

When Chinese Medicine Encountered the State, 1928-1937

[1] Introduction

The global expansion of Western biomedicine suffered a historic setback in China in the spring of 1929. Since that spring, the history of medical development in China has taken on a road less traveled.

In 1928, the Kuomintang (The Nationalist Party, KMT) finally terminated the political chaos of the Warlord period and created a nominally unified China. As the KMT attempted to realize a modernizing agenda, it established the Ministry of Health at Nanjing. For the first time in Chinese history, China had a national administrative center to take charge of all health care related issues. The next year, dominated by Western-trained physicians, the first National Public Health Conference unanimously passed a proposal for "Abolishing Old-Style Medicine in Order to Clear Away the Obstacles to Medicine and Public Health." To everyone's surprise, this resolution mobilized the previously unorganized traditional Chinese doctors into a massive National Medicine Movement, resulting in a decade-long collective struggle between the two groups of medical practitioners.

I would like to clarify from the outset what I mean by Western-style Doctors and Chinese Doctors. For the sake of argument, "Western-style Doctors" refers to the Chinese

nationals who were educated in Western-style medical schools, either in China or overseas. What I call Western-style Doctors did not include foreigners and medical missionaries. The majority of Western-style Doctors who studied abroad went to Japan. It is more difficult to define the group of Chinese Doctors. First, before 1929 there did not exist any national association for the practitioners of Chinese medicine. Second, because systematic and standardized medical curricula for students of Chinese medicine had just started, at the time under discussion the barrier of entry amounted to nothing. Therefore, what I call "Chinese doctors" refers broadly to the physicians who practiced traditional Chinese Medicine and lacked formal medical training in Western Medicine. Since the membership identification was precisely the one at stake, it is counterproductive to try to provide more precise definitions of either "Western-style Doctors" or "Chinese Doctors." For the sake of highlighting the problematic nature of these terms, hereafter I will continue capitalizing these terms—Western-style Doctor (WSD)/Western Medicine and Chinese Doctor/Chinese Medicine—to denote the two groups of doctors and their practices.

Half a century later, C. C. Chen, a widely respected pioneer of public health in China, reflected on this historic confrontation. Chen said:

In the 1920's, modern physicians, including Chinese nationals, inadvertently delayed the diffusion of scientific medicine probably by many decades through their demands for the abolition of traditional medicine. Fear generated by their actions caused a powerful coterie of traditional scholar-physicians in the cities to organize for collective action and to seek the intervention of high officials on their behalf. Respected by officials and the public alike, the scholar-physicians were able not only to defend what they already had but also to further extend their influence. More than fifty years later, the two systems of medicine stood on equal footing in China, each with its own schools, treatment facilities, and highly placed friends in the bureaucracy.¹

In short, from the viewpoint of Western-style doctors such as C. C. Chen, they made a strategic miscalculation in proposing to abolish Chinese medicine in the spring of 1929. This miscalculation not only delayed the "diffusion" of Western medicine by decades, but also gave birth to what we now know as a bifurcated medical field in China.

Presupposing the global diffusion of scientific medicine, C.C. Chen assumed what he had witnessed in the 1920s was just a "delay," a local suspension of the necessary triumph of Western medicine and the unavoidable extinction of indigenous medical traditions. For him, as well as for many modernizers, the ultimate replacement of local medical traditions by scientific biomedicine would be simply a matter of time. Nevertheless, at the end of the twentieth century, pre-modern, unscientific Chinese medicine not only stands as equal to Western biomedicine in China, but gradually has spread into Western countries as well. In the West, Chinese medicine has become part of a worldwide family of alternative medicine

and also has been accepted to some degree in mainstream health care services.² While the continuously growing popularity of Chinese medicine, both in East Asia and in the West, has the potential to challenge the universalist discourse of science, most scholarly studies of the twentieth-century history of Chinese medicine are written as though the researcher is still waiting for the inevitable realization of Enlightenment history in China. As the first step in exploring China's singular course of medical development, this paper examines the crucial moments at which traditional Chinese medicine crossed the threshold of modernity—epistemologically, materially, and institutionally—that is, "When Chinese Medicine Encountered the State."

The title of my paper highlights three interrelated points. First, my subject matter traditionally is considered to be a cultural confrontation between two incommensurable knowledge "systems": scientific Western medicine and pre-modern Chinese medicine. The confrontation between the two generally is taken as an unavoidable, local event in the universalizing process of Western science and technology. However, by the 1920s, practitioners of the two medicines already had co-existed for decades in China without directly competing against each other. I argue, therefore, that the struggle between these two medical groups would not have taken place, or at least would have taken a very different form, if Western-style doctors had not first dominated the Ministry of Health and proposed to abolish Chinese medicine by means of governmental power. In this sense, the so-called confrontation did not take place directly between the two medical disciplines but rather between Chinese medicine and the state.

Second, as the term "when" suggests, the core issue is temporality. More specifically, I emphasize the structure-transforming effects of the hostile confrontation between Chinese medicine and the KMT state. The two historic events which took place in 1929—the emergence of the Chinese Medical Revolution and the National Medicine Movement—fundamentally transformed the logic of competition between Chinese and Western medicine in China. Happening in conjunction, these two events set up the enduring

field within which the two competing medical groups would struggle against each other in the years to come. Most importantly, the field of struggle was one squarely situated within the KMT state: the practitioners of the two medicines organized themselves into groups in order to pursue power within the state, they tried to suppress each other through the use of state administrative power, and finally they competed for the professional interests and privileges offered by the state. As an "eventful sociology,"³ this paper will show how the competing medical groups were consolidated in and through their collective struggle in the field of the state after the 1929 confrontation.

Third, I will argue that the 1929 confrontation also constituted an "epistemological event" which led many Chinese doctors both to embrace the discourse of Modernity and to reform Chinese medicine on the basis of this discourse. In this sense, as Chinese doctors started struggling against Western-styled doctors in the field of the state, Chinese medicine entered into a whole new stage of its history, the stage of modernity. In addition, because Chinese doctors adopted the strategy of assimilating Chinese medicine into the emerging national medical system, their endeavors radically transformed the theories, practice and social network of Chinese medicine.⁴ As a result, what we now know as "traditional Chinese medicine" began to be made the moment when Chinese medicine of the 1920s encountered the state.⁵

Field of the State

Given that the discourse of modernity implied an asymmetric relationship between two medicines, why did Chinese doctors embrace this discourse and actively promote the project of "Scientificizing Chinese Medicine" in the aftermath of the 1929 confrontation? To answer these questions, I must clarify what I mean by "the field of the state."

I use the concept of the field of the state in three interrelated senses. In the first sense, my understanding of the field of the state breaks with the intellectual tradition which

treats the state as an autonomous actor. While I emphasize the crucial role played by the state in patterning the struggling under consideration, by no means do I study how the KMT state as autonomous actor intervened in the struggle between these two groups of doctors. On the contrary, I start this project with a puzzle: why did so many Chinese doctors choose to fight within their enemy's favored battlefield? The proposal of regulating Chinese medicine was passed in 1929, only one year after the KMT state put an end to the warlord period; by no means did a strong, autonomous Chinese state exist at that time. Chinese doctors would have been better off resisting state intervention. Instead, they strove to assimilate Chinese medicine into the emerging national medical administration, an administration which was already dominated by the Western-style doctors. For what reason did Chinese doctors seem never to consider denying the state the unconventional task of regulating medicine? The answer to this question will elude us if we treat state as a bounded autonomous actor.

Instead of a story about state intervention, in many aspects the history I study is close to the Foucaultian story in which "disciplinary practice come to colonize, compose, and transform the state."⁶ Most of the time, it was Western-style doctors and Chinese doctors who actively forged alliances with the state, mobilized the state, and, in the case of Western-style doctors, constructed a medical administration for the state. To adopt Pierre Bourdieu's analytic framework, during the period under discussion the Western-style doctors actually served as "the agents of the state who constituted themselves into a state nobility by instituting the state."⁷ Bourdieu's analysis immediately calls into question two traditional approaches to the state. First, if we were to treat the state as either a bounded entity or an autonomous power actor, we would unavoidably lose track of the dual construction process, a process which led to a mutual-penetration between the state and the medical communities.⁸ Second, when scholars examine the state's influence over civil society, they should not focus exclusively on the instances of the head-on power

confrontation; the state's influence can be realized by means of generating new sources of power and interests.

My second sense of using the field of the state concerns the new interests generated by the state. Although the conventional wisdom suggests that Chinese medicine had been severely suppressed by the KMT state during the Republican period from 1928 to 1937, by the end of the ten-year struggle, Chinese doctors, at least on paper, had achieved an "equal" legal status to that of Western-trained doctors.⁹ It is beyond doubt that state intervention did pose a serious challenge to Chinese medicine. Nevertheless, the newborn KMT state opened a whole new horizon of possibilities which were never accessible to Chinese doctors before state intervention. As the Chinese counterpart of the privileged Western medical profession, Chinese doctors strove for the following from the state: (1) an official state organ run by themselves, (2) a state-sanctioned license system, and (3) the incorporation of Chinese medicine into the national school system. Paradoxically, the alliance between the state and Western medicine, which caused the most severe challenge to Chinese medicine, also enabled Chinese medicine to transform itself into a more powerful and respectful profession.¹⁰

Let us move to the third sense of the field of the state. As the term field implies an uneven distribution of power and resource, the asymmetric field of the state provides the stage for various forms of collective action. The empirical conclusion of my paper is that, since both intellectual exchange and professional group formation started operating in the field of the state after the 1929 confrontation, the dynamics of these two inter-connected activities took on the asymmetric features of the field of the state.

More than serving simply as a field of political struggle, in the case under consideration, the field of the state also conditioned the intellectual exchange between two groups of medical practitioners. The 1929 confrontation therefore marked a discontinuity in terms of intellectual history for the two competing medical groups. As Chinese doctors strove for the professional interests sanctioned by the state and as they became committed

to assimilating Chinese medicine into the emerging national medical system, they started accepting the asymmetric relationship between two medicines and they determined to "scientizing Chinese medicine." In this sense, for Chinese doctors, the privileged cognitive space of Western science and medicine was built upon the asymmetric field of the state.

