Medicine, Nationalism, and Revolution in Vietnam: the Roots of a Medical Collaboration to 1945

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Introduction

In 1994 the Army of the Socialist Republic of Vietnam published a book, Một Sở Rau Đai Ăn Được Ô Việt Nam (Wild Edible Vegetables of Vietnam) “to commemorate the fiftieth anniversary of the founding of the People’s Army of Vietnam.”¹ 1994 was also the fortieth anniversary of the Battle of Điện Biên Phủ and the book was part of a general flurry of publications celebrating the Vietnamese military and its traditions. The subject of the book is quite unusual for a military publishing house.² However, the choice of this subject clearly reflects the importance, to the Vietnamese military, of specific aspects of the Vietnamese Military Medical Corps (Quân Y Quân Đội Nhân Dân Việt Nam—hereafter Quân Y).

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² Từ Giây et al., Một Sở Rau Đai Ăn Được Ô Việt Nam (Hà Nội: Military Publishing House, 1994). The quote is taken from the title page.

³ Within the twentieth century, as far as I can determine, no other military publishing house in the world has published a book exclusively on edible plants. There is some discussion of such plants in various military survival manuals but no other book exclusively on plants.
Mộ Rô Rau Dai Ăn Đưc Ở Việt Nam was compiled by members of an ongoing research group sponsored by the Vietnamese military to investigate the properties and uses of wild plants. The group was founded in 1954 and, drawing on the Quân Y’s experience during the Franco-Việtminh War (1945-1954), later produced manuals intended to help the widely dispersed Vietnamese forces live off the land during Vietnam’s wars with the United States and with Cambodia. This information is medical rather than merely logistical in that the manuals, and the book, are intended to enable soldiers to not only ingest enough calories to survive and fight but also to prevent and treat various medical problems with the sources available to them in the wild. The plants are clearly considered to be medicine as well as food.

The discussion of the plants in Mộ Rô Rau Dai Ăn Đưc Ở Việt Nam, and in the manuals that preceded it, is thoroughly inspired by the pharmacological lore that is the most celebrated aspect of Traditional Vietnamese Medicine (TVM). The book contains entries on 128 wild plants found in Vietnam, Laos, and/or Cambodia. Each entry consists of the following points: a detailed botanical drawing of the plant in question, sometimes with a side drawing showing the plant in different seasons or a detail of the edible part of the plant; the most commonly used name, in Vietnamese, for the plant and other regional Vietnamese names for it; common names in other languages if any such names are known; the scientific name of the plant; a detailed description of its medicinal qualities, not even such well known and accepted properties as prevention of scurvy and other diseases caused by nutritional deficiencies. See for example United States Department of the Army, Field Manual No. 21-76, Survival (Washington: Government Printing Office, 1957): 62-122. See also all of the later updates of this manual. Military survival manuals from other western countries also almost completely ignore well known and accepted medicinal properties of plants.

4 The research group includes individuals from the Army Medical School, the Army Institutes of Hygiene and Epidemiology, the Hanoi School of Pharmacy, the University of Hanoi, the National Institute of Nutrition and several other schools, institutes, and governmental organizations. Mộ Rô, 10.

5 Mộ Rô, 9.

6 Including a brief but quite brutal war with China in 1979.

7 The sections on plants in other military survival manuals make almost no mention of medicinal qualities of plants, not even such well known and accepted, in the West, properties as prevention of scurvy and other diseases caused by nutritional deficiencies. See for example United States Department of the Army, Field Manual No. 21-76, Survival (Washington: Government Printing Office, 1957): 62-122. See also all of the later updates of this manual. Military survival manuals from other western countries also almost completely ignore well known and accepted medicinal properties of plants.


9 The earlier manuals presented 420 wild plants but for the 1994 color edition limited publishing funds allowed for only 128 entries. Mộ Rô, 10.
appearance at different points in its growth cycle; information on where the plant is likely to be found; method(s) of preparation for human consumption; a description of toxic parts of the plant if any; an analysis, in western scientific terms, of the nutritional value of the plant;\textsuperscript{10} and a description of its medical properties which comes straight from TVM.\textsuperscript{11}

The organization of \textit{Một Số Rau Đại Âm Dược Ở Việt Nam} reflects the structure and the organization of the medical corps of the Vietnamese armed forces as it has existed since its inception. In terms of recruitment, training, and standard medical practices the Quân Y is an amalgam of traditional Vietnamese and western medicine. Practitioners of TVM were welcomed into the Quân Y from its earliest days and thereafter they worked alongside the French trained Vietnamese physicians who officially organized and led the Quân Y. The research efforts of the Quân Y have largely been directed towards using western scientific methods to analyze and validate traditional Vietnamese medical lore. The national health care system of Vietnam, which is the direct organizational descendent of the Quân Y, is likewise a mixture of western and traditional Vietnamese medical practices and follows similar patterns.\textsuperscript{12}

The roots of this collaboration between western trained Vietnamese physicians and members of the Vietnamese traditional medical community predate the founding of the Quân Y and the various organs of the national health care system of Vietnam. Therefore, some understanding of how this relationship came to be cooperative, rather than competitive, is important for an understanding of health care for both military personnel and civilians in Vietnam today. This essay will discuss the roots of this medical collaboration and the early stages of a tripartite interaction between nationalists, particularly members of the Indochinese Communist Party, French trained Vietnamese physicians and medical researchers, and traditional Vietnamese healers.

\textsuperscript{10} The information in \textit{Survival} for all of the above points is sketchy or completely absent. Specific nutritional qualities are almost completely ignored with a few odd exceptions such as the statement that “Pine bark is rich in vitamin C.” \textit{Survival}, 108.

\textsuperscript{11} Compare the discussion of the medical properties of \textit{Ba đù} (\textit{Croton tiglium L. Croton Oil Plant}) in \textit{Một Số}, 274-275, and in Lê Quý Ngu and Trần Thị Như Đức, 72-76. See also Institute of Materia Medica, Hanoi & World Health Organization, \textit{Medicinal Plants in Vietnam}, WHO Regional Publications, Western Pacific Series no. 3 (Hanoi, 1990): 126-127.

TVM and Western Medicine in the Pre and Early Colonial Periods

Well before the French formally colonized any part of Vietnam (1862) traditional Vietnamese doctors were open to contact with western doctors and to adding western techniques to their repertoire of medical treatments. Indeed, the Vietnamese themselves initiated the introduction of specific western medical techniques to Vietnam.13 Even at the height of the wars of colonization at least a few Vietnamese healers actively pursued collaboration with the physicians who served with French troops in Vietnam.14 However, the Vietnamese quickly lost their initial enthusiasm for western medical techniques due to the forcible imposition of those treatments by the French colonial government. For example, the Vietnamese strongly resisted the French vaccination campaigns (for smallpox) in the 1870s and 1880s. This resistance was due, at least in part, to the exclusion of traditional practitioners from participation in vaccination work. Vietnamese were only allowed to participate in the vaccination campaigns after they had been formally trained in western medicine. Not until after the first class had graduated from the École de Médecine de Hanoi (founded in 1902) were Vietnamese allowed to vaccinate.15

The medical research and teaching at the Instituts Pasteur d’Indochine and the École de Médecine de Hanoi were an integral part of what the French saw as their mission civilisatrice in Vietnam.16 The École de Médecine was intended to be a tool of the colonial government in winning the support of the literate classes, in using them to mediate between the government and the majority of the population, and last but not least “Westernized Physicians could act as lethal weapons against traditional doctors—considered to be a deep obstacle in the way of French scientific and colonial plans—practicing free all over the country.”17

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15 Annick Guénel “La lutte antivariolique en Extrême-Orient: ruptures et continuité,” in Anne-Marie Moulin comp., L’Aventure de la vaccination (Geneva: Fayard, 1996): 11. These doctors were not, of course, trained in TVM.


