C123. Preparation for Lecture 8.

TCM: The Construction of Tradition.

Adapted from notes by Kim Taylor and Volker Scheid

After this lecture you should be able to give a description of and comment on the process of modernisation [standardisation, professionalisation, institutionalisation] of indigenous Chinese medicine and its subsequent survival in the modern Chinese world. In particular you should be able to comment on the role of the Chinese Communist party in this process.

Mao Zedong in 1949 after the Communist Party had taken Beijing

China has faced some tremendous upheavals in the course of the twentieth century. From the collapse of the empire with the fall of Qing Dynasty in 1911 and the formation of a Republic, the descent into the Warlord years, then the establishment of Jiang Jieshi's 蒋介石 [aka Chiang K'ai Shek (1887-1975)] Nationalist government [the Guomin dang 国民党 [KMT]] in 1927, the Japanese War from 1937-1945, a Civil War culminating in the Victory of the Chinese Communist Party under Mao Zedong 毛泽东 (1893-1976) in 1949, the famines following Mao's Great Leap Forward policies, the Cultural Revolution of 1966 - 76, and Deng Xiaoping's economic reforms of the 1980s. Against this background indigenous medicine in China has made its journey from being just medicine to being Chinese medicine, to traditional medicine (with small 't') to a Traditional Chinese Medicine (big 'T') - a
codified system with a distinctive ‘brand image’.


Basic Timeline

- Qing [Manchu] dynasty 1644 - 1911
- Republican Period 1912 - 1949
- People’s Republic 1949 – present
  1927 – 1949
  1946 – 1949
- 1956 China declared socialist
- 1957 Great Leap Forward
- 1966 – 1976 Cultural Revolution
- 1978 onwards: Period of Economic Reform and opening up to the West

Up until the first decade of the twentieth century, Chinese medicine was uncontested. There were some fringe activities involving Western medicine, generally isolated initiatives, both foreign and Chinese, dotted across China, but as a whole, Western medicine was regarded with suspicion. The medicine that was practiced was not characterised as specifically ‘Chinese’ and it was not a homogenous body.

Acupuncture in Late Imperial China (1368-1911)

During the Ming and Qing dynasties the importance of acupuncture had declined rapidly. Physicians like Zhang Jiebin 張介斌 (15163-1640) and Xu Dachun 徐大椿 (1693-1771) noted that there were few well-known acupuncturists to be found in their time. Indeed by 1822 the Imperial Academy prohibited the teaching and practice of acupuncture. The reasons for this decline included a dislike of needles among patients, the relative stress on gentler therapies such as massage, and the preference of elite physicians for herbal medicine.
For many acupuncture was a manual therapy unsuited for the scholar-physicians that dominated the field of medicine. It was no longer a specialist discipline but practised by external medicine physicians as part of a larger repertoire of petty surgery techniques.

Thus Traditional Chinese Medicine was shaped by a specific sequence of key events in twentieth century China. So we should not take for granted the current high standing of Chinese medicine in China, but try to understand it within the context of the times and ideologies that promoted it.

‘Westernisation’ of medicine in the twentieth century followed the more than half-century superior military attack on China’s defenses which forced China to compare herself with the rest of the world.

No study of Chinese medicine in China since the late 19th century can therefore fail to take into account the challenge that Western medicine presented to the integrity of the existing medical system, and the social standing of the physicians.

With Chinese medicine forced to coexist alongside Western medicine in China of the Communist era, and with Western medicine having the upper hand, it is little wonder that many basic Western medical techniques rubbed off on the field of Chinese medicine, showing themselves in such ways as in the routine use of stethoscopes and in the taking of blood pressures and other laboratory tests in Chinese medical diagnosis. Such developments can be regarded as a natural progression into the twenty first century, and therefore characteristic of Chinese medicine today.