To conclude, a homological series of three asymmetric fields emerged in and through the 1929 confrontation: the field of intellectual exchange/domination, the field of professional group formation, and the field of the state. Consequently, the 1929 confrontation resulted in three temporarily parallel discontinuities in the sociology of knowledge, the sociology of the profession, and the sociology of the state. My conception of the field of the state is designed to capture the homological asymmetric structures and the parallel discontinuities in these three interrelated realms of analysis.¹¹ After the 1929 confrontation, both the intellectual re-invention and the professionalization of Chinese medicine operated in opposition to Western medicine in the field of the state.

Following the introduction, the body of this paper will proceed in five parts. By tracing the sudden emergence of the idea of Medical Revolution in 1928, in section two, I will demonstrate a break concerning Yu Yunxiu's strategy against Chinese Medicine. Through focusing on a remarkable individual, this section examines the structural conditions which enabled Yu Yunxiu to dramatically re-configure the way that Western-style Doctors competed against Chinese Doctors. Concretely speaking, this section argues that once WSD's occupied the strategic position of state medical officer, Yu Yunxiu's strategy against Chinese Medicine dramatically shifted from attacking Chinese Medicine's theoretical foundation to abolishing it by "political means."

Section three examines how Chinese Doctors mobilized the National Medicine Movement and established their first national federation in Shanghai. It was the greatest irony in the twentieth century history of Chinese medicine that Yu Yunxiu's proposal ends up giving birth to the first international network of Chinese Medicine. In addition, this section

also explains the counterintuitive phenomenon, that, during this period, Chinese Doctors preferred the name of "National Medicine" to "Chinese Medicine."

Section four focuses on a valuable pictorial diagram of the medical environment in Shanghai in 1932. By analyzing this diagram, section four has two goals. First, I will show both the incredible heterogeneity within competing groups of doctors and the complicated inter-group dynamics between them after the 1929 confrontation. Second, this section examines how the "modern" Chinese medicine started emerging from this recent historic confrontation. Drawing on Pierre Bourdieu's analytic framework of group formation, this section also demonstrates how the competing medical groups were consolidated in and through their collective struggle in the field of the state.

[2] Chinese Medical Revolution

In terms of understanding the history under consideration, no one was more crucial than Yu Yunxiu (1879-1954). For both Chinese Doctors and Western-Style Doctors in the 1920s and 1930s, the notion of Medical Revolution was inseparable from him. According to Yu Yunxiu's recollection, he started developing a critical stance toward Chinese Medicine while studying Western Medicine in Osaka, Japan. Very soon Yu Yunxiu became a determined critic of Chinese Medicine, finally proposing to abolish Chinese Medicine in the first National Public Health Conference held in 1929. After his proposal fell through and unexpectedly provoked the National Medicine Movement, Yu Yunxiu actively participated in every major debate between the two groups of doctors. Therefore, when the communist government (PRC) in the 1950s decided to promote traditional Chinese Medicine, the KMT's non-supportive medical policy was often labeled as Yu Yunxiu's policy of "abolishing Chinese Medicine, preserving Chinese Drugs."² For Chinese Doctors, Yu Yunxiu personified the oppressive force of Western Medicine.

Before 1928, Yu Yunxiu had focused on attacking Chinese Medicine at its theoretical foundation. In his Lingsu Shangdui [A Critique of the Divine Pivot and Basic Questions], published in 1916, Yu Yunxiu attacked the two remaining parts of the most ancient Chinese medical classic: Huang Di Nei Jing [Inner Canon of the Yellow Lord]. On the basis of modern Western anatomy and physiology, Yu Yunxiu systematically repudiated almost every fundamental concept of Chinese Medicine: Yin and Yang, the Five Phases, the Five Zhang and the Six Fu, the Twelve Tracts [jingluo] and the Six Warps [liu jing]. Having done so, Yu Yunxiu thought it reasonable to expect that "as soon as this article was published, many Old-style Doctors would rise up expressing their objections."³ But that was not the case. "Who would have known that the spirit was so low and there wouldn't be any response at all?" recalled Yu Yunxiu.

That silence was very revealing. As suggested by the renowned pioneer of public health, C. C. Chen, "Far from feeling threatened by the new medicine from the West, they (traditional Chinese Doctors) knew the extent of their support and recognized that most Chinese regarded modern medicine as 'foreign' and not to be trusted."¹⁴ Therefore, although a few Chinese Doctors had recognized certain benefits of Western Medicine since the latter half of the nineteenth century,¹⁵ the majority of them did not feel obligated to rebut Yu Yunxiu's critique of Chinese Medicine. However, once WSD's succeeded in dominating the state, Chinese Doctors would no longer have the luxury of ignoring their critique of Chinese Medicine.

With the establishment of the Ministry of Health in 1928, a whole new horizon of possibilities seemed open to the WSD's. For decades, Western-Style Doctors had tried to constitute themselves into state medical elites by instituting the medical administration. Before they succeeded in doing this, WSD's had to invoke non-medical state concerns—the Manchurian sovereignty crisis, the trade deficit, the custom service, and national pride—in order to recruit the state. Once the WSD's succeeded in helping the state to build up its medical infrastructure, simultaneously dominating the newly established Ministry of Health, the state began to view public health as important for its own sake, accepting it as one of the state projects. Hereafter, it was no longer easy to differentiate the "political" from the "medical" concerns of the state. As medicine was supposed to serve certain political functions, the state, in return, began to be seen be responsible for promoting public health and medicine—most importantly, for promoting the modern, Western, scientific Medicine.

Holding this strategic position of the state medical officer, Yu Yunxiu now possessed more effective ways to marginalize Chinese Medicine than simply attacking its theoretical foundations. Yu Yunxiu and other WSD's recast their attack on Chinese Medicine as part and parcel of their effort to accelerate the Chinese Medical Revolution. Yu Yunxiu said:

Is there any other reason that I have shouted out to promote medical revolution and appealed to my people in tears? What deeply agonized me

were the following: the Old-style Medicine did not obey science, the medical administration was not unified, public health constructions stagnated in many respects, and the shameful name of "The Sick People of the East" was not deleted.¹⁶

Thus, the Chinese Medical Revolution, as conceived by Yu Yunxiu, integrated the task of abolishing Chinese Medicine into the project of building the state medical infrastructure. As a consequence, Chinese Medicine was no longer perceived as a competitor to Western Medicine but rather as an "obstacle" to this state project. More importantly, since the "problem of Chinese Medicine" was widely recognized as a state problem, Yu Yunxiu and other WSD's found it quite natural to propose using extraordinary "political means" to solve it.¹⁷

In the spring of 1929, the KMT state took Medical Revolution into its task. The National Board of Health held its first Public Health Conference on February 25, five months after the Ministry of Health was established. At that conference, the Board unanimously passed the resolution to regulate traditional medical practice. The National Board of Health was completely dominated by the Western-trained physicians, including J. Heng Liu (Vice-Minister of Health, former president of the Union Medical College of Beijing), Wu Lien-ten (Director, Plague Prevention Service), Hu Dingan (Commissioner, Nanjing), and Yu Yunxiu (President, Medical and Pharmaceutical Association of China, Shanghai Branch).¹⁸ Largely drafted by Yu Yunxiu, the proposal required Chinese Doctors to register with the government and to attend government-sponsored supplementary education in order to continue their medical practices. Registration would end on the last day of 1930, and the supplementary classes would be offered for only five years. Chinese Doctors were not to be allowed to organize schools, advertise in the papers, or spread propaganda through traditional medical societies. Since Chinese Doctors would be out of legitimate ways to reproduce themselves within five years, the ultimate goal of the proposal clearly was the abolition of Chinese Medicine.¹⁹

In this proposal, "The Abolition of Old-Style Medicine in Order to Clear Away the Obstacles to Medicine and Public Health," Yu Yunxiu explained in detail the reasons for abolishing Chinese Medicine. Yu Yunxiu was by no means the first person to come up with these criticisms of Chinese Medicine. However, by his position as a member of the National Board of Health, backed up by the administrative power of the state, Yu Yunxiu's arguments crystallized enduring themes for further struggles between the two groups of doctors.

Reasons: The medicine of today has advanced from the curative to the preventive stage, from individualized to social medicine, from aiming at curing individuals to curing the population. Modern public health service is based entirely on scientific medical knowledge with corresponding political backing. I beg herewith to submit four reasons for the advisability of abolishing the old-style medical practice.²⁰

As the opening statement of his proposal showed, Yu Yunxiu's argument against Chinese Medicine presupposed a teleological scheme of medical development, that is, "from the curative to the preventive stage, from individualized to social medicine, from aiming at curing individuals to curing the population." The most important feature of this scheme was the privileged status of "curing the population" as opposed to "curing individuals." Yu Yunxiu's emphasis on "curing the population" clearly echoed the containment of the 1910-1911 Manchurian Plague. At that time, since Western Medicine had no cure for this plague, not a single individual plague-inflicted patient was cured. It was mainly by way of effective quarantine measures that Wu Lien-teh, a Cambridge-trained medical doctor, was able to control the plague and consequently asserted the Qing state's sovereignty in that area against Russia and Japan. To many Western-style doctors, Wu Lien-teh's success was celebrated as the watershed event in the history of Western medicine in China,²¹ resulting in officials' "acknowledging the superiority of modern medicine."²² Since the plague, the Chinese

government had not only taken on the tasks of preventing epidemics but also elevated those tasks to the top level of state medical problems.²³

It is beyond doubt that the rise of bacteriology led to unprecedented advancement in preventive medicine and dramatically increased physicians' ability to "cure the population."²⁴ Precisely because of this fact, in order to fully appreciate the rhetorical function of Yu Yunxiu's medical evolutionism, we must first take a closer look at China's situation.