By “practicing free all over the country” Monnais-Rousselot means that the majority of Vietnamese physicians had never been organized in any officially recognized manner. During the early Colonial period Vietnamese healers operated with almost no government recognition.

Part of the French reasoning behind establishing a medical school open to Vietnamese was that an organized group of medical practitioners who had been trained and thus ‘civilized’ by the French would further the objectives of the French presence in Vietnam. The training of Vietnamese doctors was done in French, and the dissertations prepared by those who graduated at the highest level were written in French rather than in Vietnamese. By promoting the use of French in this particular way the French Colonial government added yet another element to the confused medico-linguistic situation which had been a marker of the major class division within Vietnamese medicine since the pre-colonial period.

Languages, Scripts, and Medicine

The split lay between the Chinese-educated literati trained for the royal exams, but interested in medicine, and those healers born and raised among lower class medical practitioners. The majority of this second group wrote in a Vietnamese

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18 David Marr considers that this “inability of practitioners to institutionalize” was one reason that in general members of the “medical profession did not enjoy high status in Vietnam ...” David G. Marr, “Vietnamese Attitudes Regarding Illness and Healing,” in Norman G. Owen ed., Death and Disease in Southeast Asia: Explorations in Social, Medical and Demographic History, Asian Studies Association of Australia Southeast Asia Publications Series, no. 14 (Singapore: Oxford University Press, 1987): 177.

19 The medical school was open to other French Colonial subjects and also to Europeans but the majority of its students were Vietnamese. Trinh Van Thao, “La démographie scolaire indochnoise,” chap. 4 of his L’école française en Indochine (Paris: Karthala, 1995).

20 The French used medical assistance and training to further their objectives in other areas of Asia as well. Florence Bretelle-Establet, “Resistance and Receptivity: French Colonial Medicine in Southwest China, 1898-1930,” Modern China 25 no. 2 (April, 1999): 171-204.

21 The dissertations of the early students were prepared and defended at French universities. It was not until 1935 that Vietnamese doctors were allowed to present their dissertations in Hanoi. Laurence Monnais-Rousselot, “Heritiers d’hippocrate en situation colonial. La societe medicale de l’Indochine Francaise,” pt. 3, chap. 9, vol. 2 of “Medecine colonial, pratiques de sante et societes en Indochine francaise (1860-1939). Une historie de l’Indochine medicale,” Ph.D. diss., University of Paris VII, 1997.

22 Trần Quốc Vụy, personal communication, has repeatedly asserted that “true” practitioners of Thuốc Nam, southern i.e. Vietnamese medicine, always came from medical families and not from the literati class.
script called Nôm. This class based division was the dominant split within the medical community in Vietnam until the French provided an even larger fissure with the introduction of formal training in western medicine. Prior to this point the literati had learned classical Chinese as their first written language and, for the most part, they relied upon it for their medical literacy. In contrast those healers outside the gentry class were apt to learn Nôm first or else simultaneously with Chinese and to use it extensively for medical study and practice.

In theory the medical school admitted students from any social class. In practice, however, the vast majority of the students came from reasonably well off and well educated Vietnamese families of the scholar gentry class. Well into the twentieth century the sons of this group still studied Chinese and the Chinese classics to prepare for the imperial exams.

At this point there were also two other scripts used in Vietnam. Nôm was the oldest of the two and was also the first script ever used to write Vietnamese. The other script, Quốc Ngữ, is a romanized script devised by European missionaries and it is the official writing system used for Vietnamese today. In

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23 The Nguyễn court allowed doctors “to establish temples of medicine (Y Miệ) not unlike the more prestigious temples of literature (Văn Miệ).” See Marr “Vietnamese Attitudes,” 177. It is noteworthy with respect to these officially sanctioned temples of medicine that their first icons were to Chinese deities associated with early Chinese medical and pharmaceutical literature.


addition to these means of writing Vietnamese there was the colonial promotion of French. In the early decades of French rule many of the French administrators of Vietnam felt that it was best to promote French as the language of government, education, and literature. Some actively opposed the idea that any assistance should be given by the colonial government to encouraging literacy in Quốc Ngữ.27

In the first decades of the colonial period the choice for Vietnamese families lay between Chinese and Nôm. Whether or not it was Chinese which a child learnt first was correlated to the social class of the family in question. Until sometime in the teens or twenties most young men of the scholar gentry class were still encouraged by their families to pursue a classical education with the Royal Examination system in mind.28 If the members of this class took up Nôm at all it was as a hobby. For these families it has been said that “What really counted...was the language of officialdom. Traditionally in Vietnam this had been classical Chinese, with spoken Vietnamese vulgar and inadequate, and nom merely a type of scholarly recreation.”29

The opening of the École de Médecine de Hanoi and other French schools and research institutes spurred interest in western medicine and science among the Vietnamese scholar gentry who might be expected to have contact with graduates of these institutions. These schools also prompted the Vietnamese elite to view French as the language of officialdom and, partly in response to this, the scholar elite began, gradually, to abandon Chinese in favor of French and romanized Vietnamese-Quốc Ngữ.30

and the Revolution in Writing during the Early Twentieth Century) (Hà Nội: Nhà Xuất Bản Lão Động, 1994).


28 Under the French, Vietnam was divided into three administrative units. Cochinchina, approximately the southern third of Vietnam, was a French colony and did not have Royal Examinations after it was made a colony in 1863. Tonkin, approximately the northern third of Vietnam, was a protectorate rather than a colony and continued to hold Royal Examinations until 1915, and Annam, central Vietnam and also a protectorate, held Royal Examinations as late as 1919. Even after the exams ended many families assumed that the exams would be reinstated and continued to urge their sons to prepare for them with a Confucian education. See Duong Nhu Duc, “Education in Vietnam,” 35-36.


30 Marr, “Language and Literacy,” chap. 4 of Vietnamese Tradition on Trial. See also DeFrancis, Colonialism.
Vietnamese Publications on Medicine and Science

Interest in European scientific and medical ideas became more widespread in Vietnam and writings on western medicine and science became more available, especially in urban areas, during the teens and twenties. By the mid-teens popular journals, published in Quôcgữ, French, and sometimes Chinese, were serializing articles on various aspects of western science and, beginning in 1925, a number of western medical texts were translated into Vietnamese and published in Quôcgữ.31 The leader among these Vietnamese journals was Nam Phong (Southern Ethos). The editors of Nam Phong were deeply involved in the move to spread western technical and scientific theories along with the practical uses of such knowledge.32 Articles on western medicine were published in Nam Phong in almost every issue. While Nam Phong published articles on diseases, hygiene, and famous doctors in Quôcgữ,33 writing on western medicine also became fairly available in Chinese and in Nôm in other venues.34

Within all this there was little if any denigration of TVM on the part of nationalists, reformers, or publishers despite their interest in western science, technology, and medicine. The Vietnamese seem to have passed comparatively lightly through the stage of belittling their own indigenous medical traditions which occurred in many Asian nations.35 After all there was an obvious need for medical care which was not being met by the few western trained physicians in Vietnam. “By 1942 there were only 90 European doctors, 54 Indochinese doctors, 92 European nurses, and 1,462 indigenous nurses for a total population of about 23 million people. This meant one doctor trained in western medicine

32 There were articles on general knowledge and use of electricity in vol. 2, no. 9 (Mar. 1918): 158-161; the telephone, vol. 4, no. 24 (June 1919): 480-484, and photography as science and as art, serialized in vols. 7-9, nos. 42 (Dec. 1920) 45 (Mar. 1921) and 50 (Aug. 1921). All Nam Phong Tạp Chí (Southern Ethos Journal) articles cited for more than their general subject matter are listed individually by author in my bibliography.
34 Trần Văn Khánh comp., Trần Văn Khánh Tiểu Học Cách Trí (Tran Van Khanh’s Primer of Diverse Subjects) (1912), a handwritten three volume set on anatomy, physical hygiene, the general functioning of the human body and such diverse subjects as the behavior of liquids and solids, zoology, and botany. This work is aimed at children and the fact that it was written in Nôm presupposes that there were children the author knew who were literate in Nôm.
for every 157,000 persons and one nurse for every 15,000 inhabitants.”