Therefore, in discussing the history of Chinese medicine in twentieth century China, we have to understand its, or the ruling regime’s, relationship with Western medicine. So the story begins with the symbolic event generally regarded as the key moment when Western medicine was formally accepted into the Chinese health care system: the Manchurian Pneumonic Plague epidemic of 1910-11. This was a ferocious outbreak of pneumonic plague, a disease transmittable, like the common cold, through the air, which broke out among the marmot-hunting community in the north-eastern provinces of Manchuria. After isolation and corpse burning measures were promoted by Western trained Chinese doctors, and seen to be effective, the status of the Western medicine continued to rise [see next lecture].

The Modernisation of Chinese Medicine in Republican China (1911-1949)
From the late nineteenth century onward, physicians of Chinese medicine had increasingly advocated
the need to modernise their tradition if it was to survive in a rapidly changing society. But from the plague onwards, there was deep trouble in the Chinese medical camp.

With Western medicine having gained such authority for the first time, the Chinese medical practitioners had to rally together to fight back. These are the first steps of the ‘modernisation’ of Chinese medicine if we are to consider ‘modernisation’ as a reflex reaction reconstituting the format of the medicine to configure with that of Western medicine.

In other words, a society was formed, journals were formed, schools were set up - these are trappings of professionalisation, and the fact that they reflect the modules through which Western medicine (not Chinese medicine) functions, indicates to us the degree of disturbance that the rulings of the Nationalist party had on practitioners of Chinese medicine. We must remember, however, that the Nationalist’s rule was largely confined to the major cities along the eastern border of China, and that this tenuous hold on unity only lasted for less than ten years.

The implementation of Western standards of public health came to be a priority for the new Nationalist government, set up in Nanjing in 1928.

In 1929, there was a notorious proposal to abolish Chinese medicine put forth by Yu Yunxiu 鄔雲岫, ‘The Abolition of Old-Style Medicine in Order to Clear Away Obstacles to Medicine and Public Health’. This motion was was put before parliament with the intention of prohibiting the practice of traditional medicine. In response, physicians of traditional medicine united for the first time in their history into one single group at a conference held in Shanghai on 17th March 1929. The conference sent a delegation to the capital Nanjing that successfully lobbied to have the motion deferred. The events of March 1929 are therefore seen as the birth of modern ‘traditional’ Chinese medicine and March 17th is still celebrated in Taiwan and Singapore as ‘National Medicine Day.’ So you can see just how far, in the space of twenty years, Western medicine had progressed, that it could directly challenge the legitimacy of Chinese medicine in Chinese culture.
Modern Acupuncture

Poverty, lack of public health care and a general spirit of renewal stimulated some doctors in Republican China to promote acupuncture as a cheap alternative to drug based medicine.

One of them was Cheng Dan’an (1899-1957), an acupuncturist and paediatrician from Jiangsu, who had visited Japan in the early 1930s. On his return to China in 1933, he opened the first modern acupuncture college in China in Wuxi.

His acupuncture was based on classical theory but he attempted to systematise it in order to meet the needs of a modern audience. Through his students, his writings, and his political activity Cheng Dan’an exerted a profound influence on the development of acupuncture in China. At the same time that he was developing his acupuncture in China, Japanese acupuncture in Japan also witnessed a revival, where acupuncturists like Yanagiya and Sawada developed ‘meridian therapy’.

Although promoted under the banner ‘return to the classics’, it, too, was a distinctly modern innovation. Through its diffusion into Taiwan, Germany and France it influenced the development of acupuncture in the West.

War and the Chinese Communist Party [CCP]

In 1937 war broke out with Japan, which forced the Nationalist and Communist parties to join forces temporarily to fight the Japanese, and no sooner did they succeed in driving them out at the end of the Second World War in 1945 than they turned on one another, culminating in the unexpected victory of the Communist party in 1949. This took the development of Chinese medicine along an entirely different path.