At the time that Western-Style Doctors were urging the KMT state to eliminate Chinese Medicine, the number of Western-Style Doctors and hospitals in China was far from adequate to fulfill the most basic medical needs of the Chinese people. It was estimated that the country needed at least 800,000 physicians; it could take fifty years to educate that many in the modern medical schools that currently existed in China.²⁵ Attracted by the economic advantages and the better medical facilities, most such Western-trained physicians preferred crowding into the big cities rather than to serve the rural areas.²⁶ For example, 22% of all registered practitioners of Western medicine resided in a single city, Shanghai.²⁷ As a result, Western medicine essentially did not exist in the rural China, where 90 percent of the Chinese people lived.

Accessibility was by no means the only problem. As late as 1928, an editorial in the National Medical Journal of China openly admitted "the great majority of the Chinese prefer the old-style doctors even in places where facilities for consulting the Western trained doctors are at hand."²⁸ Although many Western-style doctors took it as an evidence that Chinese people had "belief" in Chinese medicine, the more direct cause of this phenomenon might be that impoverished Chinese people simply could not afford Western medicine. Even in the nation's capital, Nanjing, in 1932, one third of the citizens died without any medical care at all—neither Chinese nor Western medicine was affordable to them.²⁹ According the Ludwig Rajchman's 1930 report to the League of Nations, in Beijing, while 48 percent of patients were treated by Chinese doctors and only 16 percent were treated by WSDs, 36 percent of Chinese patients died without any medical assistance at all.³⁰

In comparison to the large cities, the medical situation in rural China was even worse. At that time more than 80 percent of the Chinese population was illiterate and rural China had been in the verge of collapse. As C. C. Chen reported, "for an ordinary village consisting of 100 families, the medical expenses in total could not afford a modern physician, not even a nurse."⁶¹ In fact, the rural Chinese might have been better off not spending their precious resources on medical care. Also according to Chen, "34 percent of our rural families could not afford an egg per year. Many diseases prevalent in rural China were because of this."⁶² Therefore, after two decade's generous support of the so-called John Hopkins Model for promoting scientific medicine in China, the China Medical Board of the Rockefeller Foundation came to the conclusion in 1935 that it was impossible to improve the medical situation of China without substantial social-economic improvement.³³ In 1936, the great Yugoslav public health leader, Andrija Stampar, also concluded in his report to the League of Nations, "Successful health work is not possible where the standard of living falls below the level of tolerable existence."⁶⁴ Once these two basic facts—the rarity of modern medical service in rural China and the rural economic crisis—are taken into consideration, it is naive to assert, much less to emphasize, that Chinese people did not "believe" in Western medicine. The Chinese people as a whole were too poor to act on a belief in any kind of medicine at all.

Working in different institutions, living in different areas of China, serving people of different economic and social status, and even treating different illnesses,³⁵ Western-Style Doctors and Chinese Doctors had coexisted for decades by occupying distinctly different "medical niches." As these sociological realities demonstrate, if there had not been state intervention, and if the competition between the two medicines had been judged in terms of the effectiveness of "curing individual patients," the coexistence of the two sorts of medicines would probably have continued for several more decades.

Yu Yunxiu, however, had made sure to involve the state. Claiming that "curing the population" was the most advanced form of medicine, Yu Yunxiu forged decisively the

alliance between "scientific medical knowledge and modern political theory." Since no one could build up this kind of power alliance solely with words, Yu Yunxiu was, in fact, articulating the strategy which WTD's had already been following in building the mutually supportive, structural coupling relationship between the state and Western Medicine. Meanwhile this power alliance had been in the process of consolidation both in discourse (Yu Yunxiu's medical evolutionism) and in reality (the establishment of the Ministry of Health and the state project of constructing a medical administrative network). As a member of the National Board of Health, Yu Yunxiu himself personified the connection between scientific medical knowledge and the state power. As a result, Yu Yunxiu repeatedly emphasized the essential role of political power in medical matters. In his essay "How to Popularize Scientific Medicine in China," Yu Yunxiu asserted:

I think that without the power of politics, there is no way to popularize Scientific medicine in China. If we keep focusing on advertising (Scientific medicine) to the mass, no one knows if there will be any effect at all in one hundred, or even one thousand, years.³⁶

Citing Japan's successful experience as a good example, Yu Yunxiu further emphasized:

The thriving development of scientific medicine in Japan since the Restoration was completely based on political power. Lacking this political power, scientific medicine is not able to become popular in China. Politics and medicine are closely connected.³⁷

Ironically, while scientific Western medicine was thought to be capable of spreading throughout the globe without assistance, it had to depend on political power to make its way into China. Even worse, Western Medicine had to rely on the state to outlaw its local competitor. Therefore, once WSD's adopted the strategy of "popularizing Western

Medicine with political power," these pioneers of Western Medicine in China unavoidably took on the role of state agent. For them, as Yu Yunxiu made it clear, "politics and medicine are closely connected."

[3] Emergence of the National Medicine Movement

While Yu Yunxiu's proposal was designed to eliminate Chinese Doctors as a group, Chinese Doctors had not established the minimal communicative network which would constitute them as a group. Even though Chinese Doctors had rallied for political campaigns in the past, they always had trouble forming a permanent national association. Therefore, when Chinese Doctors in Shanghai tried to mobilize a mass protest against Yu Yunxiu's proposal, they had to start once again from scratch. Chen Cunren, one of the initiators of the March 17 demonstration, recalled that at first he simply had no idea how to send out appeals for a mass meeting to Chinese Doctors all over the country. Fortunately, Chen Cunren was in charge of a medical weekly and Zhang Zhanchen, another initiator, was the editor of a popular Chinese medical journal, Yijie Chungqiu [Annals of the Medical Profession]. From the list of their subscribers (mostly Chinese Doctors), Chen and Zhang randomly picked two people from every county in China, mailed them the petition, and asked them to carry the petition to their local associations of Chinese Medicine, if there were any.³⁸

To the Chinese Doctors' surprise, 262 delegates representing 131 organizations attended a three-day convention at the General Chamber of Commerce in Shanghai. More than 2,000 practitioners of Chinese Medicine closed their clinics for half a day to support this demonstration. Full-page advertisements appeared in the leading dailies, in which a rumor was spread that Yu Yunxiu's proposal was supported by a six million dollar bribe from foreign pharmaceutical companies. The Chinese Doctors' demonstration was reported to be the most phenomenal mass movement since the KMT state had unified China.³⁹ Inside the assembly hall, a pair of giant posters was hung on the wall; they read "Advocate Chinese Medicine to prevent cultural invasion" and "Advocate Chinese Drugs to prevent economic invasion."⁴⁰ Clearly, in order to recruit other power actors, Chinese Doctors not

only adopted the rhetoric of Cultural Nationalism, as convincingly argued by Ralph Croizier, but also the rhetoric of the National Goods Movement.

Starting simultaneously with the 1911 revolution, the National Goods Movement, which encouraged Chinese people to buy only goods produced in China in order to aid China's economic independence, reached its climax in response to Japanese Imperialism.⁴¹ Governmental officers and newly emerging Chinese capitalists collaborated to associate patriotism with buying domestic commodities. As suggested in the advertisement of a platform scale, "In order to make the nation wealthy and strong, please use national goods." Translating Chinese Drugs into National Goods, Chinese Doctors intended to recruit not only people in the Chinese Drug industries, but also people already committed to the National Goods Movement, people who otherwise would have had little interest in the medical struggle. This turned out to be a very successful strategy. In addition to Chinese Doctors themselves, the National Business Association, the National Goods Maintenance Association, and the National Labor Union of the Pharmaceutical Industry (mostly Chinese Drug workers) were among those who immediately committed to supporting the National Medicine Movement.⁴² In fact, the Chinese Drug Associations not only joined this protest from its initiation but also hosted delegates from the areas outside Shanghai.

One hundred and five proposals were discussed and passed in the three-day convention.⁴³ In addition to defying Yu Yunxiu's proposal, Chinese Doctors resolved to establish a permanent national organization for practitioners of both Chinese Medicine and Chinese Drugs, in order to "consolidate power and defend against invasion."⁴⁴ Many delegates proposed to articulate the conditions for a permanent alliance between the profession of Chinese Medicine and the Chinese Drug Industry.⁴⁵ As a result, the newly formed National Federation of Medical and Pharmaceutical Associations [Quanguo Yiyao Zonghui] consisted of three sub-federations: a federation of associations of Chinese Doctors, practitioners of Chinese Drugs, and workers in the Chinese Drugs industry.⁴⁶ Under the Federation, branches were established at the levels of province, county [xian], and district

[qu]. Facing the immediate threat of wholesale abolition, practitioners of Chinese Medicine were eager to join this federation. Within three years, the number of member associations increased from 242 to 518, including affiliates in Hong Kong, Philippines, and Singapore.⁴⁷ Thanks to Yu Yunxiu's proposal, an international network of Chinese medical practitioners was in formation.

A dramatic moment came as the gathered Chinese Doctors had to select an official name for their profession. Not only rejecting humiliating names such as "Non-scientific Medicine" and "Old-style Medicine," the Chinese Doctors were dissatisfied with being called practitioners of "Chinese Medicine." Ralph Croizier's ground-breaking study concludes that the National Medicine Movement was largely motivated by the psychological need to preserve a particularly Chinese identity in a sweepingly changed cultural setting.⁴⁸ If he is right, it would be hard to imagine why Chinese Doctors preferred the name "National Medicine" to "Chinese Medicine."

