and manipulating illness solely on the basis of natural laws, and without recurrence to numinous notions of gods, demons, ancestors, and the like.

The natural laws believed to exist in ancient China, and forming the basis there of medicine, were conceptualized as the science of systematic correspondences, known today as five-agents- and *yinyang*-doctrines. In Europe, systematic correspondences were seen too, but the development moved towards analysis rather than emphasizing relationships. We do not need to go into more detail of the respective directions taken by the history of science in China and Europe, and yet, by contrasting the more analytical emphasis in Europe with the more relational avenue pursued in Chinese natural science we have arrived already at the core issue of our seminar.

The question to be addressed is “when did Chinese medicine become Chinese?” In other words, does Chinese medicine have a congenital nationality, or – better – a congenital affiliation with Chinese culture? Or was this affiliation attributed to Chinese medicine as what we might call yet another example of “Orientalism”?

It has been difficult for Westerners to appreciate the basic nature of Chinese medicine. When self-appointed experts in the late 1970s and early 1980s began to give lectures, they drew a few wondrous circles on flip charts or black boards in front of naive audiences, and spoke to them of yin and yang harmony, of five elements and their mutual destruction or generation. They provided their audiences, including those utterly ignorant of modern biochemical cybernetics but also physicians who apparently had graduated from modern medical schools, with a most simplistic outline of allegedly Chinese medical theory that was considered by many of these audiences a fascinating alternative to modern biomedicine.

The first bestseller may have been Ted Kaptchuk’s *The Web That Has No Weaver* of 1983. Here we find sentences like “Chinese medicine is a coherent and independent system of thought and practice that has been developed over two millennia.”<sup>❶</sup> It is only now that we know that such a statement has no historical basis. Kaptchuk continues: “Western medicine is concerned mainly with isolable disease categories or agents of disease, which it zeroes in on, isolates, and tries to change, control, or destroy.” Kaptchuk may have had in mind here the US attitude towards Vietnam, an attitude continued now in the treatment of the Irak and Iran; he certainly fails to grasp with this cliché the nature of Western medicine as a whole. Similarly, Kaptchuk mistook one element of Western medicine as characterizing entire Western medicine, when he wrote: “The Western physician starts with a symptom, then searches for the underlying mechanism – a precise cause for a specific disease. .. The Chinese physician, in contrast, directs his or her attention to the complete physiological and

❶ Ted J. Kaptchuk, O.M.D., *The Web That Has No Weave: Understanding Chinese Medicine* (New York, 1983), p 2.

psychological individual. All relevant information, including the symptom as well as the patient's other general characteristics, is gathered and woven together until it forms what Chinese medicine calls a 'pattern of disharmony'. .. Oriental diagnostic technique does not turn up a specific disease entity or a precise cause, but renders an almost poetic, yet workable, description of a whole person.”<sup>②</sup> Such a statement may tell us much about the Western medical environment as Kaptchuk may have personally experienced it, it certainly grossly fails to grasp the differences between so-called Western and so-called Chinese medicine. The fact is, Chinese medicine has been dominated for the past two millennia by the approach Kaptchuk depicts as Western, but this knowledge was simply not available in the late 1970s and early 1980s. Thus, Kaptchuk picked oranges from one rich and variegated fruit-market, and he picked apples from another rich and variegated fruit-market, and juxtaposed the two as characteristic of each market.

At the time he wrote his book, no one in the West knew much about the true nature of Chinese medicine, and those many people familiar with the true characteristics of Western medicine did not write books on Chinese medicine. Kaptchuk's book became widely read, and created images in the minds of large audiences that may not have faded away even today when historical research has shown many of these images to be unfounded. We have learned, from historical research, that Chinese physician-authors prior to the arrival of Western medicine emphasized the importance of causal thinking as much as their European contemporaries. We have learned from historical research that Chinese physicians directing, in the words of Kaptchuk, their “attention to the complete physiological and psychological individual” gathering “all relevant information, including the symptom as well as the patient's other general characteristics” to “render an almost poetic, yet workable, description of a whole person”, may have been a minority among Chinese physicians past and present as much as they are a minority in Western medicine past and present.