There was still an abundant need for traditional medical practitioners in French-ruled Vietnam.

The articles on traditional medicine in Nam Phong call for organizing and supporting TVM. These articles suggest organizing research, in the western scientific manner, into the plants, animals, and minerals of the traditional Vietnamese pharmacopoeia in order for TVM to gain French recognition and acceptance. However, almost all of the various publications, in Nam Phong and other popular journals, on what was becoming known as Đông Y (literally Eastern, as opposed to Western, medicine) were actually translations of articles on traditional Chinese medicine or were about patent medicines from Chinese producers. The scholar gentry’s fascination with China and things Chinese continued and there was little in Nam Phong or other journals like it that was connected specifically to TVM except the advertising copy from local traditional healers.

However, even while the Vietnamese intelligentsia explored the world of western science and medicine they felt a strong desire to maintain their own identity and traditions. According to Dr. Henriette Bui, the first Vietnamese woman to graduate from medical school, “At home, my father never talked to us about politics. On the other hand he spoke to us often of the history of Viet Nam, since we didn’t study it at all in school. He considered it also important to keep Vietnamese traditions alive, all the while studying Western sciences.”

The early life of Dr. Tôn Thất Tùng, a surgeon who served with the Viet Minh Medical Corps, illustrates some of the educational issues which faced children of the scholar gentry during the 1920s and 1930s. Tôn Thất Tùng was born in 1912 and his father died while he was still a baby. His mother raised the family “in a house with a large garden on the banks of the Perfume River” [in Huế] she wished her

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39 Most, if not all, of the issues of Nam Phong contain advertisements for traditional doctors and pharmacists.

child “to study to be an official (quán),” but perceiving that the imperial officials were powerless at best and at worst were a weight on the backs of the common people of Vietnam, Tùng left home in 1931 to go to Hà Nội to study medicine. Tôn Thất Tùng’s family belonged to the scholar gentry class which still preferred a classical education for its sons. But by 1931 many of these families could no longer force their sons to follow the route to the imperial examinations. Instead of Chinese many of these young men and women concentrated on literate expression in French and in Quốc Ngữ.

**Traditional Healers, Quốc Ngữ, and the Nationalist Movement**

In contrast, for the majority of Vietnamese traditional physicians Nôm was a script in regular practical use and they did not have the means available to the scholar gentry class to move smoothly into use of French and Quốc Ngữ. The switch from Nôm to Quốc Ngữ, on the part of traditional Vietnamese physicians, is fundamental to the story of their integration into the nationalist movement, because it was the nationalist sponsored Quốc Ngữ literacy campaigns which facilitated this process.

Until the mid-twentieth century there was a core generational group of Vietnamese healers who used Chinese little if at all in their practice and for whom Nôm was their first choice of scripts. As late as 1995 the recording of the names of indigenous materia medica in Nôm was, and perhaps it still is, the last remaining use of Nôm as a living script. New works, in Nôm, on traditional medicine were still being written as late as the 1960s. There were also traditional doctors in Hà Nội in 1995 who wrote parts of their private medical notes and prescriptions in Nôm. While one of these physicians was very aged

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42 Hoàng Tiến, Chúng Quốc Ngữ và Cuộc Cách Mạng Chữ Việt Đầu Thế Kỷ 20 (Quốc Ngữ and the Revolution in Writing in the Early Twentieth Century) (Hà Nội: Nhà Xuất Bản Lao Động, 1994). See also DeFrancis, Colonialism, 48-259.
44 Conversations with a group of elderly traditional medical practitioners from late January of 1993 to June of 1995 at the Hội Đông Y (Association for Eastern Medicine) on Tôn Dân Street Hà Nội. Lê Trần Đức, a traditional medical practitioner and researcher on the history of traditional Vietnamese medicine is another practicing physician who still used Nôm at times in Hà Nội as late as April of 1995.
when I first met him in January of 1993 at the Hội Đông Y (Association for Eastern Medicine), several of the others were merely in their sixties. All of these doctors came from ‘medical families.’ For several generations some members of the family had been traditional healers. Those who knew and used Nôm all said that they had first learned it at home. They also said that Nôm was either the first writing system that they learned or that they had learned Nôm and Chinese for the plants, animals, and minerals used in traditional medical prescriptions simultaneously. It was the opinion of these doctors as a group that most Vietnamese ‘medical families’ knew and used Nôm as much as, if not more than, Chinese. These physicians further said that the members of their families were forced to use Chinese and Quôc Ngữ more often after the 1920s because the number of people in Vietnam who could read Nôm steadily decreased after the spread of education and publications in roman script. This forced those in medical families to learn Quôc Ngữ.

During the period when the Vietnamese switched from Chinese and/or Nôm to Quôc Ngữ members of the literati “had access to an institution for conversion to French and quoc ngu if they choose to use it, ...” Nam Phong and other fashionable journals were part of these intellectuals’ simultaneous resistance to and embrace of French influence. It was almost exclusively the children of the intelligentsia who were able to attend the École de Médecine de Hanoi and to write and publish articles on western science in Nam Phong and other such journals. There was never any possibility that any significant number of the sons and daughters of traditional Vietnamese physicians might attend the Hà Nội medical school. Further, the visibility and status of traditional healers had dropped notably since the scholar gentry turned to western science and other forms of learning as the salvation of Vietnam. So, although “Vietnam experienced no full fledged debate over the relative merits of traditional and modern medicine,” what existed by the mid-thirties was a social and generational

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45 The term ‘Eastern’ is used, in Vietnam, by some medical doctors and by some organized groups of traditional medical workers to contrast with ‘Western’ medicine. See Thompson, “Transfer and Transmission,” passim.
46 Marr, Vietnamese Tradition, 32-44.
47 Ibid., 34.
48 Laurence Monnais-Rousselot (personal communication November 4, 1997) asserts that “the first generation of students (at the École de Médecine de Hanoi) are [sic] of the upper class (aristocracy in fact).” Monnais-Rousselot further notes that, while the “2nd generation” and later classes were somewhat more open to Vietnamese of middle class and lower classes, upper class students were at all times dominant in sheer numbers.
49 These children’s lack of preparatory schooling would have disqualified them unless a special effort had been made to include them, and the French system of schooling in Vietnam was exclusive rather than inclusive. See Duong Nhu Duc, “Education in Vietnam,” 3.
gulf between traditional doctors and a small but relatively cohesive group of western trained medical workers.50