The key to this question lies in the ambivalent meaning of "National Medicine"—Guoyi. First of all, it is problematic to translate the Chinese Doctors' conception of Guoyi into "National Medicine."⁴⁹ In Chinese, although there are two separate words for translating "nation" and "state" (min-zu and guo-jia, respectively), the two English terms are more generally translated by the same Chinese term, guo-jia. Consequently, when Chinese people put guo as an adjective in front of a noun, such as yi [medicine], we simply do not know if guo as in guoyi is used to characterize yi [medicine] to be "national" (a part of Chinese Culture) or to be "belonging to the state." The undifferentiated use of one Chinese word for both "nation" and "state" might have an historical origin. The two separate historical processes which took place in Europe, state making and nation building, intertwined as one process in early twentieth-century China. To be precise, as Prasenjit Duara put it, in twentieth-century China "state making was proclaimed within the framework of nationalism and related ideas of modernization."⁵⁰

This lack of differentiation in Chinese between "nation" and "state" produced the ambivalent meaning of Guoyi [National Medicine]. On the one hand, as Croizier in the 1960's and medical modernizers in the 1930's argued, "National Medicine" could be understood as something particularly Chinese, i.e., the "national essence" of Chinese culture. On the other hand, Guoyi [National Medicine], especially (but not exclusively) "National Drugs" in the sense of being a sort of domestically produced goods, could be understood as medical activities within a bounded geographical area—China as a state. The meaning of "National Medicine" embraces that of "Chinese Medicine," but not vice versa. By taking advantage of the ambivalent meaning of Guoyi [National Medicine], Chinese Doctors managed to associate Chinese Medicine simultaneously with cultural nationalism and with statism—i.e., making Chinese Medicine simultaneously a Guocui (national essence) for Chinese culture and Guoyao (drugs produced in China) for the KMT state.

Just as in National Goods Movement, what Chinese Doctors wanted most to recruit was not the "cultural China" but the emerging KMT state. Symbolically, March 17, the first day of the Chinese Doctors' demonstration, was designated to be Guoyijie [National Medicine Day] and has been observed by Chinese Doctors ever since that time. Oppressed as a group by the KMT state, Chinese Doctors in response organized themselves into a group. The names "National Drugs," "National Medicine," and especially "National Medicine Day" testify that the modern history of Chinese Medicine began on March 17, 1929, when Chinese Doctors as a group encountered the first modern Chinese state.

*

*

*

A deputation consisting of five Chinese Doctors boarded the night train for Nanjing on March 21, 1929. Bringing with them a petition from the Federation, those representatives of Chinese Doctors appealed to the KMT's Third National Conference, which was then in session. The petition contained four main points. The government shall (1) officially announce its commitment to promote Chinese Medicine and Chinese Drugs, (2)

rescind the Board of Health's proposal, (3) assimilate the Schools of Chinese Medicine into the national school system, and (4) reserve board membership for Chinese Doctors.⁵¹ The last request was totally new for Chinese Doctors. Chinese Doctors had gradually learned about both their "obligation" to and "rights" from the state through their collective struggle against WSD's. Through the process of collective struggle, Chinese Doctors' gradually consolidated their own group and articulated common interests.

According to the Chinese Doctors' report, the secretary-general of KMT, the Prime Minister of the Executive Yuan, the Minister of Industry and Business, the Minister of Education, and the Minister of Health (who was not a WSD at this time) all responded positively to their petition. Besides, they all mentioned the importance of Chinese Medicine to the national economy. This would never have been the case if the Chinese Doctors had not succeeded in recruiting the Chinese Drugs Industry.⁵² In his meeting with representatives of the Chinese Doctors, Tan Yankai, Prime Minister of the Executive Yuan, said:

Governmental policy should never betray the people's need. Therefore, the resolution of the National Board of Health can by no means be put into practice. Taking the Hunan Province as an example, even in big cities, there are only very few Western-Style Doctors. In the Xian [counties], not to mention Western Medicine, even Chinese Doctors are terribly lacking. If the resolution is really put into practice, patients will have nothing to do but wait for death and the peasants, workers, and businessmen in [the Chinese] Drug industry will all lose their jobs.⁵³

On the basis of "ordinary people's need," similar points were made by other high-ranked state bureaucrats. Although scientific, Western Medicine was supposed to be universally applicable in all nations across the globe, it was by no means universally

accessible to Chinese people, nor would it be in the near future. Unable to make their medical care universally accessible to Chinese people, WSD's had no way to represent their medicine as of universal interest to the people and the state.⁵⁴ Later on, the WSD's turned this drawback to their advantage. Taking on the medical need of rural Chinese, WSD's demanded further governmental support for Western Medicine—state medicine.⁵⁵ Nevertheless, five days later, the deputation went back to Shanghai with Chinese Doctors' first political triumph: Yu Yunxiu's proposal was blocked.

[5] Group Formation through Collective Struggle —The Chaotic Medical Environment in Shanghai

Yu Yunxiu's proposal not only caused Chinese Doctors to establish their first national federation but also caused a group of "WSD's" to organize their own separate union. Immediately after the Chinese Doctor's triumph, the Chinese Union of Western Medicine [Zhonghua Xiyi Gonghui] was established by those who had no formal medical training but learned medicine from hands-on assistant work in the Western-style (mostly missionary) hospitals. As a rule, this groups of medical practitioners came from poor families and were deficient in general education.⁵⁶ The WSD's with a medical diploma had always complained that Chinese people distrusted Western Medicine partially because there existed too many unqualified practitioners of "Western Medicine."⁵⁷ Consequently, in addition to Chinese Doctors, these less-than-qualified WSD's also lived under the constant threat of governmental regulation. As revealed by their manifesto, "since the Ministry of Health was established, it has been dominated by a small group of board members. They exercised governmental authority to suppress the majority [of doctors]."⁵⁸ Again, another group of physicians organized themselves because the WSD's "suppressed" them through the state.

Throughout my discussion, I have been using capitalized terms—Chinese Doctor/Chinese Medicine and Western-style Doctor/Western Medicine—to highlight their problematic nature. While I recognize that it is awkward to keep capitalizing the main power actors of my story, I am convinced that without doing so, we will unavoidably naturalize the existence of the competing medical groups when, in fact, their consolidation into organized groups was the hard-won result of the historical struggle under consideration. By examining how the groups of doctors were formed through the collective struggle, in this section, I will summarize the important reasons why the researcher must maintain a critical distance from the "groups" under investigation.⁵⁹ Most interestingly, with Pang Jingzhou's valuable pictorial representation of the "chaotic" medical environment in Shanghai, I will

demonstrate both the incredible heterogeneity within the groups of doctors and the complicated inter-group dynamics between them after Yu Yunxiu's proposal was pigeonholed in 1929.

First of all, groups of doctors were formed/transformed in and through the processes of collective struggle.⁶⁰ Many above-mentioned dimensions of this struggle call into question those approaches which uncritically adopt "two opposing groups of doctors" as their departure point for understanding this history. First, Chinese Doctors had no national association before 1929; they barely existed as a group. In fact, they saw no interests in forming a national association until they were oppressed as a group. Secondly, in mobilizing the National Medicine Movement, Chinese Doctors had been trying hard to pull all workers of Chinese Drugs into a shared national association. Because Chinese Doctors' success in recruiting the Chinese Drug Industry contributed substantially to their triumph, WSD's responded by struggling to dissuade the practitioners in the Chinese Drug industry from joining the Chinese Doctors' political campaign. Given all this, was it still appropriate to call this group "Chinese Doctors" and to neglect the participation of workers from the Chinese Drug industry? Thirdly, because not all Western-Style Doctors were allowed to join the same national union, some of the less-than-qualified WSD's formed their own separate association, the Chinese Union of Western Medicine. Should we still consider its members Western-Style Doctors? As long as we keep referring to the groups uncritically as Chinese Doctors and Western-Style Doctors, we fail to see all of these complexities. Therefore, rather than taking "Chinese Doctors" and "Western-Style Doctors" as instruments for analyzing this historical struggle, we should take the formation of these groups as the very object of our analysis and closely watch the evolution of these groups.

During this period, both Chinese Doctors and WSD's had constantly struggled to mobilize their peers, organize their respective movements, consolidate their groups, articulate common interests, develop a shared vision, delegate spokespersons, and establish an

apparatus. In order to alleviate the intra-group tension, each group of doctors endeavored to advocate some version of professional ethics.⁶¹ In numerous instances, still, both Chinese Doctors and Western-Style Doctors reflected bitterly on the absence of a strong, unified association for themselves.⁶² In comparison to all these failed efforts, it became clear that the most effective ways to mobilize their colleagues were all associated with the state—either to resist an oppression exercised through the state (such as forced registration for Chinese Doctors) or to demand certain professional interests from the state (such as assimilating schools of Chinese Medicine into the school system). Therefore, these groups of doctors were in fact formed through a collective struggle within the field of the state.

Many historical facts testify to this conclusion. First, the Chinese Doctors' initial collective campaign was to secure state support for the Schools of Chinese Medicine. This campaign, in turn, caused the establishment of the WSDs' Shanghai Union of Physicians. Second, the Chinese Doctors' first national federation, formed to block Yu Yunxiu's proposal, evolved into the National Medicine Movement, which set out to assimilate Chinese Medicine into the state. Third, the workers in the Chinese Drug industry joined the March demonstration partially because the state had appeared interested in regulating the Chinese Drug industry by Western pharmaceutical standards. Fourth, as a direct consequence of the Chinese Doctors' victory, the less-than-qualified WSD's established their separate union to "resist" regulation, and the WSD's with medical diplomas tightened their national associations in order to strengthen their influence over the state. Fifth, seven months after the March confrontation, WSD's resolved to establish a National Federation, whose goal was to "assist government in drafting laws for the regulation of medical practice."⁶³ While I have not elaborated on the emerging field of the state, the "field effect" on group formation is evident.

Even if the researcher determines to study the way in which the competing medical groups were formed through collective struggle within the state, he still cannot avoid the crucial problem—how to refer to these groups in formation and transformation, given that the

names of the groups were the very stake in the collective struggle. While Chinese Doctors were unsatisfied with being called "practitioners of Chinese Medicine" and hated the derogatory names of "Old-style Medicine" and "Non-scientific Medicine," Western-Style Doctors abhorred the name of "Western Medicine." At the time of heightened nationalism, "Western" was a dirty word, with which no one wanted to be associated.⁶⁴ In criticizing the Ordinance for Western Medicine, Pang Jingzhou pointed out that "the governmental ordinance calls us Xiyi [Western Doctors], which seemingly considers us foreigners. Moreover, the Examination Yuan further adopted the name Doctors of Western Medicine (Xiyiyishi). It is an obvious sign that there will be Doctors of National Medicine (Guoyiyishi)."⁶⁵ When these doctors thought about the appropriate name for their group and their practice, they thought in terms of "relationships" among groups. More than defining what people thought about them as a group, both Chinese Doctors and WSD's wanted simultaneously to influence people's perception about how they as a group related to the other competing groups.

