Chinese versus Western Medicine:
A History of Their Relations
in the Twentieth Century

by
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Editor's Note: Considering the high state of activity and the large volume of publication on the history of Chinese medicine, studies of its social context are remarkably rare. We know practically nothing concrete about what kinds of health care were available to whom, the relations between various kinds of practitioners in traditional China, the circumstances of their work, the economics of therapy, the social networks responsible for doctrinal change, and any number of other topics which are now considered central to constructing a synoptic history of medicine.

Zhao Hongjun's 赵洪钧 Jindai Zhongxiyi lunzheng shi 近代中西医论争史 (History of the Modern Controversies over Chinese vs. Western Medicine) is a remarkable exception. This work originated as the dissertation, supervised by Professor Ma Kanwen 马堪温, that in 1981 qualified Dr. Zhao for the first advanced degree in China in the history of Chinese medicine. It was published for internal circulation in 1983 by the Hebei branch of the Society for Research on Synthesis of Chinese and Western Medicine, and for general circulation in 1989 by the Anhui Science and Technology Press. But publication in Hefei in an edition of only 2500 copies has made it very difficult to come by inside as well as outside China. Because most colleagues who would have use for the book have been unable to consult it, I have prepared this summary to make its contents generally available.

Dr. Zhao's forthrightness makes the book especially valuable. Because of frequent changes in official policy toward traditional medicine, most scholars writing about the twentieth century have made strongly political evaluations of their subject matter which colored their conclusions but in any case soon became "incorrect." In addition, writing on Chinese medicine tends to be preoccupied with whether a given idea is modern or scientific. Dr. Zhao has analyzed his evidence with a historian's eye. He argues against assessing medical history as a mere epiphenomenon of economics, and pleads the folly of judging protagonists by their politics alone. Indeed he demonstrates that the political positions and economic interests of medical scholars, even of publicists, were only limited parts of a complicated pic-

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ture. To see the entire picture, social context and intellectual commitment must be examined together.

This field of study was opened by Ralph Croizier's 1965 dissertation, subsequently published, but not available to Dr. Zhao. It is still worth consulting, because Croizier’s research in Taiwan made it possible for him to explain the crucial roles of certain Guomindang cliques in repelling attacks by modernizers on the legal status of traditional medicine. But those familiar with Croizier’s book will be pleased that Zhao has gone so much further, not only because of his wider range of sources but due to his personal knowledge of medicine and medical traditions. He also provides a counterweight to the Levensonian bias of Croizier’s book, which assumes bad faith in any attempt to defend or revive tradition, and does not stress that uncritical modernization is equally problematic and no less given to bad faith.

This summary is intended primarily for readers without access to Zhao’s book. I have included the beginning page numbers of major sections to simplify obtaining copies of the portions germane to a given project. Although the book follows the usual Chinese practice in often referring to physicians by zi or hao rather than legal name (ming), they are referred to here uniformly by ming. I have interpolated a few general explanatory remarks for readers unfamiliar with the field, and footnotes with references to Croizier 1968 and other sources, all with Dr. Zhao’s approval. I have not explained basic concepts of traditional medicine; readers not familiar with them may wish to consult an introductory work.

**Introduction of Western Medicine into China** [17]

The early carriers of European medical knowledge, Benjamin Hobson (1816-1873), William Lockhart (1814-1896), and Peter Parker (1804-1888), founder of Canton Missionary Medical College, were not bringing technology or clinical skills superior to those already available in China. In the mid-nineteenth century Western medicine’s therapeutic superiority lay mainly in inoculation for smallpox; quinine therapy for malaria (introduced to China in 1695 but little employed); a certain number of medicinal plants not employed by Chinese doctors, such as digitalis; analgesia (e.g., using opium) and anesthesia; and, even before anesthesia and antisepsis, a range of surgery including control of bleeding. These were not “modern” technology-intensive clinical medicine and relatively safe surgery, which developed after 1900.

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4. For instance, Sivin, Traditional Medicine in Contemporary China (Ann Arbor, 1987).
The information disseminated in China by European physicians was too scant to allow an adequate picture of Occidental medicine. Chinese did not choose the books to be translated, and took part in translation projects only as assistants. This passivity denied Chinese an informed choice between Chinese and modern medicine. Few of the Chinese medical scholars classified by Fan Shih (better known by his zi Xingzhun 行准) and Ren Yingjiu 任应秋 as early eclectics actually had more than the merest smattering of European medical knowledge. Wang Honghan 王宏翰, whom Fan called “the greatest among those influenced by the introduction of Western medicine at the time,” used a few European terms, but his framework was traditional. A major aim of Wang, as Fan noted, was to show the compatibility of traditional concepts with the European four elements. There is no evidence that Wang Qingren 王清任 (1768-1831), despite the opinions of Fan and Ren, knew anything at all about Western medicine. He was a reformer within the Chinese tradition.

**Differences between traditional and modern medicine.** One cannot reduce traditional and modern medicine to a simple contrast between experiential and experimental medicine. Before ca. 1870 European clinical medicine, particularly in the form that the missionaries brought with them, was still experiential. Nevertheless the difference was already great. Chinese medicine was tightly rooted in society since its systematization in the Han, and had become “one of the most organized aspects of social and economic life,” with the same terminology and theory everywhere, and a national and international drug market. Ca. 1900 Chinese medicine also had a greater base of recorded effective drugs than Western medicine. But many of the ephemeral, competing theoretical schools of the eighteenth and early nineteenth centuries were not rooted in clinical work.