The most basic projection onto China and its medicine, however, is Kaptchuk's assumption of “a Chinese medicine”, as if there ever had been a body of knowledge and practices that could be seen as representative of Chinese culture *per se*. I do not wish to specifically pick on Kaptchuk. I refer to his book for the simple fact that it was and maybe still is the most successful and influential literary product of the early American encounter with so-called Chinese medicine. European authors soon followed suit and spread similar reifications.

<sup>②</sup> Ibid., pp. 3-4.

The point is, if we speak of attributions of “nationality” in view of Chinese medicine, what happened was the following. First Westerners created out of hear-say and based on conceptual bits and pieces learned from China an artifact of diagnosis and treatment linked by notions of harmony, wholism, etc., and then attributed to this artifact a Chinese nationality in the sense of that it stood as much for China as a whole, past and present, as Western medicine stands for the West. The irony is, that not only the label “Chinese” did not fit what was described as “Chinese medicine”. Similarly, the label “Western” did not fit what was juxtaposed Chinese medicine as Western medicine.

And yet, the situation is far more complicated.

Apparently, although not sufficiently understood to this very day, there are differences between the medical systems of knowledge and practice that have been developed in China and Europe, and these differences can only be explained as culturally conditioned. Patients in Europe and China are basically identical, and their physicians, as well as medical theoreticians, presumably have always been and still are equally intelligent observers. The human organism tells as much or as little about life and disease in China as it does in Europe. The only reason for medical theoreticians to develop different “medicines”, that is, different notions of the causes, nature, and adequate treatment of illness, the only reason for such differences lies in different environments these theoreticists live in.

Now, even though we may speak of a European culture, or of a Chinese culture *per se*, the notion of such a “European culture” or “Chinese culture” is much too vague to explain the differences between European and Chinese medical cultures in all their facets. In fact, prior to the Song-Jin-Yuan epoch there was no “Chinese medicine” that could be associated with a “Chinese culture” *per se*, that is, with the world views and culture traits of a majority of the Chinese people, or of at least its formally trained elite. And even after the grand amalgamation of hitherto separate and opposing traditions in the course of the Song, Jin, and Yuan dynasties, during the Ming and Qing dynasties we should likewise not speak of a Chinese medicine in the sense of a homogenous body of knowledge and practice adhered to by all or a majority of those concerned with health and healing in China. We should use the concept of “Chinese medicine” to signify a vast and heterogenous body of knowledge and practice existing in China beginning with the Han dynasty two millennia ago. Similarly, in Europe over the past two millennia at times the views of the elite in different regions and ideological arenas converged, at times they conflicted. And it was only in the late 19<sup>th</sup> century that a unified body of theory and practice emerged that could justly be called “European” or “Western” medicine because it was firmly rooted in the culture paradigms and daily life of almost every citizen.

And yet, even this so-called “Western medicine” has shown a continuing internal diversity. This diversity culminated when the government of an entire nation, that is, Nazi Germany, pledged to develop a specifically German medicine. Nazi Germany, within the few years it gave itself to develop and apply its ideology, set out to generate what was called a “Neue Deutsche Heilkunde” (“New German Healing Arts”), and historiography was seen as an important tool to further this idea. Books pushing this ideology, such as “Das Antlitz des germanischen Arztes in vier Jahrhunderten” (“The face of the germanic physician in four centuries”), were designed to trace the alleged characteristics of this specifically German medicine since medieaval times.

Returning to China, when from a background of non-medical health care based on ancestral and demonological concepts, as well as empirical pharmaceutics, a medicine emerged in China during the Han dynasty in the wake of the formation of a first natural science of systematic correspondes, there was no need to contrast this new “medicine” with any non-Chinese tradition. Rather, as in ancient Greece, medicine in China competed, from its very beginnings, with the older non-medical forms of health care, notably ancestral and demonological notions of illness causation, and the therapeutic consequences resulting from such notions. The *Huang Di Nei Jing Su Wen* makes it very clear that true medicine has nothing in common with apotropaic health care, and rather tacitly, by omitting *materia medica*, the minds behind the formation of ancient Chinese medicine also made it clear that they saw little if any benefit in the pharmaceutical approach to health care.<sup>③</sup>