For Chinese medicine in CCP China, rather than being sidelined by the government as it had been during Nationalist times, had become part of the Communist Revolution. During the uncertain and desperate times of the Civil War (1945-49), the leaders of the CCP were functioning from the countryside (Yenan, to be precise) and it became part of their recruiting strategy to ally themselves with the local peasant population, and to welcome into their ranks a number of social groups traditionally or even recently ostracised as inferior elements of society. These included the women (and how the Chinese revolution was won largely on the backs of women power has been told by Delia Davin), the artists and, also, the Chinese medical practitioner. Mao Zedong (1893-1976), Chairman of the Party, built up his Communist Revolution by declaring that the CCP represented the Chinese people, and that the Nationalist party was capitalist, a slave to foreign imperial powers, and oppressor of the people. With a broad brush, Western style medicine was also tarred as ‘bourgeois’.
Mao promised to support these previously neglected social groups, and to accept them into the Communist Party, with a bit of ideological reformation and the removal of the feudal and superstitious elements of their backgrounds.

In 1944 he embraced Chinese medicine into this plan in a speech delivered on the Shaanxi-Gansu-Ningxia border region entitled 'The United Front in Cultural Work'.

In the Shaanxi-Gansu-Ningxia border region the mortality rate of men and livestock is high, and still many of the people believe in witchcraft. In these circumstances, if we only rely on the new medicine (xinyi 新医), we will not be able to solve our problems. Of course the new medicine is superior to the old medicine (jiuyi 旧医), but if they [the doctors of the new medicine] are not concerned about the sufferings of the people, do not train doctors to serve the people and do not unite with the thousand odd doctors and veterinarians of the old school in the border region in order to help them to improve, then they [the doctors of the new medicine] will be actually helping the practitioners of witchcraft by callously observing the death of a large number of men and livestock.

Mao then proposed that the old and new medicines unite together to produce a consolidated form of medicine which could satisfy the health needs of the Communists. This was not all-out support for Chinese medicine, but an acceptance of it, for the moment, because of the practicalities of trying to run a war in the countryside; the CCP was severely under-resourced. These were the only revolutionary guidelines on Chinese medicine which Mao presented during the years in Yan’an, but the gist was clear - Chinese medicine was to be embraced into the Revolution.

Antagonistic interests between politics, economics and medicine in CCP China, antagonisms so extreme that they were to catapult the easily dismissed field of Chinese medicine to the forefront of the national health care service. A combination of events, backed by the extraordinary power and momentum of the Communist Revolution, elevated Chinese medicine onto the level of national and international health care that is familiar with us today.

Chinese Communist leaders had long viewed Chinese medicine as a ‘feudal superstition.’ When the Communist Party came to power in 1949 they took over the rudiments of a Western medical infrastructure in the main urban areas. They could have followed the health-care guidelines of their predecessors, and probably originally intended to do just that, although with some allowances for Chinese medicine in carefully controlled government structures running parallel to the national health care system. Because of Mao Zedong’s earlier promise to the Chinese medical practitioners, Chinese medicine had a place in Chinese society, although there was no guarantee how significant a place that would be. In the first few years of CCP rule, Chinese medicine continued to play second fiddle to Western medicine. So-called ‘improvement schools’ of the medicine were set up nation-wide through which every practitioner of Chinese medicine had to pass in order to obtain a licence and thus
be authorised to continue practising. In these schools, the curriculum was heavily based on Communist political thought and basic Western anatomy and physiology. These schools were meant to control Chinese medical knowledge, and most certainly were not meant to cultivate it further.

The Development of Chinese Medicine in Contemporary China (1949-)

However, as Mao Zedong began to distance himself from the Soviet Union he changed his mind. Mao’s Chinese communism focused on ‘patriotism,’ on ‘being self reliant’ and ‘native’ and Chinese medicine fitted this bill.

In 1953-54 Chinese medicine was caught up in a huge ideological explosion that implicated the Ministry of Health. He Cheng (1901-1992), deputy Minister of Health, and other leading scientists in that government body, were suddenly accused by Mao Zedong of being ‘ideologically-impure’ and of acting against the revolution.