**Changes in the Medical Profession at End of the Qing [44]**

**Wang Qingren.** His *Yilin gai cuo 魏林改错* (Corrections of errors in the forest of medicine, 1816) was reprinted forty times between 1830 and 1950, more often than any other premodern medical work. Wang openly despises the classics for their erroneous views of the viscera. He sees a correct view of the latter as indispensable to therapy, but he does not explain how anatomical knowledge is to be applied. The value of the book lies in its urging a new perspective within Chinese medicine that adds a concern for structure to its preoccupation with function. The half of the book devoted to drug therapy is unrelated to anatomy. He does not explore the connection of visceral lesions with disease and death. Wang criticizes the unbalanced stress on function in the Inner Canon (*Huangdi nei jing 帝内经*), and the failure of scholars to challenge the classic’s cursory anatomy. A few made minor attempts to improve on the latter, but no one

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5. These notes use the term “eclectic” for various convictions about the combined use of Chinese and foreign medical ideas and practices. “Syncretic” would not be generally appropriate, but some medical authors believed that the two systems, at least in principle, could be reconciled.
before Wang saw anatomy as fundamental. Wang’s book became important in the early confrontation between traditional and modern medicine, when proponents of the latter, to soften Chinese hostility, cited Wang as a harbinger of Western anatomy [44-50].

Yu Yue (1821-1907) attained the highest examination degree, served as a member of the Hanlin Academy, and then became a famous classics teacher. He was a friend of Li Hongzhang and teacher of Zhang Binglin, who taught Yu Yan (1879-1954, better known as Yu Yunxiu). Yu Yue was a classicist, with no reform ideals. He did not know the medical literature, but his long discourse, Fei yi lun (Abolish Chinese medicine, ca. 1890, published in Yulou za zuan, written from the viewpoint of evidentiary scholarship), was the first general attack on it. This essay was still influential in the 1930’s.

Yu’s attack was apparently prompted by the deaths of his wife and children from disease. Yu asserted, as had many predecessors, that Shen Nong bencao, considered the oldest book on materia medica, was not by the sage Shen Nong. Even in his own time Yu could find no essential difference between spirit mediums and physicians. The medical classics contradict each other on the pulse, which he considered the foundation of diagnosis, and on drug characteristics. The Duke of Zhou and Confucius valued spirit mediums over physicians, and present-day Chinese physicians still do more harm than good. Illness arises from an “evil mind” (e xin), so medicine cannot cure it; in this connection Yu resorts to political metaphor. The essay was irrational, but Yu Yan combined its style of argumentation with ammunition from Western medicine.

Beginnings of interplay. Generally, conservatives did not reject modern medicine so long as reformers did not demand changes in traditional practice. Over seventy monographs on Chinese medicine had been translated into Western languages by the Opium War, before missionaries could freely enter China.

Cowpox variolation arrived very late in China; it is usually dated 1805, but the evidence is vague. At the time this was one of the few Western measures that would impress Chinese—more than earlier quinine or later eye surgery—and they welcomed it. Jennerian cowpox was thought superior to human variolation, which had long been practiced in China. Cowpox was not seen as essentially foreign or characteristic of Western medicine.

Some patients esteemed their Western doctors. Lin Zexu (1785-1850), who was treated by Parker, thought well of him, but did not understand or take seriously the art he practiced. The foreign doctors ca. 1820, who had no superior therapies, were the last generation who wanted to work with traditional physicians.

The systematic introduction of Western medicine began with Hobson, one of the few early missionaries to restrict themselves to medical practice

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6. See the essay by Yamada in this issue.
and writing. He published five famous introductory books between 1851 and 1859, including *Bowu xin bian* 博物新編 (A new compendium of broad investigation of things), an obsolete and scattered introduction to Western science. He made an early comparison of Chinese and Western medicine, arguing that the latter had been quickly progressing while the former was declining (an idea gleaned from evidentiary scholars). The difference, he claimed, was due to Western esteem for and licensing of doctors, the value European societies gave a medical degree, and Occidental physicians’ mastery of anatomy, which he considered essential for understanding the origins and causes of disease. He recommended a medical supervisorate and training in dissection.

Hobson was also the first to use modern medicine to validate the Chinese tradition, citing Chinese ideas often in his *Quanti xin lun* 全體新論 (New discussion of the human body), in a way similar to later eclectics. He urged readers not to be prejudiced against Western drugs. He recommended Chinese drugs when they would work, but his knowledge was very limited. He clearly had not worked with native doctors.

John Dudgeon, who taught medicine many years at the School for Diplomatic Relations (Tongwenguan 同文館, established 1871), was much more critical of Chinese medicine than Hobson. By his time (ca. 1880) Chinese eclectics had begun to write. Japanese books on European medicine entered from ca. 1890, but what mainly stimulated Chinese was the fifty medical books translated in organizations associated with the Self-strengthening Movement. From 1915 on the debate between Chinese and modern medicine was internal, without foreign participation.