While the Vietnamese literati converted to Quốc Ngữ, those outside this social class “found themselves caught between colonial efforts (1919-1927) to close down remaining village-level Sino-Vietnamese schools and the simultaneous reluctance of the authorities to subsidize alternatives.”51 According to the physicians I interviewed in northern Vietnam, many of them were, as children, unable to obtain any formal schooling until nationalists set up free schools and established literacy campaigns in the north.52

One of the main purposes of these schools was to reverse the appalling decline in literacy in Vietnam which nationalists attributed to the French Colonial educational system. Although the early schools in this movement offered instruction in Chinese and in Quốc Ngữ, by the 1920s and especially the 1930s most, if not all, of the schools used Quốc Ngữ exclusively.53 The schools, and the movement as a whole, had always been dominated by anti-French elements and by the late 1930s they were virtually controlled by radical anti-colonialists including members of Hồ Chí Minh’s (1890-1969) Indochinese Communist Party.54 Indeed, before he became the founder of the Viet Minh armed forces as a whole and the instigator of the creation of the Viet Minh medical corps Võ Nguyên Giáp (1912-) was assistant treasurer of the Association for the Dissemination of Quốc Ngữ Study (Hội Truyền Bà Học Quốc Ngữ). Further, “the headquarters of the association was at the private school where he taught.”55

The main subject that Giáp taught was military history. Indeed, Giáp’s students nicknamed him “The General” years before he ever held any formal military rank. Giáp’s personal attraction was such that individuals volunteered to teach the association’s classes or to help in some other way in the hopes of being

51 Marr, Vietnamese Tradition, 34.
54 Marr, Vietnamese Tradition, 178-180.
55 Ibid., 179.
allowed to sit in on his lectures. For those Vietnamese traditional healers struggling to overcome class and language barriers in colonial Vietnam their study of Quốc Ngữ was also their study of nationalism and revolution.

**Western Trained Vietnamese Physicians, Scientists and the Nationalist Movement**

Given the social and educational distance between most traditional healers and elite French trained graduates of the Hà Nội Medical School and the Pasteur Institutes what brought them together as supporters of the nationalist cause? As noted above, for many traditional Vietnamese healers it was study in the nationalist run literacy programs which first brought them into contact with the members of various nationalist groups. But what about French trained Vietnamese physicians and medical researchers? After all, the Hà Nội Medical School was supposed to produce “loyal cogs in the machine between the French government in Hanoi and the native patients.” However, graduates of the medical school such as Drs. Tôn Thất Tùng, Nguyễn Văn Hương, Trương Công Quyền, Nguyễn Thân Phát and others were involved with anti-French groups.

The Pasteur Institutes occupied a somewhat different position “halfway between state agencies and private scientific establishments”; they “evolved according to priorities set by the colonial health programs, but also in response to the initiatives of individual scientists.” Although their main mission was to coordinate public health initiatives for French Colonial Indochina, the Pasteur Institutes were administered directly by the home institute in Paris. Due to the personal attributes of the top administrators of the Institutes “Vietnamese participation in the activities of the local Pasteur Institutes constituted a remarkable exception for the French Colonial Empire.” Despite this, brilliant scientists such as Dr. Nguyễn Văn Hương (later Minister of Health for the Democratic Republic of Vietnam) left the Institutes with some bitterness towards the Colonial Government.

What caused so many of those trained at these institutions to become active in the movement for independence? The French played an active, if inadvertent, role in giving the graduates of the Hà Nội medical school, and to a lesser extent those trained at the Pasteur Institutes, specific grievances against the colonial government of French Indochina. While offering the Vietnamese elite training

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58 Guénel, “Pasteur Institutes,” 3-4.


60 Ibid., 6-7.
in western medicine, the French had also done much to alienate many of their most promising students. The decree by which Governor General Paul Doumer established the medical school in 1902 specifically stated that the institution existed to train “Asiatic doctors under the direction of French ones.” At the main hospital connected to the École de Médecine du Hanoi, the Hôpital Indigène du Protectorat, none of the Indochinese graduates of the medical school was permitted to teach. This was the teaching hospital of the medical school and not only were graduates of the medical school prohibited from teaching there but none of them was fully accredited to practice there until Dr. Hồ Dạc Di “became the first accredited Vietnamese surgeon there in 1935” some thirty years after the opening of the school.

By all accounts the students at the École de Médecine were a small and often very close knit group. These students worked and studied together and they were also involved in numerous high spirited pranks and practical jokes. However, the students also had a serious side and they viewed themselves as representing “a new generation of intellectuals, the first generation of a new kind of physicians.” In a very real sense an official French insult or slight to one of them was an affront to all of them.

One of these medical students who later became one of Vietnam’s most celebrated western-trained physicians is Tôn Thất Tùng. Dr. Tùng is known outside of Vietnam mostly as a specialist on liver surgery and as the developer of several surgical techniques. Within Vietnam he is known not only as one of the foremost Vietnamese surgeons of the twentieth century but also as one of the founding members of the vitally important medical surgical teams which treated both soldiers and Vietnamese civilians during the wars of liberation. Tôn Thất Tùng’s family was not involved in traditional Vietnamese medicine; his interest in medicine came first from his interest in western science. His background is typical of those Vietnamese who formed the new western trained scientific elite of the country.

63 Ibid. Tôn Thất Tùng is eloquent in his anger over Vietnamese medical graduates who were not allowed to teach in their homeland. See Tôn Thất Tùng, “Đương,” 23-25.
65 Nguyễn Tuấn Phát, M.D., Mới Vài Cảm Nhĩt (A Few Feelings and Impressions) (Saigon: Khai Tri, 1969): 103-104.
67 The catalogs of most American medical schools list both Chirurgie d’exérèse du foie by Tôn Thất Tùng which has gone through numerous editions and also Dr. Tùng’s Chirurgie des pancréatites aigues.
Dr. Tùng was one of the first Vietnamese physicians to be allowed to practice at the Hôpital Indigène du Protectorat. He began work there, as an accredited intern, in 1938. At that point he was concentrating on liver surgery. During the course of his research he dissected over 200 human livers and designed a technique which allowed for extremely rapid surgery. Dr. Tùng successfully defended his thesis in 1939 and then he and his thesis advisor, Professor Meyer May, performed a successful operation to remove a liver cancer. In 1939 it was almost unheard of for a patient to survive such surgery and thus both Tùng and Meyer May were “stunned when their report was rejected [for publication] by the Paris Academy.”