Despite the up and down of numerous dynasties, beginning with the rise of the Han in the late 3<sup>rd</sup> century B.C. and the demise of the Qing dynasty in the early 20<sup>th</sup> century, and also inspite of incursions by foreign invaders resulting in foreign rule, such as the Jin, the Yuan, and the Qing dynasties, and even though the nature of the Tang dynasty differed greatly from that of the Ming or Qing dynasties, despite all this, the basic structure of society, and the hierarchy of power remained more or less the identical over the two millennia of imperial rule. While the administration for the larger part of this long period felt legitimated by Confucianism and Legalism, Buddhist and Daoist world views, too, shaped the thoughts of the elite and further segments of the population. As medical theorization is not shaped by culture *per se*, but by notions of order and crisis held by people in a given society, Chinese medical theorization during the entire Imperial age faithfully reflected the

<sup>③</sup> Paul U. Unschuld, *Huang Di Nei Jing Su Wen: Nature, Knowledge, Imagery In An Ancient Chinese Medical Text* (Berkeley, Los Angeles, 1983), 181f., 284 ff.

various changes in notions of order and crisis over time, and also the coexistence of different notions of order and crisis, and how best to achieve the former or deal with the latter, that existed at any time. Thus, Chinese medicine, as European medicine, could not pursue one straight path of development of its own, isolated from its socio-cultural environment. Chinese healing arts in general, and Chinese medicine in particular, followed the many paths of political thought and were, therefore, similarly dynamic and heterogenous.

Foreign, non-Chinese notions and practices had entered China regularly. We may or may not acknowledge certain terms and ideas in the *Huang Di Nei Jing Su Wen* as originating from the Eastern Mediterranean. It is beginning with the Tang dynasty, that reliable evidence of such contacts exists. Indian ayurveda was brought to China by Buddhist monks, who also widened the spectrum of health care approaches available to the Chinese populations by introducing notions associated with their religious faith. Nestorians are said to have practiced ophthalmology in China. Arabian pharmacotherapy left some traces in Song China too. All these influences from abroad, though, were much to insignificant to generate in the minds of the Chinese a notion of a foreign medicine basically different from their own medicine.

Thus, it was only in the late 19<sup>th</sup> century, when East Asia was forced to cope with Western civilization, culture, and military as well as civil technology, as a whole, that a distinction between Western and Chinese medicine appeared meaningful and necessary. Zheng Guanying 鄭觀應 (1842-1922), in his *Shengshi weiyang* 盛世危言, *Words of Alarm in Times of Prosperity*, was the first to speak of a “Chinese medicine” as an identifiable entity and to use the term *zhongyi* 中醫, “Chinese medicine”, in contrast with “Western methods”, *xifa* 西法. Zheng Guanying, as other Chinese of his time, felt alarmed by Japanese advances in modernization. He said: “The Japanese have studied Chinese medicine for a long time. Now, they also make use of Western methods. The number of persons kept alive this way is infinite”.<sup>4</sup>

Early in the 20<sup>th</sup> century, Zheng Zhenduo 鄭振鐸 (1898-1958), in his *Lun Wuxia xiaoshuo* 論武俠小說, “On the Novel of Chivalrous Swordsmen”, was the first to draw attention to the “nationalization” of Chinese medicine, that is, to increasing attempts at giving Chinese medicine a status of a “national medicine”, *guoyi* 國醫. This was a time when Chinese conservatives in view of the increasing influence of Western culture on Chinese

<sup>4</sup> 日本素學中醫，今亦參用西法，活人無算。

civilisation attempted to rescue as much as possible of the Chinese cultural heritage by proclaiming certain types of learning, medicine, martial arts, etc. to be “national learning”, *guoxue* 國學, “national medicine”, *guoyi* 國醫, or “national technique”, *guoshu* 國術, the latter for traditional Chinese boxing and fencing.

Ralph Croizier in his still most noteworthy study of *Traditional Medicine in Modern China* of 1968 has outlined the antagonism between reformers and conservatives torn between a desire of modernizing and strengthening China on the one hand, and preserving essential elements of Chinese traditional culture on the other hand.<sup>5</sup> It was in the century between the late eighteen hundreds and the late nineteen hundreds that Chinese medicine became Chinese. It was during this time that a Chinese nationality was attributed to Chinese medicine from inside of China. An attribution of Chinese nationality from outside had begun, without the Chinese being aware of this, much earlier.