**Self-strengthening.** The government never took a leading role in medical education, but left it to foreigners and, later, to Chinese who had studied abroad. Li Hongzhang hired Huang Kuan 明, the first M.D., when he returned from foreign study, but did not use him. Huang soon resigned. The early native medical schools, the Beiyang Medical School (1881-1931) and the one at the School for Diplomatic Relations, were founded by figures in the Self-strengthening Movement to shore up the Qing government, with little success. The medical school of the School for Diplomatic Relations had no graduates. The other, staffed mainly by foreigners, could not produce enough physicians for the Beiyang Navy. The Beiyang army and navy never even managed to modernize their hygiene. The first Beiyang medical students included those returned from aborted educations in the United States. The medical school's curricula were Western, but included Chinese medicine. Military medical practice included both, with Chinese techniques dominant. In his preface to *Wangguo yaofang* 國藥方 (Medical formulas of all nations, 1890), Li praised Western medicine's concern for verification and application, and advocated for the first time drawing on both traditions.

**Early reformers.** Most reformers paid no attention to medicine. An exception is Zheng Guanying 鄭觀應 (1842-1921). He considered the state of Chinese medicine inferior in several respects, especially in its lack of regulation and in the low social status of physicians, who lacked the
prestige of an academic degree. He knew of Western anatomy, surgery, pharmacy, the unreliability of Chinese pulse diagnosis, etc. Zheng was typical of reformers in his desire to combine elements of Chinese and Western medicine, but his criticisms of the traditional art were later picked up by Yu Yan and other opponents of eclecticism. He proposed a system in which internal medicine would be mainly Chinese, and external medicine mainly Western. He did not begin to think about unifying doctrines. His later Zhong wai weisheng yao zhi 中外衛生要旨 (A guide to the essentials of Chinese and foreign health care, 1890, printed 1893) combined traditional long-life techniques with recent Western public hygiene.

Liang Qichao 梁啟超 (1873-1929), when promoting a Hunan medical benevolent society (1897), similarly advocated unifying the systems without considering their interaction. The 1898 medical reformers began a line of argument, used often until the 1930’s, that a strong country needed vigorous citizens, so a reform of medicine was essential. Unlike the Japanese analogue, reformers did not question the economic foundations of traditional society, but concentrated on proposing bureaucratic changes. The local Medical Study Societies (Yixue Yanjiu Hui 醫學研究會) founded from 1902 on were generally ephemeral and had no impact. The argument of the influential translator Yan Fu 嚴復 (1853-1921) that the strength of a country depends on the physical, mental, and moral strength of its people had no immediate impact, but was adopted later by nationalist and racist propagandists. Views of non-medical reformers were not responsible for the eclectic movement, which arose within medicine.

**Early eclectic.** The first proponents of medical eclecticism had no connections with each other; all were influenced by Yilin gai cuo. Tang Zhonghai 唐宗海 (1851-1908) may not have been the first, but his Zhongxi huitong yi jing jing yi 中西匯通醫經精義 (The essential meaning of the medical classics in the light of Chinese-Western eclecticism, 1892), was most influential. As a learned scholar, he was probably influenced by Xu Guangqi’s 徐光啟 (1562-1633) call for eclecticism in astronomy. Tang was representative of the eclectics who argued that the holism of Chinese medicine was superior to European doctrines, and that by the time of the Inner Canon it had transcended surgery and reached the holistic qihua 氣化 stage, in which it mastered techniques for correcting physiological functions with no need to open the body. Tang and his colleagues saw yinyang and Five Phases as superior concepts. Tang argued that Chinese medical doctrine had gone downhill after the Han. He wanted to use European medicine to restore it to its pristine state—the charter myth of evidentiary scholars, later turned against the eclectics by proponents of modern medicine. Despite Tang’s scant and obsolete knowledge of the latter, he was convinced that survival demanded using it to supplement the weaknesses of Chinese medicine.

Lo Dingchang 魯定昌 in Zhongxi yi cui (The essence of Chinese and Western medicine, 1881, printed 1889) used Book of Changes trigrams and stem-branch notation in diagrams to compare traditional with foreign concepts. Zhu Peiw en 朱沛文 of Canton, who knew Western medi-
cine (and English) better, saw deep weaknesses on both sides. He wanted to supplement Chinese medicine’s “exhaustive study of patterns” (qiongli 理, replaced by qibua in his later writings) with Western “investigation of phenomena” (gewu 格物, later anatomy). His detailed Huayang zang-xiang yue zuan 華洋臟象約集 (Outline of Chinese and foreign anatomy, 1892) was entirely devoted to anatomy, which he saw as the foundation of objective knowledge. He accepted the heart as the center of circulation, but rejected the brain as the locus of thought.

**Changes after 1900.** After 1900, the threat to national survival was reflected in medicine. The Medical News (Yixue bao 醫學報, 1904-1909) advocated modern medicine and criticized the faults of Chinese medicine. This movement was inspired not only by the Self-strengtheners but by the National Essence (Guocui 國粹) movement, which did not oppose introducing Western medicine.

In 1904-1909 the main cities in most provinces organized medical associations (Yixuehui 醫學會). Importing modern medicine was among their main goals. In 1907 a national association (Zhongguo Yixuehui) was organized, taking over the Medical News. In 1909 the heads of the national medical association split it up. After litigation it was reorganized, but the resulting organizations did not survive the revolution.

In these activities there was no demarcation of Chinese and Western medicine; both types of physicians joined local associations. Only missionary organizations put “Western medicine” in the titles of their publications, but in this period they trained few M.D.’s.

Ding Fubao’s 鄧福保 personally controlled Zhongxi Yixue Yanjiu Hui 中西醫學研究會, formed after the fission of Chinese and Western medicine, was the only medical organization to survive the 1911 revolution. It was an arm of his multifarious publication projects, with Chinese-Western interchange as their main aim.