Throughout this period, both groups of doctors engaged in a symbolic struggle to impose their own categories for differentiating medicines upon the official classification of medicines.⁶⁶ Chinese Doctors preferred differentiating medicines on a national or geophysical scheme—National Medicine [Guoyi] or Chinese Medicine [Zhongyi] vs. Western Medicine [Xiyi]. Western-Style Doctors preferred a temporal, evolutionary scheme—Scientific Medicine [Kexueyi] vs. Non-scientific Medicine [Fei-kexueyi] or New-style Medicine [Xingyi] vs. Old-style Medicine [Jiuyi].⁶⁷ These doctors' struggle with names was by no means a scholarly game of semantics. Characterizing Western Medicine to be "foreign" or Chinese Medicine to be "non-scientific" meant to foreclose a struggle before it could take place. Therefore, while Chinese Doctors strategically labeled their practice "National Medicine," WSD's, in their annual convention, later passed a resolution against Chinese Doctors' adopting this name.⁶⁸ Most surprisingly, after the KMT state established the Institute of National Medicine in 1931, Western-style Doctors' Shanghai

Union of Physicians officially requested the government to designate Western Medicine as National Medicine.⁶⁹ In the end, WSD's had to live with the fact that Chinese people kept calling them Xiyi [Western Medicine/Doctors] and Chinese Doctors Zhongyi [Chinese Medicine/Doctors].⁷⁰ With both groups struggling precisely to impose or to transform these dichotomies, researchers can never be too cautious in their own adopting of these terms. Because a dichotomized opposition between Chinese Medicine vs. Western Medicine justified a wholesale abolition of Chinese Medicine, it is no wonder that WSD's struggled relentlessly to impose upon the state and the public their own evolutionary dichotomy of medicines. What is worth wondering is how WSD's succeeded in creating and maintaining the dichotomy while there remained such incredible heterogeneity within each group of doctors.

Nothing better illustrated the complicated medical situation in China than Pang Jingzhou's (1933) diagram inserted in his A Bird's-Eye View Report on the Recent Ten Years of Medical & Pharmaceutical Circumstances in Shanghai.⁷¹ As one of the main critics of Chinese Medicine, Pang Jingzhou illustrated what he saw as a "chaotic medical environment" in Shanghai. In light of the fact that our knowledge of the social context of Chinese Medicine is severely limited,⁷² Pang Jingzhou's diagram offers us a rare window into this important subject. More than offering traces of the social reality, Pang's pictorial diagram provides a social topology as it was then conceived by a Western-style Doctor. Most importantly, published just three years after Yu Yunxiu's proposal was blocked, Pang Jingzhou's diagram reveals how the medical environment in Shanghai was in dynamic transformation because of the 1929 confrontation.

Several features of Pang's diagram immediately draw our attention.⁷³ First of all, the circumference of the largest circle consists of two sorts of lines: solid and dotted. According Pang Jingzhou, the slice bounded by the dotted line means that the boundary of that group was neither very rigorous nor clear-cut.⁷⁴ Apparently only Foreign Doctors, Western-Style Doctors, and Traditional Chinese Doctors managed to police the boundary of their groups.

Second, the largest circle consists of shaded and non-shaded areas. The shaded section denotes "chaotic medicine," which constituted almost half of the medical service in Shanghai. Third, the five small circles represent five formally organized institutions: going clockwise, the (Shanghai) Union of Physicians [7] (1925-), the (Chinese) Union of Western Medicine [12] (1929), the Chinese-Western Schools [22] (1915-), the Institute of National Medicine [30] (Shanghai Branch, 1931-), and the Shenzhou Medical Association [26] (1912-). Among these five groups, the only one circumscribed by a dotted line is the [Chinese] Union of Western Medicine [12], which was founded by the less-than-qualified WSD's immediately after the Chinese Doctors' March demonstration.

If there was one thing which interested Pang more than sorting out the group boundaries, it would be monitoring the flows of personnel between the various groups. With a dozen or so arrows representing these flows, Pang's diagram captured the dynamic relationship between the groups. At least three arrows directly extend into the dotted circle of the (Chinese) Union of Western Medicine: Opportunistic new-style medical practitioners and hospital workers [10] (from the Western-Style Doctors), the self-taught [11] (from both the Chinese-Western School [22] and Scholarly Doctors [35]), and the self-proclaimed experts in both Chinese and Western Medicine [14] (from the Institute of National Medicine [31]). Moreover, since its boundary was not rigorously maintained, as represented by the dotted line, anyone around—nurses, drugstore fellows [9], sorcerers [13], electuary vendors [16]—could freely move in and out of this [Chinese] Union of Western Medicine. It was widely reported that many former assistants in Western-style hospitals turned into experts in venereal diseases, specializing in injecting the newly invented specific drug 914 [17]. In his diagram, Pang Jingzhou purposely excluded the [Chinese] Union of Western Medicine from the slice representing Western-Style Doctors and further pushed it into the shaded section of "chaotic medicine." Without going further into this diagram, it is clear that the notion of "Chinese Medicine" versus "Western Medicine" terribly misrepresented the much more complex situation of contemporary medical service in China.

Both Foreign Doctors [1] and Western-style Chinese Doctors [3-6] maintained relatively rigorous qualifications for their members. However, it was not an accident that Pang Jingzhou differentiated foreign doctors from the group to which he belonged, i.e., Western-style Chinese Doctors. As Pang Jingzhou put it, "Foreign doctors and hospitals have no relation at all to the [Shanghai] Union of Physicians. Therefore, they are separated into another group in the diagram. While they [foreign doctors] had advanced facilities, only a minority of people had access to their medical service—capitalists, the wealthy and the powerful, and other foreign residents. They seemed to have only a minimal relation to the citizens." Precisely because WSD's had been barred in the past from membership in the foreign doctors' Chinese Medical Missionary Association, in 1915 the WSD's founded their own National Medical Association of China in 1915.⁷⁵ During this period, Western-Style Doctors not only wanted to outlaw both the Chinese Doctors and the unqualified WSD's, they were also committed to regulating foreign doctors with more rigorous standards. Since those foreign doctors apparently had better medical training than most WSD's, WSD's tried to outlaw them on the grounds both of preserving the professional interests of "Chinese Doctors" (i.e., the WSD's themselves) and of asserting China's medical autonomy.⁷⁶

Even within the group of WSD's, doctors separated into subgroups according to the country where they received their medical education: China, England, the United States [3]; Germany, Japan [4]; France, Holland [5]; Belgium, Austria, Switzerland [6]. Because there was no standardized scientific and medical terminology in the Chinese language, WSD's continued using the foreign languages in which they had learned medicine. There were tensions among these sub-groups of WSD's, especially between the English-speaking England-US group and the German-speaking Germany-Japan group. For quite a while there coexisted two national associations of WSD's in Shanghai: the Chinese Medical Association [Zhonghua Yixue Hui] for English-US-trained WSD's and the Medical Association of the Republic of China [Zhonghua Minguo Yiyao Xuehui] for the German-Japanese-trained WSD's. In response to the Chinese Doctors' political victory, these two

associations and the Shanghai Union of Physicians merged into one national association at the end of 1929.

Finally, let us turn to the group of Chinese Doctors. Although there surely existed a tradition of literati doctors (zuyi), however, as Sivin points out, "They were not organized, did not think of themselves as a group, and could not set or enforce common standards of medical education, skill, or compensation."⁷⁷ Therefore, as William R. Morse put it, Chinese Medicine is "one grand-for-all profession."⁷⁸ At the end of the Qing dynasty, the following people could not be easily differentiated from the category of Chinese Doctors: "fortune tellers, medicine vendors, fakirs, mediums, palmists, astrologers, sorcerers, magicians, fairy doctors, street dentists, acupuncturists, masseurs, bone-setters, monks, Taoists and a host of other quacks."⁷⁹ By 1921, Harold Balme, a medical missionary, still claimed "In China there was no medical profession, as we understand the term."⁸⁰ Consequently, Yu Yunxiu once made the point that since traditionally wu (magic) and yi (medicine) were closely related crafts, if Chinese Medicine could be raised to the status of "national essence" in the name of tradition and history, then we should also list Chinese fortune-telling and astrology as "national essence."⁸¹ On the surface, this criticism concerned the non-scientific nature of Chinese Medicine, but between the lines it revealed the huge gap in social status between traditional Chinese Doctors and doctors in modern Western societies. Only decades before, medical missionaries had had great trouble gaining the acceptance and support of the Chinese gentry because of the traditionally low social status of Chinese physicians.⁸² For the same reason, the missionary hospitals' earliest Chinese students were mostly from poor families.⁸³

In light of this background, it was very note-worthy that Pang Jingzhou differentiated the Shen-zhou Medical Association [26], the Institute of National Medicine [30], and the Scholarly doctors [35] from the chaotic slices to which many religious/superstitious services belonged: shrine [36], divination [20], Taoist temple [15] and sorcerer [13]. Clearly, even Pang recognized the fact that the advocates of the National

Medicine Movement had deliberately distanced themselves from the "non-medical" sectors traditionally associated with popular medicine. Since later on this group of scholar-physicians often served in the licensing examinations for the practitioners of Chinese Medicine, they held the administrative power to guard the boundary of their gradually forming profession.