Let us first look at the attributions of Chinese nationality to Chinese medicine by the Chinese themselves.

In the Song era, the famous philosopher Zhu Xi 朱熹 (1130-1200) had denounced medicine as a “minor path”, or “petty learning”, *xiaodao* 小道, and he had likened it to gardening and other such necessities of daily life that did not really attract the attention of true scholars.<sup>6</sup> Given the impressive intellect expressed in a vast medical literature published since the Han dynasty beginning with the *Huang Di Nei Jing* text corpus and certainly known to Zhu Xi, such a verdict may come as a surprise, especially so as the *Huang Di Nei Jing*, as Chinese medical theory for the most part, constituted nothing but a projection of Confucian and Legalist views of order and crisis on the human organism and its health and disease. Still, when Zhu Xi passed his verdict of a “petty learning” on medicine, this signalled the attitude of probably major parts of the intellectual elite of imperial China. Others defended the pursuit of medicine as deeply humanitarian and of highest cultural value. The debate between those who had the same feelings towards the pursuit of medicine as Zhu Xi, and those who rushed to secure medicine a higher image in society continued well to the end of the imperial age.<sup>7</sup>

<sup>5</sup> Ralph Croizier, *Traditional Medicine in Modern China: Science, Nationalism, and the Tensions of Cultural Change* (Cambridge, Massachusetts, 1986).

<sup>6</sup> Li Guangdi 李光地 (ed.), *Zhuzi quanshu* 諸子全書 (Hongdaotang 宏道堂, 1714), pp. 19, 23a.

<sup>7</sup> Paul U. Unschuld, *Medical Ethics in Imperial China: A Study in Historical Anthropology* (Berkeley, Los Angeles, 1979).

When Western medicine and surgery practiced by Western physicians entered China on a broad scale in the second half of the 19<sup>th</sup> century, when the first Chinese graduates of Western medical schools returned to China in the early 20<sup>th</sup> century, when the Rockefeller Foundation opened its Peking Union Medical College,<sup>⑧</sup> and when Wu Lien-Teh was able to control the Manchurian Plague with measures based in modern microbiological knowledge,<sup>⑨</sup> to name only a few facets of what appeared to many as an overwhelming superiority of Western medicine over Chinese medicine, it was this confrontation with an external threat that made all the internal bickering over the value of medicine *per se* appear a mere trifle. Now the issue of preserving or demolishing a medicine based in a Chinese culture tradition became existential. It was an issue of whether to be or not to be.

In 1914, the Minister of Education, Wang Daxie, when approached by a group of traditional practitioners requesting government recognition for their professional association, bluntly stated: “I have decided in future to abolish Chinese medicine and also not to use Chinese drugs.”<sup>⑩</sup> One year later, Chen Duxiu “raked Chinese medicine for its fundamental incompatibility with science” when he proclaimed, in his “famous broadside against the old culture and society” published in the journal “New Youth” (*Xin qingnian*) on 15 September 1915, “Our men of learning do not understand science; thus they make use of yinyang signs and beliefs in the five agents to confuse the world. .. Our doctors do not understand science. They not only know nothing of human anatomy, but also know nothing of the analysis of medicines; as for bacterial poisoning and infections, they have not even heard of them. .. The height of their wondrous illusions is the theory of *qi* which really applies to the professional acrobats and Daoist priests. We will never comprehend this *qi* even if we were to search everywhere in the universe. All of these fanciful notions and irrational beliefs can be corrected at their roots by science, because to explain truth by science we must prove everything with fact.”<sup>⑪</sup>

I will quote more examples of such views towards Chinese medicine from Ralph Croizier’s book. It was not historiographers, it was reformers and conservatives who were the first to associate Chinese medicine with their national essence. The reformers saw old China doomed, and they considered Chinese medicine to be inextricably tied to this old

⑧ Mary E. Ferguson, *China Medical Board and Peking Union Medical College: A Chronicle of Fruitful Collaboration 1914-1951* (New York, 1970).