The split began when Ding’s disciple Gu Mingsheng 顧鳴盛, as editor of Medical News, published articles severely criticizing what he considered the prevalent corruption of Chinese medicine. He was replaced. His successor organized an essay contest to criticize this “slavishness toward foreigners.” The essays made obvious a dilemma that would recur: Chinese medicine had to be reformed, but too critical a stance toward it might threaten its survival, and vehement opposition to foreign medicine might be taken by imperialists as a threat. Traditional medicine could not be replaced overnight when so few were trained in European medicine.

In 1903 Zhang Zhidong’s 張之洞 plan for a medical course in the Daxuetang 大學堂 put Chinese medicine at the head of the medical curriculum, but gave it only one of twenty-nine medical courses, and only one of seventeen in pharmacy. When the Empress Dowager and the Guangxu emperor died within a few days of each other, the Imperial Medical Service was discredited. There was no central medical organization again until 1934. Medical examinations decreed in 1908 by the collapsing imperial government forced study of Western medicine, on which the questions were partly based.
Despite this rising tide of criticism against a backdrop of social and political disorder, some aspects of Chinese medicine, even important ones, continued unaffected by modern medicine, for instance the Warm Factor Disorder (wenbing 溫病) movement.

**The Polemics against Chinese Medicine** [86]

After 1911, with the future of China apparently open and new institutions being invented, the debates were no longer academic and scattered. Chinese medicine was soon excluded from the new educational system. The debate began with Yu Yan’s Evaluation of the Inner Canon (Ling Su shangdai 習養南天) 2016) and the replies of Yun Tieqiao 楚鐵樵 (1878-1935) in defense of the Inner Canon and of the Treatise on Cold Damage Disorders. When in 1925 Chinese physicians organized to lobby for including Chinese medicine in the educational system, the controversy was felt in government for the first time. Traditional physicians were countered in the same year by a new organization centered in the Shanghai Union of Physicians (Shanghai Yishi Gonghui 上海醫師公會). From this point on the battle was incessant.

In 1927 the Nanjing government gave power in the new Ministry of Health to opponents of Chinese medicine who were determined to wipe it out. In 1928-1929 proposals to prohibit traditional practice were introduced at national meetings.

Over the next decade the organized traditional practitioners held two congresses and submitted four national petitions. The result was a beginning of controversies between Chinese physicians and the creation of an Institute for National Medicine (Guoyiguan 國醫館). By this time debates had become a tool of national politics. In 1936-1938, as a result of organized political pressure, measures to recognize Chinese medicine and found government schools were enacted. These initiatives were rendered abortive by the war. By that time, of the main aims of organization—equal status, legalization, government support, and employment in government agencies—not one had been achieved.

**Main locations.** Despite shifts in the national capital, most friction from 1911 to 1938 originated in Shanghai. The main instigator was Yu Yan. By 1935 even those who tried to mediate were being attacked. In Beijing and Tianjin the controversies were regularly chronicled in general intellectual publications, and involved many literary figures. In 1944 in Chongqing, Guo Moruo 郭沫若 (1892-1978) argued for a modernized, scientific Chinese medicine, but his remarks that the main value of traditional practice was psychological and nutritional, and that it was effective mainly for self-limiting illnesses, prompted attacks until he backed down.

**Periodicals.** Newspapers and magazines were the main media of the debates. From 1906 to 1965 there were 506 periodicals devoted to Chinese medicine, of which at least 463 existed before 1949. Most were founded in

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7. Quan jing jian zhi lu 儲經見聞錄 (Record of perceptions of the classics, 1922); Shanghan lun yanju 傷寒論研究 (1923).
the 1930's. In 1935, according to one survey, there were 178 for Western medicine and 137 for Chinese medicine in sixteen provinces. Most were ephemeral, but several, including Shaoxing yiyao xuebao 蘇興醫藥學報, Shenzhen yiyao xuebao 神州醫藥學報, Annals of the Medical Profession (Yijie chunqiu 醫界春秋), Orthodox Talk on National Medicine (Guoyi zhen yan 國醫正言), and Pillar of National Medicine (Guoyi dizhu 國醫砥柱), were important in the evolution of modern Chinese medicine.

**Societies for Western medicine.** The first was the National Medical Association (Zhonghua Yixue Hui 中華醫學會), which became national in 1915, with Wu Liande 伍連德 (1879-1960) as chief mover. It was the main opponent of Chinese medicine through its Chinese Medical Journal (Zhonghua yixue zazhi 中華醫學雜誌), especially when Yu Yan was editor (1934-1938). Several of its leaders had links to the warlord government, and helped define national policies opposed to Chinese medicine. The Medical Association of the Republic of China (Zhonghua Mingguo Yiyao Xuehui 中華民國醫學學會) had lower admission standards. Hence its membership was initially larger. It was largely an organization of M.D.'s returned from Japan, graduates of the Beiyang Medical College, etc. Its Journal of Oriental Medicine (Dongfang yixue zazhi 東方醫學雜誌) was not very consequential, but carried news about Japanese studies of Chinese medicine. The two societies shared some members, but largely ignored each other.

**Early government regulation.** In 1915 there were only between five hundred and six hundred Western physicians in China. Of these, less than half were formally trained, and few of those with medical educations were in private practice. In 1920 a survey found only 1700 medical school graduates of all kinds in China. By 1925 there were still fewer than two thousand. Before the Sino-Japanese war there were about five hundred proprietary medical schools.