This was part of the Red vs. Expert controversies in early Communist China when it was one thing to be a trained scientist, and quite another to be a trustworthy Communist. Mao Zedong had an inherent suspicion towards all those who had been trained abroad, and whom he saw as capable of toppling his regime. The Ministry of Health was one of the first newly-formed government structures to experience Mao Zedong’s temperamental wrath, and one of the sticks which was used to beat the Ministry, was its policy towards Chinese medicine. The Chinese medical improvement schools, and the fact that the exams were heavily based on Western medicine causing the great majority of Chinese medical practitioners to fail, were implicated as ways in which the Ministry of Health had deliberately misinterpreted the aims of Mao Zedong and was out to destroy the traditional field of Chinese medicine.

From 1954 onward Chinese medicine was used as a symbol for China’s cultural genius. Colleges of Chinese Medicine were opened in Shanghai, Guangzhou, Chengdu and Beijing in 1956, and in 1958 Chinese medicine was declared a national treasure by the government.
The year 1954 was thus a monumental year for Chinese medicine. It was the year when Mao Zedong personally stepped in to single-handedly elevate Chinese medicine from its situation as subordinate to Western medicine to functioning on a parallel if not more equal level with it. Mao Zedong declared that ‘Western medicines and Chinese medicines should unite’ (中西医) and that the way to do this was to have the compulsory study of Chinese medicine by doctors of Western medicine. Mao personally enacted a revolutionary new type of program labeled ‘Western-medicine-studies-Chinese-medicine’ where recently qualified professionals in Western medicine should be summoned from across the country to the capital Beijing to take part in the First Class of ‘Western-medicine-studies-Chinese-medicine’. This was in some ways typical of Mao’s penchant for turning the norm on its head, to augment insecurities and confusion, so as to quash rebellion. Unfortunately, these practitioners of Western medicine had no choice, and had to comply. In the same way, famous practitioners of Chinese medicine from across the nation were invited to Beijing to teach the doctors of Western medicine. This really did give rise to some most unprecedented scenes. Let us not forget that Chinese medicine was not highly regarded among highly educated scientists, and also let us not forget that the Chinese medical practitioners themselves had probably never before taught in this class-room format.

What this extraordinary program did do, however, was to put Chinese medicine firmly on the map. Although the classes of ‘Western-medicine-studies-Chinese-medicine’ were to die out by the end of the 1950s, their effect was irreversible. Chinese medicine was a national event, it had to be guarded and treasured, it could not longer be side-lined and ignored.

These words and events were to ensure Chinese medicine’s future in China during the unsettled times of the Great Leap Forward and the Cultural Revolution. From the late 1950s, Mao Zedong’s attention came to be diverted away from petty nationalistic issues in health care politics to much more weighty national concerns.

Chinese medical health care policy was left in the hands of others and, in my view, it was on the basis of the miserable experiences of the first deputy Minister of Health, that these others, such as Zhou Enlai 周恩来(1898-1976) and succeeding deputy Minister of Health, Xu Yunbei (1914- ) chose to treat the field of Chinese medicine with caution and respect. It was Zhou Enlai who ordered the establishment of four Academies of Traditional Chinese Medicine in Beijing, Shanghai, Guangzhou and Chengdu in 1956. By 1960, this number had expanded to nineteen. Here the main curriculum was to be dominated, for the first time, by Chinese medical knowledge; the institutional structure for the perpetuation of Chinese medicine as a discipline and practicable medicine, was in place.
After the graduation of this First Class, in October 1958, Mao Zedong issued a general statement on the future direction of Chinese medical education, one sentence from which proclaimed that ‘Chinese medicine is a great treasure-house!’ This statement became a slogan which at first was used in its original context of encouraging doctors of Western medicine to continue their study of Chinese medicine, in the hope of eventually uniting the two medicines.