⑨ Wu Lien-Teh, *Plague Fighter: The Autobiography of a Modern Chinese Physician* (Cambridge 1959).

⑩ Ralph Croizier, 1986, p. 69.

⑪ Daniel W. Y. Kwok, *Scientism in Chinese Thought* (New Haven, 1965), p. 65. Ralph Croizier, 1986, pp. 71-72.

China. In their attempts at strengthening China they discovered Chinese medicine as a most fitting symbol of the corruption and backwardness of traditional Chinese culture. Thus, when in 1922 Zhang Shichuang shot the first Chinese slapstick movie, *A Laborer's Love*, he chose to ridicule a traditional physician.<sup>12</sup> Lu Xun, who had first studied Western medicine because he thought that was what his ailing country needed most then turned to writing as a more efficacious strategy, repeatedly showed his contempt of old-style medical practice. In his short stories he presented “damning indictments of Chinese medicine. His famous story *Yao* (‘Medicine’) of 1919 draws a powerful picture of the disgusting, superstitious old medical practices, heightened by the tragedy of a child’s death and his mother’s grief.” Similarly, in his story “Tomorrow”, the traditional physician is portrayed as ignorant and callous. “In both of the stories traditional medicine is seen as an integral, representative part of all that is backward, inhuman, and disgusting in the old society. ... even clearer in his autobiographical story, 1926, ‘Father’s illness’, where old-style practitioners appear even more ignorant and avaricious, their ‘wonder-working’ medicines being even more weird, disgusting, and ridiculous.”<sup>13</sup>

Other writers, like Ba Jin, Lao She, Ye Shaochun, and Tang Erhe equally equated Chinese medicine with the old society at large,<sup>14</sup> and in 1927, Niu Rongsheng dismissed Chinese medicine as “basically incompatible with science” and hence doomed to extinction. In sum, Chinese medicine to these reformers was a “symbol of the dead past”.<sup>15</sup>

Such fierce attacks provoked resistance. Numerous voices emerged seeking to defend and rescue Chinese medicine. However, there were two basic obstacles. First, Chinese medicine obviously knew neither anatomy nor bacteriology. It had no surgery worth mentioning, and was entirely void of any strategy that could be termed public health, to name only a few obvious disadvantages in the beginning struggle with Western medicine. How, then, could Chinese medicine be defended? The arguments raised by defenders of Chinese medicine did not aim at a better therapeutic effect. Rather, as Croizier pointed out, under the impression of the confrontation with, and increasing domination in China of so called Western medicine in the late 19<sup>th</sup> and early 20<sup>th</sup> century Chinese medicine was identified not only as something genuinely Chinese, but also as a cultural treasure representing the national essence of China. Those who came to save Chinese medicine from total demise, they did not

<sup>12</sup> Paul U. Unschuld, *Medicine in China: Historical Artifacts and Images* (Munich, London, New York, 2000), p. 108.

<sup>13</sup> Ralph Croizier, 1986, p. 73.

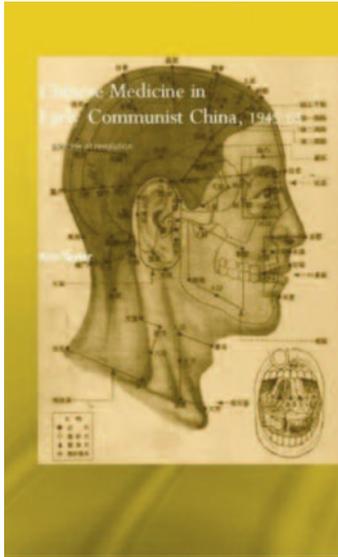
<sup>14</sup> *Ibid.*, p. 74.

<sup>15</sup> *Ibid.*, pp. 75-77.

attempt to point out better therapeutic results, they went back to show how closely Chinese medicine was tied to Chinese culture. To destroy Chinese medicine, then, meant to destroy Chinese culture. To rescue Chinese culture, one might point out in hindsight, was more important than to rescue individual patients.