The first proposal for unified central supervision came from not from M.D.'s but from traditional physicians. Initially some in the warlord government were willing to obliterate Chinese medicine, but this sentiment disappeared in the early 1920's. In 1916 the Medical Association of the Republic of China proposed adopting the examination system used in Japan's colony Korea and examining all practitioners who were not medical school graduates. A government attempt to count physicians was ignored by the provinces. This failure was inevitable, since the warlords in power did not exert (or accept in their personal dominions) central control of anything. They never built a public health system; the various functions were scattered among ministries. There was no central legislation except for drug registration and poison control. In 1922, 1924, and 1925, the warlord government enacted regulations for doctors and drugs, but they were not enforced.

**Sorties in Shanghai, 1925-1929.** When in 1925 Chinese physicians were agitating to be included in the educational system, Yu Yan organized the Union of Shanghai Physicians to oppose them. The earlier associa-
tions, formed for scholarly goals, were at this time gingerly about the ques-
tion of official recognition for Chinese medicine. But the Union was con-
trolled by anti-traditionalists, who at the first Nanjing public health con-
ference (1929) easily passed a resolution to abolish Chinese medicine. The
result was massive organization by Chinese doctors to stifle this initiative.
The Shanghai group also dominated the National Physicians' Association,
formed in November 1929, and made its *Yishi bannkan* 醫事奮刊 an
organ for propaganda against Chinese medicine.

**Institute for National Medicine.** In an attempt to calm the protests of
traditional doctors without substantial concessions, a right-wing Guomin-
dang group in 1930 backed formation of the Institute for National Medi-
cine, modelled on the Institute of Military Arts, based in turn on the Japan
Judo Academy. The head was a peripheral right-Guomindang political fig-
ure, Jiao Yitang 焦易堂. He spoke for Chinese medicine in high
councils, but did not attract adequate support for research, publications, or
training.

The Institute for National Medicine replaced the joint organization of
medical associations, in effect debilitating the local political activity of tra-
ditional doctors. The Institute had the power to form branches, but by
1936 there were only nine provincial, two city, and four foreign branches.
In 1933 the Legislative Yuan announced a Research Institute for Chinese
medicine, to be jointly paid for by Chinese and foreigners, perhaps meant
as a counterpoise to the Guomindang Health Ministry. Like many such
joint ventures to relieve the government of its fiscal responsibilities, it
remained a daydream.

In 1933 the Guomindang Central Political Council attempted to make
the Institute for National Medicine responsible for regulating Chinese med-
icine, but Wang Jingwei 王精衛 (1883-1944) of the Guomindang left
wing blocked this move. The Institute for National Medicine assumed this
authority unilaterally, but without corresponding power. Licensing was
turned over to the Ministry of the Interior [Crozier 136], leading to pro-
posals at the 1935 Guomindang Party Congress and regulations in 1936 to
include Chinese physicians in national government organs and to legalize
schools. Regulation was later moved to the Ministry of Health. But a
major obstacle was the lack of traditional physicians in the Ministry.
Finally in December 1936 the Legislative Yuan put a committee of Chinese
doctors in the Ministry, with duties to regulate practice. Negotiations on
basic points of status continued, but they were inconclusive until the out-
break of war made them otiose.

**Wartime and aftermath.** Only one medical newspaper survived the
war, in the International Concession of Shanghai. No traditional medical
school of any consequence survived there or in West China. A hospital for
traditional medicine in Chongqing (1945) was organized and paid for by
practitioners. Throughout 1946 a series of anti-traditional incidents ensued.

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8. They were now exerting great pressure within the Guomindang; see Crozier, p.
134.
The Nanjing government shut down Shanghai’s Chinese medical schools and forbade Chinese doctors to use “new” medicines or the title “doctor” (yishi). Petition campaigns in 1947, even a sit-in, failed. The Guomindang national convention of 1948 included traditional physicians as delegates, and passed resolutions to meet most of their demands; but these resolutions were set aside by the Administrative Yuan.

**Education** [137]

**Late Qing.** Reformers in the last decade of the Qing were aware of the need to found medical schools, which had not been the norm in an occupation based on textual transmission from master to disciple. They saw textbooks as the first requisite. All assumed that Chinese and Western medicine should be combined. Zhou Xueqiao (周雪樵, d. 1910), the best-informed, was aware that it would be difficult to reconcile the principles of the two systems. Most Chinese doctors knew nothing of science, and had no experience of modern education. Between 1904 and 1910, nine traditional medical schools opened, including one for women and a correspondence school founded by Ding Fubao. None is known to have lasted until 1912. Their aims generally—but in principle only—included research.

**The Warlord period.** The Government Education Conference of 1912, which drew on Japanese models to lay the groundwork for a school system, ignored Chinese medicine. It did not propose to abolish it, although in Japan Chinese-style medicine (Kampōyaku 漢方薬) was perennially threatened. Early protests over the outcome asserted that combining traditional and modern medicine was desirable, but did not acknowledge the difficulty of doing so. At the end of 1913, the Shenzhou General Medical Association of Shanghai presented the first petitions. The government, unlike that of Japan, took no stand.

The government strongly approved the opening of the Shanghai Zhongyi Zhuanmen Xueyao 上海中醫專門學校 in 1915, largely because of the eminence of its founder, Ding Ganren. It survived as the Shanghai College of Chinese Medicine (Shanghai Zhongguo Yixueyuan 上海中國醫學院). The other schools founded before the war had no government support, and depended on private financing.