1958
Mao Zedong

Chinese medicine is a Great treasure-house And should be Diligently improved Explored and improved upon
The slogan, however, came to be taken out of context once it was immortalised in the little red medical books of the Cultural Revolution and subsequently has become a standard of Mao’s unquestioned and tireless support of Chinese medicine. However we do need to be aware that in uttering this statement, Mao was actually referring to Chinese medicine being a great ‘treasure-house’ in the context of doctors of Western medicine mining it for drugs and techniques that could be proven effective with modern means, and not as a repository of hundreds of years of knowledge worth perpetuating.

DISCUSSION POINT
Let us consider for a moment the significance of such an event. There are those scholars who say that medical events in Communist China were simply continuous with the general dynamic of the medicine, for standardisation, and then for pluralisation, that they involved the same people as the promoters of Chinese medicine during the Nationalist period and so on. I [Kim Taylor] really do view events in Communist China as quite separate. If Chinese medicine had not become part of the Communist, and thus leading ideology, revolution, and if it had not been for the express intervention of the highest level of the Chinese Communist Party, it is the belief of many that Chinese medicine would not exist in China or abroad with the standing it enjoys today. Kim believes it would exist how it did during the Nationalist era - sidelined, but present, as it currently does in Chinese societies such as Hong Kong, Singapore and Taiwan whose governments have not put through programmes to expressly promote it but have always tolerated it. The Chinese Communist Party not only made room for the medicine ideologically, but they also created physical spaces for the medicine to function. And once the institutional structure was in place, the medicine was, so to speak, there to stay.

With the establishment of these institutions of teaching, there came the need to have a core set of teaching materials with which to instruct a consistent set of views of Chinese medicine nationwide. Discussions began in 1959 about how to set about this, and it was decided that a six year medical course at the Academies of TCM would be divided at a ratio of 7:3 between Chinese and Western medicines. The study of TCM was split into fifteen different courses, made up of a curious mixture of old classical texts, and modern biomedical categories. Chinese medicine was to keep its inherent integrity but so much of it was to be re-ordered and presented in the format of Western medicine. The implications of this process have been immense.

The petrifying of Chinese medical knowledge into a standardised TCM has fundamentally altered the dynamics of master and disciple, of doctor and patient, and of any form of medical innovation. I [Kim Taylor] interpret the whole process as a means intended to preserve Chinese medicine within a
society unsure of the medicine’s worth. Volker Scheid sees standardisation as ‘an instrument of orchestrated medical pluralism’ (Scheid 2002: 231), and regards it as a cowardly act, suppressing the skills of individual practitioners. Yet CCP China was never about the individual. Elisabeth Hsu, on the other hand, makes a very fine point (Hsu 1999: 164) about how ‘the standardisation of the curriculum has led to a separation between classroom teaching (where standards are easily established) and training in the clinic (where they are not as easily implemented).’ She says, ‘the process of standardising the transmission of Chinese medical knowledge has given rise to a theory, and with it, to an ever increasing gap between theory and practice.’ (Hsu 199: 166) So you can see that while there is a fixed set of structures, i.e. the Academies of TCM, the clinics, the textbooks, these are the bones, the skeletal structure, on which the rest of Chinese medicine can hang, and as both Scheid and Hsu have pointed out, this allows for a certain amount of diversity within the actual practical implementation of the medicine.

Barefoot Doctors.
And this is the medicine which we identify today as ‘Traditional Chinese Medicine’ or ‘TCM’. TCM can be seen as a subcategory of general Chinese medicine, for it was by no means the only form of Chinese medicine being practised in mainland China. TCM is that medicine specific to state institutions, and it is, as has just been described, a post-1956 phenomenon. The defining features of this medicine are:

a) the institutional boundaries in which it functions
b) the formulation of a ‘basic theory of Chinese medicine’ (Õòî¿û’ÔìÅí Åû) 
c) the standardisation of knowledge into a national curriculum of higher education 
d) its application within the primary health care system 
e) its role as a valid medical system within the national health care system and labour insurance system

All these issues I believe to have influenced this body of knowledge to make TCM distinct from other forms of Chinese medicine.