We should pay special attention to the Institute of National Medicine [30]. Within a month after the government suspended the above-mentioned measures, the KMT Central Executive Committee passed the resolution to establish the Institute of National Medicine. It was very symbolic that the Institute of National Medicine was established on March 17, 1931, precisely two years after Chinese doctors demonstrated in Shanghai. By choosing this date, the Institute of National Medicine was portrayed as a hard-won result of Chinese doctors' collective struggle. On the other hand, because the KMT's Nanjing government had apparently committed itself to the modernizing agenda,⁸⁴ the KMT imposed its official ideology upon the mission of this institute. As the result, the first article of its constitution reads, "This institute has the objective of choosing scientific methods to put in order Chinese medicine and pharmacy, improve treatment of disease, and improve methods of manufacturing drugs."⁸⁵

Having been oppressed by the state, Chinese doctors were thrilled to know that finally they could have their own organ within the state. In the Chinese medical journals published during this period, Chinese doctors enthusiastically congratulated each other for this breakthrough. As a part of the deal, Chinese doctors began embracing the idea that Chinese medicine should be scientized. Therefore, although Ding Fubao allegedly invented the slogan of Scientization [kexuehua] of Chinese Medicine in the late 1910s or early 1920s, it was reported that "before 1929, the term [scientization] was far from popular."⁸⁶ Moreover, instead of being associated with any individual thinker or physician, the concept of "Scientizing Chinese Medicine" was made popular by the Institute of National Medicine, the first semi-official organ for Chinese medicine. Adopting the strategy of assimilating

Chinese medicine into the emerging national medical administration, Chinese doctors embraced this task and committed themselves to reconstituting Chinese medicine in terms of Western science and medicine. In this sense, the epistemological modernity of Chinese Medicine was conditioned on the political modernity of the KMT state.⁸⁷

In Shanghai in 1932, this list of Chinese Doctors should have included graduates from Chinese-Western Medical Schools. As a rule, the newly established Schools of Chinese Medicine included in their curriculum many courses in Western Medicine: anatomy, physiology, pathology, etc.⁸⁸ According to Pang Jingzhou, however, because these graduates did not learn Chinese Medicine by the traditional apprenticeship, Chinese people distrusted them.⁸⁹ From his point of view, these so-called medical schools represented a degrading process; in his diagram, an arrow stretching from traditional old-style medicine to outmoded old-style medicine lands directly on top of the circle representing the Schools of Chinese-Western Medicine. While Chinese Doctors appeared devoted to "integrating" Western Medicine with Chinese Medicine through establishing medical schools, WSD's saw their effort as nothing more than giving birth to a degraded Mongrel Medicine [zayi].

From the WSDs' point of view, nothing was more horrible than this newly emerging Mongrel Medicine. Pang Jingzhou said,

Ten years ago, there existed only two sorts of medical practitioners: the old-style doctors and new-style doctors. While the old-style doctors had their own old-style experiences and crafts, they did not dare to claim to know anything about new-style medicine. The new-style doctors did not adopt old-style medicine. . . . In the past ten years, there have come the opportunistic "integrators of the new-style and old-style medicines," who have asserted all kinds of nonsense such as that "Zhongfong is a cerebral hemorrhage." Then really comes the people's disaster.⁹⁰

Echoing Pang Jingzhou's view, Yu Yunxiu pointed out that his endeavor against Chinese Medicine only caused the Chinese Doctors' acceptance of "science" and consequently

provoked the emergence of this Mongrel Medicine.⁹¹ Meanwhile, the Chinese Doctors who were unwilling to 'scientize' Chinese Medicine quickly got pushed into the periphery, as shown by "the receding frontier of Old-style Medicine" in Pang Jingzhou's diagram. On the other hand, WSD's attacked those who did commit to 'scientizing' Chinese Medicine as practicing Mongrel Medicine, which was Feilu Feima [neither like a donkey nor like a horse]. After the 1929 confrontation, as Chinese Doctors actively embraced the project of "Scientization of Chinese Medicine," Mongrel Medicine became the WSDs' main target .

[5] Conclusion

The establishment of the Union of Western Medicine and the Institute of National Medicine, the founding of Schools of Chinese-Western Medicine, the emergence of Mongrel Medicine, and even the Chinese Doctors' commitment to scientizing Chinese Medicine, all led to more chaos in the medical profession, from point of view of the WSD's. The general impression of Pang Jingzhou's diagram was precisely this increasing chaos—almost every arrow indicating the flow of personnel leads to a more chaotic medical environment. Within the center of the largest circle, the text reads "the center in charge" next to a big question mark.

For Pang Jingzhou, the problems facing the New-style medical profession were not unlike those facing the KMT state. Pang said:

While the Nationalist Revolution has temporarily succeeded, there are many tasks in need of continued attention: overthrowing the warlord (just like abolishing Old-style Medicine), wiping out the Communist (just like outlawing the Mongrel Medicine), committing to construction (just like constructing medical education and research), and defending against foreign invasion (just like defending against the cultural invasion). . . . However, none of the above-mentioned problems facing our medical profession can be solved without the full assistance of politics.⁹²

Like Pang Jingzhou, the WSD's generally believed that "politics" would provide the solution to the problems of Chinese Medicine and the chaos of the medical profession in China. However, WSD's seemed never to notice that the current chaotic medical environment was directly caused by their attempts to regulate medicine through the state. Even if some WSD's eventually realized that their strategy had in fact generated this complicated group dynamic, it was too late for them to retreat. Having successfully consolidated their national association and forced the state to give in to their demands, Chinese Doctors were no longer interested in merely "resisting" the state. Rather, after their March triumph, Chinese Doctors actively and continually struggled for the series of privileges, professional interests, and governmental supports which the state had so far granted only to WSD's. More importantly, in order to pursue those interests offered by the state, Chinese Doctors dedicated themselves to better adapting Chinese Medicine to the state and to "Scientizing" Chinese Medicine. As suggested by the name they chose for their profession—National Medicine—Chinese Doctors determined to open a new page of their history by bringing together the state and their medical practice. In this sense, Yu Yunxiu's proposal to abolish Chinese Medicine and the consequent emergence of the National Medicine Movement had framed the KMT state into the very core of further struggle. After 1929, these groups of doctors had no choice but to struggle within the field of the state.

¹C. C. Chen, Medicine in Rural China: A Personal Account (Berkeley: University of California Press, 1989), pp. 3-4.

²For example, the United States National Institute for Health panel concluded that acupuncture is an effective therapy for certain medical conditions and should be integrated into standard medical practice. Nevertheless, it still deeply puzzles scientists that the acupuncture points and meridians do not correspond to

any biological system in the body and that the theory of acupuncture is based on the apparently philosophical concepts of Yin and Yang. See Time (November 17, 1997), p. 84 and the New York Times (November 6, 1997).

³See William H. Sewell, "Three Temporalities: Toward an Eventful Sociology," in Terrence J. McDonald, ed., The Historic Turn in the Human Sciences (Michigan: University of Michigan Press, 1996), pp. 245-280, especially p. 263; George Steinmetz, "Critical Realism and Historical Sociology. A Review Article," Comparative Studies in Society and History 40 (1998), pp. 170-186.

⁴Bridie Andrews pioneered in studying the "re-invention" of Chinese medicine in early twentieth century China, see her "Traditional Chinese Medicine as Invented Tradition," BBACS (1995), pp. 6-15; "The Making of Modern Chinese Medicine, 1895-1937, Ph.D Dissertation, Cambridge University, 1996.

⁵For a case study of this important history, see Sean Hsiang-lin Lei, "From Changshan to a New Anti-Malarial Drug: Re-Networking Chinese Drugs and Excluding Chinese Doctors," Social Studies of Science 29 (1999), pp. 323-58.

⁶Michel Foucault, "Governmentality," in The Foucault Effect. Studies in Governmentality (Chicago: University of Chicago Press, 1991), pp. 87-104, and his "Omnes et Singulatim: Towards a Criticism of 'Political Reason,'" in The Tanner Lectures on Human Values, Vol. 2 (New York: Cambridge University Press, 1981), pp. 225-54; Mitchell Dean, Critical and Effective Histories: Foucault's Methods and Historical Sociology (London and New York: Routledge, 1994).

⁷Pierre Bourdieu, "Rethinking the State: Genesis and Structure of the Bureaucratic Field," Sociological Theory 12 (1994), pp. 1-18, especially p. 16.

⁸For studies questioning the traditional distinction between the "state" and "civil society," see Bob Jessop, State Theory: Putting Capitalist States in Their Place

(Cambridge: Polity Press, 1990); Pierre Bourdieu, "Rethinking the State: Genesis and Structure of the Bureaucratic Field," Sociological Theory 12:1 (1994) pp. 1-18 and his The State Nobility: Elite Schools in the Field of Power (California: Standard Press, 1996); Michael Mann, The Sources of Social Power, Vol. II, The Rise of Class and Nation-State, 1760-1914 (New York: Cambridge University Press, 1993); George Steinmetz, Regulating the Social: The Welfare State and Local Politics in Imperial Germany (Princeton: Princeton University Press, 1993); George Steinmetz, ed., State/Culture: State Formation after the Cultural Turn (Ithaca and London: Cornell University Press, 1999).

⁹The KMT Party Congress passed a resolution demanding "Equal Treatment for Chinese and Western Medicine" in 1935. Next year, the KMT state promulgated "Regulations for Chinese Medicine." In addition, the Ministry of Education promulgated "Temporary Outline for the Curriculum of Schools of Chinese Medicine" in 1939. As the result of the Japanese invasion in 1937, none of these regulations was put into practice.

¹⁰For studies on the sociology of profession, see Eliot Freidson, Profession of Medicine: A Study of the Sociology of Applied Knowledge (Chicago: University of Chicago Press, 1988); M.S. Larson, The Rise of Professionalism (Berkeley: University of California Press, 1977); Bryan S. Turner, Medical Power and Social Knowledge (London: Sage Publication, 1987); Paul Starr, The Social Transformation of American Medicine (New York: Basic Books, 1982); Andrew Abbott, The System of Professions: An Essay on the Division of Expert Labor, (Chicago: University of Chicago Press, 1988).