At the height of the controversy, traditional medical organizations presented at national education conferences proposals that they wanted to be included in the public health system. These proposals were accepted at the conferences but ignored by the warlord Ministry of Education. Solidarity grew among Chinese physicians, but had no effect.

**The Guomindang period.** When the Nationalists took over, Chinese medical organizations expected a change. They submitted policy recommendations and pressed for internal reforms. For instance, in 1926-1927 a group was formed to compile textbooks for nationwide use, but it did not get enough cooperation from medical schools to proceed. When the group made another attempt in 1928, all the representatives of medical colleges
acknowledged the need to include some Western medicine, but this merely led to wrangling over how far traditional doctrine should be modernized. The order to abolish Chinese medicine in 1929 cut off its access to educational institutions. Defensive responses had the same focus. The result was a conference on unified traditional textbooks in 1929, which attracted wide participation but had no outcome. The issue in the intensified campaign of 1929, which aimed to pass standards of practice like those already issued for Western medicine, was seen as tantamount to revitalizing the traditional medical schools. But gains were only tentative. The Institute for National Medicine tried various initiatives without success. (List of traditional medical schools, 156-164; curricula 165-169.)

*Intellectual Figures and Issues in the Guomindang Period* [174]

Zhang Binglin (1868-1936) was a political star by the turn of the century, when he attacked the royalist reformism of Kang Youwei and Liang Qianao. Disappointed by the warlord government, he retreated into scholarship. He was an idol of National Essence reactionaries, but was respected by many May 4 iconoclasts. His medical writing was mostly done at end of his life, during the high point of the controversies, with his disciples aligned on both sides. It was published after his death in *Zhang Taiyan yilun 章太炎醫論*. He rejected his early writings on the Inner Canon, and relied only on the Treatise on Cold Damage Disorders.

Zhang's name was used by traditional medical publishers in Shanghai, and he was nominally President of the Shanghai College of Chinese Medicine. He believed, based on his experience, that Chinese medicine was superior to modern medicine for acute febrile diseases and other disorders. He saw yin-yang and Five Phases doctrines as irrelevant, a view widespread at the time. He opposed a conservative stance within Chinese medicine. He had no connection with the Nanjing government, and did not take part in pressure on it.

Ding Fubao (1874-1952) passed the civil service examination in 1896, but graduated from university in Suzhou. He rose quickly in the academic world of Beijing, but moved to Shanghai in 1907 to translate, publish journals, and organize a modern medical association and hospital. The 68 titles he translated between 1900 and 1914 introduced most aspects of modern medicine, and more than doubled the number of books available. His *Zhongxi yixue bao 中西醫學報* (Chinese and Western medical news, 1910-1930) and Zhonghua Yixue Hui (1915) were central in the introduction of foreign medical knowledge. After 1915 his interest shifted to classical philology. Most of his later twenty-five books on topics related to modernization were actually translated by others. In his youth he had criticized Chinese medicine, but later was notably evenhanded. By 1939 he argued that scientizing traditional medicine should take priority, adopting modern theories and methods.

Chen Bangxian 陳邦賢 (1889-1976) was a disciple of Ding. He wrote the first systematic history of Chinese medicine in 1919, and became
a political figure in the 1950's. His early viewpoint resembled Yu Yan's, but after 1949 he revised his history to make his interpretations orthodox.

Yun Tieqiao was well educated in traditional and modern medicine. He was well known as a translator for Commercial Press until in 1920 he became a pediatrician. He wrote Shanghan lun yanjiu in 1923, and taught medicine. His Qun jing jian zhi lu (see above, p. 28, note) was a collection of reflections on theory. He emphasized the common basis of the Book of Changes and the Inner Canon in the seasonal cycle, grounding both for the first time in the study of nature. He rejected conventional literal accounts of the production and overcoming sequences of the Five Phases, relating them as well as the Six Qi to the cycle of the seasons. The visceral systems of function (wu zuang 五臟) are not flesh and blood but derived from the seasonal cycle, and are thus scientific. More than one scientific basis for medicine is possible; in this sense Western medicine is not unique. In 1929 Yun urged amalgamating Chinese and modern medicine on an equal basis. His approach to research on the classics was not philological but interpretive. Before dialectics entered China, he was using the concepts of the Book of Changes as dialectical tools. His ideas were further developed by Yang Zemin (楊則民), and became standard in traditional medical textbooks of the 1950's.

Yang Zemin (1893-1948), a revolutionary before 1911, was a polymath. He taught medicine in the 1930's, and wrote "consciously dialectical" textbooks (1933-), which made him the first Marxist medical teacher. Writing to refute Yu, he described the Inner Canon as dialectical. He saw the Five Phases as naturalistic in the "Hong fan" chapter of the Book of Documents, but believed that in the philosophical writings of the third century B.C. (Lü shi chunqiu 昌武春秋, etc.) they were turned in the direction of political theory, a move that led eventually to Phase Energetics (yuan qi 運氣). He denied that the Inner Canon is metaphysical, defining metaphysics as ontological. He saw the basic difference between traditional and modern medicine not in anatomy or experiment but in systems of thought.

Zhang Xichun (張錫純1860-1933), the self-taught head of a medical school (1918-), was considered China's leading clinician. He is renowned as the author of the innovative Yixue zhong Zhong can Xi lu (The assimilation of Western to Chinese in medicine, published in 7 parts 1918-1934). He argued that the principles of traditional and modern medicine are the same; the latter could be used to clarify enigmatic classics. He carried out this program of evidentiary scholarship comprehensively, critically, and in depth, although with much forced reasoning.

