The Past as a Foreign Country: 
Recent Research on Chinese Medical History in Taiwan

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“The past is a foreign country, they do things differently there.”¹

Chinese medical history is a new and flourishing field in Taiwan. A majority of the publications in this area have appeared in academic journals only in the past ten years, and the community is fairly small. Nevertheless these scholars have circulated quite a few reflections on their own research and their works have undergone a number of reviews in different occasions.² This may have several reasons, ranging from the activeness of the participants to their needs to clarify and to defend their research interest in the academic community at large. Since most of the pioneers are trained as historians, and their followers are junior scholars in the field, they face challenges not only from their more conventional colleagues but also from medical professionals, who often consider physicians the best qualified to do medical history. Shengkun Chen (1951-1989), a medical doctor with a master’s degree in history,

¹ “The past is a foreign country. They do things differently there” is the opening sentence of L.P. Hartley’s novel The Go-between (New York: New York Review Books Classics, 1953/1996). David Lowenthal, a British historian, uses the phrase for the title of his book, The Past is a Foreign Country (Cambridge: Cambridge University Press, 1985), which focuses on the way modern people make use of historical material to their present interest, especially in the Anglo-American civilization, and the author’s somewhat disapproval of it. This review, although not disagreeing with Lowenthal’s assessment on modern history and historiography, applies the novel’s opening sentence to denote another dimension in historical research in which the foreignness of the past is taken seriously enough that historians feel compelled to conduct an anthropological observation in order to overcome the difficulties of understanding those who lived in the worlds before us. This foreignness and the efforts involved to overcome it may have and perhaps should have existed in historical research in general, but they are, as will be shown in this review, particularly evident when scholars in Taiwan work on the history of Chinese medicine.

claimed just that in his publication, which stimulates a historian’s long and thorough review article on his works as well as his assumptions.³ Before his premature death, Chen researched Chinese medical history and interacted with medical historians in the academy on many occasions, both aided with and confined by his knowledge of modern medicine.⁴ There are other physicians since Chen who have devoted themselves to the study of traditional Chinese medicine, and their major goal lies in the integration of Chinese and western medicine in clinical applications.⁵

For most of the historians in recent Taiwan who work on China’s medical past, however, neither clinical values nor a degree in medicine typify their research or their affiliation.⁶ Some of them may not even consider themselves primarily “medical historians.”⁷ Their scholarship includes so many subjects and their convictions involve such diversities that that which holds the scholars together as a community can only be recognized through comparison with other groups of researchers. To this reviewer, what characterizes these scholars is their anthropological approach toward the Chinese medical tradition, which is still very much practiced in contemporary Taiwan.

For quite a long time and well into recent decades, researchers in China, most often medical practitioners themselves, have borne the burden to make known the enormous discoveries in, or tremendous accomplishments of, traditional Chinese medicine in its progressive history.⁸ Scholars in Taiwan, however, view historical

⁴ For the merit and limitation of Shengkun Chen’s application of modern medicine in his historical research, see Jianmin Li, “A Reappraisal of traditional medical historiography: perspectives on The Collection of Dr. Sheng-k’un Ch’en,” pp. 123-148.
⁵ For Taiwanese doctors’ efforts to integrate Chinese and western medicine through the study of medical history, see Chia-feng Chang, “A General Review on the History of Chinese Medicine in China and Taiwan, 1919-1999”.
⁶ That is not to say, however, that their works do not originate from or reveal their concerns for medical practices of their society. It is that the inspirations are treated with more sophistication and the suggestions are expressed in indirect manners. This is the position taken by Sean Hsiang-lin Lei when he concludes his research on doctor-patient relationship of the early twentieth century. See Sean Hsiang-lin Lei, “Accountable doctor and loyal patient: transformation of doctor-patient relationship in the republican period,” New History 14:1(2003), pp. 45-96. This attitude may be taken by some scholars as part of the conventional ideas about “scientific and objective” historiography, but it is also strongly inspired by a new understanding of historical research as a constant revisits and reconstructions of the past.
⁷ Some see themselves as social or cultural historians who apply medical documents in research while others may consider history of science their primary subject and medicine is only one section of it.
⁸ Traditional Chinese medicine (TCM) has been entangled with China’s nationalism since the early twentieth century, fighting for legitimacy not only against western trained physicians but also imperialism as a whole. Some of the devoted researchers in the trend were categorized either as fangxianpai (the group that identifies discoveries) or chengjiupai (the group that identifies achievements), and their works bear the responsibility of preserving a nation through its heritage. For
research not as a tool to prove or to discredit the validity of traditional Chinese medicine, but rather as a venue to explore the past. When Ping-chen Hsiung and Angela KC Leung, both historians based in the Academia Sinica in Taipei, first published their articles on late imperial Chinese medicine in the late 1980s, their main concerns were not to show the progress of medicine but to tackle issues such as regional differences in population growth and interactions between state and society through medical care.