If the strategy of attributing Chinese medicine a status of representing Chinese nationality diverted the arguments from petty individual therapeutic effects to a much higher stake, that is, the rescue of Chinese culture, there remained a second problem to be solved that stood in the way of successful competition with Western medicine. Given the undoubtedly mixed bag of concepts and practices constituting Chinese health care by the end of the 19<sup>th</sup> and in the early 20<sup>th</sup> century, the question to be asked was how to define Chinese medicine?

Some early authors suggested to take some undoubtedly valuable parts of Chinese medicine and unite them with what was most valuable in Western medicine. This meant that other parts of Chinese medicine were not worth to be preserved, and could be discarded. This way, these authors thought, they could avert total annihilation of Chinese medicine. A first explicit answer to the question “which Chinese medicine?” was given by the new administration shortly following the founding of the People’s Republic of China in 1949.



Kim Taylor, *Chinese Medicine in Early Communist China, 1945-1963: A Medicine of Revolution* (London and New York: Routledge Curzon, 2005)

Kim Taylor, in her most illuminating study *Chinese Medicine in Early Communist China: A medicine of revolution* has shown the political dimensions of attempts to define and restructure Chinese medicine between 1950 and the mid-1960s that eventually led to the formation of an officially sanctioned *zhongyi*, or, “Traditional Chinese Medicine”.<sup>16</sup> It was neither a belief in a superior therapeutic potential, nor an ideological proximity, nor a felt necessity to preserve Chinese cultural essence that led the early Communist administration’s decision making. The administration realized that innumerable people would lose their livelihood if Chinese medicine were abruptly abolished as the ministry of health would have preferred it. Also, in view of the political unrest following such moves

<sup>16</sup> Kim Taylor, *Chinese Medicine in Early Communist China, 1945-1963: A Medicine of Revolution* (London, New York: Routledge Curzon, 2005).

only 20 years ago, the Communist administration appears to have shied away from an open conflict with a large number of people with a vested interest in the continued availability of traditional practices.

In the 1960s through 1990s, numerous brochures and books on *zhongyi* were published to be used as readers in colleges of modern and traditional Chinese medicine. They combined what appeared to their editors meaningful excerpts from classical literature beginning with the *Huang Di Nei Jing* text corpus to works published at the end of the imperial age. Meanwhile, this eclectic approach has been superseded, it appears, by a broad movement, supported by various Chinese publishing companies, to republish large numbers of original texts of the past two millennia, regardless of the diverse nature of their contents. While obviously apotropaic sections may be omitted, Chinese medicine as such is no longer censored. Any text of Chinese medicine that does not leave the boundaries of the science of systematic correspondences and of empirical knowledge appears worth to be reprinted now. This way, the definition of “Traditional Chinese Medicine” seems to have lost much of its strength. The “medicine of revolution” had been meant to extract from a heterogenous pool of the past a digest suitable for a socialist China of the future, firmly based in modern natural science and technology. Now, almost indiscriminately, the entire body of knowledge published over the past two millennia is made accessible again; students and doctors, laypersons and experts may study them and choose what they consider attractive.

The official line pursued by the administration in the formation of a Traditional Chinese Medicine in the 1950s through 1960s appears to have lost ground to tendencies to recover Chinese medicine in its historical entirety. To understand how such a development could occur in a country that is usually not praised for its freedom of thought or choices, we need to turn now to the attribution of nationality to Chinese medicine from abroad.

News of more or less noteworthy East Asian health care practices had reached Europe at least since the late 16<sup>th</sup> century, if not earlier.<sup>17</sup> By the 17<sup>th</sup> century, and even more so in the early 18<sup>th</sup> century, acupuncture, moxibustion, and in particular Chinese pulse diagnosis were widely discussed, studied, and applied in Europe. Numerous authors wrote on these new arrivals. It was a time of a rather unbiased open attitude towards any therapeutic approach that promised to improve European medicine. It was the time following renaissance and faced with the iconoclasm of Vesalius and Paracelse, when Europe had no solid

<sup>17</sup> Wolfgang Michel, “Frü he westliche Beobachtungen zur Moxibustion und Akupunktur,” *Südhofts Archiv* 77.2 (1993): 194-222. Lu Gwei-djen & Joseph Needham, *Celestial Lancets. A History and Rationale of Acupuncture and Moxa* (Cambridge, 1980), 269 ff.