Zhang signals a transition from the early eclectics to the experimentalists of the 1920's and 1930's. He no longer restricted himself to the intellectual scope of the medical classics. The thousands of case records in his book are unprecedentedly systematic and detailed, sometimes with substantial data on the patient. Unlike most traditional case records, they record Zhang's reasoning, especially in the analysis of symptoms and the rationale of the
prescription for each of several stages of diagnosis and treatment in the course of an illness. The book provides much data on pharmacy, using some Western drugs, but emphasizing medicines familiar in traditional practice. He presents a still estimable model of assimilation.

**Yin-yang, Five Phases, and Phase Energetics.** Five Phases thought was attacked by reformers from ca. 1900 on. The reformers of the 1920's attacked yin-yang and Five Phases doctrines together. In the 1924 *Dongfang zazhi* 東方雜誌 debate, Liang Qichao argued that yin-yang was simply "Confucian dualism," and Five Phases a rigid taxonomy, and that both had been misused from the Han on. Liang, a famous scholar of the New Text school; Yan Fu, a Westernizer; and Zhang Binglin, an Old Text master, concurred in their contemporary attacks. The few rationalist defenders, such as Guo Moruo in *Shi pipan shu* 批判書, who saw the Five Phases as "primitive materialism" and yin-yang as anti-superstitious, had little influence.

The first rejection of the Five Phases within Chinese medicine came from Yuan Guisheng 袁桂生 (1915). He declared that this concept obscured the "solid studies" in the Inner Canon. He did not want to abolish the Five Phases, merely to remove it from center stage. He favored considering yin-yang discourse a kind of natural history (博物學). Chen Bangxian in his history of Chinese medicine (1919) castigated Five Phases sequences as "legend."

In 1926 Zhang Binglin began a pen war by arguing that the Five Phases had no philosophic value, and merely impeded the development of traditional medicine. As an Old Text scholar he found Five Phases ideas close to those of the New Text school. Lu Yuanlei 魯淵雷 (1894-1955), a classicist and traditional physician, thoroughly criticized the Six Warps (liujing 六經) concept as arbitrary. He charged that the very different meanings of this term in the Inner Canon and the Treatise on Cold Damage Disorders had been lumped together, with centuries of confusion as the result. He inspired a move in Chinese medicine away from phase energetics. Ye Guohong 叶古紅 first challenged the doctrine of a special qi circulation system on grounds that it was an extrapolation from the Six Warps. Some writers attempted scientific hermeneutics, for instance explaining yin-yang as the atomic nucleus and electrons.

In the early 1930's, attacks from within the ranks of traditional medicine pointed out the contradictory and unclassical nature of much fundamental doctrine as then taught, and the vacuousness of much philosophical discussion from the Song on. This debate led to a shift of doctrinal emphasis away from traditions based on the Inner Canon and the theoretical Warm Factor Disorder writings toward that of the Treatise on Cold Damage Disorders (see below, pp. 35-36). Yin-yang theory was largely ignored. It was not defended as dialectical before Marxism.

**The debate on unifying terminology.** Unification was an early priority of the Institute for National Medicine. In 1933 it announced that it would penalize any traditional doctor who did not adopt its proposed terminology, based entirely on European medicine, within three months. It
specified no criteria for its nomenclature, ignored traditional terminology, and did not consider the potential impact on Chinese medicine. Within five months the proposal was retracted and the staff of the Institute replaced. Traditional terminology, even nosology, was itself not at all uniform. A proposal of November 1934 moved to standardize it, but quickly failed. It too translated classical terms into modern language, ignored such problems as the relation of manifestation type determination (bianzheng 轉正) to diagnosis, and learned nothing from Japan's head start of fifty years in standardization.

Shang han lun studies. The acceleration of studies on the Treatise on Cold Damage Disorders continued in this period. This was partly furthered by scientific analysis, expanding medical education, and printing for a mass market. It drew on modern studies of the Treatise by Japanese. Reformers reacting against the theoretical orientation of the Inner Canon were drawn to the Treatise because they viewed it (in an oversimplified way) as a compendium of empirical research, not only "scientific" but respectable from the conservative viewpoint of evidentiary research. Zhang Binglin and others criticized the commentaries on the Treatise, pointing out that from the Song on classicists had read ideas from the Inner Canon into it, hiding its originality, and that philologists studying the text had ignored its ideas. Tang Zonghai began superficially applying Western medicine to the Treatise in 1894. The second stage began with Yun Tieqiao's Shanghan lun yanjiu of 1923, a work widely perceived as a declaration of war against Yu Yan. Yun studied the bare text, ignoring the commentaries. He argued that Chinese medicine could renew itself by accepting the strengths of European medicine—a tendency thereafter especially associated with Shanghan lun studies.