In 1992, when Cheng-sheng Tu started the “Study Group of Disease, Healing and Culture” with some of his colleagues and students in the Institute of History and Philology of Academia Sinica, his primary goal was to “put flesh to the skeleton of social history” rather than simply identifying medical achievements. Although some of his publications since early 1990s have investigated the conceptualization of qi and jingmai, two of the most important elements in traditional Chinese medicine, his self-reflection in 1997 still claims that both he and his colleagues are not working on the “internal history” of medicine, a task he courteously declares belonged to trained medical practitioners. However, reluctant to categorize the works of his group as “external history” either, Tu settles with a new term, “alternative medical

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10. The study group was renamed in 1997 as “Research Group of the History of Health and Healing” and continues to be one of the most active groups in the institute. For its past and current projects, see http://www.ihp.sinica.edu.tw/?Emedicine/.

11. Cheng-sheng Tu first proposes the study of medical history in his publication when he reviews the state of field of Chinese social history in 1992. In the article, he evaluates earlier research on social strata and social systems as have displayed only the “skeleton of the society” and suggests more studies of the “flesh” so that a fuller picture of traditional society can be portrayed. To explore the “flesh” of society, Tu proposes several sub-fields and includes the history of diseases and medicine in the category of “history of conceptions and experiences of life.” See Cheng-sheng Tu, “What is ‘New Social History’?” New History 3:4(1992), pp. 95-116.
Since its definition relies more on “what it is not” than on “what it is,” this “alternative medical history” includes subjects and approaches of many kinds. Tu stands by his social and cultural proposal even when he examines the interactions between medicine and the ideas of life in China’s antiquity. Some of his colleagues, while studying the regional lifestyles and related public policies of early imperial China, take a step further by conjecturing names of parasites and diseases as recorded in historical material, with the help of modern parasitology and pathology. To recruit modern medical knowledge in identifying historical terms is a major approach in medical history since the early twentieth century. This approach is still used by advocates of traditional Chinese medicine (TCM) and their opponents either to prove the advancement of TCM or to question it. Historians, not necessarily in either of the opposing camps, who apply such methods in research, often feel the need to ascertain “real nosological units” in history.

However, most medical historians in Taiwan seem to have refrained from such an approach, considering traditional Chinese medicine and modern biology two totally different categories of knowledge, which undergo continuous changes that call for historical examination. Shang-jen Li, one of the junior members of the group, expresses his disagreement with this approach in his recent study of leprosy in late nineteenth century China. He points out the importance of practices, such as the standardization of research tools, training of practitioners and constant revisions of theories, in modern science. Since nosological units are inseparable from these practices, it is both unnecessary and futile to identify modern medical terms in

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historical materials. His position is not without precedent. In her study of *li* and *lai*, two of the Chinese terms most often taken as denoting modern leprosy, Angela KC Leung examines their conceptual and categorical changes throughout history and demonstrates a nosological world foreign to the germ theory.

Other scholars who work on the history of diseases also find it rewarding to free historical material from modern nosology. Chia-feng Chang examines epidemics in medical texts of early imperial China and portrays a contemporary etiology in which a disorder could be set off by several different causes. Since diseases that appeared to have been “contagious” could also be triggered by reasons such as fatigue or dietary imbalance, the care and cure of patients became diversified. Fu-shih Lin investigates conceptions of diseases, the body they inflicted as well as the advice solicited both in religious and medical texts and argues that the distinction between religion and medicine in traditional China was hardly decisive.

Changing nosological systems in various historical periods reveal different conceptions of the body, the nature as well as the society. Since medicine is considered intertwined with the society in which it was practiced, careful studies of a certain historical period instead of general surveys covering thousands years of China’s past becomes an important feature in the writings of medical historians in Taiwan. In order to provide thick descriptions for the many-faced practices of medicine, historians pore over all kinds of materials, not just medical documents, do textual analysis on related issues, and make use of theoretical literature from other

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17 Shang-jen Li, “British medical studies on Chinese leprosy in late nineteenth century.”
21 This of course could only be the partial reason. Since most departments of history in Taiwan’s universities design the curriculum and recruit new faculties based on dynastic periodization instead of specialty of fields, most historians are trained to study and required to publish first and foremost within their specialized dynastic periods. The curriculum is somewhat changed since Taiwanese history and world history become important compartments of the field in the last decade of the twentieth century. But most of the publishing conventions seem to have sustained, although not without merits. For more discussion on the impact of curriculum and recruitment on the development of historiography, see Pingyi Chu, “A prospect of researches on history of science, technology, and medicine in Taiwan: an analysis of a contemporary Taiwan’s scholarly community,” pp. 157-174.
fields. For instance, Cheng-sheng Tu pays tribute to the ethnographers of the early twentieth century for his understanding of traditional Chinese medical practices. Such is also the case for Jianmin Li, who acknowledges the influence of anthropological and ethnographical works in his pursuit of medical conceptualization of the body in ancient China. Fu-shih Lin, on one occasion, categorizes the research of his and his colleagues as “historical anthropology.” On the other hand, Jen-der Lee’s serial articles on women’s medicine shows a feminist flavor and dialogue with gender studies. For many of the young scholars trained in the Anglo-American universities, science studies become an important intellectual resource in their quest of medical history.22 Full of information and arguments, their articles are often loaded with notes.23