conceptual basis for health care, and when a search began that reach its conclusion only by the middle of the 19<sup>th</sup> century. It did not matter where new stimuli originated from, be it texts written in Arabic or reports from East Asia. The thoughts and practices from East Asia were given labels signifying their presumed origin. Thus, the Dane Jacob de Bondt spoke of an “East Indian Medicine” in his “*Historia Naturalis et Medica Indiae Orientalis*” of 1658. Esholz, in 1676, referred to “Chinese Moxa”<sup>18</sup> Andreas Cleyer, in 1682, spoke of “*Specimen Medicinae Sinicae*”. An anonymous French author published a title “*Les Secrets de la Médecine des Chinois*” in 1671; similarly P. Dabry de Thiersant gave his book the title “*La Médecine chez les Chinois*” in 1863. However, in the 19<sup>th</sup> century, acupuncture apparently was so widely known in Europe, and had been appropriated to such an extent, that its primary affiliation with China was a matter of fact no longer worth mentioning.<sup>19</sup> Numerous books and articles appeared that spoke of acupuncture but failed to recall its Chinese origin. An example is L.V.J. Berlioz’s *Mémoires sur les Maladies Chroniques, les Évacuations Sanguines et l’Acupuncture* in 2 vols published in 1816.

By the mid-19<sup>th</sup> century, the interest in acupuncture and Chinese pulse diagnosis came to an almost complete halt. For an entire century, only a very small number of Europeans appears to have been aware of a specifically Chinese medical tradition. George Soulie de Morant is the exception from the rule, and yet, his difficulties to find his message accepted after his return to France symbolize the general negligence shown towards Chinese medicine all over Europe until the rediscovery of China in the second half of the 20<sup>th</sup> century. And it is here that we should return to *The Web That Has No Weaver*, and similar demonstrations of a renewed Western interest in Chinese medicine.

With the attention paid to Chinese acupuncture first and Chinese traditional pharmacotherapy later, the West was confronted with the same question as China herself, that is “what is Chinese medicine?” Practitioners and journalists were the first to visit China, receive instructions there, and publish their understanding in the West. Seen from hindsight, despite the problems discussed earlier in this paper, Kaptchuk’s *The Web That Has No Weaver* was a remarkable early achievement if compared to other surveys of Chinese medicine that appeared within a few years after the opening of China.

<sup>18</sup> Elsholz, Von den chinesisichen Moxa, ein Mittel wider das Zipperlein.

<sup>19</sup> See for instance Salvator Cyrillus (ed.), *Mercurii Monachi, Pernecessaria de pulsibus doctrina* (Naples 1812), p. 31, where Cirillo traces the “fame” of Chinese sphygmology during his own time as far as the 12<sup>th</sup> century: “Cui non nota sphygmica Sinensium disciplina tantopere decantata?”

Various tendencies in the treatment of Chinese medicine appeared in the USA and Europe in the wake of the opening of China and the opportunity of first-hand contact with Chinese medicine. As I myself had begun to study Chinese medical history and present reality beginning with the mid-1960s and during a first period of participant observation in Taiwan from 1969 through 1970, I was able to observe these developments from the beginning and with some expertise of my own.

Falsely attributing Chinese medicine a Daoist origin and a history of three, four, or even six thousand years, a group of followers developed who saw, and still see, in Chinese medicine the cure of many ills not only of patients, but also of Western medicine. It is this group that stands in complete opposition to a globalization of Chinese medicine in the sense of exchanging its traditional conceptual basis with modern biomedical reasoning. It is this group that was misled, for a long time, by the term TCM to believe that TCM represented a historical reality of two or more millennia. It is this group that, at least partially, has become suspicious of TCM in more recent years and probes the classics of the past to find a better Chinese medicine there.

At the other end of a wide gamut one finds a group that has developed a more detached attitude towards Chinese medical practices and concepts. Its members use techniques or drugs originating in China but agree to research and understand their effects on the basis of modern theories. While those opposed to carving Chinese medicine out of its cultural background prefer to translate *fenghuoyan* as “wind-fire-eye”, the latter find no fault with a translation as “acute conjunctivitis”.