Lu Yuanlei had nothing good to say about traditional theory. He found the Inner Canon valueless for beginners. Only experience was useful, and it was best approached through Western medicine, as he put it in his Shanghan lun jin shi 伤寒論今釋 (A modern explication of the Treatise on Cold Damage Disorders). In the second edition his explication of the Treatise relied on germ theory. His main authorities were Japanese. Tan Cizhong 潭次仲 (d. 1955?), a self-taught eclectic physician and influential publicist, agreed, and advocated reforms that would begin with studies of drugs. His Shanghan lun ping zhi 伤寒論評志 (Critical notes on the Treatise on Cold Damage Disorders) explained the Shanghan lun as a treatise on "infectious disease." Huang Qian 黄谦 (1886-1960) made the largest collection of annotations to date in his Shanghan lun jizhu 伤寒論集注 (Collected commentaries on the Treatise on Cold Damage Disorders, 1925, expanded 1934), but despite his interest in Western medicine the book contained few of his own explanations or conclusions. At the same time we find entirely traditional studies such as Chen Botan’s 陈伯南 (Reading the Treatise on Cold Damage Disorders, 1930), with original observations and systematic explanations of concepts.
The main achievements of Republican studies of the Treatise on Cold Damage Disorders were not shaped by earlier controversies, nor were they philological. The breakthroughs came in understanding concepts, in relating the Treatise to Western understanding of infectious disease and germ theory, and in dealing critically (in diverse ways) with the identity of the Six Warps and the order and timing of changes due to transmission of heteropathy (chuambian 喉腰病).

New directions. The main thrust of sentiment in the first half of the twentieth century was toward eclecticism. Only a few all-out Westernizers and an unresponsive, largely Japanese-trained bureaucracy opposed it. There were a great many conflicting opinions on how to proceed. Participants disagreed about whether theory or practice should be emphasized, and whether modern scientific knowledge should be integrated into traditional medicine or its fruits merely borrowed.

Japan and the Case for Abolition [261]

From the Sino-Japanese War of 1894 on, reformers were strongly influenced by Meiji Japan's policies. They saw its suppression of Chinese medicine as crucial to Japan's rapid medical modernization. Seeing traditional medicine in China as a cause of backwardness, they pressed the government to abolish it.

The center of the abolition movement was the Union of Shanghai Physicians, the standpoint of which was entirely that of modern medicine. Theirs was a scholastic movement, unconcerned with clinical issues. Members saw science as the salvation of China. They had no interest in unique traditional aspects of medicine such as manifestation type determination, and denied that eclecticism was feasible.

The failure of medical modernization in China after its success in Japan has inspired countless post-mortems and historical investigations. None has been satisfactory, since all seek an explanation within medicine. An adequate account must focus on the basic social and cultural differences that made it impossible for Japan and China to take the same path.

In Japan, the top-down revolution elicited coherent effort from the whole populace, and transformed the country in one generation. China was semi-feudal and semi-colonial, with little success at reform before 1919. After Japan defeated China in the 1894 war, Chinese reformers took it as a model, and myriads went there to study.

Chinese enthusiasts did not perceive that the Meiji reforms they took as a model were more than simple Westernization. The efficient authoritarian government radically reoriented Japanese society while avoiding major changes in values that would threaten its control. It quickly built the requisite universal system of education.

China had had closer intellectual contact with European missionaries in the Ming period than Japan had before the mid-nineteenth century. These connections in China were cut off by the Manchu regime, who feared any potential challenge to their control. Even during the Isolation Period in Japan, the Tokugawara continued trade, more with the West than with
China, and many private citizens sought contact with Europeans at home and abroad. Western culture was increasingly imported from the time of Yoshimune (the 1720's) for military and political purposes.

From the middle of the Ming on, Chinese influence on Japan greatly decreased. The Warm Factor Disorder school and Chinese smallpox variation never reached Japan, which by 1800 was concentrating on European medicine. By 1865 a fifth of Japanese doctors were Western physicians, as compared with less than one per cent in China by 1921.

In medicine, Japanese surgeons were trained by Portuguese after 1614, and by Dutch from 1648 on. A Dutch-trained surgeon became an official physician in 1673. From then on modern medicine became popular among the elite, and spread rapidly. In China two medical books translated by Jesuit missionaries in the seventeenth century had no influence. Not a single specialist on Western medicine appeared until after the Opium Wars, and the first systematic publications began only in 1851.

According to Fukawa's history of the warfare between Chinese and Western medicine in Japan (1927), abrogating the autonomy of Chinese medicine in that country was a relatively unimportant aspect of a thorough, planned reorganization of society. Japanese had not thoroughly assimilated Chinese doctrines of medicine and materia medica. Mastery of theory would have required immersion in classical Chinese culture, which attracted few Japanese from the Meiji period on. There were thirteen thousand trained modern physicians by 1897. By 1925 Westernization was fully accomplished. Missionaries played no significant role in this process.

An examination on Western medicine became mandatory for all medical practitioners from 1875 on. It did not aim to drive Chinese-style physicians abruptly out of business, but their numbers rapidly decreased. Traditional practitioners organized, petitioned, and so on, but on a very small scale, and unsuccessfullly. By 1900 this movement had yielded only three journals and a few books. The most prominent organization disbanded in 1898. In the 1920's, inspired by China, Kampo doctors organized once more and obtained the appointment of a lecturer on Chinese medicine at Tokyo Imperial University, a merely symbolic victory. In the same period the emphasis of practitioners shifted from Chinese medical practice to Chinese-style drugs.

These differences indicate that social and political circumstances in China and Japan differed too greatly for the modernization of medicine to follow the same path in both countries. Considerable differences in policies and in the ability of the two governments to enforce their programs made for even greater divergences.

(The book ends with a little-known report by Yu Yan on a 1950 national conference on “the unity of Chinese and Western medicine,” which documents not only the sentiment of the time—when the government of the People’s Republic was first coming to grips with the relation between traditional and modern medicine—but Yu’s own change of heart.)