¹¹As Jan Goldstein points out, a crucial link is missing between the sociology of knowledge and that of profession. On the one hand, most sociologists of

profession presuppose the existence of a well-accepted branch of knowledge upon which a profession is built. On the other hand, Thomas Kuhn and sociologists of knowledge almost always take as a departure point the existence of an autonomous, self-regulated "scientific community." Therefore, within both sociological traditions, there is no room for a mutually-embedded, reciprocal relation between the social negotiation regarding legitimate knowledge and that of professional membership. The struggle under discussion demands such a perspective. Furthermore, Goldstein suggests that the triple meanings of Foucault's "discipline"—a system of knowledge, a professional group, and disciplinary practice—can effectively connect sociology of knowledge, profession, and the state. See Jan Goldstein, Foucault among the Sociologists: The 'Discipline' and the History of the Professions," History and Theory (1984) pp. 171-92. For sociological discussions on the missing link between sociology of knowledge and sociology of profession, see Andrew Abbott, The System of Professions: An Essay on the Division of Expert Labor (Chicago: The University of Chicago press, 1988); Thomas F. Gieryn, "Boundaries of Science" in Handbook of Science and Technology Studies, Eds. Sheila Hasanoff, et al., (London: Sage, 1995), pp. 393--443.

¹²Qian Xingzhong (the PRC's former Minister of Health), Zhongguo Chuantong Yiyaoxue Fazhan yu Xingzhuang [The Progress and Present Situation of Traditional Chinese Medicine] (Taipei: Qingchun Press, 1995), p. 43.

¹³Yu Yunxiu, "Medical Revolution: The Past Work, The Present Situation, and The Future Strategy," p. 12.

¹⁴C. C. Chen, Medicine in Rural China, p. 20.

¹⁵Sheng Zhengxiu et al., Zhongxiyi Huitong Yanjiu Jinghua [The Essentials of Research on Integrating Western and Chinese Medicine] (Shanghai: Shanghai Chinese Medical College Press, 1993).

¹⁶Yu Yunxiu, "Preface," Xingyi yu Shehui Huikan [The Collected Papers from the New Medicine and Society] 1 (1928), pp. 1-2.

¹⁷Yu Yunxiu, "Ruhe Nengshi Zhongguo Kexueyi zhi Puji" [How to Popularize Scientific Medicine in China], Shenbao Medical Weekly, no. 109 (1935).

¹⁸K. Chimin Wong and Wu Lien-ten, History of Chinese Medicine—A Chronicle of Medical Happenings in China from Ancient Times to the Present Period, pp. 159-168.

¹⁹Ibid., pp. 163-4.

²⁰K. Chimin Wong and Wu Lien-ten, History of Chinese Medicine, pp. 161-65.

²¹Carl Nathan, Plague Prevention and Politics in Manchuria, 1910-1931 (Cambridge: East Asian Research Center, Harvard university, 1967), 6 Ka-che Yip, Health and National Reconstruction in Nationalist China--Development of Modern Health Service, 1928-1937 (AAS monograph, 1996), 15-16.

²²Carl F. Nathan, Plague Prevention and Politics in Manchuria, 1910-1931, pp. 1-17.

²³Arthur Kleinman, "The Background and Development of Public Health in China: An Exploratory Essay" in Public Health in the People's Republic of China, edited by M. E. W. e. al. (New York: The Josiah Macy, Jr. Foundation, 1973), pp. 5-25.

²⁴Elizabeth Fee and Dorothy Porter, "Public Health, Preventive Medicine and Professionalization: England and America in the Nineteenth Century," in

Medicine in Society, edited by A. Wear (Cambridge: Cambridge University Press, 1992).

²⁵Ralph Croizier, Traditional Medicine in Modern China: Science, Nationalism, and the Tensions of Cultural Change (Cambridge, Mass.: Harvard University Press, 1968), p.87.

²⁶According to a 1919 missionary report, there were about 900 Chinese Physicians and 600 foreign physicians in China, almost all residing in the cities. See Paul Unschuld, Medicine in China: A History of Ideas (Berkeley, Los Angeles, London: University of California Press, 1985), p. 247 and Fan Shouyuan, Fanshi Yilunji [Mr. Fan's Collected Essays on Medicine] (Shanghai: Jiu-jiu Medical Society, 1947), p. 13.

²⁷Pang Jingzhou, Shanghaishi Jingshinianlai Yiyao Niaokan [A Bird's-Eye View Report on the Recent Ten-Year Medical & Pharmaceutical Circumstance of Shanghai] (Shanghai: Zhongguo Kexue Ltd, 1933), p. 19, and Zhu Xiru and Lai Douyan, "Wuguo Xingyi Rencai Fengbu Gaiguan" [Distribution of Modern Trained Physicians in China], National Medical Journal of China 21: 2 (1935) pp. 145-153.

²⁸ See Anonymous, "State Medicine for China," The National Medical Journal of China 14:2 (1928) pp. 119-120.

²⁹Wang Zhuxiang, "Weishenxingzheng Sanshinian Suoyi" [Recollection on the Thirty Years of Medical Administration] (Taipei: Wenming Press, 1953), p. 10.

³⁰See League of Nations, "Proposals of the National Government for Collaboration," Pp. 14-18 or its Chinese translation in Collected Essays on Medical Matters, no. 11 (1931) pp. 1-38, especially p. 2.

³¹C. C. Chen, Medicine in Rural China, pp. 72-76.

³²Li Tingan, Zhongguo Xiangcun Weisheng Wenti [The Problems of Rural Health in China] (Shanghai: Shangwu Yinshuguan, 1935), p. 10.

³³Mary Brown Bullock, An American Transplant, p. 159.

³⁴John Z. Bowers, "The History of Public Health in China to 1937" in Myron E. Wegman et al., Public Health in the People's Republic of China, pp. 26-46, especially p. 44.

³⁵Among those Chinese who did consult Western-Style Doctors, many of them assigned a division of medical labor between Chinese Doctors/internal medicine and Western-Style Doctors/surgery.

³⁶Yu Yunxiu, "How to Popularize Scientific Medicine in China," Shenbao Medical Weekly, no. 111 (1935).

³⁷Ibid..

³⁸Chen Cunren, Chen Cunren Boshi Lunwenji [The Collected Papers of Dr. Chen Cunren], p. 483.

³⁹Shen Bao, March 18, 1929.

⁴⁰Shen Bao, March 18, 1929.

⁴¹Please see Pang Junxiang et al., eds., Zhongguo Jingdai Guohuo Undun [The National Goods Movement in Modern China] (Beijing: Zhongguo Wenshi Press, 1995).

⁴²Shen Bao, March 17, 1929.

⁴³Quanguo Yiyao Zhonghui [National Federation of Medical and Pharmaceutical Associations], Quanguo YiYao tuanti daibiao Dahui Tian Huilu [The Collection of Proposals Raised in the Joint National Convention of Medical and Pharmaceutical Associations] (Shanghai, Quanguo Yiyao Zhonghui [National Federation of Medical and Pharmaceutical Associations], 1929).

⁴⁴Ibid., p. 6 and p. 21.

⁴⁵Ibid., see especially proposals #6, 8, 21, 91, 98, and 100.

⁴⁶Li Jian, "The Establishment, Activities and Historical Position of the National Unions for Societies of Traditional Chinese Medicine," China Historical Materials of Science and Technology (1993) no. 3, pp. 67-75, especially p. 68.

⁴⁷Ibid., pp. 69-70.

⁴⁸Ralph Croizier, Traditional Medicine in Modern China, p. 4.

⁴⁹For theoretical study on the problematic nature of translation, see Lydia H. Liu, Translingual Practice: Literature, National Culture, and Translated Modernity—China, 1900-1937 (Stanford: Stanford University Press, 1995).

⁵⁰Prasenjit Duara, Culture, Power, and the State: Rural North China, 1900-1942. (Stanford: Stanford University Press, 1988), p. 4.

⁵¹Shen Bao, 25 March 1929.

⁵²See Shen Bao, March 26, 1929 and Chen Cunren, Chen Cunren Boshi Lunwenji [The Collected Papers of Dr. Chen Cunren], pp. 488-489.

⁵³Ibid..

⁵⁴Even WSD's recognized this fact. As Pang put it, "In fact, not every person believes in New-style Medicine, and most of the citizens cannot afford medical service. Therefore, these eight hundred or so medical practitioners [of Western Medicine in Shanghai] serve exclusively the bourgeoisie; they contribute nothing substantial to the citizens as a whole. . . . However, to appeal to the bourgeoisie, those eight hundred or so practitioners relentlessly conduct theoretical debates with Old-style Doctors. It is no wonder that people in general consider those theoretical debates as nothing but competition for clientele (Pang 1933, p. 14). As state medical engineers, WSD's took seriously the discrepancy between the idea

of a universal, scientific medicine and the reality of a medicine mainly serving the rich and powerful. In order to bridge the ideal and the reality, many WSD's suggested the KMT state adopt the project of state medicine.

Clarification is needed at this point. As Poulantzas points out, the "conquest of state power presupposes the successful representation of a class interest as the general interest," which he calls hegemony. I have demonstrated how Yu Yunxiu and other WSD's tried to represent their professional interests as the interests of the state. However, "representation" alone can never make the interest of one group into a "universal interest." WSD's realized this, and they were committed to bringing their medical service to as many Chinese people as possible. That is why, unlike their counterparts in the US, WSD's advocated state medicine in order to serve the poor Chinese peasants who would never be able to afford medical service without governmental assistance.

⁵⁵No historian recognized the fact that WSDs' rationales for adopting the "state medicine" were strikingly similar to the ones invoked by both Chinese Doctors and advocates of Chinese Medicine. The division of intellectual labor (as I point out in footnote 27) precludes the scholars seeing the connection between these two crucial problems in the twentieth-century history of medicine in China. For an advocate of "state medicine," see Sze Szeming, China's Health Problems (Washington, Chinese Medical Association, 1944), especially pp. 10-18 (Szeming Sze at that time was the General-Secretary of the Chinese Medical Association and editor of the Chinese Medical Journal.); C. C. Chen, Medicine in Rural China. Some WSDs directly linked the need to adopt state medicine with the task of abolishing Chinese Medicine. See Presidential address by R. K. S Lim in The National Medical Journal (1930), pp. 115-120, especially p. 119-120.

