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Traditional medicine in early twentieth-century China was criticised by most reformist intellectuals, as well as intermittently attacked by the Chinese government. Their aim was to replace it with Western, scientific medicine, but it survived, largely because, it is said, Chairman Mao, promoted it as a valuable treasure trove of Chinese culture and civilization.

Newer scholarship, not content with simply recapitulating this narrative, has tried to look as closely as possible at the relevant historical documents in order to trace this process through the early decades of the twentieth century. One of the first steps in this direction was taken by Sean Hsiang-lin Lei. He studied these processes in detail, and describes the moment “Chinese medicine encountered the State” as an epistemological and political change.1 Taylor’s contribution can be seen as a successor to Lei’s, since she looks—in an equally detailed way—at how Chinese medicine came to be developed into a revolutionary enterprise. Her focus is on eighteen years “only”, between 1945 and 1963. Previous western-language research on the ‘modern’ history of Chinese Medicine, including the monographs of Croizier, Unschuld, and Sivin,2 has been much broader in its

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scope, and included late nineteenth- and early twentieth-century processes and events.

Recent historiographic research into modern Chinese medicine relies much more on close readings of material from a shorter time-span. Recent work by scholars in Mainland China, for instance Meng Qingyun 孟慶雲, Wang Zhipu 王致譜 and Cai Jingfeng 蔡景峰, mainly start at 1956, when the first academies of TCM were founded. Moreover, such research has been restricted to primary sources deriving from CCP (Chinese Communist Party) documentation. Research into modern Chinese medicine has changed since the 1990s, when scholars started to adopt the perspectives of medical anthropologists and ethnographic methods, and to draw more on the transmission of knowledge as a key for understanding practices of modern medicine and less on the essentials of Chinese medical history.

It is well known by now that culture and history shape knowledge processing as much as distributive and professionalisation processes. Cultural historians generally start their investigations into the epistemologies of a given scientific field by studying the language used at the time under study, e.g. they investigate textbooks, scientific and/or popular journals, official announcements, etc. To analyse the generic epistemologies of science, technology and medicine means furthermore to differentiate between cultural and historical particularities, while simultaneously characterizing their implications for “knowledge in its own right”. Yet, the ways in which medical knowledge and cultures are related, and the boundaries between cultural dimensions and factual knowledge, are still perceived within dichotomic binaries: “nature/culture” and “text/context”. They still

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serve as unspoken heuristic fundaments for historical research in science and technology, though these binaries are questionable categories, and are neither universalistic principals nor organisational schemes of knowledge across time and place.

Kim Taylor’s book makes use of the potential of divergent generic epistemologies of medicine by offering a piece of scholarship that exemplifies the possibility of negotiating the binaries “nature/culture” and “text/context” and finding ways to overcome them. She does not write about medicine itself, but instead explores discourses of high political impact, such as political decisions and their implementations at the institutional level, that until recently had been unknown because of the restricted nature of CCP documents. Her investigation of documents that were not made public, but “were shuffled between local health departments and the Ministry of Health […] and the Central Committee” (p. 10) offers insights into the ways this rhetoric became of immense practical significance.

The first chapter commences with the documentation of the Civil War years, 1945-1949, when the CCP came into contact with Chinese medicine. This contact was promoted by doctors of Western medicine (pp. 15-29), and was shaped in the following years by the slogan “The Co-operation of Chinese and Western Medicines” (zhongxiyi hezuo 中西 醫 合作), coined by Mao Zedong 毛澤東 (1893-1976) at Yan’an in 1944.

Starting from the key text “On New Democracy” (xin minzhu zhuyi 新 民 主 主 義), published in 1940, wherein Mao defined the new democratic culture by “science” (kexue 科 學), this first chapter explores the various and changing applications of “science”, “new” and “unity” (tuanjie 團 结) as rhetoric fundamentals for building a new China. “Science” here referred to the Marxist ideal of science as the criteria for true knowledge.

Yet, Chinese medicine in the 1940s was still seen in opposition to the “new medicine” (xin yi 新 醫), i.e. Western medicine, and as such a hindering factor for the development of the “new democratic culture” (xin minzhu wenhua 新 民 主 文 化), whose trademark had to be “scientific”. Yet, on 30 October 1944, Mao proposed the inclusion of traditional and folk aspects of knowledge in those regions that the Communist Party controlled. Unification was a key word among Communist Party leaders, and it become a key word also in the process of upgrading (old) medical practices, such as acupuncture, and their dissemination through rural areas. Unity with the peasants meant learning from their medical practices, and, on the other hand, teaching them hygienic standards. Unification also referred to a united front between Chinese and Western medicine, a crucial feature for the development of the new scientific medicine.