That is, if we recall the two diverging tendencies in the treatment of Chinese medicine competing in China, we find two matching tendencies in the West. Western practitioners and patients who seek in Chinese medicine an alternative to modern biomedicine find an appropriate literature in Western languages, gather at their own conferences, and adopt Chinese medicine in a process I have called “creative reception”. They do not consider the results of recent historiography as noteworthy, and they continue the clichés that were formed more than two decades ago as their basic Credo. When they go to China they find a scene of establishments, including some Colleges of Traditional Chinese Medicine, willing to confirm these clichés. These establishments refer to *qi* as energy, although historical Chinese medicine has never known such a concept. They speak of Chinese medicine as holistic, although neither TCM nor historical Chinese medicine has never been as holistic as Western medicine is now, and so on. What has happened is that the Western construct of Traditional Chinese Medicine has been adopted by some Chinese institutions as truly

Chinese and is sold as such to Western neophytes attempting to flee what they consider the dire reality of modern biomedicine. In other words, a Chinese nationality is attributed to a system of health care formed in the West out of Western fears and expectations, on the basis of some elements borrowed from historical Chinese medicine.

The irony is that the Chinese government cannot be interested in this development. The Chinese government supports the world-wide spread of TCM but has a very different construct in mind. The TCM described by Kim Taylor is a product of the trauma that has informed much of Chinese politics in the 20<sup>th</sup> century. This trauma resulted from the scientific and technological supremacy of the Western powers that forced their way into China in the 19<sup>th</sup> century, and degraded China to a humiliated territory, subjected to unequal treaties and partially colonized. TCM is a product of this trauma in that it was formed as a compromise saving the face of Chinese medicine from total annihilation at the price of having its traditional soul replaced by a logic that was informed by Western rationality. TCM reminds one of historical Chinese medicine in that it claims an origin in the texts of the Yellow Thearch, speaks of *yinyang* and five agents, and uses acupuncture and traditional herbs. In effect, though, TCM as it was designed by the government appointed committees in the 1950s through 1960s was meant to be absorbed by modern biomedicine. This absorption is hidden under such labels as *zhong xi yi jie he*, that is “integration of Chinese and Western medicine”, but the direction of the integration is quite obvious. That is, the Chinese administration attributes, through the label *zhongyi*, a Chinese nationality to what in fact is a construct made up of historical Chinese and Western elements just as much as the TCM proposed by traditionalists as an alternative to biomedicine. The difference is that the traditionalists follow an illusion of having grasped with their TCM a truly historical Chinese medicine, which they have not, while the Chinese government and those acting in the interest of the Chinese government use their TCM to consciously separate themselves from genuine Chinese medical history.

Chinese medicine, two millennia ago, rested on what was a most progressive science at that time, i.e., the doctrines of systematic correspondences. The Chinese administration has realized that this ancient, genuinely Chinese science, has been the cause of Chinese humiliation in the 19<sup>th</sup> century. With *yinyang* and the Five Agents a cellular phone cannot be made to ring, an electric lamp cannot be made to shine, and a rocket cannot be send across continents. The science of systematic correspondences does not promise to the Chinese administration any advantage in today’s global competition. It is therefore that, in the legacy of Chen Duxiu, Lu Xun, Ba Jin and many other concerned reformers of the early 20<sup>th</sup> century,

the Chinese administration prefers to attribute Chinese nationality to a TCM that is certainly not purely Chinese. The TCM untouched by biomedical sciences that is hailed by Westerners and has been adopted by Chinese institutions responding to Western demands must appear to the Chinese administration as a Trojan horse designed to be brought into China to eventually weaken China. Unlike Western societies that do not care about losing parts of their population to views outside of modern science and technology (resulting in Germany in an increasing lack, for instance of engineers), the Chinese administration is concerned about losing parts of its population to ideas and practices that signal a return to the conditions deplored by Chen Duxiu a century ago. The fight by the Chinese administration to have a standardized English terminology that is informed by modern biomedical concepts rather than by historical and philological accuracy, and the opposition against translating *fenghuoyan* as “wind-fire-eye”, appear plausible in this political context.