⁵⁶ Harold Balme, China and Modern Medicine: A Study in Medical Missionary Development (London: United Council for Missionary Education, 1921), p. 109.

⁵⁷Cheng Hanzhang, Xiyi Qianshuo [Elementary Introduction to Western Medicine] (Shanghai: Shangwu Press, 1933), pp. 70-71.

⁵⁸Zhonghua Xiyi Gonghui Xuanyan [Manifesto of the Chinese Union of Western Medicine], Shen Bao, April 10, 1929.

⁵⁹In analyzing the historical processes that groups of doctors formed through the collective struggle, my historical analysis benefits substantially from Pierre Bourdieu's analytic framework of class formation. Please see his "What Makes a Class? On the Theoretical and Practical Existence of Groups," Berkeley Journal of Sociology 32 (1987), pp. 1-18; "The Social Space and the Genesis of Groups," Theory and Society 14 (1985), pp. 723-44; "Social Space and Symbolic Power" in In Other Words: Essays towards a Reflexive Sociology, translated by Matthew Adamson (Cambridge, UK: Polity Press, 1990), pp. 123-139; Language and Symbolic Power edited and translated by John B. Thompson, translated by Gino Raymond and Matthew Adamson (Cambridge: Harvard University Press, 1991).

⁶⁰Bob Jessop pointed out in a similar context, "classes themselves as produced in and through the elaboration of strategies, and implies that class domination involves interrelated processes of class formation and consolidation." Therefore, the researcher needs to examine "how different micro-powers are invested, realigned and integrated into a global strategy of class domination by the state." Bob Jessop, State Theory: Putting Capitalist States in Their Place, p. 236 and p. 238.

⁶¹For example, in delivering his presidential address, "Some Problems before the Medical Profession of China," among many other things necessary for a profession, Wu Lien-teh emphasized the necessity of adopting a code of medical ethics. See Wu Lien-teh, "Some Problems before the Medical Profession of China," National Medical Journal (1917) pp. 5-9, especially p. 5.

⁶²For example, as one Chinese Doctor suggested, among the reasons which caused the decline of Chinese Medicine, the first one is that "there does not exist a rigorously bounded association [for Chinese Doctors]." See Cheng Diren, 'Gaige Guoyi zhi Wuojian' [My Opinion on Reforming National Medicine], Annals of the Medical Profession, no 11 (1927), pp. 1-5. In terms of WSDs' problems with their association, see Hu Dingan, 'Zhongguo Yishi Qiantu Jidai Jiejue zhi Jige Gengben Wenti' [The Several Fundamental Problems Crucial to the Future of Medical Construction in China], Yishe Huikan [The Collected Essays on Medical Matters], no. 18 (1934), pp. 18-24; Song Guobing, 'Lixingzhong de Zhongguo Yituan' [The Ideal Chinese Medical Association], Shenbao Medical Weekly, no. 71 (1934) and Pang Jingzhou's 'Wei Song Guobing Xianshen Lixingzhong de Zhongguo Yituan jing Yijie' [A Thought Dedicated to Mr. Song Guobing's 'The Idea of Chinese Medical Association'], Shenbao Medical Weekly, no. 72 (1934).

⁶³Chimin K. Wong & Wu Lien-teh, History of Chinese Medicine, p. 722.

⁶⁴Fan Shouyuan, Mr. Fan's Collected Essays on Medicine (Shanghai: Jiu-jiu Medical Society, 1947), p. 115; Chen Cunren, The Collected Papers of Dr. Chen Cunren, p. 482.

⁶⁵Pang Jingzhou, Shanghaishi Jingshinianlai Yiyao Niaokan [A Bird's-Eye View Report on the Recent Ten-Years of Medical & Pharmaceutical Circumstances in Shanghai], p. 83.

⁶⁶See Pierre Bourdieu, "Social Space and Symbolic Power," in In Other Words: Essays towards a Reflexive Sociology, pp. 123-139.

⁶⁷In their annual convention, WSD's seriously considered three options for replacing the term Western Medicine (Xiyi): Scientific Medicine (Kexueyi), New Medicine (Xingyi), and Modern Medicine [Jingshiyi]. While WSD's finally decided to take the name New Medicine, they nevertheless were called Western Medicine both by the government and the public. See National Medical Journal of China 21 (1935), p. 1332.

⁶⁸National Medical Journal of China Vol. 18 (1932), p. 1146.

⁶⁹Cheng Diren, "Zhide Zhumu de Yi Fongxin" [A Note-Worthy Letter], Shengzhou Guoyi Xuebao [Bulletin of the Shengzhou National Medicine] 1:1 (1932) pp. 13-17, especially p. 13.

⁷⁰Fan Shouyuan, Fanshi Yilunji [Mr. Fan's Collected Essays on Medicine] (Shanghai: Jiu-jiu Medical Society, 1947), p. 112.

⁷¹Pang Jingzhou, A Bird's-Eye View Report. Pang Jingzhu's book was originally published as a series of essays in the Shen Bao Medical Weekly, nos. 1-46 (1932).

⁷²As Nathan Sivin pointed out seven years ago, "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 circumstance of their work, the economics of therapy, the social networks responsible for doctrinal change, and many other topics which are now considered central to constructing a synoptic history of medicine." Since Chinese modernizers started to introduce

Western medicine and associated medical institutions into China at the turn of this century, the social context of Chinese medicine not only became exponentially complicated but also dramatically transformed. Therefore, I will make every effort to fill this vacancy in our understanding of the twentieth-century history of Chinese Medicine. Please see Nathan Sivin, "Editor's note for 'Chinese versus Western Medicine: A History of their Relations in the Twentieth Century,'" Chinese Science 10 (1991), pp. 21-37.

⁷³To enhance the comprehensiveness of this diagram to English-speaking readers, I put a number (in square bracket) for each English translation, which is connected to its Chinese counterpart by straight line.

⁷⁴Pang Jingzhou, A Bird's-Eye View Report, p. 9.

⁷⁵See C. C. Chen, Medicine in Rural China, pp. 18-19 and K. C. Wong and Wu Lien-teh, History of Chinese Medicine, pp. 603-607. In fact, when the Chinese Medical Missionary Association and National Medical Association of China agreed to hold a joint conference in 1917, it was publicly reported that "it was the first serious attempt made by the foreign and Chinese physicians practicing in this extensive country to get acquainted with one another and to change notes about their respective work." See Anon (editor), "The Joint Medical Conference in Candon," National Medical Journal of China (1917) Vol. III, pp. 1-4.

⁷⁶Song Guobing, "Yishi Jianshe Fanglue" [The Plan for Medical Construction], National Medical Journal of China 20:7 (1934) pp. 961-966, especially p. 963. According to the proposal for regulating foreign doctors, put forth by the Shanghai Union of Physicians, foreign physicians would be allowed to practice medicine in China under the following conditions: (1) having lived in China for two years, (2) being fluent in Chinese, (3) having formal medical qualifications, (4)

passing a rigorous examination, if one lacks formal medical qualifications. See Yishi Huikan [Collected Essays on Medical Matters] no. 18 (1934), pp. 103-106.

⁷⁷Nathan Sivin, Traditional Medicine in Contemporary China. Science, Technology, and Medicine in East China, Vol. 2 (Ann Arbor: Center for Chinese Studies, The University of Michigan, 1987), p. 21.

⁷⁸Wong and Wu (1977, p. 141). For an interesting discussion on the pre-modern medical environment in China, see Cullen (1993, pp. 100-104).

⁷⁹See K. C. Wong and Wu Lien-teh, p. 143.

⁸⁰Harold Balme, China and Modern Medicine: A Study in Medical Missionary Development (London: United Council for Missionary Education, 1921), p. 20.

⁸¹Yu Yunxiu, "Jiuyi Xuexiao Xitongan Buoyi" [A Denouncement of the Proposal on Old-style Medical Schools], The Chinese Medical Journal Vol. 12 (1926), pp. 5-12.

⁸²John Z. Bowers, Western Medicine in a Chinese Palace: Peking Union Medical College, 1917-1951 (Philadelphia: The Josiah Macy, Jr. Foundation, 1972), p. 17.

⁸³Harold Balme, China and Modern Medicine: A Study in Medical Missionary Development, p. 109.

⁸⁴James C. Jr. Thomson, While China Faced West: American Reformers in Nationalist China 1928-1937 (Cambridge: Harvard University Press, 1969), pp. 1-41; .Prasenjit Duara, "Knowledge and Power in the Discourse of Modernity: The Campaigns against Popular Religion in Early Twentieth-Century China," Journal of Asian Studies 50 (1991), pp. 67-83.

⁸⁵Quoted from Ralph Croizier, p. 92.

⁸⁶Hong Guanzhi, Guanyu "Zhongyi Kexuehua Wenti" de Shangqie [The Discussion on the Problem of Scientizing Chinese Medicine," Zhongxi Yiyao [Chinese & Western Medicine] 2:2 (1936) pp. 148-154, especially p. 148.

⁸⁷Sean Hsiang-lin Lei, "When Words Lost Their Referents: From Qi-transformation to Scientizing Chinese Medicine," paper presented in the Society for Social Studies of Science Conference, October 28-30, 1999, San Diego.

⁸⁸Yang Xingling and Lu Ming, 'Shanghai Jindai Zhongyi Jiaoyu Gaishu' [A Sketch of the Education of Chinese Medicine in Shanghai], The Chinese Journal of Medical History 24:4 (1994), pp. 215-18; Bridie Andrews, The Making of Modern Chinese Medicine, 1895-1937, pp. 177-214.

⁸⁹Pang Jingzhou, A Bird's-Eye View Report, p. 100.

⁹⁰Ibid., p. 6.

⁹¹Yu Yunxiu, Preface for the second edition of The Collected Essays on Medical Revolution, The Collected Essays on Medical Revolution (Shanghai: Shehui Yibao Press), pp. 1-4.

⁹²Pang Jingzhou, A Bird's-Eye View Report, pp. 125-26.