Zhu Lian 朱 璐 (1909-1978), a doctor trained in Western medicine, joined the Chinese Communist Party in 1935, served as deputy leader of the General Health Department of the 129th Division of the Eighth Route Army, and as deputy director of Yan’an China Medical University. She is the author of The New Acupuncture-
ture (Xin zhenjiu xue 新针灸学), which was completed in 1949, by which time the Communists were winning the Civil War.

Taylor analyses the specific amalgam of military, Western and Chinese (traditional) fragments of (medical) knowledge apparent in this book. She offers detailed insights into the ways the human body was described in terms of military metaphors and incorporated Soviet innovations in medical theory, such as neuro-pathology and cell pathology.

The second chapter covers the years from 1949 to 1953. Roughly during this time (1950-1958), the slogans “The Unification of Chinese and Western Medicines” (zhongxiyi tuanjie 中西醫團結) and “Chinese Medicine studies Western Medicine” (zhongyi xuexi xiyi 中醫學習西醫) came into operation. Taylor challenges earlier views that emphasised a period of degradation of Chinese medicine. Instead, as she shows, Chinese medicine between these years progressed from a side-line concern of the Ministry of Health to a matter of national consideration—a matter that began with the establishment of the Beijing Chinese Medical Institute on May 30, 1950, and which provided practitioners of Chinese medicine national representation. The Ministry of Health created standards for all Chinese medical clinics and hospitals in order to professionalize the practice of Chinese medicine. Patient records and drug-labelling were all to be carried out in the Western style.

After the near abolition of the discipline of acupuncture from the curriculum at the Imperial Medical College in 1822, the resurrection of it—in the early 1950s—became a major concern. By re-establishing the China Acupuncture Research Centre in Wuxi, Jiangxi Province, and a special publishing house in Suzhou in 1951, the “new acupuncture” began to come to life. Zhu Lian’s “new acupuncture” was based on a “newly designed” body, one consisting of sections, divisions, lines and stimulation points. The wartime metaphors used by Zhu are flanked by other protagonists’ efforts to reduce the body to measurable terms. Furthermore, the three major textbooks produced in the early 1950s by three physicians living in three different geographical regions (Beijing in the north, Sichuan in the southeast and Shanghai in the south), and which Taylor carefully compares, all follow Zhu’s template from pre-liberation times.

The third chapter describes the eventual institutionalization of TCM in the years 1953-1956. It shows that the policy of institutionalization—at a tangent to Mao’s revolutionary goal of promoting Chinese medicine in the People’s Republic of China—was not designed just to preserve Chinese medicine in its own right. Chinese medicine had to reach a scientific level of development sophisticated enough for fusion with Western medicine. Taylor suggests that the program for ‘doctors of Western medicine to study Chinese medicine’, and the establishment of the first government institution of TCM in China, the Research Academy of TCM (Zhongyi yanjiuyuan 中醫研究院), was specifically set up for this purpose. She further suggests that it was not so much Mao’s own interest in Chinese medicine as the engagement of others, especially in the south, and the special role
of Zhou Enlai that finally led to the institutionalization of Chinese medicine as a valid medical system in four TCM academies (Zhongyi xueyuan 中医学院).

The fourth and final chapter deals with the process of standardization of Chinese medicine during the years from 1957 to 1963. Mao’s statement that Chinese medicine was a ‘great treasure-house’ in late 1958 was meant to encourage the project of ‘doctors of Western medicine studying Chinese medicine’. Furthermore, Chinese medicine was used as a powerful rhetorical tool against the bourgeois thought of Western medical doctors, especially during the Anti-rightist Campaign and Great Leap Forward. During these years the first steps were taken to produce a general curriculum, a standardized set of textbooks and a comprehensive theory of Chinese medicine. By 1960, the previous goal of unification was replaced by the slogan “the integration of Chinese and Western medicines” (zhongxiyi jiehe 中西医结合). By 1963, a second edition of national textbooks had been published and the institutional basis firmly established. This is the shape of the Chinese medicine training system that is largely in operation in China today.

This book can be read as a sourcebook for political debates, slogans and government decisions on the issue of Western and Chinese scientific medicine. These debates and slogans became of practical significance for the making of the TCM in 1963. What Taylor offers is a dense descriptive investigation illuminating the dimensions of political rhetoric within the processes of the development and canonization of medical knowledge in the early years of the People’s Republic of China.