Tôn Thất Tùng is well known not only for his work on liver surgery but also for his work on parasites. He first began serious research into this subject after his report on liver surgery was rejected by the French. Dr. Tùng did numerous autopsies in an effort to map the complex movements of parasites, particularly ascarids, within the human body. By 1941 he had developed a surgical procedure to remove ascarids from “the entrance to the gall bladder, an operation which subsequently became routine throughout the world.” Dr. Tùng’s work on parasitology led him to the conclusion that poverty was the major cause for the prevalence of parasitic infestations among the people of Vietnam. Further work on public health issues convinced him that the situation was worse in 1942 than it had been in 1900. This chain of events brought him from theoretical support of to active participation in the nationalist movement. By the early 1940s many of the graduates of the medical school such as Drs. Tôn Thất Tùng, Nguyễn Văn Hương (later Minister for Health), Trương Công Quyền (later Chair of the

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71 Marr, “Vietnamese Attitudes,” 181. Dr. Tùng continued to consider this incident highly “regrettable.” Chirurgie d’exérèse, 61.
74 For statistics on the prevalence of intestinal parasites in Vietnam and a description of what the French colonial government was doing about the problem in the 1920s, see “Parasites intestinaux,” d. of Part 1 “Clinique médicale,” in Sections des Sciences et des Services d’Assistance Sociale, Travaux de l’École de Médecine de l’Indochine (Hanoi: Imprimerie d’Extrême-Orient, 1931): 55-60.
75 There was a very high incidence of diseases caused by malnutrition in colonial era Vietnam. Some observers estimated that, between 1900 and 1940, the per capita consumption of rice dropped from around 260 kilos per annum to around 180. See Buttinger, passim. See also Nguyễn Văn Ký, La société Vietnamiennne face à la modernité; le Tonkin de la fin du XIX siècle a la seconde guerre mondiale (Paris: L’Harmattan, 1995): 78-89.
76 Tôn Thất Tùng, “Đương,” 33-41.
Pharmacy Council), Nguyễn Thân Phát and others were involved with one or another of the numerous nationalist groups active in Vietnam at the time.77

As for those Vietnamese who worked or had been trained at one or another of the Pasteur Institutes of Indochina, while they displayed a great deal of loyalty to their Institutes and to many of the French scientists who worked there, they also had some reason to feel that there was in effect a ‘bamboo ceiling’ above them. However, individuals within the administration of the Institutes who were open to giving Vietnamese full opportunity for training and advancement won the loyalty of their Vietnamese staff. A good example is Alexandre Yersin (1863-1943) who founded the Institute in Nha Trang and headed the Institute in Hà Nội for many years.78 In addition to his duties with the Pasteur Institutes Dr. Yersin was the first director of the Hà Nội Medical School. However, he resigned his position there after a “disagreement with the administration over the limited content of the proposed curriculum.”79 Yersin felt that Indochinese students should be given opportunity for a full range of medical study. By all accounts he put these sentiments into practice in his work at the Pasteur Institutes in Nha Trang and Hà Nội. Today the Vietnamese respect Yersin’s collegiality as well as his scientific brilliance to the extent that he is one of the few Europeans from the French colonial period to have a street named after him in Hà Nội.80

Despite the efforts of Yersin and others, room for Vietnamese to advance within the Pasteur network was limited. The main limitation being that, to become an officially designated ‘Pastorian’ required prolonged training at the home institution in Paris.81 Between 1891, when Albert Calmette opened the first Institut Pasteur d’Indochine, and 1946 only about ten Vietnamese were able to take this course of study in Paris. Lê Quang Trinh was the first, in 1911.82 Trinh was a student at the Hà Nội medical school and he took his training at the Pasteur Institute in Paris at the same time that he was completing and defending his

80 Yersin was Swiss rather than French. For a brief description of this street and the man it is named for, see Nguyễn Loan and Nguyễn Hoài, Tú Điển Đường Phố Hà Nội (A Dictionary of the Streets and Avenues of Hanoi) (Hà Nội: Nhà Xuất Bản Thế Giới, 1994): 289-290.
82 Ibid., 7.
medical dissertation. Those Vietnamese who were recruited to work at the institutes in Vietnam did not fare so well in their attempts to get training in Paris.

It appears that the colonial authorities, rather than the administration of the institutes, were to blame for this. For example, the government of French Indochina refused to grant Dr. Nguyễn Văn Hương leave to study at the Pasteur Institute in Paris. This was “a bitter setback” and Dr. Hương left the institute in 1939 to go into private practice. He later, during the Franco-Vietminh War 1946-1954, joined the Resistance Committee of the South which made him director of its health service.

Despite the Colonial authorities, the administration of the institutes made efforts to encourage and reward Vietnamese scientists. After using his own funds for study in Paris, Dr. Hoàng Thích Trị worked for the malaria service of the Hà Nội Institute. Dr. Trị later became the “first Vietnamese to head a laboratory within the Pastorian network.” About the time that Dr. Trị joined the malaria service the institutes took steps to push for more training, at the Pasteur Institute in Paris, for Vietnamese scientists. They managed to obtain funds from the colonial government for a program to send a few select candidates to Paris. Unfortunately the outbreak of World War II in Europe “meant that Nguyên Đức Khôi [Nguyễn Đức Khôi] the chosen candidate who was the first to benefit from a special grant did not have a successor before 1946.”

Obviously, there were reasons why many Vietnamese who worked at the institutes felt that they were treated well despite the colonial context of their situation. Further, although many of these researchers sympathized with the nationalist cause and openly joined the resistance after 1945, for the most part they seem to have stayed at their posts “until Ho Chi Minh declared independence in September 1945 at which point they left in droves.”

Growing Medical Collaboration

Clearly during the 1930s and 1940s western trained doctors and medical researchers were becoming more and more sympathetic to nationalist groups just as Vietnamese traditional physicians were. The two groups had interests and, in some cases, organizational affiliations in common. Further, Vietnamese traditional healers were beginning to realize the value of research, in the western

84 Guénel, “Pasteur Institutes,” 7.
86 Guénel, “Pasteur Institutes,” 7.
87 Ibid.
88 Ibid., 6.
scientific manner, into traditional Vietnamese *materia medica* while many western trained Vietnamese physicians were beginning a process of rediscovering TVM.

Several of these men, later, were ‘converted’ by their time with Vietminh forces during the wars with France and the United States to a path in traditional medicine or pharmacology or, at least, to a serious interest in TVM. For example while Dr. Nguyễn Văn Hương was director of health services for the Resistance in the south he set up a mobile laboratory to produce vaccines and he managed to get strains of vaccine from the Saigon branch of the Pasteur Institutes. His time in the jungle led him to an interest in traditional medicaments. Dr. Hương is one of several scientists whose training in western research methods was put into direct use doing research on Vietnamese traditional *materia medica* for the benefit of Vietnamese resistance forces. Shortly after leaving the south for Hà Nội, 1956, Dr. Hương became the director of the National Microbiology Institute located in the buildings of the old Pasteur Institute which had been seized in 1945. Dr. Hương later became the first director of the Institute of Traditional Medicine in Hà Nội and after that Minister of Health for the Democratic Republic of Vietnam.

Another physician who illustrates the entwined role of western and traditional systems of medicine in the nationalist movement and among Vietnamese intelligentsia for the generation that came of age during World War II is Dr. Nguyễn Khắc Viên. Dr. Viên is best known in the West as “the most prominent interpreter of contemporary Vietnam to the West.” It was Nguyễn Khắc Viên who first “tried to explain the success of Communist ideology in Vietnam by pointing out ways in which it resonated with Confucian values.” Dr. Viên’s extensive list of publications on Vietnamese culture, customs, history, and literature gives little indication that he himself was a French trained medical doctor or that, in his youth, he felt a “distaste for what passed for tradition in the 1920s.” Nguyễn Khắc Viên maintained his interest in Western medicine. However if TVM was ever included in his ‘distaste’ for Vietnamese traditions he overcame this distaste and has even published on the subject. “Good Control, Good Health” by Dr. Viên is a presentation of the benefits of martial arts and meditation exercises for general health. The explanations of how and why these

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89 Ibid., 8-9. Guénel asserts that Dr. Hương received theses strains from his colleagues at the Pasteur Institutes indicating their sympathy for the Resistance movement.


92 Hoang Bao Chau et al., *Vietnamese Traditional Medicine*, 27.

93 Marr, *Vietnamese Tradition*, 434.

94 Hue-Tam Ho Tai, *Radicalism*, 55.

95 Ibid., 55-56.
exercises are beneficial is an amalgamated discussion of western and TVM concepts.⁹⁶

A very early marker of the growing confluence of interests between western trained and traditional physicians is that “we notice the contents of the school dissertations evolving [sic]” meaning that more of them were examining Vietnamese medicine.⁹⁷ The earliest example of this is Lê Quang Trinh’s 1911 thesis “Croyances et pratiques sino-annamites.” There are numerous other medical thesis, produced at the École de Médecine de Hanoi, which also discuss Vietnamese, Chinese or Sino-Vietnamese medicine. Further, many of those doctors who had already graduated continued to display an interest in traditional systems of medicine and their applicability to the Vietnamese situation. There were two main factors which promoted this process.

One was the desperate need for an affordable system of health care that was actually available to the majority of the population of Vietnam.⁹⁸ The health care situation in French colonial Vietnam was, as noted above, quite poor and this situation was exacerbated by the world wide depression in the 1930s. The depression hit the Vietnamese economy, heavily dependent on export of raw materials to European factories, very hard.⁹⁹ The colonial government, faced with a serious drop in revenue, began requiring that villages ‘purchase’ set amounts of alcohol, salt, and opium from the government run monopolies on these products in order to keep tax revenues high.¹⁰⁰ Further, the government pushed for ever higher taxes, most of which had to be paid in rice. This had a devastating effect on the diet of a population which had a high number of families whose members were chronically malnourished.¹⁰¹ By the mid-1930s some of the students at the medical school were willing to openly question, in their theses, the place of the French colonial medical system in Vietnam. Theses such as Buu Hiệp’s La médecine française dans la vie annamite (1936), Lê Đoàn Mâu’s Mortalité à Hanoi des enfants annamites au cours de la première année

⁹⁸ Pham Cao Duong, Vietnamese Peasants Under French Domination, 1861-1945, Center for South and Southeast Asia Studies, University of California Berkeley, Monograph Series no. 24 (Lanham, MD: University Press of America, 1985): 143-151.
d’existence (1938), and Nguyễn Văn Tuyên’s La question des logements insalubres à Hanoi (1938) were all potentially very provocative.102

The other factor which prompted western trained physicians to consider TVM as a form of medical care worthy of serious investigation was the fact that Vietnamese traditional healers had been taking steps to raise their profile and to acquire markers of legitimation which had meaning for the scholar gentry. As noted previously, David Marr correlates the “inability of practitioners to institutionalize” with the idea that few individuals in the medical profession in Vietnam enjoyed high regard or high status.103 During the late 1920s and early 1930s “Underestimated and misunderstood by the intelligentsia, traditional physicians defended themselves by founding the Associations of Traditional Physicians.”104 For the first time traditional healers created professional associations. These organizations had local chapters in Hà Nội, Huế, Sài Gòn, in most of the provincial capitols and even in many of the district seats.105

These associations took steps to support TVM and its practitioners. They founded professional journals and newsletters and they sponsored other forms of publication on TVM. As far as I am aware all of their publications were in either Quốc Ngữ, the largest number, or in Chinese. It was from this point on that Quốc Ngữ became the dominant script in use within the field of traditional Vietnamese medicine. The acceptance, by a large number of traditional physicians, of the necessity of abandoning Nôm and of publishing in Quốc Ngữ made material on TVM available to a reading public which had “developed a thirst for reading and writing unmatched anywhere else in Southeast Asia.”106

The organizing and publishing efforts of Vietnamese traditional physicians clearly played a role in bringing them to the attention of western trained doctors and scientists.107 For example in his “Historie de la médecine du Viêt-Nam” Dr. Dương Bá Bành, a graduate of the École de Médecine de Hanoi, mentions several works written by members of one or another of the Associations for Traditional Medicine.108 More important than the effect of any one publication


103 Marr, “Vietnamese Attitudes,” 177.

104 Hoang Bao Chau et. al., Vietnamese Traditional Medicine, 27.

105 Interviews at the Institute of Traditional Medicine, Sep. 28, 1993, and at the Association for Eastern Medicine, June 5, 1993. See also Hoang Bao Chau et. al., Vietnamese Traditional Medicine, 27.

106 Marr, Vietnamese Tradition, 175.

107 Hoang Bao Chau et. al., Vietnamese Traditional Medicine, 27.

on traditional medicine or of any one traditional practitioner was the effect, on a scholarly audience, of publications as a tool of legitimation.109

As western trained Vietnamese physicians became more and more interested in their own medical heritage some traditional Vietnamese physicians were making a corresponding effort to explore the new system of science and medicine introduced by the French. At least a few of them attempted to apply western scientific systems of evaluation and study to the Vietnamese traditional pharmacopoeia. In the early stages of this effort traditional physicians, who had received no training in western scientific research techniques, could not be expected to successfully analyze pharmaceuticals by these methods.110 The importance of this attempt, however, is that it indicates that traditional physicians had an interest in western medicine and science equivalent to their western trained counterparts’ interest in TVM. Further, such western techniques were, for the European-educated Vietnamese elite, not only a validating process but a means of actively engaging their interest in TVM.

In the 1920s and 1930s several articles were published which suggested that research into Vietnamese plants or methods of medical treatment would “prove” their medical efficacy. Probably the most widely read of these was an article published in the December 1919 issue of Nam Phong “Khảo-Cứu về Thuốc Nam” by Nguyễn Khắc Hanh.111 This article provoked widespread discussion among the traditional medical community and a well thought out article in response two years later.112 The second article endorses the idea of using western research methods to support rather than dismiss traditional medicine and also calls for government aid to finance and create an “Association de recherches médicales Vietnamiennes.”113

However, the colonial government was not interested in supporting TVM or its practitioners. Indeed, about a decade later the government of French Indochina began taking steps to rather harshly regulate, and thus discourage, the practice of TVM and the sale of traditional pharmaceuticals.114 The colonial government based its right to regulate traditional medicine on colonial decrees concerning the sale of poisons promulgated in 1919. The first application of these

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109 For an analysis of the cachet conferred by the published word to Vietnamese intellectuals, see Marr, “Language and Literacy,” chap. 4., in his Vietnamese Tradition, 136-189.
111 See Nguyễn Khắc Hanh.
112 See Phùng Mai.
113 Ibid.
114 One letter protesting these regulations referred to them as “draconienne.” Letter quoted by Nguyễn Văn Ký, La société Vietnamiennne, 94.
regulations to traditional medicine occurred in 1935. An interesting point about these regulations is that just as traditional healers and western trained physicians were beginning to interact to examine Vietnamese *materia medica* by western methods the authorities decided that some of these medicaments were poisonous and should be regulated.

The regulations provoked controversy and a fairly widespread letter writing campaign in support of TVM. Some of these letters point out that many Western medicaments are also poisonous if misused. The colonial government did not, however, give up its rather sudden attempt to regulate TVM and to license and control its practitioners. As late as 1943, when with France controlled by Germany and the government of French Indochina largely controlled by the Japanese one would have thought the French might have had other things on their minds, Governor General Decoux signed yet another set of regulations pertaining to traditional medicine.

### The Impact of World War II

In the late 1930s Vietnam was forced into participation in the early stages of World War II by its status as a French Colony. The events of World War II in Indochina led to an extremely confused situation, politically and militarily, for the Vietnamese. Several nationalist groups, of various political persuasions, vied for influence. This situation led to the creation of a coalition resistance group, the Viet Minh, dominated by Hồ Chí Minh’s Indochinese Communist Party and dedicated to seizing independence during the chaos of the war.

While the full story of World War II as it affected Vietnam is beyond the scope of this essay, certain political, military, and medical issues of the period so

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116 “Rapport de la sous-commission chargée de la question de la pharmacopée sino-annamite,” document held in the Centre des Archives d’Outre-Mer, Service économique.
117 The height of the letter writing campaign was in 1938 and 1939. See letters to the editor, and also editorials in *Blanc et Jaune*, Nam Phong, and *La tribune indochinoise*.
118 J. Scientia (clearly an alias), letter to the editor of *Blanc et Jaune* 7 (1938) as quoted in Nguyễn Văn Kỳ, *La société Vietnamienne*, 93.
shaped the reactions of physicians who joined the Viet Minh that some discussion of them is necessary. From the late 1930s on World War II had a serious impact on the economy of Vietnam and on the lives of ordinary Vietnamese. “By the end of 1939, several tens of thousands of Vietnamese soldiers and workers had been sent to France.”122 Paris also created a council to manage economic support for France from its colonies. Vietnam was assigned “the task of providing France with 3.5 million tonnes of food, 800,000 tonnes of tea, coffee and sugar, 300,000 tonnes of ropes, and 600,000 tonnes of rubber. The working week was raised from 48 hours to 60 for men and 54 for women.”123 This extra load on a population with the health care problems of the Vietnamese set the stage for a public health breakdown.

Until March 9, 1945 control of French Indochina was retained by a French Colonial government sympathetic to the Vichy regime. This made French Indochina a distant ally of Germany and her allies including Japan.124 In the Franco-Japanese Treaty of August 30, 1940 the Vichy government agreed to give the Japanese control of specific military installations in Vietnam and Japan recognized French suzerainty over Indochina.125 Japan essentially occupied Vietnam from September of 1940 on. So, from September of 1940 until late Summer 1945 the average Vietnamese family essentially had to “Deal with Two Masters” in terms of taxes and production of materials.126 The standard of living declined and malnutrition became even more widespread. “Under the double Franco-Japanese yoke, the entire Vietnamese people lived in increasing poverty. From 1940 to 1944, prices soared 400 percent while salaries rose only 20 percent.”127 Along with the other shortages and privations the health care system experienced severe strains.

The existing shortage of western trained medical personnel was exacerbated by the wartime situation. Western medical care was not the health care system of first resort for most Vietnamese anyway but the traditional system was also affected when many traditional physicians and pharmacists were forced into other work by either the French or the Japanese. This meant that the amount of time they had to treat patients was severely curtailed.128 Wartime travel restrictions

122 Nguyen Khac Vien, Vietnam, 234.
123 Ibid.
125 Buttinger, 236. Japan used Vietnam as a jumping off point for attacks on China, British Malaya, and Singapore and Indochinese rubber, coal, rice, and other food stuffs were vital to the Japanese war effort.
126 Marr, “The Vietnamese Deal with Two Masters” chap. 2 of Vietnam 1945. See also Nguyen Khac Vien, Vietnam, 238-245.
128 In one neighborhood in Hà Nội both the local traditional physician and his apprentice were sent to do corvee labor on the railroads and their medical practice was
also meant that many of the various herbs regularly used in TVM were difficult if not impossible to obtain.\textsuperscript{129}

**Hồ Chí Minh and the Viet Minh**

In their rare moments of spare time traditional Vietnamese doctors and pharmacists continued to be active in their professional organizations and through these associations they became even more connected to the nationalist movement. The organizations of Vietnamese traditional doctors allowed them to interact as a group, or rather as several different groups, with individual nationalists and with nationalist organizations. Notable among these organizations was Hồ Chí Minh’s Vietminh. Physicians at the Hội Đông Y feel that Hồ had a special understanding of and sympathy for TVM because several members of his immediate family practiced it.\textsuperscript{130}

Hồ Chí Minh’s father was a practitioner of the sub-specialty of bone setting and he also sold traditional pharmaceuticals.\textsuperscript{131} Hồ’s brother sold traditional medicines and practiced geomancy,\textsuperscript{132} and his elder sister also practiced “Đồng Y” (Eastern Medicine). Little is known about Hồ’s sister Nguyễn Thị Thanh. Although she is said to have practiced traditional medicine she was better known as a revolutionary. She was convicted of stealing arms and ammunition from the French Officers Mess at Vinh, the capital of Nghệ An Province. She spent several years in prison for this and lost touch with Hồ until 1945.\textsuperscript{133} Hồ’s older brother, Nguyễn Sinh Khinh, was also involved in the resistance. He spent six years in a colonial prison (1914-1920) after being “imprisoned by the French for subversive activities.”\textsuperscript{134} Even after his release he was kept “under police surveillance in Huế, where he practiced medicine [traditional Vietnamese medicine] and taught geomancy.”\textsuperscript{135}

Hồ’s father, Nguyễn Sinh Húy was a renowned scholar of Classical Chinese who detested his work for the imperial court at Huế.\textsuperscript{136} After leaving this post he accepted a position working for the French. He disliked this even more than closed for the final two years of the war. Nguyễn Thế Khang, personal communication May, 1994.

\textsuperscript{129} Interviews with a group of traditional pharmacists in Hà Nội, September-November 1993.

\textsuperscript{130} Notes taken at the Hội Đông Y, March 1995.


\textsuperscript{132} Duiker, 206.

\textsuperscript{133} Lacouture, 14-15.

\textsuperscript{134} Duiker, 206.

\textsuperscript{135} Ibid.

\textsuperscript{136} Duiker, 28-32.
working for the imperial court and left after a brief period of time. Hồ’s father became a reclusive scholar noted for his knowledge of Classical Chinese and for his travels throughout French Indochina. Apparently he made some part of his living by setting bones. This is a very interesting choice for a man who was a famous scholar of Chinese because bone setting was a specialty with very low status within the unwritten medical pecking order. The specialties with higher status involved very little medical dirty work. Low status work included anything which required significant touching and manipulating of parts of the human body other than the hands and face. It seems that Hồ Chí Minh’s combination of intelligence and scholarship dominated by a sympathetic common touch was a family tradition for him. Hồ’s interest in medical practitioners is not surprising for a political leader faced with Hồ’s problems due to shortages of both western and traditional medical supplies and personnel. Further, Hồ Chí Minh was a consummate politician and whether or not he actually took a strong interest in TVM local practitioners felt that he did. This made them more sympathetic to the nationalist movement in general and to support for Hồ and his associates in particular.

France outlawed the French Communist Party, on September 26, 1939, and ordered a roundup of Indochinese Communists. Many Vietnamese communists, including Vũ Nguyên Giáp, were ordered by the communist leadership to go to China. This move was in part so that these people could avoid arrest, in part so that they could work with Mao Zedong’s forces in China, and in part so that they could assist Vietnamese communist leaders such as Hồ Chí Minh who were living in exile in China. A new wave of militant resistance to the French, and by that time the Japanese, inside Vietnam plus the outbreak of war in Europe made these men decide that since “no less an authority than Lenin had declared that the best time to launch a revolution was during a world war” that they had better make their way back to Vietnam so that they would be ready to seize the moment when it came.

They selected as their first base inside Vietnam a remote northern area near the Chinese border in the province of Cao Bằng. From the cave where the leadership lived “a secret path wound straight to the Chinese border, less than half a mile away.” Conditions were extremely rough in this remote mountain safe zone, nevertheless Hồ Chí Minh and his colleagues steadily enlarged their

137 Lacouture, 12-15, and Duiker, 14-32.
138 Notes taken during interviews at the Hội Đông Y March 1995.
139 Buttiger, Vietnam, 225.
141 Duiker, 250.
base of support.\textsuperscript{142} Part of their appeal was that the economic, political, and health situation in Vietnam as a whole continued to degenerate. So many basic commodities were commandeered by the Japanese that “the people were no longer able to satisfy their most basic needs.”\textsuperscript{143} As for medicines, western medicines were almost completely unobtainable, except for those the Pasteur Institutes could produce, as were imported Chinese medicaments.

The French Colonial authorities “sponsored an urgent search for substitutes [for western pharmaceuticals], eventually claiming some four hundred innovations.”\textsuperscript{144} The staff of the Pasteur Institutes managed to start local production of such medicines as histadine, feramine, and others.\textsuperscript{145} The colonial government also called in traditional pharmacists and physicians and asked them to bring in their medicaments for analysis.\textsuperscript{146} There were no medicines, however, that could cure malnutrition, the major health problem in Vietnam during this period.

In 1945 Vietnam’s food shortage worsened into an outright famine. This began with a series of natural disasters and was compounded by the fact that the Japanese and French Colonial authorities had not only been stockpiling rice for their own troops but had been using massive amounts of it to distill fuel alcohol as a replacement for scarce gasoline.\textsuperscript{147} In the great famine of 1945 an estimated one and a half to two million people died in northern Vietnam.\textsuperscript{148} This meant that “about ten percent of the population of the region affected perished in a five month period.”\textsuperscript{149} The famine caused massive social disruption and loss of faith in any vestige of care and goodwill on the part of the authorities. More and more, people came to feel that they had nothing left to lose by opposing the French and the Japanese and that perhaps there was the possibility of gaining something through support for the Viet Minh.\textsuperscript{150}

\textsuperscript{142} Ibid., 251-307.
\textsuperscript{143} Buttinger, 240.
\textsuperscript{144} Marr, “Vietnamese Attitudes,” 181.
\textsuperscript{145} Ibid.
\textsuperscript{148} Buttinger, Vietnam, 240. See also Marr, Vietnam 1945, 96-107. Rice could not be brought up from the south because U.S. airstrikes against the Japanese held transport system in Vietnam had virtually cut off north from south in terms of movement of large quantities of goods.
\textsuperscript{149} Marr, Vietnam 1945, 104.
\textsuperscript{150} One of the Viet Minh’s first military moves was a series of attacks on small Japanese outposts and Japanese granaries. While the Viet Minh kept some of the supplies they captured they gained a reputation as caring for the common people by distributing a sizable amount of the rice they captured.
The government sponsored history of the Quán Y (Medical Corps) begins its tale of the creation of the Viet Minh Medical Corps at precisely this point.\textsuperscript{151} After giving first a brief history of TVM\textsuperscript{152} and then a brief history of “The Party”\textsuperscript{153} the editors move on to what they consider to have been the formative points leading up to the official creation of the Quán Y. First, comes a discussion of Viet Minh forces in the field in 1944-1945 and their commander Võ Nguyên Giáp which concludes with statements made by General Giáp concerning the medical problems his troops faced which ranged from wounds, to malaria [sót rét] and other tropical diseases.\textsuperscript{154} General Giáp also mentions the healers with him at that time and their use of medicinal leaves and roots [thuộc lá cây, rễ cây].\textsuperscript{155}

The tale moves on to the cities and towns of northern Vietnam during World War II and gives a discussion of the misery endured by the Vietnamese people and of the frustration of doctors incapable of giving them any real help.\textsuperscript{156} The text continues with a depiction of contacts between western trained physicians and medical students and Viet Minh infiltrators in Hà Nội.\textsuperscript{157} It speaks of the early involvement of these men in giving medical assistance to resistance fighters in the late spring and early summer of 1945. The text then describes the first meeting of two of these western trained medical workers, Dr. Lê Văn Chánh and Dr. [of pharmacy] Võ Công Thuyết, with General Giáp in July of 1945.\textsuperscript{158} The story moves to the first official hospital established by Viet Minh forces in August of 1945, in Thái Nguyên Province.\textsuperscript{159} The texts then notes physicians who were proud to have been a part the Viet Minh forces during the August Revolution when Viet Minh forces gained control of all the major population centers in Vietnam. The chapter ends by saying that the August Revolution gave birth to the Quán Y.\textsuperscript{160}

So where do traditional Vietnamese healers fit into this official history? The Vietnamese language text clearly illustrates that traditional Vietnamese healers were thoroughly integrated into the support system of the Viet Minh forces well before the official creation of the Quán Y in July of 1945. When the authors of

\textsuperscript{152} Ibid., 12-17.
\textsuperscript{153} Ibid., 19-20.
\textsuperscript{154} General Võ Nguyên Giáp, from \textit{Đối giải phóng quân}, as quoted in Nguyễn Ngọc Thảo, 21.
\textsuperscript{155} Ibid.
\textsuperscript{156} Nguyễn Ngọc Thảo, 21-22.
\textsuperscript{157} Ibid., 21.
\textsuperscript{158} Ibid., 22.
\textsuperscript{159} Ibid., 22-23.
\textsuperscript{160} Ibid., 23.
the official history of the Quân Y describe the doctors and students in Hà Nội who worked with resistance fighters during 1944-1945 these healers are referred to as bác sĩ and dược sĩ.\textsuperscript{161} The terms bác sĩ and dược sĩ mean, respectively, doctor (of medicine) and pharmacist (the implication is with a doctorate in pharmacy). However they also mean in utterly unequivocal terms a doctor or a pharmacist trained in western medicine or pharmacy.

In contrast when speaking of the Việt Minh forces in the northern liberated zone during the 1940s and their medical problems both the authors of this text and General Giáp, as they quote him, mention the work of healers referred to variously as thầy thuốc, thạc thuốc and thầy lang.\textsuperscript{162} In Vietnamese thầy thuốc means a traditional Vietnamese physician, it implies a master of traditional medicine. Thạc thuốc also means a traditional Vietnamese healer but it means one of a lower skill level, or ranking, such as a surgeon or bone setter. Clearly, this is the way the authors of the official history meant the term since they define it as ngoài khoa meaning external problems only and thus implying someone who only treats wounds or other external injuries.\textsuperscript{163} Thầy lang means a traditional pharmacist. Thus, in the Vietnamese text, it is abundantly clear that those healers who first assisted Việt Minh forces in the field (1944 through early 1945) before General Giáp initiated an official medical corps for the Việt Minh in July of 1945 were traditional Vietnamese healers.\textsuperscript{164}

It is clear that traditional healers were used and appreciated by Việt Minh forces before, during, and after the ‘official’ creation of the Quân Y. Before the Quân Y was born in the turmoil of the August Revolution a foundation of support for the nationalist cause for and cooperation and mutual respect between western trained and traditional medical personnel existed. This allowed the Quân Y to utilize the skills of all the healers available during the wars of decolonization which followed the August Revolution. Further this basis of collaboration was fundamental to the creation of the organs of the national health service for first the Democratic Republic of Vietnam and then, after reunification, for the Socialist Republic of Vietnam.

\textsuperscript{161} Ibid., 21-22.
\textsuperscript{162} Ibid., 21.
\textsuperscript{163} Ibid., 21.
\textsuperscript{164} Given that resistance forces were concentrated in the northern mountains it is logical to suppose that many of these traditional healers were members of ethnic minority groups.
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