In addition to nosology, scholars also take note of historical changes in different medical areas and are therefore very careful in applying names of modern medical specialties to designate the fields of their research. Without taking the specialization in modern medicine for granted, historians try to place their subjects in a historical context and to grasp the process in which these sub-fields were either born or transformed. In her studies on women’s medicine, Jen-der Lee demonstrates how reproductive techniques shifted from the “arts of the bedchamber” to medical recipes, both belonged to the same division of scholarship in early imperial China, and thus not only transferred the reproductive responsibility from men to women but also gave birth to “Chinese gynecology” through a gendered discourse of the body.24 Different


conceptualizations of the body reveal different medical systems and vice versa. In his long and winding intellectual journey to explore Chinese medicine, Jianmin Li explains the significance of shushu, the techniques of numbers used in ancient China to conceptualize nature, the world and the human body.25

Since the body was understood through references different from what it is in modern medicine, the precious record of dissection in China’s antiquity will be better interpreted, according to Jianmin Li, as a display of power instead of the foreground of “Chinese anatomy.”26 Likewise, as Chung-lin Chiu impressively shows in his studies, the “cutting of one’s flesh to heal one’s parents,” allegedly practiced by generations of filial youngsters since the 7th century, concerns more than a few issues ranging from the political economy of health care to the widely held notion of the body as medicine.27 Therefore, rather than finding faults in classical ethics, Daw-hwan Wang suggests the lack of anatomy in China’s long medical history requires scrutiny from within the medical conceptualization of the body, which still influenced what Chinese doctors would have seen in early modern times, when they finally opened the cadaver.28

In fact, the interaction between traditional Chinese medicine and its western counterpart is understood neither as a lineal progression nor as competitive relation. Pingyi Chu’s research on the seventeenth century contact suggests constant reconstruction of political and religious ideas through medical discourse for both the Jesuits and their Chinese followers.29 Toward the end of the imperial period, doctors and patients in the highest echelons engaged in a therapeutic tug of war, as informatively illustrated by Che-chia Chang, which involved all sorts of prescriptions and their political as well as cultural ramifications.30 For modern historians, the

28 Classical ethics that forbade a filial son to harm his own body, not even his hair or skin, was once easily picked up as the reason for the lack of anatomy in Chinese medicine. For early modern Chinese doctors’ experience in human anatomy, see Daw-hwan Wang, “Wang Ch’ing-jen on Human Anatomy,” New History 6:1(1995), pp. 95-112.
encounter between the east and the west in the early twentieth century is an even more sophisticated network in which the nation state, cultural heritage, and professional communities were formed, transformed and translated. As Sean Hsiang-lin Lei points out ingeniously, when Chinese drugs were singled out by western trained physicians and opponents of traditional Chinese medicine as the best representative of TCM, Chinese doctors, for fear of their own exclusion from the whole scene, began to found societies, to embrace “experience” as their expertise and to debate about the embarrassing essentiality of the two-thousand-year old medical theories.31

Through an unpredictable process of changes, traditional Chinese medicine, as we understand it today, in the end wears a different face from how it existed in earlier historical times. Research on the “modernization” and “scientification” of Chinese medicine in the last century gives a vivid example of how medicine is not just “embedded in” society nor does it simply “interact with” culture. It is in fact, through different sets of time-specific and place-specific practices by different people, a certain kind of society and culture.32 To view medicine from such perspective, scholars find it not only useful but also crucial to conduct anthropological observations of the subjects under study.33 Just like research on any other subjects in the history of science, the “internal” and “external” division of medical history becomes insignificant, and the humbly self-declared “alternative medical history” may now discreetly move to the front.

Interestingly, the dismissal of the internal/external division of medical history in Taiwan coincides with the time when some young scholars join the community, only a few years ago. They come from different backgrounds but have something in common: their first degrees are not history, but are those from either medical school or college of sciences, and they often receive their Ph.D. from an Anglo-American academy with a focus on either science studies or history of science. Some of them regularly write in English and submit their papers to academic journals of science studies and history of science in the west. They aim at intellectual exchanges not only with Sinologists but also with historians of science and medicine in other cultural heritages. Encouraged by scholarly communities of STS on the Internet and aided with the recent promotion

of both local history and world history in Taiwan, this small group of medical historians so far seems to have found no difficulties in lively intellectual conversations and collaborations.\textsuperscript{34}

In Taiwan, traditional Chinese medicine never leaves people’s daily lives, yet China’s medical past is researched as an anthropological topic from the onset and now this approach has been transformed in part into a new development of science studies. The subject under research is so familiar as if it required a certain intellectual distance to see it clearly. Nevertheless, the recognition of its foreignness has so far served the historians well and has enhanced curious exploration and thorough examination. Hopefully, this attitude toward our past will continue to work as a motive for inquisitive studies and also as a promise to continuous growth of not only medical history but also Taiwan’s historiography in general.

\textsuperscript{34} The STS website set up by Daiwie Fu at the National Tsinhua University (Xinzhu), which started out as a mailing list in 1998, has now become a virtual community constantly filled with lively input from young scholars on all kinds of STS subjects related to Taiwan, China and beyond. See http://sts.nthu.edu.tw/
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