TCM in contemporary China

TCM is part of a free market, but is also held in place by a rigid apportioning of health care services of certain danwei (work-units) to certain hospitals of TCM. If you are a member of that work-unit, you are entitled to health care at a Chinese medical hospital at a discounted price. There remains a definite prejudice against Chinese medicine in Chinese society and it is regarded as more advantageous to have a work-unit with affiliations to a hospital of Western medicine. Should one wish to be treated by Western medicine rather than Chinese medicine, you have to either be
recommended for such treatment by your Chinese medical doctor, or you have to pay for it yourself, and needless to say, there is quite a discrepancy between being treated by Chinese medicine and being treated by Western medicine.

In the same way, surveys have shown that Western medicine is the more popular university course by far, leaving some major Academies of TCM with such trouble filling their student quotas that they accept a large number of students from outside of their province. This is quite a significant compromise in China because free travel is not encouraged and once you are registered in a certain city or province, there you are meant to stay. Relocation to major cities such as Beijing and Shanghai is strictly controlled and it has been suggested that a place at an Academy of TCM in a city like Beijing or Shanghai can essentially function as a ticket of entry to those cities.

Once in an Academy of TCM, the curriculum is being more and more dominated by Western medicine and the traditional system of apprenticeship, in which the complex theories of medicine are slowly, over the years, inculcated in the young disciples, has more or less disappeared. It still exists, but the student has to make time for it, rather than it being a compulsory way of learning. Thus Chinese medicine loses its subjectivity and is increasingly reduced to formulaic patterns, easily learnt in textbooks of prescriptions and formulas.

In the 1980s, Chinese medicine was defined by law as being part of a plural health care system in China and its infrastructure developed further. Since the 1990s, the Chinese government has made stringent efforts to globalise Chinese medicine and to develop its economic potential.

The market for Chinese medicine continues to boom. There are plenty of Chinese medical drugstores on the streets in China, with both a regular Chinese and foreign clientele. A lot of research is going into the integration of Chinese and Western medicines' and many new treatments have emerged which are regularly used in both hospitals of Chinese and Western medicines. In short, Chinese and Western medicines continue to exist side-by-side in the current Chinese health care system, each with therapeutic niches of their own, but also with a certain amount of overlap. As the strength of the Communist Revolution ebbs away and is replaced by ever stronger capitalist forces we find that the institutional structure and standardised format of TCM introduced by the CCP in the first decade of its coming to power still holds strong. The future of Chinese medicine depends on how it continues to accommodate ever changing market and political influences both at home and abroad.

Summary [Lo]

In China today most medical practitioners have some training in biomedical and traditional medicine. Varying degrees of integration are evident institutionally in the delivery of health-care at hospitals, in
diagnosis, explanatory models of disease, therapeutic paths, and drug preparations. Some indigenous traditions, such as pharmacotherapy, acupuncture and moxibustion, massage, are on offer in modern hospital and clinical settings, and even on emergency wards. Other traditions are a living part of popular medical knowledge: elderly people gather in the parks to practice Taijiquan, the slow, gentle martial art that moves qi and strengthens the spirit. They pass on assumptions about dietary care and tonic medicines. Far from being subsumed under the high tide of a globally powerful biomedicine, according to WHO estimates in 2002, traditional medicine still accounts for about 40% of Chinese health care. Indeed a multi-million pound trade in prepared Chinese medicines world-wide testifies to a two-way transfer of knowledge and techniques. With mass emigration and the globalisation of a plurality of medical traditions, Chinese medicine now survives in many different forms, transforming as it comes into contact with different cultures around the world.

Reading: